

STATE OF WYOMING  
DEPARTMENT OF HEALTH  
PUBLIC HEALTH DIVISION  
CHRONIC DISEASE PREVENTION PROGRAM  
122 WEST 25TH STREET, 3RD FLOOR WEST  
CHEYENNE, WYOMING 82002

REQUEST FOR APPLICATION  
NO. CDPP017

**HEALTHY HEART AMBASSADOR BLOOD PRESSURE  
SELF MONITORING GRANT**

OPENING DATE  
September 1, 2021

DEPARTMENT OF HEALTH REPRESENTATIVE: KACIE HUTTON  
TELEPHONE NO.: (307) 777-7356

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## FUNDING OPPORTUNITY OVERVIEW

### 1. DESCRIPTION:

The Wyoming Department of Health (WDH) Chronic Disease Prevention Program (CDPP) is accepting applications for a Healthy Heart Ambassador Blood Pressure Self-Monitoring (HHA-BPSM) Grant. This grant is designed to support one Wyoming organization in implementing and evaluating the evidence-based HHA-BPSM program that promotes the prevention and management of hypertension in high-burden communities. Organizations who are awarded the grant will be required to plan and implement a sustainable HHA-BPSM program in a healthcare or community setting.

### 2. RATIONALE:

Heart disease is the leading cause of death for Wyoming residents, yet can be prevented and addressed by lifestyle and behavior modifications like physical activity, eating well, regular self-measurement of blood pressure (SMBP), medication management, and quality systems in place to identify and address patients who may have been missed within existing health systems. In 2017, heart disease and stroke accounted for 1,191 deaths in Wyoming<sup>1</sup>. The leading risk factor contributing to deaths from heart disease and stroke is hypertension. Hypertension, also known as high blood pressure, is a medical condition defined as having uncontrolled high blood pressure. Uncontrolled high blood pressure can damage blood vessels in the heart, which in turn increases the risk of heart attack and stroke<sup>2</sup>. About one in five people with hypertension do not know they have it.

The Blood Pressure Self-Monitoring (BPSM) program's purpose is to empower adults with hypertension to take control and better manage their blood pressure. This program is designed to help adults learn how to properly self-monitor their blood pressure while also engaging in other heart-healthy activities. Self-monitoring or tracking is possibly the single most important mechanism in changing any thought or behavior. Self-monitoring informs individuals of their blood pressure patterns over time, making it easier to see progress (or lack of progress) towards their individual goal<sup>3</sup>. Over the course of four months, participants will build skills and capacities that help them: manage high blood pressure, identify and control triggers that raise blood pressure, and adopt healthier eating habits. With the support from a trained Healthy Heart Ambassador, participants measure and record their blood pressure and attend personalized consultations and Nutrition Education Seminars. Certified Healthy Heart Ambassadors (HHAs) are an integral part of the BPSM program. The role of HHAs is to support participants in their journey toward improved health and blood pressure management. The power of the program is in participants finding their own path to better blood pressure management, supported by HHAs' guidance and encouragement<sup>4</sup>.

### Performance Measures

1. Number of adults *enrolled* into the HHA-BPSM program.

2. Number of adults *identified* with uncontrolled hypertension at community screening sites using the American Heart Association (AHA) guidelines.
3. Number of adults with known high blood pressure whose hypertension becomes *controlled* or improves as a result of utilizing the priority strategies.

References:

1. Centers for Disease Control and Prevention. Stats of the State of Wyoming <https://www.cdc.gov/nchs/pressroom/states/wyoming/wyoming.htm>. Accessed on December 3, 2019.
2. Centers for Disease Control and Prevention. Effects of High Blood Pressure <https://www.cdc.gov/bloodpressure/effects.htm>. Accessed on December 3, 2019.
3. CDC's Healthy Heart Ambassador Blood Pressure Self-Monitoring Course Pre-Read. <D:\shortcut-targets-by-id\1KoY-803IOdY1XVWsgvHupbPwCcQ-MsZe\1815 Shared Folders\HHA-BPSM\Training Pre-read Apr 2021.docx>. Accessed July 29, 2021.
4. YMCA of the USA Blood Pressure Self-Monitoring Program [https://www.cdc.gov/dhdsp/programs/spha/docs/YMCA\\_BP\\_Self\\_Monitor-508.pdf](https://www.cdc.gov/dhdsp/programs/spha/docs/YMCA_BP_Self_Monitor-508.pdf). Accessed on July 29, 2021.

3. OBJECTIVE:

The objective of this grant is to facilitate the implementation of an evidence-based HHA-BPSM program for the prevention and management of hypertension in Wyoming communities.

4. ELIGIBLE APPLICANTS:

The CDPP is seeking applications from Wyoming organizations that are in good standing with the Wyoming Secretary of State and registered on SAM.gov. Any funded applicant must have a fiscal agent through which grant funds can be allocated. Awardee may serve as their own fiscal agent. Awardees will be held responsible for the performance of the contract. Awardees must report to the CDPP.

5. FUNDING AVAILABLE AND NUMBER OF AWARDS:

Total funding available for this RFA is ten thousand dollars (\$10,000.00). Funding will be awarded to one (1) applicant with a maximum award amount of ten thousand dollars (\$10,000.00). Applicants are not guaranteed the maximum amount of funding and prospective recipients are expected to submit a budget that is appropriate for the project plan and scope.

6. RFA APPLICATION DETAILS:

One applicant will be funded and only completed applications will be accepted. There is no deadline for application.

## Questions

Applicants will be allowed the opportunity to email questions regarding this funding opportunity. All questions should be submitted to Kacie Hutton, Chronic Disease Prevention Specialist, at [kacie.hutton1@wyo.gov](mailto:kacie.hutton1@wyo.gov). Please include “RFA: Question” in the email subject line.

## Submitting completed applications

Applicants should submit a completed application via email to Kacie Hutton, Chronic Disease Prevention Specialist, at [kacie.hutton1@wyo.gov](mailto:kacie.hutton1@wyo.gov). Please submit a single PDF document and include “RFA: Application Submission” in the email subject line.

Following submission, applicants will receive a confirmation email verifying receipt of the application within two (2) business days.

## Notification of award or non-award

Applicant will receive written notice as to whether the application has been approved to be funded wholly, in part, or not funded within two (2) weeks of submission. Selected applicant will begin the contract process with the CDPP. All funded activities must be completed within the term of the contract.

## 7. TERM OF CONTRACT:

The contract will begin when signatures are received from all parties. All funds must be spent by June 30, 2022. Projects should have sustainability in mind and continue after the initial funding period ends. There will be no opportunity for renewal of funding.

## 8. NON-APPROVED USE OF FUNDS:

Below is a list of examples of activities and other items that are not allowable under the grant. This list is not all inclusive and all programmatic activities must be approved by the CDPP.

- 8.1 One time activities or events that are not considered evidence based, such as assemblies, speakers, “fun runs,” health fairs etc. Additionally, community gardens, farmers markets, greenways, or other similar developments cannot be funded.
- 8.2 Programs funded through other sources; supplanting funds.
- 8.3 Direct service to clients/constituents, e.g., medical nutrition therapy sessions with a dietitian.
- 8.4 Provision of professional development by unqualified individuals or use of programs that do not have a strong evidence base e.g., promoting a specific dietary supplement or for-profit exercise program. Programmatic activities must be approved by the grantor. Please see “resources” section below for examples of evidence-based programmatic activities.

- 8.5 Capital construction projects or purchase of buildings or other long-term funds.
- 8.6 Purchase of computers, other technological devices (e.g., iPad), or office equipment other than standard consumable supplies.
- 8.7 Payment of expenses for lobbying.
- 8.8 Payment of meals and refreshments outside of federal regulation 45 CFR 75.432.
- 8.9 Gifts, prizes, or other compensations for trainees or participants.
- 8.10 Durable medical supplies (e.g., blood pressure cuffs).

9. RESOURCES:

The following web links provide some resources that may be helpful:

“Million Hearts Hypertension Control Change Package”

<https://millionhearts.hhs.gov/tools-protocols/action-guides/htn-change-package/index.html>

“Million Hearts Cholesterol Management”

<https://millionhearts.hhs.gov/tools-protocols/tools/cholesterol-management.html>

“Healthy Heart Ambassador BPSM Program Trainer Guide”

[..\..\Category B\Category B Guidance and Resources\CDC - HHA BPSM PF Trainer Guide 01012021 \(1\).pdf](..\..\Category B\Category B Guidance and Resources\CDC - HHA BPSM PF Trainer Guide 01012021 (1).pdf)

“YMCA of the USA: Blood Pressure Self-Monitoring Program”

[https://www.cdc.gov/dhdsp/programs/spha/docs/YMCA\\_BP\\_Self\\_Monitor-508.pdf](https://www.cdc.gov/dhdsp/programs/spha/docs/YMCA_BP_Self_Monitor-508.pdf)

10. TIMELINE:

- |                          |                           |
|--------------------------|---------------------------|
| <b>September 1, 2021</b> | RFA opens                 |
| <b>June 30, 2022</b>     | Grant funds must be spent |

11. RESERVED RIGHTS:

The CDPP reserves the right to:

- 11.1 Reject any or all applications received in response to this RFA;

- 11.2 Not make an award to any applicant who is not in good standing at the time a contract is awarded;
- 11.3 Withdraw the RFA at any time, at the agency's sole discretion;
- 11.4 Make an award under this RFA in whole or in part;
- 11.5 Negotiate with the successful applicant within the scope of the RFA in the best interests of the State;
- 11.6 Disqualify any applicant whose conduct and/or application fails to conform to the requirements of this RFA;
- 11.7 Seek clarifications and revisions of applications;
- 11.8 Use historic information obtained through site visits, business relationships, and the State's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA;
- 11.9 Amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
- 11.10 Change any of the scheduled dates;
- 11.11 Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
- 11.12 Waive any requirement that is not material;
- 11.13 Conduct contract negotiations with the next responsible applicant, should the CDPP be unsuccessful in negotiating with the selected proposer;
- 11.14 Utilize any and all ideas submitted in the applications received;
- 11.15 Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and/or to determine an applicant's compliance with the requirements of the solicitation; and
- 11.16 Cancel or modify contracts due to the insufficiency of appropriations.

## 12. APPLICATION REVIEW PROCESS:

Applicants will be evaluated based upon the weighted evaluation factors described in Appendix B. A group of reviewers will be established to evaluate all completed applications and make

recommendations based upon final scores. The CDPP may contact an applicant for clarification or questions related to the application.

## APPLICATION

### 1. GENERAL FORMAT REQUIREMENTS:

Applications must follow the general requirements when submitting to this RFA:

- 1.1. Application must be typed in Times New Roman, no smaller than 11 point font, with 1 inch margins on standard paper (8.5" x 11").
- 1.2. Applications must be organized by sections (in bold) labeled below.
- 1.3. Applications must be submitted as a single PDF file and include all application requirements.

### 2. APPLICATION REQUIREMENTS:

2.1. **Cover Sheet.** Please include the following applicable information in your cover sheet: (1 page maximum)

- a. Name of Applicant Organization (as registered with the Wyoming Secretary of State)
- b. Tax ID
- c. DUNS Number
- d. Physical Address of Applicant Headquarters
- e. Mailing Address of Applicant Headquarters (if different)
- f. Name of Contact Person
- g. Title of Contact Person
- h. Phone of Contact Person
- i. Fax of Contact Person (if available)
- j. Email of Contact Person
- k. Name of Authorized Signatory Person
- l. Title of Authorized Signatory Person
- m. Email of Authorized Signatory Person

2.2. **Proof of SAM.gov registration.** Provide a copy or printout of SAM.gov registration. This is required for all entities receiving federal funds.

2.3. **Supplemental Questions.** Provide answers to the questions in Appendix A.

2.4. **Budget Narrative.** Use the template provided to identify the cost of the project, including a brief justification of proposed expenditures. If personnel costs are included, describe what the staff member or position will do, relationship to other staff, and role in the project. Expand as needed.



<b>Expense Category</b>	<b>Item Description</b>	<b>Justification</b>	<b>Estimated Cost for Term of Grant</b>
<b>Salaries</b>			
<b>Fringe Benefits</b>			
<b>Consultant Costs</b>			
<b>Marketing</b>			
<b>Office Space</b>			
<b>Classroom and Education Materials</b>			
<b>Participant Supplies</b>			
<b>Postage</b>			
<b>Printing</b>			
<b>Travel</b>			
<b>Other (specify)</b>			
		<b>Total Direct Cost:</b>	
		<b>Indirect (Administrative Costs not to exceed 10% of the total grant award)</b>	
		<b>Total Cost:</b>	

**CERTIFICATION OF AUTHORIZATION**

By submission of an application, the proposer certifies:

Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.

No attempt has been made nor will be by the proposer to induce any other person or firm to submit, or not to submit, a proposal for the purpose of restricting competition.

The person signing this proposal certifies that he/she is authorized to represent the company and is legally responsible for the decision as to the price and supporting documentation provided as a result of this advertisement.

Proposer will comply with all federal and state regulations, policies, guidelines and requirements.

Prices in this proposal have not been knowingly disclosed by the proposer and will not be prior to award to any proposer.

I certify to the best of my knowledge that the information contained in this application is correct. If awarded funding under this grant, 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 agency’s governing body to submit this application.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Agent

## APPENDIX A: Supplemental Questions

1. Provide a brief summary justifying the need for a HHA-BPSM in your community and the priority population (population subgroups who experience racial/ethnic or socioeconomic disparities, including inadequate access to care, poor quality of care, or low income) your organization will attempt to engage.
2. Discuss in detail your proposed referral source for this program.
3. Describe the intended plan for sustaining the program both during and after the funding period. Keep in mind that grant funds should not be used as a long-term funding source for the delivery of lifestyle change programs.
4. Describe how performance measure data will be collected and any existing data/electronic health record organizational capacity.
5. Initial the table below to acknowledge the understanding of requirements of this award.

Requirements of Award	Initial
Contractor commits to participating in occasional Wyoming Million Hearts Collaborative calls. Contractor may be called on to provide best practices or lessons learned from their work.	
Contractor commits to facilitating two blood pressure accuracy trainings for all participating clinical staff.	
Contractor commits to completing the HHA-BPSM facilitator training hosted by CDPP.	

## APPENDIX B: Weighted Evaluation Factors

<b>Component of Application</b>	<b>Points Available</b>
Cover Sheet and Abstract	10
Budget Narrative	20
Appendix A: Supplemental Questions	70
<b>Total Possible Points</b>	<b>100</b>