

STATE OF WYOMING
DEPARTMENT OF HEALTH
PUBLIC HEALTH DIVISION
IMMUNIZATION UNIT
122 WEST 25th STREET, 3rd FLOOR WEST
CHEYENNE, WY 82002

REQUEST FOR APPLICATIONS
NO. IMMZ03

BRIDGE ACCESS VACCINE PROGRAM INTEROPERABILITY GRANT

OPENING DATE
November 21, 2023

APPLICATION SUBMISSION CLOSING DATE
September 30, 2024

DEPARTMENT OF HEALTH REPRESENTATIVE: Janice Carney
TELEPHONE NO.: (307) 777-8503

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FUNDING OPPORTUNITY OVERVIEW

1. DESCRIPTION:

The Wyoming Department of Health, Public Health Division (WDH-PHD) Immunization Unit is accepting applications for the Bridge Access Vaccine (BAV) Program Interoperability Grant designed to assist Wyoming BAV enrolled healthcare providers with the implementation and support of an electronic Health Level Seven (HL7) interface connection to the Wyoming Immunization Registry (WyIR). Assistance is being provided in an effort to improve the process and timeliness for vaccination reporting to the WyIR to meet mandatory reporting requirements for the State of Wyoming.

2. RATIONALE:

The BAV Program is intended to provide access to no cost COVID-19 vaccinations to uninsured and underinsured adults in Wyoming. Wyoming is a mandatory reporting state for vaccinations administered in the state. This reporting can be completed by either Direct Data Entry (DDE) of patient and vaccine information into the WyIR, or through an electronic HL7 interface connection. Electronic HL7 interfaces provide a timely, efficient, and accurate way to report vaccine administrations to the WyIR. Offering funding to BAV Program enrolled healthcare providers to implement, upgrade, and maintain an HL7 interface connection provides resources to help meet both clinical and reporting requirements. All administrations including BAV Program vaccines that are reported to the WyIR help with comprehensive patient records, clinical decision making, and population health considerations.

3. OBJECTIVE:

The objective of this grant is to support implementation, upgrades, and maintenance of electronic HL7 interface connections to the WyIR that support reporting of BAV Program vaccinations.

4. ELIGIBLE APPLICANTS:

The WDH-PHD Immunization Unit is seeking applications from Wyoming BAV Program enrolled providers that are in good standing with the Wyoming Secretary of State and registered on SAM.gov. Awardees must be an approved provider with the WDH-PHD Immunization Unit and currently administering or intending to administer the BAV Program vaccine. Awardees must report grant funded activities to the WDH-PHD Immunization Unit.

5. FUNDING AVAILABLE AND NUMBER OF AWARDS:

Total funding available for this RFA is three hundred thirty-seven thousand, seven hundred ninety-eight dollars (\$337,798.00). Funding will be awarded to five (5) applicants with a maximum award amount of sixty-seven thousand, five hundred fifty-nine dollars (\$67,559.00) per award. Applicants are not guaranteed a maximum amount of funding and prospective recipients are expected to submit a budget that is appropriate for their interoperability plan.

6. RFA APPLICATION DETAILS:

Applications will be accepted on an ongoing basis until the funds are expended or until the RFA application deadline of September 30, 2024.

Submitting completed application:

Applicants should submit a completed application via email to wyr@wyo.gov. Please submit a single PDF document and include “RFA NO. IMMZ03: 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.

7. NOTIFICATION OF AWARD OR NONAWARD:

Applicants will receive written notice within two (2) weeks or as soon thereafter as possible of application submission as to whether their application has been approved to be funded wholly, in part, or not funded. Selected applicants will begin the grant agreement process with the WDH-PHD Immunization Unit. All funded activities must be completed within the terms outlined in the grant agreement.

8. TERM OF GRANT AGREEMENT:

The anticipated term for the BAV Program Interoperability Grant is December 1, 2023 through November 30, 2024. The potential for renewed funding is possible during the grant period.

9. ALLOWABLE EXPENDITURES:

The funding is provided to build capacity in Wyoming BAV Program enrolled healthcare providers to implement, update, and maintain an electronic HL7 interface connection to the WyIR. Funding can be used to reimburse the awardee for allowable purchases made after December 1, 2023. Allowable expenditures include:

- 9.1 Electronic Health Record (EHR) software acquisition;
- 9.2 Staff salaries and fringe benefits;
- 9.3 Training for staff on EHR functionality, HL7 structure and implementation, electronic interface development operations, and information technology (IT) systems for interoperability;
- 9.4 Hardware, software, or other technologies needed for reporting of vaccinations to the WyIR via an electronic HL7 interface to the WyIR; and
- 9.5 Additional expenditures may be allowed with justification and prior approval from the WDH-PHD Immunization Unit. All requests for additional purchases through the awarded grant must receive prior written approval through the Immunization Unit and the Centers of Disease Control and Prevention (CDC).

10. GRANT REQUIREMENTS

Awardees must meet the following requirements. If these are not met during the grant period, any funds paid to the awardee must be returned to the WDH-PHD Immunization Unit.

- 10.1 Be enrolled in the Centers for Disease Control and Prevention (CDC) BAV Program through the WDH-PHD Immunization Unit.
- 10.2 Administer BAV Program vaccine.
- 10.3 Focus efforts towards implementing, updating, and maintaining an electronic HL7 interface connection to the WyIR.
- 10.4 Focus efforts to acquire technology including hardware and software to implement, update and maintain an electronic HL7 interface connection to the WyIR
- 10.5 Focus efforts towards staff acquisition, retention, and training for EHR and interface activities.
- 10.6 Develop reporting procedures on all grant activities including expenditures in order to accurately forecast expenses and to meet grant deliverables.
- 10.7 Subrecipient will be required to enter into a grant agreement with the WDH-PHD Immunization Unit.

11. REPORTING REQUIREMENTS

Required quarterly reporting includes as applicable:

- 11.1 Type and quantity of technological equipment acquired including hardware and software, for purposes of implementing, updating and maintaining an electronic HL7 interface connection to the WyIR.
- 11.2 Number of staffing positions or staffing hours funded for purposes of implementing, updating and maintaining an electronic HL7 interface connection to the WyIR.
- 11.3 Type of training and hours of training funded for staff for purposes of implementing, updating and maintaining an electronic HL7 interface connection to the WyIR.
- 11.4 General overview of grant funded activities over the past quarter, including purchases and reimbursements.

12. TIMELINE:

November 21, 2023	RFA opens
Within two weeks of receipt	Applicants notified in writing of acceptance or rejection
December 1, 2023	Estimated start of grant award

September 30, 2024 Last date to submit application

November 30, 2024 Last date to submit invoices

13. RESERVED RIGHTS:

The WDH-PHD Immunization Unit reserves the right to:

- 13.1 Reject any or all applications received in response to this RFA;
- 13.2 Not make an award to any applicant who is not in good standing with the Wyoming Secretary of State at the time a contract is awarded;
- 13.3 Withdraw the RFA at any time, at the agency's sole discretion;
- 13.4 Make an award under this RFA in whole or in part;
- 13.5 Negotiate with the successful applicant within the scope of the RFA in the best interests of the State;
- 13.6 Disqualify any applicant whose conduct or application fails to conform to the requirements of this RFA;
- 13.7 Seek clarifications and revisions of applications;
- 13.8 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 selection under the RFA;
- 13.9 Amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
- 13.10 Change any of the scheduled dates;
- 13.11 Eliminate any mandatory, non-material specification that cannot be met by all of the prospective applicants;
- 13.12 Conduct contract negotiations with the next responsible applicant, should the WDH-PHD Immunization Unit be unsuccessful in negotiating with the selected proposer;
- 13.13 Utilize any and all ideas submitted in the applications received;
- 13.14 Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an application and to determine an applicant's compliance with the requirements of the solicitation; and
- 13.15 Cancel or modify contracts due to the insufficiency of appropriations.

14. APPLICATION REVIEW PROCESS:

Applicants will be evaluated by submission of a complete application, as well as a budget that meets the application requirements.

14.1 Application Package

- Cover sheet
- Abstract
- Proof of Sam.gov registration
- Workplan
- Budget Narrative

APPLICATION

1. GENERAL FORMAT REQUIREMENTS:

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

- 1.1. 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. Be organized by sections (in bold) labeled below.
- 1.3. Be submitted as a single PDF file and include all application requirements.
- 1.4. Be no more than six (6) pages.

2. APPLICATION REQUIREMENTS:

2.1. **Cover Sheet.** Please include the following applicable information in your cover sheet:

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

2.2. **Abstract.** Provide a summary of the BAV Program enrolled healthcare provider efforts to implement, update or maintain an electronic HL7 interface connection to the WyIR, which includes a description of:

- a. Current electronic HL7 interface connection status. Please include information regarding the EHR vendor, type of connection, current staffing support and needs, and technology infrastructure.
- b. Current challenges to implementing, updating or maintaining an electronic HL7 interface connection to the WyIR, if any.
- c. Summary of vaccination volume and population served, including types of vaccines, Public Vaccine Program enrollment and approximate vaccination administrations per month.
- d. Planned activities or projects to implement, update or maintain an electronic HL7 interface connection to the WyIR, including technology acquisitions, changes and staff roles and responsibilities.

2.3. **Proof of SAM.gov registration.** Provide a copy or printout of SAM.gov registration or proof that registration has been submitted. This is required for all entities receiving federal funds. It is allowable for federal grant funds to be held until SAM.gov registration has been approved.

2.4. **Workplan.** Provide a copy of your work plan. This will include goals that represent your statement of intent, and an outline of specific measurable activities and objectives. This work plan must show the need, target population, project goals, project outcomes and objectives, project activities, and how success will be measured.

2.5. **Budget Narrative.** Use the template provided (editable version on the WDH-PHD Immunization Unit webpage) to describe and justify proposed expenses. Expand as needed.

Expense Category	Item Description	Justification	Estimated Cost
Salaries			
Fringe Benefits			
Training			
Hardware			
Software			
Other (Describe)			
		Total Cost:	

3. APPLICATION SCORING:

Component of Application	Points Available
Cover Sheet	10
Abstract	20
SAM.gov registration complete	10
Workplan	30
Budget Narrative	30
Total Possible Points	100

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 or 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