



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

APPLICATION PACKET

RFA-18-0003

Purpose of Sub-Grant: Support and expand the implementation of a transition of care collaborative for patients diagnosed with Clostridium Difficile Infection (CDI).

APPLICATION SIGNATURE PAGE

Type or Print the following information.

APPLICANT'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	
APPLICANT CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>solicitation</i> , the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.				
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.				
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.				

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

By signing and submitting a response to this Notice of Funds Availability (NOFA), the prospective recipient agrees to comply with all requirements, and that any exception that conflicts with a requirement of this NOFA will cause the application to be disqualified.

Authorized Signature: _____ **Title:** _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

Agreement and Compliance

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, sub-grant, loan, or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
 - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,

 - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,

 - c. A change in the officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 EXPERIENCE	
A. Describe any previous funding by ADH including description of the activity, year(s), and amount(s).	5 points
B. Describe previous experiences related to conducting prevention collaboratives, working with hospitals and long-term care facilities, and implementing specific infection control strategies.	5 points
C. Describe previous experiences with improving transitions of care of patients between hospitals and long-term care facilities.	5 points
D. Describe previous experiences with engaging diverse stakeholders and fostering resource sharing.	5 points
E. Describe previous experience in hosting stakeholder meetings including average cost for such a meeting.	5 points
E.2 ORGANIZATIONAL CAPACITY	
A. Describe your organizational structure including line of authority with responsibility for completion of outlined deliverables.	5 points
B. Describe your ability and capacity to develop, implement, and evaluate pre and post surveys regarding transitions of care of patients recently diagnosed and/or treated with Clostridium difficile infection.	5 points
C. Describe your organizational capacity for sound fiscal management. Include the following:	
1. Experience with financial administration of federal and/or state funds.	5 points
2. Knowledge of federal and state laws and regulations regarding effective control over and accountability for all funds, property and other assets, and assurance that they are used solely for authorized work plan purposes.	5 points
3. A financial management system that provides for adequate financial reporting, adequate accounting records, effective internal controls, budget control, monitoring of allowable costs, and maintenance of source documentation.	5 points
4. How can you assure that adequate consumable supplies, travel reimbursement, and equipment (including computers) to support staff and program needs are available?	5 points
E.3 APPROACH & METHODOLOGY	
A. Develop and provide a work plan to include strategies and objectives that incorporate CDC best practices and other evidence-based guidelines to ensure proper laboratory evaluation, interpretation, and use of laboratory results of patients that potentially have a Clostridium difficile infection as it corresponds to infection control and transitions of care.	5 points
B. Describe your approach and methodology towards identifying barriers to smooth transitions of care between hospitals and long-term care facilities for persons recently diagnosed with Clostridium difficile infection.	5 points
C. Develop objectives, curricula, and a sample agenda for stakeholder meetings that focus on the prevention, identification, and control of Clostridium difficile infection.	5 points
D. Explain how you will recruit at least 10 hospital and long-term care teams.	5 points
E. Provide a timeline that includes estimated amounts of time needed for development, recruitment,	5 points

and implementation of this project.	
F. Describe your approach and methodology to collecting, assessing, and analyzing data as part of this project, which should include details regarding any data collected as part of this funding including but not limited to pre and post surveys.	5 points
G. Describe how you will communicate findings from this funding to the Healthcare-associated Infections Program to include recommendations on furthering progress on this topic.	5 points