



**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

**Increasing Cancer Screening Rates through Community-Based Partners Project  
Request for Proposal (RFP)**

Breast and Cervical Cancer Program  
Mississippi State Department of Health  
Project Number: CDC-MSBCCP-RFP-27  
**Due Date: April 30, 2024**

**Mississippi State Department of Health  
570 East Woodrow Wilson Avenue  
P.O. Box 1700  
Jackson, MS 39215**

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Request for Proposal (RFP)

Increasing Cancer Screening Rates through Community-Based Partners Project

1.0 INVITATION

Community-based systems are invited to submit a proposal in response to this Increasing Cancer Screening Rates through Community-Based Partners Project Request for Proposal (RFP). This RFP includes instructions for proposal submission, grant specific guidelines and budget requirements. This is a competitive application process. To submit a proposal, each applicant must comply with the instructions included in this RFP. By submitting a proposal, the applicant agrees to the RFP terms and conditions.

2.0 RFP TIMELINE

Table with 2 columns: Event, Dates. Rows include: Announcement of Funding Opportunity (Jan 30, 2024), Letter of Intent Due (March 15, 2024 @ 5:00 PM CST), Applicant Questions Due (March 11, 2024 @ 5:00 PM CST), Response to Questions Returned By (March 13, 2024), Proposal Application Submission Deadline (April 30, 2024 @ 5:00 PM CST), Notification of Intent to Award (May 31, 2024), Period of Performance (July 1, 2024 to June 30, 2025).

3.0 GENERAL INFORMATION & INSTRUCTIONS TO SUBMIT

Completed proposals must be submitted as described in the table below.

Table with 2 columns: RFP Contact Officer, All communications concerning the RFP must be directed to the contact person listed below. Includes contact info for Amy Gibbons, Program Director, Mississippi State Department of Health.

3.2	<b>Letter of Intent</b>	<p>A Letter of Intent inclusive of contact information for the applicant’s designated contact person <u>must be submitted via e-mail with the following in the subject line:</u></p> <p><b>MSBCCP RFP27_(name of Community-Based Entity) Letter of Intent</b></p> <p>The Letter of Intent should be attached in PDF format and submitted via email to the RFP Contact Officer by the specified date/time.</p> <p>Only potential applicants who submit a Letter of Intent will receive any correspondence regarding this RFP, RFP amendments, any addenda, corrections, schedule modifications, notifications, or any responses to questions.</p>
3.3	<b>Applicant Questions</b>	<p>Questions about this RFP, including but not limited to requests for clarification, additional information or any changes to the RFP must be made in writing, citing the RFP page number and section, and submitted to the RFP Contact Officer by the specific date/time.</p> <p>Questions will only be accepted from those applicants who have submitted a Letter of Intent by the deadline. Questions submitted in any manner other than as detailed above or submitted after the deadline will be excluded from review.</p>
3.4	<b>Proposal Presentation</b>	<p>Acceptable proposals will adhere to the following:</p> <p>Page Size: 8.5 x 11  Font: Arial, Times New Roman, or Calibri  Font Size: 12pt  Spacing: Single  Margins: 1-inch all sides  Page Numbers: Required, all pages.  Tables/Charts: Clearly labeled, referenced, and relevant.  Header or Footer: Must include organization’s name, <b>CDC-MSBCCP-RFP-27</b>, and page number.  Acronyms: Spell out the first time they are used.  Page Limit: 20 (excluding Appendices)</p>
3.5	<b>Proposal Submission</b>	<p>Proposals must be submitted via e-mail with the following in the subject line:</p> <p><b>MSBCCP RFP27_(name of Community-Based Entity) Proposal</b></p> <p>The entire Proposal should be attached in PDF format as a single file and submitted in the same email message to the RFP Contact Officer by the specified date/time. Confirmation of receipt will be issued by email. If the applicant does not receive confirmation of receipt, please email the RFP Contact Officer to verify that the application was received.</p> <p>Submitted applications will not be reviewed until the submission deadline has passed. Proposals submitted in any manner other than as detailed above or submitted after the deadline shall be deemed ineligible and will be excluded from consideration. Once a proposal is submitted and received by e-mail, applicants will not be able to revise the applications or any supporting/required documentation.</p>

3.6	<b>Award Details</b>	<p>Award Floor \$5,000 (minimum for the budget proposal) Award Ceiling \$10,000 (maximum for the budget proposal)</p> <p>Total Number of Awards (Anticipated) 5</p> <p>Total Amount of Available Funding (Anticipated) \$50,000</p> <p>Funding Source Funding for this RFP is ANTICIPATED under cooperative agreement CDC-RFA-DP22-2202, Centers for Disease Control and Prevention Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations, CDFA 98.898, Award: 1NU58DP007129-01-00.</p>
3.7	<b>Cost Sharing/Matching</b>	Cost sharing or matching funds are <b>not</b> required under this RFP.
3.8	<b>Type of Award: Cost Reimbursed Subgrant</b>	This agreement will be established as a cost reimbursed subgrant. As a cost reimbursed subgrant, costs incurred are reimbursed through the submission of invoices as instructed by Mississippi State Department of Health, Breast and Cervical Cancer Program. This requires maintaining ledgers, books, records, documents, and other evidence pertaining to all costs and expenses incurred and ensuring that costs incurred are in accordance with the services set forth in the scope of work.
3.9	<b>Non-Responsive Applications</b>	Incomplete applications (those which do not include all components, or all required attachments) will be determined to be nonresponsive to the RFP. Nonresponsive applications will not be considered for funding through this RFP. The applicant will be notified that the application is nonresponsive and is not eligible to receive funding.
3.10	<b>Notification</b>	<p>After all stages of review are completed, a Notice of (Intent to) Award (NOA) or Notice of Denial (NOD) for funding will be sent to each applicant via email by <b>May 31, 2024</b>.</p> <p>The NOA will be sent via email to the appropriate Point of Contact (POC) listed in the application notifying them of the award amount and other pertinent information, including the date of any mandatory post-award orientation or training events. The subgrant agreement between the State and the subgrantee and all accompanying documentation will be prepared by MS-BCCP and sent through MSDH internal processes for approval. Fully reviewed and approved subgrant agreements will be sent to the awardee via DocuSign for review and signature. A subgrant is not valid until it is signed by both parties</p>
3.11	<b>Post -Award Orientation and Training</b>	Each recipient will be required to have a minimum of two individuals participate in a mandatory MS-BCCP Sub-Grantee Orientation. The project director and the organizational financial point of contact are expected to attend the orientation. Successful applicants will be notified of the location and time for this meeting.

<b>3.12</b>	<b>Reimbursement</b>	<p>Applicants <b>who are selected for an award</b> will need to be registered as a vendor in MAGIC, the system the State of Mississippi uses to account for all vendors, contractors, and suppliers authorized to do business with the State. To determine whether your organization is a registered supplier (converted vendor) in MAGIC, go to the MAGIC Vendor Information page at <a href="http://merlin.state.ms.us/merlin/predef.nsf/MAGICVendorInfo?OpenForm">http://merlin.state.ms.us/merlin/predef.nsf/MAGICVendorInfo?OpenForm</a></p> <p>Providers can register as a vendor on the Mississippi Suppliers (Vendors) page of the MS Department of Finance and Administration website at <a href="http://www.dfa.ms.gov/dfa-offices/mmrs/mississippi-suppliers-vendors/">http://www.dfa.ms.gov/dfa-offices/mmrs/mississippi-suppliers-vendors/</a></p> <p>To receive reimbursement, vendors and suppliers must also be registered for Paymode. Paymode is the electronic payment system used by the State of Mississippi to pay vendors, contractors, and suppliers. Registration can be completed at: <a href="http://portal.paymode.com/mississippi/">http://portal.paymode.com/mississippi/</a></p>
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#### 4.0 INCIDENCE AND MORTALITY RATES

According to the Centers for Disease Control and Prevention (CDC), from 2016-2020, there were approximately 11,395 reported new diagnoses/cases of female breast cancer and 696 cervical cancers among Mississippi women. During this same period, the age-adjusted incidence rate for female breast cancer in Mississippi was 122.3 per 100,000 [95% CI] female population, which placed the state among the top 20 for the lowest rates in the nation. The state was also lower than the U.S. rate which was 127.0 per 100,000 [95% CI] female population. The age-adjusted incidence rate for cervical cancer in Mississippi was 8.9 per 100,000 [95% CI] which ranked the state as the 9th highest in the nation. The Mississippi rate was higher than the U.S. rate of 7.5 per 100,000 [95% CI].

While the incidence rate for breast cancer was lower than the U.S. rate, Mississippi's age-adjusted female breast cancer mortality rate for the period of 2016 to 2020 was 23.5 per 100,000 [95% CI] population, the second highest in the nation, with the District of Columbia (D.C.) being the highest. The U.S. age-adjusted female breast cancer mortality rate during the same period was 19.6 per 100,000 [95% CI], which was lower than the state's rate. Among Mississippi women diagnosed with breast cancer, Black Non-Hispanic women had a higher age-adjusted mortality rate (30.9 per 100,000) compared to White Non-Hispanic women (20.0 per 100,000).

Mississippi's age-adjusted cervical cancer mortality rate for the period of 2016 to 2020 was the second highest in the nation (3.4 per 100,000) and higher than the U.S. rate of 2.2 per 100,000 [95% CI] female population. Among Mississippi women diagnosed with cervical cancer, Non-Hispanic Black women had a slightly higher age-adjusted cervical cancer mortality rate (3.7 per 100,000) compared to Non-Hispanic White women (3.2 per 100,000).

According to the National Cancer Institute, the average annual count of female breast cancer diagnoses in Mississippi was 2,279 based on a five-year trend (2016-2020). The trend analyses indicated that these cases were rising within the five-year time frame. Contrary to female breast cancer, the trend analyses for cervical cancer diagnoses in the state remained stable, with an average annual count of 139 for the five-year period (2016-2020).

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<sup>1</sup> <https://statecancerprofiles.cancer.gov/index.html>

## 5.0 PROGRAM BACKGROUND AND MISSION

Through support provided by the Centers for Disease Control, National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and non-federal funding sources, the Mississippi Breast and Cervical Cancer Program (MS-BCCP) is a screening program that supports and promotes breast and cervical cancer screening for medically underserved women that are considered high risk. The goal of the program is to screen medically underserved women to reduce morbidity and mortality from breast and cervical cancer in Mississippi. These groups include underinsured, uninsured, medically underserved, minority, and elderly women. Often by the time symptoms appear and these women present to a healthcare provider, the disease has advanced, reflecting differences in access to screening and care. MS-BCCP continues its efforts in filling the gap for women to ensure adequate and quality health care access as it relates to breast and cervical cancer screenings. This goal is accomplished in tandem with a broad network of healthcare partners, by addressing patient barriers to screening, improving clinic processes to better identify women in need of screening, and enrolling women in MS-BCCP for screening and diagnostic tests. The NBCCEDP target population is uninsured or underinsured women who are at or below 250% of the federal poverty level, aged 50 to 64 years for breast cancer services, and aged 21-64 years for cervical cancer services. High priority populations for MS-BCCP are underinsured Black, Hispanic, and Asian/Pacific Islander women who are at or below 250% of the federal poverty level, aged 50 to 64 years for breast cancer services, aged 21-64 years for cervical cancer services, and from rural and urban communities.

From 2017 to 2022, the MS-BCCP served 13006 unduplicated women. Nearly all those women (98.3%) received breast cancer screening and/or diagnostic services. About 41.8% received cervical cancer screening and/or diagnostic services. Of the women receiving breast cancer screening services, 58% identified their race as black, 30% as white, 9% as Hispanic, 1.4% as Other and 1.7% as Unknown. Of the women receiving cervical cancer screening services, 59.6% identified their race as black, 29.6% as white, 8% as Hispanic, 1.5% as Other 1.2% as Unknown. For both cancer screenings, the highest percentage of women (54.4% for breast, 57.5% cervical) were in 50–64-year age range. Followed by 40–49-year-old age range (36.3% and 37.9% respectively). Approximately 9% of women served for breast cancer services were 39 years of age or younger. Approximately 4.4% of women served for cervical cancer services were 39 years of age or younger. Among women enrolled in this 5-year period, 325 breast cancers were detected and 233 cervical lesions or premalignant cervical lesions were found because of the screenings and diagnostic services provided through NDCCEDP funding administered through the MS-BCCP. All women with cancer diagnosis were navigated to treatment resources.

MS-BCCP aims to increase breast and cervical cancer screenings and diagnostic services across Mississippi among disproportionately affected populations, including racial and ethnic minority women through population-based approaches, which engage the support of community-based partners through the State. This Request for Proposals (RFP) is issued to solicit proposals from community-based partners who can implement interventions that lead to an increase breast and cervical cancer screenings rates throughout the State.

Evidence-based interventions aligned with the NBCCEDP's implementation model and acceptable for this project include:

- 1) Approach: Increasing Patient Demand

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<sup>2</sup> <https://www.cdc.gov/cancer/nbccedp/data/summaries/mississippi.htm>

- a. Patient Education (One-on-One and Group)
  - b. Small Media
- 2) Approach: Increasing Patient Access
- a. Reducing Structural Barriers
  - b. Reducing Patients' Out of Pocket Costs
  - c. Use of Community Health Workers (CHWs)

Competitive grants will be awarded to selected applicants to support the delivery of community-clinical linkages and outreach and education activities within the targeted communities to increase breast and cervical cancer screening rates and reduce breast and cervical cancer disparities using these evidence-based approaches.

**6.0 APPLICANT ELIGIBILITY REQUIREMENTS**

Applicants should critically evaluate if their organization(s) are eligible, are able to meet the organizational capacity expectations, can fully commit to carrying out expected activities in the statement of work, and can meet deliverable and reporting expectations before preparing a proposal for funding.

**6.1 Eligible Organizations**

MSDH anticipates awarding subgrant(s) to subrecipient(s) who meet all of the following criteria:

<b>Community-Based Partner</b>
<ul style="list-style-type: none"> <li>• Is a corporation, limited liability company, limited partnership, other business, or non-profit entity registered in good standing with the Mississippi Secretary of State Office.</li> <li>• Is a community-based, faith-based, social service, or volunteer service organization, homeless/domestic violence shelter, residential program, substance use treatment program, free medical clinic that does not provide cancer screening services, housing complex or development, or other non-medical program.</li> <li>• Has paid and/or volunteer non-medical staff, including but not limited to community health workers, care coordinators, case managers, faith leaders, non-profit social service workers, peer specialists, and other community helpers who can provide targeted outreach and educational services focused on linking individuals with services to address social determinants of health and needs for cancer screening.</li> <li>• Is able to provide direct support and outreach/education to high priority populations. For this project, high priority populations are Black, Hispanic, and Asian/Pacific Islander women, ages 50 to 64 years old, in rural and urban communities.</li> </ul>

**6.2 Organizational Capacity**

All applicants must meet these additional eligibility requirements.

1. **System for Award Management (SAM) Registration:** All applicants are required to register with System for Award Management (SAM) and submit proof of current registration with their subgrant application.
2. **Unique Entity ID:** All applicants must obtain and report a Unique Entity ID.



3. **Appropriately trained, licensed, or certified staff.** Any staff providing services or otherwise carrying out grant activities must receive proper training and must possess any applicable professional licensure or certifications required by Title 73 of the Mississippi Code.
4. **Compliance with Regulatory Agencies.** All applicants should ensure that its operations are following any applicable federal, state, or local regulatory provisions, including, but not limited to, zoning and land use regulations, permitting or inspection requirements, criminal history or other background checks, provider exclusion checks, or certification and licensure requirements.
5. **Compliance with MSDH Subgrant Policies and Procedures.** The MSDH Subgrant Policies and Procedures provides guidance to the prime grantee and its subgrantees for the development, execution, and monitoring of subgrants to ensure that funds are used for the purposes for which they are awarded and to safeguard public monies to the greatest extent possible. The policies are adapted from The Office of Management and Budget's (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (commonly called "Uniform Guidance"), and do not include all requirements imposed on MSDH or its subgrantees by prime funders. This information is available for review at: [https://msdh.ms.gov/msdhsite/\\_static/resources/1624.pdf](https://msdh.ms.gov/msdhsite/_static/resources/1624.pdf)
6. **Compliance with Health Equity Standards and Expectations**

The Mississippi State Department of Health is committed to identifying health disparities and eliminating health inequities. The MSDH acknowledges that racial and ethnic minorities and historically marginalized residents experience health inequities and do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the components of the application, applicants are encouraged to:

  - Implement the goals of the *National Stakeholder Strategy for Achieving Health Equity* (<https://www.phdmc.org/program-documents/healthy-lifestyles/dche/64-achieving-health-equity/file>) and ensure activities are aligned with the five strategies in the plan: awareness, leadership, health system and life experience, cultural and linguistic competency, and data, research and evaluation.
  - Justify the extent to which specific health disparities are priority areas with the focus of the funding program and how addressing these will advance health equity.
  - Propose evidence-based solutions to the health disparities identified in the RFP.
  - Demonstrate how proposed activities address specific health inequities or identified social determinants of health connected to the health problem.
  - Demonstrate cultural and linguistic competence according to the National CLAS Standards.
  - Describe how services or activities provided within this proposal will be delivered in an equitable manner to all populations served and especially those currently underserved, historically marginalized, and ethnically diverse groups.
7. **Compliance with MSDH Information and Security Requirements**

The selected recipient must meet all information security and privacy requirements as set by the Mississippi State Department of Health. All data developed under this funding opportunity must be stored, protected, shared, utilized, retained, returned and/or destroyed in accordance with applicable federal and state law, regulations, and standards including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Health Information Technology for Economic and Clinical Health

(HITECH) Act, and their corresponding regulations. Recipients may be asked to sign a business associate agreement, data use agreement and/or other legal documentation as a condition of award to ensure proper management and security of confidential data (such as protected health information) developed under this funding opportunity.

**8. Financial Resources**

The organization must have adequate financial resources to meet program deliverables without advance payment from MSDH (MSDH will reimburse for services and activities upon delivery and receipt of quarterly itemized invoices).

**7.0 CONFLICT OF INTEREST (COI)**

The Mississippi State Department of Health attempts to avoid circumstances that might introduce into the merit review process any COI, or the appearance of COI, or any prejudices, biases, or predispositions on the part of the reviewer. Applicants must disclose any past, ongoing, or potential COI which the applicant may have as a result of performing the work described in the RFP. An RFP may be flagged as a COI if the applicant has any of the following conflicts:

- A. Financial Conflict of Interest
  - Employee of an applicant organization(s)
  - Under active consideration of employment in an applicant organization
  - In the position to receive financial benefit in any amount from an applicant under review.
  
- B. Professional Conflicts
  - The reviewer is personally related to an associate of an applicant organization.
  - Reviewer has long-standing relationship with an applicant that may influence the reviewer’s judgement.
  
- C. Personal Conflicts
  - Close family member or friend is an applicant.
  - Reviewer has long-standing relationship with an applicant that may influence the reviewer’s judgement.

**8.0 EXPECTED SUBGRANTEE ACTIVITIES (STATEMENT OF WORK)**

The selected recipient(s) must:

<b>Community-Based Partner</b>
<ol style="list-style-type: none"><li>1) Must implement evidence-based interventions to increase individual awareness and access to services within its own community or area(s) served and in partnership with MS-BCCP participating providers.</li><li>2) Must provide direct services to the high priority populations that focus on linking individuals with services to address social determinants of health and needs for cancer screening.</li><li>3) Provide outreach and service delivery information and other standard reporting through a mutually agreed upon data submission process pursuant to reporting and deliverable requirements.</li><li>4) Be available to receive training and technical assistance from MS-BCCP on a scheduled and as needed basis.</li></ol>

**9.0 DATA REPORTING REQUIREMENTS**

Applicants are strongly advised to review the following section and all attachments to assure these reporting requirements can be met with existing electronic records, data systems, and other resources. No additional time or flexibility will be allowed for recipients to develop or implement entirely new or untested data collection processes. The proposal must specify the applicant’s ability to meet these reporting demands with existing resources within the reporting timeframes.

The proposal must also specify or describe the organization’s data management policies, procedures, and plans to include: 1) security of networks, servers, clouds, and emails; 2) electronic and physical storage of protected health information; 3) the entity’s retention and destruction plan for electronic and physical data; 4) personnel that will have access to data; 5) reporting data to ensure privacy and anonymity to funder or other covered entities; and 5) protocol for handling breaches including informing the funders of any potential breaches.

**10.0 MONITORING**

MSDH must monitor the subgrantee to ensure the subgrant is used for authorized purposes, achieves performance goals, and follows applicable funding terms and conditions, Federal and state regulations, and MSDH policies and procedures. A thorough description of monitoring activities is included in the *MSDH Subgrant Policies and Procedures Manual*. Monitoring activities will or may include the review of required programmatic/performance reports and financial reports, training and technical assistance on program-related matters, and on-site reviews and/or audits relevant to subgrant activities. The following are monitoring activities subgrantees can expect with additional activities to be determined as needed.

COMMUNITY-BASED PARTNER			
Deliverable	Format	Requirement Details	Due Date(s)
MS-BCCP Subgrantee Orientation (Mandatory)	Virtual	A minimum of two individuals must participate. The project director and the organizational financial point of contact are expected to attend the orientation.	Within 30 days of Notice of Intent to Award
Quarterly Progress Report	Standard Word template to be provided by MS-BCCP within 30 days of due date.	Must detail the recipient’s process and progress in fulfilling work plan activities, meeting performance measures, successes, barriers, lessons learned, and future planning to mitigate barriers and/or maintain service delivery during the quarter. A listing or description of any community outreach activities, including activities accomplished, number of attendees, places, dates, etc. Examples or copies of materials used in group or one-on-one sessions, or community outreach activities should be included, numbers/amount distributed. Examples of letters, postcards, or other messaging used for patient reminders should be included.	July-Sept. 2024 period due October 10, 2024 Oct.-Dec. 2024 period due January 10, 2025 Jan-March 2025 period due April 10, 2025 April-June 2025 period due July 10, 2025

Quarterly Linkage Log	Standard Excel template to be provided by MS-BCCP within 30 days of due date. See Appendix G for details.	Must detail all individuals who have been referred to or linked with the MS-BCCP program or to an MS-BCCP participating provider to obtain assistance with breast and cervical cancer screening. Details must include date of encounter, location/venue of encounter, first and last name of individual referred, address, county of residence, race, ethnicity, breast/cervical screening history, date referred, name of provider referred to, and details of any support provided for reducing patient barriers. These details will be reviewed against a quarterly query of all newly enrolled-MS-BCCP participants to determine outcomes of the subgrantee's outreach and linkage efforts.	<p>July-Sept. 2024 period due October 10, 2024</p> <p>Oct.-Dec. 2024 period due January 10, 2025</p> <p>Jan-March 2025 period due April 10, 2025</p> <p>April-June 2025 period due July 10, 2025</p>
Quarterly Invoice	Example will be provided in Subgrantee Orientation.	Must provide itemized listing of expenses incurred within the quarter and receipts, delivery confirmations, and proofs of payment. Must provide a record of invoices that have been submitted to MS-BCCP and reimbursed, invoices with outstanding payment, and the remaining balance in the subgrant period.	
MS-BCCP Subgrantee Risk Assessment Questionnaire	Appendix F	The purpose of the risk assessment is to determine the subgrantee's or subrecipient's risk of non-compliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring pursuant to <i>Uniform Guidance, Subpart D: Post Federal Award Requirements § 200.332(b)</i> . <u>A copy of the organization's most recent financial audit must be provided with the questionnaire.</u>	<p>October 10, 2024</p> <p><b><i>*Do not submit this deliverable before the first quarter of work is completed and all required first quarter reports and invoices have been submitted.</i></b></p>
Final Progress Report	Standard Word template to be provided within 30 days of due date.	Must summarize the recipient's process and progress in fulfilling all work plan activities, meeting performance measures, successes, barriers, and lessons learned across the entire 12-month period of performance. Must detail the recipient's use of data to inform decision-making for activities, changes, and continued quality improvement. Must provide a final assessment of the recipient's success in increasing cancer screening rates through the use of EBIs. Must detail new or improved community clinical linkages gained by facilitating partnerships between the community and health care providers to connect priority populations to clinical services. Must provide an account of all subgrant funds	July 31, 2025

		obligated and unobligated. Will include Subgrantee Inventory Closeout Report.	
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**11.0 PERFORMANCE MEASURES**

Collaboratively, recipients and MS-BCCP will monitor the recipient’s success in achieving performance measures. Data submitted on referral tracking logs and documentation from participating (enrolling) health systems will be monitored to determine the outcomes of the subgrantee’s outreach and linkage efforts. While recipients are not expected to monitor or report on these measures separate from the above noted reporting expectations, all activities proposed and executed by a recipient should be considered for how they will support achieving these targets.

Measure Type	COMMUNITY-BASED PARTNER Performance Measure	Target
Reaching Priority Population	Percentage of all individuals referred or linked who are from high priority populations (i.e., Black women, Hispanic women, and Asian/Pacific Islander women, ages 40 to 64 years old, from rural and urban communities).	≥70%
	Percentage of women aged 40 and older referred or linked who have never received breast cancer screening or have not received breast cancer screening within 5 years.	≥50%
	Percentage of women aged 30 and older referred or linked who have never been screened or not screened for cervical cancer within the last 10 years.	≥35%
	Percentage of all individuals referred or linked who successfully enroll in MS-BCCP through a participating provider within 90 days of encounter.	≥70%

**12.0 EXPECTED DETAIL FOR RFP APPLICATION (PROPOSAL) COMPONENTS**

Applicants should refer to Section 3.0 when preparing application responses to assure they follow all instructions for deadlines, presentation, page limits, and submission. The following serves as general guidance for what should be included in a responsive proposal.

**12.1 Required Components**

<b>Cover Page</b>	
<b>All applicants must complete the form in Appendix B as the cover page to the application.</b> <i>Provides name and complete address of the organization, federal ID or EIN number, UEI number, and the name and contact information for the primary contact person.</i>	
<b>Organizational Information</b>	
Background Information	<i>Brief history, mission, services provided, populations served, geography covered, fiscal base, management, and accountability structure.</i>
Organizational Capacity	<i>Experience in and capacity for providing breast and/or cervical cancer education and outreach, and referral linkage services. Provide any relevant previous experience in working with MS-BCCP as a partner, including data regarding participants enrolled, navigated, and served with breast and cervical services in prior funding periods if applicable. Identify all key</i>

	<p><i>personnel that will be responsible for oversight, management, and implementation of the project.</i></p> <p><i>Explain how project staff will be supervised and provide job descriptions for all staff funded in this proposal. Job descriptions must include job titles, lines of supervision, responsibilities, education, and experience that reflects the appropriate skills and capacity to deliver the program to the community served. Address capacity for meeting expectations for data collection, reporting, and managing project. Address the organization’s data management policies, procedures, and plan (Refer to Section 9.0 to assure all information is addressed).</i></p>
Collaborative Partners	<p><i>Describe the organization’s ability to engage partners, stakeholders, and local medical providers or health systems to foster collaborative relationships and build sustainable momentum for delivery of services, implementing activities, and impacting outcomes. Provide examples of relevant partnerships.</i></p>
<b>Project Narrative</b>	
Problem/Need Statement	<p><i>A description of the problem(s) or need(s) addressed through your organization related to breast and cervical cancer screening referral/linkage and outreach/education that can be supported, mitigated, or impacted by grant funding. To the extent available, the applicant should use its own and local data to demonstrate the problem or need. Identify the target population(s) most affected by the problem/need. Must identify the priority population(s) and location(s) within Mississippi which will be the focus of evidence-based intervention(s). Must identify projected service delivery outputs (i.e., number of participants from high priority populations to be linked with a participating provider for enrollment in MS-BCCP, number of outreach activities, etc.). Must identify existing services that will be expanded, or new services added if funding is awarded. Assure that health disparities and health equity has been addressed (refer to Section 6.2.6 for more information).</i></p>
Implementation (Proposed Approach and Methods)	<p><i>Describe how the applicant organization will implement the project and provide services to address the specific needs identified for high priority populations. This must clearly correspond to expected subgrantee activities and align with the stated goals, objectives, and activities in the proposed work plan.</i></p> <p><i>This section must address: (1) how the organization will prioritize and provide outreach and educational services to assure a diverse population is reached/served, (2) the EBI intervention priorities and the plan to implement or improve selected strategies to increase demand for cancer screenings among high priority populations, <u>and</u> increase access to services within its own community and area(s) served (refer to Section 5.0), and (3) plan for collecting, analyzing, and using data to inform quality improvement programming to increase cancer screening rates among high priority populations.</i></p>



Work Plan	<i>A work plan must include SMART (Specific, Achievable, Measurable, Relevant, and Time-Bound) goals, objectives, and evidence-based interventions or activities for the work to be accomplished using the subgrant funding. Activities should clearly state the planned tasks/step, evidence-based interventions or program elements designed to accomplish the goal(s) and objective(s) of the project; and clearly identify who will perform the activity or staff person responsible for the activity, and timeframe for completion. Applicants <b>must</b> use the work plan template provided in Appendix D to present this information.</i>
Evaluation Plan	<i>Provide a description of how the applicant will measure progress towards the goals/deliverables of the RFP and the proposed work plan. Address how the applicant will assess the impact of its efforts and whether the objectives were administered as planned to address the needs of the targeted population. Identify all sources of data the applicant intends to use in the evaluation process, including data, surveys, key informant interviews, focus groups, etc.</i>
Sustainability Plan	<i>Explain the sustainability plan for the continuation of the project and services provided should MS-BCCP funds be decreased and/or terminated. A statement that the program will not continue without the funding is not a sustainability plan. Describe the plan to support continuity of the services, in the event continued funding is not available for any reason. This plan should clearly set forth the commitment of the applicant organization to continue the services without state or federal funding. This may be through raising local support, partnering with other providers, securing other grant funding, etc.</i>
<b>Budget Information</b>	
Budget Table	<i>The budget table is a summary of the line-item budget by funding category and amount requested. It provides no detail for how funding will be used to support grant activities. Appendix E provides an example template.</i>
Budget Narrative	<i>The budget narrative identifies details for the funding being requested to carry out the proposed project. The budget narrative should explain how the applicant plans to use the funds and the estimated costs by line item in the budget. The narrative should include and clearly state:</i> <ul style="list-style-type: none"> <li>• <i>the description of the cost;</i></li> <li>• <i>how the applicant calculated and arrived at the cost; and</i></li> <li>• <i>identify the work plan objective(s) and activities the line item(s) are intended to support</i></li> </ul> <i>All budgeted line items must be allowable under the federal grant guidelines; and reasonable, necessary, and allocated directly to the proposed project. Appendix E provides an example budget narrative template. See Section 12.2 for additional guidance.</i>
<b>Appendix</b>	
<i>The appendix should include all supporting documentation, such as:</i> <ul style="list-style-type: none"> <li>• <i>An organizational chart for the proposed project. (Required)</i></li> <li>• <i>Job descriptions for all staff funded under the program. (Required)</i></li> </ul>	

- A completed Conflict of Interest (Form 1244) – Appendix C (Required)
- Up to three (3) letters of support from organizations or groups who support proposed activities and agree to partner with the applicant to implement activities within their organizations. (Optional)
- Federal Negotiated Indirect Cost Rate Agreement (if applicable)

## 12.2 Budget Narrative Guidance

The budget narrative must address the required budget categories, which must be used to determine correct budget categories for expenses and reimbursements. Federal funds must be used to supplement existing federal, state, local, and other funds for program activities and must not supplant those funds that have been appropriated for the same purpose. Applicants should review the table below to determine allowable vs. not allowable use of funding. Appendix E provides an example budget narrative template.

Categories	Details and Allowable/Not-Allowable Examples	Narrative
Personnel	<p>Allowable:</p> <p>Costs to cover the <u>expansion</u> of the scope(s) of work of existing non-medical or non-clinical staff or to hire new non-medical or non-clinical staff to increase breast and cervical cancer screening outreach and education activities and to increase referrals/linkages for MS-BCCP enrollment.</p> <p>Costs to cover the expansion of the scope(s) of work of existing staff or to hire new staff to complete administrative, monitoring, reporting requirements, and oversee quality improvement programming are allowable.</p> <p>Not Allowable:</p> <p>Costs to cover salary/fringe of <u>clinical</u> staff proportional to the percentage of time spent providing <u>direct</u> breast and cervical cancer screening services to individual patients (i.e., clinical breast exams, pelvic exams, pap smear, etc.). These services are reimbursable under a fee-for-service agreement with MS-BCCP.</p> <p>Costs to cover salary/fringe of any staff person whose costs are otherwise covered by state, local, or other funds is not allowed.</p>	<p>Must include a line item or listing of each position, general scope of work to be performed, the annual salary and/or hour amount, and number of hours and percentage of time committed to subgrant and an indication of the costs to be paid from the grant or in-kind to the project.</p> <p>The cost calculation must be proportional to the employee’s annual salary rate (or other pay rate such as hourly rates) and the percentage of time devoted to the project.</p>
Fringe Benefits	For grant supported positions only.	The Fringe Benefits budget category consists of the subgrantee’s share of applicable fringe benefits, such as social security (F.I.C.A. and Medicare), employee health/life/disability insurance premiums, worker’s compensation insurance, unemployment insurance, and pension plan costs. The types and percentages of fringe benefits claimed must be documented in the budget.



Travel Costs	Allowable: In-State Local mileage, meals, lodging, for in-state travel to allow subgrant-supported staff to travel within the recipient’s catchment area to perform grant-related activities.	List each anticipated travel expenditure. Must indicate reasons for travel, anticipated dates, locations, etc. Mileage and per diem rates should not be greater than the rates approved by the Mississippi Department of Finance and Administration on the date travel was performed.
	Not Allowable: Out-of-State Costs to cover airfare, mileage, meals, lodging, luggage fees, ground transportation, etc. required for out-of-state travel to participate in professional development activities or otherwise, is not allowed.	
<b>Contractual</b>	Contractual items represent payment for services rendered other than by employees of the subgrantee. This may include allowable items such as training activities, conference registration fees, promotional communications, transportation service, language services, etc.	Explain the need for items, how the estimated costs were determined and how their use will support the purpose and goals of the project.
<b>Commodities</b>	Commodities are materials and supplies that are consumed by the program/project. This may include office supplies, supplies, books/ manual, small media promotional materials, etc. Items required to be listed on the inventory of fixed assets must <b>not</b> be included in the Commodities budget category.	Describe and itemize the materials & supplies requested for purchase, the intended purpose, and how the estimated costs were determined for each item.
<b>Capital Outlay Equipment</b>	Not-Allowable: Costs to cover equipment, furniture, fixtures (office desks, chairs, computers, telephone systems, etc.) regardless of value and any items which are required to be reported on the fixed asset inventory are not allowable. Costs to cover capital improvements, property losses and expenses, real estate purchases, mortgage payments, and/or construction are not allowable.	N/A
<b>Indirect Cost</b>	If applicant is seeking indirect costs, this should be included in this section. De minimis rate of 10% of modified total direct cost allowed if the subgrantee does not have a federally negotiated rate. Indirect cost includes costs which are frequently referred to as overhead expenses. Some examples are rent, utilities, office equipment rental, insurance, and administrative salaries.	Describe and itemize the indirect costs which will be supported. Provide copy of Federal Negotiated Indirect Cost Rate Agreement if claiming higher than 10%.
<b>Additional Allowable and Not-Allowable Uses of Funding</b>		

**Allowable:**

**Outreach and Education Activity Expenses**

Expenses to support strategic, population, location, or culturally specific public awareness and education activities (including, but not limited to, the development of presentation materials, brochures/small media, local newspaper notices, local public service announcements, grassroots outreach, local radio, sponsored social media, and promotional items to promote breast and cervical cancer screening, recipient's related

activities, inform the public about the MS-BCCP program, and assist in linking individuals with needed services is allowable. These expenses will generally be directed to Contractual or Commodities.

**Support for Reducing Patient Barriers**

Expenses that are directly related to reducing patient-specific, identifiable barriers that prevent or create obstacles for accessing breast and/or cervical cancer screenings. Some examples include transportation assistance (i.e., pre-paid gas/fuel cards, bus passes, cab/Uber/Lyft fare) to attend breast/cervical services appointments, child or elder care expenses, language interpretation/translation services. These expenses will generally be directed to Contractual or Commodities. **To be reimbursed, these expenses must be directly related to single, identifiable individuals who successfully enroll in the MS-BCCP Program, and the distribution of this support must be documented on the Quarterly Referral Log.** Any costs must be evidenced with invoicing, receipts, and proofs of payment. Reimbursement will not be provided for services provided to individuals who do NOT successfully enroll in MS-BCCP.

**Not-Allowable:**

**Research**

Expenses to cover any research activities are not allowable.

**Lobbying**

Expenses to cover lobbying or advocacy activities with respect to legislation or to administrative changes to regulations or administrative policy (cf. 18 U.S.C. 1913), whether conducted directly or indirectly are not allowable. This includes lobbying activity to influence or induce members of the public to contact their elected representatives to influence support or opposition to proposed or pending legislation.

**Patient Incentives**

Expenses to incentivize individuals, including cash, gift cards, or electronic transfer of funds via Cash App, PayPal, Venmo, etc. for attending an appointment or completing enrollment in MS-BCCP, etc. are not allowed.

**Food and Beverages**

Expenses to cover the purchase of food or beverages for any reason are not allowed.

**Fundraising**

Expenses to cover any activities related to fundraising are not allowable.

**Mass Media Campaigns**

Mass media campaigns typically use fixed messages to reach large and broad audiences using television, social media, radio, billboards, newspapers and other print media. Narrowing mass media to reach very specific populations is generally challenging. Mass media is not an evidence-based practice for increasing breast and cervical screening rates.

**Professional Development**

Expenses to cover activities aimed at developing and enhancing the skills of paid or volunteer staff including, but not limited to, manuals, books, webinars, trainings, and supplemental resources is not allowable.

**Additional Subgranting**

Funds awarded under this RFP may **not** be further subgranted to other entities by the subrecipient.

### **13.0 REVIEW AND EVALUATION OF APPLICATIONS**

Proposals will be evaluated by an independently selected RFP Evaluation Committee which will consist of MSDH staff and tenured stakeholders to the MS-BCCP. Potential conflicts of interests (COI) as provided in Section 7.0 will be considered in the process of selecting the RFP Evaluation Committee.

Once all proposals have been received, the RFP Contact Officer will perform an initial review of the proposals to assure that administrative and submission requirements are met. Evaluation Committee members will assemble virtually within two business days of the submission deadline to receive proposal packets, review evaluation criteria, and review the scoring/review process. The Evaluation Committee will then have two calendar days for each member to independently review the proposals, assign scores, provide comments, and return signed score/comment sheets to the RFP Contact Officer. A final Evaluation Committee meeting will be held virtually to jointly discuss the merits of each proposal and review scoring/comments. This meeting will be held prior to any Notices of (Intent to) Award (NOA) being issued to any applicants. Final recommendation of an awardee will be determined by the RFP Contact Officer. Final approval of a subgrant agreement is at the discretion of the MSDH State Health Officer after all necessary internal routing has been completed.

Scoring criteria is found in Appendix H.

#### **13.1 Selection**

Points will be awarded based on the responsiveness and extent to which the applicant addresses all expected detail. Grant awards will be recommended based on total score given by the RFP Evaluation Committee. At its discretion, the Evaluation Committee may recommend an award contingent on revision to the work plan, budget, or submission of additional information for a proposal. During the final review, MS-BCCP will determine if an award is to be made, whether requested funding will be revised, or any special conditions that may be placed upon the recipient. All funding will be awarded on a competitive basis. There is no guarantee that a project will be continued, nor is there a guarantee that requested amounts of funding will be awarded. Applicants receiving less than a score of seventy (70) will not be funded.

#### **13.2 Priority Consideration**

Community-based partners with reach in two or more zip codes (in Mississippi) with demonstrated experience in serving high priority populations submitting a responsive application will be given priority in consideration.

Further, projects which increase support for underserved and historically marginalized populations, particularly communities of color, in a culturally appropriate manner, with a special emphasis on addressing the African American, Asian/Pacific Islander, Hispanic, tribal, and Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ+) communities, as well as individuals with disabilities and Deaf individuals will be given priority in consideration.

## APPENDIX A

### Definitions

Application	A formal, written response by an individual or organization to a grant solicitation published by MSDH.
Certification/licensure	A professional credential which permits an individual to engage in certain activities under state law.
Community-Based Organization	A corporation, limited liability company, limited partnership, other business, or non-profit entity registered in good standing with the Mississippi Secretary of State Office, including community-based, faith-based, social service, or volunteer service organization, homeless/domestic violence shelter, residential program, substance use treatment program, free medical clinic, housing complex or development, or other non-medical program. Community-based organization do <u>not</u> provide cancer screening services.
Conflict of Interest	Participation in activities involving state or federal funds in which a person or his/her immediate family, partners, organization has a financial interest or less than an arms-length relationship.
Culturally or Linguistically Appropriate	The provision of respectful quality care and services in a manner which is responsive to diverse cultural beliefs and practices, preferred languages, and other communication needs.
Direct Clinical Services	Activities that respond to the physical needs of patients in a healthcare setting.
Eligible Population	Individuals who fit within the current BCCP program guidelines.
Evidence Based Practice	Practices which integrate the best research evidence and clinical expertise while considering the clients' values and needs.
Grantee/subgrantee/recipient/sub-recipient	The person or entity awarded a grant, subgrant, award or sub-award.
Grant Award/Sub-award	Financial assistance that provides support or stimulation to accomplish a public purpose.
Grant Budget	A budget itemizing one or more specific activities or purposes under the grant and the maximum amounts a Grantee, a grant recipient or grant sub-recipient may be reimbursed.
Health Disparity	A population experiences health disparity if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health status of the general population. (Minority Health and Health Disparities Research and Education Act, United States Public Law 106-525, 2000, p. 2498).
Health Equity	A framework for understanding the differences in health outcomes and the pursuit for the equal distribution of health literacy, health access, health opportunities, health services, health protections, and health outcomes.
Health System	Any organization that is responsible for addressing the healthcare needs of a patient population. This could include a clinic, a hospital, an Accountable Care Organization, or a health insurance company.
Indirect Costs	Indirect cost includes costs which are frequently referred to as overhead expenses. Some examples are rent, utilities, office equipment rental, insurance, and administrative salaries.

National Stakeholder Strategy for Achieving Health Equity	Guidance toward achieving health equity and impacting health disparities across multiple priority areas. Accessible at: <a href="https://minorityhealth.hhs.gov/npa/files/Plans/NSS/completenss.pdf">https://minorityhealth.hhs.gov/npa/files/Plans/NSS/completenss.pdf</a> )
Non-responsive	Any response to a grant solicitation that fails to conform in all material respects to the grant solicitation's requirements.

Notice of (Intent to) Award	Notification provided to a subgrantee they have received an award, establishing the amount and period of performance.
Prime Grantee	MSDH Breast and Cervical Cancer Program
Request for Proposals (RFP)	Also known as solicitation. The advertisement seeking proposals for applications for federal or state grant funding.
Social Determinants of Health	Conditions in the social, physical, and economic environment in which people are born, live, work, and age. (Healthy People 2020: A New Focus on Social Determinants of Health).
Subgrant Agreement	The agreement entered between MSDH/BCCP and a successful applicant for funding.
Sustainability	Organizational sustainability occurs when an organization is profitable enough to plan for and develop financial reserves that will help it weather changes in the economic environment and the program without risk to the organization. If an organization is sustainable, it has invested sufficient resources so that it can sustain itself over the years.
System for Award Management (SAM) Registration	SAM is a federally owned and operated free website that consolidates the capabilities of various federal registration sites, and it will be used to populate the information needed to report subgrant information. In order to register you must have a DUNS number. Registration can be done at <a href="https://www.sam.gov/portal/public/SAM/">https://www.sam.gov/portal/public/SAM/</a> . All applicants are required to register with System for Award Management (SAM) and submit proof of current registration with the application.
Uniform Guidance	The Office of Management and Budget's (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (commonly called "Uniform Guidance") is an authoritative set of rules and requirements for Federal awards that synthesizes and supersedes guidance from earlier OMB circulars.
Unique Entity ID (UEI)	Effective April 4, 2022, the unique entity identifier used across the federal government changed from the DUNS Number to the Unique Entity ID (generated by SAM.gov). The UEI is unique twelve-character alphanumeric digit identification number assigned at no-cost to all businesses required to register with the U.S. Federal government for contracts or grants. A UEI number is required to apply for MSDH subgrants. For more information and/or to obtain a UEI, go to the following website: <a href="https://sam.gov/content/duns-uei">https://sam.gov/content/duns-uei</a>

<p>Unserved, underserved or inadequately served population</p>	<p>A population which, due to identifiable barriers including, but not limited to, culture language, race, ethnic origin, disability, geographic location, is not able to access services, is served at a lesser capability, or is served in a non-culturally or linguistically competent manner by providers within the state. Mississippi identifies underserved populations as follows: American Indians, Native Alaska Natives, rural populations, the elderly, individuals having disabilities, women of color, other racial minorities, immigrants, refugees, and individuals identifying as LGBTQ+. The reference to racial and ethnic populations is primarily directed toward racial and ethnic minority groups (as defined in section 1707(g) of the Public Health Service Act (42 U.S.C. § 300(u–6) (g)), which means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian American; Native Hawaiians and other Pacific Islanders; Blacks and Hispanics. The term “Hispanic” or “Latino” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country. This underserved populations definition also includes other population categories determined by the Secretary or the Secretary’s designee to be underserved.</p>
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**APPLICATION COVER PAGE**

Request for Proposal  
**Increasing Cancer Screening Rates through Community-Based Partners Project**  
Breast and Cervical Cancer Program  
Mississippi State Department of Health

This form must be submitted as the cover page to your organization's application in response to the RFP.

Applicant Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Title: \_\_\_\_\_

Tax ID/EIN:	Unique Entity Identifier (UEI):

Primary Contact Person for RFP Correspondence:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this applicant registered IN GOOD STANDING with the MS Secretary of State Office as a corporation, limited liability company, limited partnership, other business, or non-profit entity?

\_\_\_\_\_ YES  
\_\_\_\_\_ NO Explain: \_\_\_\_\_

Total Amount of Funding Requested: \_\_\_\_\_

Is the applicant willing to accept less than the requested amount?

\_\_\_\_\_ YES  
\_\_\_\_\_ NO

\_\_\_\_\_  
Signature – Primary Contact Person Date  
Print Name and Title: \_\_\_\_\_





MISSISSIPPI STATE DEPARTMENT OF HEALTH

**CONFLICTS OF INTEREST**

(Please attach additional pages, as needed, to address each question)

1. List all other current agreements/contracts with MSDH, **including** the dollar amount associated with the agreement/contract and the beginning and ending dates. If no other funds are received, please mark N/A.

MSDH Program Name	Dollar Amount	Beginning Date	Ending Date

2. Please list the name of each member of your organization’s Board of Directors or other governing body (i.e., trustee, alderman, partner, owner).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Are any members of the governing body or project staff also MSDH employees, MSDH Board Members, **or** spouses, parents, or children of MSDH employees?  **Yes**  **No**

If **yes**, please complete the following:

Name	MSDH Board Member/MSDH Employee/Relative	Position held with MSDH

4. If you answered **yes** to #3, please answer the following:

- i. Does the MSDH Board Member, Employee, or Relative receive more than \$2,500.00 per year in income from the business?  **Yes**  **No**
- ii. Does the MSDH Board Member, Employee, or Relative own ten (10%) percent or more of the fair market value in the business, either directly or indirectly through another business?  **Yes**  **No**
- iii. Does the MSDH Board Member, Employee, or Relative have ownership interest in the business in which the fair market value exceeds \$5,000.00?  **Yes**  **No**
- iv. Is the MSDH Board Member, Employee, or Relative a director, officer, or employee of the business?  **Yes**  **No**

I hereby certify that the information set forth above is true and complete to the best of my knowledge and that no MSDH employee, spouse, parent, or child of an MSDH employee, serves as a member of the governing body, project staff, or has an ownership or pecuniary interest in the agreement/contract or organization. I agree to notify MSDH within thirty (30) days if any of these conditions change during the agreement/contract.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPENDIX D

**REQUIRED WORK PLAN TEMPLATE**

Goal 1:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>A responsible person must be identified for each action step.</i>	<i>Comments are optional.</i>
Goal 2:					
Key Action Steps/Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
Goal 3:					
Key Action Steps/Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
Goal 4:					
Key Action Steps/Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments

**APPENDIX E**

**EXAMPLE BUDGET TABLE AND NARRATIVE TEMPLATE**

<b>BUDGET TABLE</b>	
<b>CATEGORY</b>	<b>AMOUNT</b>
Personnel	
Fringe	
Travel	
Commodities	
Contractual	
Equipment	
Subtotal Direct Costs	
Indirect Costs	
<b>Subgrant Total</b>	

<b>BUDGET NARRATIVE</b>	
<b>LINE ITEM COSTS/NARRATIVE</b>	<b>AMOUNT OF SUBGRANT FUNDING REQUESTED</b>
<b>PERSONNEL</b>	
<b>Title or Position</b> Annual Salary (\$ _____ ) % Time Allocated to Subgrant = _____% [Avg. _____hours/week] <i>Identify the specific objective(s) from the work plan this employee will provide leadership for, be directly responsible for executing, or will provide support for.</i> <i>**Each grant-supported staff position must be a separate line item under this category.</i> <i>Add rows if needed.</i>	\$
<b>Personnel Total</b>	\$
<b>FRINGE (@ _____%)</b>	
Specify what is included in your organization's FY 2024 fringe rate. For example: _____% Social Security _____% Medicare _____% Paid time off (sick leave and vacation) _____% Health Insurance _____% _____ _____% _____	\$
<b>Fringe Total</b>	\$
<b>TRAVEL</b>	
List all anticipated travel expenditures and identify which objective(s) of the work plan is/are supported with this line-item funding.	\$
<b>Travel Total</b>	\$

<b>COMMODITIES</b>	
Describe and itemize the materials & supplies requested for purchase, the intended purpose, and how the estimated costs were determined for each item. Identify which objective(s) of the work plan is/are supported with this line-item funding.	\$
<b>Commodities Total</b>	<b>\$</b>
<b>CONTRACTUAL</b>	
Explain the need for items or services, how the estimated costs were determined, and how their use will support the purpose and goals. Identify which objective(s) of the work plan is/are supported with this line-item funding.	\$
<b>Contractual Total</b>	<b>\$</b>
<b>CAPITAL OUTLAY/EQUIPMENT</b>	
NOT ALLOWABLE.	\$0
<b>Capital Outlay/Equipment Total</b>	<b>\$0</b>
<b>INDIRECT</b>	
Describe and itemize the indirect costs which will be supported. Provide copy of Federal Negotiated Indirect Cost Rate Agreement if claiming higher than 10%. Indirect cost includes costs which are frequently referred to as overhead expenses. Some examples are rent, utilities, office equipment rental, insurance, and administrative salaries.	\$
<b>Indirect Total</b>	<b>\$</b>

**APPENDIX F**  
**Mississippi Breast and Cervical Cancer Program (MS-BCCP)**  
**SUBGRANTEE RISK ASSESSMENT QUESTIONNAIRE**

The purpose of this risk assessment is to determine the subgrantee’s or subrecipient’s risk of non-compliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring pursuant to *Uniform Guidance, Subpart D: Post Federal Award Requirements § 200.332(b)*.

Instructions:

This questionnaire should be completed by a representative familiar with the subgrantee organization’s accounting/financial systems, auditing processes, and Federal, State, local, and other regulatory requirements. Check a response for questions 1 through 12. Do not leave any question unanswered. The questionnaire must be signed by the subgrantee’s Chief Executive Officer/Executive Director and Chief Fiscal Officer. Upon completion, the form should be returned as a PDF to [BCCPSubgrants@msdh.ms.gov](mailto:BCCPSubgrants@msdh.ms.gov)

Subgrantee Organization Name:	Subgrant Number:	Period of Performance:

QUESTION	QUESTION	YES	NO	N/A	EXPLANATION:
1.	Does the organization use an electronic accounting software system (as opposed to manual) to track income/revenue and expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Does the accounting system track receipts and disbursements by funding source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Does the organization maintain documentation to substantiate the value of in-kind contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Does your organization have a Financial Director, Financial Manager, Treasurer, or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Does your organization regularly monitor budgeted versus actual expenditures to ensure that cost categories are not over-spent or under-spent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Does your organization have written procurement procedures indicating which individuals are authorized to initiate a purchase request, the flow of documents, and the requested levels of approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Did your organization expend more than \$750,000 in federal funds during your previous fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.					
B.	Did your organization have a Single Audit performed in the prior year? If <b>yes</b> , please <u>include the Single Audit Report with submittal of Risk Assessment Questionnaire.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	If there were any findings in the Single Audit Report, has your agency implemented action plans to address all findings. If <b>no</b> , please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Does the organization have a system to track staff time spent on various grants/projects, for employees whose salaries are allocated to more than one contract/grant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Subgrantee Organization Name:	Subgrant Number:	Period of Performance:

QUESTION	YES	NO	N/A	EXPLANATION:
9. Has your organization recently implemented any system changes including financial management, accounting systems, or any significant executive or management changes? If <b>yes</b> , please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does your organization have a written Accounting and Financial Reporting Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does your organization require employees to follow a Personnel Policy with spending guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. What is the maturity of the subgrantee organization that is performing the scope of work?	<2 years old			<input type="checkbox"/>
	2 – 10 years old			<input type="checkbox"/>
	>10 years old			<input type="checkbox"/>

I hereby certify that to the best of my knowledge and belief, the information provided in response to the foregoing questions is true and accurate.

\_\_\_\_\_  
Signature of Chief Executive Officer/Executive Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

To be completed by MS-BCCP Staff Only:

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Reviewed by: Billing Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by: Program Director

\_\_\_\_\_  
Date

## APPENDIX G\_RFP-27

### MS-BCCP Community-Based Partner Quarterly Linkage Tracking Log

#### Instructions:

**\*\*Selected subrecipients will receive this reporting tool in an Excel format.**

Subgrantee will need to list all individuals who have been referred to or linked with the MS-BCCP program or to an MS-BCCP participating provider to obtain assistance with breast and cervical cancer screening each quarter.

The following details will be required for submission:

- Last Name of Referred/Linked Individual (Free text)
- First Name of Referred/Linked Individual (Free text)
- Date of Birth (Free text)
- Street Address (Free Text)
- City (Free Text)
- State (Prepopulated to "MS")
- County of Residence (Drop-down menu)
- Race (Drop-down menu)
- Ethnicity (Drop-down menu)
- Date of Initial Encounter (Free text)
- Location/ Venue of Initial Encounter (Free text)
- Individual's Most Recent Mammogram (Drop-down menu; options to include "never received mammogram before, 1-3 years, 4-6 years, 7-9 years, 10 or more years ago")
- Individual's Most Recent Pap Smear (Drop-down menu; options to include "never received pap smear before, 1-3 years, 4-6 years, 7-9 years, 10 or more years ago")
- Date Referred or Linked (Free text)
- Name of MS-BCCP Participating Provider (Drop-down menu)
- Additional Efforts to Reduce Barriers (Free text)

Additional Submission Details:

- Date of Submission of Tracking Log to MS-BCCP (Free text)
- Organization Name (Free text)
- Reporting Period (Drop-down menu)
- Individual(s) Submitting Tracking Log (Free text)



**APPENDIX H**

CDC-MSBCCP-RFP-27

**APPLICATION SCORING CRITERIA**

Criteria	Reference / Guidance		Expected Content (Additional Reference/Guidance)	Points
	Section	Page		
Application Cover Page	Appendix	B	<ul style="list-style-type: none"> <li>▪ Standard form.</li> </ul>	Responsive or Non-responsive
Organizational Information	12.1	13	<ul style="list-style-type: none"> <li>▪ Presents relevant experience managing projects of similar size and scope.</li> <li>▪ References and work samples show capacity and competence to complete project.</li> <li>▪ References collaborative partnerships that will support implementation of proposed activities.</li> <li>▪ Provides organizational structure for managing the project.</li> </ul>	10
Project Narrative	12.1	14	<u>Problem/Need Statement</u> <ul style="list-style-type: none"> <li>▪ Conveys understanding of the purpose and scope of the project.</li> <li>▪ Adequately describes local health status concerns that will be addressed by program.</li> <li>▪ Demonstrates knowledge of issues related to health disparities. (Section 6.2.6, p. 9)</li> <li>▪ Identifies the target population (Section 5.0, p. 7) and locations or sites where project is to be implemented, providing service delivery output projections.</li> </ul>	10
	12.1	14	<u>Implementation (Proposed Approach and Methods)</u> <ul style="list-style-type: none"> <li>▪ Identifies how the organization will prioritize and provide outreach and educational services to assure a diverse population is reached/served.</li> <li>▪ Identifies the EBI intervention priorities and its plans to implement or improve selected strategies to increase patient demand for cancer screenings and increase patient access to services within its own and in other systems (Section 5.0, p. 7).</li> <li>▪ Describes plan for collecting, analyzing, and using data to inform quality improvement programming to increase cancer screening rates within the health system (Section 9.0, p. 10).</li> </ul>	20

Project Narrative (Continued)	12.1 Appendix	14 D	<u>Work Plan</u> <ul style="list-style-type: none"> <li>▪ Presents SMART goals, objectives, and evidence-based interventions or activities for the work to be accomplished using the subgrant funding.</li> <li>▪ Considers performance measures. (Section 11, p. 13)</li> <li>▪ Uses Appendix D template to present work plan.</li> </ul>	20
	12.1 Appendix	15 G	<u>Evaluation Plan</u> <ul style="list-style-type: none"> <li>▪ Outlines how it will measure progress towards the goals/deliverables of the RFP and the proposed work plan.</li> <li>▪ Identifies diverse sources of data to be used in the evaluation process (including Quarterly Linkage Tracking Log).</li> </ul>	10
	12.1	15	<u>Sustainability Plan</u> <ul style="list-style-type: none"> <li>▪ Provides a plan for the continuation of the project and services provided should BCCP funds be decreased and/or terminated.</li> </ul>	5
Budget Table and Narrative	12.2 Appendix	15-18 E	<ul style="list-style-type: none"> <li>▪ Proposed expenses are <math>\geq</math> floor and <math>\leq</math> ceiling of award (Section 3.6, p. 5).</li> <li>▪ Provides complete and accurate budget data.</li> <li>▪ Provides reasonable cost for services.</li> <li>▪ Provides breakdown of actual costs (not estimates).</li> <li>▪ Staffing patterns (if requesting funding) match services proposed.</li> <li>▪ Uses format similar to Appendix E.</li> <li>▪ Provides Federal Negotiated Indirect Cost Rate Agreement (if applicable)</li> </ul>	25
Applicant Instructions and Appendix Documents	3.4 and 3.5 12.1 Appendix	4 15 C	<ul style="list-style-type: none"> <li>▪ General instructions for the preparation and submission of the application were followed.</li> <li>▪ Organizational chart for the proposed project.</li> <li>▪ Completed COI form.</li> <li>▪ Letters of support (optional).</li> </ul>	Responsive or Non-responsive
Total Points Possible				100