



**Request for Application (RFA)
#RPPC 19-10044**

Regional Perinatal Programs of California (RPPC)

March 20, 2019

California Department of Public Health
Maternal, Child and Adolescent Health (MCAH) Division
1615 Capitol Avenue
MS 8300, P.O. Box 997420
Sacramento, CA 95899-7420

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Part I. RPPC Funding Opportunity Description

A. Funding Purpose

The purpose of this Request for Application (RFA) is to solicit competitive applications from eligible organizations (Part II. I. Eligibility Criteria) for funding from the California Department of Public Health, Maternal, Child and Adolescent Health Division (CDPH/MCAH) to administer the Regional Perinatal Program of California (RPPC). Under the direction of CDPH/MCAH, applicants will develop and maintain a network of providers and facilities within specific geographic areas and match the needs of high-risk perinatal patients with the appropriate type and level of care. Applicant can also apply to implement other maternal and infant health programs including supplemental activities to ensure regional coordination. Such activities include; the California Perinatal Quality Care Collaborative, the California Maternal Quality Care Collaborative, the California Perinatal Transport System, California Diabetes and Pregnancy Program and the maternal risk-appropriate care efforts to establish maternal levels of care.

A responding organization is expected to submit an application that describes the following:

- a. Agency experience and organizational capacity
- b. Agency implementation plan
- c. Budget proposal

The CDPH, Center for Family Health, MCAH Division expects to award \$5,865,000 in three year regional cooperative agreements to eligible and qualified applicants that demonstrate the greatest experience and capacity to achieve the program requirements and supplemental goals outlined in the RFA and the Scope of Work (SOW) (Exhibit A). See paragraph D. Funding Allocation for this program.

To submit a qualifying application, applicants must adhere to the due dates in Part II. K. RFA Key Action Dates.

B. Public Health Significance

In 1979 the California Legislature recognized that many high-risk women and infants in California did not have access to specialized care and therefore were more likely to die or suffer permanent disabilities. As a result, the Legislature mandated the development of a network of perinatal regions to reduce perinatal mortality. The major goal of perinatal regionalization was to improve perinatal outcomes and survival rates for high-risk infants by applying early effective specialty and subspecialty care management to high-risk pregnant women and neonates. Currently this goal is accomplished through the promotion of improved access to risk appropriate perinatal care to pregnant women and their infants and regional quality improvement activities that promote an integrated regional perinatal system between health professionals and local and state organizations. RPPC is the only linkage between State MCAH and birthing hospitals advocating for improvements and quality improvement activities. Regional RPPC Directors have the flexibility, neutrality and credibility to bridge public and private sectors. They offer the opportunity to work with multiple counties, hospitals, clinics, individual providers and health plans to work collaboratively to identify and address common perinatal concerns.

The RPPC regions in California are: North Coast-East Bay; Northeastern, Mid-Coastal, Central San Joaquin Valley-Sierra Nevada, South Coastal and Eastern Los Angeles, Central-North Los Angeles and Coastal Valley, Orange County, Southern Inland Counties, San Diego and Imperial Counties. (see RPPC Regions and Hospitals Attachment 10).

MCAH coordinates the regionalized perinatal health systems with other maternal and infant health programs including supplemental activities conducted by or for CDPH to ensure regional coordination. Such program and supplemental activities include the California Perinatal Quality Care Collaborative, the California Maternal Quality Care Collaborative, the California Perinatal Transport System, California Diabetes and Pregnancy Program and the maternal risk-appropriate care efforts to establish maternal levels of care.

Part II. Program Requirements and Overview

A. Program Requirements and Overview

Under the direction of MCAH, RPPC provides the planning and coordination of a regionalized perinatal health system that ensures that services are available to meet the special needs of high-risk pregnant women and infants. MCAH shall also ensure that it does so as efficiently and cost-effectively as possible. This is accomplished through the implementation of the RPPC Scope of Work which outlines the goals, activities and deliverables necessary to implement the program.

1. The Regional Perinatal Programs of California (RPPC) (SOW Goal 1)

Under the direction of MCAH, Regional Perinatal Programs of California (RPPC) will coordinate the planning, collaboration and promotion of integrated regional perinatal systems for the delivery of high quality, risk-appropriate care to pregnant women and their newborn infants. Each region will be required to fulfill objectives related to:

- a. Working with their facilities to help them understand the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine maternal levels of care and assist them in reaching their desired goal.
- b. Improving the existence and functionality of Regional Cooperative Agreements (RCAs) and Transport Agreements at every facility in their region(s).
- c. Conduct site visit to birthing facilities in their region to support their quality improvement efforts guided by maternal and neonatal outcome data.
- d. Promoting the use of quality improvement (QI) toolkits, protocols and policies, and learning activities to improve maternal and neonatal care
- e. Participating at regional, county or statewide taskforce or committee to strengthen communication and collaboration.
- f. Increase the proportion of facilities implementing and maintaining practices compliant with breast feeding Health and Safety Codes (123365, 123366 and 123366).

2. California Diabetes and Pregnancy Program (CDAPP) Sweet Success Resource and Training Center (SOW Goal 2) - *OPTIONAL*

Under the direction of MCAH, maintain the California Diabetes and Pregnancy Program Sweet Success Resource and Training Center for CDAPP Sweet Success Affiliates and other practitioners serving women with diabetes by:

- a. Maintaining the California Diabetes and Pregnancy Program (CDAPP) Sweet Success Resource and Training Center to provide diabetes education materials and resources.
- b. Providing web-based trainings to CDAPP Sweet Success Affiliates and other practitioners serving women with diabetes.
- c. Supporting a CDAPP Stakeholder Group to assist, evaluate and make recommendations to CDAPP program and resources, recommending areas for improvement, in order to support and improve pregnancy outcomes for high-risk pregnant women with pre-existing diabetes or who develop gestational diabetes mellitus (GDM) while pregnant.

3. Neonatal/Infant Transport System and the CPeTS Web site and Bed Locator System - (SOW Goal 3) -- *OPTIONAL*

Under MCAH direction, track and evaluate neonatal care during transport by maintaining the Northern or Southern California Perinatal Transport System (CPeTS) as well as participate and collaborate on quality improvement activities by organizing and maintain an expert panel to

review and analyze collected data and consider new data elements to add to the current data collection system to address current and potential neonatal transport issues. The Tehachapi Mountains divide the Northern and Southern regions. The range extends for approximately 40 miles in Southern Kern County and Northwestern Los Angeles County.

- a. In addition, an applicant applying for GOAL 3 may select to provide the maintenance of the bed-locator system and/or;
- b. In addition, an applicant applying for GOAL 3 may select to provide the maintenance of the web-based CPeTS neonatal transport data entry system.

4. Maternal Risk-Appropriate Care (SOW Goal 4) - *OPTIONAL*

In collaboration with MCAH, implement the strategies outlined in the newly developed plan to guide establishment of maternal levels of care, as defined by American Congress of Obstetricians and Gynecologist and Society for Maternal-Fetal Medicine Obstetric Care (ACOG/SMFM) most recent consensus document.

5. Support Public/Private Partnerships to Support Quality Improvement and Promote and Improve Neonatal/Infant Outcomes (SOW Goal 5) - *OPTIONAL*

Under the direction of MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health and systems of care to promote quality improvement efforts in neonatal health.

6. Support Public/Private Partnerships to Support Quality Improvement and Promote and Improve Maternal Outcomes (SOW Goal 6) - *OPTIONAL*

Under the direction of MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health and systems of care to promote quality improvement efforts in maternal health.

7. Administer Maternal Levels of Care Module from the CDC LOCATe (SOW Goal 7) - *OPTIONAL*

Administer the 14 question Maternal Levels of Care Module from the CDC LOCATE Tool and up to four additional questions on regional cooperative agreements and transport agreements to all facilities in California using a scientifically rigorous method.

B. Staffing Requirements

Awardees are expected to hire sufficient staff with the knowledge, skills, and backgrounds necessary to complete all the RPPC cooperative agreement requirements. The minimum education qualification for the position of RPPC Program Director (Goal 1) is:

1. A Registered Nurse with a Master's Degree in a health related area, or
2. A Registered Nurse with an Advanced Practice Degree in a health related area, or
3. A Registered Nurse with a comparable degree in a health related area such as a Master's in Public Health.
4. A health professional with experience in perinatal health with Master Degree in Public Health or other health-related advanced practice degree

C. Authorizing Legislation and/or Governing Regulations

Authority Type	Applicable Citation
State statutes	Section 123550-123610; 123750-123775 of California Health and Safety Code
Federal cost principles	State/Local Government - OMB Circular A-87 Nonprofit organizations - OMB Circular A-122 Educational institutions - OMB Circular A-21
Federal audit standards	State/Local Government - OMB Circular A-133 Nonprofit organizations - OMB Circular A-133 Educational institutions - OMB Circular A-133
Federal management standards	State/Local Government - Applicable Code of Federal Regulations and common Rules Nonprofit organizations - OMB Circular A-110 Educational institutions - OMB Circular A-110

Awardees shall maintain adequate employee time recording documents (e.g., timesheets, time cards, and payroll schedules) and fiscal documents based on Generally Accepted Accounting Principles (GAAP) or practices, Code of Federal Regulations, and OMB Circulars. It is the responsibility of the funded agency to adhere to the above.

D. Funding Allocation

The RPPC cooperative agreements must administer and direct a regional perinatal base program described as Goal 1 and may apply for more than one region. Additional funds are available for a region to conduct one or more supplemental activities, listed as optional Goals 2-7, to support the regional activities. Only agencies successfully awarded to conduct activities for Goal 1 can receive funding to conduct the activities in Goals 2-7. Goals 2-7 cannot be applied for as stand-alone activities. For Goal 1, there will be between one to nine total awards. Applicants can apply for more than one region and optional goals. The following table outlines the proposed funding allocation for each RPPC region and optional goals.

1. Regionalization

SOW Goal 1: Under the direction of MCAH, Regional Perinatal Programs of California (RPPC) will coordinate the planning, collaboration and promotion of integrated regional perinatal systems for the delivery of high quality, risk-appropriate care to pregnant women and their newborn infants.	
REGION	Base Funding Per Region
North Coast East Bay	\$157,000
Northeastern	\$157,000
Mid-Coastal	\$137,000
Central San Joaquín Valley-Sierra Nevada	\$142,000
Orange County	\$137,000
Central-North LA and Coastal Valley	\$207,000
South Coastal and East Los Angeles	\$137,000
Southern Inland Counties	\$142,000
San Diego-Imperial Counties	\$137,000

2. Supplemental Program Activities

SOW Goal 2: Under the direction of MCAH, maintain the California Diabetes and Pregnancy Program Sweet Success Resource and Training Center to provide diabetes education materials, resources and web-based trainings to CDAPP Sweet Success Affiliates and other practitioners serving women with diabetes during pregnancy.	
	\$200,000
SOW Goal 3: Under MCAH direction, contractors will track and evaluate neonatal care during transport by maintaining the Northern or Southern California Perinatal Transport System (CPeTS) as well as participate and collaborate on quality improvement activities by organizing and maintain an expert panel to review and analyze collected data and consider new data elements to add to the current data collection system to address current and potential neonatal transport issues.	
Northern California	\$75,000
Southern California	\$75,000
The following tasks will be awarded to either the CPeTS contractor in the North or the South.	
CPeTS Bed Locator System	\$10,000
CPeTS Data Collection website	\$10,000

<p>SOW Goal 4: In collaboration with MCAH and the Maternal Risk-Appropriate Care Implementation Committee, implement the strategies outlined in the newly develop plan to guide establishment of maternal levels of care, as defined by American Congress of Obstetricians and Gynecologist and Society for Maternal-Fetal Medicine Obstetric Care (ACOG/SMFM) most recent consensus document and update the RCA handbook to improve maternal and neonatal transport and transfer to ensure risk-appropriate care for both mother and baby.</p>	
	\$47,000
<p>SOW Goal 5: Under the direction of MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health and systems of care to promote quality improvement efforts in neonatal health.</p>	
	\$80,000
<p>SOW Goal 6: Under the direction of MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health and systems of care to promote quality improvement efforts in maternal health.</p>	
	\$80,000
<p>SOW Goal 7: Administer the 14 question Maternal Levels of Care Module from the CDC LOCATE Tool and up to four additional questions on regional cooperative agreements and transport agreements to all facilities in California using a scientifically rigorous method.</p>	
	\$25,000
<p>Total</p>	\$1,955,000 per year

E. Funding Availability

The CDPH intends to make awards to eligible organizations that demonstrate the ability to meet the RPPC goals and outcome objectives based on the evaluation of applicants’ response to the Request for Applications.

1. Funding Amount

The estimated total funding amount to be allocated through this RFA is 5,865,000 for three years. This estimated total is contingent on future federal Title V Block Grant funding levels. Funding is limited to the following amounts to be allocated annually for the duration of this program:

- a. \$1,955,000 for the budget period of 07/01/19 through 06/30/20
- b. \$1,955,000 for the budget period of 07/01/20 through 06/30/21
- c. \$1,955,000 for the budget period of 07/01/2021 through 06/30/2022

F. Funding Sources

The funds awarded through this RFA are from CA's Title V Block Grant and special funds with the specific purpose of RPPC implementation. The funds may not be used for any other program activities that are not defined in the RPPC SOW.

G. Limitations of State Liability

Payment for performance under the resulting agreements may be dependent upon availability of future appropriations by the State Legislature, Congress, or federal funding for the purposes of the resulting agreements. No legal liability on the part of the State for any payment may arise under the resulting agreement until funds are made available through an annual appropriation. If agreements are executed before ascertaining available funding and funding does not become available, CDPH/MCAH will cancel the agreements.

H. Funding Reductions in Subsequent Budget Years

If an agreement is executed and full funding does not become available for subsequent State Fiscal Years, CDPH/MCAH will either cancel the agreement or amend it to reflect reduced funding and reduced activities. Continuation of services beyond the first State Fiscal Year is also subject to successful performance of agreed upon activities.

I. Eligibility Criteria

The following entities and organizations may apply for funding:

1. Units of local government including, but not limited to cities, counties, and other government bodies or special districts.
2. State/public colleges or universities also known as institutions of higher education.
3. Public and/or private non-profit health or social service agencies, non-profit community based organizations, hospitals, or community clinics classified as 501(c) (3) tax exempt under the Internal Revenue Code.
4. Entities and organizations must have a minimum of five (5) years of experience in promoting quality improvement activities with an emphasis on maternal and perinatal care and care collaboration.

J. Cooperative Agreement Term

The term of the resulting cooperative agreements are expected to be 36 months and is anticipated to be effective from July 1, 2019 through June 30, 2022. The agreement term may change if CDPH cannot execute the agreement in a timely manner due to unforeseen delays.

The resulting cooperative agreements will not be enforced or in effect until signed by both parties. The applicant is cautioned not to commence performance until the contract is executed. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered.

CDPH/MCAH reserves the right to extend or modify the term of the resulting agreement via a formal contract amendment, as necessary, to complete or continue services for time only with no additional funding. CDPH/MCAH offers no assurance that funding will be continued at the same level in future years.

K. RFA Key Action Dates

MCAH reserves the right to adjust any date and/or time as necessary. Date and time adjustments will be posted on the MCAH RPPC website under Funding Opportunities tab at:

<https://www.cdph.ca.gov/RPPC>

It is the Applicant's responsibility to check the website frequently.

Event	Date	Time (if applicable)
RFA Release (posted on the MCAH website)	March 20, 2019	
Deadline to submit RFA Questions Submit via e-mail e-mail: RPPC.RFA@cdph.ca.gov (Subject Line: Questions RPPC RFA)	March 27, 2019	4:00 PM
Voluntary Teleconference Call Call In Number: 1-888-557-8511 Passcode: 1943891 Voluntary Conference Call Registration Form (Attachment 6)	April 8, 2019	10:00 AM- 11:00 AM
Q&A Responses Published Q&A Link: https://www.cdph.ca.gov/RPPC	April 12, 2019	
Voluntary Letter of Intent Form (Attachment 7)	April 10, 2019	4:00 P.M.
Application Due Date RFA 17-10009 Mailing Address and Contact Info Sheet Delivery Options: Hand Delivery U.S. Mail Overnight Express No e-mail or Faxed documents will be accepted	April 19, 2019	U.S. Mail, Overnight, Postmarked or Hand Delivered by 4:00 PM
Public Notice of Intent to Award	May 17, 2019	
Dispute Filing (See section VII.A.2 for Dispute Process) Submit via U.S. Mail, e-mail	May 24, 2019	4:00 PM
Award Posted on MCAH RPPC website under Funding Opportunities tab at: https://www.cdph.ca.gov/RPPC	June 7, 2019	
Cooperative Agreements Commence	July 1, 2019	

Part III. Application Submission Process

A. Internet Access for RFA Documents and Addenda

All documents related to this RFA can be downloaded from the MCAH RPPC website under Funding Opportunities tab at:

<https://www.cdph.ca.gov/RPPC>

It is the applicant's responsibility to visit the MCAH website on a regular basis for current postings and any addenda that may be posted. This includes but is not limited to:

1. RFA Document, attachments, appendices, and exhibits, if necessary
2. Important notifications concerning the RFA process
3. Award Announcements

B. Applicant Questions and Reporting Errors in the RFA

CDPH/MCAH will accept questions and reporting of errors related to the RFA. Questions may include, but are not limited to, the services to be provided for the RFA and/or its accompanying materials, instructions, or requirements. All applicants, including current RPPC awardees, must follow the process outlined to submit a question.

1. How to Submit Questions or Report an Error in the RFA:
 - a. Submit questions or errors by e-mail (RPPC.RFA@cdph.ca.gov) with the subject line: **RPPC.RFA Question(s) or RPPC RFA Error(s).**
 - b. Applicants are responsible for confirming the receipt of all materials transmitted to CDPH/MCAH by the stated deadline by calling (916) 650-0375.
 - c. Questions shall be submitted to CDPH/MCAH by the deadline listed in Part II. K, RFA Key Action Dates.
 - d. Errors in the RFA or its instructions may be reported up to the application submission due date.
2. What to Include in an Inquiry:
 - a. Name of inquirer, name of organization being represented, mailing address, area code and telephone number, and email address.
 - b. A description of the subject, concern, or issue in question or RFA discrepancy found.
 - c. RFA section, page number or other information useful in identifying the specific problem, concern, or issue in question.
 - d. Proposed remedy sought or suggested, if any.
3. Response by CDPH/MCAH
 - a. CDPH/MCAH reserves the right to seek clarification of any inquiry received and to answer only questions considered relevant to this RFA. At its discretion, CDPH/MCAH may consolidate and/or paraphrase similar or related inquiries. Questions and answers received through the process outlined above will be published on the RPPC website under Funding Opportunities tab at: <https://www.cdph.ca.gov/RPPC> on the date listed in Part II.K, RFA Key Action Dates.
 - b. CDPH/MCAH may issue addenda to address errors in the RFA until the application submission deadline. These will be posted on the MCAH RPPC website <https://www.cdph.ca.gov/RPPC>

- c. Applicants that fail to report a known or suspected problem with the RFA and/or its accompanying materials or fail to seek clarification and/or correction of the RFA and/or its accompanying materials shall submit an application at their own risk. In addition, if an award is made, the successful applicant shall not be entitled to additional compensation for any additional work caused by such problem, including any ambiguity, conflict, discrepancy, omission, or error.

C. Voluntary Bidder’s Teleconference Call and Webinar

CDPH/MCAH will hold a Voluntary Conference Call; see Part II.K RFA Key Action Dates. CDPH/MCAH staff will review the RFA process, eligibility, and funding and provide a program overview.

Attending the Voluntary Conference Call and Webinar:

1. Prospective applicants should thoroughly review and be familiar with this RFA prior to the conference call including the eligibility and competition requirements, the RPPC Scope of Work, and the application content requirements.
2. Prospective applicants are asked to submit a Voluntary Conference Call Registration Form (Attachment 6) in order to secure sufficient call lines.
3. The call-in information is below:
 - a. Audio (phone required for audio): 1-888-557-8511; passcode is 1943891
 - i. Responses will be given to questions previously submitted via the RFA Question deadline as noted in the timeline.
 - ii. Teleconference call questions and answers will be posted on the RPPC program website under Funding Opportunities tab at: <https://www.cdph.ca.gov/RPPC>, as outlined on the RFA Timeline.

D. Voluntary Non-Binding Letter of Intent

1. General Information

Prospective applicants are asked to voluntarily indicate their intention to submit an application or, to indicate the reason(s) for not submitting an application, if a current awardee. The Letter of Intent is not binding, but assists MCAH in scheduling staff for the review process. Failure to submit a Letter of Intent will not affect the acceptance of any application. Prospective applicants are not required to submit an application merely because a Letter of Intent was submitted.

2. Submitting a Letter of Intent

- a. Use the Letter of Intent (Attachment 7) for this purpose
- b. Applicants are asked to e-mail the Letter of Intent RPPC.RFA@CDPH.CA.GOV with the subject line “Voluntary Letter of Intent” by the date and time listed in Part II.K.RFA Key Action Dates.

Part IV. Application Assemblage and Delivery

A. General Instruction

1. Develop applications by following all RFA instructions and/or clarifications issued by CDPH/MCAH, including in the form of question and answer notices, clarification notices, Administrative Bulletins, or RFA addenda.
2. Before submitting an application, seek timely written clarification of any requirements or instructions that seem vague, unclear or that are not fully understood.
3. In preparing an application, all narrative portions should fall within specified page limits, be straightforward, detailed and precise. CDPH/MCAH will determine the responsiveness of an application by its quality, not its volume, packaging or colored displays.
4. Use forms and templates (attachments) provided and follow any instructions provided within the attachments.
5. Arrange for the timely delivery of the application package(s) to the address specified in section E. Application Delivery of this RFA.

B. Format Requirements:

1. Print single-sided on 8.5 X 11-inch white paper.
2. Use one-inch (1") margins at the top, bottom and both sides.
3. Use Calibri or Times New Roman 12 point font and 1.15 line spacing.

C. Application Content List

Each application set should include the following attachments, application responses and documentation in the order listed:

1. Application Cover Page (Attachment 1)
2. Table of Contents
3. Program Summary
4. Applicant's Experience and Organizational Capacity
5. Applicant's Implementation Plan
6. Program Personnel
7. Budget Detail and Justification Templates FY 19-20, 20-21 and 21-22 (Attachment 4)
8. Appendices:

- a. Proof of Corporate Status

If the Applicant is a Corporation, a copy of the organization's most current Certificate of Status issued by State of California, Office of the Secretary of State (SOS) or a downloaded copy of status information from the California Business Portal from the SOS website. Do not submit copies of the organization's Bylaws or Articles of Incorporation.

- b. Non-Profit Status

Nonprofit organizations must submit a copy of an IRS determination letter indicating nonprofit or 501 (3) (c) tax-exempt status.

- c. Audited financial statements for the past two (2) years

Only audited financial statements that have been reviewed by a professional certified accounting firm are acceptable. All noted audit exceptions must be fully explained.

d. Letters of Support

Two (2) letters of support are required. If Applicant is a community based organization, include:

1. One letter from the Board of Directors
2. One letter from either a collaborative organization/agency or other funding agency

The letters of support must be on agency letterhead and include the physical address, telephone, fax number, a contact person and job title of letter's author. The letter is to support the applicant's ability to perform contract related activities, deadlines and deliverables.

e. Proof of insurance

Commercial General Liability – shall maintain general liability with limits not less than \$1,000,000 per occurrence for bodily injury and property damage combined with a \$2,000,000 annual policy aggregate. Proof of automobile, as well as worker's compensation and employer's liability insurance will be required.

9. Attachments:

- a. Request for Application Check-off List (Attachment 2)
- b. Business Information Sheet (Attachment 3)
- c. Agency Information Form (Attachment 5)
- d. California Civil Rights Laws Attachment (Attachment 8)

D. Application Assembly, Signatures, and Original and Duplicate Sets

1. Applicants must assemble their applications in the order shown in the Request for Application Check-off List (Attachment 2). Applications with missing documents or partially completed documents may be deemed non-responsive. **Non-responsive applications will be considered incomplete and may be rejected from consideration.**
2. Sequentially paginate the pages in each section. It is not necessary to paginate items in the Forms Section or Attachments Section.
3. Bind the application in the upper left-hand corner in a way that enables easy copying.
4. Submit one (1) original application and three (3) copies or sets, and (1) one accompanying USB containing all application documents in electronic form.
 - a. Write "**Original**" on the original application set.
 - b. All duplicate copies must be marked "**Duplicate.**"
 - c. Application materials that are submitted, including memory drive, will not be returned to the applicant.
 - d. Submit the narrative response and all required attachments as individual Word and Excel files (same file type as original templates posted on the RFA webpage) on the CD that must be submitted.
5. The person authorized to legally bind the applicant to the federal certification clauses located in section V.B.1 of the RPPC Request for Application must sign each RFA attachment that requires a signature.

- a. RFA attachments that require a signature must be signed in blue ink. Signature stamps are not acceptable.
- b. Duplicate copies may reflect photocopied signatures.
- c. Signatures may be omitted from the accompanying CD.

E. Application Delivery

1. RFA applications must be received or postmarked no later than **4:00 pm on April 19, 2019**. Applications received or postmarked after this submittal deadline will not be accepted.
2. Applications must be labeled and submitted by U.S. Mail, Express Mail, or may be hand-delivered to CDPH/MCAH staff (methods and addresses are listed below). Applications that are emailed or faxed will not be accepted.
3. If choosing hand delivery, allow sufficient time to locate on-street metered parking and sign-in at the security desk. Have the building lobby security officer call 1-866-241-0395 between 8:00 AM and 4:00 PM and ask to have a CDPH/MCAH representative receive the document.
4. **Applicant Warning:** CDPH/MCAH’s internal processing of U.S. mail may add 48 hours or more to the delivery time. If mailing an application, consider using certified or registered mail and request a receipt upon delivery.
5. CDPH/MCAH is not responsible for delayed or lost mail or failure to submit a timely application.
6. Applicants are responsible for all costs of developing and submitting an application. Such costs cannot be charged to CDPH/MCAH or included in any cost element of an applicant’s proposed budget.

RFA Delivery Methods

U.S. Mail	Express Mail or Hand Delivery
<p>ATTN: RPPC RFA #19-10044 California Department of Public Health Maternal, Child and Adolescent Health Division P.O. Box 997420, MS 8305 Sacramento, CA 95899-7420</p>	<p>ATTN: RPPC RFA #19-10044 California Department of Public Health Maternal, Child and Adolescent Health Division 1615 Capitol Avenue Suite 73.560, MS 8305 Sacramento, CA 95814 Telephone: 916-650-0300 or Cielo Avalos at 916-650-0375</p>

Part V. Application Narrative Development

A. General Instructions

1. Carefully follow all requirements below, including designated page limits. Attachments are not included in the page limits for the sections.
2. Begin each section (e.g., *Program Summary*) on a new page so reviewers can assess if any page limit requirements for the section were met. Identify each section in your response with corresponding letters and numbers.

B. Application Content

1. Application Cover Page

A person authorized to legally bind the applicant must sign the Application Cover Page. If the applicant is a corporation, a person authorized by the Board of Directors must sign the Application Cover Page. If the applicant is a local government agency, a person authorized by the Board of Supervisors must sign the Application Cover Page.

2. Table of Contents

List each section of the application and the contents therein.

3. Program Summary

Page limit: 2

Identify the proposed region or regions you are bidding for and thoroughly describe applicant's knowledge of the regional perinatal area to be served in terms of social determinants of health and health disparities. The description should also include but not limited to the number of births, facility types (i.e. hospital level II/III, neonatal intensive care units), and comprehensive perinatal service providers in the area. Describe the applicant's involvement in improving regionalize and risk-appropriate neonatal and maternal care in the region.

4. Applicant's Experience and Organizational Capacity

Page Limit: 5 pages (a - e)

- a. Describe the organizational structure and staffing. **Clearly outline which staff classification will be working on what components of the grant. Provide a copy of the applicant's organization chart** that shows where RPPC will be placed within the organization and reporting structure. Be sure to include a description on how the organization's mission and goals align with those of RPPC and its related projects.
- b. Describe the applicant's strength, experience (include the number of years) and capacity related to the effectiveness in impacting maternal and perinatal health outcomes as a result of collaboration and networking with facilities in the region to be served. Describe the type of services your organization provides such as education, training or conferences and who you serve.
- c. Describe the plan for ensuring program management capacity and ability to support Goal 1 in the RPPC SOW. Include organization's information on services provided, other funded programs, populations or organizations it serves and the number and levels of staff to support all programmatic and administrative efforts.

- d. Describes any unique resources, services, service settings or leadership offered by the applicant that could benefit the implementation of the RPPC in the selected region or regions.
- e. Report any instances where the applicant has been out of compliance from any state or federal program in the past three years. If this has occurred, provide a description of the context (by whom, when, and why) and explain any corrective action or changes that the organization made as a result.

This pertains to agencies applying for optional goals 2 – 7- Page limit: 4 pages per goal

- f. Describe the applicants' strength, experience, and program management capacity to conduct the goals and the related objectives and activities outlined in the Scope of Work.
- g. Describe the management and staff capacity for each goal and how the staff will coordinate or collaborate with staff working on goal 1 or other goals on the RPPC SOW. If your agency has previously done this work please describe the number of years, lessons learned and what you will do differently this contract period and why. Each goal must be addressed separately.

5. Applicant's Implementation Plan

Page limit: 5 pages (Goal 1)

The following question corresponds to the numbered RPPC program goals, objectives, activities and deliverables found in Exhibit A, RPPC SOW. Provide a response to only those Goals for which the applicant is applying. If your agency has previously done this work please describe the number of years, lessons learned and what you will do differently this contract period and why. Each goal must be addressed separately.

Goal 1. Under the direction of MCAH, Regional Perinatal Programs of California (RPPC) will coordinate the planning, collaboration and promotion of integrated regional perinatal systems for the delivery of high quality, risk-appropriate care to pregnant women and their newborn infants.

Describe your organization's experience and capacity including any processes and procedures used to support the following activities:

- a. Educate and support facilities to understand ACOG's defined levels of care.
- b. Utilize the LOCATe data to support hospitals to establish their desired maternal levels of care and provide technical assistance to facilities to help them reach their desired goal.
- c. Review facilities policies for patient transfers and transport agreement and provide technical assistance to facilities who need to improve functionality of their existing RCA or transport and/or transfer agreements. If facility has no agreement in place guide facilities on how to develop such agreements.
- d. Perform annual site visits to all facilities in the region to support facilities with hospital quality improvement efforts.
- e. Implement quality improvement activities in facilities based on data. Includes the number of facilities that have implemented a specific recommended QI strategies, describes barriers to implementation and measures of success, if applicable.

- f. Identify regional QI strategies that support improved (1) maternal and (2) neonatal/infant care and provide examples of efforts.
- g. Work with facilities in their region to gain authority to access their maternal data center and perinatal data to better inform quality improvement opportunities.
- h. Collaborate with local and state organizations to strengthen regional, cross regional and/or statewide communication and collaboration to support maternal and perinatal services.
- i. Support breastfeeding initiation and exclusivity during the immediate post-partum hospital stay at the facility level. Provide example of efforts and assistance provided to facilities.
- j. Collaborate with CDPH Vital Records to support and promote the Birth Certificate data entry training for hospital data entry clerks in your region.

Page limit: 3 per goal (Optional Goals 2 - 7)

Goal 2. Under the direction of MCAH, maintain the California Diabetes and Pregnancy Program Sweet Success Resource and Training Center to provide diabetes education materials, resources and web-based trainings to CDAPP Sweet Success Affiliates and other practitioners serving women with diabetes during pregnancy.

Describe your organization's experience and capacity including any processes and procedures used to support the following activities:

- a. Convene and maintain a Stakeholder Group to coordinate quality improvement recommendations and activities to improve perinatal outcomes for women with diabetes during pregnancy.
- b. Update educational materials for healthcare provider affiliates and the community-at-large.
- c. Maintain an update the CDAPP SS Resource and Training website free of functional errors and secure to prevent hacking and malware.
- d. Assess, update and assist CDAPP SS affiliates in maintaining a Memorandum of Understanding as a current CDAPP Sweet Success affiliate.
- e. Evaluate and develop web-based training modules on gestational diabetes and perinatal weight for affiliates.

Goal 3. Under MCAH direction, contractors will track and evaluate neonatal care during transport by maintaining the Northern or Southern California Perinatal Transport System (CPeTS) as well as participate and collaborate on quality improvement activities by organizing and maintaining an expert panel to review and analyze collected data and consider new data elements to add to the current data collection system to address current and potential neonatal transport issues.

Describe your organization's experience and capacity including any processes and procedures used to support the following activities:

- a. Convene and maintain a regional transport quality improvement committee, CPeTS Executive Committee and maternal and perinatal quality care collaborative to facilitate

- coordinated high-risk transport quality improvement activities, care coordination and analysis of outcome data.
- b. Work collaboratively with maternal and perinatal quality care collaboratives to identify trends in CPeTS data for potential QI topics and activities.
 - c. Provide quality assurance trainings to hospital transport and data entry staff, CPeTS Directors and RPPC Directors to ensure completeness and integrity of transport data and provide ongoing technical assistance to RPPC Directors and or hospitals as needed.
 - d. Monitor, maintain and support their regions real time bed locator system by monitoring bed availability on a weekly basis, generate monthly reports by facility, maintain an up to date electronic newborn intensive care directory and provide technical assistance as needed.
 - e. Facilitate the transports of high-risk maternity patients and critically ill infants as requested.

The following supplemental tasks will be awarded to either of the successful CPeTS contractor for 3.1.

CPeTS Bed Locator System

Describe your organizations experience and capacity including any processes and procedures used to support the following activities:

- a. Maintain a 24 hours a day, seven days a week web-based locator system to facilitate the transport of critically ill infants and high-risk obstetric patients to tertiary hospitals, using confidential hospital access codes.
- b. Participate with other California Perinatal System contractors and the State to plan and resolve website issues as requested.
- c. Respond to website issues within 24 hours of identification and provide a timeline with reasonable time for repair.
- d. Upload documents as requested, revise program information as needed, maintain all links current and ensure the website is ADA compliant.
- e. Provide daily differential backup of the website data Saturday through Thursday and a full back up every Friday.

CPeTS neonatal transport data Collection web site.

Describe your organizations experience and capacity including any processes and procedures used to support the following activities:

- a. Maintain and update the data entry system for CPeTS neonatal transport data collection, to allow timely data entry, analysis, and report capabilities, based on recommendations from the CPeTS Data Advisory Committee.
- b. Conduct an annual system evaluation to assess data quality and validity and produce a report of findings.
- c. Review and revise (as needed) the methodology for a risk-adjusted data report.
- d. Maintain and revise (as needed) information in the CPeTS Neonatal Transport data report.

Goal 4. In collaboration with MCAH, implement the strategies outlined in the newly develop plan to guide establishment of maternal levels of care, as defined by American Congress of Obstetricians and Gynecologist and Society for Maternal-Fetal Medicine Obstetric Care (ACOG/SMFM) most recent consensus document.

Describe your organization's experience and capacity including any processes and procedures used to support the following activities:

- a. Knowledge, understanding and application of the ACOG and SMFM Maternal Levels of Care published guidelines.
- b. Knowledge and understanding of the Maternal-Risk Appropriate care work done throughout the state in the last ten years which supports the establishment of maternal levels of care.
- c. Recruit, organize and maintain an expert panel of stakeholders that can guide the implementation of the Maternal Risk-Appropriate Care Plan to establish maternal levels of care in California
- d. Coordinate with state, national and private organizations to guide the establishment of maternal levels of care in California.
- e. Develop an end of contract period report summarizing the work done during the contract period, lessons learned and recommendations for further work to be done beyond the contract period.
- f. Coordinate with MCAH and Department of Health Care Services to review current RCA Handbook and make recommendations for updates to the handbook to improve maternal and neonatal transport and transfer between facilities to ensure risk-appropriate care for both mother and baby.

Goal 5. Under the direction of MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health and systems of care to promote quality improvement efforts in neonatal health.

Describe your organization's experience and capacity including processes and procedures used to support the following activities:

- a. Provide leadership and support for a neonatal collaborative and facilitate continual collaboration, cooperation, and participation of stakeholders.
- b. Unite, communicate and link neonatal stakeholders across the State.
- c. Supports a data collection system and informs data-driven quality improvement activities.
- d. Strengthen regional, cross-regional communication and collaboration to support regional perinatal quality improvement.

Goal 6. Under the direction of MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health and systems of care to promote quality improvement efforts in maternal health.

Describe your organization's experience and capacity including processes and procedures used to support the following activities:

- a. Provide leadership and support for a maternal quality care collaborative and facilitate continual collaboration, cooperation, and participation of stakeholders.
- b. Unite, communicate and link maternal care stakeholders across the State

- c. Support a data collection system and informs data-driven quality improvement activities.
- d. Strengthen regional, cross-regional communication and collaboration to support regional maternal quality improvement.

Goal 7: Administer the 14 question Maternal Levels of Care Module from the CDC LOCATE Tool and up to four additional questions on regional cooperative agreements and transport agreements to all facilities in California using a scientifically rigorous method.

Describe your organization's experience and capacity including processes and procedures used to support the following activities:

- a. Develop a web or internet-based data collection platform with sound scientific and data quality practices to collect data collected by administering the Maternal Levels of Care Module from the CDC LOCATE Tool.
- b. Conduct training on data platform and data collection with people who will respond to questions, facilitate data collection, and /or participate in follow up data collection activities.
- c. Collect LOCATe data using sound, rigorous data collection methods.
- d. Document data collection methods in a scientific way supported by citations to guide methodological replication in future work.

6. Program Personnel

Page limit: 3

This section should describe the proposed staffing and time allocated to the program. Please explain and/or describe the overall personnel plan to meet the SOW goals. Applicant must:

- a. Demonstrate that the Applicant's RPPC Program Director (Goal 1) will meet the recommended minimum qualifications such as a Registered Nurse with a Master's Degree or an Advanced Practice Degree or comparable degree in a health related area such as a Master's in Public Health (MPH).
- b. Demonstrate that the proposed staffing and full-time equivalent (FTE) will have the qualifications and capacity to conduct the activities outlined in the RPPC Scope of Work.

7. Budget Detail and Justification (for each Fiscal Year)

Page limit: 1 budget and summary (per fiscal year)

In compliance with the budget template and instructions (see Part IX. Contract Budget), supply an accurate budget in sufficient detail to demonstrate fiscal capability to operate the program.

Budget Template: A budget for Goal 1 for each fiscal year of the contract period is required in the Application. If proposing to do additional goals, provide line items in the same budget template to address the budget needs for additional activity for Goals 2-7.

Part VI. Evaluation and Selection

Stage 1

1. The application checklist and application package will be reviewed to ensure that applicants (a) meet the RFA eligibility criteria described in Part II. I. Eligibility Criteria, and (b) have met all the requirements described in Part IV. Application Assemblage and Delivery.
2. In addition to any condition previously indicated in this RFA, the following occurrences may cause CDPH/MCAH to deem an application non-responsive:
 - a. Failure to meet application format/content or submission requirements including, but not limited to, the labeling, packaging and/or timely and proper delivery of applications.
 - b. Submission of applications that are materially incomplete or contain material defects, alterations or irregularities of any kind.
 - c. Applications that contain false, inaccurate or misleading information or falsely certifies compliance on any RFA response.
 - d. If CDPH/MCAH discovers, at any stage of the selection process or upon agreement award, that the applicant is unwilling or unable to comply with the contractual terms, conditions and exhibits cited in this RFA or the resulting agreement.
 - e. If other irregularities occur in an application response that is not specifically addressed herein.

Stage 2

Evaluation of the application will be based on the quality and appropriateness of the responses and elements in the Part V. Application Narrative Development. Scores will be based on the application’s adequacy, thoroughness, and the degree to which it complies with the RFA requirements, meets CDPH/MCAH’s program needs, and demonstrates capacity to implement the RPPC and corresponding Supplemental Goal(s), if selected.

The below section describes the value of each goal, including the breakdown of points per section of the application.

The total possible score for Goal 1 is 100 points, per region and 50 points for any additional goal. Optional supplemental goals will be scored individually and not included in the base points of 100.

GOAL 1 (Required for all applicants)	
Application Section	Total Points
1. Application Cover Page	Pass/Fail
2. Table of Contents	Pass/Fail
3. Program Summary	20
4. Applicant’s Experience and Organizational Capacity (a-f)	20

5. Applicants Implementation Plan	40
6. Program Personnel	10
7. Budget Justification and Budget Template	10
Total possible score for Goal 1	100

Goal 2- 7 (Optional Goals)		
Application Section	Goals	Total Points
1. Application Cover Page		Pass/Fail
2. Table of Contents		Pass/Fail
3. Program Summary	Included on goal 1	0 Points
4. Applicant’s Experience and Organizational Capacity Supplemental Goals 2-7 (f - g)	One write up per additional supplemental goal	20 points
5. Applicant’s Implementation Plan for supplemental (Goals 2-7)	One write up per additional supplemental goal	30 Points
6. Program Personnel	Included on goal 1	0 Points
7. Budget Justification and Budget Template	Included on goal 1	0 Points
Total Points for each goal (Goals 2 – 7)		50

Point Scoring System for Responses

Within each section are 15 point, 10 point, 6 point, 5 point, and/or 4 point questions. Points for each question will be based on the following point scoring system.

Qualification	General basis for point assignment	15 Point Question	10 Point Question	6 point Question	5 Point Question	4 Point Question
Inadequate	Application response not provided or omitted. Response is not acceptable.	0	0	0	0	0
Barely Adequate	Application response (i.e., content and/or explanation offered) is barely adequate or barely meets CDPH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s), maybe considered consequential but acceptable.	1 - 5	1 - 4	1 - 2	1 - 2	1
Adequate	Application response (i.e., content and/or explanation offered with appropriate examples and sensible reasoning) is adequate or meets CDPH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.	6 - 10	5 - 8	3 - 4	3 - 4	2 - 3
Excellent or Outstanding	Application response (i.e., content and/or explanation offered) is above average or exceeds CDPH's needs/requirements or expectations. Minimal weaknesses are acceptable. Applicant offers one or more enhancing feature, method or approach that will enable performance to exceed our basic expectations.	11- 15	9 -10	5 - 6	5	4

Below are the rating factors for each question.

Application Section 3	Rating Factors	Points Possible	Points Earned
Program Summary (20 Points possible)			
a.	The extent to which the applicant identifies and describes the proposed region to be served including but not limited to the number of births, facility types i.e. hospital level II/III, neonatal intensive care units, comprehensive perinatal service providers in the area as well as the applicant's involvement in improving regionalize and risk-appropriate neonatal and maternal care in the region(s).	10	
b.	The extent to which the applicant demonstrates their knowledge of the region for which they are applying characterized in terms of social determinants of health and health disparities in that region.	10	
Total score for section		20	

Application Section 4	Rating Factors	Points Possible	Points Earned
Applicant's Experience and Organizational Capacity (20 points possible)			
a.	The extent to which the applicant describes the organizational structure and staffing within the organization and which staff will be working on what components of the grant. How the organization's mission and goals align with those of RPPC and related projects. Was a copy provided of the applicant's organization chart that shows where the RPPC is within that organization and reporting structure?	4	
b.	The extent to which the applicant demonstrates the strength, experience (include the number of years) and capacity related to the effectiveness in impacting maternal and perinatal health outcomes as a result of collaboration and networking with facilities in the region to be served. Described the type of services the organization provides such as education, training or conferences and who they serve as well as lessons learned from this experience and what they will do differently this contract period.	4	
c.	The extent to which the applicant demonstrates the plan for ensuring program management capacity and ability to support Goal 1 in the RPPC SOW and Include organization's information on services provided, other funded programs, populations or organizations it serves and the number and levels of staff to support all programmatic and administrative efforts.	4	

Application Section 4	Rating Factors	Points Possible	Points Earned
d.	The extent to which the applicant demonstrates any unique resources, services, service settings or leadership offered by the applicant that could benefit the implementation of the RPPC in the selected region or regions.	4	
e.	The extent to which the applicant describes any instances where the applicant has been out of compliance from any state or federal program in the past three years. If this has occurred, provide a description of the context (by whom, when, and why) and explain any corrective action or changes that the organization made as a result.	4	
Total score for section		20	

Application Section Number 4 for Supplemental Goals 2-7	Rating Factors	Points Possible	Points Earned
Applicant’s Experience and Organizational Capacity for Goals 2-7 (20 points possible)			
f.	The extent to which the applicant demonstrates their strength, experience, and program management capacity to conduct the selected additional goal(s) and their related objectives and activities outlined in the Scope of Work and how the staff will coordinate or collaborate with staff working on goal 1 or other goals on the SOW.	10	
g.	The extent to which the applicant describes their previous experience with conduction the supplemental goal work, the number of years doing the work, lessons learned and what they will do differently this new contract period and explain why the changes are necessary.	10	
Total score for section		20	

Application Section 5	Rating Factors	Points Possible	Points Earned
Applicant’s Implementation Plan: Goal 1 (40 Points)			
Goal 1. The Regional Perinatal Programs of California (RPPC)			
a.	The extent to which the applicant demonstrates their experience and capacity including process and procedures to educate and support facilities to understand ACOG’s defined levels of care.	4	

Application Section 5	Rating Factors	Points Possible	Points Earned
b.	The extent to which the applicant demonstrates their experience and capacity including processes and procedures to utilize the LOCATe data to support hospitals to establish their desired maternal levels of care and provide technical assistance to facilities to help them reach their desired goal. Including a description of agency's processes and procedures used to support this activity.	4	
c.	The extent to which the applicant demonstrates their experience and capacity including processes and procedures to review facilities policies for patients transfers and transport agreement and provide technical assistance to facilities who need to improve functionality of their existing RCA or transport and/or transfer agreements. If facility has no agreement in place guide facilities on how to develop such agreements.	4	
d.	The extent to which the applicant demonstrates their experience and capacity including processes and procedures to perform annual site visits to all facilities in the region to support facilities with hospital quality improvement efforts.	4	
e.	The extent to which the applicant demonstrates their experience and capacity including processes and procedures to implement quality improvement activities in facilities based on data. Includes the number of facilities that have implemented a specific recommended QI strategies, describes barriers to implementation and measures of success, if applicable.	4	
f.	The extent to which the applicant demonstrates their experience and capacity including processes and procedures to identify regional QI strategies that support improved (1) maternal care and provide examples of efforts and (2) neonatal/infant care and provide examples of efforts.	4	
g.	The extent to which the applicant demonstrates their experience and capacity including processes and procedures to work with facilities in their region to gain authority to access their maternal data center and perinatal data to better inform quality improvement opportunities.	4	
h.	The extent to which the applicant demonstrates their experience and capacity including processes and procedures to collaborate with local and state organizations to strengthen regional, cross regional and/or statewide communication and collaboration to support maternal and perinatal services.	4	

Application Section 5	Rating Factors	Points Possible	Points Earned
i.	The extent to which the applicant demonstrates their experience and capacity including processes and procedures to support breastfeeding initiation and exclusivity during the immediate post-partum hospital stay at the facility level. Provide example of efforts and assistance provided to facilities.	4	
j.	The extent to which the applicant demonstrates their experience and capacity including processes and procedures to collaborate with CDPH Vital Records to support and promote Birth Certificate data entry training for hospitals data entry clerks in your region.	4	
Total Score for section		40	

Applicant’s Implementation Plan

Application Section Number 5	Rating Factors	Points Possible	Points Earned
Goal 2. California Diabetes and Pregnancy Program (CDAPP) Sweet Success Resource and Training Center (30 Points)			
a.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to convene and maintain a Stakeholder Group coordinate quality improvement recommendations and activities to improve perinatal outcomes for women with diabetes during pregnancy.	6	
b.	The extent to which the applicant demonstrates their experience and technical capacity to update educational materials for healthcare provider affiliates and the community-at-large.	6	
c.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to maintain an update the CDAPP SS Resource and Training website free if functional errors and secure to prevent hacking and malware.	6	
d.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to assess, update and assist CDAPP SS affiliates in maintain a Memorandum of Understanding as a current CDAPP Sweet Success affiliate.	6	
e.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to evaluate and develop web-based training modules on gestational diabetes and perinatal weight for affiliates.	6	
Total score for section		30	

Applicant’s Implementation Plan

Application Section Number 5	Rating Factors	Points Possible	Points Earned
Goal 3. Track and evaluate neonatal care during transport by maintaining the Northern or Southern California Perinatal Transport System (CPeTS) (30 Points)			
a.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to convene and maintain a regional transport quality improvement committee, CPeTS Executive Committee and maternal and perinatal quality care collaborative to facilitate coordinated high-risk transport quality improvement activities, care coordination and analysis of outcome data.	5	
b.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to work collaboratively with maternal and perinatal quality care collaboratives to identify trends in CPeTS data for potential QI topics and activities.	5	
c.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to provide quality assurance trainings to hospital transport and data entry staff, CPeTS Directors and RPPC Directors to ensure completeness and integrity of transport data and provide ongoing technical assistance to RPPC Directors and or hospitals as needed.	5	
d.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to monitor, maintain and support their regions real time bed locator system by monitoring bed availability on a weekly basis, generate monthly reports by facility, maintain an up to date electronic newborn intensive care directory and provide technical assistance as needed.	5	
e.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to facilitate the transports of high-risk maternity patients and critically ill infants as requested.	5	
Total score for section		30	

Application Section Number 5	Rating Factors	Points Possible	Points Earned
The following supplemental tasks will be awarded to either the successful CPeTS contractor for 3.1			
CPeTS Bed Locator System (Optional) 30 Points			
a.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to maintain a 24 hours a day, seven days a week web-based locator system to facilitate the transport of critically ill infants and high-risk obstetric patients to tertiary hospitals, using confidential hospital access codes.	10	
b.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to participate with other California Perinatal System contractors and the State to plan and resolve website issues as requested.	5	
c.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to respond to website issues within 24hours of identification and provide a timeline with a reasonable time for repair.	5	
d.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to timely upload documents, revise program information as needed, maintain all links current and ensure the website is ADA compliant.	5	
e.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to provide daily differential backup of the website data Saturday through Thursday and a full back up every Friday.	5	
Total score for section		30	
CPeTS neonatal transport data Collection web site (Optional) 30 Points			
a.	The extent to which the applicant demonstrates their experience and technical capacity including process and procedures to maintain and update the data entry system for CPeTS neonatal transport data collection, to allow timely data entry, analysis, and report capabilities, based on recommendations from the CPeTS Data Advisory Committee.	15	

Application Section Number 5	Rating Factors	Points Possible	Points Earned
b.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to conduct an annual system evaluation to assess data quality and validity and produce a report of findings	5	
c.	The extent to which the applicant demonstrates their experience and technical capacity to review and revise (as needed) the methodology for a risk-adjusted data report.	5	
d.	The extent to which the applicant demonstrates their experience and technical capacity to maintain and revise (as needed) information in the CPeTS Neonatal Transport data report.	5	
Total score for section		30	

Applicant’s Implementation Plan

Application Section Number 5	Rating Factors	Points Possible	Points Earned
Goal 4. Maternal Risk-Appropriate Care Implementation Stakeholder Committee (30 Points)			
a.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to understand and apply ACOG and SMFM Maternal Levels of Care published guidelines.	5	
b.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to understand the Maternal-Risk Appropriate care work done throughout the state in the last ten years which supports the establishment of maternal levels of care.	5	
c.	The extent to which the applicant demonstrates the experience and technical capacity including processes and procedures to recruit, organize and maintain an expert panel of stakeholders that can guide the implementation of the Maternal Risk-Appropriate Care Plan to establish maternal levels of care in California	5	
d.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to coordinate with state, national and private organization to guide the establishment of maternal levels of care in California.	5	

e.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to develop an end of contract period report summarizing the work done this reporting period, lessons learned and recommendations for further work to be done beyond the contract period.	5	
f.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to coordinate with MCAH and Department of Health Care Services to review current RCA Handbook and make recommendations for updates to the handbook to improve maternal and neonatal transport and transfer between facilities to ensure risk-appropriate care for both mother and baby.	5	
Total score for section		30	

Applicant’s Implementation Plan

Application Section Number 5	Rating Factors	Points Possible	Points Earned
Goal 5. Support Public/Private Partnerships to Support Quality Improvement and Promote and Improve Neonatal/Infant Outcomes (30 Points)			
a.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to provide leadership and support for a neonatal collaborative and facilitate continual collaboration, cooperation, and participation of stakeholders.	10	
b.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to unite, communicate and link neonatal stakeholders across the state.	5	
c.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to support a data collection system and informs data-driven quality improvement activities.	10	
d.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to strengthen regional, cross-regional communication and collaboration to support regional perinatal quality improvement.	5	
Total score for section		30	

Applicant’s Implementation Plan

Application Section Number 5	Rating Factors	Points Possible	Points Earned
Goal 6. Support Public/Private Partnerships to Promote and Improve Maternal Outcomes (30 Points)			
a.	The extent to which the applicant demonstrates their experience and technical capacity including processes and procedures to provide leadership and support for a maternal quality care collaborative and facilitate continual collaboration, cooperation, and participation of stakeholders.	10	
b.	The extent to which the applicant demonstrates their experience and technical capacity including process and procedures to unite, communicate and link perinatal stakeholders across the state.	5	
c.	The extent to which the applicant demonstrates the experience and technical capacity including processes and procedures to support a data collection system and informs data-driven quality improvement activities.	10	
d.	The extent to which the applicant demonstrates the experience and capacity including processes and procedures in strengthening regional, cross-regional communication and collaboration to support regional perinatal quality improvement.	5	
Total score for section		30	

Applicant’s Implementation Plan

Application Section Number 5	Rating Factors	Points Possible	Points Earned
Goal 7. Administration of the 14 question Maternal Levels of Care Module from the CDC LOCATe Tool (30 Points)			
a.	The extent to which the applicant demonstrates the experience and technical capacity including processes and procedures to develop a web or internet-based data collection platform with sound scientific and data quality practices to collect data collected by administering the Maternal Levels of Care Module from the CDC LOCATe Tool.	10	
b.	The extent to which the applicant demonstrates the experience and technical capacity including processes and procedures to conduct training on data platform and data collection with people who will respond to questions, facilitate data collection, and /or participate in follow up data collection activities.	5	
c.	The extent to which the applicant demonstrates the experience and technical capacity including process and procedures to collect LOCATe data using sound, rigorous data collection methods.	10	
d.	The extent to which the applicant demonstrates the experience and technical capacity including processes and procedures to document data collection methods in a scientific way to guide methodological replication in future work.	5	
Total score for section		30	

Application Section Number 6	Rating Factors	Points Possible	Points Earned
Program Personnel (10 Points)			
a.	The extent to which the applicant demonstrates that the applicant’s RPPC Program Director (Goal 1) will meet the recommended minimum qualifications such as a Registered Nurse with a Master’s Degree or an Advanced Practice Degree or comparable degree in a health related area such as a Master’s in Public Health (MPH).	5	
b.	The extent to which the applicant demonstrates that the proposed staffing and respective full-time equivalent (FTE) have the sufficient qualifications and technical capacity to conduct the activities outlined in the RPPC SOW.	5	
Total score for section		10	

Application Section Number 7	Rating Factors	Points Possible	Points Earned
Budget Justification and Budget Template (10 Points)			
a.	The extent to which the applicant proposes a budget that is accurate, detailed, and demonstrates fiscal capability to operate the program(s).	5	
b.	The extent to which the applicant provides justifications for each line item on the budget that are detailed, clear, and fiscally reasonable.	5	
Total score for section		10	

Part VII. Award Administration Information

A. Awards and Disputes

1. Notice of Awards:
 - a. Upon successful completion of the review process, CDPH/MCAH will post a notice of intent to award funds on the RPPC website under Funding Opportunities tab at: <https://www.cdph.ca.gov/RPPC>
 - b. Upon written request to CDPH/MCAH, applicants will receive their review rating sheet(s).
2. Dispute Process
 - a. Only those applicants who were not selected as an awardee may file a dispute. Disputes are limited to the grounds that CDPH/MCAH failed to correctly apply the standards for reviewing applications in accordance with this RFA. Disagreements with the content of the review committee’s evaluation are not grounds for dispute. Applicants may not dispute solely on the basis of the funding amount. Only timely and complete disputes that comply with the dispute process stated herein will be considered.
 - b. The written dispute shall fully identify the issue(s) in dispute, the practice that the applicant believes CDPH/MCAH has improperly applied in making its award decision(s), the legal authority or other basis for the applicant’s position and the remedy sought. Submit a written dispute signed by an authorized representative of the organization.
 - c. Written disputes must be received by CDPH/MCAH no later than the date listed in [Part II. K. RFA Key Action Dates](#). Disputes received or postmarked after this submittal deadline will not be accepted.
 - d. Label and submit the dispute using one of the following methods:

Dispute Delivery Methods

U.S. Mail	Express Mail or Hand Delivery
ATTN: MCAH\RPPC RFA Dispute California Department of Public Health Maternal, Child and Adolescent Health Division P.O. Box 997420, MS 8305 Sacramento, CA 95899-7420	ATTN: MCAH\RPPC RFA Dispute California Department of Public Health Maternal, Child and Adolescent Health Division 1615 Capitol Avenue Suite 73.560, MS 8305 Sacramento, CA 95814 Telephone: 1-866-241-0395

3. If choosing hand delivery, allow sufficient time to locate on street metered parking and sign-in at the security desk. Have the building lobby security officer call 1-866-241-0395 between 8:00 AM and 4:00 PM and ask to have a CDPH/MCAH representative receive the document. CDPH/MCAH will provide proof of receipt at the time of delivery.
4. Applicant Warning:
 - a. CDPH/MCAH’s internal processing of U.S. mail may add 48 hours or more to the delivery time. If mailing a written dispute, consider using certified or registered mail and request a receipt upon delivery.
 - b. CDPH/MCAH is not responsible for delayed or lost mail or failure to submit a timely dispute.
 - c. CDPH/MCAH will review each dispute. CDPH/MCAH reserves the right to collect additional facts or information to aid in the resolution of any dispute. The decision of the hearing officer shall be final and there will be no further administrative appeal. Applicant will be notified of

the decisions regarding their dispute in writing within 15 business days of the written dispute letter.

B. Disposition of Applications

1. All materials submitted in response to this RFA will become the property of the California Department of Public Health and, as such, are subject to the Public Records Act (PRA), Government Code, Section 6250 et seq. CDPH will disregard any language purporting to render all or portions of any application confidential.
2. Upon posting of Public Notice of Intent to Award, all documents submitted in response to this RFA and all documents used in the selection process will be regarded as public records under the California PRA and subject to review by the public. Applicant's correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Award Notice is issued and/or posted.
3. Any person or member of the public can inspect or obtain copies of any application materials. Please follow the instructions per the PRA.

C. CDPH/MCAH Rights

1. CDPH/MCAH reserves the right to do the following, up to the application submission deadline:
 - a. Modify any date in the RFA.
 - b. Issue clarification notices, addendums, additional RFA instructions, forms, etc.
 - c. Waive any RFA requirement or instruction for all applicants if CDPH/MCAH determines that a requirement or instruction was unnecessary, erroneous or unreasonable.
 - d. Allow applicants to submit questions regarding RFA changes, corrections, or addendums.
 - e. Any RFA changes or updates will be posted on the RPPC website under Funding Opportunities tab at: <https://www.cdph.ca.gov/RPPC>
2. CDPH/MCAH reserves the right to take any of the actions described below:
 - a. Offer agreement modifications or amendments to awardees for increased or decreased services and/or increased/decreased funding following successful negotiations.
 - b. Extend the term of any resulting agreement and alter the funding amount.
 - c. Deem a proposal non-responsive if an applicant declines to accept the terms and conditions outlined in this proposal document and its exhibits or if an applicant submits alternate contract/exhibit language that CDPH/MCAH considers "a counter proposal."
3. CDPH/MCAH reserves the right to remedy errors caused by:
 - a. CDPH/MCAH office equipment malfunctions or negligence by applicant staff
 - b. Natural disasters (e.g. floods, fires, earthquakes).
4. The issuance of this RFA does not constitute a commitment by CDPH/MCAH to make an award. CDPH/MCAH reserves the right to reject all applications and to cancel this RFA if CDPH/MCAH determines it is in the best interest to do so.

D. Agreement amendments after award

CDPH reserves the right to amend any agreement resulting from this RFA. Amendments may include term extensions, RPPC SOW modifications, budget or funding alterations.

E. Staffing changes after award

CDPH reserves the right to approve or disapprove changes in key personnel that occur after awards are made.

Please note: The issuance of this RFA does not constitute a commitment by CDPH/MCAH to make an award. CDPH/MCAH reserves the right to reject all applications and to cancel this RFA if CDPH/MCAH determines it is in the best interest to do so.

F. Contractor Certification Clauses

The [Contractor Certification Clauses](http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx) can be found at the following website address: <http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>

G. Contractual Terms and Conditions

Each funded Applicant must enter into a written agreement that may contain portions of the Applicant's application (e.g., Budget, RPPC SOW). If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final agreement.

Part VIII. Administrative Requirements**A. Use of Funds**

The funds awarded through this RFA are specifically for the purpose of this program and may not be used for any other program activities that are not defined in the RPPC SOW.

Funds may not be used to:

1. Reimburse costs incurred prior to effective date of the agreement
2. Reimburse costs currently covered by another CDPH grant or contract
3. Reimburse costs associated with grant writing responding to this or any other RFA
4. Reimburse costs that are not consistent or allowable according to local, state, and/or federal guidelines and regulations
5. Supplant state or local health department funds
6. Provide direct medical care
7. Reimburse subscriptions
8. Reimburse professional licensure
9. Reimburse malpractice insurance
10. Support religious activities, including but not limited to, religious instruction, worship, prayer, or proselytizing
11. Support fundraising activities
12. Support political education or lobbying
13. Support income or income-generating activities

14. Reimburse membership dues unless for an organizational membership in business, professional, or technical organizations or societies
15. Purchase food unless for the purpose of a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances
16. Fund bonuses/commissions. Bonuses and commissions paid from Agreement funds are prohibited.
17. Purchase of Real Property. Agreement funds cannot be used to purchase real property.
18. Pay for Interest. The cost of interest payments is not an allowable expenditure.
19. Lobby. Reimbursement is not allowed for lobbying activities.
20. Enter into Lease-Purchase Options. It is prohibited to use Agreement funds to enter into a lease-purchase contract for the purchase of equipment or any other personal property, or for the purchase of real property.
21. Reimburse in support of planning efforts and other activities associated with the development and submission of the RPPC Program RFA application.
22. Purchase "S.W.A.G," or "Stuff We All Get"
(See the 2-15-2011 Governor Brown Memo at <https://www.gov.ca.gov/news.php?id=16911>)

B. Deliverables-Based Contract

Contracts awarded as a result of this RFA will be deliverables-based. Deliverables must be completed in accordance with details outlined in the Scope of Work and in the contract.

Deliverables must be approved by CDPH/MCAH before a contract payment will be authorized. Payments may be reduced or adjusted for incomplete and/or unapproved deliverables and CDPH/MCAH may withhold payment for failure to complete deliverables and/or non-compliance with contract requirements.

C. Contract Terms and Conditions

1. Awardees shall enter into a Contract that will contain standard contract provisions and exhibits. CDPH/MCAH reserves the right to substitute the latest version of any form or exhibit.
2. An awardee's unwillingness or inability to agree to the terms and conditions of the Contract may cause CDPH/MCAH to deem an awardee non-responsive and ineligible. CDPH/MCAH will not accept alterations to the contract language.
3. Prior to and during contract negotiations, awardees may be required to submit additional information to meet CDPH/MCAH requirements.
4. Comply with CDPH/MCAH Data Ownership and Usage terms, as documented in the executed contract and supplemented with the CDPH/MCAH Data Use for Non-Human Subjects Agreement as needed.

D. Subcontractors

In the application content, applicants proposing to use a subcontractor and/or an independent consultant to perform services are required to provide justification supporting the necessity of using each subcontractor/consultant and to explain why the applicant is unable to provide the services being acquired. Applicants will also be required to explain in the application content how the subcontractor/consultant's services and expertise will benefit the delivery of program services.

If an applicant's proposal to use a sub-contractor and/or an independent consultant is approved, the awardee must follow requirements regarding subcontracts (Attachment 11, Sample Agreement, Exhibit D).

Specific subcontract relationships proposed in response to this RFA (i.e., identification of pre-identified subcontractors and independent consultants) shall not be changed during the procurement process or prior to agreement execution. The pre-identification of a subcontractor or independent consultant does not affect CDPH/MCAH's right to approve personnel or staffing selections or changes made after the agreement is awarded.

Part IX. Contract Budget

A. Budget Template

1. Budget Template: A budget for each fiscal year of the contract period is required in the Application.

The five budget categories are: Personnel, Operating Expenses, Capital Expenditures, Other Costs, and Indirect Cost. The Excel Budget Template (Attachment 4) is provided for the Applicant to construct each fiscal year's budget and subcontractor budget (if applicable). Each Microsoft (MS) Excel workbook file contains three worksheets (three tabs in the lower left corner of the Budget Template). The first worksheet, Guide, contains information for completing the budget. The second worksheet, Original Budget, allows the Applicant to enter budget detail. The third worksheet, Justifications, is linked to the budget line items entered in the second worksheet for applicant to enter budget justifications (describing the expenses). After completing the first fiscal year budget, save the file under a new name (see Budget Instructions in the Attachment 4, Budget Template) in order to use the template for the second fiscal year or subcontract. Each line-item category is explained below. All costs entered into budget template must be in whole dollars. Any subline-items for budgeted staff to perform SOW tasks, not identified in the budget instructions, should be listed under the Operating Expenses line-item category.

2. Required Budget Detail

Each agency budget will vary depending on the Applicant's proposed SOW goals. Follow the instructions below to aid in the completion of the budget.

a. Personnel costs (First Line-item)

Include the position titles/classifications, salary details and justifications.

1. List each funded position title/classification necessary to fulfill the RPPC SOW and supplemental activities (if applicable). Each funded position title/classification, performing RPPC activities, should be listed on a separate line. Any additional non-budgeted staff can be listed on the budget as in-kind.
2. Identify the annual salary rate for each position title/classification.
3. Indicate the full time equivalent (FTE) or annual percentage of time for each position (i.e. full time (40 hours per week) =1.0 FTE; ½ time =.50 FTE; ¾ time =.75 FTE; ¼ time =.25 FTE). The staff budgeted FTE may not exceed 100% across all programs.
4. The annual salary and FTE will calculate the budgeted amount per staff.
5. Provide a justification of the expenses describing the reasonableness and/or necessity for the proposed budgeted staff.
 - a) Include the anticipated merit and/or cost of living adjustments. Explain how the amount of each adjustment (percentage of increase) is determined. Include the frequency or interval at which the adjustment is to be funded.
 - b) The salaries, cost of living, merit or other salary adjustments paid to Applicant's staff, should not exceed salary rates paid to State Civil Service personnel performing comparable work. CDPH reserves the right to limit salary reimbursement to levels that are comparable to those of Civil Service employees. For more information, refer to <http://www.calhr.ca.gov/state-hr-professionals> and link to Pay Scales, Salaries of Civil Service Classifications.

6. Fringe Benefits

- a) Provide an average benefit rate and explain the expenses that make up fringe benefit costs. Typical fringe benefit costs can include employer-paid social security, worker's compensation insurance; unemployment insurance, health, dental, vision and/or life insurance, disability insurance, and pension plan/retirement benefits. Severance pay paid to employees upon termination is not an allowed fringe benefit.
- b) Only personnel, who are employed by the organization, working with the RPPC Program, should be included in the budget. If applicable, identify any positions that receive different benefit levels. Display the average fringe benefit costs as a percentage rate.

b. Operating Expenses (Second Line-item)

1. This category includes all general costs of staff operations for the RPPC program. Itemize each expense item making up the Operating Costs line-item. Justify the necessity of the expenses and describe how the cost or price was determined. Examples of such subline-item expenses are listed below.
 - a) Travel: Indicate the total cost for travel expenses for program budgeted staff. The funds budgeted for travel must be for expenses related to the operation of the program. Applicants must include a sufficient travel and per diem allocation for budgeted program staff to attend meetings and trainings.
 - (1) The agency shall utilize the lowest available cost method of travel. Travel costs consist of mileage, airfare, per diem, lodging, parking, toll bridge fees, taxicab fares and car rental. The amount of the mileage reimbursement includes all the costs of operating the vehicle. The RPPC contract will include additional information on reimbursable costs. For more information, refer to <http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>
 - (2) The travel subline-item in the budget shall include only the costs specifically related to the budgeted activities. List which budgeted staff classification(s) will travel; include location, purpose, and when the expenses will be incurred. All non-state sponsored travel is only reimbursable with prior written MCAH Program Consultant approval.
 - b) Training: Indicate the training costs associated with any non-RPPC sponsored training. This subline-item includes registration fees for conferences and tuition for training for budgeted staff. The travel expenses associated with the training should be budgeted under Travel. All non-state sponsored training is only reimbursable with prior written MCAH Program Consultant approval.
 - c) General Expenses: These items are included in the general expense subline-item operation costs of the program. Descriptions of general expenses include office supplies, equipment rental/maintenance, minor equipment, computer software, photocopying, postage, and communications (e.g., telephone, internet, and cell phone).

Additional general expense details:

- (1) Minor Equipment is defined as a tangible item with a base cost of less than \$5,000 and has a life expectancy of one year or more. Purchased equipment must be necessary and used toward fulfilling the terms of the contract. Examples of equipment under \$5,000 include computers and printers. Lease-Purchase options are not allowed.

- (2) Software is necessary and used toward fulfilling the terms of the Agreement. Examples of software include: Software license fees and software upgrades. Applicant must possess current software to allow for easy flow of communication between the Applicant and MCAH. All software purchased with MCAH funds must meet or exceed the standards established by CDPH. MCAH requires the use of the internet, electronic mail, scanning equipment, telephones, and computers with current versions of Adobe Professional 11 and the Microsoft Office 2010 Professional Suite (Word, Excel, Access and PowerPoint). Additional technology may be required during the contract period.
 - d) Space Rent/Lease: The cost of renting or leasing office space must designate the total square feet and the cost per square foot. Under state standards, it is permissible to reimburse up to a maximum of 200 square feet of office space per total staff FTE annually. Please use the following formula to calculate rent/lease costs. Total staff FTE's x up to 200 sq. ft. x up to \$2.00 per sq. ft. x 12 months.
 - e) Audit Cost: The cost of the financial audit by an independent auditor at the end of each fiscal year shall be included in the budget, up to the proportionate amount of the agreement, in accordance with OMB Circular A-133.
- c. Capital Expenditures (Third Line-item)
- 1) Major equipment is defined as a tangible or intangible item with a base unit cost of \$5,000 or more and a life expectancy of one year or more that is purchased or reimbursed with agreement funds. Minor equipment should be budgeted under Operating Expenses.
 - 2) Itemize each major equipment item in this category. Explain why the equipment item is needed and how it will be used to carry out the SOW.
 - 3) If the equipment item will be used by programs other than RPPC, provide cost allocation methodology for charging a proportionate share of costs to RPPC.
 - 4) If applicable, enter \$0 if no Capital Expenditures will be incurred.
 - 5) CDPH may reimburse major equipment purchases under the resulting agreement if the Applicant demonstrates the necessity of the equipment for administering the program, and necessary staffing to meet the SOW has been satisfied.
 - 6) State rules and definitions for reimbursement of minor and major equipment cost:
 - a) All equipment purchased in whole or in part with State funds is the property of the State.
 - b) Funds may not be used to reimburse the Applicants for equipment purchased prior to the contract agreement.
 - c) It is prohibited to use Agreement funds to enter into a lease-purchase contract for the purchase of equipment or any other personal property, or for the purchase of real property.
 - d) Equipment cannot be purchased without prior MCAH Program Consultant approval.
 - e) Applicant may use its own purchasing system to obtain major equipment up to an annual limit of \$50,000. Unlimited purchase delegations exist for California State colleges, public universities, and other governmental entities.
 - f) Computers must be dedicated to the staff person(s) responsible for reports, data entry, and other program requirements.

d. Other Costs (Fourth Line-item)

1. This category applies to the following subline-items: educational materials and subcontractor costs (if applicable).
2. Itemize educational materials and/or subcontractor subline-item expenses making up the Other Costs line-item. Justify the necessity of each expense and how the cost or price was determined. If services or deliverables are offered on a fixed price, lump sum or fixed-price basis, explain how the price or cost was determined.
3. In addition, complete the Excel Budget Template (Attachment 4) for each subcontractor for each fiscal year. Include known/pre-identified subcontractors and unidentified as TBD (including independent consultants) fees/wages, FTE and budgeted amount. Identify the primary responsibilities for each subcontractor. Discuss the necessity of using each subcontractor/consultant and explain why the Applicant is unable to provide the services being acquired. Explain the contributions their services and expertise will add to the program.
4. If not applicable, enter \$0.

e. Indirect Cost (Fifth Line-item)

The Indirect cost line-item includes costs that accrue in the normal course of business that can only be partially attributable to the performance of the Agreement (e.g., administrative expenses such as payroll handling, liability insurance coverage, janitorial, security expenses, legal representation, accounting/personnel expenses, Executive Director's time).

1. Specify indirect cost rate. The maximum rate is 10% of the total personnel including fringe benefits, unless applicant has an approved federal or state indirect cost rate. If awarded, MCAH will confirm awardee's use of the proposed alternate indirect cost rate and methodology.
2. This maximum rate also applies to subcontractor budgets.
3. If not applicable, enter \$0.
4. Include, at your option, any other information that will assist CDPH to understand how you determined your costs and why you believe your costs are reasonable, justified and/or competitive. Unless discussed elsewhere within this section, explain any unusually high or disproportionate costs appearing in any budget line-item.