

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Cancer Prevention and Control Section

REQUEST FOR PROPOSALS (RFP)

For

**Improving Rates for Breast, Cervical and Colorectal Cancer Screening,
and HPV Immunizations in Health Centers**

Issued:

Application Deadline: June 14, 2013, 3pm

Cancer Prevention and Control Section
Division of Chronic Disease and Injury Control
Michigan Department of Community Health
P.O. Box 30195
Lansing, MI 48909

**Michigan Department of Community Health (MDCH)
Request For Proposal (RFP)**

**RFP Title: Improving Rates for Breast, Cervical, and Colorectal Cancer Screening,
and HPV Immunizations in Health Centers**

Issue Date: May 1, 2013

Number of pages: 15

Issuing Organization Information

Issuing Organization: Michigan Department of Community Health (MDCH) is the sole point of contact with regard to all matters relating to this RFP selection process. If you have questions concerning this RFP or details on the requirements for submitting a proposal, please participate in one of the scheduled conference calls:

Submittal Information

An email with a Notice of Intent to Apply, although not required, is strongly recommended and should be sent to:

Richardsons2@michigan.gov

Proposal must be submitted via email to:

Richardsons2@michigan.gov

Special Instructions

1. A brief email notifying your organization's intent to apply is strongly encouraged but not required to submit a proposal. Notice of Intent to Apply should be submitted by email
2. An electronic copy of the proposal is due via email to Richardsons2@michigan.gov on June 14, 2013 by 3 pm. Proposals received after this date and time will not be scored or considered for funding.
3. A revised work plan or budget may be required as a condition of funding.
4. Read the entire document. Notice important items such as application requirements, proposal submittal date, technical assistance call date, funding amount and contractor requirements.
5. Follow the format required in the RFP when preparing a response. Provide responses to all sections in a clear and concise manner.
6. Provide complete answers/descriptions. Do not assume MDCH or the review committee will know about your organization's capabilities. Do not leave any sections of the application blank. **Applications with missing sections or unanswered questions will not be scored or considered for funding.**
7. Use the budget forms provided in the Budget Section of this document.
8. Note all the dates and times in this document. Submit all required items by the deadline.

RFP CHECKLIST

1. _____ Read the entire RFP. Notice important items such as application requirements, proposal submittal date, technical assistance calls, funding amount and grantee requirements.

2. _____ Participate in the pre-proposal conference call. This call provides the **only** opportunity to ask clarifying questions, obtain a better understanding of the project or to notify MDCH of any ambiguities, inconsistencies or errors in the RFP.

Note: Questions raised during conference calls and responses provided will be posted at www.michigan.gov/cancer.

3. _____ Submit a notice of intent to apply via email. A notice of intent to apply is strongly encouraged but not required to submit a proposal.

Notice of intent to apply due: May 15, 2013

4. _____ Follow the format required in the RFP when preparing the proposal. Provide information in all sections in a clear and concise manner.

5. _____ Provide complete answers/descriptions. Read and answer all questions and requirements. Don't assume the review committee will know about the applicant organization's capabilities. The proposals are evaluated based solely on the information and materials provided in your response. A reviewer's outside knowledge of an organization will not be considered toward scoring.

6. _____ Complete all forms provided. Provide information for the sections listed below:

_____ Cover Sheet

_____ Summary

_____ Table of Contents

_____ Program Background and Need – including purpose of the project and target population

_____ Work Plan and Capacity – including work plan narrative, use of evidence-based strategies, Patient Centered Medical Home (PCMH) Model of Care.

_____ Evaluation Plan – including evaluation and sustainability

_____ Budget – 2 pages including the Program Budget Summary (DCH 0385) and the Program Budget – Cost Detail Schedule (DCH 0386). Budget will not be scored but is required for review.

_____ Budget Narrative - budget narrative will not be scored but is

required for review.

____ Letter(s) of Support

7. _____ Review the RFP document again to be certain all requirements are addressed. The electronic copy must be complete.
8. _____ Submit application via email to Richardsons2@michigan.gov on time. Late proposals will not be scored or considered for funding.

Applications due: June 14, 2013 by 3 pm

A. Background

There are evidence-based methods to increase cancer screening and to increase immunization rates in age- and sex-appropriate population groups. Both population-based cancer screening using Pap smears and mammography, fecal occult blood test (FOBT) and colonoscopy, along with Human Papilloma virus (HPV) immunizations have been shown to decrease mortality and morbidity due to cervical, breast, and colorectal cancers.

Client- and provider- or system-based interventions have been shown to increase immunizations in appropriately aged males and females, to increase Pap smear and mammography use rates in women and to increase FOBT and colonoscopy use in men and women aged 50 and older. Additionally some studies have shown the use of small media, as well as group and one-on-one education, improves cancer screening rates.

In cooperation with the Michigan Cancer Consortium (MCC) and its member organizations, the Michigan Comprehensive Cancer Control Program (MCCCP) has developed and is implementing the *Michigan Cancer Plan 2009-2015*.

Michigan Cancer Plan 2009-2015 goals, objectives and strategies are Michigan's top priorities for comprehensive cancer control. The goals, objectives, and strategies from the document relevant to breast, cervical, and colorectal cancer as well as HPV immunizations have been listed below:

1. Goal: Reduce the breast cancer death rate in Michigan

Breast Cancer Implementation Objective 2: By 2015, 80% of women aged 40 years and older will report having received both a clinical breast exam and a mammogram within the past year

2. Goal: Reduce the cervical cancer death rate in Michigan by 30%.

Cervical Cancer Implementation Objective 1:4 By 2011, reduce rates of cervical *in-situ* cancer among women aged 20 to 39 years by 10%.

Strategies

1.4. Increase HPV4 vaccine series completion in women age 26 and younger, by 10% per year.

- 3. Goal: By 2015, increase to 75 percent the proportion of average-risk people in Michigan who report having received appropriate colorectal cancer screening and follow-up of abnormal screening results.**

Colorectal Cancer Implementation Objective 1: By 2015, increase the proportion of health care providers that recommend appropriate colorectal cancer screening.

Strategies

1.2. Utilize provider and /or client reminder systems to ensure timely compliance to screening.

1.3. Implement provider assessment and feedback mechanisms (e.g., assess how often providers offer or deliver screening services to clients [assessment] and then give providers information about their performance [feedback]).

Colorectal Cancer Implementation Objective 3: By 2015, increase public awareness of colorectal cancer risks, prevention, and testing for early detection

Strategies

3.1. Identify barriers to colorectal cancer screening among underserved, hard-to-reach population groups and effective strategies to overcome those barriers.

3.2. Promote public education on colorectal cancer in combination with other screenings (e.g., mammograms).

3.4. Implement small media interventions (videos or printed communications, such as letters, brochures, leaflets, pamphlets, flyers, or newsletters).

These strategies also address PCMH 6 of the Standards and Guidelines for National Committee for Quality Assurance (NCQA's) Patient-Centered Medical Home.

B. Purpose and Activities

The purpose of this Request for Proposal (RFP) is to increase the breast, cervical and colorectal cancer screening rates and the HPV immunization rates in age appropriate groups in Federally Qualified Health Centers. These goals are to be achieved through activities and strategies using evidence-based interventions described as 'Recommended' within the following websites:

<http://www.thecommunityguide.org/vaccines/index.html>

<http://www.thecommunityguide.org/cancer/index.html>

<http://cancercontrolplanet.cancer.gov/> - including evidence-based_RTIPs -- Research-tested Intervention Programs

C. Funding Availability

The Breast and Cervical Cancer Control Program (BCCCP) receives funding from the Centers for Disease Control and Prevention (CDC) and the National Association of Chronic Disease Directors (NACDD). The Michigan Department of Community Health, Cancer Prevention and Control Program also receives CDC funding to support sustainable population based interventions for cancer prevention and control. The ability to fund these proposals and the total number of grant agreements awarded will be based upon both the level of funding provided by the CDC and NACDD and the quality of the applications received. Submission of a proposal does not guarantee funding.

D. Funding Level

Up to nine \$5,000 to \$15,000 intervention demonstration and evaluation grant agreements will be awarded.

The grant agreements for awarded applicants will be issued in two separate agreements; August 1, 2013 through September 30, 2013 and October 1, 2013 through December 31, 2013 consistent with the department's fiscal year. All grant award recipients must register to receive Electronic Funds Transfers as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Technology, Management and Budget's website: <http://www.cpexpress.state.mi.us/>

E. Funding Restrictions

Funding may **not** be used for the following items:

- Research. If research is proposed the application will not be reviewed. For definition of research, please see the CDC web site: <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.
- Clinical care, screening services, laboratory services, patient treatment/care or building projects
- Furniture or equipment (exceeding \$500) without a detailed explanation in the application budget
- Pre-award costs
- To supplant state, local or organizational funding
- Lobbying, either to influence legislation or intervene in any political campaign
- Fund-raising activity for grantee agency

- Projects that include only health fairs or assemblies as their primary way of implementing strategies will not be considered. All strategies must be based on evidenced-based intervention(s).

Recipients may only use funds for reasonable project purposes such as materials, costs associated with educational events or meetings, staff time, etc. Recipients must perform a substantial role in carrying out the project objectives, not merely serve as a conduit to another party. Indirect costs may be included in the grant application.

Timeline Events	Date	Information
RFP Released	May 1, 2013	www.michigan.gov/cancer
Technical Assistance Call Q& A (Optional – this call provides the only opportunity to ask clarifying questions, obtain a better understanding of the project or to notify MDCH of any ambiguities, inconsistencies or errors in the RFP)	May 7, 2013 8 am to 9 am E.T.	Phone number to call: 1-877-873-8018 Pass code: 2621165#
Notice of Intent Due (not required, but strongly encouraged)	May 15, 2013 3:00pm E.T.	An email with a Notice of Intent to apply should be sent to: Richardsons2@michigan.gov
Proposals due	June 14, 2013 3:00pm E.T.	Proposal must be submitted electronically to: Richardsons2@michigan.gov
Grantees notified of award	July 1, 2013	
Grant Agreements start	August 1, 2013	
Grantee Orientation Teleconference (Mandatory)	July 10, 2013 8am to 9 am	Teleconference date/time: TBD
Interim Report due (reporting activities through September 30, 2013)	October 31, 2013	Submit report electronically on time to Sandie Richardson Richardsons2@michigan.gov
Grant Agreements end	December 31, 2013	
Final Report due	January 31, 2014	Submit report electronically on time to Sandie Richardson Richardsons2@michigan.gov

F. Eligible Applicants

Applicant organization must be a member of the Michigan Primary Care Association.

G. Criteria for Awards

Proposals will be reviewed by MDCH staff and other reviewers knowledgeable in cancer control, evaluation and related fields. Proposals will be reviewed and scored in the following categories and items:

1. Cover Sheet – Appendix A (not scored but is required for review)
2. Summary (not scored but is required for review)
3. Table of Contents (suggested)
4. Program Background and Need – including cancer burden, need, purpose of the project and target population (10 points)
5. Work Plan and Capacity – including work plan narrative, use of evidenced-based strategies, and capacity. Appendix B (30 points)
6. Evaluation Plan – addressing program evaluation and sustainability (10 points)
7. Budget - 2 pages including the Program Budget Summary (DCH 0385) and the Program Budget Cost Detail Schedule (DCH 0386). Budget will not be scored but is required for review
8. Budget Narrative - budget narrative will not be scored but is required for review

Each required section of the application must be complete or the application will not be scored or considered for funding. Total available points=50.

Proposal Requirements: Format and contents

Each proposal should be no more than 15 typed double-spaced 8.5" x 11"pages, excluding cover sheet, work plan, budget pages and other attachments. Time line, staff resumes and letters of support may be included as attachments and also do not qualify in the total number of pages. The proposal should use Times New Roman, 12-point font and have 1 inch margins. Please use **bold** headings for each section to assist reviewers in finding and scoring each section of the proposal. Incomplete applications will not be scored or considered for funding.

1. Cover Sheet - Appendix A

Complete the entire cover sheet.

- a. Contact Person is the person responsible for implementing the project and will be available for communication or questions about the project. The contact person may be different than the person who signs the RFP.

b. Priority Area

Please review the listed priorities in Appendix A and select at least one of the five provided that best describes the proposal addressing the determined need.

c. Evidence-Based Strategy

*Please review the websites provided in Section B **Purpose and Activities** and select one of the listed strategies that are approved.*

d. Funding Request asks for the amount of the budget of the proposal.

e. The Signature line requests the signature of the office authorized to sign contracts. This may or may not be different than the contact person.

2. Summary

Provide a one-page Executive Summary of the proposal

3. Table of Contents

4. Program Background and Need

- a. **Population:** Describe the population, including demographic characteristics (e.g. race, ethnicity, education level, income) in the geographical area or health center service area covered by this proposal.
- b. **Cancer Burden:** Describe the cancer burden of the geographic or health center population.
- c. **Community Need for Intervention:** Describe the needed intervention and the data that supports this need. Strategies proposed for this intervention should be based upon recent evaluation of the community's cancer burden and the community's clearly-identified and specific gaps and needs. An example would be: Only 10 percent of all 9 to 13 year old girls and boys in your health center receive the complete 3-shot HPV immunization series.
- d. **Purpose of the project:** Describe what this project will accomplish in the funding cycle time frame.
- e. **Target Population:** Describe the target population within your geographic population. (e.g. low income Hispanic women ages 18-40, girls 9-18)

5. Work Plan and Capacity – Appendix B

- a. **Work Plan Narrative:** Provide a description of the proposed project or activities.
 - i. **Use of Evidence Based Strategies:** Describe which evidenced based strategies are being used in your work plan. Discuss why these were chosen.
 - ii. **Relevance to *What You Can Do to Fight Cancer in Michigan, 2012-2015 Plan* (see Appendix C for link):** Briefly describe how your project is relevant to *What You Can Do to Fight Cancer in Michigan, 2012-2015* (listed goals and objectives on Page 5 of this RFA)
- b. **Work Plan:** Appendix B. Objectives should be specific, measurable, achievable, realistic, and time phased (SMART).

- c. **Capacity:** Describe any current activities, which demonstrate capacity to complete the proposed project and activities. Include description of how services are included in your agency's Model of Care.
- d. **Roles and Responsibilities:** Identify key people who will assist in the development, implementation and evaluation of the selected activities. Include a brief description of each key person's role and responsibilities.

6. **Evaluation Plan**

- a. **Evaluation:** Describe how the project will be evaluated. What will determine if the project is a success? Projects should be able to produce quantitative data.
- b. **Sustainability:** Describe how the initiative will continue once the funding ends.

7. **Budget**

- a. There are two (2) budget forms that must be completed and submitted with the proposal: the Program Budget Summary, DCH 0385 and the Program Budget – Cost Detail Schedule, DCH 0386. See Attachment B, Attachment B.1, and Attachment B.2
- b. The Budget Summary Form, DCH 0385 is used to provide a standard format for the presentation of the financial requirements (both expenditure and funding). Be sure to include all expenses for the entire period of the project.
- c. The Program Budget – Cost Detail Schedule Form, DCH 0386 is also required and provides the detail information supporting the Budget Summary. **Please note:** the Excel Workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH 0386. Detailed instructions for completing both forms are available at http://www.michigan.gov/documents/mdch/Budget_Instructions_315434_7.pdf.
- d. Budget must include cost sharing of at least 10%.
- e. At least 10% of funds need to be directed to evaluation of the project.
- f. MDCH Contract Administrative Guidelines - Funding will be through a cost reimbursement grant agreement. A template of the Department's standard agreement language is available at http://www.michigan.gov/documents/mdch/Standard_Agreement_Language_315432_7.pdf

8. **Budget Narrative**

- a. In addition to these two forms, proposals must include a detailed budget narrative that explains the amounts requested in each line item, why the expense is necessary, how it will contribute to the project, and how the amount was calculated.
- b. If applicable, provide information on any other funding which has been secured for related elements of this project from other sources (other contracts, in-kind donations) and briefly describe what gap this funding will fill in achieving the goals and objectives of the project.

Application Review

Each section of the application has an assigned point value for scoring. Reviewers will score the applications based on compliance with the application guidelines and capacity of the organization to achieve the proposed activity goals and objectives. The budget is not scored but must be included and calculations accurate.

Notification of Award

All applicants will be notified in writing on or by email by July 1, 2013, subject to the approval of the State Administrative Board.

Project Requirement

All contractors will be required to participate in a project orientation meeting via teleconference on July 10, 2013. The meeting will cover report completion, budget reporting requirements, etc.

Reporting Requirements

All award recipients will be required to submit a mid-funding cycle report on their project. Please see time line for due date.

Applicants must submit a final report (**DUE 1/31/2014**) summarizing the work of their project. Outcomes achieved should be identified and compared to established smart goals identified on the work plan. Please describe activities that supported obtaining your goals and barriers that limited your successes.

Appendix A:

Cover Sheet (2 pages)

Project Title:	
Organization:	
Agency Name:	
Address:	Federal Tax ID #:
City:	ZIP:
PCMH Status Recognized <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what organization _____ If no, expected date of recognition: _____	
Who is the contact person for this project?	
Name:	
Title:	
Phone:	Fax:
E-mail:	
Is your agency currently providing screening services for the Breast and Cervical Cancer Control (BCCCP), WISEWOMAN, or Colorectal Early Detection (MCRCEDP) Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which program (check all that apply) <input type="checkbox"/> Breast and Cervical Cancer Control Program (BCCCP) <input type="checkbox"/> Michigan Colorectal Cancer Early Detection Program (MCRCEDP) <input type="checkbox"/> WISEWOMAN	
Priority Area:	
Please check selected priority (is): <input type="checkbox"/> Pap smear use rate in women 21 and older <input type="checkbox"/> Mammography and clinical breast exam rates in women 40 and older <input type="checkbox"/> Colorectal screening (FOBT, FIT, colonoscopy) in men and women ages 50 and older <input type="checkbox"/> HPV Immunization completion rates in adolescent boys and girls at recommended ages <input type="checkbox"/> HPV Immunization completion rates in young women to age 26	

Evidence Based Strategy:

Please provide the evidence-based strategy selected from *The Community Guide or Cancer Control PLANET*

Funding Request:

Amount requested \$ _____

Signature and title of Officer authorized to commit organization to contract:

Signature: _____

Title _____

Appendix B: Project Work Plan

Project Goal:

Project Objective 1:

Description of Objective	What will be measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
		<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of				

Evidence-base:

National Cancer Institute, R-TIPS

Community Guide to Preventive Services

Other (please describe): _____

Project Activities (may include more than four activities):

Project Activity	Staff Responsible	Timeframe
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

Appendix C - Links

The Community Guide - The Guide to Community Preventive Services

- <http://thecommunityguide.org>
- <http://www.thecommunityguide.org/vaccines/index.html>
- <http://www.thecommunityguide.org/cancer/index.html>

Cancer Control P.L.A.N.E.T. – Evidence-based tools from the National Cancer Institute

- <http://cancercontrolplanet.cancer.gov/>

What You Can Do to Fight Cancer in Michigan 2012-2015

- <http://www.michigancancer.org/CancerPlan/WhatYouCanDo.cfm>
- Evidence- based strategies examples included as hyperlinks

Michigan Community Cancer Incidence and Mortality Data

- http://www.michigan.gov/mdch/0,4612,7-132-2944_5323---,00.html

County Health Rankings & Roadmaps

- Helps communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that affect health.
- <http://www.countyhealthrankings.org/#app/>

Michigan Behavioral Risk Factor Survey (BRFS) Annual Report – 2010

- http://www.michigan.gov/documents/mdch/2010_MiBRFS_Annual_Report_FINAL_365662_7.pdf

Comprehensive Cancer Control Plan for Michigan, 2009 – 2015 (March 2012 revision)

- <http://www.michigancancer.org/CancerPlan/ComprehensiveCancerControlPlan-2009-2015.cfm>

HPV Immunization Rate information

- http://www.michigan.gov/documents/mdch/092112_MITT_Aug-Sep_398736_7.pdf
Discusses MI HPV immunization rates on Page 1, column 2