

Michigan Department of Community Health

**2011 Michigan Minority Health Month
Request for Proposals**

THEME- “Empowerment Through Education and Awareness: Impact of Health Care Reform on Racial and Ethnic Minority Populations in Michigan”

The Michigan Department of Community Health (MDCH), Division of Health, Wellness and Disease Control (DHWDC), Health Disparities Reduction and Minority Health (HDRMHS) Section will sponsor collaborative events that recognize April 2011 as National Minority Health Month. HDRMHS will fund activities that focus on assuring health equity for racial and ethnic minority populations* in Michigan related to one or both of the following: 1) The Patient Protection and Affordable Care Act-PPACA (health care reform law) and 2) Promoting Healthy Nutrition Among School Age Children “*Bring It or Buy It – Make Lunch Healthy, Green and Good!*” - 2011 National Minority Health Month theme. Activities may include working with youth serving organizations, schools, community and faith-based organizations, Tribal Councils, local health departments and businesses to: a) organize informational/educational forums, b) sponsor community events, c) conduct an awareness campaign, d) host expert speakers to assist community members in understanding the new health care law, e) develop resource and informational materials related to PPACA and/or healthy nutrition for youth or f) organize other in-school, faith-based and/or community based healthy nutrition related activities.

The Michigan Department of Community Health is currently soliciting applications throughout the State from community-and faith-based organizations, Tribal Councils, local health departments, community health centers, hospitals, schools and other entities that can demonstrate experience and relationships in organizing culturally competent, health related forums and events focused on the five racial and ethnic minority populations served by the HDRMHS*..

In Michigan, American Indians, African Americans and Arab Americans experience higher rates of chronic disease and illness than Whites. Also, African Americans, American Indians, Asian Americans and Hispanics consistently report lower rates of medical insurance coverage than do their White counterparts in Michigan. These and other statistics lend evidence that attention to health care access is critical. One of the overall goals of this RFP is to disseminate information about the key provisions of the 2010 health reform law (PPACA) that is designed to expand health coverage, improve access to care for people at greatest risk of being under and uninsured, and reduce health and health care disparities.

* African American, American Indian/Native American, Arab and Chaldean American, Asian American/Pacific Islander and Hispanic/Latino.

**THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DIVISION OF HEALTH, WELLNESS AND DISEASE CONTROL
HEALTH DISPARITIES REDUCTION/MINORITY HEALTH SECTION**

REQUEST FOR PROPOSAL (RFP)

I. Request for Proposal

The Health Disparities Reduction and Minority Health Section (HDRMHS) is the coordinating body of the Michigan Department of Community Health (MDCH) for health disparities related issues in the state of Michigan. The HDRMHS Mini-Grant Program is designed to support activities to increase education and awareness of disparate minority health outcomes. This will be accomplished by providing funding to organizations with demonstrated capacity to conduct culturally and linguistically competent programming that focuses on the new health care reform law and its impact on racial/ethnic minority populations and/or healthy nutrition among youth.

II. Eligible Applicants

The HDRMHS Mini-Grant Program invites proposals to: 1) Provide overall coordination of activities that focus on **health care reform and/or healthy nutrition for youth** in collaboration with MDCH, 2) Collaborate with MDCH in the planning process for the **health care reform and/or healthy nutrition for youth** related activities, and 3) Implement planned activities focused on increasing knowledge/awareness related to **health care reform and/or healthy nutrition for youth**.

Potential applicant agencies are encouraged to participate in a **1-Hour** conference call on **January 14, 2011 at 2:00 P.M.** to orientate Minority Health Month Grant applicants regarding MDCH/HDRMHS expectations for proposed programming.

III. Eligibility Criteria

Eligible entities applying for this mini-grant must comply with the following: 1) Document a minimum of three years of experience organizing/ hosting health fair related forums/events, 2) Demonstrate cultural and linguistic competence in working with one or more of the five racial/ethnic populations that the MDCH/HDRMHS is mandated to serve (African American, American Indian/Native American, Arab American/Chaldean, Asian American and Hispanic/Latino), 3) If a non-profit organization, provide documentation under section 501(C) 3 of the Internal revenue code, and (4) If applicable, provide documentation of the eligibility to claim Indirect Cost within the program budget summary.

IV. Scope of Work

Funded Entities will be responsible for the following:

- a. Work with HDRMHS staff to conduct Health Care Reform **or healthy nutrition for youth focused** forums and/or events.
- b. Work with HDRMHS staff to identify programming that will identify health risks, increase knowledge, and encourage empowerment as it relates to minority health improvement.
- c. Develop and disseminate marketing materials that are culturally/linguistically/population specific in an effort to reach the identified target population to ensure broad community participation.
- d. Secure event appropriate venue/location and supply required audio/visual and other equipment needed to implement the project.
- e. Provide completed project report with final invoice for payment.

V. Funds Available

HDRMHS will award up to 35 mini-grants.

Applicants for the Minority Health Month Mini-Grants may apply as one of the following:

- a. ***Kick-Off Event Host:*** Organizations applying as a kick-off event host **must show evidence of collaboration to include representation from each of the five racial /ethnic populations MDCH/HDRMHS is mandated to serve.** (African American, American Indian/Native American, Arab American/Chaldean, Asian American and Hispanic/Latino). Kick-off event host may apply for funding **up to \$ 3,000.00** and the proposed event must take place on **Friday, April 1, 2011.**
- b. ***Lead Organization:*** Award determined by number of proposed events not to exceed a maximum of **five** events or award of **\$5,000.** Lead organizations must show evidence of collaboration with a variety of community organizations that provide services to one or more of the target populations.
- c. ***Single Event Host:*** Maximum award **\$1,500.00**

The proposed activities must be implemented within a one month project period **April 1 – April 30, 2011.** March, 2011 will be designated as the planning phase of the project. Implementation of project activities will begin on **4/1/2011** and all project activities will conclude by **4/30/2011.** An initial contractor invoice may be submitted to the following address **no later than 3/11/2011** that identifies estimated expenditures up to **50 percent** of grant award to cover initial project start up cost.

Invoices should be sent to:

Jacquetta Hinton
Program Specialist
hintonjac@michigan.gov
Michigan Department of Community Health
Division of Health Wellness and Disease Control
Health Disparities Reduction and Minority Health Section
3056 W. Grand Boulevard, Suite 3-150
Detroit, Michigan 48202

Reimbursement from the Southeastern Michigan Health Association (SEMHA) is based on the understanding that funds will be paid up to the total allocation as agreed to in the approved budget utilizing SEMHA contractor invoices. Invoices are to be submitted by the Contractor to the Program. The invoices will be approved by the Program and will be in sufficient detail to provide the Agency with necessary information for payment for the proper performance of services. Payments regarding this project will be made in two installments: an initial installment (prior to start of project to cover start up fees) and a final installment (following submission of the final report and the final invoice that reflects total actual program expenditures.)

VI. Application Requirements

- a. Completed **Grant Cover Sheet** which contains the following:
 1. Organization Name
 2. Contact Person(Name, address, phone/fax number, email address)
 3. Region/County Represented

- b. **Project Narrative**
(See project narrative below). Narrative should be no more than three pages **NOT** including the budget/ budget justification pages.

- c. **Budget/ Budget Justification**
Budgets expenditures may include: wages & salaries, fringe benefits, travel cost, supplies/materials, contractual and equipment cost. Expenditures classified as “other” must be clearly defined in the budget justification and may **NOT** exceed **10%** of total project expenditures.

- d. **Copy of the Organizations 501 (C) 3 documentation, if applicable**

- e. **Documentation of Indirect Cost Approval Eligibility, if applicable**
Indirect costs which are not supported by acceptable documentation will not be paid until acceptable documentation is received by the Department. Administrative cost distributions which are not supported by an acceptable indirect cost rate should not be budgeted and will not be reimbursed. Agencies should be advised to apply the administrative costs to the appropriate budget category or remove them from the budget.

VII. Project Narrative Template: Narrative should be no more than three pages **Not** including the budget pages. Narrative should be typed in 12-point font (Times New Roman, Arial, Courier are traditional font formats) and should contain the following:

1. Organizational description and history including: leadership, capacity and experience working in the communities and with one or more of the five target racial/ethnic populations, and outline recent experience in conducting health related forums/events.
2. Describe skills, experience and training of staff included in project to include:
 - a. Cultural and Linguistic Competency Training
 - b. Multi-Lingual Fluency
3. Please document on included form, information relating to any Subcontracts and/or Partnerships/collaborations that will be required to conduct health related forums/events.
4. Submit a timeline for the completion of tasks and activities.
5. Discuss how you will monitor expenditures related to the project.

VIII. Selection Process

Proposals submitted to the Division of Health, Wellness and Disease Control, Health Disparities Reduction and Minority Health Section in response to this RFP will be reviewed utilizing an OBJECTIVE REVIEW PANEL (ORP). A selection review committee will be appointed by the HDRMHS Manager and will be comprised of individuals who have expertise and experience in relevant areas. Reviewers will be required to disclose any potential conflict of interest, and review assignments will be made in light of the information received regarding a potential conflict of interest by a reviewer. All proposals will be scored by reviewers according to pre-established scoring criteria. Scoring criteria will be responsive to the requirements of this RFP mini-grant. The relative weight that each component of the proposal will receive in the review process is described below. Decisions will be based on the following criteria:

Organization Background/Experience:	20
Project Description:	40
Collaborations/Partnerships:	20
<u>Budget/ Budget Justification:</u>	20
Total Possible Points:	100

MDCH/HDRMHS reserves the right to consider additional criteria in the ORP scores in making final decisions regarding programming and award levels. Other criteria which may be utilized for consideration may include, but is not limited to: resource availability, agency capacity, past performance of the applicant in contract implementation (e.g. progress toward reaching objectives, success in targeting and compliance with contractual obligations), and other factors relevant to addressing changing needs and priorities. MDCH/HDRMHS reserves the right to require an applicant to participate in an oral presentation of the scope of work to obtain clarification of ideas presented in the application. In the event an applicant is

required to participate in an oral presentation, the applicant will receive notification of request from MDCH/HDRMHS.

MDCH/HDRMHS will make all final funding and allocation decisions and reserves the right to determine the relative proportion of the overall award devoted to the specific target population. Criteria used in making these decisions include those listed above as considered in making final decisions regarding programming and award level.

IX. Proposal Submission

Please submit applications **no later than 5:00 p.m. EST on January 31, 2011**
Copies must be received by mail, recognized Carrier or hand delivered

Late or emailed proposals will not be considered.

All correspondence should be directed to:

**Jacquetta Hinton
Michigan Department of Community Health
Division of Health Wellness and Disease Control
Health Disparities Reduction/ Minority Health Section
Cadillac Place
3056 W. Grand Boulevard, Suite 3-150
Detroit, Michigan 48202
Telephone: (313) 456-4414
Facsimile: (313) 456-4427
E-mail: hintonjac@michigan.gov**

X. Important Dates/ Timeline:

12/13/10.....RFP Distribution
1/7/11.....Due Date for Letter of Intent to Apply
1/14/2011.....**1-Hour Conference Call**
1/31/11.....Application Deadline
2/14/11..... Award Notification
3/11/11..... Submission of initial contract invoice
4/1/11.....Project Start Date
4/30/11.....Project End Date
5/30/11.....Final contract invoice and final report **Due** no later than

XI. List of Attachments

MDCH requests that Minority Mini-Grant Event host show evidence of collaborations/ partnerships in the coordination and implementation of Minority Health Month events. The following document is included for your convenience:

- (1) Proposal Cover Sheet**
- (2) Collaboration/Partnership Information Sheet**

- XII. Note: Awarded agencies selecting to sponsor events on the Patient Protection and Affordable Care Act-PPACA (health care reform law) must choose from a list of recommended resources for speakers to present information on (PPACA). MDCH will compensate the selected speakers for their time and travel, however if agencies choose to select their own speakers they must list the speaker's qualifications and compensation amount in their budget summary and budget detail. MDCH-HDRMHS reserves the right to make final approval of PPACA speakers not on the HDRMHS approved list.**

**Health Disparities Reduction/ Minority Health Section
Minority Health Month Mini-Grant**

Proposal Cover Sheet

Legal Name of Applying Organization

Address:

(If using Post Office Box, a physical street address must also be used)

City: _____, Michigan ZIP: _____ County: _____

Agency Telephone: (_____) _____ Fax #: (_____) _____

Federal Tax Identification #: _____

Executive Director: _____ Phone: _____

E-mail: _____

Project Manager: _____ Phone: _____

E-mail: _____

Fiscal Officer: _____ Phone: _____

Email: _____

Please indicate the racial/ethnic group(s) for which your organization will identify as the target population for your project. ***Check all that apply:***

African American

Asian American/ Pacific Islander

Arab American/Chaldean

Hispanic/ Latino

Native American/ American Indian

Service Area/ Geographical Location- Please identify the primary community(s) to be served by your project: _____

**Health Disparities Reduction/ Minority Health Section
Minority Health Month Mini-Grant
Collaborations/Partnership Documentation Sheet**

Note: List all agencies that will be involved in a collaborative capacity with your Minority Health Month Event.

Host Agency:

Collaborative Agency Information:

Name: _____ Title: _____

Agency Name:

City: _____, Michigan ZIP: _____ County: _____

Agency Telephone #: (____) _____ Fax: (____) _____

E-mail address:

Collaborative Agency Information:

Name: _____ Title: _____

Agency Name:

City: _____, Michigan ZIP: _____ County: _____

Agency Telephone #: (____) _____ Fax: (____) _____

E-mail address:

Use Additional Sheets if Needed