

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
(Formerly known as the Michigan Department of Community Health)

COMPREHENSIVE CANCER CONTROL UNIT

REQUEST FOR PROPOSAL (RFP)

For

**Cancer Control Community Implementation Projects
2015-2017**

- Component 1: Comprehensive Cancer Control
- Component 2: Colorectal Cancer Control
- Component 3: Breast and Cervical Cancer Control

Issued: May 1, 2015

Application Deadline:

July 31, 2015

12:00 p.m. EST - Noon

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

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Michigan Department of Health and Human Services (MDHHS)

Part 1: Overview Information

RFP Title: Cancer Control Community Implementation Projects 2015-2017

- Component 1: Comprehensive Cancer Control
- Component 2: Colorectal Cancer Control
- Component 3: Breast and Cervical Cancer Control

Issue Date: May 1, 2015

Issuing Organization: The Michigan Department of Health and Human Services (MDHHS) is the sole point of contact regarding all matters relating to this RFP selection process.

Technical Assistance for Request for Proposal (RFP): Questions may be asked in two ways:

1. Interested parties may email questions regarding the RFP and its requirements to Sandie Richardson at RichardsonS2@michigan.gov before June 5, 2015. Responses to all questions will be posted at www.michigan.gov/cancer.
2. Two Technical Assistance calls will be held to address questions concerning this RFP. These conference calls will be held on:
 - May 20, 2015 from 2:00 p.m. to 3:00 p.m. EST
 - June 5, 2015 from 10:00 a.m. to 11:00 a.m. EST
 - **Conference call phone number:** 1-877-336-1828 Pass Code: 3288992#

Answers to emailed questions and questions asked during the conference calls will be posted on the website at www.michigan.gov/cancer. There will be no individual responses or replies to e-mails.

Submittal Information

RFP Components: Eligible applicants may apply for 1, 2 or 3 components.

Notice of Intent to Apply (requested but not required): A brief e-mail indicating intent to apply is requested and should be sent to RichardsonS2@michigan.gov by **Tuesday June 30, 2015**. Indicate which component(s) the proposal will include. A confirmation e-mail will be sent within 2 business days.

Application Deadline: Completed proposals are due **at Noon EST on July 31, 2015** via e-mail to RichardsonS2@michigan.gov. Proposals received after this date and time will not be scored or considered for funding. A confirmation e-mail will be sent within 2 business days.

Special Instructions

1. Read the entire RFP and follow the format required when preparing a response.
2. Provide complete responses to all sections in a clear, concise manner. Do not assume MDHHS or the review committee is familiar with 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.**
3. Note the specific instructions for applying for more than one component.
4. Note limitations for applying for components 1, 2, and 3 found on pages 6 - 7 of this RFP.
5. Use the budget worksheets provided in the budget section of this document.
6. Budget must include a cost sharing (in-kind) of at least 10%.
7. Note all dates and times in this document and submit all required items by the deadlines.
8. A revised work plan or budget may be required as a condition of funding.
9. An applicant may not contact any member of the review committee except at the request of MDHHS. Note: The committee may request clarification by telephone interview and use the results in scoring a proposal.

Part 2: RFP CHECKLIST

1. _____	Read the entire RFP. Note important items such as application requirements, proposal submittal date, technical assistance calls, funding amounts, and grantee requirements.
2. _____	If you are interested in applying for more than one component, carefully read the instructions regarding eligibility and requirements for submitting more than one proposal.
3. _____	<p>If submitting proposals for more than one component:</p> <ul style="list-style-type: none"> • Complete the first five proposal sections <u>only once</u> as indicated in the chart on page 5. • All other sections must be completed for <u>each</u> component submitted. • Additional instructions are found in Part 5 of this RFP.
4. _____	<p>Ask questions you have regarding this RFP and its requirements:</p> <ul style="list-style-type: none"> • Ask clarifying questions to obtain a better understanding of the project or to notify MDHHS of any ambiguities, inconsistencies, or errors in the RFP. • Questions can be emailed to RichardsonS2@michigan.gov by Friday, June 5, 2015. Responses to submitted questions will be posted on line at www.michigan.gov/cancer. There will be no individual responses or replies to e-mails. • Questions also can be asked during either of two conference calls: <ul style="list-style-type: none"> • May 20, 2015 from 2:00 p.m. to 3:00 p.m. EST • June 5, 2015 from 10:00 a.m. to 11:00 a.m. EST <ul style="list-style-type: none"> ▪ Conference call phone number: <u>1-877-336-1828</u> ▪ Pass Code: <u>3288992#</u> <p>Answers to all emailed questions and questions asked during conference calls, will be posted on the website at www.michigan.gov/cancer.</p>
5. _____	<p>Submit a Notice of Intent to Apply via e-mail to RichardsonS2@michigan.gov (requested but not required). Indicate which component(s) the proposal will include.</p> <p style="text-align: center;"><i>Notice of Intent to Apply is due by June 30, 2015.</i></p>
6. _____	<p>Follow all formatting instructions when submitting the proposal.</p> <ul style="list-style-type: none"> • Page and margin sizes: 8.5" x 11" with 1-inch margins, single-spaced. • Font size; Calibri, 11-point unreduced. • Use Bold headings for each section to assist reviewers in finding and scoring each component. • See each section for page limits.
7. _____	<p>Provide complete answers and descriptions. Don't assume the reviewer is familiar with applicant capabilities. Proposals are evaluated solely on the information and materials provided in the proposal. A reviewer's outside knowledge of an organization will not be considered in the scoring process.</p>

8. _____	<p>Respond to all sections clearly and concisely. Provide complete answers and descriptions for all questions. Applications with missing sections or unanswered questions will not be scored or considered for funding.</p> <table border="1" data-bbox="365 331 1398 1577"> <thead> <tr> <th data-bbox="365 331 1187 407">Proposal Requirements</th> <th data-bbox="1187 331 1398 407">Component Requirements</th> </tr> </thead> <tbody> <tr> <td data-bbox="365 407 1187 764"> _____ Cover Sheet (Attachment 1) _____ Program Background and Need <ul style="list-style-type: none"> • Population • Cancer burden _____ Intent to Pursue Health Equity Strategies _____ Capacity _____ Letter(s) of Support (<i>optional</i>) </td> <td data-bbox="1187 407 1398 764" style="text-align: center; vertical-align: middle;">Submit Once</td> </tr> <tr> <td data-bbox="365 764 1187 1577"> _____ Project Abstract Summary _____ Implementation Strategy _____ Project Work Plan <ul style="list-style-type: none"> • Project Work Plan Form (Attachment 2) • Work Plan Narrative <ul style="list-style-type: none"> ○ Purpose of the Project ○ Target Population ○ Implementation Process ○ Implementation Timeline ○ Data Collection ○ Collaborative Process _____ Evaluation Plan _____ Sustainability Plan _____ Budget <ul style="list-style-type: none"> • Budget Narrative • Budget Worksheet B.1 - Program Budget Summary (Attachment 3) • Budget Worksheet B.2 - Program Budget – Cost Detail Schedule (Attachment 4) </td> <td data-bbox="1187 764 1398 1577" style="text-align: center; vertical-align: middle;">Submit for Each Component</td> </tr> </tbody> </table>	Proposal Requirements	Component Requirements	_____ Cover Sheet (Attachment 1) _____ Program Background and Need <ul style="list-style-type: none"> • Population • Cancer burden _____ Intent to Pursue Health Equity Strategies _____ Capacity _____ Letter(s) of Support (<i>optional</i>)	Submit Once	_____ Project Abstract Summary _____ Implementation Strategy _____ Project Work Plan <ul style="list-style-type: none"> • Project Work Plan Form (Attachment 2) • Work Plan Narrative <ul style="list-style-type: none"> ○ Purpose of the Project ○ Target Population ○ Implementation Process ○ Implementation Timeline ○ Data Collection ○ Collaborative Process _____ Evaluation Plan _____ Sustainability Plan _____ Budget <ul style="list-style-type: none"> • Budget Narrative • Budget Worksheet B.1 - Program Budget Summary (Attachment 3) • Budget Worksheet B.2 - Program Budget – Cost Detail Schedule (Attachment 4) 	Submit for Each Component
Proposal Requirements	Component Requirements						
_____ Cover Sheet (Attachment 1) _____ Program Background and Need <ul style="list-style-type: none"> • Population • Cancer burden _____ Intent to Pursue Health Equity Strategies _____ Capacity _____ Letter(s) of Support (<i>optional</i>)	Submit Once						
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9. _____	Review your proposal to be certain all requirements are addressed. The electronic copy must be complete.						
10. _____	<p>Submit application via email to RichardsonS2@michigan.gov by the deadline. Late proposals will not be scored or considered for funding.</p> <p>Applications due: July 31, 2015 by 12:00 p.m. - Noon</p> <p>Proposals received after 12:00 p.m. - Noon on July 31, 2015 will not be scored or considered for funding.</p>						

Part 3: Funding, Eligibility and Selection Processes

A. Background and Purpose

The purpose of this RFP is to increase local implementation activities for cancer prevention and control as well as breast, cervical and colorectal cancer screening. Many of the strategies identified are part of *Michigan's Cancer Plan 2009-2015*. The *Michigan Cancer Plan* goals and objectives are Michigan's top priorities for comprehensive cancer control. By working together, significant impact can be made to improve Michigan's cancer morbidity, mortality and survivorship.

All proposals must focus on a minimum of one evidence-based strategy as identified in Part 4 of this RFP.

B. Funding Availability

The MDHHS Cancer Prevention and Control Section receives funding from The Centers for Disease Control and Prevention (CDC). The ability to fund these proposals, and the total number of grant agreements awarded, will be based on the level of funding provided by the CDC and the quality of the proposals received. Submission of a proposal does not guarantee funding.

C. Funding Levels

The project grant period is November 1, 2015 through September 30, 2017. It will be administered in two separate annual contracts based on the State's fiscal year of October 1st through September 30th. Maximum funding for each component is \$40,000 per year.

- Year 1 funding will cover November 1, 2015 through September 30, 2016.
- Year 2 funding will be based on the availability of funds and evidence of satisfactory Year 1 progress by the awardee as documented in required reports. If awarded, Year 2 funding will cover October 1, 2016 through September 30, 2017. Applicants will be required to submit a satisfactory work plan and budget to receive Year 2 funding.

D. Components 1, 2 and 3

Eligible applicants are allowed to apply for funding in more than one of the components described below. However, one application per component is the limit. An organization could receive up to:

- \$40,000 per year (\$80,000 for two years) if funded for one component.
- \$80,000 per year (\$160,000 for two years) if funded for two components.
- \$120,000 per year (\$240,000 for two years) if funded for three components.

See Part 4 for more information.

Component 1 - Comprehensive Cancer Control:

- It is anticipated that a minimum of four Comprehensive Cancer Control Community Implementation agreements will be awarded.
- Organizations currently funded for two or more years with Comprehensive Cancer Control Community Implementation funding are eligible to apply for this funding, but **only** with a new project focus.

Component 2 - Colorectal Cancer Control:

- It is anticipated that a minimum of one Colorectal Cancer Screening Community Implementation agreement will be awarded.
- SPECIAL INSTRUCTIONS: Based on CDC requirements, organizations applying for funding in this component are REQUIRED to use **TWO** of the following prevention strategies.
 - 2.1 Reducing Structural Barriers
 - 2.2 Client Reminders Systems
 - 2.3 Provider Reminder and Recall Systems
 - 2.4 Provider Assessment and Feedback

Component 3 - Breast and Cervical Cancer:

- It is anticipated that a minimum of three Breast and Cervical Cancer Screening Community Implementation agreements will be awarded.
- Funding for these projects is provided by the Michigan Breast and Cervical Cancer Control Program (BCCCP). As a part of receiving funding, applicants will agree to assess and refer low-income women to the BCCCP for screening and diagnostic services.
 - More information about the BCCCP can be found at <http://tinyurl.com/BCCCP2015>
- If your organization is a Local Coordinating Agency under the BCCCP program, you are ineligible to apply for Component 3.

E. Funding Restrictions

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

- Research – if research is proposed, the application will not be reviewed. For the 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 and care, or building projects.
- Furniture or equipment exceeding \$500 without a detailed explanation in the application's 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 the primary way of implementing strategies will not be considered. All strategies must be based on evidenced-based intervention(s).

Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual. 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, according to the budget instructions (Attachment 6).

Eligible Applicants:

Eligible applicants include Michigan-based organizations serving Michigan residents. This includes, but is not limited to, public health departments, health systems, community-based organizations, and Michigan Cancer Consortium members. See Section D for eligibility limitations for specific components.

F. Criteria for Awards:

Selection criteria will be based on:

- The quality of the Project Work Plan including the Narrative and the Project Work Plan Form (Attachment 2) that includes measurability of objectives.
- Composite review scores for each proposal.
- Geographic balance.
- In Component 1, consideration will be given to a balance of projects from the Prevention, Early Detection, Survivorship and Disparities in Health Care sections described in Part 4 of this RFP.

G. Proposal Scoring and Evaluation Criteria

Proposals will be reviewed by MDHHS Cancer Program staff and other reviewers knowledgeable in public health and cancer control and will be scored against criteria stated in Section G on Page 8. An applicant may not contact any member of the review committee except at the request of MDHHS. The committee may request clarification by telephone interview, and use the results in scoring the proposal.

Proposals will be scored on the extent to which a proposal addresses the requirements described in this RFP. The maximum number of points a proposal may receive is indicated below. **To be considered for an award, a proposal must score at least 80 points**, unless the review committee determines it is in the best interest of MDHHS to make an award to an applicant that scores less than 80 points.

Requirement:	Maximum Possible Points
Proper Formatting	5
Cover Sheet	Not scored, but required with submission
Program Background and Need	5
Intent to Pursue Health Equity Strategies	10
Capacity	10
Letter(s) of Support	Not scored or required
Project Abstract Summary	5
Implementation Strategy	10
Project Work Plan	30
Evaluation Plan	20
Sustainability Plan	5
Budget Worksheets B.1 & B.2	Not scored, but required with submission
Budget Narrative	Not scored, but required with submission
Total Possible Points:	100 points

Part 4: 2015-2017 Community Implementation Focus

Strategies for each component are listed below. Applicants are allowed to apply for funding for 1, 2, or all 3 components, but may only submit one application for each component. **Important:** If you plan to address more than one component you must submit a separate proposal for each as specified in Part 5.

Within each component applied for, organizations can choose more than one evidence-based strategy.

- e.g., 1.6 Lung Cancer Screening (*Component 1 - Early Detection*) and 1.1 Smoking Cessation (*Component 1 - Prevention*)
- e.g., 2.1 Reducing Structural Barriers (*Component 2 – Prevention*) and 2.4 Provider Assessment and Feedback (*Component 2 – Prevention*)

However, a single proposal cannot use strategies in more than one component.

- e.g., 1.2 HPV Vaccination (*Component 1 – Prevention*) and 3.2 Cervical Cancer Client Reminder Systems (*Component 3 – Prevention*)
- e.g., 1.7 Provide Patient Navigation Services (*Component 1 – Early Detection*) and 2.1 Reducing Structural Barriers (*Component 2 – Prevention*)

The MDHHS Cancer Prevention and Control Section is requesting proposals related to the following evidence based strategies:

Component 1: Comprehensive Cancer Control

Prevention Strategies	Source
1.1 Smoking Cessation: Provider Reminder Systems & Electronic Referrals to Evidence-Based Cessation Services	<ol style="list-style-type: none"> 1. Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline 2. Integrating Tobacco Quitlines Into Health Care: Massachusetts, 2002-2011
1.2 HPV Vaccination: Increase Provider Recommendations and Series Completion	<ol style="list-style-type: none"> 1. The Community Guide- Vaccination Programs in WIC Settings 2. The Community Guide- Client Reminder and Recall Systems 3. The Community Guide- Community-Based Interventions Implemented in Combination 4. The Community Guide- Provider- or System-Based Interventions
1.3 Healthy Lifestyles: Skin Cancer Prevention	<ol style="list-style-type: none"> 1. The Community Guide- Preventing Skin Cancer: Education and Policy Approaches 2. The Community Guide- Preventing Skin Cancer: Community-Wide Interventions – Multicomponent Community-Wide Interventions 3. US Preventive Services Task Force: Skin Cancer Behavioral Counseling
1.4 Breast Cancer Prevention Medication: Shared Decision Making	<ol style="list-style-type: none"> 1. US Preventive Services Task Force: Medications for Risk Reduction 2. National Comprehensive Cancer Network (NCCN) – Breast Cancer Risk Reduction; Note: NCCN links require a free registration

Early Detection Strategies	Source
1.5 Family History Information: Collection, Documentation and Referrals for Genetic Counseling for Hereditary Cancers	<ol style="list-style-type: none"> 1. US Preventive Services Task Force: BRCA-Related Cancer 2. National Comprehensive Cancer Network: Familial High Risk Assessment: Breast and Ovarian; 3. National Comprehensive Cancer Network: Familial High –Risk Assessment: Colorectal <p>Note: NCCN links require a free registration</p>
1.6 Lung Cancer Screening: Increase Referrals for Screening and Tobacco Cessation	<ol style="list-style-type: none"> 1. US Preventive Services Task Force- Lung Cancer: Screening 2. Medicare- Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography
Diagnosis and Treatment Strategies	Source
1.7 Provide Patient Navigation Services: Diagnostic, Treatment, Clinical Trials and Follow-up Care	<ol style="list-style-type: none"> 1. Patient Navigation Toolkit 2. Growing a Navigation Program
1.8 Clinical Trials: Increase Participation in Cancer Clinical Trials	The National Cancer Institute-American Society of Clinical Oncology Cancer Trial Accrual Symposium: Summary and Recommendations
1.9 Improve Demographic Data Collection to Address Health Inequities	US Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, Sex, and Disability Status
Survivorship Strategies	Source
1.10 Survivorship Care Plans: Provided to Survivors and Primary Care Providers	American Society of Clinical Oncology: Cancer Survivorship
1.11 Healthy lifestyles: Prevention of Cancer Re-occurrence and Secondary Cancer in Cancer Survivors <i>Increasing physical activity, nutrition, and tobacco cessation interventions</i>	<ol style="list-style-type: none"> 1. National Comprehensive Cancer Network: Survivorship: Preventive Health: Healthy Lifestyles: Physical Activity 2. National Comprehensive Cancer Network: Survivorship: Preventive Health: Healthy lifestyles: Nutrition and Weight Management 3. National Comprehensive Cancer Network: Smoking Cessation <p>Note: NCCN links require a free registration</p>

Component 2: Colorectal Cancer Control - Must choose a minimum of 2

Early Detection Strategies	Source
2.1 Reducing Structural Barriers	The Community Guide- Client Oriented Interventions
2.2 Client Reminder Systems	The Community Guide- Client Oriented Interventions
2.3 Provider Reminder and Recall Systems	The Community Guide – Provider Reminder Interventions
2.4 Provider Assessment and Feedback	The Community Guide-Provider Assessment and Feedback

Component 3: Breast and Cervical Cancer Control

Early Detection Strategies	Source
3.1 Patient Navigation: Reducing Structural Barriers	The Community Guide- Client Oriented Interventions
3.2 Client Reminder Systems	The Community Guide- Client Oriented Interventions
3.3 One-on-One Education	The Community Guide- Client Oriented Interventions
3.4 Provider Reminder and Recall Systems	The Community Guide – Provider Reminder Interventions
3.5 Provider Assessment and Feedback	The Community Guide-Provider Assessment and Feedback

Part 5: Proposal Requirements

Incomplete applications will not be scored or considered for funding.

IMPORTANT-information if applying for MORE THAN ONE component:

Proposal Requirements Table

Proposal Requirements	Submission Requirements
<p>1. These requirements must be completed <u>only once</u> and will be added to each component as it is reviewed. This includes:</p> <ul style="list-style-type: none"> • Cover Sheet (Attachment 1) • Program Background and Need • Intent to Pursue Health Equity Strategies • Capacity • Letters of support – Optional 	Submit Once
<p>2. These requirements must be completed for <u>EACH</u> component for which you are applying. Read and follow directions carefully.</p> <ul style="list-style-type: none"> • Project Abstract Summary • Implementation Strategy • Project Work Plan <ul style="list-style-type: none"> ○ Project Work Plan Form (Attachment 2) ○ Project Work Plan Narrative <ul style="list-style-type: none"> ▪ Purpose of the Project ▪ Target Population ▪ Implementation Process ▪ Implementation Timeline ▪ Data Collection ▪ Collaborative Process • Evaluation Plan • Sustainability Plan • Budget <ul style="list-style-type: none"> ○ Budget Worksheet B.1 – Program Budget Summary (Attachment 3) ○ Budget Worksheet B.2 - Program Budget – Cost Detail Schedule (Attachment 4) ○ Budget Narrative 	Submit for Each Component

Proposal formatting if applying for MORE THAN ONE component:

<p>First section to include:</p> <ul style="list-style-type: none">• Cover Sheet (Attachment 1)• Program Background and Need• Intent to Pursue Health Equity Strategies• Capacity• Letters of support – optional
<p>***-----Insert Page Break Here-----***</p>
<p>First component proposal</p> <ul style="list-style-type: none">• Clearly label the component and strategy(s), e.g., <i>Component 1 Proposal: Smoking Cessation Provider Reminders</i>.• Include the requirements from #2 in the Proposal Requirements table on the previous page.
<p>***-----Insert Page Break Here-----***</p>
<p>Second component proposal (if applying for MORE THAN ONE component)</p> <ul style="list-style-type: none">• Clearly label the component and strategies, e.g., <i>Component 2 Proposal: Client Reminder Systems, and Provider Assessment and Feedback</i>.• Include the requirements from #2 in the Proposal Requirements table on the previous page.
<p>***-----Insert Page Break Here-----***</p>
<p>Third component proposal (if applying for MORE THAN TWO components)</p> <ul style="list-style-type: none">• Clearly label the component and strategy(s), e.g., <i>Component 3 Proposal: Patient Navigation: Reducing Structural Barriers</i>.• Include the requirements from #2 in the Proposal Requirements table on the previous page.
<p>***Save as one complete document and submit***</p>

A. Proposal Formatting (5 points)

1. Page and margin sizes: 8.5" x 11" with 1-inch margins, single spaced.
2. Font size: Calibri, 11 point unreduced.
3. Use **Bold** headings for each section to assist reviewers in finding and scoring each component.
4. See each section for page limits.

B. Cover Sheet – Attachment 1 (Required but not scored)

Complete only once.

Complete the entire two page cover sheet.

1. The Contact Person(s) is the person(s) responsible for implementing the community implementation project and must be available for communication or questions about the project. The contact person(s) may be different than the person who is authorized to sign contracts.
2. Specify for which component(s) you are applying.
3. Funding Request is the amount of money you are requesting. If applying for more than one component you need to enter a budget amount for each component.
4. Specify which Community Implementation Strategies you address in your proposal from the list provided (check all that apply).
5. The Signature line requires the signature of the official authorized to commit your organization to a contract. This may be different than the contact person.

C. Program Background and Need (5 points total) - (1 page, maximum)

Complete only once.

1. **Population:** Describe the population, including demographic characteristics (e.g. race, ethnicity, education level, income), in the geographic area covered by this proposal.
2. **Cancer Burden:** Describe the cancer burden of the population in the geographic area.

D. Intent to Pursue Health Equity Strategies (10 Points total) - (1-2 page, maximum)

Complete only once.

The MDHHS Cancer Prevention and Control Section is committed to the elimination of health inequities. All applicant agencies must submit a statement that outlines the applicant's intent to address health disparities and inequities. The statement (1-2 pages) must:

- a. Explain the extent to which health disparities are manifested within the health status (i.e., morbidity and/or mortality) or health system (i.e., accessibility, availability, affordability, appropriateness of health services) for the population addressed by this proposal.
- b. Identify specific groups in the identified service area that experience a disproportionate burden of cancer and addressed by this proposal.
- c. Identify specific social and environmental conditions (social determinates) which lead to the identified health disparities.
- d. Discuss health equity and social justice strategies within the scope of the RFP that will significantly improve outcomes. These strategies must be supported by data.

Definitions:

- **Health Disparities:** Measured health differences between two populations, regardless of the underlying reasons for the differences.
- **Health Inequities:** Differences in health across population groups that are systemic, unnecessary and avoidable, and are therefore considered unfair and unjust.
- **Health Equity:** Fair, just access to opportunities and social resources needed to achieve well-being.
- **Social Determinants of Health (SDOH):** Social, economic and environmental factors that contribute to overall health of individuals and communities.

For More Information:

- To learn more about health equality and social justice issues in Michigan and in support of Michigan PA 653 of 2006, see <http://www.Michigan.gov/minorityhealth>.

E. Capacity (10 Points total) – 1 page maximum
Complete only once.

Describe current activities that demonstrate capacity to complete the proposed project(s) and activities. Demonstrate support of management to provide necessary resources and authority for project success. Discuss the availability of necessary technology and expertise to facilitate implementation.

F. Project Abstract Summary (5 Points Total) – 1 page maximum per component
A separate Project Abstract Summary is required for each component submitted.

Project abstracts may be used in MDHHS or Michigan Cancer Consortium communications, as well as, reports to the CDC. The project abstract must be a stand-alone document that summarizes the proposed project, including the project's purpose and outcomes. The project abstract must be written in language suitable for the general public.

The intent of the abstract is to share how the funded projects will improve Michigan's cancer morbidity, mortality and survivorship.

G. Implementation Strategy – (10 Points Total) – 2 page maximum for each component
A separate Implementation Strategy write-up is required for each component submitted.

Identify which strategies in Part 4 you have selected. You may select more than one strategy within the same component to build your proposal (e.g. *lung cancer screening & smoking cessation provider reminders*). For each strategy selected, describe how your proposed intervention fits with your community's cancer burden, the need for the intervention, and the data that supports that need.

H. Project Work Plan (30 Points Total) – 11 page maximum (excludes Work Plan Form(s))
A separate Project Work Plan is required for each component submitted.

1. **Project Work Plan Form(s) (Attachment 2)** - Complete Work Plan Form(s)
 - a. Objectives should be SMART (Specific, Measurable, Achievable, Realistic, and Time phased). The form is designed to help you develop SMART objectives.
 - b. Complete one form for each project objective.
3. **Work Plan Narrative** - Provide a clear and concise description of the proposed project or activities used to build your Project Work Plan form, including each of the sections below.
 - a. **Purpose of the Project:** Describe what this project will accomplish.
 - b. **Target Population:** Describe your proposal's target population (e.g., men and women ages 50-75).
 - c. **Implementation Process:** Summarize the process you will use to implement your project.
 - d. **Implementation Timeline:** Provide a timeline showing when you will complete the program activities described in your work plan. Include both Years 1 and 2. If Institutional Review Board (IRB) approval is needed please factor into the timeline.
 - e. **Data Collection:** Explain the data measures and data sources for your objective(s). How will you measure the success of your interventions? What is your baseline and how was the baseline identified? What is your target? How did you determine the target? How will the data be collected, when will it be collected, and who will collect it?
 - f. **Collaborative Process:** Describe internal/external partners that will assist in the implementation of this proposal. Briefly describe the contribution each person/organization will make in the implementation of the proposal and any resources they are committing to the project.

I. Evaluation Plan (20 Points Total) – 2 page maximum
A separate Evaluation Plan is required for each component submitted.

Describe how you will determine the effectiveness of your project, including:

- The key evaluation questions.
- The type of evaluation(s) (i.e. process, outcome, or both) you plan to conduct.
- How you will use your evaluation of Year 1 activities to make changes (if needed) in the Year 2 work plan in order to achieve project success?
- How do you plan to share your data and successes with partners and the community?
- Roles of key partners who will be involved in project evaluation.

J. Sustainability Plan (5 Points Total) – 1 page maximum

A separate Sustainability Plan is required for each component submitted.

Describe how the initiative will continue once the funding ends.

K. Budget – No page limit

If submitting more than one proposal, a separate budget is required for each component submitted.

1. Budget Notes:

- a. Budget must include cost sharing (in-kind) of at least 10%.
- b. At least 10% of project funds need to be directed to evaluation of the project.
- c. MDHHS Contract Administrative Guidelines - Funding will be administered through a cost reimbursement grant agreement. This form can be found with this RFP link at www.michigan.gov/cancer. A sample can be found in Attachment 5.

2. Budget Worksheets: The budget worksheets must be completed and submitted with the proposal for Year 1 of your proposal. These worksheets are included in this RFP as Attachments 3 and 4 and can be found at www.michigan.gov/cancer.

- a. Use the project time period of November 1, 2015 to September 30, 2016 for both worksheets.
 - i. Note: During Summer 2016, you will be required to request additional funding for Year 2 based upon successful progress on Year 1 and the continued availability of funds.
- b. Budget Worksheet B.1 - Program Budget Summary – Attachment 3 provides a standard format for the presentation of the financial requirements (both expenditure and funding). The project time period for this worksheet is November 1, 2015 to September 30, 2016. Be sure to include all expenses for the project in this time period. (See Attachment 6 for instructions.)
- c. Budget Worksheet B.2 Program Worksheet – Cost Detail Schedule – Attachment 4 provides the detailed information supporting the Budget Summary and is also required. (See Attachment 6 for instructions.)

3. Budget Narrative:

- a. In addition to the budget worksheets, proposals must include a detailed budget narrative that explains the amounts requested in each line item. Explain why the expense is necessary, how it will contribute to the project and how the amount was calculated. If applicable, provide information on any other funding that has been secured from other sources (other contracts, in-kind donations) for related elements of this project, and briefly describe what gap this funding will fill in achieving the goals and objectives of the project.
- b. Provide a lump-sum budget estimate for the funding necessary to complete the second year of your proposal. During Summer 2016, you will be required to submit an application for continuation funding for Year 2 of this award.

Year 2 funding will be based on the availability of funds and evidence of satisfactory Year 1 progress (as documented in required reports). If awarded, Year 2 funding will begin October 1, 2016 through September 30, 2017. Applicants will be required to submit a satisfactory work plan and budget to receive Year 2 funding.

L. Letter(s) of Support - OPTIONAL (no page limit)

Letters of support may be provided to support your application.

If a community partner is assisting in project implementation, the letter should highlight the partner's role in accomplishing the activities as well as any resources contributed to the project.

Part 6: Notification of Award and Reporting Requirements

A. Notification of Award

All applicants will be notified in writing on or about September 18, 2015.

Grant award decisions will be final, made at the sole discretion of MDHHS, and not subject to protest or appeal. The award process is not completed until the grantee receives a properly executed agreement.

B. Institutional Review Board (IRB)

If your project(s) require IRB approval to complete, please note that MDHHS will also require a review of your institution's IRB approval.

C. Reporting Requirements

- All award recipients will be required to submit quarterly reports for their project(s). Please see timeline in Part 7 for due dates.
- In addition, applicants must submit two summary reports:
 - Year 1 summary and success story.
 - A final report summarizing the work of the two-year project.
- The format for these reports will be sent to successful awardees by August 1st of each contract year and will be due on November 30th of that contract year.

D. Funding for More than One Components

Each funded project (component) will have its own contract with MDHHS.

Part 7: Timeline of Events

Timeline Events	Date	Information
RFP Released	May 1, 2015	www.michigan.gov/cancer
RFP Questions Written question submission deadline <i>Optional</i>	Date June 5, 2015 Time 5:00 p.m. EST	Questions must be emailed to : Richardsons2@michigan.gov Answers to all emailed questions as well as questions asked during the conference calls will be posted on the website at www.michigan.gov/cancer .
Technical Assistance Call – Q & A <i>Optional</i>	May 20, 2015 2:00 p.m. to 3:00 p.m. EST -OR- June 5, 2015 10:00 a.m. to 11:00 a.m. EST	These calls provide an opportunity to ask clarifying questions, obtain a better understanding of the project, or to notify MDHHS of any ambiguities, inconsistency or errors in the RFP. Phone number to call: <u>1-877-336-1828</u> Pass Code: <u>3288992#</u>
Notice of Intent Due <i>Requested but not required</i>	Tuesday, June 30, 2015	A Notice of Intent to apply should be sent to: RichardsonS2@michigan.gov
Proposals Due	Friday, July 31,2015 By 12:00 Noon EST	Proposal(s) must be emailed to: RichardsonS2@michigan.gov A confirmation email will be sent upon receipt.
Grantees Notified of Award	September 18, 2015	
Contracts Start	November, 1,2015	
Quarterly Reports Due:	January 31,2016 April 30,2016 July 31, 2016 October 31, 2016 January 31, 2017 April 30, 2017 July 31, 2017	Submit reports electronically by the due date. Financial status reports are to be submitted by grantees. Frequency to be determined when contract is finalized. Year 1 summary report to be e-mailed to assigned Project Manager by October 31, 2016.
Contracts End	September 30, 2017	
Final Report Due	October 31, 2017	Final Report to be e-mailed to assigned project manager by October 31, 2017.