

**Comprehensive Cancer Control – Community Implementation Project**  
**Request for Proposal (RFP)**  
**Pre-Proposal Conference Call Summary**  
**May 23 & June 4, 2013**

**Purpose of Calls:** Provide overview information about the RFP and answer questions from potential applicants.

**Agenda:**

- Introduction of Call participants (10 Minutes)
  - Name and organizations
  - Note: After the introductions all callers will be placed in a listen only mode while the RFP is explained. Questions will be answered after the RFP has been reviewed.
  
- RFP Review (30 minutes)
  - Note: RFP File limit size is 25 MB. Files above this size might not be received. Please be sure you receive a confirmation email after submission of your proposal.
  - A final version of the RFP will be posted along with questions and answers by June 10, 2013.
  - Changes to RFP points
    - Use of evidenced-based strategies will be increased from 5 to 10 points
    - Work Plan (RFP, Attachment B) will be increased from 10 points to 15.
    - *Refer to revised RFP document page 11.*
  
- Question and Answer period (20 minutes)

**Key RFP Information Covered:**

- Reviewed submittal information and special instructions (See RFP, page 2)
- Reviewed purpose of project (See RFP, page 5)
- Reviewed project funding (See RFP, pages 5)
- Reviewed Funding Restrictions (See RFP, pages 6)
- Reviewed Schedule (See RFP, page 7)
- Reviewed eligible applicants (See RFP, page 8)
- Highlighted review criteria (See RFP, pages 9-13)
- Highlighted budget summary preparation (See pages 12-13)
- Reviewed attachments and appendixes
  - RFP, Attachment A: Cover Sheet (*MS Word version now available for download at <http://www.michigan.gov/cancer>*)
  - RFP, Attachment B: Project Work Plan (*MS Word version now available for download at <http://www.michigan.gov/cancer>*)
  - RFP, Attachment B.1 & B.2 (*MS Word and MS Excel versions are now available for download at <http://www.michigan.gov/cancer>. Note: Excel versions include formulas that will calculate totals as user enters amounts.*)

- RFP, Appendix A: Michigan Cancer Consortium (MCC) Policy Committee and Health Disparities Workgroup Priorities: Sample Intervention Strategies. Full list of priorities available at:  
[http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy\\_HD\\_Priorities\\_01252013.pdf](http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy_HD_Priorities_01252013.pdf)
- RFP, Appendix B: Links
- RFP, Appendix C: Sample Grant Agreement Language
- Referred potential applicants to <http://www.michigan.gov/cancer> for additional budget instructions.
  - **Note: Budget documents in Excel have been uploaded to the website with the RFP. Excel or Word version of budget documents are required.**

### Questions Submitted in Writing:

- Where do I find the RFP questions that have already been submitted on the website?
  - Questions asked in writing or via the conference calls will be posted on the Michigan Department of Community Health (MDCH) cancer page after June 10, 2013 at <http://www.michigan.gov/cancer>
- Do you know if there is any possibility of applying to continue and expand efforts for this project into a second year?
  - Currently funded agencies may apply for this RFP. Proposed projects can build on current work, but must also include interventions chosen from the RFP including one policy strategy and one health disparity strategy. See full list of priorities available at: [http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy\\_HD\\_Priorities\\_01252013.pdf](http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy_HD_Priorities_01252013.pdf)
- Is group-based education permitted as an evidence-based strategy?
  - Any strategy selected must be evidence-based. It is important to make the distinction between group-based education, health fairs, and assemblies. Be sure to use the resources and links listed in Appendix B of the RFP, such as *The Community Guide* and *Research-tested Intervention Programs* or RTIPS, to better understand the evidence-base surrounding different strategies. Whatever strategy is selected, it should have a definitive evidence-base that will support and make the case for the specific project.
  - Please refer to *The Community Guide* definitions for group education, small media and one-on-one education, along with the evidence ratings, using the related link in Appendix B.
- Can you give some examples of past projects and/or what has been funded previously? We are not clear what would be considered a suitable project beyond distribution of small media.
  - To avoid confusion, we will maintain the focus on this current request for proposal. Resources that will be helpful to people in the selection of possible projects in response to this RFP include:
    - The Policy and Health Disparities Priorities document (listed in Appendix B - Links)

- *The Community Guide* (listed in Appendix B – Links)
  - *Research-test Intervention Programs* or RTIPS (Appendix B – Links)
- We are looking to expand our PATH (Personal Action Towards Health) program that is currently being funded for through MDCH. However, when looking at the policy list our only option that would fit to what we are trying to achieve is "provide cancer survivors with a plan and share treatment summary with their primary provider". What would your suggestion be?
  - A requirement of the RFP is that the proposal addresses at least one policy priority and one health disparities priority. As you stated, you may need to consider how the project can be adapted to address the specific priority. Or consider how PATH or perhaps a different project, will allow for a better fit with other priorities.
  - The link to the complete list of policy and health disparity priorities can be found in the RFP, page 5 or at [http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy\\_HD\\_Priorities\\_01252013.pdf](http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy_HD_Priorities_01252013.pdf).

**Questions Asked during May 23, 2013 conference call:**

- Are we confined to the community partners listed on the Michigan Cancer Consortium website?
  - You are not limited to partnering with a Michigan Cancer Consortium member. Be reminded of eligibility requirements for applicants.
  - *See RFP, page 8: Eligible applicants*
- What is the definition of “community collaborations?”
  - One of the goals of this RFP is to encourage collaboration. Partners can be internal or external. Make sure you spell out these partnerships in your applications, including who the partners are, how you will work with them, and what their roles and responsibilities will be. Letters of support should reflect those partnerships; a minimum of one (1) is required.
  - *See RFP, page 5: Collaboration definition*
- Do community partners have to be a 501c3?
  - Partners do not have to be a 501c3.
- Appendix A is a sample of strategies that can be chosen.
  - A link to the complete list of policy and health disparity priorities can be found in the RFP, page 5 or at [http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy\\_HD\\_Priorities\\_01252013.pdf](http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy_HD_Priorities_01252013.pdf).
  - Must provide evidence-base for strategies for proposed policy and health disparity interventions
- We just completed a Comprehensive Community Health Assessment and Community Health Improvement Plan and are now organizing a coalition to implement. One health disparity we identified is low-income, does this qualify?
  - Yes, low-income as a disparity would qualify. Disparity will be defined by local agency/organization.

- According to the RFP, page 6, health fairs or assemblies are not allowed, is group education allowed? Can you give examples of something for group education?
  - Health fairs are not considered evidence-based interventions and should not be the sole focus of a proposal. Health fairs may be used in conjunction with evidenced-based strategies, with an explanation of their use included within the proposal.
  - *The Community Guide* is highly recommended. Make sure the intervention has sufficient evidence and justification, and it aligns with the strategies from the priority list: [http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy\\_HD\\_Priorities\\_01252013.pdf](http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy_HD_Priorities_01252013.pdf).
- Are subcontracts allowed?
  - Subcontracts are allowed. In the budget and narrative there needs to be sufficient description of how the funds will be subcontracted and used.
- Can the funding be used for ovarian cancer programming?
  - Look at the priorities: [http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy\\_HD\\_Priorities\\_01252013.pdf](http://www.michigancancer.org/PDFs/PolicySystemsEnvironChange/Policy_HD_Priorities_01252013.pdf). Primary prevention, family history, and survivorship may all be applicable to ovarian cancer survivors.
- EBT machines at Farmers Markets; does this fit with Section 1.3 under health disparities?
  - You must provide the justification and evidence for your chosen interventions.
- Cover sheet has only a certain number of interventions listed. There are more known evidence-based interventions, why are they not listed?
  - The interventions listed are the priorities chosen by the Michigan Cancer Consortium.
- The RFP states that 10% must be cost sharing. If application is for \$40,000, then that would be \$4,000 in match funds, correct?
  - That is correct.
  - *See RFP, page 12, 8b.*
- How would we apply for Year 2?
  - It will not be another competitive process, though we have not yet determined the process for funding for year two.
  - *See RFP, page 13, 9c which provides information on year 2 funding.*
- Could the 10% of cost sharing be directed towards evaluation? Or, does the MDCH funding have to fund evaluation?
  - Yes, 10% of cost sharing could be directed towards evaluation. This must be clearly explained in the proposal, and reflect dollars spent not in-kind salary of staff.
- Are there salary/wages/contractual funding guidelines?
  - If hiring someone outside of your organization, include it in the contractual line and describe their responsibilities.

- Maternal smoking statistics are very high among the low-income in our area. Do pregnant women count as a disparity?
  - We advise that you use the “low-income population” as a whole as your disparate group.

**Questions Asked during June 4, 2013 conference call:**

- Note: Attachments B.1. and B.2. also have the form numbers DCH-0385 and DCH-0386.
- Can we address multiple policy and health disparity priorities?
  - Yes, you are more than welcome to do more than one priority in each of the two priority groups, as long as the strategies for them are evidence-based and are spelled out in your proposal. The minimum number of interventions is one policy strategy and one health disparity strategy.
- Can we offer honorarium and travel costs for guest speakers?
  - It is not an excluded expense, so you may include in your proposal. Make sure to provide sufficient description of purpose and fund usage in the budget narrative.
- For the overall proposal, how do we write goals for year two? Or, should we just focus on year one in this proposal?
  - It has not been determined how the application process for year two will work yet, but it will not be another competitive process. It would be wise to describe your goals clearly for the second year, but use your judgment given page limitations. The focus of the work plan goals should be on year 1.
- The RFP does not mention whether we should use PDF or Word; is there a requirement?
  - There is no requirement, just be conscientious of file size. Our system cannot accept files over 25 MB; we will accept ZIP files.
- The RFP does not mention whether the proposals are to be single- or double-spaced. Is there a requirement?
  - Proposals are to be double-spaced. *Refer to revised RFP document page 9, proposal formatting.*
- Is cost-sharing to be a hard-match or soft-match?
  - The dollars must be a hard-match, meaning actual money your organization puts forth; not a soft-match of in-kind contributions.
- You said the 10% of cost-sharing could be put towards evaluation, and that the dollars must be a hard-match, but evaluation seems like a soft-match to me. Can you please clarify?
  - If 10% of cost-sharing is put towards evaluation, it should not be in-kind such as staff. In this case, evaluation staff should be listed with other personnel in the budget and explained in the narrative.
- The RFP budget section, page 12, item 8 a.i. says the budget will cover two years. So, do we submit it for a total of \$80,000?

- No. Refer to item 8 a. on page 12 which states the budget forms should cover the first year of the budget. On page 13, item 9c you are instructed to provide a lump-sum budget estimate for the second year in the budget narrative. *Refer to revised RFP document page 12, for clarification.*