REQUEST FOR APPLICATIONS (RFA)

Issue Date: 9/29/2022 RFA No. VDH-23-024-0071

Project Title: Henrico Doula

Issuing Agency: Richmond and Henrico Health Districts

400 E. Cary

Richmond Virginia, 23219

Contact Information: Margo Webb, BSW, MPA

Director of Community Programs

804-482-5452

margo.webb@vdh.virginia.gov

Initial Period of Grant Funding: July 1, 2022 - June 30, 2023.

Award Floor: \$10,000

Award Ceiling: \$200,000

Application Due Date: October 7, 2022

All Inquiries for Information Should Be Directed to **Program Manager** per contact information above.

Richmond and Henrico Health Districts
Attn. Margo Webb
400 E. Cary
Richmond Virginia, 23219

In compliance with this Request for Applications (RFA) and all conditions imposed in this RFA, the undersigned firm hereby offers and agrees to furnish all goods and services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation. The undersigned firm hereby certifies that all information provided below and in any schedule attached hereto is true, correct, and complete.

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against a bidder or offer or because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

Section 1: AWARD INFORMATION

Purpose of Request for Applications (RFA)

The purpose of this Request for Applications (RFA) is to establish contracts through competitive applications with Local Doula agencies to provide Doula services and/or Doula training in Henrico County.

The purpose of the program is to provide financial support to contracted programs who provide Doula training, and Doula services to pregnant persons in the Henrico County area who meet defined eligibility requirements.

VDH anticipates notifying applicant organizations of funding decisions by 10/14/2022.

Period of Performance is July 1, 2022 - June 30, 2023.

Section II: PROGRAM BACKGROUND

Henrico County and the Henrico County Health District have partnered to fund doula services to improve pregnancy, birth, and postpartum outcomes for Black women during COVID-19. Pregnant people with COVID-19 have an increased risk of severe illness and preterm birth, and black women and infants are already 2-3X more likely to die than white women and babies. (CDC) Existing disparities are also greater during COVID-19, when pregnancy and postpartum resources are harder to access. Doulas are trained non-clinical birth workers who will provide relationship-based support as well as COVID education and mitigation, including preventive, testing, quarantine, and healthcare resources as needed.

To help address these adverse outcomes for black women and infants the Henrico Health Districts will provide financial support to contracted programs who provide either doula training, and/or doula services to pregnant persons in the Henrico County area who meet defined eligibility requirements.

Section III: ELIGIBILITY INFORMATION

Minimum Eligibility Requirements

To be eligible for this funding organizations must be an established Doula Agency with a record of providing Doula Service or Training in Henrico County.

Section IV: PROGRAM REQUIREMENTS

The specific goals of Henrico Doula program:

- Improve infant mortality rates among black population
- Increase Doula Services among our intended applications.
- Support Doula certification and training.

Scope of Work/Services

Doula Service Providers should be able to:

- Provide 24 hour contact
- Provide comprehensive birth and postpartum doula training
- Collect, maintain and provide for each trainee demographic information to include race, ethnicity, zip code, age, and education.
- Provide for each client, a trained birth and postpartum doula self-identifying as African American/Black who meets the above specified minimum doula training requirements.
- Provide clients, childbirth education and support services which include emotional and physical support during prenatal visits (up to 4), support during labor and delivery, and postpartum visits (up to 4).

Doula Training Providers should be able to:

- Provide Doula training that is approved under the Virginia Certification Board to prepare students to become Virginia State Certified doulas.
- Provide students with a Certificate of Completion and other appropriate curriculum documentation.

Reporting Requirements

The following information shall be documented into a district database provided as part of this agreement within 48 hours of enrollment and/or providing services.

Contractor shall collect, maintain and provide screening and intake documentation to include the following for clients served under this agreement:

- o Client's full name OR First and Last initials
- o Client's full address OR Limited Address (City, state, zip code)
- Unique client identifier (generated by District Database)

Contractor shall collect, maintain and provide for each visit documentation to include:

- o Date of visit
- Total amount of time spent with the client
- o A full description of all care, education and services provided

Contractor shall collect, track and provide additional data for each client served under this agreement to include:

- Health history pregnant person
- Infant nutrition source
- Newborn birth weights
- Duration of gestation
- Birth outcomes (vaginal delivery or cesarean section)
- Birth plan information
- o Referrals to other services and coordination with other relevant agencies and County programs
- o All other fields marked as required in the District Database

Budget Requirements

Budget Line Item Categories

These categories and formats are being provided to ensure appropriate ordering of budget categories and placement of line items. The descriptions under each are examples of allowable costs. Specific line items and costs are negotiated in your initial contract with any modifications requiring approval.

1. Doula Services:

This includes costs for staff paid under the grant that are employees of your agency. This may include administrative costs and be listed as cost per client.

2. Doula Training:

This includes costs for staff paid under the grant that are employees of your agency. This may include administrative costs and overhead to provide training.

Section V: APPLICATION SUBMISSION INFORMATION

Application Date and Time of Submission

In order to be considered for selection, an applicant must submit completed applications no later than **11:59 pm on** *October 7, 2022.* Responses received after the submission due date and time will not be accepted.

Application Submission Instructions

Applications must be submitted electronically through email as follows:

Applicants must be registered with eVA in order to submit an application. To register in eVA, go to https://eva.virginia.gov/register-now.html If your organization is already registered in eVA, you are strongly encouraged to login to eVA to verify your eVA registration status is active and your account information is correct before you upload your application response.

Email Application Submission: The application and any required forms shall be emailed to:

Margo Webb, BSW, MPA Director of Community Programs 804-482-5452 margo.webb@vdh.virginia.gov

Richmond Virginia, 23219

Application Preparation Instructions

Failure to submit all information requested may result in RHHD requiring prompt submission of missing information and/or giving a lowered evaluation of the application. Applications that are substantially incomplete or lack key information may be rejected by RHHD. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.

Applications should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFA. Emphasis should be placed on completeness and clarity of content. All pages of the application should be numbered.

Ownership of all data, materials, and documentation originated and prepared for the State pursuant to the RFA shall belong exclusively to the State and be subject to public inspection in accordance with the *Virginia Freedom of Information Act*. Trade secrets or proprietary information submitted by an applicant shall not be subject to public disclosure under the *Virginia Freedom of Information Act*; however, the applicant must invoke the protections of § 2.2-4342F of the *Code of Virginia*, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secrets or proprietary information. The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection of the proposal. If, after being given reasonable time the applicant refuses to withdraw an entire classification designation, the proposal will be rejected.

Deadline for Questions Concerning Application Requirements and Documents

If any prospective applicant has questions about the specifications or other application documents, the prospective applicant should contact the contract officer indicated below no later than five working days before the application due date. Any revisions to the solicitation will be made only by addendum issued by the contract officer.

Contract Officer: Margo Webb Secondary Contact: Deanna Krautner Phone Number: 804-482-5452 Phone Number: 804-489-0169

Email: margo.webb@vdh.virginia.gov Email: Deanna.krautner@vdh.virginia.gov

Section VI: APPLICATION FORMAT AND CONTENT

ORGANIZATION INFORMATION

| Organization Name: |
|--|
| |
| Organization Primary Address: |
| |
| Additional Location Addresses (if applicable): |
| |
| Organization Phone Number: |
| |
| Primary Grant Contact Name: |
| |
| Primary Grant Contact Email: |
| |
| Primary Grant Contact Phone Number: |
| |
| Organization Website (if applicable): |
| |

| Organization Classification |
|---|
| Non-Profit Organization Government Organization Faith-Based Organization |
| School Organization Other: |
| Provide a general description of the mission of your organization, the population you serve, and any experience relating to community health, education, and outreach that your organization engages in. Please specify if any work has been related to COVID-19. |
| |
| List the geographic areas of focus for your organization and your organization's history working within Henrico County VA: |
| |
| PROJECT/PROGRAM INFORMATION |
| Your project/program title: |
| |
| Your projected grant funding request amount: (Min: \$10,000 - Max: \$200,000) |
| |
| Briefly describe the goal and purpose of this project (200 character max): |
| |
| Please describe your proposed project strategies and activities in detail, and how they align with the project scope. |
| |

| What priority population(s) will be primarily so | erved by the project: | |
|--|----------------------------|---------------------|
| | | |
| What outcomes are anticipated from this project individuals to be reached with Doula education. | | |
| | | |
| Detail your anticipated timeline for this project. | /program: | |
| | | |
| Describe your organizational capacity to meet y needs of this program/project: | our objectives and sustain | the overall funding |
| | | |
| Grant Template: Complete the following budge for RHHD consideration. Please download and your completed document to the application. | | |
| Budget Line Items | Cost | Total |
| Direct Doula Services | \$ | \$ |
| Doula Training | \$ | \$ |
| | \$ | \$ |
| TOTAL | \$ | \$ |
| Please describe and justify your project/program | m budget: | |
| | | |

I, as a representative of my organization, have reviewed the request for proposal and the answers to this application, accept the requirements and expectations should the application be approved for a grant, and have answered each question to the best of my ability and agree that the information herein is true and correct.

| Printed Name: | |
|---------------|--|
| | |
| Signature: | |
| | |
| Date: | |
| | |

Section VII: APPLICATION REVIEW INFORMATION

Review and Selection Process

An initial review for adherence to the guidelines of the application will be completed and applications failing to provide the required information may be removed from consideration. Each complete application from eligible organizations will be read by a review panel who will rate the applications using the evaluation criteria indicated in this RFA. VDH will endeavor to ensure sub-grant awards are made within each region of the state to ensure a continuum of services is provided to the citizens of the Commonwealth.

Applications will be rated using the criteria in the table below.

Rating Criteria

| Criteria | Points Available | Score |
|---|---------------------|-------|
| Project Quality Applicant demonstrates a clear understanding of the goals and objectives of the RFA; Activities/services identified on the activities/outcomes work plan are consistent with project scope Applicant clearly explains how it will provide services to the identified target population(s) Applicant Capacity Experience and demonstrated trust with priority population Previous experience working in Henrico County Applicant identifies well qualified personnel with the expertise to provide the proposed services to patients; The applicant has adequate facilities and organizational infrastructure to implement the project; and Applicant demonstrates the capacity to begin delivering services quickly, with minimal time required for preparation. | 30 | |
| Budget Budget and budget narrative are reasonable, allowable, and clearly show how funds will be expended; Budget is clearly aligned with the scope of activities to be conducted; and Budget follows the template and guidance provided in Section IV. | 10 | |

| TOTAL | 70 Points | |
|-------|-----------|--|

Section VIII: Program Terms and Conditions

The RHHD reserves the right to:

- Reject any or all applications received in response to this RFA.
- Withdraw the RFA at any time, at the Department's sole discretion.
- Make an award under the RFA in whole or in part.
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
- Seek clarifications and revisions of applications.
- Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
- Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
- Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
- Change any of the scheduled dates.
- Waive any requirements that are not material.
- Award more than one contract resulting from this RFA.
- Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.

Section IX: PAYMENT TERMS

Disbursement of funds will follow a cost reimbursement procedure through an invoice. The sub-recipient should allow 30 days from the time expenditure statements are received by VDH until reimbursement is received. If errors are found in the expenditure statements, the 30 days will begin on the date the errors are corrected. All invoices shall be submitted using the subrecipient's standard invoice template but at a minimum shall include the following information:

- o Required certification signed by authorized signing official pursuant to 2 CFR 200.415 "required certifications"
- o Point of contact for invoice related questions
- o Date of invoice
- o Billing period for current invoice
- o Current billing period costs listed by ledger category (Personnel, fringe benefits, supplies, etc.)
- o Cumulative to date costs listed by ledger category (Personnel, fringe benefits, supplies, etc.)

Form 4.036F

o Supporting documentation for reimbursable costs. This includes time and effort reports, receipts from purchases, mileage reports, etc.

Funded entities must submit the final request for reimbursement to RHHD by May 31, 2023.

The funded entity shall be required to maintain accounting records to support all requests for reimbursement. These records shall be available for review by the Commonwealth of Virginia. RHHD will monitor expenditures accordingly.