



March 12, 2010

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) #09-07-01.

A pre-application conference will be held on April 13, 2010 at 10:00 a.m. in Room 1000, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120-0701. Since facilities are limited, it is requested that you limit your representation to two individuals. Applicant attendance is optional.

All questions regarding this RFA must be directed in writing to Rebecca Kishbaugh, Bureau of Health Promotion and Risk Reduction/Division of Health Risk Reduction, Pennsylvania Department of Health, Room 1008, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701, or by e-mail at rekishbaug@state.pa.us, no later than March 30, 2010. All questions must include the specific section of the RFA about which the potential applicant is questioning. Answers to all questions will be posted at www.emarketplace.state.pa.us. Click on 'Solicitations' and search for the above RFA number.

Please submit one (1) original and ten (10) copies of your application, (Part 2 of this RFA) in a sealed package to the address below. Your application must arrive in the designated room at the following address no later than 2:30 p.m. on Wednesday, April 28, 2010.

RFA #09-07-01
Director, Division of Contracts
Bureau of Administrative and Financial Services
Pennsylvania Department of Health
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.

Please write "APPLICATION ENCLOSED RFA #09-07-01" in large block letters on the envelope or overnight/priority mail label.

We expect that the evaluation of applications and the selection of grantees will be completed within eight weeks of the submission due date.

Sincerely,

A handwritten signature in black ink, appearing to read "Terri A. Matio", written over a large, stylized flourish.

Terri A. Matio
Director
Bureau of Administrative and Financial Services

Enclosure

Request for Applications

Improving Cardiovascular Health Literacy

RFA Number

09-07-01

Date of Issuance

March 12, 2010

Issuing Office:

Pennsylvania Department of Health
Bureau of Administrative and Financial Services
Division of Contracts
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701

RFA Project Officer:

Rebecca Kishbaugh
Pennsylvania Department of Health
Bureau of Health Promotion and Risk Reduction
Division of Health Risk Reduction
Room 1008, Health & Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701
Email address: rekishbaug@state.pa.us

Improving Cardiovascular Health Literacy

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Application Forms and Attachments

- I. Mailing Label
- II. Cover page
- III. Certifications
- IV. Work Statement
- V. Budget Template (Rev. 12/05) is downloadable and is available at the following Internet address:
http://www.dsf.health.state.pa.us/health/lib/health/financial/Appendix_C_-_Budget_%28STANDARD%29.XLS
- VI. Form W-9 and Instructions

Any grant resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference through internet links. These terms and conditions are listed below and are either attached to this RFA or available at the identified internet address for the information of prospective applicants.

- Payment Provisions (Rev. 6/09)
- Standard General Terms and Conditions (Rev. 10/06)
http://www.dsf.health.state.pa.us/health/lib/health/financial/Standard_General_Terms_and_Conditions_%2810-06%29.doc
- Audit Requirements (Rev. 8/09)
http://www.dsf.health.state.pa.us/health/lib/health/financial/Audit_Requirements_%288-09%29.DOC
- Commonwealth Travel and Subsistence Rates (Rev. 7-07)
http://www.dsf.health.state.pa.us/health/lib/health/financial/Commonwealth_Travel_and_Subsistence_Rates_%287-07%29.doc

- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 3/09)
http://www.dsf.health.state.pa.us/health/lib/health/financial/Personal_Computer_Hardware_Software_and_Peripherals_Requirements_%283-09%29.doc
- Federal Lobbying Certification and Disclosure(Rev. 12/05)
http://www.dsf.health.state.pa.us/health/lib/health/financial/Federal_Lobbying_Certification_and_Disclosure_%2812-05%29.doc
- Pro-Children Act of 1994 (Rev. 12/05)
http://www.dsf.health.state.pa.us/health/lib/health/financial/Pro-Children_Act_of_1994_%2812-05%29.doc
- Preventive Health and Health Services Block Grant Provisions (Rev. 12/05)
http://www.dsf.health.state.pa.us/health/lib/health/financial/Block_Grant_Provisions_-_PHHSBG_%2812-05%29.doc (If Applicable)

PART ONE

Improving Cardiovascular Health Literacy

General Information

A. Information for Applicants

The Pennsylvania Department of Health (Department) is the state health agency responsible for the administration of the Heart Disease and Stroke Program in Pennsylvania.

The Department's statewide Heart Disease and Stroke Program seeks to reduce morbidity and mortality from heart disease and stroke, the leading and third leading causes of death in Pennsylvania. These primarily preventable cardiovascular diseases have a devastating effect on the population and health care costs, and were responsible for over 39,000 Pennsylvania deaths in 2007; 98 percent of those deaths were among persons ages 50 and older.

Although mortality rates have fallen steadily over the past five decades (CDC 1999), a major hurdle in accelerating further success is the high prevalence of Americans with poor health literacy skills. The American Medical Association (AMA) describes health literacy as "...a constellation of skills, including the ability to perform basic reading and numerical tasks required for functioning in the health care environment" (AMA 1999). The National Library of Medicine bibliography and the Joint Commission report, *"What Did the Doctor Say?:" Improving Health Literacy to Protect Patient Safety*, similarly define health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

According to the American College of Physicians Foundation, nearly half of all American adults (90 million) have difficulty understanding and acting upon health information. Patients with chronic health conditions, such as heart disease, are required to understand complex information regarding their conditions including hypertension, atherosclerosis, arteriosclerosis, cholesterol, triglycerides, and ischemi. Patients also need to know how to successfully manage their conditions through risk factor control and medications, which is particularly difficult for patients with low health literacy. In many cases, such patients are unable to read and understand medication labels, verbal and written information, and discharge instructions for follow-up medical care, and are also less likely to make regular doctor visits and have preventive medical tests. The clinician-patient encounter is the critical window for clinicians to successfully convey health information to patients. However, studies have found that clinicians tend to use technical, difficult-to-understand jargon and patients do not ask questions of their health care clinicians when they do not understand the information they are given. Also, patients have difficulty remembering health information after the medical visit.

Persons over age 60 are more likely to have both poor health literacy skills and suffer from chronic conditions, such as cardiovascular disease (National Center for Education Statistics 1996). With 90 million people in the United States having less than adequate health literacy skills, and over 70 million suffering from cardiovascular disease, it is highly likely that every physician's practice is affected.

According to Healthy People 2010, Chapter 11 – Health Communication, differences in the ability to teach and understand materials related to personal health, as well as navigate the health system,

contribute to health disparities. The Pennsylvania Department of Aging reports that 15.3 percent of Pennsylvania's population is age 65 and older. This percentage is expected to increase to 25 percent by 2020. While the total population of Pennsylvania is projected to increase by 2.3 percent, the Black, Asian/Pacific Islander and Hispanic/Latino populations are projected to increase by 21 percent, 44.8 percent, and 49.8 percent, respectively. A third of Pennsylvania's population (33.9 percent) is age 50 and over. Problems with understanding medical conditions, and how to care for oneself to prevent and control risk factors and disease are compounded by language, social, and cultural variances, and the aging process itself.

The overall goal of this funding is to implement recommendations from the Joint Commission report, *"What Did the Doctor Say?:" Improving Health Literacy to Protect Patient Safety*, (http://www.jointcommission.org/NR/rdonlyres/D5248B2E-E7E6-4121-8874-99C7B4888301/0/improving_health_literacy.pdf),

Through this RFA process, the Department is soliciting education and training applications on Improving Cardiovascular Health Literacy from Pennsylvania institutions and organizations. To mitigate the negative effects of low health literacy and ineffective communication as they impact heart disease and stroke, the Department is interested in funding education and training programs that target health care consumers ages 50 years and older, with an emphasis on low-income populations.

The Grantee is expected to make systems change(s) within health care systems by updating current programs or creating new programs, and shall evaluate process and outcomes through a sub-grant with a Pennsylvania-based academic institution, such as a school of public health. Emphasis shall be placed on improving the health care provider and patient encounter for increased patient understanding of his or her cardiovascular medical condition and management thereof.

The anticipated Grant Agreement term is from October 1, 2010 through June 30, 2013, subject to the availability of funding. The Department, in its sole discretion, by written notice from the Contracting Officer to the Grantee, may renew the resulting Grant Agreement for an additional two-year term, or for no more than two additional one-year terms. Any cost increase negotiated in subsequent renewals shall not exceed a three (3) percent increase over the most recent twelve (12) month period immediately prior to the date negotiations begin.

Applications are welcomed from Pennsylvania-based organizations. Additional information about how to apply, relevant and specific restrictions, and stated preferences regarding applicants are noted and outlined in Section B. Applicants are encouraged to be innovative and creative in their approach.

This RFA provides interested institutions, organizations, and persons with information to prepare and submit applications to the Department. Questions about this RFA can be directed to Rebecca Kishbaugh, Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health, Room 1000 Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701 or by e-mail address at rekishbaug@state.pa.us, no later than March 30, 2010. Answers to all

questions will be posted at www.emarketplace.state.pa.us. Each applicant shall be responsible to monitor the website for new or revised RFA information. The Department shall not be bound by any information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to do business with the Commonwealth of Pennsylvania, providers are required to enroll in the SAP system. Applicants may enroll at www.vendorregistration.state.pa.us/ or by calling toll free at 1-866-755-CVMU (2868) or locally at 717-214-CVMU (2868).

B. Application Procedures

1. General

- a) Applications must be received by the Department by the time and date stated in the cover letter.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted on the Department of General Services (DGS) website.
- c) The decision of the Department with regard to selection of applicants is final. The Department reserves the right to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
- d) Grantees whose applications are selected are not permitted to issue news releases pertaining to this project prior to official written notification of award by the Department's Review Committee. Any subsequent publication or media release issued by the Grantee throughout the life of the Grant using funding from this Grant must acknowledge the Department as the granting agency, and be approved in writing by the Department.
- e) Applicants are cautioned that awards will be made to institutions and organizations, not individual persons. Applications are initiated by individuals, but are formally submitted by their institution or organization.

2. Evaluation of Applications

All applications meeting stated requirements in this RFA and received by the designated date and time will be reviewed by a committee of qualified personnel selected by the Department. The Review Committee will recommend applications that most closely meet the evaluation criteria developed by the Department. If the Review Committee needs additional clarification of an application, the Division of Health Risk Reduction staff and staff from the Division of Contracts will schedule an oral presentation and/or assign a due date for the submission of a written clarification.

Evaluation criteria used by the Review Committee include: a) Statement of the Problem, b) Personnel Qualifications, c) Soundness of Approach, d) Evaluation, and e) Budget.

Statement of the Problem: This refers to the applicant's ability to articulate its understanding of the impact of low literacy on cardiovascular health issues, the RFA's objectives, the population the RFA addresses, and the nature and scope of the work involved. In the application, the applicant shall:

- a) Demonstrate a firm understanding of the relevant issues and the nature and scope of the work involved;
- b) Clearly identify strategies specifically designed for the targeted system(s);
- c) Provide an overall logic model that graphically describes the relationship between program activities and expected outcomes, and a detailed logic model for at least one policy or systems-change intervention;
- d) Identify effective strategies/interventions to improve the health care system(s) that provide services to adults with low literacy levels; and
- e) Demonstrate reasonable and feasible target dates for accomplishing objectives.

Personnel Qualifications: The applicant shall demonstrate knowledge to promote and support recommendations to improve health literacy within the report, “*What Did the Doctor Say?: Improving Health Literacy to Protect Patient Safety*,” issued by The Joint Commission (http://www.jointcommission.org/NR/rdonlyres/D5248B2E-E7E6-4121-8874-99C7B4888301/0/improving_health_literacy.pdf) for systems change strategies tailored to cardiovascular health literacy.

The Personnel Qualifications subset of criteria refers to the qualifications of the personnel who will be completing tasks related to this RFA. Qualifications of personnel will be measured by experience and education, with a particular reference to experience providing services similar to those described in the RFA. In the application, the applicant shall:

- a) Describe the capability of staff persons to accomplish the deliverables based on past and current experiences;
- b) Provide biographical sketch or curriculum vitae for each staff person assigned to the project, with the exception of support staff, at a three-page limit per person;
- c) Describe the responsibilities each person will have in development, implementation and evaluation; and
- d) Demonstrate that education, experience, and time commitment of administrative, managerial, and technical staff are adequate for achieving the objectives.

Soundness of Approach: This refers to the applicant’s technical approach to providing services, if it is responsive to all requirements of the RFA, and if it meets the Department’s objectives. In the application, the applicant shall:

- a) Describe the extent that the application designated lead person or agency can implement strategies and activities directly or through partnering organizations;
- b) Articulate a clear plan for what shall be accomplished, including a step-by-step plan with objectives and timelines for accomplishing the specific tasks;
- c) Demonstrate the approach that will be used to promote and support recommendations to improve cardiovascular health literacy through policy, environmental, and systems-change strategies;
- d) Assist identified health care providers to implement the use of plain language, and communication techniques to assess and ensure patient understanding;

- e) Link with health care providers and community partners in the planning, implementation, and evaluation; and
- f) Provide letters of support from community partners demonstrating commitment to the project, including, but not limited to: the State Health Improvement Plan (SHIP) partnership, representatives of the target populations, and professional health care organizations.

Evaluation: This refers to the applicant's ability to articulate a clear plan for what will be accomplished, including a step-by-step plan with timelines for accomplishing the specific tasks; and by what institution of higher learning. The application shall indicate that the objectives will be met within the timeframe. In the application, the applicant shall:

- a) Demonstrate the capacity to manage the project timeline;
- b) Demonstrate the capacity to implement the evaluation plan that will illustrate improved outcomes for health care delivery systems and low-literacy adults;
- c) Describe the techniques or methodology to evaluate the impact of the project on health care outcomes specific to the systems identified for interventions;
- d) Identify factors that led to the success, partial success or failure of the project;
- e) Describe the methodology to identify systems, policy and environmental changes that demonstrate sustainability and
- f) Describe how the evaluation will remain flexible in order to incorporate any relevant changes as a result of a new federal healthcare system.

Budget: The budget shall be reasonable for the work proposed.

3. Awards

The Department will fund one Grant application for Improving Cardiovascular Health Literacy. The Grant will be administered through the Department.

All applicants will receive official written notification of the status of their applications from the Department. Unsuccessful applicants may request a debriefing. This request must be in writing and must be received by the Division of Health Risk Reduction/Heart Disease and Stroke Program within 30 calendar days of the written official notification of the status of the application. The Division of Health Risk Reduction/Heart Disease and Stroke Program will determine the time and place for the debriefing. The debriefing will be conducted individually by the Division of Health Risk Reduction/Heart Disease and Stroke Program staff. Comparison of applications will not be provided. Applicants will not be given any information regarding the evaluation other than the position of their application in relation to all other applications and the strengths and weaknesses in their individual applications.

4. Deliverables

- a) Identify how evidence-based interventions address low health literacy, and assess and improve the quality of health care communications to healthcare consumers, age 50 and older;

- b) Identify and provide baseline data in support of the Grantee's specific population targeted for interventions;
- c) Improve the usability of health information by identifying or developing specific strategies and action plans to provide basic health promotion/risk reduction messages in plain language, in multiple languages and in culturally appropriate manners;
- d) Implement and evaluate interventions to mitigate the effects of low literacy on health outcomes, and ultimately help to reduce disparities in disease burden and access to healthcare as it impacts cardiovascular health; and
- e) Identify and use best practice educational materials to deliver messages to the target populations, and provide the means for ongoing education, training, and assessment of outcomes.

5. Reporting Requirements

- a) The Grantee shall submit a written mid-term report of progress, issues, and activities to the Department within 180 days after the Grant effective date, and at the mid-point of each successive state fiscal year of the Grant. The mid-term report shall, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. Any changes to the scope or methodology of the agreement during the term of the Grant Agreement must receive prior approval, in writing, from the Department. The mid-term report shall minimally include as appropriate to the scope of the program:
 - 1. The number of low-income individuals, including minorities, and those individuals between the ages of 50-64, and over the age of 65, adults who receive Medicare or Medicaid, adults who are uninsured, minorities, and adults who are non-literate in English served; and
 - 2. The number (if any) of educational materials created, or modified to improve healthcare provider and patient encounters.
- b) The Grantee shall submit a written annual report to the Department within 30 calendar days of the end of each state fiscal year that highlight key accomplishments, with process and outcome data. Annual reports shall contain measurements including, but not limited to:
 - 1. Number of changes made to patient education materials;
 - 2. Number of health care facilities that create patient-centered environments that stress the use of clear communications in all interactions;
 - 3. Number of health care facilities that modify strategies to accommodate patients with special literacy and language needs; and
 - 4. Number of health care facilities that expand staff orientation to include health literacy.
- c) The Grantee shall submit a final written report within 45 days after the close of the Grant. The final report shall summarize the results of the improvement to health literacy based on the evaluations and other collection sources, and provide process and outcome data on the following:
 - 1. The relationship of health literacy skills to the use of health care services, health outcomes, cost of health care and disparities in health outcomes or use of health care services according

to race, ethnicity, culture, or age; and

2. Effective interventions to improve the use of health care services, improve health outcomes, and affect the cost of health care and health care services use among different racial, ethnic, cultural, or age groups.

All reporting shall be in a format determined by the Department, and in accordance with a timeline established in the Grant Agreement.

- d) The Grantee shall request written approval from the Department prior to any changes in key personnel.

C. Application Instructions and Required Format

1. Application Instructions

The following is a list of requirements.

- a) The applicant must submit one original and ten complete copies of the application (Part Two of this RFA).
- b) The application must be in a sealed package.
- c) The application must be received by mail or in person at the Division of Contracts by the date and time specified in the cover letter. Applicants mailing applications should allow sufficient mail delivery time to ensure timely receipt. **(Late applications will be rejected, regardless of the reason).**
- d) The application must be submitted using the format described in subsection 2, below – Application Format.
- e) The Certifications Form must be completed and signed by an official authorized to bind the organization to the application.

Applicants are strongly encouraged to be brief and clear in the presentation of ideas.

2. Application Format

Applicants must follow the format as described below to complete Part Two of this RFA. Applications must be typewritten on 8 ½” by 11” paper, with a font size no smaller than 10 point and margins of at least ½ inch.

- a) **Cover Page** – Complete the form.
- b) **Certifications Form** – The Certifications Form must be completed and signed by an official authorized to bind the organization to the application.
- c) **Work Statement** – Provide a narrative description of the proposed methodology addressing the following topics:
 - The summary of application should not exceed two pages and must include the

following:

- Title of project
- Objectives
- Brief summary of project
- Outline of anticipated results
- Impact of project
- Statement of problem
- Objectives to be addressed with Grant funding
- Project plan, which lists tasks to be performed and timeline associated with each task
- Two (2) logic models

The work statement narrative, including two-page summary, should not exceed 12 pages. Management biographical sketches or curricula vitae will not count toward this total, nor will required letters of support, and any other attachments.

- d) **Budget** – Use the downloadable format to present the budget request. Instructions regarding completion of the budget can be found at the Internet address previously provided (Part Two, Section V of the Table of Contents). The anticipated Grant Agreement term is October 1, 2010 through June 30, 2013. The overall 33-month budget for the application shall not exceed \$1,050,000. The budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

Overall Summary: October 1, 2010 to June 30, 2013 - \$1,050,000
Year 1 Summary: October 1, 2010 to June 30, 2011 - \$350,000
Year 2 Summary: July 1, 2011 to June 30, 2012 - \$350,000
Year 3 Summary: July 1, 2012 to June 30, 2013 - \$350,000

See the Budget Definitions section below for more information.

3. Budget Definitions

Personnel: The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.

Consultant Services: This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this Grant.

Subcontract Services: This budget shall identify each subcontract to be utilized under this Grant. If the subcontractor is not known at this time, please indicate by saying "To Be Determined" along with a description of work to be performed.

Patient Services: This budget category shall reflect funding dedicated for patient services.

Equipment: This budget category shall reflect the actual or projected cost of any equipment, \$5,000 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.

Supplies: This budget category shall reflect expected costs for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.

Travel: This budget category shall include anticipated expenditures for travel including mileage, hotels, and meals.

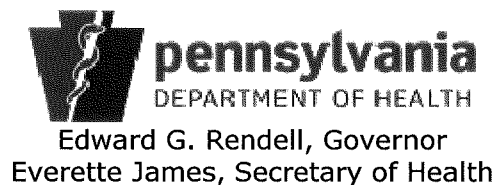
Other: This budget category shall be used for anticipated expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, and indirect costs (overhead, general, and administrative). Indirect rates cannot exceed the provider's federally approved indirect cost rate schedule. In the description area under OTHER COSTS include the % that the rate reflects, identify the budget categories to which the rate was applied, and list the specific items for which the indirect rate is paying.

PART TWO

Pennsylvania Department of Health
Bureau of Health Promotion & Risk Reduction
Division of Health Risk Reduction

Improving Cardiovascular Health Literacy

Request for Applications (RFA) #09-07-01



Mailing Label:

THIS LABEL MAY BE USED FOR MAILING THE APPLICATION. THIS LABEL MAY BE CUT OUT AND FIRMLY AFFIXED TO THE APPLICATION PACKAGE, OR COPY THIS EXACT FORMAT FOR THE MAILING LABEL.

FROM:

APPLICATION ENCLOSED RFA 09-07-01

BID

TO: PA DEPARTMENT OF HEALTH
DIRECTOR
DIVISION OF CONTRACTS
ROOM 824, HEALTH AND WELFARE BUILDING
625 FORSTER STREET
HARRISBURG, PA 17120-0701

COVER PAGE
Insert Title of Application
RFA #09-07-01

Applicant Name: _____
(Organization or Institution)

Type of Legal Entity _____
(Corporation, Partnership, Professional Corporation, Sole Proprietorship, etc.)

Federal I.D.#: _____ **Grant Amount:** \$ _____

SAP Vendor #: _____

Address: _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Application Contact Person: _____

Title: _____

Telephone No.: _____ **Fax:** _____ **E-mail:** _____

Title of Project: _____

CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

- a. The contractor must certify, in writing, for itself and all its subcontractors, that as of the date of its execution of any Commonwealth contract, that neither the contractor, nor any subcontractors, nor any suppliers are under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if the contractor cannot so certify, then it agrees to submit, along with the bid/proposal, a written explanation of why such certification cannot be made.
- b. The contractor must also certify, in writing, that as of the date of its execution, of any Commonwealth contract it has no tax liabilities or other Commonwealth obligations.
- c. The contractor's obligations pursuant to these provisions are ongoing from and after the effective date of the contract through the termination date thereof. Accordingly, the contractor shall have an obligation to inform the contracting agency if, at any time during the term of the contract, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it or any of its subcontractors are suspended or debarred by the Commonwealth, the federal government, or any other state or governmental entity. Such notification shall be made within 15 days of the date of suspension or debarment.
- d. The failure of the contractor to notify the contracting agency of its suspension or debarment by the Commonwealth, any other state, or the federal government shall constitute an event of default of the contract with the Commonwealth.
- e. The contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of the contractor's compliance with the terms of this or any other agreement between the contractor and the Commonwealth, which results in the suspension or debarment of the contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The contractor shall not be responsible for investigative costs for investigations that do not result in the contractor's suspension or debarment.
- f. The contractor may obtain a current list of suspended and debarred Commonwealth contractors by either searching the Internet at <http://www.dgsweb.state.pa.us/debarmentlist/NonArchiveByCompany.asp?p=> or contacting the:

Department of General Services
Office of Chief Counsel
603 North Office Building
Harrisburg, PA 17125
Telephone No: (717) 783-6472
FAX No: (717) 787-9138

IF THE CONTRACTOR INTENDS TO USE ANY SUBCONTRACTORS, LIST THEIR NAMES(S), ADDRESS(ES), AND FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER(S) IN THE SPACE BELOW.

2. Certification Regarding Application/Proposal/Bid Validity

This application/proposal/bid shall be valid for a period of 120 days following the time and date designated for bid opening of applications/proposals/bids received in response to this Request for Application/Request for Proposals/Invitation for Bid #09-07-01.

BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE ABOVE TWO CERTIFICATIONS.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	ADDRESS OF ORGANIZATION
DATE SUBMITTED	CONTRACTOR'S FEDERAL I.D. OR S.S. NUMBER

Work Statement

See Part One, General Information; Section C, Application Instructions and Required Format; Subsection 2c Work Statement for completion instructions.

Budget Template

See Part One, General Information; Section C, Application Instructions and Required Format; Subsection 2d Budget for completion instructions.

W-9 Form

Provide a copy of the completed Internal Revenue Service form W-9. The W-9 form and instructions for completing the form are available at the website <http://www.irs.gov>.

RFA # 09-07-01**PAYMENT PROVISIONS**

The Department agrees to pay the Contractor for services rendered pursuant to this Contract as follows:

- A. Subject to the availability of state and federal funds and the other terms and conditions of this Contract, the Department will reimburse Contractor in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Contract.
- B. Payment to the Contractor shall be made in accordance with the Budget set forth in Appendix C, and any subsequent amendments thereto, as follows:
1. The Department shall have the right to disapprove any expenditure made by the Contractor that is not in accordance with the terms of this Contract and adjust any payment to the Contractor accordingly.
 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Contract using the invoice format in Attachment 1 to this Appendix.
 3. An original invoice shall be sent by the Contractor directly to the address as listed in Attachment 1 to this Appendix. Documentation supporting that expenditures were made in accordance with the Contract budget shall be sent by the Contractor to the Project Officer.
 4. The Contractor has the option to reallocate funds between and within budget categories, subject to the following criteria:
 - a. Reallocation of funds between budget categories by the Contractor shall not occur more than once each half of the state fiscal year and the cumulative reallocation of funds between budget categories shall not exceed 10 percent of the amount budgeted for the category to which the funds are being transferred or from which the funds are being transferred during the state fiscal year. The Contractor shall promptly notify the Department in writing of such transfers. Reallocation of funds between budget categories exceeding 10 percent, requires prior written approval by the Department. Reallocation (budget revision) requests shall be submitted to the Project Officer of the Department of Health no later than April 15 of each state fiscal year.
 - b. Contractor may not reallocate funds to, or move funds within, the Personnel Services Category of the Budget (Appendix C), and any subsequent amendments thereto, to increase staff personnel or fringe benefit line items except that in the event the Contractor is subject to a collective bargaining agreement or other union agreement and, during the term of this Contract, salaries, hourly wages, or fringe benefits under this Contract are increased because of a renegotiation of that collective bargaining agreement or other union agreement. Contractor may reallocate funds to cover such increase. In such case, the Contractor must obtain the Department's prior written approval for such reallocation. Contractor shall submit to the Department written documentation of the new collective bargaining or other union agreement, which necessitates such reallocation. In addition, this paragraph is not intended to restrict any employee from receiving an increase in salary based on the employer's fee schedule for the job classification. However, all increases are subject to the availability of funds awarded under this Contract. The Commonwealth is not obligated to increase the amount of award.
 5. Unless otherwise specified elsewhere in this Contract, the following shall apply. Contractor shall submit monthly invoices within 30 days from the last day of the month within which the work is performed. The final invoice shall be submitted within 45 days of the Contract's termination date. The Department will neither honor nor be liable for invoices not submitted in compliance with the time requirements in this paragraph unless the Department agrees to an extension of these requirements in writing. The Contractor shall be reimbursed only for services acceptable to the Department.
 6. The Department, at its option, may withhold the last 20 percent of reimbursement due under this Contract, until the Project Officer has determined that all work and services required under this Contract have been performed or delivered in a manner acceptable to the Department.
 7. The Commonwealth will make payments through the Automated Clearing House (ACH) Network. The Pennsylvania Electronic Payment Program (PEPP) establishes the Automated Clearing House Network

as the preferred method of payment in lieu of issuing checks. The PEPP enrollment form may be obtained at: www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf and can be completed online, as applicable.

- a. Within 10 days of award of the Contract or Purchase Order, the Contractor must submit or must have submitted its ACH information within its user profile in the Commonwealth's procurement system (SRM). At the time of submitting ACH information, the Contractor will also be able to enroll to receive remittances via electronic addenda. Within 10 days of award of the Grant Agreement, the Contractor must submit or must have already submitted its ACH information and electronic addenda information, if desired, to the Commonwealth's Payable Service Center, Vendor Data Management Unit at 717-214-0140 (FAX) or by mail to the Office of Comptroller Operations, Bureau of Payable Services, Payable Service Center, Vendor Data Management Unit, 555 Walnut Street – 9th Floor, Harrisburg, PA 17101.
- b. The Contractor must submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the Commonwealth of Pennsylvania's ACH remittance advice to enable the Contractor to properly apply the state agency's payment to the invoice submitted.
- c. It is the responsibility of the Contractor to ensure that the ACH information contained in SRM (for Contracts or Purchase Orders) or in the Commonwealth's Central Vendor Master File (for Grant Agreements) is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
- d. In the event this language conflicts with language contained elsewhere in this agreement, the language contained herein shall control.