



April 14, 2021

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) #67-117.

A pre-application conference will be held via Microsoft Teams on May 5, 2021 from 12:30pm to 2:30pm EST. Potential applicants can join by clicking on this link [Join Teams Meeting](#) or by phone at 267-332-8737. The conference ID is 674585919#. If attending by phone, any content shown on Microsoft Teams call screen will not be visible. Applicant attendance is optional.

All questions regarding this RFA must be directed by e-mail to [bhartman@pa.gov](mailto:bhartman@pa.gov), no later than 12:00 p.m. on April 28, 2021. 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](http://www.emarketplace.state.pa.us). Click on 'Solicitations' and search for the above RFA number.

Please submit one application, (Part 2 of this RFA) by email to [RA-DHHEALTH\\_DEPT\\_DOC@pa.gov](mailto:RA-DHHEALTH_DEPT_DOC@pa.gov). Applications must be received no later than 1:30 p.m. on **May 19, 2021**.

**LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.**

Please type "APPLICATION ENCLOSED RFA #67-117" as the subject line of your e-mail submission.

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

Sincerely,

Lori Diehl  
Director  
Office of Procurement

Enclosure

## Request for Application

### Acquired Brain Injury (ABI) and Opioid Training

RFA Number

67-117

Date of Issuance

April 14, 2021

Issuing Office:

Pennsylvania Department of Health  
Office of Procurement  
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# Acquired Brain Injury (ABI) and Opioid Training

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### Application Forms and Attachments

- I. Cover Page
- II. Certifications
- III. Work Statement
- IV. Budget Template is downloadable and is attached for completion of the budget request.
- V. Attachment A, Logic Model Example

Any Grant Agreement resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference and may be found at <http://www.health.pa.gov/vendors>. These terms and conditions are listed below:

- Payment Provisions (Rev. 5/12)
- Program Specific Provisions
- Standard General Terms and Conditions (Rev. 2/15)
- Audit Requirements (Rev. 7/13)
- Commonwealth Travel and Subsistence Rates (Rev. 4/12)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Pro-Children Act of 1994 (Rev. 12/05)
- Maternal and Child Health Block Grant Provisions (Rev. 12/05)
- Preventive Health and Health Services Block Grant Provisions (Rev. 12/05)
- HIPAA Business Associate Agreement and its Attachment 1 (Rev. 5/13)

# PART ONE

## **Acquired Brain Injury (ABI) and Opioid Training**

### General Information

## **A. Information for Applicants**

The Pennsylvania Department of Health (Department) is responsible for administering the Title V Maternal and Child Health Services Block Grant for Pennsylvania (MCHSBG). The MCHSBG program was established as part of the 1935 Social Security Act and is administered at the Federal level by the Health Resources and Services Administration (HRSA). The mission of the MCHSBG is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs (CYSHCN) and their families.

In the 2019 MCHSBG guidance for Grantees, HRSA defines 15 National Performance Measures (NPM), which address key Maternal Child Health (MCH) priority areas within five population domains. These domains are: Women/Maternal Health, Perinatal/Infant Health, Child Health, Children with Special Health Care Needs (CSHCN), and Adolescent Health. A sixth domain addresses Cross-cutting and Systems Building, but there are currently no NPMs included in that domain. The Department is required to focus programming on a minimum of five NPMs, at least one for each population domain. For those priorities without a related NPM, the Department will track programming progress with a State Performance Measure. In addition, HRSA has increased emphasis on measuring performance and incorporating evidence-based strategies and measures into program planning. The Department is responsible for creating a State Action Plan to demonstrate the logical relationships between the chosen priorities, performance measures and programming strategies.

Every five years the Department conducts a comprehensive Needs and Capacity Assessment to gauge the strengths and needs of the state's MCH population and related services. As a result of the 2020 Needs and Capacity Assessment, the Department identified seven priorities on which to focus for the next five years:

1. Reduce or improve maternal morbidity and mortality, especially where there is inequity;
2. Reduce rates of infant mortality (all causes), especially where there is inequity;
3. Improve mental health, behavioral health and developmental outcomes for children and youth with and without special health care needs;
4. Improve the percent of children and youth with special health care needs who receive care in a well-functioning system;
5. Reduce rates of child mortality and injury, especially where there is inequity;
6. Strengthen Title V staff's capacity for data-driven and evidence-based decision making and program development; and
7. Support and effect change at the organizational and system level by supporting and promoting policies, programs and actions that advance health equity, address the social, environmental and economic determinants of health and deconstruct institutionalized systems of oppression.

The work of this RFA will be a strategy within the Adolescent Health domain; it will address the following priority: Improve mental health, behavioral health and developmental outcomes for children and youth with and without special health care needs; and address the following objective: Conduct a minimum of 20 trainings during the first year and increase the number of brain injury and opioid trainings provided to substance use and brain injury rehabilitation programs by 1 per year. The overall goal of the program is to maximize the health, independence and overall well-being of individuals with ABI in PA.

ABI is damage to the brain occurring after birth and is not related to congenital or degenerative disease. This includes anoxia and hypoxia, conditions consistent with drug overdose. Specifically, anoxia is a condition in which there is an absence of oxygen supply to an organ's tissues although there is adequate blood flow to the tissue whereas hypoxia is a condition in which there is a decrease of oxygen to the tissue in spite of adequate blood flow to the tissue. Overdose is injury to the body (poisoning) that happens when a drug is taken in excessive amounts and can be fatal. Overdoses severe enough to cause brain damage due to depriving the brain of oxygen will generally cause a hypoxic, not anoxic, brain injury. Cognitive consequences of hypoxic brain injury can include slowed reaction time and impulsivity in decision making, as well as impaired working memory, visual motor skills, and executive functions. Impairments in multiple cognitive domains can negatively impact everyday functioning and increase the likelihood of poorer social and vocational outcomes.

Opioid Use Disorder (OUD), as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is a problematic pattern of opioid use leading to clinically significant impairment, manifested by meaningful risk factors occurring within a 12-month period. Opioid overdose induces respiratory depression that can lead to anoxic or hypoxic brain injury. History of abuse or misuse is common among individuals who have sustained a brain injury. Acute or chronic pain is a common result after a brain injury due to headaches, back or neck pain and other musculoskeletal conditions. Moderate to severe brain injury is highly correlated with increased risk for chronic pain. Individuals treated for non-cancer chronic pain with opiate therapy are at risk for developing an opiate use disorder and are at risk of overdose.

OUD is a risk factor for future brain injury. For example, overdosing on opioids suppresses or stops respiration, which in turn denies oxygen to the brain leading to anoxic brain damage if completely denied, or hypoxic brain damage if reduced. Hypoxic damage commonly leads to cognitive impairment (for example, memory, attention, mental processing speed, executive functioning) and emotional dysregulation in the form of lability, impulsivity, irritability and apathy. The impact on executive functions, particularly self-regulation, is similar to ABI. Data is limited about the scope of hypoxia with OUD overdoses. By definition, some hypoxia occurs with every overdose that results in a loss of consciousness, yet the residual effects have not been studied. There has been substantial research from trauma care showing additional damage when ABI and hypoxia co-occur. Further, ABI may occur during opioid overdose events due to losing

consciousness and falling.

Permanent brain damage is a very real, life-altering consequence of an opioid overdose. Opioids are depressants, meaning the drugs slow down breathing and heart rate; in other words, an overdose causes the body to forget to breathe on its own. The extent of brain damage is largely dependent on the amount of time the brain is without adequate oxygen levels. Minutes, and even seconds, may dictate the severity of the damage.

Professionals recognize that individuals living with brain injury are at increased risk for addiction or relapse post brain injury. Cognitive issues, depression, decreased socialization coupled with potential lifestyle and familial relationships make these individuals more vulnerable to addiction. Additional considerations for persons with brain injury include chronic pain, headaches, heterotopic ossification, depression, anxiety, post-traumatic stress disorder, social isolation, and limited vocational and recreational opportunities. Since brain injury reduces the individual's cerebral reserve, the threshold at which hypoxia may result in neurological harm is potentially lowered and further highlights the enhanced vulnerability of this population. Given this, individuals with brain injury may be prescribed opioids and may be at risk for negative consequences associated with their use.

Traumatic Brain Injury (TBI), another form of ABI, is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force. Traumatic impact injuries can be defined as closed (or non-penetrating) or open (penetrating). Examples of TBI include falls, assaults, motor vehicle accidents and sports injuries.

Identifying subgroups at elevated risk for OUD and its devastating consequences is of critical importance. Growing evidence suggests that individuals with TBI may be at elevated risk for OUD. Opioids are commonly prescribed for pain during acute care, and high rates of chronic pain after TBI set the stage for long-term use. Even as state and Federal regulations attempt to curb prescribing practices, rates of prescription opioid use remain elevated among individuals with disabilities. Pre-injury substance use is not uncommon among people who have incurred a TBI and can increase susceptibility to misuse of highly addictive medications. Some of the most common complications of TBI, including changes in cognition and mood, may confer additional vulnerability for medication mismanagement and misuse. Long-term use of opioids is associated with changes in health and cognition that can further exacerbate TBI-related complications. Access to substance abuse treatment is an ongoing challenge for people who have had a TBI, and the efficacy of OUD treatment practices in this population is unknown. Individuals with TBI may be uniquely vulnerable to opioid misuse and its devastating consequences due to the convergence multiple risk and perpetuating factors. Research is needed to quantify and characterize the population of individuals with TBI and OUD, and to identify opportunities for prevention and tailored interventions.<sup>1</sup>

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1. J Neurotrauma, RS Adams, JD Corrigan and K Dams-O'Connor, Opioid Use among Individuals with Traumatic

Pre-injury lifestyle of a person with a brain injury may have included use of drugs either habitually or recreationally. Substance abuse related issues often become exaggerated after an injury for those who had substance abuse issues prior to an ABI when not receiving appropriate intervention and guidance. Even though abuse was a problem before the brain injury and may even have contributed to the injury, therapeutic intervention involving both the individual and caregivers during rehabilitation enhances management of substances post-injury. All treating professionals should discuss the risks associated with the use of substances after brain and its effect on cognitive functioning. In the absence of professional intervention, the individual with brain injury may assume that drug use is as harmless as they thought preinjury.<sup>2</sup>

In addition to opioids, methamphetamines continue to be a contributing factor to brain injury. Between 2011 and 2016, the number of fatal overdoses in the United States involving methamphetamine more than tripled. In 2018, there was a 43 percent increase in adults aged 26 or older using methamphetamine compared to the previous year.<sup>3</sup> Brain injury from methamphetamines is related to acute neurotransmitter changes, rewiring the brain's reward system and brain cell death. With proper treatment, some of the damage can be reversed over time. Unfortunately, brain cell death can lead to long-lasting changes as it includes damage to the frontal lobe, caudate nucleus and hippocampus. Brain cell death is associated with self-control and usually occurs among heavy users. The effects of methamphetamine use on the brain can present as similar to opioid use.

Some individuals with a brain injury have impaired executive function. Their sensory functions may be affected so that light levels seem too bright and normal noises too loud and distracting. These individuals may have reduced capacity to read, see, or hear. Social judgment, self-awareness, and regulation of emotions may be affected. Many of the effects are characteristic of other psychiatric disorders, including affective disorders and addiction. Counselors should be aware that these effects may be difficult to differentiate from the effects of a psychiatric disorder, substance use disorder, or withdrawal.<sup>4</sup>

Consistent failure in completing tasks, disinterest, inappropriate social behavior, lack of self-awareness, and tangential speech (making irrelevant and unrelated statements) are among the red-flag behaviors of a person with TBI. They are also typical of a client in substance abuse treatment. Counselors are advised to investigate whether head injury is involved before imposing consequences for a client's nonadherent treatment behavior. Counselors should learn to ask questions using simple, nonmedical terms. To help differentiate between a true thought disorder,

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Brain Injury: A Perfect Storm? (2019 Aug 16; [EPub Ahead of Print])

2. Dspd.utah.gov, ABI Manual Module I – Living with a Brain Injury

3. H Hedegaard, BA Bastian, JP Trinidad, M Spencer, M Warner, Drugs most frequently involved in drug overdose deaths: United States, 2011–2016. National Vital Statistics Reports; vol 67 no 9. Hyattsville, MD: National Center for Health Statistics, (2018)

4. SAMHSA, Substance Use Treatment Advisory (2010)



psychosis, and other psychiatric disorders, it is important to use a valid and reliable structured or semi structured interview when conducting an assessment.<sup>5</sup>

Existing barriers for treating ABI and co-occurring substance use/misuse include, but are not limited to:

1. Clinicians working in substance abuse treatment programs feeling ill equipped to address the neurological consequences of brain injury when providing treatment, and likewise, many brain injury treatment programs may not have qualified staff or the expertise to treat patients with brain injury and co-occurring substance use or misuse;
2. Lack of surveillance regarding ABI caused by non-lethal opioid overdose; and
3. Limited or no access to post-hospital (post-acute) rehabilitation (of any kind) due to lack of funding.

Recommendations to reduce barriers and provide treatment include, but are not limited to:

1. Increase awareness of non-lethal opioid overdose and ABI;
2. Encourage physicians to document brain injury as a diagnosis, as appropriate, when treating persons following non-lethal opioid overdose;
3. Encourage brain injury rehabilitation programs to address patients in brain injury rehabilitation who have co-occurring histories of substance misuse/dependence; and
4. Increase awareness among behavioral health providers of the need to recognize persons with histories of brain injury who require accommodations in treatment for the neurological effects of their brain damage.

The Department has developed a curriculum with the intent to educate professionals on the interaction between opioid use and brain injury. The curriculum includes the following sections:

1. Acquired Brain Injury and the Toxic Brain;
2. Screening, Assessing, and Conceptualizing Interventions;
3. Cognitive, Emotional and Behavioral Techniques for Treating Persons with Co-Occurring Opioid Misuse and Brain Injury; and
4. Integration of Client Needs, Resources, and Funding for Braided Treatment.

Professionals may include psychiatrists, psychologists, social workers, licensed professional counselors, and addictions counselors.

Additional Resources and Services:

1. American Speech-Language-Hearing Association, <https://www.asha.org/articlesummary.aspx?id=8589960653>
2. Brain Injury Association of America, <http://www.biausa.org>
3. Brainline.org, <http://www.brainline.org>
4. Centers for Disease Control and Prevention, National Center for Injury Prevention and

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<sup>5</sup> SAMHSA, Substance Use Treatment Advisory (2010)

- Control, <http://www.cdc.gov/TraumaticBrainInjury/index.html>
5. Health Resources & Services Administration, <https://www.hrsa.gov/opioids>
  6. National Center for Biotechnology Information, U.S. National Library of Medicine, <https://www.ncbi.nlm.nih.gov/books/NBK553166/>
  7. National Institutes of Health, <https://www.nih.gov/news-events/opioids-digital-press-kit>
  8. Responding to opioid epidemic, <https://www.nationalservice.gov/focus-areas/healthy-futures/americorps-and-senior-corps-respond-nations-opioid-epidemic>
  9. U.S. Department of Health and Human Services, <https://www.hhs.gov/opioids/>

Through this RFA process, the Pennsylvania Department of Health (Department) is soliciting applications for the ABI and Opioid Training program from any organization that can provide the required services throughout the state of Pennsylvania. The Department is interested in funding one statewide educational and skills-based training program application addressing communities impacted by opioids along with health and human service personnel and substance use professionals that work with or are likely to come in contact with individuals with ABI or their family members. While providing educational and skills-based training to professionals is the primary focus, the Department is also interested in funding education and awareness activities on the prevention of ABI and opioid misuse and the need for braided treatment to communities impacted by opioids and individuals with ABI or their family members. The overall goal of this funding is to maximize the health, independence and overall well-being of individuals with ABI and individuals impacted by opioids in PA. The anticipated Grant Agreement term is January 1, 2022 to June 30, 2024 subject to the availability of funding.

At the Department's discretion and by letter notice, the Department may renew this Grant Agreement for the following term: two one-year terms.

1. In the event of a renewal, the Department may choose to renew the Grant Agreement as follows:
  - a) At the Grant Agreement's original terms or conditions; or
  - b) To increase or decrease the Grant amount or salaries, hourly wages or fringe benefits to reflect cost increases so long as that increase does not exceed 5% of the original amount or rates. Nothing in this subparagraph is intended to permit an alteration in the scope of work of the original agreement in the renewal; or
  - c) To include the increase or decrease in work or change to amount, salaries, wages, or fringe benefits included in an amendment to the original Grant Agreement, including SAFs, Funding Reduction Change Orders, Budget Revisions, or formal Amendments. The increase or decrease of work shall be limited to deliverables established in the amendment. Nothing in this paragraph shall be read to permit the scope of work of the

Grant Agreement to be changed.

2. The Department is not obligated to increase the amount of the Grant award.
3. Any renewal terms are subject to the other provisions of this Grant Agreement, and the availability of funds.

Applications are welcomed from any organization that can provide the required services throughout the state of Pennsylvania. 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 Brad Hartman at [bhartman@pa.gov](mailto:bhartman@pa.gov), no later than 12:00 p.m. on April 28, 2021. Answers to all questions will be posted at [www.emarketplace.state.pa.us](http://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/](http://www.vendorregistration.state.pa.us/) or by calling toll free at 1-877-435-7363 or locally at 717-346-2676.

## **B. Application Procedures**

### **1. General**

- a) Applications must be received by the Department by the time and date stated in the cover letter. The Department will reject, unopened, any late applications.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted on the 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) Awarded applicants shall not be permitted to issue news releases pertaining to this project prior to official written notification of award by the Department 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.

### **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, Division of Community Systems Development and Outreach (CSDO) program staff and staff from the Office of Procurement will schedule an oral presentation, either in person or via a conference call, or assign a due date for the submission of a written clarification, or both.

Evaluation criteria used by the Review Committee, include detailed, concise responses to each of the evaluation categories in the required work plan. The Review Committee will evaluate applications based on the evaluation criteria described below:

- a) **Applicant's qualifications:** see description below in C.2.c.i.
- b) **Statement of the problem:** see description below in C.2.c.ii.
- c) **Soundness of approach:** see description below in C.2.c.iii.
- d) **Feasibility and timeliness:** see description below in C.2.c.iv.
- e) **Budget:** see description below in C.2.c.v.

### 3. Awards

Grants will be administered through the Department.

All applicants will receive official written notification of the status of their application from the Department. Unsuccessful applicants may request a debriefing. This request must be in writing and must be received by CSDO within 30 calendar days of the written official notification of the status of the application. The CSDO will determine the time and place for the debriefing. The debriefing will be conducted individually by CSDO 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 application.

### 4. Deliverables

- a) The awarded applicant shall provide outreach on ABI education and training.
  - i. The awarded applicant shall provide an educational initiative to specifically focus on those impacted by opioid misuse by providing outreach, education, training and technical assistance to health and human service personnel who work with or are likely to come in contact with individuals with ABI or their family members.
  - ii. The awarded applicant shall provide webinars based on Department approved curricula for virtual trainings and identify delivery method of virtual trainings.

- iii. The awarded applicant shall provide an educational initiative to include increasing awareness of opioid use and ABI among health and human services personnel and substance abuse professionals and the need for braided treatment.
  - iv. The awarded applicant shall keep a quarterly record of outreach methods used to contact health and human service personnel who work with or are likely to come in contact with individuals with ABI or their family members to assess effectiveness of outreach methods.
  - v. The awarded applicant shall keep a monthly record of the number of individuals contacted for training to assess effectiveness of outreach methods and increased awareness.
  - vi. The awarded applicant shall keep a monthly record of the number of individuals enrolled in training to assess effectiveness of outreach methods.
- b) The awarded applicant shall provide culturally sensitive, skills-based trainings to targeted audiences in communities impacted by opioids along with health and human service personnel that work with or are likely to come in contact with individuals with ABI or their family members.
- i. The awarded applicant shall use existing training content developed by the Department.
  - ii. With Department written approval, the awarded applicant may develop new content to address specific brain injury issues.
  - iii. With Department written approval, the awarded applicant may make changes to the scope or methodology of the ABI and Opioid Training program during the term of the Grant Agreement.
  - iv. The awarded applicant shall develop trainings for targeted audiences statewide.
  - v. The awarded applicant shall conduct a minimum of 20 trainings during the first year and increase by one each additional year with a minimum of 10 trainees per training.
- c) The awarded applicant shall keep a record of the number of trainings to monitor and collect data including audience composition, instructor information, and number of individuals trained. Records shall be maintained throughout the term of the Grant Agreement.
- d) The awarded applicant shall utilize a Department approved standardized pre-test and post-test during each educational training session to measure audience comprehension of the educational material.
- e) The awarded applicant shall provide technical assistance to implement protocols to screen for brain injury, assess for cognitive impairment, and connect those with brain injury to appropriate resources when requested by trainees or their corresponding

employers and partners.

- i. The awarded applicant shall follow-up with trainees on a quarterly basis to offer technical assistance.
- f) The awarded applicant shall participate in client satisfaction data collection and reporting activities as established by the Department, including collecting and reporting feedback from the awarded applicant and the awarded applicant's clients to improve the services for Pennsylvania's maternal, infant, child and adolescent population.

## **5. Reporting Requirements**

- a) The awarded applicant shall be required to submit a written quarterly report of progress, issues, and activities to the Department every 90 calendar days to begin within 90 calendar days after the Grant effective date. The quarterly report shall, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan.
- a) The awarded applicant shall be required to submit a final written report to the Department within 30 calendar days after the termination of the Grant. The final report shall summarize outreach activities and training results for professionals, as well as, outreach activities to communities impacted by opioids and ABI.
- b) The awarded applicant shall provide additional reports of progress, issues and activities to the Department within 15 calendar days of the date requested by the Department.
- c) The awarded applicant shall be required to request written approval from the Department prior to any changes in key personnel.
- d) The awarded applicant shall collect and report client satisfaction data measuring the quality of customer relationships and services, including feedback from the awarded applicant and the awarded applicant's clients, to the Department on annual basis, in a format to be provided by the Department. Data will be collected using forms, surveys, focus groups or other methods provided by the Department.

## **C. Application Instructions and Required Format**

### **1. Application Instructions**

The following is a list of requirements.

- a) The applicant must submit one application (Part Two of this RFA), by email to [RA-DHHEALTH\\_DEPT\\_DOC@pa.gov](mailto:RA-DHHEALTH_DEPT_DOC@pa.gov).

- b) The application must be received by the date and time specified in the cover letter. Applicants should consider that technical difficulties could arise and allow sufficient time to ensure timely email receipt. **(Late applications will be rejected, regardless of the reason).**
- c) Please note there is a 10MB size limitation per email. If the application exceeds 10MB, zip the file to reduce the size or submit multiple emails so the entire application is able to be received.
- 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.
- f) A one-page Project Abstract shall be submitted with the application and shall include a description of the applicant’s relevant experience as well as demonstrate an understanding of the project. Applicant’s relevant experience should include a minimum of three years working with individuals with ABI and a minimum of three years providing training.
- g) The work statement narrative must not exceed 9 pages. Letters of commitment, resumes or curriculum vitae and other attachments to support the work statement narrative are not included in the 9-page limit.

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, single-spaced, 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:
  - i. **Applicant’s qualifications:** The applicant shall demonstrate prior experience providing public health services and the extent to which those services were provided, including:
    - 1. Explain how the applicant’s background, experience, and structure shall support the implementation of the project;
    - 2. Describe any qualifications that make the applicant uniquely qualified to meet the deliverables of the project;

3. Describe the experience and educational qualifications, roles and responsibilities, and language capacity of key staff as appropriate;
  4. Describe the applicant's relevant experience including a minimum of three years working with individuals with ABI and a minimum of three years providing training;
  5. Describe the applicant's ability to demonstrate that sufficient personnel are available to carry out the deliverables;
  6. Describe the applicant's history of working with providers with prior experience providing public health services of the type described in this RFA and the extent to which those services were provided.
- ii. **Statement of the problem:** The applicant shall describe the nature and scope of the problem that the program shall address, and clearly specify the target population, including:
1. Articulate an understanding of the needs of the population;
  2. Demonstrate a clear and comprehensive understanding of the need for ABI and opioid training;
  3. Demonstrate an understanding of the existing barriers for treating ABI and opioid use and how to address them;
  4. Demonstrate an understanding of substance use including, but not limited to, methamphetamines and ABI in addition to opioid use;
  5. Demonstrate a clear and comprehensive understanding of the issues health and human service personnel and substance use professionals encounter when treating individuals impacted by opioid and ABI;
  6. Demonstrate an understanding of the population best suited to receive ABI and Opioid training.
  7. Demonstrate a clear and comprehensive understanding of the issues communities impacted by opioids and individuals with ABI and their families encounter when attempting to obtain information and services;
  8. Demonstrate an understanding of the effects of social determinants upon the health of disparate populations;
  9. Demonstrate understanding of health equity and culturally and linguistically appropriate services; and,
  10. Describe any research or evaluation studies that relate to the problem and contribute to the applicant's understanding of its causes and potential solutions.
- iii. **Soundness of approach:** The applicant shall describe the program's intent to change, reduce or eliminate the problem noted in the previous section and outline the project goals as defined in Deliverables (Section B.4.), including:
1. Describe the program evaluation method(s) to be used and how the applicant shall analyze and interpret evaluation data for the purpose of programmatic improvements;
  2. Provide a Logic Model showing how the proposal relates to the project goals,



objectives and design. A sample logic model is included as Attachment A, Logic Model Example;

3. Describe activities to be undertaken during the planning period prior to implementation including, but not limited to, incorporating an existing training curriculum and developing new content to address specific brain injury issues;
  4. List proposed promotional activities to provide information and services to family and community members;
  5. Identify the need for partners, subcontractors, consultants, or any other individuals to support tasks related to this RFA;
  6. Identify training locations able to accommodate the needs of the training and curriculum including, but not limited to, technological requirements, size and accessibility;
  7. Prepare webinars based on Department approved curricula for virtual trainings and identify delivery method of virtual trainings;
  8. Demonstrate strategies to identify and enroll trainees into virtual and face to face trainings.
  9. Summarize what the program shall accomplish, the expected health outcomes, and how the program shall evaluate success;
  10. Demonstrate ongoing strategies for monitoring training services and outreach activities to identify and resolve problems that could impact success;
  11. Describe how technical assistance shall be provided to support the tasks related to this RFA;
  12. Describe how the program shall measure client satisfaction and utilize the data to continuously improve services;
  13. Describe the program evaluation method(s) to be used and how the applicant shall analyze and interpret evaluation data for the purpose of programmatic improvements; and,
  14. Clearly state and demonstrate that the services provided are culturally, linguistically and cognitively appropriate for the population being served.
- iv. **Feasibility and timeliness:** The applicant shall clearly define a plan that can reasonably accomplish the program deliverables, including who is responsible for specific tasks, and how many people shall be served, including:
1. Provide a timeline for start-up and implementation of activities. The timeline should describe major tasks associated with the goals and objectives of this project, assign responsibility for each, and plot completion of each throughout the period of the project;
  2. Demonstrate knowledge of potential barriers to implementation of the project and outline possible solutions to overcome those barriers;
  3. Describe the methodology for collecting and reporting of all required information and data as defined in the Reporting Requirements (Section B.5.);
  4. Demonstrate knowledge of sustainability plans which demonstrates the identification and procurement of alternate resources and the policies and

procedures necessary for implementation.

- v. **Budget:** The applicant shall demonstrate the ability to provide services stated within the confines of the proposed budget allocation. The applicant shall use the template and instructions provided by the Department (see Section C.2.d. below), including:
  - 1. Demonstrate the ability to provide services stated in the RFA within the confines of the proposed budget allocation;
  - 2. Demonstrate how the budget is reasonable for the work proposed; and,
  - 3. Demonstrate how the budget represents an effective use the funds.
- d) **Budget** – Use the downloadable format to present your budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable excel budget file. The anticipated Grant Agreement term is January 1, 2022 to June 30, 2024. The overall 30-month budget for the application shall not exceed \$150,000. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

Overall Summary	January 1, 2022 to June 30, 2024	\$150,000
Year 1 Summary	January 1, 2022 to June 30, 2022	\$30,000
Year 2 Summary	July 1, 2022 to June 30, 2023	\$60,000
Year 3 Summary	July 1, 2023 to June 30, 2024	\$60,000

See the Budget Definitions section below for more information.

### 3. Budget Definitions

Personnel: This budget category 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 the services to be provided by each consultant including hourly rate and number of hours to be utilized under this Grant Agreement.

Subcontract Services: This budget category shall identify the services to be provided by each subcontractor under this Grant Agreement.

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 that the indirect is paying for.

# PART TWO

Pennsylvania Department of Health  
Bureau of Family Health  
Division of Community Development Systems  
and Outreach

**Acquired Brain Injury (ABI) and Opioid Training**

**Request for Applications (RFA) # 67-117**



**COVER PAGE**  
**RFA # 67-117**

**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** \_\_\_\_\_

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**Application Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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**CERTIFICATIONS**

**1. Certification Regarding Debarment and Suspension**

- a. The Contractor certifies, in writing, for itself and all its subcontractors required to be disclosed or approved by the Commonwealth, that as of the date of its execution of this Bid/Contract, that neither the Contractor, nor any such subcontractors, 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 its Bid/Contract, a written explanation of why such certification cannot be made.
- b. The Contractor also certifies, in writing, that as of the date of its execution of this Bid/Contract it has no tax liabilities or other Commonwealth obligations, or has filed a timely administrative or judicial appeal if such liabilities or obligations exist, or is subject to a duly approved deferred payment plan if such liabilities exist.
- 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 Commonwealth 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, to the best knowledge of the Contractor, 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 Commonwealth 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 that 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.dgs.state.pa.us/> 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 60 days following the time and date designated for bid opening of applications/proposals/bids received in response to this Request for Application/Request for Proposal/Invitation for Bid #67-117.

**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.



## RFA # 67-117

**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. This Contract may span several state fiscal periods; therefore, the Department is obligated to pay no more than the dollar amounts for each state fiscal year (SFY), for the periods of time indicated on the Budget, Appendix C. This shall not prohibit the Department from exercising its discretion to move funds unspent at the end of the SFY from one SFY to another to pay for services provided with separate written Department approval and in accordance with this Contract.
- C. 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 Department's Project Officer.
  - 4. The Contractor has the option to reallocate funds between and within budget categories (Budget Revision), subject to the following criteria:
    - a. General Conditions for Budget Revisions
      - i. *Budget Revisions At or Exceeding 20%.*
        - A. The Contractor shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Contract per budget year as set forth in Appendix C Budget, and any subsequent amendments thereto, without prior written approval of the Department's Project Officer.
        - B. The Contractor shall request prior written approval from the Department's Project Officer when the cumulative total of all prior Budget revisions in the budget year is 20% or greater of the total amount of the Contract per budget year.
        - C. Reallocations at or exceeding 20% of the total amount of the Contract per budget year may not occur more than once per budget year unless the Department's Project Officer finds that there is good cause for approving one additional request. The Project Officer's determination of good cause shall be final.
      - ii. *Budget Revisions Under 20%.* The Contractor shall notify the Department's Project Officer of any Budget Revision under 20% of the total amount of the Contract per budget year in writing, but need not request Department approval, except as provided for in Paragraph 4(a)(i)(B) above.
      - iii. The Contractor shall obtain written approval from the Department's Project Officer prior to reallocating funding into a previously unfunded budget category or prior to eliminating all funding from an existing budget category, regardless of the percentage amount.
      - iv. The Contractor shall provide the Department's Project Officer with notice or make a request for

approval prior to the submission of the next invoice based on these changes.

- v. At no time can Administrative/Indirect cost rates be increased via a Budget Revision.
- b. Budget Revisions Relating to Personnel
- i. Any change to funds in the Personnel Category requires the approval of the Department's Project Officer, and any such change at 20% or over as set forth in Paragraph 4(a) shall be counted as one Budget Revision under that paragraph.
  - ii. The 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 unless one of the following circumstances apply:
    - A. 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. The Contractor shall submit to the Department's Project Officer written documentation of the new collective bargaining or other union agreement, which necessitates such reallocation.
    - B. The Contractor is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Contract. The Contractor shall submit to the Department's Project Officer written justification for the request to increase rates and reallocation of funds in connection with filling such a position in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the Contract, as well as the Contractor's inability to fill the position at the existing rates. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to a position may exceed 10% of the original rate.
    - C. The Contractor is unable to perform the work of the Contract with the existing positions, titles or classifications of staff. The Contractor may add or change a position, title or classification in order to perform work that is already required. The Contractor shall submit to the Department's Project Officer for his or her approval written justification for the request to increase rates and reallocation of funds in connection with changing or adding a position, title or classification, in sufficient detail for the Department to evaluate the impact of that reallocation on the performance of the work of the contract, as well as the Contractor's inability to fill current position. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area. No increase relating to an addition or change may exceed 10% of the rate for the original position.
  - iii. The Department's determination regarding the validity of any justification is final.
  - iv. All increases are subject to the availability of funds awarded under this Contract. The Commonwealth is not obligated to increase the amount of award.
  - v. 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.
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](http://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 – 9<sup>th</sup> 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.

**PROGRAM SPECIFIC PROVISIONS****I. NONDISCRIMINATION/SEXUAL HARASSMENT CLAUSE.**

The following language replaces Paragraph 35 of the Standard General Terms and Conditions (Rev. 2/15) in its entirety:

The Grantee agrees:

- A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the Grant Agreement or any subgrant Agreement, Contract, or subcontract, the Grantee, a subgrantee, a Contractor, a subcontractor, or any person acting on behalf of the Grantee shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the *Pennsylvania Human Relations Act* (PHRA) and applicable Federal laws, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.
- B. The Grantee, any subgrantee, Contractor or any subcontractor or any person on their behalf shall not in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, against or intimidate any of its employees.
- C. Neither the Grantee nor any subgrantee nor any Contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, in the provision of services under the Grant Agreement, subgrant Agreement, Contract or subcontract.
- D. Neither the Grantee nor any subgrantee nor any Contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate against employees by reason of participation in or decision to refrain from participating in labor activities protected under the *Public Employee Relations Act*, *Pennsylvania Labor Relations Act* or *National Labor Relations Act*, as applicable and to the extent determined by entities charged with such Acts' enforcement, and shall comply with any provision of law establishing organizations as employees' exclusive representatives.
- E. The Grantee, any subgrantee, Contractor or any subcontractor shall establish and maintain a written nondiscrimination and sexual harassment policy and shall inform their employees in writing of the policy. The policy must contain a provision that sexual harassment will not be tolerated and employees who practice it will be disciplined. Posting this Nondiscrimination/Sexual Harassment Clause conspicuously in easily-accessible and well-lighted places customarily frequented by employees and at or near where the Grant services are performed shall satisfy this requirement for employees with an established work site.
- F. The Grantee, any subgrantee, Contractor or any subcontractor shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, against any subgrantee, Contractor, subcontractor or supplier who is qualified to perform the work to which the Grant relates.
- G. The Grantee and each subgrantee, Contractor and subcontractor represents that it is presently in compliance with and will maintain compliance with all applicable Federal, state, and local laws and regulations relating to nondiscrimination and sexual harassment. The Grantee and each subgrantee, Contractor and subcontractor further represents that it has filed a Standard Form 100 Employer Information Report ("EEO-1") with the U.S. Equal Employment Opportunity Commission ("EEOC") and shall file an annual EEO-1 report with the EEOC as required for employers' subject to *Title VII* of the *Civil Rights Act of 1964*, as amended, that have 100 or more employees and employers that have Federal government Contracts of first-tier subcontracts and have 50 or more employees. The Grantee, any subgrantee, any Contractor or any subcontractor shall, upon request and within the time periods requested by the

Commonwealth, furnish all necessary employment documents and records, including EEO-1 reports, and permit access to their books, records, and accounts by the granting agency and the Bureau of Diversity, Inclusion and Small Business Opportunities for purpose of ascertaining compliance with the provisions of this Nondiscrimination/Sexual Harassment Clause.

- H. The Grantee, any subgrantee, Contractor or any subcontractor shall include the provisions of this Nondiscrimination/Sexual Harassment Clause in every subgrant Agreement, Contract or subcontract so that those provisions applicable to subgrantees, Contractors or subcontractors will be binding upon each subgrantee, Contractor or subcontractor.
- I. The Granter's and each subgrantee's, Contractor's and subcontractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Grant Agreement through the termination date thereof. Accordingly, the Grantee and each subgrantee, Contractor and subcontractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Grant Agreement, it becomes aware of any actions or occurrences that would result in violation of these provisions.
- J. The Commonwealth may cancel or terminate the Grant Agreement and all money due or to become due under the Grant Agreement may be forfeited for a violation of the terms and conditions of this Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place the Grantee, subgrantee, Contractor, or subcontractor in the Contractor Responsibility File.

## **II. ADDITIONAL PROVISIONS RELATING TO NONDISCRIMINATION/SEXUAL HARASSMENT.**

The following language replaces Paragraph 36 of the Standard General Terms and Conditions (Rev. 2/15) in its entirety:

The Grantee agrees:

- A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the Contract or any subcontract, the Contractor, each subcontractor, or any person acting on behalf of the Contractor or subcontractor shall not discriminate by reason of religion, age, handicap or national origin, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.
- B. Neither the Contractor nor any subcontractor or any person on their behalf shall in any manner discriminate against or intimidate any of its employees on account of religion, age, handicap or national origin.
- C. The Grantee, any subgrantee, Contractor or any subcontractor shall not discriminate by reason of religion, age, handicap or national origin against any subgrantee, contractor, subcontractor or supplier who is qualified to perform the work to which the contracts relates.
- D. The Contractor and any subcontractors shall ensure that any services or benefits available to the public or other third parties by way of this Contract shall not be denied or restricted for such persons due to race, creed, color, religion, gender, sexual orientation, gender identity or expression, age, handicap, or national origin (national origin protections include persons who are limited English proficient) consistent with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, The Age Discrimination Act of 1975, applicable provisions of the Omnibus Reconciliation Act of 1981 and Pennsylvania Management Directive 215.16.
- E. The Contractor and each subcontractor shall furnish all necessary employment documents and records to and permit access to its books, records, and accounts by the contracting officer and the Department of General Services' Bureau of Diversity,

Inclusion and Small Business Opportunities for purposes of investigation to ascertain compliance with the provisions of this Additional Provisions relating to Nondiscrimination/Sexual Harassment Clause. If the Contractor or any subcontractor does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by the contracting officer or the Bureau of Diversity, Inclusion and Small Business Opportunities.

- F. The Commonwealth may cancel or terminate the Grant Agreement and all money due or to become due under the Grant Agreement may be forfeited for a violation of the terms and conditions of this Section II, Additional Provisions Relating To Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place the Grantee, subgrantee, Contractor, or subcontractor in the Contractor Responsibility File.

### **III. CONTRACTOR RESPONSIBILITY PROVISIONS**

The following language replaces Paragraph 41 of the Standard General Terms and Conditions (Rev. 2/15) Incorporated Document in its entirety:

The Grantee agrees:

For the purpose of these provisions, the term Contractor is defined as any person, including, but not limited to, a bidder, offeror, loan recipient, grantee or lessor, who has furnished or performed or seeks to furnish or perform, goods, supplies, services, leased space, construction or other activity, under a contract, grant, lease, purchase order or reimbursement agreement with the Commonwealth of Pennsylvania (Commonwealth). The term Contractor includes a permittee, licensee, or any agency, political subdivision, instrumentality, public authority, or other public entity in the Commonwealth.

- A. The Contractor certifies, in writing, for itself and its subcontractors required to be disclosed or approved by the Commonwealth, that as of the date of its execution of this Bid/Contract, that neither the Contractor, nor any such subcontractors, 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 its Bid/Contract, a written explanation of why such certification cannot be made.
- B. The Contractor also certifies, in writing, that as of the date of its execution of this Bid/Contract it has no tax liabilities or other Commonwealth obligations, or has filed a timely administrative or judicial appeal if such liabilities or obligations exist, or is subject to a duly approved deferred payment plan if such liabilities exist.
- 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 Commonwealth 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, to the best knowledge of the Contractor, 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 Commonwealth 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 that 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 visiting the eMarketplace website at <http://www.emarketplace.state.pa.us> and clicking the Debarment List tab.

#### **IV. MINIMUM PERSONAL COMPUTER HARDWARE, SOFTWARE, AND PERIPHERALS REQUIREMENTS (REV. 1/19)**

In accordance with the Department's Bureau of Informatics and Information Technology standards:

- A. The Contractor shall adhere to the minimum specifications for all personal Computer purchases or leases made with funds involved with this Contract. The Department's standards are specifically addressed in paragraph D below.
- B. If the Contractor has an exclusive vendor, obtained through a competitive bidding process, from whom all office equipment and related items are purchased, the Contractor shall utilize said vendor. If such exclusive vendor is not used by the Contractor, then three competitive price estimates shall be procured and documented by the Contractor before the personal computer hardware and software shall be purchased. A letter stating which of the above methods is used to satisfy this requirement shall be forwarded to the program staff at the Department within 30 days of the aforementioned purchase. This section supersedes Paragraph 37A of the incorporated document entitled, "Standard General Terms and Conditions" (Grant Agreement) or Paragraph 24A of the incorporated document entitled, "Additional Contract Terms and Conditions" (Contract Agreement).
- C. The Contractor shall be responsible for returning any personal computer hardware, software, and peripherals to the Department within 120 days of the Contract's termination. Should the parties agree to extend the Contract term, or enter into a new Contract, either of which shall only be evidenced by further written agreement, the Contractor may be allowed to continue to maintain possession of said equipment at the Department's discretion.
- D. The parties agree that during the Contract term, the minimum computer configurations shall be in accordance with the current Commonwealth minimum personal computer configurations in effect at the time of the computer purchase to ensure compatibility with the Commonwealth network. The minimum personal computer configurations are as follows:
- Intel Core i7-7700 Processor (8M Cache, up to 4.20 GHz)
  - 8 Gigabytes (GB) of RAM
  - 256 Gigabytes (GB) Solid State Drive
  - 23" FP Monitor
  - Intel Gigabit LAN 10/100/1000 Network Interface Card (NIC)
  - USB Windows keyboard
  - USB Optical mouse
  - Sound bar
  - Windows 10
  - 64-bit Operating System
- E. Contractor shall use Industry Best Practices to secure and protect personal computer systems including but not limited to the use of virus protection, firewall, spyware and intrusion detection software and keep such software up to date with current recommended updates.
- F. Contractor shall keep all Personal Computer Operating Systems and third (3<sup>rd</sup>) Party Personal Computer Software patched with manufacturer recommended critical security patches.

- G. Contractor shall use Industry Best Practices to backup, secure and protect all data collected on personal computer systems on behalf of the Commonwealth. Contractor shall ensure that for all confidential or protected data that the Commonwealth requirements for encryption of data are met. Refer to Commonwealth Information Technology Policies Bulletins for Security at:

<https://itcentral.pa.gov/Pages/IT-Policies.aspx>

- H. Personal Computers under this Contract that connect with Commonwealth Information Technology systems or that may during their lifecycles connect with those systems must comply with applicable standards published by the Commonwealth in their Information Technology Bulletins (IFBs) which can be found at the following location:

<https://itcentral.pa.gov/Pages/IT-Policies.aspx>

If there is a need to deviate from these standards/policies, Contractor seeking a waiver must contact the Project Officer.



**Program: Official Program Title**

**Situation: The need being addressed by the proposed program.**

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<p>Inputs, or factors, are resources and/or barriers, which potentially enable or limit program effectiveness.</p> <p>Enabling protective factors or resources may include funding, existing organizations, potential collaborating partners, existing organizational or interpersonal networks, staff and volunteers, time, facilities, equipment, and supplies.</p> <p>Limiting risk factors or barriers might include such things as attitudes, lack of resources, policies, laws, regulations, and geography.</p>	<p>Activities are the processes, techniques, tools, events, technology, and actions of the planned program.</p> <p>These may include products – promotional materials and educational curricula; services – education and training, counseling, or health screening; and infrastructure – structure, relationships, and capacity used to bring about the desired results.</p>	<p>Participation outputs are the direct results of program activities.</p> <p>They are usually described in terms of the size and/or scope of the services and products delivered or produced by the program.</p> <p>They indicate if a program was delivered to the intended audiences at the intended “dose.”</p> <p>A program output, for example, might be the number of classes taught, meetings held, or materials produced and distributed; program participation rates and demography; or hours of each type of service provided.</p>	<p>Short-term outcomes are specific changes in attitudes, knowledge, skills, status, or level of functioning expected to result from program activities and which are most often expressed at an individual level.</p>	<p>Medium-term outcomes are changes in behavior and action expected to result from new knowledge developed during program activities.</p>	<p>Long-term outcomes are also called Impacts.</p> <p>Impacts are organizational, community, and/or system level changes expected to result from program activities, which might include improved conditions, increased capacity, and/or changes in the policy arena.</p>

**Assumptions**

Address why the approach will be effective and the strategy needed to achieve the expected result. Draw direct conclusions about the statement of need and the capacities in the community. State how the program intends to function as an intervention to solve identified problems or build existing assets.

**External Factors**

External factors may include political environments, economic situations, social influences, geographic constraints, and even the weather. Identify the external factors that will, or could, affect the success of the program.

W.K. Kellogg Foundation, *Logic Model Development Guide* (Updated January 2004)  
Innovation Network, Inc., *Logic Model Workbook* (2005)  
Corporation for National & Community Service (Producer) *How to Develop a Program Logic Model*

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