



November 30, 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) #67-132.

All questions regarding this RFA must be directed by e-mail to [sklucar@pa.gov](mailto:sklucar@pa.gov), no later than 12:00 p.m. on December 21, 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 **January 25, 2022**. Applications can be submitted as soon as they are ready for submission; to prevent late submissions, applicants are encouraged to not wait until this closing date and time. The timestamp on the received application email in the [RA-DHHEALTH\\_DEPT\\_DOC@pa.gov](mailto:RA-DHHEALTH_DEPT_DOC@pa.gov) inbox is the final and only timekeeper to determine if the application was received by the deadline.

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

Please type "APPLICATION ENCLOSED RFA #67-132" 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,

Carrie Thompson  
For Agency Head  
Office of Procurement

Enclosure

Request for Application  
Community-Based Doula Programs

RFA Number  
67-132

Date of Issuance  
November 30, 2021

Issuing Office: Pennsylvania Department of Health  
Office of Procurement  
Email: [RA-DHHEALTH\\_DEPT\\_DOC@pa.gov](mailto:RA-DHHEALTH_DEPT_DOC@pa.gov)

RFA Project Officer: Shanna Klucar  
Pennsylvania Department of Health  
Bureau of Family Health  
Division of Child and Adult Health Services  
Email: [sklucar@pa.gov](mailto:sklucar@pa.gov)

# Community-Based Doula Programs

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### Application Forms and Attachments

- I. Cover Page
- II. Certifications
- III. Application Template
- IV. Budget Template is downloadable and is attached for completion of the budget request.

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 and may be found at <http://www.health.pa.gov/vendors>. These terms and conditions are listed below:

- Payment Provisions (Rev. 8/21)
- 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)

# PART ONE

## **Community-Based Doula Programs**

### General Information

## **A. Information for Applicants**

The Pennsylvania Department of Health (Department) is responsible for administering the Title V Maternal and Child Health (MCH) Services Block Grant for Pennsylvania. The Title V Block Grant 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 Title V Block Grant 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, and their families.

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.

The work of this Request for Applications (RFA) will address the following Title V MCH Services Block Grant Action Plan priorities: (1) Reduce or improve maternal morbidity and mortality, especially where there is inequity, 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 mission of the Bureau of Family Health (BFH) is “to equally protect and equitably promote the health and well-being of pregnant people, their partners, their children, and all families in PA.” Implicit in the BFH's mission is a commitment to health equity, which the World Health Organization (WHO) defines as “implying that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.”

Health equity occurs when all people have the opportunity to be as healthy as possible, and no one is limited in achieving good health because of their social position or any other social determinant of health. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. According to [Healthy People 2030](#), achieving health equity “requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

The United States ranks 60<sup>th</sup> in maternal mortality globally, even though it spends more than any other country on maternal care (Strauss, 2015). Per the [CDC's Pregnancy Mortality Surveillance System](#), significant racial disparities exist nationally, with people who are Black experiencing a maternal mortality rate three times higher than that of people who are White . Although rates of

infant mortality, pre-term birth, and maternal mortality have declined in Pennsylvania, racial disparities persist, with higher rates of adverse maternal and infant health outcomes among Black communities. According to the Department's [Healthy People 2020 report](#), from 2013 to 2017 Pennsylvania's rate of maternal mortality for pregnant people that are White was 9.1 per 100,000 live births, while the rate for pregnant people that are Black was 24.7. According to the [CDC](#), at least half of maternal deaths in the United States are preventable. Factors that contribute to pregnancy-related death include lack of access to care, missed or delayed diagnoses, and not recognizing warning signs.

Doulas are trained to provide non-clinical emotional, physical and informational support, education and advocacy during pregnancy, labor, and in the early postpartum period. In addition, doulas help empower pregnant people to establish and maintain positive communications with care providers, resulting in increased engagement in healthcare decision-making (Kozhimannil, 2016). Doulas spend up to 11 times more time with clients as do other health care providers (Bey, 2019), and encourage pregnant or postpartum people experiencing warning signs to seek medical attention prior to experiencing a life-threatening emergency. Doula care also improves maternal health outcomes by reducing unnecessary medical procedures that can result in serious short- and long-term complications (Strauss, 2015). In 2017, a Cochrane systematic review found that doula care increases the rates of extended and exclusive breastfeeding/chestfeeding; reduces the use of non-indicated c-sections; reduces the use of epidurals in favor of alternative pain management techniques; and reduces the likelihood of postpartum depression. Unfortunately, although doula support can reduce health disparities and improve health equity, this care is often inaccessible due to financial constraints or the limited availability of culturally-competent doulas serving low-income communities.

Community-based doulas provide pregnant people and their partners with low-cost or free education, support, and counseling during pregnancy, birth, and the postpartum period; focus on eliminating health barriers and disparities; and promote healthy bonding between pregnant people and their babies. In contrast to conventional doulas, community-based doulas share the same background, culture, and language as the pregnant people they support. They also have additional training in social determinants of health, trauma, and racial equity that supplements the traditional doula education curriculum.

During prenatal home visits, community-based doulas assess families' needs and strengths, help them develop a birth plan, promote positive health behaviors, and facilitate access to prenatal care and other resources. During labor, doulas provide physical and emotional support, help decrease communication barriers between laboring persons and medical care teams and assist clients in making informed decisions about medical procedures and medications. During postpartum visits, doulas focus on supporting breastfeeding/chestfeeding; fostering positive parent-child interactions; providing information on infant development, care, and safety; and referring individuals to community resources to address other health or environmental concerns.

HealthConnect One (HC One) provides community health agencies with the training, technical support, and mentorship necessary to establish effective community-based doula programs using the HC One model. Under the HC One model, a doula provides a pregnant person and their family with resources, education, advocacy, and culturally-relevant peer support throughout pregnancy, labor, and the early postpartum period. Programs utilizing the evidence-based HC One model employ community members, collaborate with community stakeholders, and use a diverse team approach.

HC One community-based doula programs have the potential to reduce racial disparities and promote equity in health outcomes, mitigate risk factors, and promote the development of protective factors. In areas where an HC One community-based doula program has already been implemented, the program has been demonstrated to reduce medical interventions during labor and birth, improve bonding between parent and baby, improve rates of breastfeeding/chestfeeding, and support infant care.

For additional information about the HC One community-based doula program model, please see the following links:

- HC One Community-Based Doula Program Overview: [https://www.healthconnectone.org/our-work/community\\_based\\_doula\\_program/](https://www.healthconnectone.org/our-work/community_based_doula_program/)
- AMCHP Innovation Station - Best Practice (2015): <http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/HealthConnect.pdf#search=doula>
- U.S. Department of Health & Human Services - Home Visiting Evidence of Effectiveness - Implementing HC One's Community-Based Doula Program: <https://homvee.acf.hhs.gov/implementation/HealthConnect%20One%27s%C2%AE%20Community-Based%20Doula%20Program/Model%20overview>
- National Home Visiting Resource Center - Model Profile - HC One's Community-Based Doula Program: [https://nhvrc.org/model\\_profile/healthconnect-ones-community-based-doula-program/](https://nhvrc.org/model_profile/healthconnect-ones-community-based-doula-program/)

Through this RFA process, the Department is soliciting Grant applications on Community-Based Doula Programs from Pennsylvania institutions and organizations. The Department is interested in funding Grant applications addressing the development and implementation of community-based doula programs utilizing the HC One model in Pennsylvania communities with high rates of racial disparities in preterm birth and infant mortality. The overall goal of this funding is to promote the use of community-based doula programs to reduce racial disparities in maternal morbidity and mortality at the community level. The anticipated Grant Agreement term is July 1, 2022 to June 30, 2025, subject to the availability of funding. Pending availability of funds, the Department may award up to two Grant Agreements.

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

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 10% 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 Pennsylvania MCH institutions and organizations in communities with high rates of racial disparities in preterm birth and infant mortality, and that have the capacity to develop, implement, and sustain a community-based doula program utilizing the HC One model. 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 Shanna Klucar at [sklucar@pa.gov](mailto:sklucar@pa.gov), no later than 12:00 p.m. on December 21, 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 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, in its sole and complete discretion, to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
- d) The Department is not liable for any costs the applicant incurs in preparation and submission of its application, in participating in the RFA process or in anticipation of award of the resulting Grant Agreement(s).
- e) The Department reserves the right to cancel the RFA at any time up until the full execution of the resulting Grant Agreement(s).
- f) 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 Agreement must acknowledge the Department as the granting agency, and be approved in writing by the Department.
- g) Applicants who intend to subcontract for any part of the services provided shall demonstrate a previous successful partnership with the subcontractor and provide a letter of commitment or a Memorandum of Understanding (MOU) from each proposed subcontractor to confirm an established partnership for implementation of the project. The letter must be signed by an authorized official from each site where programming will be delivered. The letter must identify the project, specify what services they will contribute, state their capacity to fulfill their responsibilities, state their commitment to the program's success, and their intent on being a location for a community-based doula program.

## 2. Evaluation of Application

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 Child and Adult Health Services 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 will include:

- a) **Statement of the Problem:** Applicants shall describe the nature and scope of the problem(s) that the implementation of a community-based doula program (“program”) will address. Applicants shall demonstrate an understanding of health equity and culturally and linguistically appropriate services, and of racial disparities in maternal and infant health outcomes. Applicants shall provide details regarding the population currently served by the organization, and of the population or community that will be served by the program. Applicants shall describe the identified needs of their community and provide evidence, per the Department’s Enterprise Data Dissemination Informatics Exchange (EDDIE) or other sources, that the community has high rates of racial disparities in preterm birth and infant mortality.
- b) **Goals and Objectives:** Applicants shall describe the program’s intent to change, reduce or eliminate the problem(s) identified in Section B. 2. a. and outline the project’s goals. Applicants shall describe specific, measurable objectives as quantifiable statements of the program’s desired results, clearly linked to the problem in Section B. 2. a.
- c) **Performance Measures:** Applicants shall explain what performance measures they intend to report on and explain how the performance measures are related to the goals and objectives of the project. At a minimum, applicants shall collect performance measure data as identified in Section B. 5. a. Applicants shall explain how they will report data for all performance measures and how all required information will be collected, measured and tracked internally, uploaded to the HC One database and reported. Applicants shall describe ongoing strategies for monitoring and evaluating individual and program performance to identify and solve problems that could impact success. Applicants shall address how they will measure client satisfaction and utilize that data to continuously improve services. Applicants shall explain how they will determine whether their program is adhering

to the HC One community-based doula program model by evaluating fidelity throughout program implementation.

- d) **Program Design and Implementation:** Applicants shall describe the strategies they will use to achieve the goals and objectives identified in Section B. 2. b. Applicants shall designate staff to oversee and manage the program, including a designated site director and a part- or full-time supervisor to oversee the development, implementation, and management of the community-based doula program.

Additionally, applicants shall describe in detail the following:

- (1) How they shall recruit, train, and hire a minimum of two full-time doulas from the community they will serve.
  - (2) How they shall involve their service community in planning and implementing the program.
  - (3) How their program shall be implemented, including planning activities and their rationale.
  - (4) Potential barriers that may arise, and how the applicant shall respond to and overcome these barriers as part of a continuous quality improvement process.
- e) **Timeline:** Applicants shall include a timeline for planning, developing, coordinating, implementing, sustaining, and evaluating a community-based doula program using the HC One model in their community. The timeline shall describe the major tasks associated with the goals and objectives of this project, assign responsibility for each task, plot completion of each task by month or quarter for the duration of the award, and provide anticipated start and end dates for each step of the implementation process.

The following tasks are associated with specific timeline requirements and shall be accounted for within the applicants' timeline. Awarded applicants shall:

- (1) Complete the HC One application process ([https://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/Doula\\_and\\_PC\\_Replication\\_App\\_6.pdf](https://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/Doula_and_PC_Replication_App_6.pdf)) by the end of Month two of the Grant Agreement.
- (2) Begin providing doula services using the HC One model to pregnant people

in the prenatal period by the end of month nine of the Grant Agreement.

- (3) Utilize the HC One data collection system when the program begins serving clients, for the remaining term of the Grant Agreement.
  - (4) Evaluate their community-based doula program in years two and three of the Grant Agreement.
  - (5) Complete the full HC One community-based doula program accreditation process by the end of year three of the Grant Agreement.
  - (6) Provide prenatal, labor and delivery, and postpartum doula services using the HC One model to a minimum of 125 families by the end of year three of the Grant Agreement.
  - (7) Develop a plan to achieve health equity in the populations Title V serves, within 180 calendar days of the effective date of the Grant Agreement. The awarded applicant shall align their health equity plan with the goals and strategies of the *National Stakeholder Strategy for Achieving Health Equity*. The plan shall be reviewed and updated annually.
  - (8) Participate in local, regional and statewide efforts to achieve health equity, as the Department requests, throughout the Grant Agreement.
- f) **Capabilities and Competencies:** Applicants shall describe the characteristics and qualifications of the organization that will develop, implement, and oversee the program. The applicant shall include a description of the organization's capacity to serve the target population.

Additionally, applicants shall provide descriptions of the following:

- (1) The applicant's organizational structure and operations;
- (2) The organization's experience in providing quality coordination of resources and community services in the organization's service area;
- (3) The organization's history of implementing MCH programs, including outcomes;
- (4) The organization's experience in implementing community-based programs that focus on increasing health equity and reducing racial disparities in infant or maternal health outcomes;

- (5) The organization's readiness to implement a community-based doula program;
  - (6) The organization's experience and ability to work successfully in racially and ethnically diverse settings, or to collaborate with agencies with such experience;
  - (7) The organization's experience and ability to work collaboratively with public funding sources, such as county, state, or Federal governments;
  - (8) The qualifications, roles, and responsibilities of the program supervisor, site director and any other key project staff, subcontractors, or consultants who will be working on tasks related to this RFA. The resume(s) of the supervisor, site director and any other key personnel shall be included;
  - (9) Potential community collaborators, including each organization's prospective role in the development and implementation of the program; and
  - (10) Any leveraged resources (cash or in-kind) from other sources that will be used to support the project.
- g) **Budget Detail and Budget Narrative:** Applicants shall accurately complete the downloadable budget template (with an overall summary, and summary with budget details for each year) and demonstrate a reasonable, cost-effective budget for the work proposed and appropriate for the need within the area to be served.

In addition to the downloadable budget format, the applicant shall include a budget narrative. The budget narrative shall be mathematically sound, broken down by fiscal year, correspond with the information and figures provided in the Budget Detail Summary, and include the following information:

- (1) Justification supporting the need to allocate funds for items in the spreadsheet of the itemized budget. The justification shall provide a clear description of how budget items directly relate to the completion of project activities and clearly describe every category of expense listed in the Budget Detail Summary.
- (2) A description of how the applicant shall maximize cost-effectiveness of anticipated Grant Agreement expenditures and use the minimum amount of resources to achieve goals and objectives.

- (3) An explanation of how the applicant estimated and calculated all costs, and how they are relevant to the completion of the proposed project.

The Budget Detail and Budget Narrative are not included in the 15-page limit for the Work Statement.

### **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 the Division of Child and Adult Health Services within 30 calendar days of the written official notification of the status of the application. The Division of Child and Adult Health Services will determine the time and place for the debriefing. If the debriefing is held via Teams, a link, phone number, and conference ID number will be provided. The debriefing will be conducted individually by Division of Child and Adult Health Services 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) Awarded applicants shall plan, develop, coordinate, and implement a community-based doula program (program) in their identified community. Specifically, awarded applicants shall:
  - (1) Designate a part- or full-time supervisor and site director to be responsible for overseeing the development, implementation, and management of their program. The supervisor and site director positions may be held by the same individual, if the awarded applicant(s) so choose. If the supervisor is not a midwife, labor and delivery nurse, or obstetric or pediatric health care professional, the awarded applicant shall designate a clinical expert as a consultant for training and support.
  - (2) Complete the HC One application process ([https://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/Doula\\_and\\_PC\\_Replication\\_App\\_6.pdf](https://www.healthconnectone.org/wp-content/uploads/bsk-pdf-manager/Doula_and_PC_Replication_App_6.pdf)).
  - (3) Complete the HC One community-based doula train-the-trainer training.

- (4) Hold a community stakeholder meeting that includes representation from prospective community partners and other MCH stakeholders, to provide information, and receive feedback, about the proposed program.
  - (5) Recruit, hire, and train at least two full-time doulas; one part-time back-up doula; and one clinical consultant (if the supervisor lacks clinical experience).
    - (a) Doulas shall share the same background, culture, and language as the pregnant people they will support.
    - (b) Doulas shall complete the HC One community-based doula training even if they have previously completed doula training through organizations other than HC One.
    - (c) In addition to the HC One community-based doula training, awarded applicants shall provide at least eight hours of training for their doulas on the topics of 1) reproductive justice and implicit bias (individual and systemic), and 2) cultural competency regarding sexual orientation, gender identity and expression. The source and format of these trainings is at the discretion of the awarded applicants but must first be approved in writing by the Department.
  - (6) Complete the full HC One community-based doula program accreditation process.
  - (7) Provide prenatal, labor and delivery, and postpartum doula services using the HC One model to a minimum of 125 pregnant people or families.
  - (8) Achieve and maintain accreditation through HC One.
  - (9) Make certain that a broad range of community partners, people served, and other MCH stakeholders in their targeted community are knowledgeable about the community-based doula program.
- b) Awarded applicants shall participate in client satisfaction data collection and reporting activities as established by the Department, including collecting and reporting feedback from the awarded applicants and the awarded applicants' clients to improve the services for Pennsylvania's maternal and infant population.
  - c) Awarded applicants shall develop a sustainability plan, which shall include, but not be limited to, the identification and procurement of alternate resources and the

development and implementation of policies and procedures necessary to continue the services and deliverables in the Grant Agreement following the termination of the Grant Agreement. The Grantee shall submit for approval the sustainability plan within 180 calendar days of the Grant Agreement being fully executed.

- d) Awarded applicants shall create a health equity plan that encompasses all clients, potential clients, service organizations, and other partners within the region.
- e) Awarded applicants shall incorporate achievable health equity deliverables into their project or program. Applicants shall describe ways they will implement and measure these health equity deliverables. Awarded applicants shall:
  - (1) Provide services in an equitable manner to all populations served and especially currently underserved, socially disadvantaged, and ethnically diverse groups. Services must be culturally and linguistically appropriate and consistent with the provisions of the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards). The CLAS Standards can be accessed at: [Home - Think Cultural Health \(hhs.gov\)](http://www.hhs.gov). The Department will provide technical assistance as necessary.
  - (2) Identify specific groups, populations, or subpopulations to be served who experience a disproportionate burden of diseases, health conditions, or problems that this Grant Agreement is designed to address.
  - (3) Identify and address the specific social determinants of health that put disproportionately affected groups at increased risk of the diseases, health conditions or problems that this Grant Agreement is designed to address.

## **5. Reporting Requirements**

- a) Awarded applicant(s) shall be required to submit timely, comprehensive data to HC One's data collection system. At a minimum, the following outcomes shall be reported: number and frequency of doula-client visits; week of pregnancy that doula care starts; type of delivery (vaginal birth versus cesarean section); breastfeeding/chestfeeding initiation and duration; term length; birthweight; infant mortality; and maternal mortality.
- b) Awarded applicant(s) shall be required to submit quarterly reports to the Department within 30 calendar days of each quarter ending. Quarterly reports shall include a narrative detailing the activities that have been completed with Grant Agreement funding along with data on the progress of the project. In addition, the quarterly report shall include the total number of pregnant people served, maternal demographics (at a



minimum: race, ethnicity, insurance type, age, sexual orientation, and gender identity/expression), and data for the following outcomes: number and frequency of doula-client visits; week of pregnancy that doula care starts; type of delivery (vaginal birth versus cesarean section); breastfeeding/chestfeeding initiation and duration; term length; birthweight; infant mortality; and maternal mortality.

- c) Awarded applicant(s) shall be required to submit written, year-end progress reports to the Department within 60 calendar days following the end of each Grant Agreement year. This annual progress report shall identify if activities are proceeding according to the project plan and explain any deviations from the project plan. The annual progress report shall include the total number of pregnant people served, maternal demographics (race, ethnicity, insurance status, and age), and data for the following outcomes: number and frequency of doula-client visits; week of pregnancy that doula care starts; type of delivery (vaginal birth versus cesarean section); breastfeeding/chestfeeding initiation and duration; term length; birthweight; infant mortality; and maternal mortality. The annual progress report shall also include qualitative data on client engagement, provision of educational sessions, and progress on achieving health equity. Any changes to the scope or methodology of the project during the term of the Grant Agreement must be approved in writing by the Department.
- d) Awarded applicant(s) shall be required to submit a final written report to the Department within 90 calendar days after the end date of the Grant Agreement. The final report shall summarize progress in accomplishing proposed tasks, obstacles to achieving goals and actions taken to overcome obstacles.
- e) Awarded applicant(s) shall be required to inform the Department in writing of any changes in key personnel. Key personnel are defined as any personnel the applicant deems necessary to accomplish the deliverables.
- f) Awarded applicant(s) shall be required to collect and report client satisfaction data measuring the quality of customer relationships and services, including feedback from the awarded applicant(s) and the awarded applicant's clients, to the Department on an annual basis, in a format to be provided by the Department. Data shall be collected using forms, surveys, focus groups or other methods provided by the Department.
- g) Awarded applicant(s) shall be required to respond to additional requests for reports or data, as determined 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). The application can be submitted as soon as it is ready for submission; to prevent late submissions, applicants are encouraged to not wait until the closing date and time in the cover letter.**
- c) 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.

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 12 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) **Summary of Application** – The summary of application should not exceed two pages and must include the following:
  - (1) Title of project;
  - (2) Objectives;
  - (3) Brief summary of project;
  - (4) Outline of anticipated results; and

(5) Anticipated impact of project.

- d) **Application Template**– Provide a narrative description of the proposed methodology addressing the following topics:
  - (1) Statement of the Problem;
  - (2) Goals and Objectives;
  - (3) Performance Measures;
  - (4) Program Design and Implementation;
  - (5) Timeline;
  - (6) Capabilities and Competencies; and
  - (7) Budget Narrative.

**The Application Template shall not exceed 20 pages (single-spaced and numbered consecutively, starting with page 1).** All applicants shall provide a response for each item in Attachment IV, Application Template, in the order listed above, and are not to make any changes to the Application Template language.

- e) **Attachments:** Include letters of support, letters of commitment, Memorandums of Understanding, resumes or curriculum vitae, organizational chart, and other attachments to support the work statement narrative.
- f) **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 July 1, 2022 to June 30, 2025. The overall 36-month budget for the application shall not exceed \$600,000.00. Your budget needs to contain an Overall Summary in addition to a Summary with Budget Details for each year.

The Department reserves the right to fund applicants at an amount less than requested if it is judged that an application can be implemented at a lower level funding. The maximum funding amount that may be awarded is \$600,000. Yearly budget amounts must be a minimum of \$25,000. A maximum of two awards not to exceed \$200,000 per state fiscal year may be awarded.

<b>Overall Summary</b>	<b><u>July 1, 2022 to June 30, 2025</u></b>	<b><u>\$600,000.00</u></b>
Year 1 Summary	<u>July 1, 2022 to June 30, 2023</u>	<u>\$200,000.00</u>
Year 2 Summary	<u>July 1, 2023 to June 30, 2024</u>	<u>\$200,000.00</u>
Year 3 Summary	<u>July 1, 2024 to June 30, 2025</u>	<u>\$200,000.00</u>

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.

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### References

Bey, A., Brill, A., Porchia-Albert, C., Gradilla, M., Strauss, N. Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities. 2019.  
<https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>

Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. The Cochrane database of systematic reviews. 2017;7:CD003766.  
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003766.pub6/full>

Kozhimannil KB, Hardeman RR, Alarid-Escudero F, Vogelsang CA, Blauer-Peterson C, Howell EA. Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery. Birth (Berkeley, Calif). 2016; 43(1):20-27. 13.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5544530/>

Kozhimannil KB, Attanasio LB, Jou J, Joarnt LK, Johnson PJ, Gjerdingen DK. Potential benefits of increased access to doula support during childbirth. The American journal of managed care. 2014; 20(8):e340-352. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5538578/>

Strauss N, Giessler K, McAllister E. How Doula Care Can Advance the Goals of the Affordable Care Act: A Snapshot From New York City. J Perinat Educ 2015;24(1):8-15.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4720857/>

# PART TWO

Pennsylvania Department of Health  
Bureau of Family Health  
Division of Child and Adult Health Services

## **Community-Based Doula Programs**

**Request for Applications (RFA) #67-132**



**COVER PAGE**  
**RFA #67-132**

**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 #67-132.

**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



# Application Template

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

## **Section A: Statement of Problem (per Section B, Subsection 2.a)**

1. Describe the nature and scope of the problem(s) that the implementation of a community-based doula program (“program”) will address. This description shall demonstrate an understanding of health equity and culturally and linguistically appropriate services, and of racial disparities in maternal and infant health outcomes.
2. Describe the population currently served by the organization, and of the population or community that will be served by the program.
3. Describe the identified needs of the community and provide evidence, per the PA-DOH Enterprise Data Dissemination Informatics Exchange (EDDIE) or other sources, that the community has high rates of racial disparities in preterm birth and infant mortality.

## **Section B: Goals and Objectives (per Section B, Subsection 2.b)**

1. Describe the program’s intent to change, reduce or eliminate the problem(s) identified in Section B, Subsection 2.a. and outline the project’s goals.
2. Describe specific, measurable objectives as quantifiable statements of the program’s desired results, clearly linked to the problem in Section B, Subsection 2.a.

## **Section C: Performance Measures (per Section B, Subsection 2.c)**

1. Explain what performance measures will be reported on and explain how the measures are related to the goals and objectives of the project.
2. Explain how data will be reported for all performance measures and how all required information will be collected, measured and tracked internally, uploaded to the HC One database, and reported.
3. Describe ongoing strategies for monitoring and evaluating individual and program performance to identify and solve problems that could impact success.
4. Describe how client satisfaction will be measured and how that data will be utilized to continuously improve services.
5. Explain how it will be determined whether the program is adhering to the HC One community-based doula program model by evaluating fidelity throughout program implementation.

**Section D: Program Design and Implementation (per Section B, Subsection 2.d)**

1. Describe the strategies to be used to achieve the goals and objectives identified in Section B, Subsection 2.b.
2. Provide details about the staff that will oversee and manage the program, including a designated site director and supervisor to oversee the development, implementation, and management of the community-based doula program.
3. Describe in detail how a minimum of two full-time doulas will be recruited, hired and trained from the community to be served.
4. Describe in detail how the service community will be involved in planning and implementing the program.
5. Describe in detail how the program will be implemented, including planning activities and their rationale.
6. Describe in detail potential barriers that may arise, and how these barriers will be responded to and overcome as part of a continuous quality improvement process.

**Section E: Timeline (per Section B, Subsection 2.e)**

1. Provide a timeline for planning, developing, coordinating, implementing, sustaining, and evaluating a community-based doula program using the HC One model in their community. The timeline shall describe the major tasks associated with the goals and objectives of this project, assign responsibility for each task, plot completion of each task by month or quarter for the duration of the award, and provide anticipated start and end dates for each step of the implementation process. The timeline shall include the tasks in Section B, Subsection 2.e.1 through 2.e.8, which are associated with specific timeline requirements.

**Section F: Capabilities and Competencies (per Section B, Subsection 2.f)**

1. Describe the characteristics and qualifications of the organization that will develop, implement, and oversee the program. Include a description of the organization's capacity to serve the target population.
2. Describe the organization's structure and operations.
3. Describe the organization's experience in providing quality coordination of resources and community services in the service area.
4. Describe the organization's history of implementing MCH programs, including outcomes, and the organization's experience in implementing community-based programs that focus on increasing health equity and reducing racial disparities in infant or maternal health outcomes.
5. Describe the organization's readiness to implement a community-based doula program.

6. Describe the organization's experience and ability to work successfully in racially and ethnically diverse settings, or to collaborate with agencies with such experience.
7. Describe the organization's experience and ability to work collaboratively with public funding sources, such as county, state, or federal governments.
8. Describe the qualifications, roles, and responsibilities of the program supervisor, site director and any other key project staff, subcontractors, or consultants who will be working on tasks related to this RFA. Include the resume(s) of the supervisor, site director and any other key personnel.
9. Describe potential community collaborators, including each organization's prospective role in the development and implementation of the program. Describe any leveraged resources (cash or in-kind) from other sources that will be used to support the project.

**Section G: Budget Narrative (per Section B, Subsection 2.g)**

1. Provide a budget narrative that is mathematically sound, broken down by fiscal year, and corresponds with the information and figures provided in the Budget Detail Summary.
2. Provide a justification that supports the need to allocate funds for items in the spreadsheet of the itemized budget. The justification shall provide a clear description of how budget items directly relate to the completion of project activities and clearly describe every category of expense listed in the Budget Detail Summary.
3. Provide a description of how the organization shall maximize cost-effectiveness of anticipated Grant Agreement expenditures and use the minimum amount of resources to achieve goals and objectives.
4. Provide an explanation of how the organization estimated and calculated all costs, and how they are relevant to the completion of the proposed project.

# **Budget Template**

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

**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. 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.

## IV. HEALTH DISPARITIES INITIATIVE

The Department is committed to the mitigation and elimination of health disparities in Pennsylvania's maternal, infant, child, and adolescent population. Healthy People 2020 defines a *health disparity* as "a particular type of health difference that is closely linked with social, economic, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."



**RFA # 67-132****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). Within 10 days of award of the Contract or Purchase Order, the Contractor must submit or must have already submitted its ACH information within its user profile in the Commonwealth's procurement system (SRM). Within 10 days of the Grant award, the Grantee must submit or must have already established its ACH information in the Commonwealth's Master Database. The Grantee will also be able to enroll to receive remittance information via electronic addenda and email (e-Remittance). ACH and e-Remittance information is available at <https://www.budget.pa.gov/Services/ForVendors/Pages/Direct-Deposit-and-e-Remittance.aspx>.
  - a. 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 (for Contracts or Purchase Orders) or to the invoice or program (for Grant Agreements).
  - b. 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 Master Database (for Grant Agreements) is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
  - c. In the event this language conflicts with language contained elsewhere in this agreement, the language contained herein shall control.