



**March 25, 2024**

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) #67-184.

A pre-application conference will be held via Microsoft Teams on April 15, 2024 from 11:00am – 12:00pm ET. Potential applicants can join via Microsoft Teams by clicking on this link: <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting> and entering the following: The meeting ID is **234 680 785 864**, and meeting Passcode is **7DMhn3**; or by phone at (267) 332-8737, Phone Conference ID: 998 742 435#. If attending by phone, any content shown on Teams call screen will not be visible. Applicant attendance is optional.

All questions regarding this RFA must be directed by e-mail to [akrom@pa.gov](mailto:akrom@pa.gov), no later than 12:00 p.m. ET on April 8, 2024. All questions must include the specific section of the RFA about which the potential applicant is requesting clarification. 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.

Submit one application, (Part 2 of this RFA) by email to [RA-DHHEALTH\\_DEPT\\_DOC@pa.gov](mailto:RA-DHHEALTH_DEPT_DOC@pa.gov). The Department cannot accept secure or encrypted emails. Any submission via secure or encrypted email will be immediately discarded. Applications must be received no later than 1:30 p.m. ET on **April 30, 2024**. 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.**

Type "APPLICATION ENCLOSED RFA #67-184" 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,

Office of Procurement  
For Agency Head

Enclosure

# Request for Application

## Regional Maternal Health Coalitions

RFA Number  
#67-184

Date of Issuance  
March 25, 2024

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

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# Regional Maternal Health Coalitions

RFA 67-184

## CONTENTS

<b><i>Part One: General Information</i></b> .....	1
A. Information for Applicants.....	2
B. Application Procedures .....	7
1. General .....	7
2. Evaluation of Applications .....	7
3. Awards.....	8
4. Deliverables .....	8
5. Reporting Requirements.....	11
C. Application Instructions and Required Format.....	12
1. Application Instructions .....	12
2. Application Format .....	12
3. Definitions .....	17
<b><i>Part Two: Title of Application</i></b> .....	19

### Application Forms and Attachments

- I. Cover Page
- II. BOP-2201 Worker Protection and Investment Certification Form
- III. Work Statement
- IV. Budget Template is downloadable and is attached for completion of the budget request

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 not negotiable and are listed below:

- Payment Provisions (Rev. 9/21)
- Standard General Terms and Conditions (Rev. 10/23) and Attachment A (Rev. 10/23)
- Audit Requirements (Rev. 8/18)
- Commonwealth Travel and Subsistence Rates (Rev. 8/18)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 1/19)
- Pro-Children Act of 1994 (Rev. 12/05)

# PART ONE

## **Regional Maternal Health Coalitions RFA# 67-184**

### General Information

## A. Information for Applicants

The mission of the Pennsylvania Department of Health (Department), 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 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 (<https://health.gov/our-work/healthy-people/healthy-people-2030/questions-answers#:~:text=Healthy%20People%20defines%20health%20equity,of%20health%20for%20a%201%20people>), 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, among other developed countries, showed recent significant increases and continued rising trends in maternal mortality and pregnancy-related deaths, falling behind the worldwide rate which dropped by about 34% globally.<sup>1</sup> A pregnancy-related death is defined as the death of a person during pregnancy or within one calendar year of the end of pregnancy from a pregnancy complication, a chain of events or disease initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy including heart and vascular disease, mental health disease, intimate partner violence, substance use disorder, lack of healthcare, and financial insecurity.<sup>2</sup> Taking a comprehensive look at each pregnancy-related death and its circumstances, the CDC’s Maternal Mortality Review Committee (MMRC) – an expert committee of academia and health professionals which review all pregnancy-associated deaths - individuals while pregnant or up to one year following the end of pregnancy– and make recommendations to address health and cultural disparities as well as increase education and awareness to prevent future deaths. According to the MMRC, more than half of pregnancy-related deaths occur up to 1 year after the end of pregnancy with the majority of these deaths disproportionately affecting communities of black, indigenous and persons of color (BIPOC).<sup>3</sup> As over 80 percent of these pregnancy-related deaths reviewed by MMRCs were deemed to be

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1 WHO - Trends in Maternal Mortality 2000-2020 (<https://www.who.int/publications/i/item/9789240068759>)

2 CDC – Preventing Pregnancy Related Deaths (<https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths.html>)

3 CDC MMRC – Pregnancy Related Deaths (<https://www.cdc.gov/reproductivehealth/maternal-mortality/docs/pdf/Pregnancy-Related-Deaths-Data-MMRCs-2017-2019-H.pdf>)

preventable - that there was at least some chance of intervention to avoid death- it is clear that opportunities exist to improve the U.S. maternal mortality rate and decrease rates for pregnancy-related deaths. Pennsylvania's MMRC's goal is to systematically review all pregnancy-associated deaths, identify root causes of these deaths and recommend strategies to reduce preventable death, disease and racial disparities related to pregnancy in Pennsylvania.

The maternal mortality review process is a cycle to comprehensively identify, review, and analyze deaths during pregnancy, childbirth, and the year postpartum; disseminate findings and recommendations; and act on results. The Pennsylvania MMRC's most recent legislative report includes recommended strategies for healthcare providers, facilities, and systems; pregnant and postpartum individuals and their families; and the community, that may be utilized to reduce pregnancy-related deaths.

The CDC's State Strategies for Preventing Pregnancy-Related Deaths: A Guide for Moving Maternal Mortality Review Committee Data to Action (<https://www.cdc.gov/reproductivehealth/maternal-mortality/docs/pdf/state-strategies-508.pdf>) presents an iterative four-step process to facilitate implementation of data-informed strategies to prevent pregnancy-related deaths. Each step should be approached through an equity lens and supported by continuous monitoring and review. These steps are as follows:

1. Collect, review and utilize relevant data to comprehend the extent of the issue;
2. Assess existing initiatives and resources related to the MMRC's recommendations, and identify areas of need;
3. Select strategies grounded in best practices; and
4. Implement and evaluate the selected strategies.

Outcomes improve, and sustainability increases, when community-based collaborations – not single organizations or agencies – work together to collect and review relevant data; identify areas of need; and select, implement, and evaluate strategies. Strong collaboration across organizations and sectors is a distinguishing factor between communities that successfully sustain improved health outcomes and those that do not. Coalitions provide a platform to utilize the shared abilities, expertise, and resources of numerous organizations for positive impacts on community health and the promotion of equitable healthcare.

In addition, outcomes improve when communities actively work together with researchers and public health professionals to more deeply understand the unique circumstances that influence maternal health, particularly where there are disparities. According to the Agency for Healthcare Research and Quality (AHRQ) (<https://www.ahrq.gov/research/findings/factsheets/minority/cbprbrief/index.html>), community-based participatory research (CBPR) is a collaborative research approach that is designed to secure and establish structures for participation by communities affected by the issue being studied, representatives of organizations, and researchers in all aspects of the research process to improve

health and well-being through taking action, including social change." When executed effectively, CBPR and other evidence-based or practice-based community engagement frameworks foster connections between community participants, healthcare practitioners, and researchers by leveraging shared knowledge and valuable experiences.

Through this RFA, organizations will be awarded funds to support the development of Regional Maternal Health Coalitions. These coalitions will utilize the CDC's process and the principles of community engagement to select, implement, and evaluate PA MMRC recommendations for improving maternal health outcomes; promote maternal health equity and reduce health disparities across the Commonwealth; and center health improvement efforts in the communities where needs exist. These coalitions will enable decisions and actions related to the implementation of MMRC recommendations to be made at the community level, by leveraging the input and collective resources of diverse groups, organizations, and individuals, including community members as lived experience experts.

Coalitions require a backbone organization to provide leadership, facilitation, staffing, administration of funding, and data management. The backbone coordinates activities; connects with relevant groups, organizations, and community members; and enhances the coalition's health equity capacity. Backbone organizations, in order to be successful, must be credible, skilled, and ready to fulfill the crucial role of building trust, convening key stakeholders, and applying the necessary technical expertise to create an effective collaborative environment focused on systems change. Community-based organizations (CBOs) - particularly those that are BIPOC-led; are staffed by individuals with lived experience; and operate in areas of persistent poverty (<https://www.transportation.gov/RAISEgrants/raise-app-hdc>), historically disadvantaged communities (<https://www.transportation.gov/RAISEgrants/raise-app-hdc>), or maternity care deserts - counties where maternity care services and resources are limited or absent - (<https://www.marchofdimes.org/peristats/data?top=23>) - are well-positioned to serve in this capacity.

Through this RFA process, the Pennsylvania Department of Health (Department) is soliciting Grant applications on Regional Maternal Health Coalitions. The Department is interested in funding applications addressing the development, implementation, and support of regional maternal health coalitions in Pennsylvania. The overall goal of this funding is to promote the use of regional coalitions and community engagement to select and implement strategies recommended by the Pennsylvania MMRC, in order to improve maternal health at the local level. The anticipated Grant Agreement term is July 1, 2024 to June 30, 2027 subject to the availability of funding. If the anticipated effective date is changed by the Department for the resulting Grant Agreement, the term is expected to remain a total of 36 months, subject to the availability of funding. The Department expects to award up to six Grant Agreements.

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

1. In the event of a renewal, the Department may choose to renew the Grant Agreement under one of the following sets of terms:
  - a) If no renewal options were previously exercised, pursuant to the terms and conditions of the final year of the original Grant Agreement; or
  - b) If a renewal option has been exercised, pursuant to the terms and conditions of the final year of the previous renewal; or
  - c) Pursuant to the terms and conditions of the original Grant Agreement as amended, including Subsequently Available Funds (SAFs), Decrease in Funding (DIF), Funding Reduction Change Orders (FRCOs), Budget Revisions, or formal Amendments; or
  - d) At a maximum percentage of 10% under one of the following conditions:
    - (i) If no renewal options were previously exercised, to increase the Grant amount to reflect cost changes based on the final budget year of the original Grant; or
    - (ii) If a renewal option has been exercised, pursuant to the terms and conditions of the final year of the previous renewal; or
    - (iii) To include any increase in work documented in a previous Amendment to the original Grant Agreement, including any SAFs, DIFs, FRCOs, Budget Revisions, or formal Amendments. The increase in work shall be limited to deliverables established in the Grant Agreement as previously amended; or
  - e) To decrease the Grant amount, provided there is no change to the scope of work being performed.
2. Notwithstanding Paragraph (1)(d) above, line-items within the budget categories of Supplies/Equipment, Travel, and Other may be eliminated or the line-item amounts decreased provided there is no alteration to the scope of work.
3. The percentage listed in Paragraph (1)(d) above, represents the maximum allowable increase per budget category and in the total Grant amount.
4. Nothing in this section is intended to permit an alteration in the scope of work of the original Grant Agreement.
5. The Department is not obligated to increase the amount of the Grant award.



6. The percentage increase set forth in Paragraph (1)(d) above, shall apply over the entire renewal term, even if the renewal term exceeds one year.
7. All renewal terms are subject to the other provisions of the resulting Grant Agreement, and the availability of funds.

Applications are welcomed from Pennsylvania organizations, prioritizing those of whom are community-based, with the capacity to serve as a backbone organization for a maternal health coalition in their region, and a demonstrated history of community engagement and collaboration with potential coalition member organizations. There is particular interest in applications from organizations that are BIPOC-led and staffed by individuals with lived experience. The region, as defined by a specific geographic area, covered by the application must include areas of maternal health vulnerability, according to one or more of the following sources: the U.S. Department of Transportation’s Areas of Persistent Poverty and Historically Disadvantaged Communities (<https://www.transportation.gov/RAISEgrants/raise-app-hdc>); the March of Dimes Maternity Care Desert database (<https://www.marchofdimes.org/peristats/data?top=23>); the CDC’s Minority Health Social Vulnerability Index (<https://onemap.cdc.gov/Portal/apps/MapSeries/index.html?appid=3384875c46d649ee9b452913fd64e3c4>); the U.S. Maternal Vulnerability Index (MVI) (<https://mvi.surgoventures.org/>); the PA Health Equity Analysis Tool (PA HEAT) ([https://public.tableau.com/app/profile/shane.mofford/viz/PAHealthEquityAnalysisToolPAHEAT5\\_10\\_21/DualIndexDB](https://public.tableau.com/app/profile/shane.mofford/viz/PAHealthEquityAnalysisToolPAHEAT5_10_21/DualIndexDB)); the PA Environmental Health Indicators Map (<https://www.health.pa.gov/topics/envirohealth/Pages/EHI.aspx>); or the HRSA Maternal and Infant Health Mapping Tool (<https://data.hrsa.gov/maps/mchb/>). 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 and eligible parties with information to prepare and submit applications to the Department. Questions about this RFA can be directed to the contact listed on the potential applicant letter (which is the first page of this RFA) by the date and time listed therein. All questions must include the specific section of the RFA about which the potential applicant is requesting clarification. Answers to all questions will be posted under the RFA Solicitation 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 by selecting “Non-Procurement” at: <https://www.budget.pa.gov/Services/ForVendors/Pages/ Vendor-Registration.aspx> or by calling toll free at 1-877-435-7363. The PDF and MP4 embedded links next to “Non-Procurement”

provide guidance on enrolling.

## **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. The decision of the Department with regard to timeliness of submission is final.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted under the RFA Solicitation at [www.emarketplace.state.pa.us](http://www.emarketplace.state.pa.us).
- 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 and non-selected 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.

### **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 determines that additional clarification of an application is needed, Division of Maternal 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, include:

1. Statement of the Problem
2. Goals, Objectives, and Performance Measures
3. Program Design and Implementation
4. Timeline

5. Capability and Competency
6. Budget Detail and Budget Narrative

### **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 Maternal Health Services within 30 calendar days of the written official notification of the status of the application. The Division of Maternal Health Services will determine the time and place for the debriefing. If the debriefing is held via Microsoft Teams, a link, phone number, and conference ID number will be provided. The debriefing will be conducted individually by Division of Maternal 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 applicant(s) shall plan, develop, coordinate, and implement a Maternal Health Coalition in their identified region. Specifically, awarded applicant(s) shall:
  - (1) Increase the backbone organization's capacity to lead a maternal health coalition in the identified region, through trainings, technical assistance, or other means, as the applicant or the Department deem necessary;
  - (2) Identify, conduct outreach to, and convene community members, leaders and experts from diverse sectors, and facilitate dialogue about the issues, data, community context, and available resources;
  - (3) Recruit coalition members and have them sign letters of commitment. Coalition membership shall reflect the racial and ethnic diversity of the region and ideally be comprised of 50 percent maternal/child health/service providers, 25 percent representation from other organizations, sectors (including academia), and MCH continuum of care providers; and 25 percent community members;
  - (4) Establish coalition infrastructure, including a clear governing structure, method for operating (for example committees, staffing), leadership, roles and responsibilities, meeting schedules, and methods for communication. Coalition leadership should ideally be comprised with community member representation;

- (5) Build coalition capacity to meaningfully engage the community; collect and analyze data; and address maternal health in the identified region, through education, trainings or technical assistance. Recommended topic areas include, but are not limited to collective impact, community engagement, maternal morbidity and mortality, multimedia communications/messaging, racial health disparities, and racism/antiracism;
  - (6) Provide transportation mechanisms, childcare, and compensation or incentives (monetary or nonmonetary) for community members' participation; and
  - (7) Provide administrative support, facilitation, project management, coordination, and data management for the coalition's efforts.
- b) Awarded applicant(s) shall collect, review and analyze relevant data to understand the extent of the issue (MMRC Data to Action Steps 1 and 2). Specifically, awarded applicant(s) shall:
- (1) Identify and review complementary information from other population-based data sources that relate to maternal health, such as the Title V MCH Block Grant Program's needs assessment (<https://mchb.tvisdata.hrsa.gov/Home/StateApplicationOrAnnualReport>), the Pregnancy Risk Assessment Monitoring System (PRAMS) (<https://www.health.pa.gov/topics/Research/Pages/PRAMS.aspx#:~:text=P,RAMS%20provides%20data%20not%20available,problems%20among%20mothers%20and%20babies>), CDC Levels of Care Assessment Tool (CDC LOCATeSM) (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/cdc-locate/index.html>), the social vulnerability index (<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>); the Minority Health Social Vulnerability Index (<https://onemap.cdc.gov/Portal/apps/MapSeries/index.html?appid=3384875c46d649ee9b452913fd64e3c4>); the U.S. Maternal Vulnerability Index (MVI) (<https://mvi.surgoventures.org/>); the PA Health Equity Analysis Tool ([https://public.tableau.com/app/profile/shane.mofford/viz/PAHealthEquityAnalysisToolPAHEAT5\\_10\\_21/DualIndexDB](https://public.tableau.com/app/profile/shane.mofford/viz/PAHealthEquityAnalysisToolPAHEAT5_10_21/DualIndexDB)); the PA Environmental Health Indicators Map (<https://www.health.pa.gov/topics/envirohealth/Pages/EHI.aspx>); or the HRSA Maternal and Infant Health Mapping Tool (<https://data.hrsa.gov/maps/mchb/>);
  - (2) Implement an evidence-based or practice-based community engagement framework, utilizing a PDSA (Plan-Do-Study-Act) (<https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html>)

cycle, to more deeply understand the unique circumstances that influence maternal health in the identified region, particularly where there are disparities; and

- (3) Conduct a regional asset and gap analysis to identify key partners and decisionmakers; current initiatives aimed at reducing maternal morbidity and mortality and improving maternal health; opportunities for improvement; organizational and community factors; and available resources (the is human and financial), and identify areas of need (MMRC Data to Action Step 2).
- c) Awarded applicant(s) shall support their coalition in developing, implementing, and evaluating an action plan for addressing maternal health in their identified region. The action plan shall align PA MMRC's recommended strategies with local data, needs, interest and capacity. Specifically, awarded applicant(s) shall support their coalition in:
- (1) Identifying goals and selecting related strategies which are grounded in best practices;
  - (2) Developing an action plan that includes a plan for implementation and evaluation of the strategies (MMRC Data to Action Step 3). The draft action plan must be submitted to Department for approval prior to proceeding with implementation of strategies. The action plan shall include:
    - (a) Funding sources (immediate and long-term) and lead organization(s) for each strategy selected for implementation; and
    - (b) SMARTIE objectives (Strategic, Measurable, Achievable, Realistic, Time-bound, Inclusive and Equitable) and a shared measurement system with performance measures to evaluate outcomes (MMRC Data to Action Step 4); and
  - (3) Implementing their action plan. In addition, awarded applicant(s) shall:
    - (a) Confirm that the coalition and any associated workgroups meet at least quarterly to facilitate continuous communication and collaboration;
    - (b) Collect and use data to evaluate and refine strategies; and
    - (c) Develop and disseminate, via a community meeting and other means, a public report that details the successes, challenges, and outcomes of the coalition's work to address maternal health within the region; provides data showing the effectiveness of the selected evidence-based or practice-based community engagement framework; and includes recommendations for future planning.

- d) Awarded applicant(s) shall participate in client satisfaction data collection and reporting activities as established by the Department, including collecting and reporting feedback from the awarded applicant(s) and the awarded applicant(s) clients to improve the services for Pennsylvania's maternal and infant population.
- e) Awarded applicant(s) 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 enacted.

## **5. Reporting Requirements**

- a) The awarded applicant(s) shall submit quarterly reports to the Department within 30 calendar days of each quarter ending. The quarterly reports shall, at a minimum, include the current status of each required deliverable; a detailed description of actions taken in the previous quarter towards completing each deliverable; and explain any deviations from the project plan. 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.
- b) The awarded applicant(s) shall submit written annual reports to the Department within 60 calendar days of each Grant year ending. Annual reports shall, at a minimum, identify if activities are proceeding according to the project plan and explain any deviations from the project plan. Annual reports shall also include the current list of coalition members and their role(s); data regarding the satisfaction of coalition members; the most up-to-date draft or approved coalition action plan, as applicable; and data for any outcome measures specified in the approved action plan, as applicable. Any changes to the scope or methodology of the project during the term of the Grant Agreement shall be approved in writing by the Department.
- c) The awarded applicant(s) shall submit to the Department a final written report in lieu of an annual report in the final year of the Grant period within 60 calendar days after the end date of the Grant Agreement. The final report shall summarize the successes, challenges, and outcomes of the coalition's work to address maternal health within the region; provide data showing the effectiveness of the selected evidence-based or practice-based community engagement framework; and include recommendations for future planning.
- d) Awarded applicants 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). The Department cannot accept secure or encrypted emails. Any submission via secure or encrypted email will be immediately discarded.
- 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) 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 Cover Page must be completed and signed by an official authorized to bind the applicant/organization to the application.
- f) The Worker Protection and Investment Certification Form (BOP-2201) must be completed and signed by an official authorized to execute the certification on behalf of the applicant and must certify that the applicant is compliant with applicable Pennsylvania state labor and workplace safety laws.

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

### 2. Application Format

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

- a) **Cover Page** – Complete the form. This form must be signed by an official authorized to bind the applicant/organization to the application.

- b) **Worker Protection and Investment Certification Form (BOP-2201)** – BOP-2201 must be completed and signed by an official authorized to execute the certification on behalf of the applicant and must certify that the applicant is compliant with applicable Pennsylvania state labor and workplace safety laws.
- c) **Work Statement** – The work statement narrative must not exceed 10 pages. Provide a narrative description of the proposed methodology addressing the following topics:

(1) **Statement of the Problem**

- (a) Applicants shall specify the region, as defined by a geographic area, covered by the application and provide evidence that it includes areas of maternal health vulnerability, according to one or more of the following sources: the U.S. Department of Transportation’s Areas of Persistent Poverty and Historically Disadvantaged Communities (<https://www.transportation.gov/RAISEgrants/raise-app-hdc>); the March of Dimes Maternity Care Desert database (<https://www.marchofdimes.org/peristats/data?top=23>); the CDC’s Minority Health Social Vulnerability Index (<https://onemap.cdc.gov/Portal/apps/MapSeries/index.html?appid=3384875c46d649ee9b452913fd64e3c4>); the U.S. Maternal Vulnerability Index (MVI) (<https://mvi.surgoventures.org/>); the PA Health Equity Analysis Tool (PA HEAT) ([https://public.tableau.com/app/profile/shane.mofford/viz/PAHealthEquityAnalysisToolPAHEAT5\\_10\\_21/DualIndexDB](https://public.tableau.com/app/profile/shane.mofford/viz/PAHealthEquityAnalysisToolPAHEAT5_10_21/DualIndexDB)); the PA Environmental Health Indicators Map (<https://www.health.pa.gov/topics/envirohealth/Pages/EHL.aspx>); or the HRSA Maternal and Infant Health Mapping Tool (<https://data.hrsa.gov/maps/mchb/>).
- (b) Applicants shall provide an explanation of unique circumstances that influence maternal health in the identified region, particularly where there are disparities.
- (c) Applicants shall briefly describe how a maternal health coalition in their region will improve maternal health and decrease rates of maternal morbidity and mortality, especially where there is inequity.
- (d) Applicants shall demonstrate an understanding of inequities within the health system and of racial maternal health disparities, both in general and as they relate to the identified region.



(2) **Goals, Objectives and Performance Measures**

- (a) Applicants shall describe how their coalition will center its work utilizing SMARTIE objectives: Strategic, Measurable, Achievable, Realistic, Time-bound, Inclusive and Equitable; develop a shared measurement system with performance measures; and assess the effectiveness of strategies that are implemented by the coalition.
- (b) Applicants shall describe in detail the evidence-based or practice-based community engagement framework that their coalition will use to conduct research to more deeply understand the unique circumstances that influence maternal health in the identified region, particularly where there are disparities. The description of the framework shall include the rationale and evidence that supports its use for this project, and how it will be evaluated.
- (c) Applicants shall address how they will measure and utilize individual and organizational coalition member satisfaction throughout the project.
- (d) Applicants shall describe how they will evaluate the process, outcomes, and impacts of coalition activities throughout the duration of the Grant Agreement.

(3) **Program Design and Implementation**

- (a) Applicants shall designate staff to serve on the project, including a project coordinator to oversee the project.
- (b) Applicants shall describe in detail how they will establish, build capacity for, and provide backbone support to a Maternal Health Coalition in their identified region, including how they will certify that coalition membership reflects the racial and ethnic diversity of the region and be comprised of 75 percent maternal/child health service providers, and representation from other organizations, sectors, academia, and MCH continuum of care providers; and 25 percent community members;
- (c) Applicants shall describe in detail how they shall collaborate with community partners, community members, and subcontractors, as the applicant or the Department deem necessary, to complete the CDC's iterative 4-step *MMRC Data to Action* process for implementing

MMRC recommendations.

- (d) Applicants shall describe in detail how their coalition shall implement the evidence-based or practice-based community engagement framework identified in Section 2.2.b., utilizing a PDSA (Plan-Do-Study-Act) cycle (<https://www.ihl.org/resources/how-to-improve/model-for-improvement-testing-changes>).
- (e) Applicants shall describe in detail how their coalition will center equity in the agenda-setting process by utilizing tools like the Health Equity Impact Assessment (<https://amchp.org/wp-content/uploads/2022/07/Emerging-Handout-Health-Equity-Impact-Assessment-1.pdf>) or Racial Equity Impact Assessment (<https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>).
- (f) Applicants shall describe in detail potential barriers that may arise, and how the applicant will respond to and overcome these barriers, as part of a continuous quality improvement process.

(4) **Timeline:**

- (a) Applicants shall include a timeline for developing and implementing a Regional Maternal Health Coalition and completing the CDC's 4-step *MMRC Data to Action* process to select and implement MMRC recommendations in their region. The timeline shall include major tasks associated with the goals of this project, assign responsibility for each, and plot completion of each step by month or quarter for the duration of the award.
- (b) Applicants shall account for the following tasks, which are associated with specific timeline requirements:
  - i. By the end of Year 1 of the Grant Agreement, awarded applicants shall plan, develop, coordinate, and implement a maternal health coalition in the identified region; and collect, review and analyze relevant data to understand the extent of the issue (MMRC Data to Action Steps 1 and 2).
  - ii. By the end of Year 2 of the Grant Agreement, awarded applicants shall support the coalition in developing, implementing, and evaluating an action plan for addressing maternal health in the

identified region (MMRC Data to Action Steps 3 and 4).

- iii. By the end of Year 3 of the Grant Agreement, awarded applicants shall develop and disseminate, via a community meeting and other means, a public report detailing the successes, challenges, and outcomes of the coalition's work to address maternal health within the region, with recommendations for future planning.

(5) **Capability and Competency:**

- (a) Applicants shall describe the characteristics and qualifications of the organization that will develop, implement, and provide backbone support to the regional maternal health coalition, including ability to implement and or history in developing and managing previous coalitions.
- (b) Applicants shall include letters of support or commitment from potential coalition members (specific organizations or community members, or both).
- (c) Applicants shall provide descriptions of the following:
  - i. The applicant's organizational structure and operations. If applicable, include evidence that the organization is BIPOC-led or is staffed by individuals with lived experience;
  - ii. The applicant's identification as a community-based organization, including faith-based denomination or not for profit association.
  - iii. The applicant's history of fostering and maintaining trust, collaboration and positive relationships with community organizations, academia, community members, and Pennsylvania MCH partners, including specific examples;
  - iv. The organization's experience with, and capacity for, utilizing the community engagement framework identified in Section C, Subsection 2.b., or other community engagement frameworks, to better understand and address community health issues;
  - v. The role and qualifications of the project coordinator and any other key personnel, including a description of their experience as related to coalition building, community engagement, administrative

support, facilitation, project management, coordination, and data management. If the project coordinator or any other key personnel have not been selected at the time of application, provide the position description for the applicable position(s);

- vi. Potential community collaborators, including each organization’s prospective role in the development and implementation of the program; and
- vii. Any leveraged resources (cash or in-kind) from other sources that will be used to support the project.

d) **Budget Detail and Budget Narrative** – 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, 2024 to June 30, 2027. The overall 36-month budget for the application shall not exceed \$900,000.00. The budget must contain an Overall Summary in addition to a Summary with Budget Details for each year.

<b>Overall Summary</b>	<b><u>July 1, 2024</u></b>	<b>to</b>	<b><u>June 30, 2027</u></b>	<b><u>\$900,000.00</u></b>
Year 1 Summary	<u>July 1, 2024</u>	to	<u>June 30, 2025</u>	<u>\$300,000.00</u>
Year 2 Summary	<u>July 1, 2025</u>	to	<u>June 30, 2026</u>	<u>\$300,000.00</u>
Year 3 Summary	<u>July 1, 2026</u>	to	<u>June 30, 2027</u>	<u>\$300,000.00</u>

Applicants shall include a narrative which justifies the need to allocate funds for items in the spreadsheet of the itemized budget and demonstrates how they will maximize cost effectiveness of Grant expenditures. Applicants shall also explain how all costs are calculated, how they are relevant to the completion of the proposed project, and how they correspond to the information and figures provided in the Budget Detail Summary.

See the Budget Definitions section below for more information.

### 3. Definitions

#### a) 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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## **Resources**

### **Collective Impact:**

Collective Impact Forum Backbone Starter Guide

(<https://collectiveimpactforum.org/wp-content/uploads/2021/12/Backbone-Starter-Guide.pdf>)

Collective Impact Self-Assessment and Planning Tool

(<https://www.tamarackcommunity.ca/hubfs/Events/CI%203.0/Workshop%20Resources/Collective%20Impact%205%20Phase%20Self%20Assessment%20Tool.pdf?t=1497966218264>)

Guide to Evaluating Collective Impact

(<https://www.fsg.org/resource/guide-evaluating-collective-impact/>)

Readiness Assessment Tool for Collective Impact

(<https://collectiveimpactforum.org/resource/readiness-assessment/>)

**Community Engagement:**

AHRQ Activities Using CBPR to Address Health Care Disparities

(<https://www.ahrq.gov/research/findings/factsheets/minority/cbprbrief/index.html>)

Assessing Community Engagement Conceptual Model

(<https://nam.edu/programs/value-science-driven-health-care/achieving-health-equity-and-systems-transformation-through-community-engagement-a-conceptual-model/>)

Black Women's Maternal Health: Insights from CBPR in Newark, New Jersey

(<https://pubmed.ncbi.nlm.nih.gov/37382100/>)

CDC Principles of Community Engagement

(<https://www.cdc.gov/chinav/tools/engage.html>)

Community-Based Participatory Research: Assessing the Evidence

(<https://www.ncbi.nlm.nih.gov/books/NBK37280/>)

Community-Campus Partnerships for Health CBPR Resources

(<http://cbprcurriculum.info/ccph/commbas.html>)

Evidence-Based Practices & Practice-Based Evidence – NCUIH

(<https://ncuih.org/ebp-pbe/#:~:text=Evidence-Based%20Practices%3A%20Practices%20that,the%20local%20society%20and%20traditions>)

Family Engagement in Systems Tools (FESAT) – Family Voices

(<https://familyvoices.org/resource/intro-to-the-family-engagement-in-systems-tools-fesat-webinar/>)

Utilizing Community-Centered Approaches to Address Black Maternal Mortality

(<https://pagov.sharepoint.com/sites/DOH-Intranet/TS/BFH/BFHCAHS%20DIVISION/Family%20Support/SK%20-%20Regional%20Maternal%20Health%20Coalitions/10.1177/10901981231177078>)

**Equity:**

Health Equity Impact Assessment

(<https://amchp.org/wp-content/uploads/2022/07/Emerging-Handout-Health-Equity-Impact-Assessment-1.pdf>)

Racial Equity Impact Assessment

(<https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>)

# PART TWO

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

## **Regional Maternal Health Coalitions**

**Request for Applications (RFA) #67-184**





**COVER PAGE**  
**RFA #67-184**

**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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**Region:** \_\_\_\_\_

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*Applications/proposals/bids received shall remain valid, unless deemed unresponsive, until such time that final award(s) is or are made.*

**BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE APPLICATION AND REPRESENTING THAT ALL THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THEIR BEST KNOWLEDGE, INFORMATION AND BELIEF.**

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	DATE



**WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM**

A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors and grantees of the Commonwealth must certify that they are in compliance with Pennsylvania’s Unemployment Compensation Law, Workers’ Compensation Law, and all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment Medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

**CERTIFICATION**

I, the official named below, certify I am duly authorized to execute this certification on behalf of the contractor/grantee identified below, and certify that the contractor/grantee identified below is compliant with applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the contractor/grantee’s compliance status to the Purchasing Agency immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

<i>Signature</i>	<i>Date</i>
<i>Name (Printed)</i>	
<i>Title of Certifying Official (Printed)</i>	
<i>Contractor/Grantee Name (Printed)</i>	

## **Work Statement**

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

The following language is required to be included in the Work Statement:

Pursuant to Executive Order 2021-06, Worker Protection and Investment (October 21, 2021), the Commonwealth is responsible for ensuring that every Pennsylvania worker has a safe and healthy work environment, and the protections afforded them through labor laws. To that end, Contractors and Grantees of the Commonwealth must certify that they are in compliance with all applicable Pennsylvania state labor and workforce safety laws. Such certification shall be made through the Worker Protection and Investment Certification Form (BOP-2201) and submitted with the application.

# **Budget Template**

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

[ RFA # #67-184 ]  
**PAYMENT PROVISIONS**

The Department agrees to pay the Grantee for services rendered pursuant to this Agreement as follows:

- A. Subject to the availability of state and Federal funds and the other terms and conditions of this Agreement, the Department will reimburse the Grantee in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Agreement.
- B. This Agreement 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 Agreement.
- C. Payment to the Grantee 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 Grantee that is not in accordance with the terms of this Agreement and adjust any payment to the Grantee accordingly.
  - 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Agreement using the invoice format in Attachment 1 to this Appendix.
  - 3. An original invoice shall be sent by the Grantee directly to the email address listed in Attachment 1 to this Appendix unless otherwise directed in writing by the Project Officer. Documentation supporting that expenditures were made in accordance with the Appendix C Budget shall be sent by the Grantee to the Department's Project Officer. The Department's Project Officer may request any additional information deemed necessary to determine whether the expenditures in question were appropriately made. The adequacy and sufficiency of supporting documentation is solely within the discretion of the Project Officer.
  - 4. The Grantee 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 Grantee shall not reallocate funds between budget categories in an amount at or exceeding 20% of the total amount of the Agreement 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 Grantee 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 Agreement per budget year.
        - C. Reallocations at or exceeding 20% of the total amount of the Agreement 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 Grantee shall notify the Department's Project Officer of any Budget Revision under 20% of the total amount of the Agreement per budget year in writing, but need not request Department approval, except as provided for in Paragraph 4(a)(i)(B) above.
      - iii. The Grantee 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 Grantee 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 Grantee 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 the line items in that category unless one of the following circumstances apply:
    - A. The Grantee is subject to a collective bargaining agreement or other union agreement and, during the term of this Agreement, salaries, hourly wages, or fringe benefits under this Agreement are increased because of a renegotiation of that collective bargaining agreement or other union agreement. The Grantee 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 Grantee is unable to fill a position that is vacant or becomes vacant at or after the effective date of this Agreement. The Grantee shall submit to the Department's Project Officer written justification for the request to increase line item amounts 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 Agreement, as well as the Grantee's inability to fill the position. Justification may include, for example, documentation of salaries for the same or similar positions in the same geographic area.
    - C. The Grantee is unable to perform the work of the Agreement with the existing positions, titles or classifications of staff. The Grantee may add or change a position, title or classification in order to perform work that is already required. The Grantee shall submit to the Department's Project Officer for his or her approval written justification for the request to reallocate 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 Agreement, as well as the Grantee'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.
  - iii. The number of positions accounted for by any one line item may not be decreased, or consolidated into one position, without prior written approval of the Department.
  - iv. All increases are subject to the availability of funds awarded under this Agreement. 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 from the Grantee based on the Grantee's fee schedule for the job classification.
5. Unless otherwise specified elsewhere in this Agreement, the following shall apply. The Grantee 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 Agreement'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 Grantee 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 Agreement, until the Project Officer has determined that all work and services required under this Agreement have been performed or delivered in a manner acceptable to the Department.
7. The Commonwealth shall make payments to the Grantee through the Automated Clearing House (ACH). Within 10 days of the grant award, the Grantee must submit or must have submitted its ACH information within its user profile in the Commonwealth's Master Database. The Grantee may enroll to receive remittance information via electronic addenda and email (e-Remittance). ACH and e-Remittance information is available at the following:

<https://www.budget.pa.gov/Services/ForVendors/Pages/Direct-Deposit-and-e-Remittance.aspx>.

- a. The Grantee must submit a unique invoice number with each invoice submitted. The Commonwealth shall list the Grantee's unique invoice number on its ACH remittance advice to enable the Grantee to properly apply the state agency's payment to the respective invoice or program.
  - b. The Grantee shall ensure that the ACH information contained in the Commonwealth's Master Database 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.
- D. The Department's determination regarding the validity of any justification or of any request for approval under this Appendix B (Payment Provisions) is final.