REQUEST FOR APPLICATIONS

The Mississippi State Department of Health (MSDH) Women's Health is issuing this Request for Applications (RFA) for the purposes of entering into an agreement and awarding funds to eligible and qualified entities to MSWISEWOMAN Program Provider Fee For Service Contract. A more detailed description may be found in **Project Description and Requirements.**

RFA Release Date

Friday, June 5, 2026

Application Due Date

March 31, 2027

A copy of this RFA may be found online at the MSDH website at:
https://procurement.opengov.com/portal/msdh/projects/256758

SECTION 1 | RFA OVERVIEW

1.1 Funding Information

Federal Agency Name
Centers for Disease Control and Prevention

Assistance Listing Program Name
WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)

Assistance Listing Number
93.436

Federal Award Date
07/01/2026

Federal Award Identifier (FAIN)
NU58DP007661

The federal grant is authorized and funded in accordance with the CDC.

The Heart Disease and Stroke Prevention and Control Programs for State, Territorial, and Tribal Organizations grant is authorized and funded in accordance with the applicable authorizing statute (Sections 501-1508 and 1510 of the Public Health Service Act) PL 101-354.

A total of 100,000 is available under this RFA. A total award of this amount of funds is not guaranteed, but is subject to the applications received, the actual money awarded to MSDH from the Federal Awarding Agency, and MSDH's discretion. The total funds may be split among multiple service providers at the discretion of MSDH. MSDH reserves the right to restrict the number of awards based on the funding available and program resources available for subgrant administration and subrecipient monitoring. Total to be paid across all fee-for-service providers annually.

All awards are subject to the availability of funds.

1.2. Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out work authorized under this RFA and result in a fee-for-service provider agreement. The Initial Period of Performance for this RFA is 7/1/2026 to 6/30/2028, with additional Periods of Performance through 6/30/2028.

For the Initial Period of Performance, all dates of services delivered must have occurred during the period of performance and invoiced to MSDH by the dates indicated in the Scope of Work. These dates are dependent on federal periods of allowability and MSDH's ability to process payments in a timely manner. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by MSDH, may have different obligations and liquidation deadlines.

1.3. Matching Funds

There is no match or in-kind funding requirement under this RFA.

1.4. Applicable Law

Additional federal and state statutes and regulations may apply to the funding contained herein.

Further information about allowable costs and activities may be set forth herein.

1.5. Award of Funding

MSDH will evaluate Applications as described in the "Evaluations" Section of this RFA. Funds will be awarded through an Agreement. No promise for funds is binding on MSDH, and no funds will be paid to any Applicant until an Agreement has been executed and signed by both the Applicant's authorized signer and the State Health Officer. In the Evaluation of Applications.

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1.3 Matching Funds

There is no match or in-kind funding requirement under this RFA.

1.4 Applicable Law

Additional federal and or state statutes and regulations may apply to the funding contained herein if applicable. These may be included below, as well as in the Subgrant Agreement itself.

Further information about allowable costs and activities may be set forth herein.

1.5 Award of Funding

MSDH will evaluate Applications as described in the "Evaluations" Section of this RFA. Funds will be awarded through a written agreement, termed an Agreement. No promise for funds is binding on MSDH, and no funds will be paid to any Applicant until an Agreement has been executed and signed by both the Applicant's authorized signer and the State Health Officer. In the Evaluation of Applications,

Any work performed prior to execution is done at the vendor's own risk and may not be eligible for payment. MSDH reserves the right, in its sole discretion, to determine on a case-by-case basis whether payment is allowable based on the particular circumstances.

SECTION 2 | PROJECT DESCRIPTION AND REQUIREMENTS

2.1 Background and Purpose

Mississippi WISEWOMAN Program

BACKGROUND

Eligible healthcare providers are invited to participate in this Request for Applications to become a primary or secondary provider of heart and cardiovascular disease (CVD) screening/evaluation services for the Mississippi WISEWOMAN Program (MS-WWP). Through support provided by the Centers for Disease Control, National Breast and Cervical Cancer Early Detection Program (NBCCEDP), Heart Disease and Stroke Prevention Programs, and non-federal funding sources, the Mississippi WISEWOMAN Program is a screening program that supports and promotes heart and cardiovascular disease screening for medically underserved women who are considered high risk. The goal of the program is to screen medically underserved women to reduce morbidity and mortality from breast and cervical cancer in Mississippi. These groups include the underinsured, uninsured, medically underserved, minority, and women 35 years old and older. Often, by the time symptoms appear and these women present to a healthcare provider, the disease has advanced, reflecting differences in access to screening and care. MS-WWP continues its efforts in filling the gap for women to ensure adequate and quality health care access as it relates to CVD screenings. This goal is accomplished in tandem with a broad network of healthcare partners by addressing patient barriers to screening, improving clinic processes to better identify women in need of screening, and enrolling women in MS-WWP for screening and diagnostic tests.

Cardiovascular disease (CVD) is the principal cause of death in Mississippi (MS), with stroke ranking as the 6th leading cause. In 2021, the age-adjusted CVD mortality rate in MS (255.3 per 100,000 population) was 55.6% higher than the US average (164.0 per 100,000 population). The prevalence of Angina or coronary heart disease (CHD) among adults in MS was 5.8%, compared to a national figure of 3.8%. Health disparities are strikingly apparent when comparing health outcomes within MS, particularly among African American (AA) and white women.

The WWP target population is uninsured or underinsured women who are at or below 250% of the federal poverty level, aged 35 to 64 years, for heart and cardiovascular disease screening services. High priority populations for MS-WWP are underinsured Black, Hispanic, and Asian/Pacific Islander women who are at or below 250% of the federal poverty level, aged 35 to 64 years, with uncontrolled hypertension, heart and cardiovascular disease, in rural and urban communities.

The increased risk of heart disease among Mississippi women is exacerbated by a lack of adequate access to medical treatment, physician shortages, and other barriers, such as lack of insurance, housing, food insecurity, and transportation. Although the risk of developing or dying from heart disease may be prevented by blood pressure and cholesterol control and management, addressing contributing social drivers of health is equally important for our target population

The MS-WWP aims to increase CVD screenings and evaluation services across Mississippi among disproportionately affected populations, including racial and ethnic minority women, through population-based approaches, which engage the support of health systems partners through the State.. This Request for Applications (RFA) is issued to solicit applications from health systems that can increase heart and CVD screening rates throughout the State.

PURPOSE

The purpose of the Mississippi WISEWOMAN Program (MS-WWP) is to extend preventive health services for participants aged 35-64 years old of the Mississippi Breast and Cervical Cancer Program (MS-BCCP) to support optimal cardiovascular health. This program improves participants' understanding of and reduces the risk of cardiovascular disease (CVD), including heart disease and stroke, and allows them to benefit from early detection and treatment.

This is a non-competitive opportunity, open to any medical provider meeting the required qualifications.

2.2 Eligibility Requirements

MUST be a Mississippi Breast and Cervical Cancer Program Provider. As a participating provider in the Mississippi Well-Integrated Screening and Evaluation for Women Across the Nation (MS-WISEWOMAN) Program, the parties herein agree to provide the following heart disease and stroke risk reduction factors screening services to Mississippi Breast and Cervical Cancer Program (MS-BCCP) enrolled participants as an extension of their health care.

The objectives are to improve blood pressure control and reduce disparities in cardiovascular health. WISEWOMAN helps integrate innovative, evidence-based strategies for heart disease and stroke prevention within health care systems and communities, which is accomplished in tandem with a broad network of healthcare partners, by addressing patient barriers to screening, improving clinic processes to identify women in need of better screening, and enrolling women in MS-WWP for tests.

SERVICES TO BE PROVIDED

The Primary Provider will have the sole responsibility of determining patient eligibility for services based on MS-BCCP program policies, protocols, and guidance. A Primary Provider is also responsible for timely and proper enrollment of eligible individuals in the MS-BCCP per program criteria. The Screening Intake Form 718 and the Consent/Release of Information Form 701 must be completed and submitted to MS-BCCP within 5 business days of the date of service.

As a participating provider in the Mississippi Well-Integrated Screening and Evaluation for Women Across the Nation (MS-WISEWOMAN) Program, the parties herein agree to provide the following heart disease and stroke risk screening services to Mississippi Breast and Cervical Cancer Program (MS-BCCP) enrolled participants as follows:

1. DETERMINING PARTICIPANT ELIGIBILITY

The MS-WISEWOMAN participating provider (hereafter referred to as Contractor) will have the sole responsibility of determining patient eligibility for services based on program policies, protocols, and guidance. Participants who meet the eligibility criteria and who are enrolled in MS-BCCP are automatically eligible for WISEWOMAN services.

2. PARTICIPANT ENROLLMENT

MS-WISEWOMAN services may be provided to eligible women enrolled in MS-BCCP through dual enrollment. The Contractor is responsible for timely and proper enrollment of eligible participants in the WISEWOMAN Program per program criteria and will utilize the required data collection forms provided under the MS-WISEWOMAN Program for this purpose. Forms will include a WISEWOMAN Screening Intake Form and a Consent/Release of Information Form, which must be completed and submitted within five (5) business days of the date of service. The Contractor must make every effort to enroll the patient and provide WISEWOMAN services within ninety (90) days of receiving MS-BCCP services.

3. SERVICES TO BE PROVIDED

The Contractor agrees to provide a comprehensive health screening to each enrolled Participant meeting eligibility according to program guidelines, which includes:

Required baseline cardiovascular disease screening services to include all of the following:

A. Blood pressure: Two (2) systolic and two (2) diastolic measurements must be recorded.

B. Fasting or non-fasting total cholesterol, LDL, and HDL at a minimum (If participants are fasting, a lipoprotein panel which includes LDL cholesterol and triglycerides may be used.)

C. Fasting blood glucose or A1C for non-fasting patients. An A1C may also be used in place of a glucose test to screen for diabetes; however, the guidelines published by the American Diabetes Association must be used.

D. Body mass index (BMI): Using measured height and weight.

E. Smoking behavior.

F. Personal medical history, including high cholesterol, high blood pressure, diabetes, and medications for these conditions, heart attack, angina, coronary artery disease, or stroke.

G. Brief family history of stroke, heart attack, and diabetes.

H. Interpretation and classification of blood pressure, glucose, cholesterol, and BMI values.

4. DELIVERY OF SERVICES

The Contractor agrees to deliver services to each enrolled participant meeting eligibility according to program guidelines, which include:

A. Utilization of guidelines specific to the MS-WISEWOMAN Program participant eligibility.

B. Utilization of national guidelines specific to cardiovascular screening.

C. Utilization of procedures regarding tracking, follow-up, and bidirectional referrals of MS-WISEWOMAN Program participants.

D. MS-WISEWOMAN program may only be billed for appropriate and approved WISEWOMAN services.

E. The Contractor must develop a system to ensure women with alert values, as defined by CDC, are referred for a medical workup immediately or within seven (7) days of the alert measurement in accordance with national standards of care and the judgment of the Contractor's designated Medical or Clinical Director.

F. The Contractor is responsible for arranging free or low-cost medical care as needed. The MS-WISEWOMAN Program will not pay for diagnostic or treatment services.

5. PATIENT NAVIGATION

The Contractor agrees to provide timely and appropriate patient navigation, which may include referral to MS-WISEWOMAN for financial assistance in covering medical costs, direct provision of or referral to healthy behavior support services (HBSS), education, consultation, and support to resolve patient barriers and/or arrange diagnostic services and treatment assistance as appropriate.

6. STANDARDS OF CARE

All services pursuant to this agreement shall be performed to the satisfaction of the MS -WISEWOMAN Program, and in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations, as well as the MS-WISEWOMAN program policies, protocols, and guidance. Contractor will maintain documentation of all MS-WISEWOMAN-related activities in the participant's medical record, and will make records available for review, audit, or inspection to authorized agents of MS- WISEWOMAN and/or the Mississippi State Department of Health, as needed or required.

7. REFERRAL OF PATIENTS FOR HBSS

Patients must be enrolled by a contracted, participating MS-WISEWOMAN provider and must be further referred to and served by other MS-WISEWOMAN contracted, participating providers for healthy behavior support services (HBSS) as appropriate. Reimbursement of services is allowable only when enrolled patients are provided with CVD screening and HBSS by contracted, participating MS-WISEWOMAN providers. Services provided by non-contracted providers will not be reimbursed, and participants may be billed for services rendered by non-contracted providers.

8. QUALITY IMPROVEMENT

Contractor agrees to participate in the Mississippi Alliance for Cardiovascular Health (MACH) Learning Collaborative. The purpose of the Mississippi Alliance for Cardiovascular Health Learning Collaborative (MACH) Learning Collaborative (LC) is to improve the diagnosis and management of cardiovascular disease risk factors. This will facilitate communication, the exchange of ideas between local health departments, healthcare systems and professionals, safety net providers, and the community organizations and leaders, pharmacists, mental and behavioral health professionals, and faith-based organizations to improve cardiovascular health outcomes for all persons, but specifically, those with or at highest risk of poor cardiovascular health outcomes. Participation includes the completion of a baseline assessment/application to identify whether the provider's processes are already in place and general clinic-level data, annual reassessment, participating in four learning sessions and one operational site visit annually, and monthly reporting of aggregated data on clinical and social determinants of health (SDOH) of the overall clinic population.

9. THIRD-PARTY PROVIDERS

Providers (i.e., laboratories) who are affiliated with or provide services at the site of the contracted provider but independently submit claims using a different tax ID number than the contracted provider MUST ALSO be contracted with MS-WISEWOMAN to be eligible for reimbursement.

10. LABORATORIES

The Contractor agrees to obtain results of laboratory services, including pathology, from a Clinical Laboratory Improvement Act (CLIA) certified laboratory.

11. SUBMISSION OF INVOICES, PROGRAM FORMS, AND REPORTS

Contractor agrees to submit an invoice or demand for payment and substantiating documentation for the reimbursable medical procedure(s) performed or service(s) provided within forty-five (45) days of the date(s) of service with the exception of services provided in the month of June. Claims, invoices, or other demands for payments for dates of service in the month of June (with supporting documentation) must be received by the close of business on the second Friday of July. This shortened timeframe is necessary to ensure all payments are finalized and liquidated before closeout financial reporting is due to the federal funding agency. Invoices or demands for payment received after the second Friday of July for work and labor performed are subject to denial, will not be paid, and are forfeited.

With the exception of laboratories, Contractor will complete all necessary forms applicable to services provided and required by the MS-WISEWOMAN Program, to include Screening/Intake Forms, Consent Forms, Follow-Up Referral Forms, Healthy Behavior Support Services Tracking, and will provide copies of progress or medical notes relevant to MS-WISEWOMAN-related services. All necessary documentation must be on file with MS-WISEWOMAN before a claim is processed for payment. Any claim, invoice, or demand for payment must contain the pertinent minimum information, including the participant's name, date of birth, social security number, CPT code(s), date(s) of service, amount(s) charged for each procedure, provider name, billing address, and the provider's Federal Tax ID number. Alternatively, a spreadsheet or statement may be submitted for batched claims. Handwritten claims forms or handwritten spreadsheets will not be accepted and will not be processed for reimbursement.

Contractor agrees to follow the MS-WISEWOMAN's prescribed method for submitting claims, program forms, and reports, which include secure fax and U.S. Postal mail, and other alternative methods as approved by MS-WISEWOMAN.

Mailing Address: MS State Department of Health
Attention: MS-BCCP/WISEWOMAN
570 Woodrow Wilson
Jackson, MS 39216

Fax: (601)576-8030

12. PAYOR OF LAST RESORT

MS-WISEWOMAN will serve as the payor of last resort for uninsured and underinsured program-eligible participants enrolled in the program prior to or at the time of provision of services. For underinsured patients, the contractor agrees to provide documentation identifying the patient's financial responsibility (i.e., co-insurance, copay, and/or deductible) and/or a list of covered benefits, services, or procedures under the patient's insurance at the time of referral to MS-WISEWOMAN for enrollment. Contractor agrees to bill private insurance or the Mississippi Division of Medicaid applicable program for all services. Should private insurance or Medicaid claims be denied, the Contractor reserves the right to resubmit those claims to the MS-WISEWOMAN program. The contractor must include a copy of the denial with the resubmitted claims.

13. RATE OF REIMBURSEMENT

Contractor may bill MS-WISEWOMAN at their usual, customary, and reasonable (UCR) rate for services, but agrees to accept a rate of reimbursement for approved procedures from Attachment E on the date of service not to exceed the Centers for Medicare and Medicaid Services (CMS) published Medicare Part B Participating Health Care Provider rate or fee for the date of service. The fee reimbursed to the provider is to be based on the applicable CMS Medicare rate or fee schedule, effective on the date of service for Mississippi providers.

Rates and fee schedules are updated by CMS periodically and are located at:

Physician fee schedule: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSlookup (Physician Fee Schedule Look-Up Tool | CMS).

The list of the MS-WISEWOMAN Allowable Procedures and the corresponding Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System -- (HCPCS) codes is available in Attachment E.

Contractor agrees not to bill participants in the MS-WISEWOMAN Program for any difference between provider fees for MS-WISEWOMAN-covered services and the amount reimbursed by the MS-WISEWOMAN. The contractor shall have the right to bill participants for services related to cardiovascular disease screenings, which are not covered under this agreement, but

must notify the participants of their financial responsibility prior to delivering the service.

The contractor agrees to clearly explain to the participant which services are and are not covered by MS-WISEWOMAN, and to obtain separate participant consent to provide non-covered services.

14. PAYMENT REQUESTS

Payment requests will be processed by the MS-WISEWOMAN Program staff upon receipt of all claims and supporting documentation, including enrollment forms, consent forms, and reports or results of procedures. The request to issue payments will be processed through the MSDH Office of Finance and Accounts with final release of funds granted from the State of Mississippi Department of Finance and Administration.

15. RECORD OF PAYMENTS

Contractors may request directly from the MS-WISEWOMAN Program a record of payments processed for reconciliation purposes. Requests must be in writing and submitted to the MS-WISEWOMAN general correspondence email address: WISEWOMANcontracts@msdh.ms.gov

16. CHANGES TO PROVIDER INFORMATION

Contractor agrees to promptly notify the MS-WISEWOMAN Program in writing of any changes to Provider's corporate name, tax identification number, address, or status of license to provide services, within thirty (30) days of such changes. Failure to notify MS-WISEWOMAN may result in denial of payment for requested services provided after any effective changes. A contract modification to update information may be necessary.

17. CORRESPONDENCE

Contractor agrees to submit all general correspondence concerning this contract, updates to contractor information, requests for record of payments, requests for technical assistance, provider questions, and other MS-WWP-related matters to: Email: WISEWOMANcontracts@msdh.ms.gov

2.3 Project Activities and Performance Requirements

2.4 Reporting Requirements

SUBMISSION OF INVOICES, PROGRAM FORMS, AND REPORTS

The performance report must include the following measures:
Contractor agrees to deliver services to each enrolled participant meeting eligibility according to program guidelines, which include:

A. Utilization of CDC/AHA guidelines specific to the MS-WISEWOMAN Program participant eligibility.
B. Utilization of national AHA/ guidelines specific to cardiovascular screening.
C. Utilization of procedures regarding tracking, follow-up, and bidirectional referrals of MS-WISEWOMAN Program participants.
D. MS-WISEWOMAN program may only be billed for appropriate and approved WISEWOMAN services.
E. The Contractor must develop a system to ensure women with alert values, as defined by CDC, are referred for a medical workup immediately or within seven (7) days of the alert measurement in accordance with national standards of care and the judgment of the Contractor's designated Medical or Clinical Director.
F. The Contractor is responsible for arranging free or low-cost medical care as needed. The MS-WISEWOMAN Program will not pay for diagnostic or treatment services.
G. Quarterly participants' WWP progression report status (active, inactive) and HBSS/Lifestyle program progress.

The Subgrantee shall submit quarterly performance reports and a final expenditure report to MSDH. Contractor agrees to submit an invoice or demand for payment and substantiating documentation for the reimbursable medical procedure(s) performed or service(s) provided within forty-five (45) days the date(s) of service with the exception of services provided in the month of June. Claims, invoices, or other demands for payments for dates of service in the month of June (with supporting documentation) must be received by the close of business on the second Friday of July. This shortened timeframe is necessary to ensure all payments are finalized and liquidated before closeout financial reporting is due to the federal funding agency.
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With the exception of laboratories, Contractor will complete all necessary forms applicable to services provided and required by the MS-WISEWOMAN Program, to include Screening/Intake Forms, Consent Forms, Follow-Up Referral Forms, Healthy Behavior Support Services Tracking will provide copies of progress or medical notes relevant to MS-WISEWOMAN-related services. All necessary documentation must be on file with MSWISEWOMAN before a claim is processed for payment. Any claim, invoice, or demand for payment must contain the pertinent minimum information, including the participant's name, date of birth, social security number, CPT code(s), date(s) of service, amount(s) charged for each procedure, provider name, billing address, and the provider's Federal Tax ID number. Alternatively, a spreadsheet or statement may be submitted for batched claims. Handwritten claims forms or handwritten spreadsheets will not be accepted and will not be processed for reimbursement.
Contractor agrees to follow the MS-WISEWOMAN's prescribed method for submitting claims, program forms, and reports, which include secure fax and U.S. Postal mail, and other alternative methods as approved by MS-WISEWOMAN.

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12. PAYOR OF LAST RESORT

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2.5 Use of Grant Funds

As part of the Mississippi State Department of Health's commitment to outcome-driven public health practice, this solicitation incorporates a Pay for Performance structure. The selected recipient will be expected to achieve clearly defined public health outcomes—for example, improved access to care, increased immunization coverage, or reductions in disease burden—with payments tied to performance metrics. This approach ensures that funding supports strategies that demonstrate measurable impact, accountability, and effective use of public resources. Responses should detail how the recipient will track and report outcomes, adjust activities to improve results, and contribute to data-informed public health efforts

2.6 Debarment

MSDH will not consider responses to this solicitation from any applicant, offeror, or entity that is debarred, suspended, proposed for debarment, excluded, or declared ineligible by any federal or state agency to receive funding. Submissions from such entities will be deemed non-responsive and will not be evaluated or considered further. It is the responsibility of the applicant, offeror, or entity to ensure that they are in good standing and eligible to apply. By submitting a response to this solicitation, the applicant, offeror, or entity certifies compliance with all eligibility requirements, including that they are not subject to any of the conditions listed above.

In addition, by submitting an application in response to the RFA, the applicant certifies that it is not currently excluded or debarred from future contract awards by any political subdivision or agency of any state, federal, local, or county government.

Applicant further certifies that it is not an agent of any such person or entity. Applicant certifies that it has not, in the five-year period preceding its offer, been convicted of or had a civil judgment rendered against it for commission of a fraud or criminal offense in connection with obtaining, attempting to obtain, or performance of a public contract; violation of antitrust laws; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Applicant certifies that it is not presently indicted or otherwise criminally or civilly charged with the commission of any of the acts listed herein.

Applicant certifies that, within the past five years, it has not had a contract with a governmental entity terminated due to the applicant's failure to perform, default, or any other action or inaction by the applicant.

SECTION 3 | RFA PROCESS

This RFA seeks Applications to complete activities allowable under the funding source identified above in this RFA. All Applications must conform to the instructions, conditions, and requirements in this RFA. Applicants should carefully examine this RFA, as well as requirements on the state or federal funds involved. Applications that MSDH determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be rejected without scoring.

3.1 RFP Point of Contact

The Applicant should direct questions regarding the RFA to the Point of Contact listed below.

Qualandia Hooker
Grant Analyst
qualandia.hooker@msdh.ms.gov
(601) 576-7062

Questions regarding information needed for an Application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to the Question & Answer section of this RFA on MSDH's OpenGov Procurement portal. All questions are due before 12:00 am on Friday, June 19, 2026.

No member of state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA through MSDH's OpenGov Procurement portal. Only the POC has the authority to modify the RFA, answer questions, and render opinions, on behalf of MSDH.

3.2 Schedule of Events

Release RFA:	June 5, 2026
Question Submission Deadline:	June 19, 2026, 12:00am
Application Due Date:	March 31, 2027, 12:00am
Period of Performance Start Date:	Upon Execution - 06/30/2028

No binding agreement has been made between MSDH and any Applicant until an Agreement is fully executed by both parties.

3.3 Preparing and Submitting the Application

The Application can be submitted electronically through MSDH's OpenGov Procurement portal. The portal will guide you through submitting your Application including noting any required information. Applications are due prior to 12:00 am on Wednesday, March 31, 2027 and late submittals will not be accepted. Applications that do not contain all required information or that are not in a submitted status prior to the deadline for Application submittals will be rejected. Submitting at the deadline will likely result in a late submittal as uploading and providing the necessary information takes time so please prepare your Application in a timely manner to avoid missing the deadline.

3.4 Evaluation Committee

Applications are evaluated by members of an Evaluation Committee, which will consist of individuals selected at the discretion of MSDH. All members of the Evaluation Committee will disclose to MSDH any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any attempt to influence an evaluator that is involved in this RFA may result in the rejection of the Application.

3.5 Evaluation of Applications

All complete Applications that are responsible to the RFA will be evaluated. MSDH reserves the right to evaluate Applications and award funds in a manner utilizing criteria selected at MSDH's discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method.

MSDH will initially evaluate all Applications to determine whether the Applicant is an eligible entity, and whether the Application meets the minimum requirements of this RFA. Applicants must score a minimum of 70 out of 100 on the evaluation to be considered for this opportunity.

MSDH will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. The Applicant's responses to the Forms will be scored through a point method described below.

3.6 Late Applications

All Applications must be electronically or physically received by the deadline listed in the Schedule of Events. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

3.7 Corrections

An Applicant may correct a mistake in an application prior to the deadline by "unsubmitting" their Application on MSDH's OpenGov Procurement portal and modifying the Application before submitting it again. Once the deadline for submitting Applications has passed, the system will no longer allow electronic submittals. Applications not submitted or re-submitted (if corrected) after the due date and time will not be considered as "submitted". Changes in an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. Whether an error is minor shall be determined by MSDH.

3.8 MSDH Reservations of Authority During Application and Evaluation Process

After Evaluation of the Applications, or at any point in the RFA process, MSDH may take one or more of the following actions:

1. Amend the RFA
2. Extend the due date for Applications
3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an application, and do not improve an Applicant's position.
4. Accept or reject a portion of or all of an application.
5. Accept or reject all applications.

6. Withdraw the RFA.
7. Elect to reissue the RFA.

SECTION 4 | EVALUATIONS

MSDH will evaluate the following categories with criteria of pass/fail for each:

1. Applicant's Organizational Overview/Information

Applicants will receive high scores if they have a defined and clear organizational structure; organizational experience in federal grants; qualified and capable personnel with experience in federal grants or equivalent credentials or experience; or can otherwise demonstrate that they will be a reliable subgrantee who will use all awarded funds in a manner consistent with law and the requirements of this RFA.

2. Applicant's Scope of Work

Applicants will receive higher scores if their work plan responds to the Project Description and meets the goals or objectives of the federal funding and RFA, as well as evidencing the ability to meet expected outcomes, adhere to reporting deadlines or other deadlines, and complete any required evaluation activities. MSDH exercises sole discretion as to whether the Application adequately addresses the purposes and objectives of the federal funding MSDH has received.

3. Performance Outcomes

Subgrantees Seeking Renewal - Applicants will receive higher scores if their agency meets the performance requirements outlined in the previous subgrant agreement. If any of those applicants did not meet the required performance metrics during the previous program year, applicants will receive higher scores if a clear and reasonable justification for not meeting the performance requirements is provided.

New Applicants - Applicants that have not previously received this funding will receive higher scores if a strong description of experience and quality outcomes relevant to this project is provided.

4. Quality of Application

Applications will receive higher scores if the information presented is accurate, complete, well-presented, and free of spelling, grammatical, and mathematical mistakes. Additionally, all acronyms must be spelled out at their first mention, indicating their abbreviation in parentheses.

No.	Evaluation Criteria	Scoring Method	Weight (Points)
1.	**Applicant's Organizational Overview** Applicants will receive high scores if they have a defined and clear organizational structure; organizational experience in federal grants; qualified and capable personnel with experience in federal grants or equivalent credentials or experience; or can otherwise demonstrate that they will be a reliable provider who will use all awarded funds in a manner consistent with law and the requirements of this RFA.	Pass / Fail	1 *(25% of Total)*

2.	**Applicant's Work Plan** Applicants will receive higher scores if their work plan responds to the Project Description and meets the goals or objectives of the federal funding and RFA, as well as evidencing the ability to meet expected outcomes, adhere to reporting deadlines or other deadlines, and complete any required evaluation activities. MSDH exercises sole discretion as to whether the Application adequately addresses the purposes and objectives of the federal funding MSDH has received.	Pass / Fail	1 *(25% of Total)*
3.	**Performance Outcomes** a. **Provider Seeking Renewal** - Applicants will receive higher scores if their agency met the performance requirements outlined in the previous agreement. If any of those applicants did not meet the required performance metrics during the previous program year, applicants will receive higher scores if a clear and reasonable justification for not meeting the performance requirements is provided. b. **New Applicants** - Applicants that have not previously received this funding will receive higher scores if a strong description of experience and quality outcomes relevant to this project is provided.	Pass / Fail	1 *(25% of Total)*
4.	**Quality of Application** Applications will receive higher scores if the information presented is accurate, complete, well-presented, and free of spelling, grammatical, and mathematical mistakes. Additionally, all acronyms must be spelled out at their first mention, indicating their abbreviation in parenthesis.	Pass / Fail	1 *(25% of Total)*

SECTION 5 | APPLICATION

5.1 Applicant Organization Information

5.1.1 Applicant Organization Name*

Please provide the full legal name of the Applicant Organization that should be listed on an agreement or contract. Be sure to include any other "doing business as" names, or any previous names the organization used.

NOTE: Name must match the UEI Number

*Response required

5.1.2 Applicant Organization UEI Number*

Please enter the full EUI Number of the Applicant Organization here.

*Response required

5.1.3 UEI Number Upload*

Please upload a copy or printout of your registration from SAM.gov.

*Response required

5.1.4 Applicant Organization Address*

What is the full physical/mailing address of the Application Organization?

Please be sure to include the full street name and address (including floor or room number if applicable), City, State, and Zip Code.

*Response required

5.1.5 Applicant Contact Information - Name*

Please provide the full name of the Applicant's Point of Contact for this Application.

*Response required

5.1.6 Applicant Contact Information - Title*

Please provide the full title of the Applicant's Point of Contact for this Application.

*Response required

5.1.7 Applicant Contact Information - Telephone Number*

Please provide the full telephone number (including area code) of the Applicant's Point of Contact for this Application.

*Response required

5.1.8 Applicant Contact Information - Email Address*

Please provide the full email address of the Applicant's Point of Contact for this Application.

*Response required

5.1.9 Eligible Entity*

Party submitting this application certifies that Applicant Organization is an eligible entity as defined by this RFA.

☐ Please confirm

*Response required

5.1.10 Debarment or Suspension Confirmation*

Party submitting this application certifies that Applicant Organization is not presently debarred or suspended.

☐ Please confirm

*Response required

5.1.11 W9*

Upload a copy of your current W9 here.

*Response required

5.2 Applicant's Organizational Overview

The Applicant's Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Subgrant.

5.2.1 Programmatic Experience*

Upload a description of Applicant's experience with the type of programming or work contained in the Project Description, or other relevant work.

*Response required

5.2.2 Agreements Terminated or Costs Disallowed*

Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:

- Were terminated for cause; or
- Where Specific Conditions were placed on Applicant (see 2 CFR § 200.208 or 45 CFR § 75.207).

*Response required

5.3 Applicant's Work Plan

5.3.1 Work Plan*

The Applicant's Work Plan must respond in detail to the Project Description. It must contain a description of the work activities the Applicant is proposing to complete under the RFA. It should contain an understanding of the requirements for the project under the applicable federal or state funding sources (or both), and, as applicable, descriptions of timelines, outcome/process measures, reporting requirements, and program evaluation activities.

*Response required

5.4 Conflicts of Interest

5.4.1 Other Current MSDH Contracts*

List all other current agreements/contracts with MSDH, including the dollar amount associated with the agreement/contract and the beginning and ending dates. If no other funds are received, please mark N/A.

Please provide each entry in the following format:

MSDH Program or Agreement/Contract Name #1

- Dollar Amount
- Contract Beginning Date
- Contract Ending Date

*Response required

5.4.2 Organization Governing Body*

Please list the name of each member of your organization's Board of Directors or other governing body (i.e., trustee, alderman, partner, owner).

*Response required

5.4.3 Governing Body or Project Staff Affiliations*

Are any members of the governing body or project staff also MSDH employees, MSDH Board Members, or spouses, parents, or children of MSDH employees?

☐ Yes
☐ No

*Response required

When equals "Yes"

5.4.4 Governing Body or Staff Affiliations - Explanation*

You have indicated that one or more members of your governing body or project staff are also MSDH employees, MSDH Board Members, or spouses, parents, or children of MSDH employees.

Please provide the following for all such individuals:

- Name of Individual
- Indicate if individual is an MSDH Employee, MSDH Board Member, or relative type of MSDH employee.
- Applicable position held with MSDH

*Response required

When equals "Yes"

5.4.5 Income From Business*

Does the MSDH Board Member, Employee, or Relative receive more than $2,500.00 per year in income from the business?

☐ Yes
☐ No

*Response required

When equals "Yes"

5.4.6 Ownership Status - Percentage*
Does the MSDH Board Member, Employee, or Relative own ten (10%) percent or more of the fair market value in the business, either directly or indirectly through another business?

☐ Yes
☐ No

*Response required

When equals "Yes"

5.4.7 Ownership Status - Amount
Does the MSDH Board Member, Employee, or Relative have ownership interest in the business, in which the fair market value exceeds $5,000.00?

☐ Yes
☐ No

When equals "Yes"

5.4.8 Position Within Business*
Is the MSDH Board Member, Employee, or Relative a director, officer, or employee of the business?

☐ Yes
☐ No

*Response required

5.4.9 Conflict of Interest Certification*
I hereby certify that the information set forth above is true and complete to the best of my knowledge and that no MSDH employee, spouse, parent, or child of an MSDH employee, serves as a member of the governing body, project staff, or has an ownership or pecuniary interest in the agreement/contract or organization. I agree to notify MSDH within thirty (30) days if any of these conditions change during the agreement/contract.

☐ Please confirm

*Response required

5.5 Other

5.5.1 Debarment, Suspension, and Eligibility*
The applicant certifies that they or any of its principals _____ presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal or state contracts.

Select the answer which best fills in the blank for the applicant.

☐ are
☐ are not
*Response required

5.5.2 Charges From A Government Agency*

The applicant certifies that they or any of its principals _____ presently indicted for, or otherwise criminally or civilly charged by a government entity.

Select the answer which best fills in the blank for the applicant.

☐ are
☐ are not
*Response required

5.5.3 Conviction or Acknowledgment of Fault*

The applicant certifies that they or any of its principals _____ within the last five (5) years, been the subject of a federal or state criminal proceeding resulting in a conviction or other acknowledgment of fault, been the subject of a federal or state civil or administrative proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than $5,000 or other acknowledgment of fault; convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract; violation of Federal or State antitrust statues relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

Select the answer which best fills in the blank for the applicant.

☐ have
☐ have not
*Response required

5.5.4 Contract Termination By Default*

The applicant certifies that they or any of its principals _____ within the last five (5) years preceding this offer, had one or more contracts terminated for default by any federal agency.

Select the answer which best fills in the blank for the applicant.

☐ have
☐ have not
*Response required

5.5.5 Felony Criminal Violations*

The applicant certifies that they or any of its principals _____ within the last five (5) years, been convicted of a felony criminal violation under federal or state law.

Select the answer which best fills in the blank for the applicant.

☐ have
☐ have not
*Response required

5.5.6 Financial Records*

Does the applicant have a financial management system that provides records that can identify the source and award-supported activities and provides control and accountability of project funds, property, and other assets?

☐ Yes
☐ No

*Response required

5.5.7 Audit Status / Fiscal Responsibility*

Does the applicant receive an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133)?

☐ Yes
☐ No

*Response required

When equals "Yes"

5.5.8 Most Recent Audit*

What is the most recent fiscal year for which this audit was completed?

☐ Yes
☐ No

*Response required

When equals "Yes"

5.5.9 Report Findings*

Were there any audit findings in the most recent report?

If "Yes", please be sure to provide an explanation in the applicable upcoming question. Failure to provide an explanation may cause your submittal to be deemed non-responsive.

☐ Yes
☐ No

*Response required

When equals "Yes"

5.5.10 Recent Audit Report

Please upload a copy of your most recent Uniform Guidance §200.514 (formerly A-133) Audit Report.

When equals "Yes"

5.5.11 Explanation or Other Information*

Please provide any additional information around your Audit Status that you feel is necessary here. This includes an explanation regarding any audit findings in your most recent audit.

If you have nothing to add here, please state that you have no additional information to provide.

*Response required

When equals "No"

5.5.12 No Annual Audit*

You have stated that the applicant does not receive an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133).

Please select the option which best fits the reason why.

☐ Non-Profit Entity (under Federal Funding Threshold)
☐ For Profit Entity
☐ Other
*Response required

When equals "No"

5.5.13 No Annual Audit - Other*

If you selected "Other" in the previous question regarding why you do not receive an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133) please specify here.

If your answer to the previous question was not "Other", please respond here with "N/A".

*Response required

5.5.14 Supplemental Information

Applicant will provide any required supplemental information as outlined in this Request to be submitted with the Application.

5.5.15 Please acknowledge that any work performed prior to execution is done at the vendor's own risk and may not be eligible for payment. MSDH reserves the right, in its sole discretion, to determine on a case-by-case basis whether payment is allowable based on the particular circumstances.*

☐ Please confirm

*Response required

SECTION 6 | COPY OF RFA OVERVIEW

6.1 Funding Information

Federal Agency Name
Centers for Disease Control and Prevention

Assistance Listing Program Name
WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)

Assistance Listing Number
93.436

Federal Award Date
07/01/2026

Federal Award Identifier (FAIN)
NU58DP007661

The federal grant is authorized and funded in accordance with the CDC.

The Heart Disease and Stroke Prevention and Control Programs for State, Territorial, and Tribal Organizations grant is authorized and funded in accordance with the applicable authorizing statute (Sections 501-1508 and 1510 of the Public Health Service Act) PL 101-354.

A total of $NO VALUE is available under this RFA. A total award of this amount of funds is not guaranteed, but is subject to the applications received, the actual money awarded to MSDH from the Federal Awarding Agency, and MSDH's discretion. The total funds may be split among multiple service providers at the discretion of MSDH. MSDH reserves the right to restrict the number of awards based on the funding available and program resources available for subgrant administration and subrecipient monitoring.

All awards are subject to the availability of funds.

1.2. Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out work authorized under this RFA and result in a fee-for-service provider agreement. The Initial Period of Performance for this RFA is 7/1/2026 to 6/30/2028, with additional Periods of Performance through 6/30/2028.

For the Initial Period of Performance, all dates of services delivered must have occurred during the period of performance and invoiced to MSDH by the dates indicated in the Scope of Work. These dates are dependent on federal periods of allowability and MSDH's ability to process payments in a timely manner. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by MSDH, may have different obligations and liquidation deadlines.

1.3. Matching Funds

There is no match or in-kind funding requirement under this RFA.

1.4. Applicable Law

Additional federal and state statutes and regulations may apply to the funding contained herein.

Further information about allowable costs and activities may be set forth herein.

1.5. Award of Funding

MSDH will evaluate Applications as described in the "Evaluations" Section of this RFA. Funds will be awarded through an Agreement. No promise for funds is binding on MSDH, and no funds will be paid to any Applicant until an Agreement has been executed and signed by both the Applicant's authorized signer and the State Health Officer. In the Evaluation of Applications.

6.2 Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out work authorized under this RFA and result in a fee-for-service provider agreement. The Initial Period of Performance for this RFA is 7/1/2026 to 6/30/2028, with additional Periods of Performance through 6/30/2028.

For the Initial Period of Performance, all dates of services delivered must have occurred during the period of performance and invoiced to MSDH by the dates indicated in the Scope of Work. These dates are dependent on federal periods of allowability and MSDH's ability to process payments in a timely manner. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by MSDH, may have different obligations and liquidation deadlines.

6.3 Matching Funds

There is no match or in-kind funding requirement under this RFA.

6.4 Applicable Law

Additional federal and or state statutes and regulations may apply to the funding contained herein if applicable. These may be included below, as well as in the Subgrant Agreement itself.

Further information about allowable costs and activities may be set forth herein.

6.5 Award of Funding

MSDH will evaluate Applications as described in the "Evaluations" Section of this RFA. Funds will be awarded through a written agreement, termed an Agreement. No promise for funds is binding on MSDH, and no funds will be paid to any Applicant until an Agreement has been executed and signed by both the Applicant's authorized signer and the State Health Officer. In the Evaluation of Applications,

Any work performed prior to execution is done at the vendor's own risk and may not be eligible for payment. MSDH reserves the right, in its sole discretion, to determine on a case-by-case basis whether payment is allowable based on the particular circumstances.