IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH

Public Health Lead Entities

REQUEST FOR PROPOSAL #PHTHOPD27001

Contract Term:
January 1, 2027 to June 30, 2032

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SECTION 1 -- GENERAL AND ADMINISTRATIVE ISSUES

1.01 Purpose

The purpose of this Request for Proposal (RFP) #PHTHOPD27001 is to solicit Proposals that will enable the Iowa Department of Health and Human Services (referred to as Agency) to select the most qualified Applicant in each Iowa HHS District ("District") to be designated as a public health Lead Entity ("Lead Entity").

Each Lead Entity will serve as the District-level partner within the Iowa Public Health Service System. Lead Entities will ensure that the District has the infrastructure, partnerships, and provider capacity necessary to deliver the Priority Public Health Core Services:

1. Communicable and Infectious Disease Control
2. Environmental Health
3. Chronic Disease and Injury Prevention

Lead Entities will operate under a statewide Shared Responsibility Model. The Lead Entity is not expected to perform all operational or programmatic functions within the Priority Public Health Core Services; rather, it coordinates, organizes, and strengthens the local provider network so that required activities are consistently available across the District. Although, when services fall within the Lead Entity's existing scope of work, as a designated Local Public Health Agency, the Lead Entity may directly provide public health services within the District when appropriate and mutually agreed upon through coordination and planning efforts within the District.

The RFP process is for the Agency's benefit and is intended to provide the Agency with competitive information to assist in the selection process. It is not intended to be comprehensive. Each Applicant is responsible for determining factors necessary for submission of a comprehensive Proposal. The Agency adheres to all applicable federal and state laws, rules, and regulations when entering into Contracts for services. The Agency reserves the right to reject any or all Proposals received in response to this RFP at any time prior to the designation of the Lead Entities. Issuance of this RFP in no way constitutes a commitment by the Agency to award a Contract.

1.02 Contract Term

The anticipated **Contract Term** will begin on or around January 1, 2027, through June 30, 2032. The Agency expects the initial **Contract Period** to be an eighteen-month period from January 1, 2027 to June 30, 2028. The Agency shall have the option to extend the contract period at its sole discretion for up to four additional one (1) year periods. Contract extensions are at the Agency's sole discretion and subject to: review of the contractor and subcontractor performance, contractor's and subcontractor's compliance with the special and general terms and contingent terms of the contract, availability of funds, program modifications, or any other grounds determined by the Agency to be in the Agency's best interests. The contract term, including all possible extensions provided by the Agency, shall not exceed a five and a half-year period.

The issuance of this RFP in no way constitutes a commitment by the Agency to award a contract.

1.03 Eligibility Requirements

Applicants must meet each of the following eligibility requirements for consideration.

Eligible Applicants
A County Board of Health in Iowa or their designated Local Public Health Agency are eligible to submit an Application in accordance with this RFP. Applicant must be located within the District or a contiguous District for which the Applicant is applying.

Eligibility Requirements
Eligible Applicants must meet each of the following requirements. Failure to meet any of the following requirements will result in Application disqualification.

- Applicant must be a County Board of Health in Iowa or their designated local public health agency.
    - If the Local Public Health Agency is submitting the Application, the Applicant must submit a letter of attestation from their County Board of Health recognizing them as the county's designated local public health agency.

Electronic Communication Requirements
Applicant is required to maintain and provide to the Agency, upon Application, a current and valid email account for electronic communications with the Agency.

Official email communication from the Agency regarding this Application will be issued from grants@iowagrants.gov. Applicants are required to ensure these communications are received and responded to accordingly.

1.04 Service Delivery Area

The service areas are the Iowa HHS Districts within the state of Iowa. The Agency will fund up to seven (7) Lead Entities and will require Lead Entity coverage in each of the seven (7) Districts.

The Agency's goal is to have Lead Entity coverage in each District. If a District is not included in an awarded Application or if a contract is terminated during the contract term, the Agency may request, at its sole discretion, a current contractor (preferably contiguous) to provide Lead Entity services. If multiple contractors express interest, the Agency may base the award decision on RFP Application scoring or on any other grounds determined by the Agency to be in the best interests of the District, or the Agency may issue an RFP for the provision of services in the unserved District.

1.05 Available Funds

The source of funding is state and federal funding including, but not limited to, Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant. Funding for this

solicitation may be made available through a combination of state and federal sources. The level of funding, and the specific funding streams utilized, may vary and are subject to change based on legislative appropriations, federal awards, program requirements, and other factors. The State does not guarantee the availability of any particular amount of funding and reserves the right to adjust, reduce, or withdraw funding at any time without prior notice.

The Agency anticipates awarding up to $4,140,000 for up to seven Lead Entity awards for the January 1, 2027 – June 30, 2028, timeframe. These funds will be split equally among the seven (7) Districts for Phase 1 activities as described in Section 2. An anticipated total amount of $9,204,082 will be allocated to Lead Entities as determined by the Agency to support Phase 2 activities as described in Section 2 and local service provision. These funds will be available for the period of 07/01/2028 through 06/30/2029 and annually thereafter through the Contract Term. Actual total awards and individual contract funding levels may vary from those listed or funding may be increased, decreased, or withdrawn completely, depending on availability of funding or any other grounds determined by the Agency to be in the Agency's best interests.

Projected Phase 2 Funding Allocations

The projected Phase 2 funding allocations are determined by the Agency based on:

- State and District population
- Historical funding information for State Fiscal Year 2026
- Projected funding information for State Fiscal Year 2029
- Agency requirements, goals, and priorities

District	Counties	Total
1	Lyon, Osceola, Sioux, O'Brien, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Monona, Crawford, Carroll, Harrison	$967,180
2	Dickinson, Emmet, Kossuth, Winnebago, Worth, Clay, Palo Alto, Hancock, Pocahontas, Humboldt, Wright, Sac, Calhoun, Webster	$736,014
3	Mitchell, Howard, Winneshiek, Allamakee, Cerro Gordo, Floyd, Chickasaw, Fayette, Clayton, Franklin, Butler, Bremer, Hardin, Grundy, Marshall, Tama	$1,026,353
4	Shelby, Audubon, Guthrie, Pottawattamie, Cass, Adair, Mills, Montgomery, Adams, Union, Fremont, Page, Taylor, Ringgold	$812,805
5	Hamilton, Greene, Boone, Story, Dallas, Polk, Jasper, Madison, Warren, Marion, Clarke, Lucas, Decatur, Wayne	$2,097,457
6	Benton, Poweshiek, Iowa, Mahaska, Keokuk, Washington, Monroe, Wapello, Jefferson, Henry, Appanoose, Davis, VanBuren, Lee	$902,545
7	Black Hawk, Buchanan, Delaware, Dubuque, Linn, Jones, Jackson, Johnson, Cedar, Clinton, Muscatine, Scott, Louisa, Des Moines	$2,661,728
Total		$9,204,082

The Agency reserves the right to award different amounts to Districts in Contract Years 2-5 based on deliverables, reports submitted by the Contractors, and any other information deemed important by the Agency. The Agency may also elect to not award all these funds to awardees of this procurement. The Agency reserves the right to add additional funds to this project.

1.06 Schedule of Important Dates (All times and dates listed are local Iowa time.)

The following dates are set forth for informational purposes. The Agency reserves the right to modify these dates at its sole discretion.

EVENT	DATE
RFP Issued	August 27, 2026
Written Questions and Responses	
Round 1 Questions Due: Responses Posted By:	September 4, 2026, by 12:00PM September 10, 2026, by 4:00PM
Letter of Intent	September 18, 2026, by 4:00 PM
Written Questions and Responses	
Round 2 Questions Due: Responses Posted By:	September 18, 2026, by 12:00 PM September 24, 2026, by 4:00 PM
Applications Due	October 8, 2026, by 12:00 PM
Applicant's Oral Presentations, if requested by the Agency	On or around November 18, 2026
Post Notice of Intent to Award	On or around November 20, 2026
Anticipated Start Date of Contract(s)	January 1, 2027

A. RFP Issued – The Agency will post the RFP under Grant Opportunities quick link at www.IowaGrants.gov on the date referenced in the Schedule of Events table above. The RFP will remain posted through the Applications Due date.

B. Applicant's Oral Presentations – At the discretion of the Agency, Applicants may be required to make an oral presentation of the Application. The determination of need for presentations, the location, order, and schedule of the presentations is at the sole discretion of the Agency. Presentations are anticipated to occur on the date(s) listed in the schedule of events table above but are subject to change at the Agency's discretion. If an oral presentation is required, Applicants may clarify or elaborate on their Applications but may in no way change their original Application.

   Prior to the Applicant Presentations, Applicant will be notified as to specific times they will need to present. Each Applicant will be sent an email containing a link to present virtually. Presenting Applicants are to include key personnel and will be provided a 60 to 90-minute time slot for presentation based on the number of presentations, as determined by the Agency.

   During the Presentations, Applicant will provide an overview of their Application noting the highlights that they believe make them the best choice, including use of scenario-based walk-throughs to compare and contrast experiences and the Applicant's proposed approach (as outlined in their Application) to meet the needs identified in this RFP. The presentation must not materially change from information contained in the submitted Application.

C. Written Questions and Responses – Written questions related to the RFP must be submitted through www.IowaGrants.gov no later than the dates specified in the table above. Applicants must be registered with IowaGrants in order to submit a question (Refer to the links section for instructions on registering and logging in to IowaGrants).

Written questions submitted after the date specified for second round of questions in the table above will not be considered and a response will not be provided by the Agency.

- Registered Users login to www.IowaGrants.gov
- Click on 'Users click here to login'
- ID.iowa.gov, sign-in (email address), click next (enter password), hit enter or click verify
- Search Funding Opportunities
- Select this Funding Opportunity
- Click on 'Ask A Question' link located at the top right-hand side of the Opportunity Details page, and enter a single question in the 'Post Question' box
- Click the 'Save' button

Letter of Intent: Applicants may submit a letter of intent via email on or before September 18, 2026, to Mike Drottz michael.drottz@hhs.iowa.gov for this procurement.

Additional questions may be submitted by repeating the process above for each individual question. If the question or comment pertains to a specific section of the RFP, the section and page must be referenced. Verbal questions will not be accepted. Questions will not be displayed in IowaGrants until written responses are posted by the Agency.

The Agency will prepare written responses to all pertinent, timely and properly submitted questions according to the schedule of events table above. The Agency's written responses will be considered part of the RFP.

To view posted questions and responses:
- Login to www.IowaGrants.gov
- Search Funding Opportunities
- Select this Funding Opportunity
- Scroll to the bottom of the Opportunity Details page, under the **Questions** subsection to view the posted questions and answers.

It is the responsibility of the Applicant to check this Funding Opportunity in www.IowaGrants.gov periodically for written questions and responses to this RFP.

D. Application Creation – The Application will consist of multiple required forms (refer to Section 3) available within the Electronic Grant Management system at www.IowaGrants.gov. Each form of the Application must be completed in its entirety or IowaGrants will not permit the Application to be submitted.

Each individual within the Applicant organization who desires access to the Application must be registered in IowaGrants (refer to the links section for instructions on registering and logging in to IowaGrants). **The first user to initiate an Application for a Funding Opportunity is designated by the system as the primary user (Registered Applicant) for that Application**. This primary user can add additional registered users as Grantee Contacts within their organization to the Funding Opportunity for completion/edit/review of forms and submission of the Application. If multiple users are editing the same form within an Application at the same time, the last saved version will override any changes made by other users.

IowaGrants will permit multiple registered users of the Applicant organization to create separate Applications for the same Funding Opportunity, thereby creating multiple Applications for the same Funding Opportunity. The Applicant is responsible for ensuring that only one entire Application is completed and submitted for the proposed HHS District (refer to Sections 1.04 and 1.14) in response to this RFP.

E. Applications Due – Applications must be submitted by **12:00 p.m. (local Iowa time) October 8, 2026,** as described in section 1.06 Schedule of Important Dates in the Electronic Grant Management System at www.IowaGrants.gov. Attempted submission of a completed Application after stated due date and time will not be allowed by the system. This Funding Opportunity will not be available as a Current Opportunity on the Electronic Grant Management System after the stated due date and time. If submission of an Application is attempted after the stated date and time, the Applicant will receive a notice stating, "The Funding Opportunity is closed".

Applications submitted to the Agency in any manner other than through Electronic Grant Management System of the IowaGrants website (e.g. electronic mail to any other address, faxed, hand-delivered, mailed or shipped or courier-service delivered versions) will be rejected, not reviewed by the Agency and a rejection notice will be sent to the Applicant. Any information submitted separately from the Application will not be considered in the review process, except for the letter of intent to apply and any applicable Non-Disclosure Agreements or equivalent (refer to section 1.03). Applicants may submit a letter of intent via email on or before September 18, 2026, to Mike Drottz michael.drottz@hhs.iowa.gov for this procurement.

The IowaGrants Electronic Grant Management System's recorded date and time shall constitute the official submission timestamp for an Application.

The due date and time requirements for submission of the Application within the Electronic Grant Management System of IowaGrants website are mandatory requirements and will not be subject to waivers as a minor deficiency.

Submission Confirmation Screen: After an Applicant submits an Application, a confirmation screen containing an Application ID number will appear on your computer screen.

It is the Applicant's sole responsibility to complete all Funding Opportunity Forms and submit the Application in sufficient time.

F. Release of Names of Applicants –On or around October 12, 2026; the names of all Applicants who submitted Applications by the deadline shall be released to all who have requested such notification via an email request to Michael Drottz michael.drottz@hhs.iowa.gov.The announcement of Applicants who timely submitted an Application does not mean that an individual Application has been deemed technically compliant or accepted for evaluation.

G. Notice of Intent to Award – A Notice of Intent to Award the contract(s) will be posted for at least 10 business days on the Agency Web page https://hhs.iowa.gov/about/funding-

opportunities/notice-intent-award under *Funding Opportunities* link on or around the date specified in the Schedule of Events table above. Applicants are solely responsible for reviewing the Notice of Intent to Award to determine their award status.

H. Contract Negotiations and Execution of the Contract – Following the posting of the Notice of Intent to Award, the Authorized Official for the successful Applicant(s) will receive a contract document via email from the Agency. The successful Applicant has ten (10) working days from date of receipt in which to negotiate and sign a contract with the Agency. If a contract has not been executed within ten (10) working days of Applicant's receipt, the Agency reserves the right to cancel the award and to begin negotiations with the next highest ranked Applicant or other entity deemed appropriate by the Agency. The Agency may, at its sole discretion, extend the time period for negotiations of the contract.

1.07 Inquiries

Inquiries related to the RFP shall be submitted in accordance with Section 1.06 (C).

For assistance regarding IowaGrants, please contact the Agency IowaGrants Helpdesk at iowagrants.helpdesk@hhs.iowa.gov or by calling 1-866-520-8987 (available between 8:00 AM and 4:00 PM on weekdays, excluding state holidays).

Unauthorized contact regarding this RFP with other state employees may result in disqualification. In no case shall verbal communications override written communications. Only written communications are binding on the Agency.

The Agency assumes no responsibility for representations made by its officers or employees prior to the execution of a legal contract, unless such representations are specifically incorporated into the RFP or the contract.

Any verbal information provided by the Applicant shall not be considered part of its Application.

1.08 Amendments to the RFP

The Agency reserves the right to amend the RFP at any time. In the event the Agency decides to amend, add to, or delete any part of this RFP, a written amendment will be posted at www.IowaGrants.gov under the Attachments section of this Funding Opportunity. The Applicant is advised to check this website periodically for amendments to this RFP. In the event an amendment occurs after the Funding Opportunity is closed, the Agency will email the written amendment to the individuals identified in the submitted Application as the Project Officer (Registered Applicant) and the Authorized Official listed in the Cover Sheet- General Information Form.

1.09 Open Competition

No attempt shall be made by the Applicant to induce any other person or firm to submit or not to submit an Application for the purpose of restricting competition.

1.10 Withdrawal of Applications

An Application created in IowaGrants.gov cannot be deleted. An Application may be withdrawn by request of an Applicant at any time prior to the due date and time required to submit the Application. An Applicant desiring to withdraw an Application shall submit notification including the funding opportunity number, Application ID, title of the Application, and the Applicant organization name via email to iowagrants.helpdesk@hhs.iowa.gov.

After this funding opportunity closes, the Agency may withdraw Applications that have not been submitted.

1.11 Resubmission of Withdrawn Applications

A withdrawn Application may be resubmitted by an Applicant at any time prior to the stated due date and time for the submission of Applications.

To access a withdrawn Application:

- Registered Users login to www.IowaGrants.gov as a returning user;
- Search for Funding Opportunities.
- Select this Funding Opportunity.
- Click on 'Copy Existing Application.
- Select the Application that you want to copy by marking it under the 'Copy' column (Note: all Applications whether in editing, submitted or withdrawn status will be displayed to be copied).
- Click the 'Save' button.

The Application that was copied will be open in this funding opportunity. Be sure to re-title the Application, if necessary, by going into the General Information form and editing it. Continue to complete the Application forms and submit following the guidance provided in sections 1.06 (D) and (E), and in section 3 of this RFP.

Withdrawn Applications for this RFP posting must be submitted by the due date provided in section 1.06 to be considered for funding. Withdrawn, submitted, or editing status Applications are also available to copy to other Funding Opportunities in IowaGrants at any time.

1.12 Acceptance of Terms and Conditions

A. An Applicant's submission of an Application constitutes acceptance of the terms, conditions, criteria, and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting an Application, an Applicant agrees that it will not bring any claim or have any cause of action against the Agency or the State of Iowa based on the terms or conditions of the RFP or the procurement process.

B. An Applicant may, within its Application, request modification to language contained in the sample contract included with this RFP. However, by submitting an Application, the Applicant acknowledges and agrees that it is willing to enter into the contract as drafted and accepts all terms of the sample contract if the Agency elects not to negotiate such requested modifications.

The Agency reserves the right to accept or reject any exception taken by an Applicant to the terms and conditions of this RFP or to the sample contract. Should the successful Applicant take exception to terms and conditions required by the Agency, the successful Applicant's exceptions may be rejected, and the Agency may elect to terminate negotiations with that Applicant. However, the Agency may, at its sole discretion, elect to negotiate with the successful Applicant regarding contract terms which do not materially alter the substantive requirements of the RFP or the contents of the Applicant's Application.

1.13 Costs of Application Preparation

All costs of preparing the Application are the sole responsibility of the Applicant. The Agency is not responsible for any costs incurred by the Applicant which are related to the preparation or submission of the Application or any other activities undertaken by the Applicant related in any way to this RFP.

1.14 Multiple Applications

The Applicant may submit for more than one Iowa HHS District, but no more than two Iowa HHS Districts. If applying to be a Lead Entity in two Iowa HHS Districts, the Districts must be contiguous. If more than one Iowa HHS District is proposed, the Applicant must submit an **entirely separate Application** for an additional Iowa HHS District and shall not simply copy the Application of the first District into the second District Application. Additional Applications must clearly address the Applicant's capacity to serve as a Lead Entity more than one District and must distinguish details regarding the Iowa HHS District and the Scope of Work unique to the additional District. All elements of the RFP (inclusive of staffing plan and workplan) must be provided in subsequent Applications if applying for more than one Iowa HHS District.

1.15 Oral Presentation

Applicants may be requested to make an oral presentation of the Application. The determination of need for presentations, the location, order, and schedule of the presentations is at the sole discretion of the Agency. If an oral presentation is required, Applicants may clarify or elaborate on their Applications but may in no way change their original Application.

1.16 Rejection of Applications/Cancellation of the RFP

A. The Agency reserves the right to reject, in whole or in part, any or all Applications, to advertise for new Applications, to arrange to receive or itself perform the services herein, to abandon the need for such services, and to cancel this RFP if it is in the best interests of the Agency.

B. Any Application will be disqualified outright and not evaluated for any of the following reasons:

1. The Applicant is not an eligible Applicant as defined in section 1.03.
2. An Applicant submits more than one Application for the same service area for the

same funding opportunity.
3. An Application is submitted in a manner other than the Electronic Grant Management System at www.IowaGrants.gov.

C. Any Application may be disqualified outright and not evaluated for any one of the following reasons:

1. The Applicant fails to include required information or fails to include sufficient information to determine whether an RFP requirement has been satisfied.
2. The Applicant fails to follow the Application instructions or presents information requested by this RFP in a manner inconsistent with the instructions of the RFP.
3. The Applicant provides misleading or inaccurate answers.
4. The Applicant states that a mandatory requirement cannot be satisfied.
5. The Applicant's response materially changes a mandatory requirement.
6. The Applicant's response limits the right of the Agency.
7. The Applicant fails to respond to the Agency's request for information, documents, or references.
8. The Applicant fails to include any signature, certification, authorization, or stipulation requested by this RFP.
9. The Applicant initiates unauthorized contact regarding the RFP with a state employee.

1.17 Restrictions on Gifts and Activities

Iowa Code Chapter 68B contains laws which restrict gifts which may be given or received by state employees and require certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this chapter to their activities and for complying with these requirements.

In addition, Iowa Code Chapter 722 provides that it is a felony offense to bribe a public official.

1.18 Use of Subcontractors

A. The Agency acknowledges that the selected Applicant may contract with third parties for the performance of any of the Contractor's obligations. The Agency reserves the right to provide prior approval for any subcontractor used to perform services under any contract that may result from this RFP.

B. Current individual employees of the State of Iowa may not act as subcontractors under this contract.

C. The Applicant is fully responsible for all work performed by subcontractors. No subcontract into which the Applicant enters with respect to performance under the contract will, in any way relieve the Applicant of any responsibility for performance of its duties.

1.19 Reference Checks

The Agency reserves the right to contact any reference to assist in the evaluation of the Application, to verify information contained in the Application and to discuss the Applicant's qualifications and the qualifications of any subcontractor identified in the Application.

1.20 Criminal Background Checks

The Agency reserves the right to conduct criminal history and other background investigations into the Applicant, its officers, directors, managerial and supervisory personnel, clerical or support personnel, and health care professional personnel retained by the Applicant for duties related to the performance of the contract. Such information may be used in determining contract awards. The Applicant shall cause all waivers to be executed by appropriate people to effectuate the investigations.

1.21 Information from Other Sources

The Agency reserves the right to obtain and consider information from other sources concerning an Applicant, including the Applicant's product or services, personnel, and the Applicant's capability and performance under other Agency contracts, other state contracts and contracts with private entities. The Agency may use any of this information in evaluating an Applicant's Application.

1.22 Verification of Application Contents

The Agency reserves the right to verify the contents of an Application submitted by an Applicant. Misleading or inaccurate responses may result in rejection of the Application pursuant to Section 1.16.

1.23 Litigation and Investigation Disclosure

The Applicant shall disclose any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the ability of the Applicant to perform the required services. Failure to disclose such matters at the time of Application within the Business Organization Form (Refer to Section 3 of this RFP) may result in rejection of the Application or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an Application must be disclosed within 30 days in a written statement to the Agency.

1.24 Financial Accountability

The Applicant shall maintain sufficient financial accountability and records. The Applicant shall disclose each irregularity of accounts maintained by the Applicant discovered by the Applicant's accounting firm, the Applicant, or any other third party. Failure to disclose such matters, including the circumstances and disposition of the irregularities, at the time of Application within the Business Organization Form (Refer to Section 3 of this RFP) may result in rejection of the Application or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an Application must be disclosed within 30 days in a written statement to the Agency.

1.25 RFP Application Clarification Process

The Agency may request clarification from Applicants for the purpose of resolving ambiguities or questioning information presented in the Application. Clarifications may occur throughout the Application evaluation process. Requests for clarification will be issued to the primary user (Registered Applicant) through email from the Issuing Officer. Clarification responses shall be in writing in the format provided by the Agency and shall address only the information requested. Responses shall be submitted to the Agency within the time stipulated at the time of the request. An Applicant will not be permitted to modify or amend its Application if contacted by the Agency for this reason.

1.26 Waivers and Variances

The Agency reserves the right to waive or permit cure of non-material variances in the Application form and content providing such action is in the best interest of the Agency. In the event the Agency waives or permits cure of nonmaterial variances, such waivers or cure will not modify the RFP requirements or excuse the Applicant from full compliance with RFP specifications or other contract requirements if the Applicant is awarded the contract. The determination of materiality is in the sole discretion of the Agency.

1.27 Disposition of Applications

All Application submissions become the property of the Agency.

If the Agency awards funds to an Applicant, the contents of all Applications will enter the public domain once the selection process concludes and will be open to inspection by interested parties, subject to exceptions provided in Iowa Code Chapter 22, Iowa Admin Code 7—2506.102, or other applicable law.

1.28 Public Records and Requests for Confidential Treatment of Application Information

The Agency's release of public records is governed by Iowa Code chapter 22 and Iowa Admin Code 7—2506.102. Applicants are encouraged to familiarize themselves with these rules before submitting an Application in response to this RFP.

The Agency will copy and produce public records upon request as required to comply with Chapter 22 and will treat all information submitted by an Applicant as non-confidential records unless Applicant requests specific parts of the Application be treated as confidential at the time of the submission as set forth herein and the information is confidential under Iowa or other applicable law.

If Applicant requests confidential treatment of any information submitted in its Application in accordance with this section, by virtue of submitting the Application, the Applicant expressly acknowledges and agrees that the Agency's evaluation document(s) may reference information of which the Applicant requested confidential treatment in the Application. These Agency evaluation documents may then be in the public domain and be open to inspection by interested

parties upon the Agency's issuance of a Notice of Intent to Award. The Agency will not redact information or references to information in evaluation documents even in instances which an Applicant properly requested confidential treatment in the Application.

Failure of the Applicant to request information be treated as confidential as specified herein shall relieve Agency personnel from any responsibility for maintaining the information in confidence. Applicants may not request confidential treatment with respect to pricing or budget information and transmittal letters. An Applicant's request for confidentiality that does not comply with this section or an Applicant's request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting an Application as non-responsive.

A. Confidential Treatment of Information is Requested by the Applicant
An applicant requesting confidential treatment of information contained in its application shall be required to submit two copies of its application—one complete unredacted application (containing confidential information) and one redacted version (confidential information excised) and shall complete and submit Form 22 with both applications as outlined herein:

1. Complete and Submit Form 22 with both Applications
APPLICANT NOTE: SUBMISSION OF THIS FORM 22 IS REQUIRED **ONLY** IF REQUESTING CONFIDENTIAL TREATMENT OF APPLICATION INFORMATION.

   In order to request information contained in an Application to be treated as confidential, the Applicant must complete and submit FORM 22 with both Applications. Failure of the Applicant to accurately and fully complete FORM 22 with the Application submission may result in the Application to be considered non-responsive and not evaluated. The Form 22 is available to download from a link located in the attachments section of the standard Application form titled Application Certification and Conditions (refer to section 3 of this RFP). Applicants must download Form 22 from a link within this form, complete it, and upload it into the specific field of the electronic Application Certification and Conditions form in both Applications.

   Form 22 will not be considered fully complete unless, for **each** confidentiality request, the Applicant: (1) enumerates the specific grounds in Iowa Code chapter 22 or other applicable law that supports treatment of the material as confidential, (2) justifies why the material should be maintained in confidence, (3) explains why disclosure of the material would not be in the best interest of the public, and (4) sets forth the name, address, telephone, and e-mail for the person authorized by Applicant to respond to inquiries by the Agency concerning the confidential status of such material. Requests to maintain an entire Application as confidential will be rejected as non-responsive.

2. An Applicant that submits an Application containing confidential information must submit two copies of its Application (one complete Application and one redacted version of the Application) for this RFP. Completed Form 22 shall be uploaded in the Application Certifications and Conditions form in **both** copies.

One copy of the Application must be completed and submitted in its entirety, containing confidential information. This is the Application that will be reviewed.

The Applicant must submit one copy of the Application labeled "Redacted Copy" from which the confidential information had been excised. To do this, the Applicant shall rename the copy with the word 'Redacted' added as the **first** word in the Application title, using the exact same title as the first copy of the Application. The Applicant must then revise each form within the copied/redacted Application, removing the confidential information and inserting the word 'redacted' in the required fields. The confidential material must be excised from the redacted version in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the Application as possible.

Both copies of the Application must be submitted by the Applicant by the due date and time outlined in Section 1.06 (E).

B. Public Requests

In the event the Agency receives a public request for Application information marked confidential, written notice shall be given to the Applicant seventy-two (72) hours prior to the release of the information to allow the Applicant to seek injunctive relief pursuant to Iowa Code section 22.8. The information marked confidential shall be treated as confidential information to the extent such information is determined confidential under Iowa Code Chapter 22 or other provisions of law by a court of competent jurisdiction. If the Agency receives a request for information that Applicant has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such material, Applicant shall, at its sole expense, appear in such action and defend its request for confidentiality. If an Applicant fails to do so, the Agency may release the information or material with or without providing advance notice to the Applicant and with or without affording Applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

Additionally, if the Applicant fails to comply with the request process set forth herein, if Applicant's request for confidentiality is unreasonable, or if Applicant rescinds its request for confidential treatment, Agency may release such information or material with or without providing advance notice to Applicant and with or without affording Applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

The Applicant's failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed by the Agency as a waiver of any right to confidentiality which the Applicant may have had.

1.29 Copyrights

By submitting an Application, the Applicant agrees that the Agency may release the Application for the purpose of facilitating the evaluation of the Application or to respond to requests for public records. By submitting the Application, the Applicant consents to such release and

warrants and represents that such release will not violate the rights of any third party. The Agency shall have the right to use ideas or adaptations of ideas that are presented in the Applications. In the event the Applicant copyrights its Application, the Agency may reject the Application as noncompliant.

1.30 Review of Notice of Disqualification or Notice of Intent to Award Decision

Notice of Intent to Appeal

To contest an Agency's decision for disqualification or award decision, Applicants must submit a written Notice of **Intent** to Appeal within five (5) calendar days, inclusive of Saturdays, Sundays, and legal State holidays, from the date on the Notice of Disqualification or the date on the Notice of Intent to Award, whichever is earlier.

The Notice of Intent to Appeal must:

- Be submitted via email to hhsopenrecords@hhs.iowa.gov and reconsiderationrequest@hhs.iowa.gov.
- Identify all procurement records being requested pursuant to Iowa Administrative Code 7—2506.102(5) Public Records in Vendor Appeals.

Notices submitted through any method other than email will not be accepted. It is the Applicant's responsibility to ensure receipt by the Agency.

Notice of Appeal: First-tier Review (Reconsideration)

Upon the Agency's release of allowable documents or initial disclosures, the Applicant, pursuant to Iowa Administrative Code 7—2506. must submit a Notice of Appeal (formally known as a reconsideration) within five (5) calendar days, inclusive of Saturdays, Sundays, and legal State holidays. The Notice of Appeal will trigger a First-tier review by the Agency.

Notice of Appeal must:

1. Be submitted via email to reconsiderationrequest@hhs.iowa.gov. Applicants may request a read receipt. Requests submitted through any other method may not be accepted.
2. The Applicant's contact information, including contact information for the individual filing the notice of appeal, the individual's association with the appealing Applicant, and a showing of the individual's authority to appeal on behalf of the Applicant;
3. Details of the award decision and clearly identify all contested issues; as well as why and how the Applicant is aggrieved by the decision. Reference the applicable page number(s) and section number(s) of the RFP. The legal and factual reasons for the Applicant's appeal, including references to the relevant grounds of appeal as set forth in Iowa Code section 17A.19(10);
4. The relief the Applicant is seeking.

Multiple Proposals: If the Applicant submitted multiple Proposals and wishes to contest decisions affecting more than one Proposal, the Applicant must submit a separate Notice of Intent to Appeal and a separate Notice of Appeal for each Proposal. The Agency may, at its discretion, review these requests separately or consolidate them into one response.

Agency Decision on First-tier Review

The Agency will review and issue a written decision on the First-tier review expeditiously.

Notice Seeking Second-tier review = Appeal Hearing

Within five (5) calendar days, inclusive of Saturdays, Sundays, and legal State holidays,

following the Agency's First-tier review decision, the Applicant may file a Notice seeking second-tier review which is an appeal hearing in accordance with Iowa Administrative Code 7—2506.103(2). Notice seeking second-tier review must:

- Be submitted to: appeals@hhs.iowa.gov.
- Comply with rule 2506.102(3), it must refer to the first-tier review decision instead of the award decision.

1.31 Definition of Contract and Exclusivity

The full execution of a written contract by both parties shall constitute the making of a contract for services and no Applicant shall acquire any legal or equitable rights relative to the contract until the contract has been fully executed by the successful Applicant and the Agency. Any contract resulting from this RFP shall not be an exclusive contract.

1.32 Construction of RFP

This RFP shall be construed in light of pertinent legal requirements and the laws of the State of Iowa. Changes in applicable statutes and rules may affect the award process or the resulting contract. Applicants are responsible for ascertaining the relevant legal requirements. Any and all litigation or actions commenced in connection with this RFP shall be brought in the appropriate Iowa forum.

SECTION 2 – BACKGROUND AND SCOPE OF WORK

2.01 Background

Iowa HHS is implementing a statewide effort to strengthen and modernize the Public Health Service System so that all Iowans, regardless of where they live, have access to essential public health core services. This effort is part of a broader Agency initiative to align systems across Iowa HHS by improving coordination, reducing administrative burden, creating greater consistency across counties, and ensuring that Agency health services contribute meaningfully to population-level outcomes. As part of this alignment work, the Public Health Service System will have its own Statewide Public Health Service System Plan that sets the overall direction for how public health activities are organized and supported across Iowa.

Iowa's HHS Districts were legislatively established as geographic, multicounty areas created to support consistent statewide delivery of health and human services. The legislation directs the Agency to use the existing behavioral health Districts as the basis for these Iowa HHS Districts and defines them as the foundation for organizing program administration and service coordination across the state. These Districts guide how Iowa HHS designs and implements Service Systems moving forward, providing structure, support, and consistency across counties while still allowing local flexibility.

Under this Public Health Service System, Iowa HHS, Lead Entities, and local providers work together through the **Shared Responsibility Model**, which defines how system partners collaborate within and across each Iowa HHS service system. In this model:

Iowa HHS will continue to serve as a leader and partner in protecting health and funding high-quality services for Iowans. It will define statewide priorities, provide structure for the Public Health Service System, lead development of the Statewide Public Health Service System Plan, administer funds, provide technical assistance, and offer specialized services for at-risk populations, supporting consistent access to services across the state.

Lead Entities will support District-level coordination, planning, partnership development, and assurance of public health activities. Through this role, Lead Entities ensure that activities and services are implemented effectively within each District and strengthen communication across the system.

Local providers will continue delivering the activities and services that directly reach communities. By intentionally aligning local delivery with statewide priorities and District-level coordination, the Public Health Service System aims to reduce burden on local agencies and support all partners in working toward common outcomes for Iowans.

The Public Health Service System will also coordinate with the other HHS service systems, in addition to the Preparedness Service Areas and Collaborative Service Areas, to promote consistent districtwide alignment and support connected, collaborative public health work across all counties.

Beginning January 1, 2027, Iowa HHS will fund Lead Entities to support District-level coordination, planning, partnership development, and to assure fulfillment of public health activities. During this initial period, Lead Entities will work with counties and local providers in ways that strengthen District capacity and shape approaches for how core public health services will be organized and supported locally.

The Public Health Service System includes five Public Health Core Services:

- Communicable & Infectious Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Emergency Preparedness & Response
- Maternal, Child & Adolescent Health

For the purposes of this RFP, Iowa HHS is focusing on strengthening District-level coordination and consistency for three Public Health Core Services, referred to throughout the RFP as the **Priority Public Health Core Services**:

1. **Communicable and Infectious Disease Control**
2. **Environmental Public Health**
3. **Chronic Disease and Injury Prevention**

The Lead Entity will be responsible for District-level coordination, planning, partnership development, and assurance of public health activities related to:

- **Communicable & Infectious Disease Control:** This core service encompasses a range of activities such as providing education and communication about disease prevention, supporting local investigation work, coordinating immunization activities, and facilitating the sharing of disease-related data and surveillance information across the District.

- **Environmental Public Health:** This core service includes but is not limited to responding to environmental exposures, coordinating testing and screening activities, supporting environmental investigations, and sharing information with partners and the public. Local environmental health staff continue to perform most day-to-day work, while the Lead Entity supports District-level coordination, planning, partnership development, and assurance of environmental health activities.

- **Chronic Disease & Injury Prevention:** This core service encompasses a range of activities focusing on supporting Iowans in reducing their risk of chronic disease and injury. Functions include outreach and education, supporting prevention programs, collecting and sharing data to understand local needs, and building partnerships with community organizations and health care partners.

In this model, local boards of health will retain their statutory authority and responsibilities under Iowa Code, and counties continue to determine their own structures, staffing approaches, and methods for meeting local obligations and priorities. The introduction of Lead Entities does not alter county autonomy; rather, it provides

additional District-level support to align local work with statewide priorities. The Lead Entity will provide a range of supportive functions designed to promote consistency and strengthen public health capacity across the District.

Ultimately, this procurement establishes Lead Entities as the central organizing body within each Iowa HHS District for the Priority Public Health Core Services, responsible for building District infrastructure, supporting local providers, coordinating service delivery, and ensuring that essential public health services are available and accessible to all Iowans.

2.02 Definitions

1. **RFP General Definitions.** When appearing as capitalized terms in this RFP, including attachments, the following quoted terms (and the plural thereof, when appropriate) have the meanings set forth in this section.

   "Administrative Costs" means those costs and fees that may include, but are not limited to, those that have been incurred for common or joint purposes or objectives, benefitting more than one cost objective, and/or cannot be readily identified with a particular final cost objective. For the purposes of this RFP, examples of Administrative Costs shall include general administration and general expenses such as accounting, expenses of executive officers, personnel administration, costs of operating and maintaining the facility, rent and lease payments, utilities, data collection and data processing costs, printing, communications equipment and services, depreciation, and other costs necessary to support the delivery of services.

   "*Agency*" means the Iowa Department of Health and Human Services.

   "*Business Day*" means any day other than a Saturday, Sunday, or State holiday as specified by Iowa Code § 1C.2.

   "*Equipment*" means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes, or $10,000.

   "Indirect Costs" means the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. These may be costs and fees that have been incurred by the Grantee for common or joint purposes or objectives, benefitting more than one cost objective, and/or cannot be readily identified with a particular final cost objective. For the purposes of this RFP, examples of Indirect Costs shall include general administration and general expenses such as accounting, expenses of executive officers, personnel administration, costs of operating and maintaining the facility, rent and lease payments, utilities, data collection and data processing costs, printing, communications equipment and services, depreciation, and other costs necessary to support the delivery of services.

"Indirect Cost Plan or Indirect Cost Allocation" means an accounting function by which estimates are made to distribute indirect costs to programs or functions, in order to approximate their full cost.

"Negotiated Indirect Cost Rate Agreement (NICRA)" means a document published to reflect an estimate of indirect cost rate negotiated between the Federal Government and a Grantee's organization which reflects the indirect costs (facilities and administrative costs) and fringe benefit expenses incurred by the organization.

"*Request for Proposal*" or "*RFP*" means a formal Request for Proposal that involves the state Agency soliciting bids to purchase services through a competitive process.

"*Performance Measures*" means measures that assess the Deliverables or activity under this Contract. Performance measures include, but are not limited to quality, input, output, efficiency, and outcome measures.

2. **Definitions Specific to this RFP.** When appearing as capitalized terms in this RFP, including attachments, the following quoted terms (and the plural thereof, when appropriate) have the meanings set forth in this section.

"*Applicant*" means the entity that submits a Proposal in response to this RFP.

"*At-Risk Populations*" means groups of children, youth, young adults, adults, or older adults at higher risk of developing a Health Condition including, but not limited to: individuals with disabilities, pregnant and parenting women, people with limited English proficiency, individuals with limited financial resources, people without access or means to access transportation, or individuals who lack a system of social support.

"Behavioral Health Administrative Services Organization" means the lead entity designated by the Agency to plan, develop, coordinate, and ensure behavioral health services throughout the HHS Districts in accordance with the statewide behavioral health service system plan.

"*Collaborative Service Area"* means a specific group of counties within the state of Iowa implementing the following programs: WIC, Maternal Health, Child and Adolescent Health, Oral Health, 1st Five and Family Planning.

"Community Alliance" means the group that exists to bring awareness to the issues in the community and develop solutions for systemic change. Community Alliances hold monthly meetings which consist of all providers and organizations in a community interested in the process of helping families in their community move out of crisis and into a career. Alliance members share community-wide data, learn more about the resources in a community, and brainstorm ways to fill gaps that exist in the community.

"Contract" means the collective documentation memorializing the terms of the agreement between the Agency and the Contractor identified in the Contract Declarations and Execution Section.

"Deliverables" means all the services, goods, products, work, work product, data, items, materials and property to be created, developed, produced, delivered, performed, or provided by or on behalf of, or made available through, the Contractor (or any agent, contractor or subcontractor of the Contractor) in connection with this Contract. This includes data that is collected on behalf of the Agency.

"Disability Access Point" means a local organization designated by the department to serve as the primary access point for people with disabilities and their caregivers.

"Districtwide Public Health Service System Analysis" means a systematic, data driven process used to identify the activities and priorities needed to create a District Public Health Service System Plan. It involves engaging key partners, collecting and analyzing data to identify gaps and needs, prioritizing needs, and producing a District specific report that guides planning and decision making.

"*District Public Health Service System Plan*" means the plan developed by the Lead Entity and approved by the Agency that outlines the District's plan to assure access to Public Health Core Services throughout the designated District.

"*Early Intervention*" means referrals and services for individuals with emerging health and social concerns or conditions to minimize further negative outcomes.

"*Health and Human Services District*" or "*District*" means defined geographic, multi-county areas established to support the coordination of local service delivery. The seven Districts (map) are structured to promote fair distribution of resources, balanced workloads, and consistent access to activities and services across the state.

"Healthy Hometowns" means Iowa's initiative under the Rural Health Transformation Program overseen by the Centers for Medicare & Medicaid Services.

"Iowa HHS Service System" means the coordinated structure through which the Iowa Department of Health and Human Services, District Lead Entities, and local providers work together to plan, organize, and deliver services within the designated Iowa HHS Districts.

"Lead Entity" means the organization designated by the Agency to plan, develop, coordinate, and assure Public Health Core Services throughout a District in accordance with the Statewide Public Health Service System Plan.

"Local Provider" means any county-level or community-based entity that delivers public health services or activities within the District. This may include local public health agencies, local environmental health agencies, community-based organizations, healthcare system partners, or other entities that provide

services within the Public Health Core Services.

"*Local Provider Network*" means the set of Local Providers delivering public health services within the District.

"Population-level Outcomes" means the measurable results that reflect the health, wellbeing, or behaviors of an entire group of people, rather than individuals. They enable organizations, communities, or governments to understand how a whole population is doing.

"Preparedness Service Area" means the organizing body responsible for coordination and collaboration for the Public Health Emergency Preparedness, Hospital Preparedness Program, and EMS System Development Funding.

"*Prevention*" means activities designed to prevent or delay negative health and social outcomes in populations. Populations include but are not limited to the state population, local populations, community populations, school populations, and neighborhood populations.

"*Public Health*" means the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention.

"*Public Health Core Services*" means basic public health, topic specific programs based on the Public Health Accreditation Board's (PHAB) Foundational Areas. These core services are tailored to Iowa's needs and are designed to improve the health of the community. These Public Health Core Services reflect the minimum level of service that should be available in all communities.

"*Public Health Service System*" means a statewide system of prevention interventions and strategies, early intervention services, clinical support and treatment services, and health protection strategies and enforcement to protect and improve population health.

"Remediation Plan" means a written document developed by the Lead Entity, at the Lead Entity's initiative or at the request of the Agency, that identifies issues affecting service delivery, coordination, provider network capacity, or District-wide public health system performance and outlines the actions the Lead Entity will take to address those issues.

"Shared Responsibility Model" means how responsibilities for achieving a goal or outcome are distributed among multiple partners or system levels. Instead of one entity being solely accountable, each group shares a portion of the work and is jointly responsible for results. Partners in Iowa HHS Service Systems include Iowa HHS, District Lead Entities, and local providers.

"*Statewide Public Health Service System Plan*" or "*Statewide Plan*" means the plan

developed by the Agency, subject to public review and comment, that identifies systemic needs and adopts strategies, tactics, and goals for the Public Health Service System.

"Thrive Iowa" means a community-led initiative to move families from crisis to career utilizing the Restore Hope model. The initiative's overarching goals include family stability in 13 areas of Social Determinants of Health with an emphasis on family preservation and prevention of child welfare crisis. The initiative provides training, collaborative case management, and technical support to create sustainable, impactful changes in each participating site.

2.03 Scope of Work.

Under the Shared Responsibility Model, the Lead Entity supports District-level coordination, planning, partnership development, and assurance of public health activities. The Lead Entity is not expected to perform all operational or programmatic functions within the Priority Public Health Core Services; rather, it coordinates, organizes, and strengthens the local provider network so that required activities are consistently available across the District. Although, when services fall within the Lead Entity's existing scope of work, as a designated local public health agency, the Lead Entity may directly provide public health services within the District when appropriate and mutually agreed upon through coordination and planning efforts within the District.

To guide this work, the Scope of Work is organized into four **Lead Entity Core Domains**:

1. **Assessment and Planning**
2. **District-Level System Coordination**
3. **Data Collection, Use, Reporting, and Sharing**
4. **Collaboration and Partnership Building**

These Lead Entity Core Domains describe the broad and flexible expectations for Lead Entity activities. Applicants have room to design approaches that fit their District's structure while ensuring equitable delivery of the Priority Public Health Core Services and alignment with the Statewide Plan.

Assessment and Planning

The Lead Entity works with counties and Local Providers to develop a clear and accurate understanding of current public health activities, capacity, strengths, and challenges within each county and across the District. Assessment activities should help the Lead Entity understand how public health responsibilities are currently met, where gaps exist, and what improvements will advance the Priority Public Health Core Services.

The Lead Entity will convene partners to review District needs and shape the District Public Health Service System Plan, a coordinated plan that aligns with statewide priorities while reflecting local context and capacities. The plan will outline how the District expects to organize and support delivery of the Priority Public Health Core Services and describe how counties will be supported in meeting their obligations.

District-level Public Health System Coordination

The Lead Entity ensures the District remains organized and aligned with the Statewide Plan. This includes supporting Local Providers, strengthening communication across counties, helping partners understand roles and expectations, and promoting consistency across public health activities in the District.

The Lead Entity will convene partners to identify service needs, coordinate activities, and determine where additional alignment or support is required to sustain the Priority Public Health Core Services. Because Districts differ in geography, staffing, and provider infrastructure, the Lead Entity's coordination activities remain flexible and can adapt to District-specific needs.

Data Collection, Use, Reporting, and Sharing

The Lead Entity ensures that data collection, reporting, and submission requirements are met consistently across the District. This includes working with counties and the local provider network to gather required information, submit it in Agency-supported formats, and use data to support informed District-level decision-making.

The Lead Entity works with partners to ensure data processes are manageable and meaningful, helping counties improve data quality, reduce reporting burden, and use data to identify needs, trends, and opportunities for improvement across the Priority Public Health Core Services.

Collaboration and Partnership Building

A core function of the Lead Entity is to build and sustain productive relationships across counties and across Iowa HHS Service Systems. This includes partnerships with public health agencies, environmental health staff, health care organizations, community-based programs, schools, Preparedness Service Areas, Collaborative Service Areas, and other HHS Service System partners.

The Lead Entity connects partners, supports shared problem-solving, and creates opportunities for coordination and communication District-wide. By strengthening partnerships and maintaining an effective local provider network, the Lead Entity supports consistent and aligned delivery of the Priority Public Health Core Services and builds public health capacity across the District.

A. Work Plans. The Applicant will develop and implement Work Plans compliant with the Deliverables and timelines listed in section B within the forms in IowaGrants as described in Section 3 of this RFP.

B. Deliverables. In compliance with the Agency-approved work plan within IowaGrants and any required modifications by the Agency following the award, the District Lead Entity shall support districtwide coordination, planning, partnership development, and assurance of public health activities. These activities will be informed by the Applicant's proposed scope of work, Agency requirements, and the needs of Iowans within the District.

2.3.1 Phase 1 - General Requirements (January 1, 2027 to June 30, 2028) is characterized by a foundational gap analysis, districtwide planning, early coordination, and initial capacity-building.

The Contractor Shall:

2.3.1.1 Support training, technical assistance, and performance improvement activities, as requested and mutually agreed upon by the Contractor and

Agency.

2.3.1.2 In a shared responsibility model, support Agency-led statewide activities in the public health core services, as requested and mutually agreed upon.

2.3.1.3 Administer funds and ensure compliance with contract requirements.

2.3.2 Phase 1 - Assessment and Planning

2.3.2.1 **Develop and submit a detailed Phase 1 Project Plan and Timeline** within 30 days of Contract execution, including timelines, partnership engagement plans, and Phase 1 deliverable schedules.

2.3.2.2 **Conduct at least 6 monthly meetings during the first six months of Phase 1 project period**, including the first month following the execution of the Contract, with Agency staff that includes an update of progress on the scope of work and deliverables.

2.3.2.2.1 First Monthly Meeting requirements: The Contractor, in conjunction with the Agency, shall plan and lead a project orientation and kick-off meeting to discuss the Contractor's plan for serving as the Lead Entity within their District. This meeting shall also include discussion of any concerns by either party to meet the project's objectives. The meeting can be either in person or virtual, as mutually agreed upon by the parties. A detailed list of discussion topics shall be provided by the Contractor to the Agency at least five business days prior to the meeting.

2.3.2.2.2 Thereafter: The monthly meeting with Agency staff shall be conducted in either virtual or in-person format, as mutually agreed upon by both parties, that includes an update of progress on the scope of work and deliverables by the last Friday of each month.

2.3.2.2.2.1 The Contractor shall arrive at each meeting prepared to provide updates and discuss any challenges encountered while completing the work and services. A detailed list of discussion topics shall be provided by the Contractor to the Agency at least five business days prior to the meeting.

2.3.2.3 **Transition to quarterly meetings. At the discretion of the Agency, after the first six months of the Phase 1 project period, the Lead Entity may move to at-least quarterly progress meetings,** those meetings shall include an update of the progress on the scope of work and deliverables.

2.3.2.3.1 The meetings with Agency staff shall be conducted in either virtual or in-person format, as mutually agreed upon by both parties, that includes an update of progress on the scope of work and deliverables.

2.3.2.3.2 The Contractor shall arrive at each meeting prepared to provide updates and discuss any challenges encountered while completing the work and services. A detailed list of discussion topics shall be provided by the Contractor to the Agency at least five business days prior to the meeting.

2.3.2.4 **Develop and submit a foundational Districtwide Public Health Service System Analysis** by September 1, 2027.

2.3.2.4.1 The foundational Districtwide Public Health Service System Analysis shall evaluate the District's ability to deliver the Priority Public Health Core Services, shall utilize tools and templates provided by the Agency, and shall include, at a minimum:

2.3.2.4.1.1 District capacity to support and provide the Priority Public Health Core Services.

2.3.2.4.1.2 District strengths that contribute to service delivery across the Priority Public Health Core Services.

2.3.2.4.1.3 District gaps and areas needing improvement that may impact delivery of the Priority Public Health Core Services.

2.3.2.4.1.4 An assessment of the District's local provider network, including identification of the providers currently delivering the Priority Public Health Core Services, an analysis of provider capacity across counties, and a description of any strengths, gaps, or barriers within the provider network that affect the District's ability to deliver the priority public health core services.

2.3.2.4.1.5 Public Health workforce considerations that influence District ability to deliver and coordinate the Priority Public Health Core Services.

2.3.2.4.1.6 An attestation from each board of health within the District that the county will operationally and financially support the obligations outlined in Iowa Code. Form to be provided by the Agency.

2.3.2.5 **Develop and submit a Draft Interim District Public Health Service System Plan** by May 30, 2028.

2.3.2.5.1 The Draft Interim District Public Health Service System Plan shall serve as the initial primary planning document that describes how the District will organize, coordinate, and support delivery of the Priority Public Health Core Services. The Draft Interim District Public Health Service System Plan shall be built upon, and reflect, the findings of the foundational Districtwide Public Health Service System Analysis to ensure the Plan is responsive to the identified District needs, strengths, gaps, provider network capacity, and county obligations. The Draft Plan shall be aligned with the Statewide Plan guidance available at the time of drafting and shall include, at a minimum:

2.3.2.5.1.1 Priority needs that affect the District's ability to provide the Priority Public Health Core Services.

2.3.2.5.1.2 Coordination approaches that explain how the Lead Entity will ensure representation and meaningful participation from all counties within the District in planning and decision-making related to the Priority Public Health Core Services.

2.3.2.5.1.3 Proposed methods for supporting delivery of the Priority Public Health Core Services across counties, including strategies the Lead Entity will use to address identified gaps, strengthen districtwide capacity, and promote consistent service availability.

2.3.2.6 **Conduct a final conference** with Agency leadership and District partners prior to final report submission.

2.3.2.6.1 The Contractor shall present an overview of the Draft Interim District Public Health Service System Plan.

2.3.2.6.1.1 After reviewing the Draft Interim District Public Health Service System Plan during the final conference, the Final Interim District Public Health Service System Plan may incorporate partner feedback and Agency guidance.

2.3.2.7 **Develop and submit a Final Interim District Public Health Service System Plan** by June 30, 2028.

2.3.3 Phase 1 - District-level Public Health System Coordination

2.3.3.1 Establish and facilitate District stakeholder meetings and serve as the District

convener to align partners around District goals.

2.3.3.1.1 Establish processes that ensure each county within the District is represented and has a regular opportunity to contribute to District priorities, planning efforts, and discussions related to the Priority Public Health Core Services.

2.3.3.1.2 The Lead Entity shall maintain documentation of the processes used to ensure each county within the District is represented and has regular opportunities to participate in planning, coordination, and decision-making related to the Priority Public Health Core Services during Phase 1. Documentation shall be made available to the Agency upon request.

2.3.3.2 Build a districtwide network ensuring access to Priority Public Health Core Services for all.

2.3.3.3 Build connections across HHS Service Systems to support coordinated service navigation to ensure Iowans have access to services that may cross county and District boundaries.

2.3.3.4 The Lead Entity shall maintain records of communication, coordination, and navigation activities conducted during Phase 1 to support District-level planning and development of the Interim District Public Health Service System Plan. Records shall be made available to the Agency upon request and may include, but are not limited to, documentation of stakeholder communication, coordination of planning activities, navigation support activities, meeting summaries, and partner interactions related to the Priority Public Health Core Services.

2.3.3.5 Conduct districtwide communication and public engagement activities, as requested and mutually agreed upon by the Contractor and Agency.

2.3.4 Phase 1 - Data Collection, Use, Reporting and Sharing

2.3.4.1 Participate in Agency-led evaluation of the Public Health Service System as requested by the Agency, including providing data, information, and documentation needed to support statewide monitoring and assessment activities.

2.3.4.2 Collect and submit data utilizing Agency-supported reporting software and formatting, ensuring data accuracy, completeness, and timely reporting in accordance with Agency requirements.

2.3.5 Phase 1 - Collaboration and Partnership Building

2.3.5.1 Conduct districtwide communication and public engagement activities, as requested and mutually agreed upon by the Contractor and Agency.

2.3.5.2 Coordinate planning with the Preparedness Services Areas, Collaborative Service Areas, Thrive Iowa, and Community Alliance (if one is currently established in the District or becomes established during this Contract Term).

2.3.5.2.1 During the Phase 1 period, the Lead Entity shall develop and maintain intentional coordination with the Collaborative Service Area partners to support alignment between District-level public health planning and Collaborative Service Area operations. Coordination activities may include communication processes, shared planning discussions, coordination of core services, or other collaboration efforts mutually agreed upon by the Contractor and the Agency.

2.3.5.2.2 The Lead Entity shall document these coordination activities by submitting a Phase 1 Collaborative Service Area Coordination Summary Report that

includes outreach, communication, shared planning, or other collaborative activities conducted during the Phase 1 Period. The report shall include any agreed-upon roles, processes, or alignment strategies relevant to District implementation of Maternal, Child & Adolescent Health Public Health Core Service.

2.3.5.2.3 During the December 1, 2027, through June 30, 2028, period, the Lead Entity shall develop and maintain intentional coordination with the Preparedness Service Area fiscal agent(s) to support alignment between District-level public health planning and preparedness operations. Coordination activities may include communication processes, shared planning discussions, or other collaboration efforts mutually agreed upon by the Contractor and the Agency.

2.3.5.2.4 The Lead Entity shall document these coordination activities by submitting a Phase 1 Preparedness Service Area Coordination Summary Report that includes outreach, communication, shared planning, or other collaborative activities conducted during the December 1, 2027, through June 30, 2028, period. The report shall include any agreed-upon roles, processes, or alignment strategies relevant to District implementation of the Emergency Preparedness and Response Public Health Core Service.

2.3.5.3 Collaborate with other Iowa HHS initiatives and Service System lead entities including, but not limited to, the Behavioral Health Administrative Service Organization, Disability Access Points, and Healthy Hometowns.

2.3.5.4 Develop and maintain partnerships across Iowa HHS Service Systems, healthcare, local public health agencies, environmental health staff, community-based organizations, schools, and others.

2.3.6 Phase 2 - General Requirements (July 1, 2028 – June 30, 2032) Effective July 1, 2028, the Lead Entity is responsible for the administration of funds associated with the Priority Public Health Core Services within the District, ensuring there is no gap in funding or geographic coverage. Additionally, Phase 2 focuses on ongoing coordination, implementation of the Interim District Public Health Service System Plan, monitoring, and continuous improvement across the District. During this period, the Lead Entity transitions from planning to fully supporting, managing, and strengthening the Priority Public Health Core Services through coordinated systems and the local provider network.

The Contractor Shall:

2.3.6.1 Adhere to all Phase 1 General Requirements.

2.3.6.2 Implement and provide operational support for the Interim District Public Health Service System Plan.

2.3.6.2.1 Effective July 1, 2028, the Lead Entity shall assume full administrative responsibility for the Priority Public Health Core Services within the District, including management of program funds, coordination of service delivery, and oversight of District-wide coverage. The Lead Entity shall ensure that administrative, finance, contracting, and other staff necessary to support Phase 2 implementation are in place by July 1, 2028 so that no gap in program timing or geographic availability occurs.

2.3.6.2.2 Following Agency approval of the Interim District Public Health Service System Plan, the Lead Entity shall ensure staffing levels reach those approved by the Agency by a date specified by the Agency and shall begin

full implementation of the Priority Public Health Core Services by a subsequent date specified by the Agency. These dates shall be communicated by the Agency.

2.3.6.2.3 Subsequently, the Lead Entity shall ensure that the Priority Public Health Core Services are accessible to all Iowans within the District by overseeing and supporting implementation of the Interim District Public Health Service System Plan. This includes maintaining awareness of county-level capacity, monitoring whether the activities outlined in the Plan are being carried out, and working with local providers to address gaps or barriers. The Lead Entity is responsible for coordinating and supporting District-wide efforts to ensure consistent advancement of the expectations and approaches described in the Plan.

2.3.6.2.4 If changes to service delivery or system performance occur, a remediation plan shall be shared with the Agency.

2.3.6.2.5 The Agency may request a remediation plan at any time during Phase 2 to address concerns related to service delivery, coordination, provider network capacity, or overall system performance. Upon request, the Lead Entity shall develop and submit a remediation plan in a form and timeline specified by the Agency.

2.3.7 Phase 2 - Assessment and Planning

2.3.7.1 **The Lead Entity shall complete a comprehensive Districtwide Public Health Service System Analysis** at a time specified by the Agency during Phase 2, utilizing tools and templates provided by the Agency.

2.3.7.1.1 This Analysis shall identify gaps, barriers, and opportunities related to delivery of the Priority Public Health Core Services and shall reflect any changes, updates, or refinements to the Statewide Public Health Service System Plan guidance available at the time of drafting. The analysis shall support ongoing implementation and continuous improvement efforts across the District.

2.3.7.2 **The Lead Entity shall complete a revised District Public Health Service System Plan** at a time specified by the Agency during Phase 2.

2.3.7.2.1 The Interim District Public Health Service System Plan, submitted in Phase 1, shall be revised to reflect the needs, gaps, opportunities, and system considerations identified in the comprehensive Districtwide Public Health Service System Analysis and incorporate any changes or updates to the Statewide Public Health Service System Plan.

2.3.7.2.2 The Plan shall describe how the District will adjust coordination, support, and implementation activities to strengthen delivery of the Priority Public Health Core Services across all counties.

2.3.7.2.3 The Plan shall incorporate Agency feedback.

2.3.7.3 **Conduct a minimum of quarterly meetings during the Phase 2 project period**, with Agency staff that includes an update of progress on the scope of work and deliverables.

2.3.7.3.1 The at-least quarterly meeting with Agency staff shall be conducted in either virtual or in-person format, as mutually agreed upon by both parties, that includes an update of progress on the scope of work by the last month of each quarter.

2.3.7.3.2 The Contractor shall arrive at each meeting prepared to provide updates and discuss any challenges encountered while completing the work and services. A detailed list of discussion topics shall be provided by the Contractor to the Agency at least five business days prior to the meeting.

2.3.8 Phase 2 - District-level Public Health System Coordination

2.3.8.1 Facilitate ongoing District stakeholder meetings and serve as the convener responsible for maintaining alignment of partners around District goals and implementation of the District Public Health Service System Plan.

2.3.8.1.1 Ensure each county continues to have representation and regular opportunities to participate in planning, coordination, and decision-making related to Priority Public Health Core Services.

2.3.8.1.2 The Lead Entity shall maintain documentation of the processes used to ensure each county within the District has representation and regular opportunities to participate in planning, coordination, and decision-making related to the Priority Public Health Core Services. Documentation shall be made available to the Agency upon request.

2.3.8.2 Maintain and strengthen the districtwide local provider network to support consistent access to the Priority Public Health Core Services across all counties. Actions must address the local provider network capacity needs identified during Phase 1.

2.3.8.3 Support and monitor coordinated navigation processes that help Iowans access services that cross county or District boundaries.

2.3.8.3.1 Identify and address emerging barriers to service navigation.

2.3.8.4 The Lead Entity shall maintain records of communication, coordination, and navigation activities conducted within the District to support implementation of the District Public Health Service System Plan. Records shall be made available to the Agency upon request and may include, but are not limited to, documentation of stakeholder communication, coordination of service delivery, navigation support activities, meeting summaries, and partner interactions related to the Priority Public Health Core Services.

2.3.8.5 Conduct districtwide communication and public engagement activities, as requested and mutually agreed upon by the Contractor and the Agency, to support implementation of the District Public Health Service System Plan.

2.3.9 Phase 2 - Data Collection, Use, Reporting and Sharing

2.3.9.1 Participate in Agency-led evaluation activities and submit requested data, documentation, and information to support statewide monitoring and assessment.

2.3.9.2 Collect and submit all required data using Agency-supported reporting software or formats, ensuring accuracy, completeness, and timely submission.

2.3.9.3 Coordinate with local providers to support consistent, reliable, and timely data submission across the District.

2.3.9.4 Use District-level data to guide implementation of the District Public Health Service System Plan and to inform adjustments needed to strengthen service delivery and system performance.

2.3.9.4.1 Monitor districtwide data related to delivery of the Priority Public Health Core Services and use this information to identify emerging needs, detect service gaps, and support continuous quality improvement.

2.3.10 Phase 2 - Collaboration and Partnership Building

2.3.10.1 Conduct ongoing District-wide communication and public engagement activities, as requested and mutually agreed upon, to reinforce shared understanding of District priorities and Plan implementation.

2.3.10.2 Coordinate continuing planning and communication with the Preparedness Service Areas, Collaborative Service Areas, Thrive Iowa, and Community Alliance (if one is currently established in the District or becomes established during this Contract Term) to support aligned implementation across service structures.

2.3.10.3 Collaborate regularly with other Iowa HHS initiatives and service system lead entities, including the Behavioral Health Administrative Service Organization and Disability Access Points, to maintain statewide system alignment during implementation.

2.3.10.4 Sustain and expand partnerships across Iowa HHS service systems, healthcare organizations, local public health agencies, environmental health staff, community-based organizations, schools, and other stakeholders to support coordinated delivery of the Priority Public Health Core Services and districtwide implementation activities.

C. Contractor's Personnel for Project Implementation. Staffing must be sufficient to implement the project as described in this RFP. The Contractor shall maintain an accurate listing of staff specified for project implementation, meeting all minimum staffing requirements as required by the Agency, within the Personnel form Component, located in the IowaGrants.

At a minimum, Applicants must identify a Project Director.

D. Required Reporting. The Agency requires reporting of compliance with the resulting Contract and performance of the Deliverables and Work Plans pursuant to proposed action/work plans, provision of services, and expenses incurred by resulting Contractors. Successful Applicants will be awarded a contract to be managed within an Electronic Grant Management system within www.IowaGrants.gov. The required reports and related information will be submitted within the Grant Tracking system. The reports and submission requirements are subject to change at the sole discretion of the Agency. The Agency shall review and monitor submitted reports, as well as other data and information for completeness, timeliness, and overall performance pursuant to the Contract.

Anticipated reports include:
The Contractor shall submit the following reports via the IowaGrants system:

Report Name	Report Type	Due Date
Phase 1 Project Plan and Timeline	One Time	Within 30 days of contract execution
Phase 1 foundational Districtwide Public Health Service System Analysis	One Time	September 1, 2027
Phase 1 Draft Interim District Public Health Service System Plan	One Time	May 30, 2028

Phase 1 Preparedness Service Area Coordination Report	One Time	June 30, 2028
Phase 1 Collaborative Service Area Coordination Summary Report	One Time	June 30, 2028
Phase 1 Final Interim District Public Health Service System Plan	One Time	June 30, 2028
Phase 2 Districtwide Public Health Service System Analysis	One Time	TBD
Phase 2 District Public Health Service System Plan	One Time	TBD
Data, documentation, and information submission to support districtwide monitoring and evaluation	Annually	TBD
Phase 2 Remediation Plan	As needed	As needed or requested by the Agency
Other Reports as Requested by Agency	Other	TBD

E. Contract Performance Measures. The Agency will monitor performance compliant with the scope of work described in section 2 and the Agency-determined deliverable-based budget for Phase 1.

Reimbursement of expenses under the Contract will be based upon successful performance in meeting the requirements of the deliverables outlined in section 2.03. All deliverables must meet Agency approval prior to payment of the reimbursement. Failure to provide deliverables meeting Agency satisfaction will result in non-payment of the corresponding deliverable. Additional performance measures may be added and will be specified in future contract amendments.

The Contractor shall fully participate in all contract monitoring activities conducted by Iowa HHS and/or any contract monitoring contractors engaged on behalf of Iowa HHS. Such participation includes timely cooperation, submission of all requested documentation, and involvement in monitoring reviews as necessary to demonstrate compliance with contractual requirements.

Additional performance measures may be added and will vary for future contract years.

2.04 Contractor Budget and Contract Payment Methodology

A. Contractor Payments.

The Contractor is anticipated to be paid an amount for services as described in section 1.05 and 2.03. The Contractor shall invoice via IowaGrants claim submitted to the Agency as prescribed by the Agency for reimbursement of the costs associated with meeting the Deliverables of the Contract. This reimbursement shall be in accordance

with the Agency-approved budget. The Contractor shall complete and submit an Agency-approved **deliverable-based** budget in an Agency-approved format for Phase 1 of the Contract, with this Application, see below and Section 3. The Contractor shall complete and submit an Agency-approved **line-item** budget in an Agency-approved format for Phase 2 of the Contract, with this Application, see below and Section 3. Each subsequent Contract Year the Contractor shall submit an Agency-approved line-item budget in an Agency approved format, at least 90 days prior to the beginning of the Contract Year, to be considered with the Contractor's annual renewal/extension.

B. Cost Restrictions.

1. The Contractor shall only be eligible to receive reimbursement for services described within the Scope of Work, and for expenses as approved in the budget.
2. Indirect Costs or Administrative Costs Charges Limitations:
    a. Indirect Cost Rate Charges: Applicants may charge an indirect rate in accordance with their federally approved Negotiated Indirect Cost Rate Agreement (NICRA) (please see definitions section), or an Indirect Cost Plan (please see definitions section) recognized by a state cognizant agency (local governments). If the Applicant charges indirect costs, a copy of the current, signed federally approved indirect cost rate agreement or the Indirect Cost Plan recognized by a state cognizant agency must be submitted as an attachment to the Application. The Agency reserves the right to negotiate the Application of the Indirect Rate per individual contract.
    b. Administrative Costs Charges: Applicants may charge Administrative costs (please see definitions section for what constitutes "Administrative Costs"), only in the absence of a federally approved Negotiated Indirect Cost Rate Agreement or an Indirect Cost Plan recognized by a state cognizant agency (local governments). Administrative Costs are capped at (limited to) 15% of the direct costs proposed in the budget. The Applicant shall maintain documentation to support the administrative cost allocation. The Agency reserves the right to request the documentation at any time.
3. **Equipment may not be purchased with these funds in Phase 1***. Refer to the definitions section regarding equipment.*
4. **Equipment may be allowed in Phase 2** as part of the implementation of core public health service activities to implement the District Public Health Service System Plan**.** All equipment must be mutually agreed upon by the Contractor and the Agency and shall only be allowable for implementation of core service activities.
5. Disallowed Costs
    a. Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
    b. Any new construction.
    c. Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries.
    d. Payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, local legislature or legislative body, including but not limited to

paying the salary or expenses of any grant Recipient or agent acting for such Recipient for such activity.

e. Lobbying, but Recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
f. Costs prior to the start date of this Contract.
g. Matching requirements for any other grants or projects.
h. Services, equipment, or supports that are the legal responsibility of another entity under federal, state, or tribal law, such as vocational rehabilitation or education services.

C. Budget.

1. Deliverable-based Reimbursement (Phase1)

a. Payment for the **Phase 1** contract period will be deliverable-based. The Agency has identified the deliverables and corresponding reimbursement amounts per contract. The deliverables and corresponding amounts may change at the sole discretion of the Agency. These amounts are all inclusive and no other costs or expenses will be provided.

Phase 1 Deliverable (description)	***Due Date***	***Fixed Cost* per Contract****
Phase 1 Project Plan and Timeline	Within 30-days of contract execution	$150,000
Monthly Meeting	By the Final Business Day of each month for the first six months	$10,000 per month for a maximum of $60,000
Foundational Districtwide Public Health Service System Analysis	September 1, 2027	$331,428
One-time Quarterly Meeting	By November 30, 2027	$30,000
Quarterly Meetings December 1, 2027 – June 30, 2028	June 30, 2028	$1,000 per meeting for a maximum of $2,000
Phase 1 Preparedness Service Area Coordination Summary Report	June 30, 2028	$1,000
Phase 1 Collaborative Service Area Coordination Summary Report	June 30, 2028	$1,000
Interim District Public Health Service System Plan	June 30, 2028	$16,000
Total Fixed Cost:		***$591,428***

***Payment will not be provided until the Agency approves the deliverable.*

2. Line-item Reimbursement (Phase 2)

Line-Item Budget:

Applicants will demonstrate a budget adequate to support the work of the Contractor to perform the services outlined in this RFP. The budget must be presented using the specific line-item categories outlined below, and not exceed the available funding allowed for the first Contract Year. A budget justification shall be included, describing the details of how the budget was calculated and justify all the anticipated expenses outlined within the budget, refer to budget form instructions in Section 3 and in the IowaGrants form.

Direct Costs Categories

Allowable budget line categories for direct cost expenses include:

- Salary and Fringe Benefits
    - The Applicant shall include all staff salary and fringe amounts directly funded, wholly or partially with these funds. A justification for each staff charged to this project shall include the staff position title, the annual salary and fringe for the position, and the full-time equivalent (FTE) portion to be charged to these funds.
- Subcontract
    - If services performed for any activities outlined in this RFP are to be subcontracted, the Applicant must detail the anticipated subcontract expenses in this category.
- Equipment
    - List any equipment planned to be purchased with these funds. Equipment must meet the definition to be budgeted here, otherwise the costs must be included in “other” costs.
- Other
    - This category may include items such as office supplies, educational supplies, project supplies, incentives, communication, rent and utilities , training, information technology-related expense, travel*, etc. ONLY if these expenses are not included in Administrative or Indirect Costs; and should reflect any major activities required to accomplish the action plan or work plan. This category also includes any items not meeting the above definition for equipment.

      *The Agency will not reimburse the Contractor travel amounts in excess of limits established by Iowa Department of Administrative Services. Out of state maximum allowable amounts for meals are available upon request. There is no restriction on airfare or lodging but the incurred expenditures are to be reasonable.

Indirect or Administrative Costs Category:

Pursuant to the definitions and the limitations set forth in B. of this section above, Applicants may input either Indirect or Administrative Costs associated with provision of these services, as applicable.

SECTION 3 -- APPLICATION CONTENT

In compliance with the minimum requirements and scope outlined in Section 2 – Description of Work and Services, Applicants must complete each form listed below from within IowaGrants for this Funding Opportunity.

3.01 Application Instructions

Each user will complete the registration process, only if not already registered. Follow the steps outlined for new registration and logging in to IowaGrants through the link provided in the links section of this RFP and in the Funding Opportunity Details in IowaGrants. New Users should allow at least a few days for the registration to be processed.

Refer to Section 1.06 (D) for instructions on Application Creation.

> Note: IowaGrants will permit multiple users within the Applicant Organization to register and begin creation of an Application for each funding opportunity.
> The Applicant is responsible for ensuring **only one entire Application is completed and submitted for the proposed Lead Entity District** (refer to Sections 1.04, 1.06, and 1.14) in response to this RFP.

For general instructions on completing Applications in IowaGrants, as well as how to copy previously created Applications, refer to the 'HHS Application Instruction Guidance' as posted under the Attachment section of the Funding Opportunity.

- Submitted Applications must meet all minimum and eligibility requirements outlined in this RFP.
- Promotional materials or other items not required by this RFP will not be considered during the review process.
- Any information or materials not required to be submitted as an attachment by this RFP Application will not be considered in the review process.

Upon starting an Application, the first screen that appears is the General Information Form. This is where the Applicant will title their Application and identify the Organization they are representing. The registered Applicant must be representing an eligible entity (refer to section 1.03). After clicking 'Save'; the Applicant can re-open and edit this form to add other users registered with the represented organization in IowaGrants.gov as 'Additional Contacts'.

The saved **General Information** Form appears as the first form in your Application.

3.02 Application Forms:

Applicants must complete each Application form listed below following the instructions here and within the Electronic Grant Management System at www.Iowagrants.gov. Each required field of each Application Form must be completed, or the system will not allow the form to be saved. Once an Application form is completed, the Applicant must mark it as complete. All forms must be marked as complete or IowaGrants will not permit the Application to be submitted.

Follow the instructions for each section and field within the form in IowaGrants. A summary of

each form's contents is listed below.

Cover Sheet - General Information: This Iowa Grants form requires the Applicant to identify the Authorized Official, the Fiscal Contact, and additional required information.

Business Organization: This Iowa Grants form requires information about the Applicant organization, including legal name, address, alternate mailing address for warrant/payments, business structure, history, table of organization, any pending or threatened litigation or investigation which may affect the Applicant's ability to perform the required services (refer to RFP Section 1.23), as well as identification of the Applicant's accounting firm and reporting any irregularities discovered in any of the accounts maintained by the Applicant (refer to RFP Section 1.24), and disclosure of history of contract default or terminations.

Application Certification and Conditions: This form provides for the certification and assurance of the Applicant's intent and commitment to provide the services included in the Application if an award is issued. This form will also identify the individual designated as the Grantee Contact with full responsibility for assignment of individuals to a resulting grant site (if applicable) in IowaGrants. Optional sections of this form include a section for the request for confidentiality in compliance with section 1.28 of this RFP and upload field for transmittal letters and other applicable communications.

The Certification and Conditions Form is **required** to be completed, electronically signed and dated by the Executive Director (ED) or Chief Executive Officer (CEO) of the Applicant.

- Iowa Code Section 554D.103 defines an electronic signature as "an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record." An Applicant may insert an electronically scanned signature, a digital signature, or a typed name, symbol, etc. in compliance with this definition for the electronic signature.

An Applicant's submission of an Application indicates the Applicant's agreement to conduct this transaction by electronic means.

Background and Demonstrated Experience: This form requires information about the Applicant organization background, demonstrated experience in provision of services, and established community partnerships. Applicant shall include relevant information about their background and experience that has prepared them for the work as described in this RFP. Applicants are given wide latitude in the degree of detail they offer or the extent to which they reveal past or current examples, processes, and procedures. However, the level of detail provided should be sufficient for the Agency to clearly understand and evaluate the Applicant's experience, ability, and capacity for each main Lead Entity Core Domain responsibility. If applicable, include any relevant experience the Applicant may have in performing these responsibilities for a District larger than the Applicant's own county-level work.

Project Personnel: This form requires specific information about the project personnel related to providing the services described in this RFP. Specifically Applicants will identify the title/position, name, role and responsibilities, experience and education, and credential or license # as applicable for each person with time dedicated to this project.

At a minimum, Applicants must identify the following personnel:

- Project Director

Project Work Plan Form: This form requires Applicant to identify the details for implementing the work and services as described in this RFP. Applicants shall demonstrate within their work plan their strategy to implement the minimum requirements as described in section 2.

Notes:

- Responses shall be in the same sequence as the outline below:
  1. **Phase 1 General Requirements**
  2. **Phase 1 Assessment and Planning**
  3. **Phase 1 District-level System Coordination**
  4. **Phase 1 Data Collection, Use, Reporting, and Sharing**
  5. **Phase 1 Collaboration and Partnership Building**
  6. **Phase 2 General Requirements**
  7. **Phase 2 Assessment and Planning**
  8. **Phase 2 District-level System Coordination**
  9. **Phase 2 Data Collection, Use, Reporting, and Sharing**
  10. **Phase 2 Collaboration and Partnership Building**

Letters of Support

1. For each District the Applicant is submitting a proposal for, the Applicant must include letters of support from other recognized local public health agencies and/or County Boards of Health within the District they are applying for. Applicants may also choose to include letters of support from other proposed partners within the District.
   a. Letters of support should be from agencies or entities knowledgeable of the Applicant's capacity to provide services similar to those sought in this RFP and must demonstrate the commitment to collaborate with the Applicant as Lead Entity of the District.
   i. Each letter of support shall include the name of a contact person, the contact person's telephone number, and contact person's email address.
   b. Persons who are currently employed by the Agency are not eligible to contribute letters of support.
   c. Letters of support shall be labeled to indicate the District number the letter is referencing using the numbering methodology shown in Attachment E (Iowa HHS District Map).

Subcontract Plan Form: This form requires specific information about the Applicant's proposed plan for subcontracts. Applicant shall identify if subcontracts are proposed, and if so, the Applicant shall include the scope of work of subcontracted services; anticipated amount for each proposed subcontract; the name, contact information, experience of subcontractor (if known at the time of Application); and the delivery area(s) to be served through the subcontract.

Standard Line-Item Budget Form This form requires the Applicant to describe the details of proposed expenses to implement the project as described in the Applicant's Application to accomplish the scope of work as described in this RFP. Proposed expenses and budget details must be adequate, yet reasonable to support the work of the Application, and must be in compliance with section 2.04 of this RFP.

SECTION 4 – APPLICATION EVALUATION PROCESS AND CRITERIA

4.01 Overview of Evaluation Process

Review/evaluation of Applications submitted under this RFP will be conducted in three phases.

Phase I -- Technical Review: The first phase will involve a preliminary review by the Agency staff of an Applicant's compliance with the mandatory requirements, such as eligibility and Application content for submitted Applications. Applications which fail to satisfy technical requirements or Application content may be eliminated from the Application review. These Applications may be rejected. The Agency will notify the Applicant of a rejection that occurs during Phase I of the review process. The Agency reserves the right to waive minor variances at the sole discretion of the Agency.

Phase II – Review Committee: Applications determined to be compliant with technical requirements and Application content will be accepted for the second phase of evaluation, which shall be completed by a review committee or committees established by the Agency. The membership of the review committee(s) shall be determined by the bureau chief with input and oversight from the respective division director. The review committee(s) shall evaluate Applications in accordance with a point system. Each committee member will review the Applications and the evaluation criteria outlined in this chapter and assign a point total for each criterion. If an Applicant is requested to make an oral presentation of the Application pursuant to RFP Section 1.15, the committee members may consider the oral presentation of the Applicant in determining the points awarded.

The Applications will be segregated into Iowa HHS Districts for evaluation. The evaluation committee will then meet as a group to score the Application through a consensus process to arrive at a final score for each Application within the designated Districts. The Agency staff may solicit additional input and recommendations from the evaluation committee(s).

In the event competitive Applications receive an equal number of points for the same service delivery area a second review may be conducted utilizing the same scoring process. In the event a second review is conducted, the respective program's division director will designate two management employees and one non-management employee to conduct a second review.

Phase III -- Agency Review and Award: The third phase will be a final review. The Agency will consider the submitted Applications and the review committee's scores and recommendations.

The Agency may also consider geographical distribution, budget information, any information received pursuant to Sections 1.19 - 1.24 of the RFP, and any other information received pursuant to the procurement process. The Agency reserves the right not to award the contract to the Applicant with the highest point average.

4.02 Scoring of Applications

A maximum of 511 points may be awarded to each Application. A minimum average score of 210 or greater is required for the Application to be considered for funding. Applications scoring less than the minimum average score will be rejected.

Accepted Applications will be evaluated based on the following criteria:

A. All parts of each section are included and addressed.

B. Descriptions and detail are clear, organized and understandable.

C. Descriptions are responsive to the intent of the RFP scope of work, goals, and objectives.

D. The overall ability of the Applicant, as judged by the evaluation committee, to successfully complete the project within the proposed schedule. This judgment will be based upon factors such as budget, project management plan and availability of staff.

Points will be assigned to each evaluation component as follows:

4	Applicant has agreed to comply with the requirements and provided a clear and compelling description of how each requirement would be met, with relevant supporting materials. Applicants' proposed approach frequently goes above and beyond the minimum requirements and indicates superior ability to serve the needs of the Agency.
3	Applicant has agreed to comply with the requirements and provided a good and complete description of how the requirements would be met. Response clearly demonstrates a high degree of ability to serve the needs of the Agency.
2	Applicant has agreed to comply with the requirements and provided an adequate description of how the requirements would be met. Response indicates adequate ability to serve the needs of the Agency.
1	Applicant has agreed to comply with the requirements and provided some details on how the requirements would be met. Response does not clearly indicate if all the needs of the Agency will be met.
0	Applicant has not addressed any of the requirements or has provided a response that is limited in scope, vague, or incomplete. Response did not provide a description of how the Agency's needs would be met.

The maximum points to be awarded for each Application section are as follows:

Application Forms	Component	Weight	Potential Maximum Score
Cover Sheet- General Information	-	N/A- Required	N/A
Business Organization	-	N/A- Required	N/A
Application Certification and Conditions	-	N/A- Required	N/A
Background and Demonstrated Experience		5	20
Project Personnel		2	8
Project Work Plan	Phase 1 General Requirements	4	16
	Phase 1 Assessment and Planning	4	16
	Phase 1 District-level System Coordination	4	16
	Phase 1 Data collection, Use, Reporting, and Sharing	4	16
	Phase 1 Collaboration and partnership building	4	16
	Phase 2 General Requirements	3	12
	Phase 2 Assessment and Planning	3	12
	Phase 2 District-level System Coordination	3	12
	Phase 2 Data Collection, Use, Reporting, and Sharing	3	12

	Phase 2 Collaboration and Partnership Building	3	12
Subcontract Plan Form		N/A	N/A
Standard Line-Item Budget Form		2	8
		Total Maximum without presentation Points:	176

Priority Points- District Lead Entities

Priority Points Criteria as prescribed by Section 3.02	**Potential Priority Points**
The Applicant received letters of support from 25% or less of the local public health agencies or Local Boards of Health within the District.	0
The Applicant received letters of support from at least 50% of the local public health agencies or Local Boards of Health within the District.	25
The Applicant received letters of support from 100% of the local public health agencies or Local Boards of Health within the District.	50
The Applicant did not receive letters of support from other proposed partners (partners other than local public health agencies/Boards of Health) within the District.	0
The Applicant received at least 3 letters of support from other proposed partners (partners other than local public health agencies/Boards of Health) within the District.	50
The Applicant is a recognized local public health agency within the District for which it is applying	50
Total Maximum Score of Priority Points:	175
Total Maximum Score with Application and Priority Points	351

*Letters of support submitted by **both** a local public health agency, and that agency's corresponding local Board of Health, will count as one (1) letter of support in the above table.

District 1:
25% or less = 3 or less
50% or more = at least 7
100% = 13

Districts 2, 4, 5, 6, and 7:
25% or less = 3 or less
50% or more = at least 7
100% = 14

District 3:
25% or less = 4 or less
50% or more = at least 8
100% = 16

If Applicant oral presentations are conducted pursuant to this RFP, the points in the following table will be added to the Application score above as follows:

Assessment Criteria	Weight	Potential Maximum Score
Overview of Application by Applicant	25	100
Responses to Agency's questions	15	60
Total Maximum Points with presentation score:		511

SECTION 5 – CONTRACT

5.01 Contract Conditions

Any contract awarded by the Agency shall include specific contract provisions including the General Terms and Contingent Terms as posted on the Agency's website (refer to the links section of this RFP & Funding Opportunity Details in IowaGrants). Refer to the Attachments section on the Funding Opportunity page for the Draft Sample Contract Template. The Draft Sample Contract Template included is for reference only and is subject to change at the sole discretion of the Agency.

The contract terms contained in the general terms and contingent terms are not intended to be a complete listing of all contract terms but are provided only to enable Applicants to better evaluate the costs associated with the RFP and the potential resulting contract. Applicants should plan to include such terms in any contract awarded as a result of the RFP. All costs associated with complying with these requirements should be included in the Application. If the contract exceeds $500,000, or if the contract together with other contracts awarded to the Contractor by the Agency exceeds $500,000 in the aggregate, the Contractor shall be required to comply with the provisions of Iowa Code chapter 8F, including certification and reporting requirements.

Results of the evaluation process or changes in federal or state law may require additions or changes in final contract conditions requirements.

5.02 Incorporation of Documents

The RFP, any amendments and written responses to Applicant questions, and the Application submitted in response to the RFP form a part of the contract. The parties are obligated to perform all services described in the RFP and Application unless the contract specifically directs otherwise.

5.03 Order of Priority

In the event of a conflict between the contract, the RFP and the Application, the conflict shall be resolved according to the following priorities, ranked in descending order:

1. the Contract.
2. the RFP.
3. the Application.

5.04 Contractual Payments

The Agency provides contractual payments on the basis of reimbursement of expenses in accordance with Iowa Code 8A.514. In the event the Contractor lacks sufficient working capital to provide the services of the contract, an advance not to exceed one month's value of the contractual amount may be provided by the Agency. One -third (1/3) of this advance will be deducted from eligible reimbursement of expenses for the 7th, 8th and 9th months of service.

If Applicant is not a current Contractor with the Agency, a completed current and accurate W-9 form will be requested by the Agency upon award of a contract. The Agency shall not provide any reimbursement of expenses until the W-9 is received and accepted.

5.05 Early Contract Termination

If a contract awarded by the Agency pursuant to this RFP is terminated by either party prior to the end of the project period for any reason, the Agency may procure services for the remainder of the contract period or project period by (1) awarding the contract to a contractor from the same or a contiguous service area; (2) awarding the contract to another entity deemed appropriate by the Agency, or (3) issuing an RFP. An Applicant's submission of an Application to this RFP constitutes mutual agreement among the Agency and the Applicant/Contractor pursuant to 641 IAC 176.3 that the Agency has sole discretion in procuring such services.

SECTION 6 – ATTACHMENTS

The following reference documents are posted separately under the Attachment section of this Funding Opportunity.

A- RFP # PHTHOPD27001 Public Health Lead Entities
B- HHS Application Forms Instruction Guidance (IowaGrants)
C- RFP # PHTHOPD27001 Workplan Formatting Specifications
D- RFP # PHTHOPD27001 Phase 1 Sample Draft Contract
E- RFP # PHTHOPD27001 Phase 2 Sample Draft Contract
F- Iowa HHS District Map

SECTION 7 – LINKS

The following reference documents are available by clicking on the link provided in the website Links section of this Funding Opportunity.

A. IowaGrants Registration and Login Instructions
B. General Terms and Contingent Terms
C. Notice of Intent to Award
D. HHS District Map