COOK COUNTY HEALTH AND HOSPITALS SYSTEM (CCHHS)

TITLE: Planning Grant supporting Healthcare and Community Transformation

REQUEST FOR PROPOSAL (RFP): # H17-0015

GENERAL DESCRIPTION: CCHHS is seeking to develop a team action plan aimed at advancing policy, systems or environmental improvements leading to health care transformation in suburban Community Health Centers of the Cook County Health and Hospitals System.

DATE ISSUED: April 12, 2017

QUESTIONS DUE DATE: April 26, 2017, by 2:00 PM CST.

RESPONSE DUE DATE: May 5, 2017 by 2:00 PM CST

Responses to this proposal shall be delivered between the hours of 8:00 AM (CST) and 2:00 PM (CST) to:

Cook County Health and Hospitals System
C/O John H. Stroger, Jr. Hospital of Cook County
1969 West Ogden Ave., Lower Level Room #250 A
Chicago, IL 60612
Attention: Supply Chain Management Department.

Please note that it takes approximately 20 minutes to pass security and walk to room 250A. Delivery of proposals must include the Proposal Acknowledgement form included in this document.

INFORMATION SESSION: April 19, 2017 – 2 p.m. – 3:30 p.m.
1-888-398-2342 (Access code: 4724630)

All questions regarding this RFP should be directed to purchasing@cookcountyhhs.org where the subject of the email should reference the RFP # and Title.

The RFP and related addenda will be posted at the http://www.cookcountyhhs.org website under the “Doing Business with CCHHS” tab.
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1. CCHHS Background
The Cook County Health and Hospitals System ("CCHHS" or "System") is a unit within Cook County government. The CCHHS provides a full continuum of health care services through its seven operating entities, referred to as System Affiliates. System Affiliates provide a broad range of services from specialty and primary care to emergency, acute, outpatient, rehabilitation and preventative care. CCHHS services are offered without regard to a patient’s economic status or ability to pay.

The System operates John H. Stroger, Jr. Hospital of Cook County, which is a tertiary, acute care hospital and Provident Hospital of Cook County, a community acute care hospital. The System also operates: 1. the Ambulatory and Community Health Network, a system of sixteen (16) clinics offering primary care services in medically underserved areas and schools; 2. The Cook County Department of Public Health, 3. Cermak Health Services of Cook County, a health facility operated within the confines of the Cook County Department of Corrections which provides health screening, primary and specialty care for detainees; 4. Ruth M. Rothstein Core Center, a comprehensive care center for HIV and other infectious diseases; and 5. Oak Forest Health Center of Cook County. The System is continuing to work on their strategic plan moving forward which includes CountyCare. This is a Medicaid health plan for low-income adults established under the Affordable Care Act. CountyCare is expanding its eligible membership population to children, seniors, and persons with disabilities. CCHHS will continuously undergo the transformation of its services to continue service excellence for its patients.

Also included within CCHHS is the Cook County Department of Public Health (CCDPH) is the local health department certified by the Illinois Department of Public Health (IDPH) with jurisdiction throughout suburban Cook County covering over 700 square miles, with the exception of Evanston, Oak Park, Skokie, and Stickney Township, which are served by their own IDPH-certified local health departments. The CCDPH provides public health services to approximately 2.4 million residents of suburban Cook County.

2. Purpose
The purpose of these funds is to support interdisciplinary or multi-sector teams in developing an action plan aimed at advancing evidence-based or evidence-informed policy, systems or environmental improvements leading to health care or community transformation that supports residents in eating better, moving more, or managing their health and addresses health inequities in areas of suburban Cook County, Illinois under the CCDPH jurisdiction.

3. Schedule
CCHHS anticipates the following schedule.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimated Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request For Proposal posted to the website</td>
<td>April 12, 2017</td>
</tr>
<tr>
<td>Informational Webinar</td>
<td>April 19, 2017 – 2 p.m. – 3:30 p.m. 1-888-398-2342 (Access code: 4724630)</td>
</tr>
<tr>
<td>Inquiry Deadline</td>
<td>April 26, 2017 by 2:00 p.m. CST.</td>
</tr>
<tr>
<td>CCHHS Response to Inquiries</td>
<td>May 1, 2017</td>
</tr>
<tr>
<td>Proposal Due Date</td>
<td>May 5, 2017 by 2:00 p.m. CST.</td>
</tr>
<tr>
<td>Funded Proposals Start Date</td>
<td>June 2017</td>
</tr>
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4. Overview
4.1 Public Health Challenge & Approach
Chronic diseases such as heart disease, cancer and diabetes are the major cause of illness, disability, and death in suburban Cook County. It is widely known that chronic diseases are preventable, sharing many common risk factors (e.g., obesity, poor nutrition, physical inactivity, tobacco use) and social, economic and environmental determinants of health. Differences in the distribution of chronic diseases by demographics and geography across suburban Cook County reflect patterns of inequities across the region.
Eating a healthful diet and being physically active is known to have many health benefits, including reduced risk and improved management of chronic diseases. Research has shown that changes to policies, systems and the environment (PSE) can result in positive behavior changes. Examples include: quality physical education and increased physical activity before, during or after school; increasing access or availability to healthy, affordable foods; and clinical interventions that increase coverage, access, utilization or quality of care associated with chronic disease prevention or management.

To help address this growing problem, Cook County government allocated revenue from the Cook County Sugar Sweetened Beverage Tax to promote the health and well-being of Cook County residents. This planning grant will support local governments, community organizations, or schools in developing a team action plan that advances evidence-based or evidence-informed policy, systems or environmental (PSE) improvements leading to health care or community transformation that supports residents in eating better, moving more, or managing their health and addresses health inequities in areas of suburban Cook County, Illinois under CC DHCP jurisdiction.

4.2 Key Themes of the Call for Projects

- **Change policies, systems or environments (PSE) to promote healthy living and health equity**
  This planning grant is based on the goal of supporting multi-disciplinary or multi-sector teams in pursuing PSE improvements that make it easier for suburban Cook County residents to eat better, move more, or manage their health. Definition and examples of PSE changes are below.

  - **Policy: A law, mandate, regulation, resolution, or rule (both formal and informal)**
    Example: Adopting a land use policy that supports use of vacant land for urban agriculture initiatives.

  - **Environmental Interventions: Involve physical or material changes to the economic, social, or physical environment**
    Example: Establishing urban agriculture initiatives such as community gardens or urban farms.

  - **Systems Change: Impacts entire organization, institution, or system; may be a policy or environmental change**
    Example: Implementing a healthy lunch menu options program in all school cafeterias within a school district.

  See Section 8 for PSE Change Strategies supported under this Call for Projects.

- **Foster or expand collaborations**
  Coordination among multiple sectors within a single community or among partners from the same sector across multiple communities, as well as engagement of grassroots organizations, community residents or youth, are essential to the development and future advancement of the action plan.

- **Reduce health inequities**
  CCHHS is committed to supporting projects that will promote healthy living and health equity among ethnic or racial groups, income groups and geographic communities most affected by chronic disease and/or related risk factors. Team action plans should ensure that populations made most vulnerable are engaged throughout the process and that barriers are addressed to advance adoption, implementation, enforcement (if applicable) and sustainability of proposed PSE change strategies.

5. **Benefits to Award Recipients**

Participants of this planning grant opportunity can expect to receive these benefits.

- Individual leadership coaching for team lead(s)
- Participation of team lead(s) and up to 3 additional team members in a one-and-a-half day action institute
- Provision of relevant webinars and other resources to support team in developing action plan aimed at: advancing policy, systems or environmental improvements leading to health care or community
transformation that supports residents in eating better, moving more or managing their health and addresses health inequities in suburban Cook County
• Potential opportunity to receive additional funds to support implementation of the action plan in subsequent years, subject to availability of funds and performance

6. Funding
6.1 Availability and Size of Award
Funding from CCHHS, administered by CCDPH, is available from June 1, 2017 through November 30, 2017. Any agreement awarded pursuant to this Call for Projects shall be for this period of time. Agreement extensions may be possible to support implementation of the team action plan, contingent upon funding availability and prior performance. A total of $210,000 is available with up to 10 teams being selected.

6.2 Use of Funds
In general, budgets must reflect applicant’s approach to meeting the responsibilities of award recipients (refer to Section 8.3). Funding may be used for:
• Personnel
• Fringe Benefits
• Consultant or Contractor Costs (to support development of team action plan)
• Supplies
• Local travel
• Other Costs associated with activities not covered in above-listed categories

Funding may not be used for:
• Research
• Delivery of direct services to clients or clinical care (e.g., case management services; provision of medical or health services or program such as a nutrition course)
• Lobbying (any activity designed to influence action in regards to a participate piece of pending legislation)
• General management or administration costs that do not directly contribute to meeting the deliverables set forth in this Call for Projects
• Direct fundraising, such as special events, direct mail campaigns or solicitation of donors
• Activities for inherently religious purposes
• Reimbursement for pre-award costs
• Indirect rate costs

7. Eligibility
Proposed PSE intervention(s) in team action plan must impact organizations or communities within suburban Cook County, excluding Evanston, Oak Park, Skokie, and Stickney Township --- all of whom are served by their own IDPH-certified local health departments.

Lead applicant must meet the following criteria.
• Be one of the following.
  o Local governments, including one or more municipalities or townships; a regional government body serving suburban Cook County communities (e.g., subregional council of government); or park districts
  o Community organizations, including non-profit agencies; faith-based institutions; or community-based organizations
  o Public school districts or private schools
• Assemble a partnership including (at minimum) three additional organizations or build on an existing collaboration or coalition. Partnership with a CCHHS Community Health Center located in suburban Cook County is required if proposing a health care transformation intervention. This includes: Cicero Health
Center; Cottage Grove Health Center (Ford Heights); Oak Forest Health Center; Palatine VISTA Health Center; or Robbins Health Center.

- Propose PSE intervention(s) in team action plan that impact organizations or communities within suburban Cook County, with a focus on populations experiencing health disparities.
- Willingness to participate in learning or evaluation activities throughout the project period.

Additionally, award recipients must have the organizational capacity to conduct the work described in this Call for Projects and have the fiscal and contracting capacity, as well as the accounting and administrative controls necessary to effectively manage a grant.

8. Description of Work
8.1 PSE Change Strategies

This planning grant supports advancement of Focus Area 6: Impact Social Determinants of Health of the CCHHS 2017-2019 strategic plan, Impact 2020, and WePLAN 2020, the suburban Cook County community health assessment and improvement plan. Applicants may select to advance one or more PSE strategies that lead to health care transformation; community transformation; or both in their team action plan based on demonstrated community needs and assets as part of the application.

- **Health Care Transformation**

  Uncontrolled high blood pressure and diabetes are high-burden health conditions that result in poor health and high healthcare costs. Health care transformation requires innovative approaches that engage health care purchasers, payers and providers and align with evidence-based interventions and emerging value-based payment and delivery models to improve health and reduce health care costs. As mentioned in Section 6, Eligibility, one of the applicant’s partner organizations must be a CCHHS Community Health Center(s) located in suburban Cook County. Applicants will develop a team action plan that advances clinical-community interventions which support CCHHS patients with uncontrolled high blood pressure and/or at-risk or with diabetes in managing their health. The below strategies align with the Centers for Disease Control and Prevention’s 6|18 initiative.

<table>
<thead>
<tr>
<th>PSE Focus Area</th>
<th>Example Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uncontrolled High Blood Pressure⁸</td>
<td>Promote strategies that improve access and adherence to anti-hypertensive and lipid-lowering medications.</td>
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<tr>
<td></td>
<td>Promote a team-based approach to controlling hypertension (e.g., physician, pharmacist, community health worker, and patient teams).</td>
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<tr>
<td></td>
<td>Provide access to devices for self-measured blood pressure monitoring for home-use and create individual, provider, and health system incentives for compliance and meeting of goals.</td>
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<tr>
<td>2. Clinical-Community Linkages to address Diabetes Prevention and Control, as well as chronic disease risk factors</td>
<td>Expand access to evidence-based programs such as the National Diabetes Prevention Program, a lifestyle change program for preventing Type 2 Diabetes, or Stanford University Chronic Disease Self-Management/Diabetes Self-Management Programs.</td>
</tr>
<tr>
<td></td>
<td>Incorporate use of “green prescriptions” to refer patients to non-pharmaceutical interventions such as physical activity at local park districts or the Forest Preserves of Cook County or places or opportunities to purchase affordable, healthy foods.</td>
</tr>
</tbody>
</table>

To collaborate with a CCHHS Community Health Center in suburban Cook County, eligible entities can contact Akila Ally to identify the appropriate clinic contact for your area, Akila.ally@cookcountyhhs.org.

- **Community Transformation**
The places we live, work, learn and play can influence how well and long we live. Building local sustainable food systems for residents and healthy schools for students are two important areas to transforming communities.

<table>
<thead>
<tr>
<th>PSE Focus Area</th>
<th>Description &amp; Example Strategies</th>
</tr>
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</table>
| 3. Local Sustainable Food Systems | According to the American Planning Association, food access is influenced by geographic, economic, and social factors; as well as a community’s food production, processing, distribution, consumption and waste recovery policies and practices. Increasing healthy, affordable food access and availability is a health, community development and equity issue. Subsequently, shaping the food environment of communities is not only a key component to a healthy, sustainable local food system, but also integral in building a healthy, sustainable community. The comprehensive and sustainability plans are policy tools that can influence local government actions. This opportunity supports local municipalities in developing a team action plan focused on the creation and implementation of a food chapter to their respective municipal comprehensive plan (or sustainability plan) with strategies to increase access and availability of affordable, healthy foods in the local community (e.g., improving transportation systems to connect community to healthy retail; bringing in new grocery stores or other healthy retails developments; increasing availability and quality of healthy foods offered at existing retail venues). Resources include:  
  - Cook County Food Access Plan  
  - Go To 2040 Comprehensive Plan  
  - American Planning Association’s Plan4Health initiative |

| 4. Healthy Schools          | A Healthy School is a place designed to promote the best educational, physical, emotional, and social development of students. This opportunity supports a public school district and their respective schools or private schools in conducting an assessment and developing an action plan that may address: school wellness policies; nutrition services and foods and beverages served during the school day; physical activity or physical education; health education; and staff wellness. Resources include:  
  - Alliance for a Healthier Generation’s Healthy Schools Program  
  - CATCH® – Coordinated Approach to Child Health  
  - SPARK™ |

Applicant may also propose an intervention that is not on this list if it meets the following criteria.  
  - it is reflective of a PSE change;  
  - it addresses an important, demonstrated community need; and  
  - there is convincing evidence that it will be effective and reach many people.
8.2 Responsibilities of CCDPH

CCDPH will be responsible for the following activities:

a. Organize and execute a one-and-a-half-day Action Institute.

b. Provide individual leadership coaching for team lead(s).

c. Offer technical support to team, including, but not limited to, assistance in thinking about the health equity implications of selected PSE intervention(s); relevant webinars and other resources; and alignment with initiatives and trends at the county-, state-, and federal-levels.

d. Develop and share template, as well as review and provide feedback on team action plan.

8.3 Responsibilities of Award Recipients

The applicant will be required to undertake the following activities:

a. Participate in:
   - One team project orientation call with CCDPH in June 2017.
   - A one-and-a-half day Action Institute in August/September 2017 and up to three webinars on cross-cutting areas such as systems integration; change management & adaptive leadership; community engagement; evidence-based decision making and evaluation.

b. Coordinate and facilitate communication or meeting(s) with interdisciplinary or multi-sector team, as required to meet deliverables set forth in this Call for Projects.

c. Receive additional technical support, as needed, to meet deliverables set forth in this Call for Projects.

d. Develop a team action plan and submit it to CCDPH by deadline set forth.

8.4 Submit Invoices to CCDPH

Invoices shall be submitted along with all required documentation to the CCDPH for reimbursement.

9. Required Proposal Content

This Call for Projects provides potential applicants with sufficient information to enable them to prepare and submit proposals. CCHHS is supplying a base of information to ensure uniformity of responses. It must be noted, however, that the guidelines should not be considered so rigid as to stifle the creativity of any organization responding.

This Call for Projects also contains the instructions governing the submittal of a proposal and the materials to be included therein, which must be met to be eligible for consideration. All proposals must be complete as to the information requested in this Call for Projects in order to be considered responsive and eligible for award. Applicants providing insufficient details will be deemed non-responsive.

9.1 Cover letter

Please limit this to one page. The cover letter shall be signed by an authorized representative of the applicant. The letter shall indicate the applicant’s commitment to meet deliverables set forth in this Call for Projects. Please also include the following in the cover letter:

a. Brief description of the applicant and their respective capability to meet the deliverables set forth in this Call for Projects, including experience with PSE change strategies;

b. Overview of population to be served and PSE change strategies intended to be incorporated into the team action plan.

c. List of key team members or partners that currently are engaged or will be involved in developing the team action plan.

Do not forget to sign your cover letter.
9.2 Application

Please limit your responses to the application to 5 pages, excluding page 1 (Applicant Information and Part A. About the Proposal). Responses to application questions in Part B should be written in Calibri, 12 point font, single-spaced and should not be longer than 5 pages in total.

9.3 Proposed Budget

Applicant must use the budget template provided to provide sufficient budget details.

9.4 Economic Disclosure Statement

Please submit a W-9 form with your application. Execute and submit the Economic Disclosure Statement ("EDS"). The EDS form can be found at http://www.cookcountyhhs.org/about-cchhs/doing-business-with-cchhs/bids-rfp/

10. Evaluation and Selection Process

10.1 Evaluation Process

Proposals will be evaluated by a Call for Projects Evaluation Committee. The evaluation committee, at its option, may request that all or a shortlisted group of applicants submit clarifications or respond to questions. CCHHS will assemble a set of proposals recommended for funding. The selection will be based on scoring, as well as achieving an effective and integrated mix of activities, geographic distribution across suburban Cook County, inclusion of communities of populations disproportionately affected by rising rates of chronic diseases and associated risk factors.

10.2. Evaluation Criteria

- **Responsiveness of Proposal**
  Proposals will be reviewed for compliance with and adherence to all submittal requirements requested in this Call for Projects. Proposals which are incomplete and missing key components necessary to fully evaluate the Proposal may, at the discretion of Evaluation Committee be rejected from further consideration due to “Non-Responsiveness” and rated Non-Responsive.

- **Technical Proposal**
  Proposals will be reviewed and selected based on the following criteria. These criteria represent 100% of the scorecard. Also refer to the Application.
  - Interest Statement (5 points)
  - Past or Current PSE Experience (10 points)
  - Community Profile (30 points)
  - Partnership Profile (30 points)
  - Needs/Challenges (10 points)
  - Learning Needs and Interests (0 points, not scored)
  - Implementation (15 points)

- **Reasonableness of Overall Proposed Budget**
  Proposed budget will not be scored; however, it will be evaluated separately for overall reasonableness.

11. Contract


If applicant is awarded planning grant, any proposed contract including all negotiations shall be subject to review and approval of CCHHS management and/or CCHHS legal. Proposed Contracts are also subject to review by the Cook County Office of Contract Compliance. Following finalization of contract documents to the satisfaction of
CCHHS executive management, CCHHS shall secure appropriate reviews and may approve the proposed Contract for execution in its sole discretion.

12. Applicant Instructions
These instructions contain important information and should be reviewed carefully. Failure to adhere to the procedures set forth in these instructions, failure to provide positive acknowledgement that applicant will meet deliverables may lead to disqualification of the submitted proposal.

12.1 Number of Copies
Applicants are required to submit: (1) cover letter; and (2) three paper copies (one original and two copies) of the application, including letters of support and budget, no later than the time and date indicated in this Call for Projects.

12.3 Time for submission
Proposals shall be submitted no later than the date and time indicated on the cover page of this Call for Projects. Late submittals will not be considered.

12.4 Packaging and Labeling
Please place cover letter and paper copies of the application, including letters of commitment from key partners and budget, in an envelope. The outside of the envelope should clearly indicate the Call for Projects Title, Number, applicant’s name, address and point of contact.

12.5 Timely delivery of Proposal
The proposal must be either delivered by hand or sent to CCHHS through U.S. Mail or other available courier services to the address shown on the cover sheet of this Call for Projects. Include the Call for Projects number on any package delivered or sent to CCHHS and on any correspondence related to the Proposal. If using an express delivery service, the package must be delivered to the designated building and drop box. Packages delivered by express mail services to other locations might not be re-delivered in time to be considered. CCHHS assumes no responsibility for any proposal not so received.

12.6 Information Session
CCHHS will hold an Information Session on the date, time and location indicated on the cover page. Representatives of CCHHS will be present to answer any questions regarding the Call for Projects. This information session is optional.

12.5 Questions and Inquiries
Questions should be submitted in writing to the contact email listed on the cover page of this Call for Projects no later than the date stated in the Schedule.

13. Definitions
The following definitions shall apply to this RFP:
"Addendum" or "Addenda" shall refer to a one or more documents issued to Registered Proposers in hard or soft copy by which modifies this Request for Proposal or provides additional information.
"Board" or "System Board" shall refer to the Board of Directors of the Cook County Health and Hospitals System.
"Contract" shall mean a properly executed Contract that has been negotiated between CCHHS and a Proposer for some or all of the Deliverables described in this RFP.
"Contractor(s)" shall mean the individuals, businesses or entities that have submitted a Proposal and have negotiated a contract that has been properly executed on behalf of the Contractor and CCHHS.
"County" shall mean the County of Cook, Illinois, a body politic and corporate.

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“Deliverables” shall refer to the items, supplies, equipment or services that will be provided pursuant to any Contract entered into as a result of this RFP.

“General Conditions” shall mean the terms and conditions included in Attachment C of the RFP. "Proposal" shall mean the document(s) submitted by Proposer(s) in response to this RFP that constitute a Proposer's offer to enter into contract with the CCHHS under terms consistent with this RFP, subject to the negotiation of a contract and approval by the Board.

"Proposer(s)" shall mean the individuals or business entities, if any, submitting a Proposal in response to this RFP. "Procurement Director" or “System SCM Director” shall mean the System Director of Supply Chain Management who serves as chief procurement officer for the CCHHS.

"Request for Proposals" or "RFP" shall refer to this solicitation of Proposals by CCHHS which may lead to the negotiation of a contract and the recommendation that the CCHHS authorize a Contract with a Proposer.

“Solution” the specific configuration of Deliverables that is submitted in a Proposal to meet the needs and goals of the CCHHS as articulated in this RFP.
14. Proposal Acknowledgement Form

This acknowledgement of receipt should be signed by a representative of Supply Chain Management located at Stroger Hospital, 1969 W. Ogden Avenue, lower level (LL) Room 250A, Chicago IL, 60612.

The outside wrapping shall clearly indicate the RFP Number and Title, Proposer’s Name, Proposers Address and Point of Contact information. **Prefill the first two lines prior to submission.**

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</tr>
<tr>
<td>Date:</td>
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<tr>
<td>Time (if time machine is not available, hand write the time):</td>
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<td>A.M</td>
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<td>P.M</td>
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Proposers must cut this sheet in two. SMC will time-stamp top and bottom sections. SCM will keep one section and the Proposer will keep the other section.

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PROPOSAL RECEIPT ACKNOWLEDGEMENT FORM

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Application Checklist

1. Cover Letter
2. Application (2 paper copies)
3. Budget
4. W-9 Form
5. Economic Disclosure Statement
6. Letters of Commitment


vi Centers for Disease Control and Prevention. 6|18 Initiative: Accelerating evidence into action. Available at: https://www.cdc.gov/sixeighteen/.

vii Ibid
