



Request for Application (RFA)

#RPPC 22-10088

Regional Perinatal Programs of California (RPPC)

June 24, 2022

California Department of Public Health
Maternal, Child and Adolescent Health (MCAH) Division
1615 Capitol Avenue
MS 8300, P.O. Box 997420
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Part I. RPPC Funding Opportunity Description

A. Funding Purpose

The purpose of this Request for Application (RFA) is to solicit competitive applications from eligible organizations ([Part II. I. Eligibility Criteria](#)) for funding from the Maternal, Child, and Adolescent Health Division (MCAH) of the California Department of Public Health (CDPH) to administer the Regional Perinatal Programs of California (RPPC). Under the direction of CDPH/MCAH, applicants will develop and maintain a network of providers and facilities within specific geographic areas and match the needs of high-risk perinatal patients with the appropriate types and levels of care. Applicants can also apply to implement other maternal and infant health programs including supplemental activities to ensure regional coordination. Such activities include a statewide collaborative of public and private entities that combine clinical medicine, population health and systems of care to promote quality improvement efforts in neonatal and maternal health, the California Perinatal Transport System (CPeTS), and improve systems of care to support maternal-risk appropriate care.

A responding organization is expected to submit an application that includes the following:

- a. Agency experience and organizational capacity
- b. Agency implementation plan
- c. Budget proposal

CDPH/MCAH expects to award \$5,265,000 in three-year, regional cooperative agreements to eligible and qualified applicants that demonstrate the greatest experience and capacity to achieve the program requirements and supplemental goals outlined in the RFA and the RPPC Scope of Work (SOW) (Exhibit A). See [Part II. D. - Funding Allocation](#) for this program.

To submit a qualifying application, applicants must adhere to the due dates in [Part II. K. - RFA Key Action Dates](#).

B. Public Health Significance

In 1979, the California Legislature recognized that many high-risk women and infants in California did not have access to specialized care and therefore were more likely to die or suffer permanent disabilities. As a result, the Legislature mandated the development of a network of perinatal regions to reduce perinatal mortality. This goal is accomplished through the promotion of improved access to risk-appropriate perinatal care to pregnant women and their infants and regional quality improvement activities that promote an integrated regional perinatal system between public health and health care institutions, as well as local communities and state organizations. Regional RPPC Directors have the flexibility, neutrality, and credibility to bridge public and private sectors. They offer the opportunity to work with multiple counties, local communities, public health

agencies, hospitals, clinics, individual providers, and health plans to work collaboratively to identify and address common perinatal concerns.

The RPPC regions in California are (see RPPC Regions and Hospitals Attachment 8):

- North Coast - East Bay
- Northeastern
- Mid-Coastal
- Central San Joaquin Valley - Sierra Nevada
- South Coastal - East Los Angeles
- Central - North Los Angeles - Coastal Valley
- Orange County
- Southern Inland Counties
- San Diego - Imperial Counties

CDPH/MCAH coordinates the regionalized perinatal health systems with other maternal and infant health programs, including supplemental activities conducted by or for CDPH to ensure regional coordination. Such program and supplemental activities include a statewide collaborative of public and private entities that combine population health and systems of care to promote quality improvement efforts in neonatal and maternal health, the CPeTS, and regionalization to support maternal risk-appropriate care and response to disasters and emergency situations.

Part II. Program Requirements and Overview

A. Program Requirements and Overview

Under the direction of CDPH/MCAH, RPPC provides the planning and coordination of a regionalized perinatal system that ensures social support and health services are available to meet the special needs of high-risk pregnant women and infants. CDPH/MCAH shall also ensure that it does so as efficiently and cost-effectively as possible. This is accomplished through the implementation of the RPPC Scope of Work, which outlines the goals, activities, and deliverables necessary to implement the program.

1. The Regional Perinatal Programs of California (RPPC) (SOW Goal 1) - *REQUIRED*

Under the direction of CDPH/MCAH, RPPC will coordinate the planning, collaboration, and promotion of an integrated regional perinatal system that supports high quality, risk-appropriate health care and social support for pregnant women and their newborn infants. Each region will be required to fulfill objectives related to the following:

- a. Strengthening regional, cross-regional, and/or statewide communication and collaboration to support maternal and perinatal services through collaboration with local and state organizations, MCAH local health jurisdictions, and other State Programs.
- b. Conducting site visits to birthing facilities in their region to support their quality improvement efforts guided by maternal and neonatal outcome data.
- c. Supporting hospitals to improve their maternal and neonatal transports and transfers between facilities to provide risk-appropriate care for both mother and baby and encourage linkage of higher-level hospitals in the region with lower-level hospitals to foster communication and collaboration to improve timely and safe transports of high-risk patients.
- d. Providing guidance to facilities regarding (1) Maternal Risk-Appropriate Care and (2) risk assessment practices for transporting or transferring care to higher level facilities.
- e. Increasing the proportion of facilities implementing and maintaining practices compliant with [California Health and Safety Codes Breastfeeding](#) (123365, 123366 and 123367).
- f. Supporting hospitals to implement and provide Sudden Infant Death Syndrome (SIDS) risk reduction information compliant with [California Health and Safety Code Section 1254.6](#).
- g. Assisting with statewide and local responses to disasters and emergency situations by supporting labor and delivery hospitals, local health jurisdictions, and other emergency responders as requested by CDPH/MCAH and appropriate to RPPC's role.

2. Neonatal/Infant Transport System and the California Perinatal Transport System (CPeTS) Web site and Bed Locator System - (SOW Goal 2) - *OPTIONAL*

Under CDPH/MCAH direction, (1) track and evaluate neonatal care during transport by maintaining the Northern or Southern California CPeTS; (2) participate and collaborate on QI activities by organizing and maintaining an expert panel to review and analyze collected data and consider new data elements to add to the current data collection system to address current and potential neonatal transport issues; (3) assist with statewide and local response to disasters and emergency situations by supporting labor and delivery hospitals, local health jurisdictions, and other emergency responders as requested by CDPH/MCAH and appropriate to CPeTS role.

Applicants applying for Goal 2 may also elect to provide the maintenance of:

- a. a web-based locator system to facilitate the transport of critically ill infants and high-risk obstetric patients to tertiary hospitals, and/or
- b. a web-based data entry system to allow timely entry and analysis of CPeTS neonatal transport data.

3. Maternal Risk-Appropriate Care (SOW Goal 3) - *OPTIONAL*

Improve the system of care for high-risk women to reduce maternal morbidity and mortality, including existing disparities, by encouraging the growth and maturation of transfer agreements for the provision of risk-appropriate care specific to maternal health needs via the following:

- a. Supporting and coordinating with the nine RPPC Regional Directors throughout the state to better coordinate maternal transports in each of the regions.
- b. Providing ongoing technical assistance, as requested by RPPC Regional Directors, to support improved coordination in maternal care.
- c. Developing a toolkit using maternal transport guidance and improvements as identified by RPPC Regional Directors that supports development and enhancements in regionalized maternal systems of care.

4. Support Quality Improvement and Promote and Improve Neonatal/Infant Outcomes (SOW Goal 4) - *OPTIONAL*

Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support, and local resources to promote quality improvement efforts in neonatal health via the following:

- a. Providing administrative support to an identified perinatal quality care collaborative whose goal is to lead perinatal quality improvement.
- b. Strengthening regional/cross-regional communication and collaboration to support regional perinatal quality improvement.
- c. Assisting with statewide and local response to disasters and emergency situations by supporting labor and delivery hospitals, local health jurisdictions and other emergency responders as requested by CDPH/MCAH and appropriate to RPPC's role.

5. Support Quality Improvement and Promote and Improve Maternal Outcomes (SOW Goal 5) - *OPTIONAL*

Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support, and local resources to promote quality improvement efforts in maternal health via the following:

- a. Providing administrative support to an identified maternal quality care collaborative whose goal is to lead maternal quality improvement.
- b. Strengthening regional/cross-regional communication and collaboration to support regional maternal quality improvement.
- c. Assisting with statewide and local responses to disasters and emergency situations by supporting labor and delivery hospitals, local health jurisdictions, and other emergency responders as requested by CDPH/MCAH and appropriate to RPPC's role.

B. Staffing Requirements

Awardees are expected to hire sufficient staff with the knowledge, skills, and backgrounds necessary to complete all of the RPPC cooperative agreement requirements. The minimum education qualification for the position of RPPC Program Director (SOW Goal 1) is:

- 1. A Registered Nurse with a master's degree in a health-related area, or
- 2. A Registered Nurse with an advanced practice degree in a health-related area, or
- 3. A Registered Nurse with a comparable degree in a health-related area such as a master's degree in Public Health, or
- 4. A health professional with experience in perinatal health with master's degree in public health or other health-related advanced practice degree

C. Authorizing Legislation and/or Governing Regulations

Authority Type	Applicable Citation
State statutes	Section 123550-123610 ; 123750-123775 of California Health and Safety Code
Federal Uniform Guidance	2 CFR 200

Awardees shall maintain adequate employee time recording documents (e.g., timesheets, timecards, and payroll schedules) and fiscal documents based on Generally Accepted Accounting Principles (GAAP) or practices, Code of Federal Regulations, [2 CFR 200](#). It is the responsibility of the funded agency to adhere to the above.

D. Funding Allocation

The RPPC regional cooperative agreements must administer and direct a regional perinatal base program as described in Goal 1 and may apply for more than one region. Additional funds are available to conduct one or more supplemental activities, listed as optional Goals 2-5, to support the regional activities. Only Applicants successfully awarded to conduct activities for Goal 1 can receive funding to conduct the activities in Goals 2-5. Goals 2-5 cannot be applied for as stand-alone activities. For Goal 1, there will be between one to nine total awards. Applicants can apply for more than one region and for more than one optional goal. The following table outlines the proposed funding allocation for each RPPC region and optional goals.

Goal 1.....	\$1,353,000
Goal 2.....	\$170,000
Goal 3.....	\$82,000
Goal 4.....	\$75,000
Goal 5.....	\$75,000
Total.....	\$1,755,000

1. Regionalization

SOW Goal 1: Under the direction of CDPH/MCAH, RPPC will coordinate the planning, collaboration, and promotion of an integrated regional perinatal system that supports high quality, risk-appropriate health care and social support for pregnant women and their newborn infants.

Base Funding Per Region

North Coast - East Bay \$157,000

Northeastern.....	\$157,000
Mid-Coastal.....	\$137,000
Central San Joaquín Valley - Sierra Nevada	\$142,000
Orange County	\$137,000
Central - North LA and Coastal Valley	\$207,000
South Coastal - East Los Angeles	\$137,000
Southern Inland Counties	\$142,000
San Diego - Imperial Counties.....	\$137,000
Subtotal.....	\$1,353,000

2. Supplemental Program Activities

SOW Goal 2: Under the direction of CDPH/MCAH, contractors will track and evaluate neonatal care during transport by maintaining the Northern or Southern CPeTS, as well as participate and collaborate on quality improvement activities by organizing and maintaining an expert panel to review and analyze collected data and consider new data elements to add to the current data collection system to address current and potential neonatal transport issues.

Base Funding Per Region

Northern California.....	\$75,000
Southern California.....	\$75,000

The following tasks will be awarded to either the CPeTS contractor in the North or the South:

CPeTS Bed Locator System.....	\$10,000
CPeTS Data Collection Website	\$10,000

SOW Goal 3: Under the direction of CDPH/MCAH, improve the systems for high-risk women to reduce maternal morbidity and mortality, including existing disparities, by encouraging the growth and maturation of transfer agreements, for provision of risk-appropriate care specific to maternal health needs.

Base Funding	\$82,000
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SOW Goal 4: Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support, and local resources to promote quality improvement efforts in neonatal health.

Base Funding \$75,000

SOW Goal 5: Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support, and local resources to promote quality improvement efforts in maternal health.

Base Funding \$75,000

E. Funding Availability

CDPH/MCAH intends to make awards to eligible organizations that demonstrate the ability to meet the RPPC goals and outcome objectives based on the evaluation of Applicants’ response to the RFA.

F. Funding Amount

The estimated total funding amount to be allocated through this RFA is \$5,265,000 for three years. This estimated total is contingent on future federal Title V Block Grant funding levels. Funding is limited to the following amounts to be allocated annually for the duration of this program:

- a. \$1,755,000 for the budget period of 07/01/22 through 06/30/23
- b. \$1,755,000 for the budget period of 07/01/23 through 06/30/24
- c. \$1,755,000 for the budget period of 07/01/24 through 06/30/25

G. Funding Sources

The funds awarded through this RFA are from [California’s Title V Block Grant](#), as well as special funds whose specific purpose is RPPC implementation. The funds may not be used for any other program activities that are not defined in the RPPC SOW.

H. Limitations of State Liability

Payment for performance under the resulting agreements may be dependent upon availability of future appropriations by the State Legislature, Congress, or federal funding. No legal liability on the part of the State for any payment may arise under the resulting agreement until funds are made available through an annual appropriation. If agreements are executed before acquiring available funding and funding does not become available, CDPH/MCAH will cancel the agreements.

I. Funding Reductions in Subsequent Budget Years

If an agreement is executed and full funding does not become available for subsequent State Fiscal Years, CDPH/MCAH will either cancel the agreement or amend it to reflect reduced funding and

reduced activities. Continuation of services beyond the first State Fiscal Year is also subject to the successful performance of agreed upon activities.

J. Eligibility Criteria

The following entities and organizations may apply for funding:

1. Units of local government including but not limited to cities, counties, and other government bodies or special districts.
2. State/public colleges or universities, also known as institutions of higher education.
3. Public and/or private non-profit health or social service agencies, non-profit community-based organizations, hospitals, or community clinics classified as [501\(c\) \(3\) tax exempt](#) under the [Internal Revenue Code](#).
4. Entities and organizations must have a minimum of five (5) years of experience in promoting quality improvement activities with an emphasis on maternal and perinatal care and care collaboration.

K. Cooperative Agreement Term

The term of the resulting cooperative agreements is expected to be 36 months and is anticipated to be effective from July 1, 2022, through June 30, 2025. The agreement term may change if CDPH/MCAH cannot execute the agreement in a timely manner due to unforeseen delays.

The cooperative agreements are of no force or effect until signed by both parties and approved by the Department of General Services, if required. The contractor may not commence performance until such approval has been obtained. The Applicant is cautioned not to commence performance until the contract is executed. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered.

CDPH/MCAH reserves the right to extend or modify the term of the resulting agreement via a formal contract amendment, as necessary, to complete or continue services for time only with no additional funding. CDPH/MCAH offers no assurance that funding will be continued at the same level in future years.

L. RFA Key Action Dates

CDPH/MCAH reserves the right to adjust any date and/or time as necessary. Date and time adjustments will be posted on the CDPH/MCAH RPPC website under the Funding Opportunities tab at: [RPPC website](#)

It is the Applicant's responsibility to check the website regularly.

Event	Date	Time (if applicable)
RFA Release (posted on the CDPH/MCAH website)	June 24, 2022	
Deadline to submit RFA Questions Submit via e-mail e-mail: RPPC.RFA@cdph.ca.gov (Subject Line: Questions RPPC RFA)	June 29, 2022	4:00 PM
Voluntary Virtual Bidder's Conference Zoom information will be posted on the RPPC website 2 – 3 days before the conference.	July 5, 2022	10:00 AM- 11:00 AM
Voluntary Letter of Intent Form (Attachment 5)	July 8, 2022	4:00 P.M.
Q&A Responses Published Q&A Link: RPPC website	July 8, 2022	4:00 P.M.
Application Due Date RFA #RPPC 22-10088 e-mail: RPPC.RFA@cdph.ca.gov (Subject Line: RPPC RFA Application)	July 15, 2022	Emailed by 4:00 PM
Public Notice of Intent to Award	August 2, 2022	
Dispute Filing (See section VII.A.2 for Dispute Process)	August 8, 2022	4:00 PM
Final Announcement of Award posted on CDPH/MCAH website at the Funding Opportunities tab at: RPPC website	August 15, 2022	

Part III. Application Submission Process

A. Website Access for RFA Documents and Addenda

All documents related to this RFA can be downloaded from the [RPPC website](#) under Funding Opportunities.

It is the applicant's responsibility to visit the CDPH/MCAH [RPPC website](#) on a regular basis for current postings and any new addenda. This includes but is not limited to the following:

1. RFA Document, attachments, appendices, and exhibits (if necessary)
2. Important notifications concerning the RFA and process
3. Award Announcements

B. Applicant Questions and Reporting Errors in the RFA

CDPH/MCAH will accept questions and reporting of errors related to the RFA. Questions may include, but are not limited to, the services to be provided for the RFA and/or its accompanying materials, instructions, or requirements. All applicants, including current RPPC awardees, must follow the process outlined to submit a question.

1. How to submit questions or report an error in the RFA:
 - a. Submit questions or errors by e-mail to RPPC.RFA@cdph.ca.gov with the subject line "RPPC.RFA Question(s)" or "RPPC RFA Error(s)."
 - b. Applicants are responsible for confirming the receipt of all materials transmitted to CDPH/MCAH by the stated deadline by emailing RPPC.RFA@cdph.ca.gov.
 - c. Questions shall be submitted to CDPH/MCAH by the deadline listed in Part II. K. - [RFA Key Action Dates](#).
 - d. Errors in the RFA or its instructions may be reported up to the application submission due date.
2. What to include in an inquiry:
 - a. Name of inquirer, name of organization being represented, mailing address, area code and telephone number, and email address.
 - b. A description of the subject, concern, or issue in question or RFA discrepancy found.
 - c. RFA section, page number or other information useful in identifying the specific problem, concern, or issue in question.
 - d. Proposed remedy sought or suggested, if any.

3. Response by CDPH/MCAH

- a. CDPH/MCAH reserves the right to seek clarification of any inquiry received and to answer only questions considered relevant to this RFA. At its discretion, CDPH/MCAH may consolidate and/or paraphrase similar or related inquiries. Questions and answers received through the process outlined above will be published on the [RPPC website](https://cdph.ca.gov/RPPC) (cdph.ca.gov/RPPC) under Funding Opportunities on the date listed in Part II. K. - RFA Key Action Dates.
- b. CDPH/MCAH may issue addenda to address errors in the RFA until the application submission deadline. These will be posted on the [RPPC website](https://cdph.ca.gov/RPPC) under Funding Opportunities.
- c. Applicants that fail to report a known or suspected problem with the RFA and/or its accompanying materials or fail to seek clarification and/or correction of the RFA and/or its accompanying materials shall submit an application at their own risk. If an award is made, the successful applicant shall not be entitled to additional compensation for any additional work caused by such problem, including any ambiguity, conflict, discrepancy, omission, or error.

C. Voluntary Virtual Bidder's Conference

CDPH/MCAH will hold a Voluntary Conference (see Part II. K. - [RFA Key Action Dates](#)). CDPH/MCAH staff will review the RFA process, eligibility, and funding, and will provide a program overview.

Attending the Voluntary Virtual Bidder's Conference:

1. Prospective applicants should thoroughly review and be familiar with this RFA prior to the conference call including the eligibility and competition requirements, the RPPC Scope of Work, and the application content requirements.
2. The Zoom information is posted on the [RPPC website](https://cdph.ca.gov/RPPC).
3. Answers to submitted RFA Questions will be posted on the [RPPC website](https://cdph.ca.gov/RPPC) under Funding Opportunities, as outlined on the RFA Timeline.

D. Voluntary Non-Binding Letter of Intent

1. General Information

Prospective Applicants are asked to voluntarily indicate their intention to submit an application, or to indicate the reason(s) for not submitting an application if they are a current awardee. The Letter of Intent is not binding but assists CDPH/MCAH in scheduling staff for the review process. Failure to submit a Letter of Intent will not affect the acceptance of any application. Prospective

applicants are not required to submit an application merely because a Letter of Intent was submitted.

2. Submitting a Letter of Intent

- a. Use the Letter of Intent (Attachment 5) for this purpose
- b. Applicants are asked to email the Letter of Intent to RPPC.RFA@cdph.ca.gov with the subject line “Voluntary Letter of Intent” by the date and time listed in [Part II. K. - RFA Key Action Dates.](#)

Part IV. Application Assemblage and Delivery

A. General Instructions

1. Develop applications by following all RFA instructions and/or clarifications issued by CDPH/MCAH, including questions and answers notices, clarification notices, Administrative Bulletins, or RFA addenda.
2. Before submitting an application, seek timely written clarification of any requirements or instructions that seem vague, unclear or that are not fully understood.
3. In preparing an application, all narrative portions should fall within specified page limits, be straightforward, detailed, and precise. CDPH/MCAH will determine the responsiveness of an application by its quality, not its volume, packaging, or colored displays.
4. Use forms and templates (Attachments) provided and follow any instructions provided within the attachments.
5. Arrange for the timely delivery of the application package(s) to the address specified in Section E. [Application Delivery of this RFA.](#)

B. Format Requirements:

1. Use one-inch (1") margins at the top, bottom and both sides.
2. Use Calibri or Times New Roman 12-point font and 1.15 line spacing.

C. Application Content List

Each application set should include the following attachments, application responses and documentation in the order listed:

1. Application Cover Page (Attachment 1)
2. Table of Contents
3. Program Summary
4. Experience and Organizational Capacity
5. Implementation Plan
6. Program Personnel
7. Budget Detail and Justification Templates FY 22-23, 23-24 and 24-25 (Attachment 3)

8. Appendices:

a. Proof of Corporate Status

If the Applicant is a corporation, a copy of the organization's most current Certificate of Status issued by State of California, Office of the Secretary of State (SOS) or a downloaded copy of status information from the [California Business Portal](#) from the SOS website. Do not submit copies of the organization's Bylaws or Articles of Incorporation.

b. Non-Profit Status

Nonprofit organizations must submit a copy of an IRS determination letter indicating nonprofit or [501\(c\) \(3\) tax-exempt status](#).

c. Audited financial statements for the past two (2) years

Only audited financial statements that have been reviewed by a professional certified accounting firm are acceptable. All noted audit exceptions must be fully explained.

d. Letters of Support

Two (2) letters of support are required. If Applicant is a community-based organization, include:

1. One letter from the Board of Directors
2. One letter from either a collaborative organization/agency or other funding agency

The letters of support must be on agency letterhead and include the physical address, telephone, fax number, a contact person and job title of the letter's author. The letter is to support the applicant's ability to meet contract related activities, deadlines and deliverables.

e. Proof of Insurance

Commercial General Liability with limits not less than \$1,000,000 per occurrence for bodily injury and property damage combined with a \$2,000,000 annual policy aggregate. Proof of automobile, worker's compensation and employer's liability insurance are required.

9. Attachments

- a. Funding Application Checklist (Attachment 2)
- b. Agency Information Form (Attachment 4)
- c. California Civil Rights Laws Attachment (Attachment 6)

D. Application Assembly, Signatures, and Original and Duplicate Sets.

1. Applicants must assemble their applications in the order shown in the Application Checklist (Attachment 2). Applications with missing documents or partially completed documents may be deemed non-responsive. **Non-responsive applications will be considered incomplete and may be rejected from consideration.**
2. Pages must be sequential within sections. It is not necessary to paginate items in the Forms Section or Attachments Section.
3. The person authorized to legally bind the applicant to the federal certification clauses located in [Part V. B.1.](#) of the RPPC RFA must sign each RFA attachment that requires a signature.
 - a. RFA attachments that require a signature must be signed.
 - b. An electronic signature is acceptable.
 - c. Completed application package should be submitted by email in **PDF** format with “RPPC RFA Application” on the subject line of the email.

E. Application Delivery

1. RFA applications must be received in the RPPC.RFA@cdph.ca.gov mailbox no later than **4:00 pm on July 15, 2022**. Applications received after this submittal deadline will not be accepted.
2. Only applications that are emailed will be accepted.
3. CDPH/MCAH is not responsible for delayed email or failure to submit a timely application.
4. Applicants are responsible for all costs of developing and submitting an application. Such costs cannot be charged to CDPH/MCAH or included in any cost element of an Applicant’s proposed budget.

Part V. Application Narrative Development

A. General Instructions

1. Carefully follow all requirements below, including designated page limits. Attachments are not included in the page limits for the sections.
2. Begin each section (e.g., *Program Summary*) on a new page so reviewers can assess page limit requirements. Identify each section in your response with corresponding letters and numbers.

B. Application Sections

1. Application Cover Page

A person authorized to legally bind the application must sign the Application Cover Page. If the applicant is a corporation, a person authorized by the Board of Directors must sign the Application Cover Page. If the Applicant is a local government agency, a person authorized by the Board of Supervisors must sign the Application Cover Page.

2. Table of Contents

List each section of the application and the contents therein.

3. Program Summary

Page limit: two (2)

Identify the proposed region or regions you are bidding for and thoroughly describe Applicant's knowledge of the regional perinatal area to be served in terms of social determinants of health and health disparities. The description should also include but not be limited to the number of births, facility types (i.e., hospital level II/III, neonatal intensive care units), and comprehensive perinatal service providers in the area. Describe the applicant's involvement in improving regionalization and risk-appropriate neonatal and maternal care in the region.

4. Experience and Organizational Capacity

Page limit: five (5) pages (a - e)

- a. Describe the organizational structure and staffing. **Clearly outline which staff classification will be working on what components of the agreement.** Provide a copy of the applicant's organization chart that shows where RPPC will be placed within the organization and reporting structure. Be sure to include a description of how the organization's mission and goals align with those of RPPC and its related projects.

- b. Describe the Applicant’s strength, experience (include the number of years) and capacity related to the effectiveness in impacting maternal and perinatal health outcomes as a result of collaboration and networking with facilities in the region to be served. Describe the type of services your organization provides such as education, training or conferences and who you serve.
- c. Describe the plan for ensuring program management capacity and ability to support Goal 1 in the RPPC SOW. Include organization’s information for services provided, other funded programs, populations or organizations it serves, and the number and levels of staff to support all programmatic and administrative efforts.
- d. Describe any unique resources, services, service settings or leadership offered by the applicant that could benefit the implementation of the RPPC in the selected region or regions.
- e. Report any instances where the applicant has been out of compliance from any state or federal program in the past three years. If this has occurred, provide a description of the context (by whom, when, and why) and explain any corrective action or changes that the organization made as a result.

This pertains to agencies applying for optional Goals 2 – 5.

Page limit: three (3) pages per goal

- f. Describe the Applicant’s strength, experience, and program management capacity to meet the goals and the related objectives and activities outlined in the SOW.
- g. Describe the management and staff capacity for each goal and how the staff will coordinate or collaborate with staff working on Goal 1 or other goals on the RPPC SOW. If your agency has previously done this work please describe the number of years, lessons learned and what you will do differently this contract period and why. Each goal must be addressed separately.

5. Implementation Plan

Page limit is four (4) pages (Goal 1)

The following questions correspond to the numbered RPPC program goals, objectives, activities, and deliverables found in Exhibit A. RPPC SOW. Provide a response to only those goals for which the Applicant is applying. If your agency has previously done this work please describe the number of years, lessons learned and what you will do differently this contract period and why. Each goal must be addressed separately.

Goal 1. Under the direction of CDPH/MCAH, RPPC will coordinate the planning, collaboration and promotion of integrated regional perinatal systems that supports high quality, risk-appropriate health care and social support to pregnant women and their newborn infants.

Describe your organization's experience and capacity including any processes and procedures used to support the following activities:

- a. Conducting site visits to birthing facilities in the region(s) to support their quality improvement efforts guided by maternal and neonatal outcome data.
- b. Identifying regional QI strategies that support improved (1) maternal and (2) neonatal/infant care and provide examples of efforts.
- c. Collaborating with local and state organizations to strengthen regional, cross regional and/or statewide communication and collaboration to support maternal and perinatal services.
- d. Supporting breastfeeding initiation and exclusivity and SIDS reduction strategies during the immediate postpartum hospital stay at the facility level. Provide examples of efforts and assistance provided to facilities.
- e. Supporting hospitals to improve their maternal and neonatal transport and transfer between facilities to provide risk-appropriate care for both mother and baby and encourage linkage, of higher-level hospitals in the region with lower-level hospitals to foster communication and collaboration to improve timely and safe transports of high-risk patients.
- f. Encouraging linkage of higher-level hospitals in the region with lower-level hospitals to foster communication and collaboration to improve timely and safe transport of high-risk patients.
- g. Providing guidance to facilities regarding (1) Maternal Risk-Appropriate Care and (2) risk assessment practices for transporting or transferring care to higher level facilities.
- h. Assisting with statewide and local responses to disasters and emergency situations by supporting labor and delivery hospitals in the region, local health jurisdictions, and other emergency responders as requested by CDPH/MCAH and appropriate to RPPC's role.

Optional Goals 2 – 5:

Page limit: three (3) per goal

Goal 2. Under CDPH/MCAH direction, contractors will track and evaluate neonatal care during transport by maintaining the Northern or Southern CPeTS as well as participate and collaborate on quality improvement activities by organizing and maintaining an expert panel to review and analyze collected data and consider new data elements to add to the current data collection system to address current and potential neonatal transport issues.

Describe your organization’s experience and capacity including any processes and procedures used to support the following activities:

- a. Convening and maintaining a regional transport quality improvement committee, CPeTS Executive Committee and maternal and perinatal quality care collaborative to facilitate coordinated high-risk transport quality improvement activities, care coordination, and analysis of outcome data.
- b. Working collaboratively with maternal and perinatal quality care collaboratives to identify trends in CPeTS data for potential QI topics and activities.
- c. Providing quality assurance trainings to hospital transport and data entry staff, CPeTS Directors and RPPC Regional Directors to ensure completeness and integrity of transport data and providing ongoing technical assistance to RPPC Regional Directors and or hospitals as needed.
- d. Monitoring, maintaining, and supporting their regions’ real time bed locator system by monitoring bed availability on a weekly basis, generating monthly reports by facility, maintaining an up-to-date electronic newborn intensive care directory, and providing technical assistance as needed.
- e. Facilitating the transports of high-risk maternity patients and critically ill infants as requested and in response to disaster and emergency situations.

The following supplemental tasks will be awarded to either of the successful CPeTS contractors for Goals 2.a. - 2.b.

CPeTS Bed Locator System 2.a.

Describe your organizations experience and capacity including any processes and procedures used to support the following activities:

- a. Maintaining web-based locator system to facilitate the transport of critically ill infants and high-risk obstetric patients to tertiary hospitals, using confidential hospital access codes. This system should be accessible 24 hours a day, seven days a week.

- b. Participating with other California Perinatal System contractors and CDPH/MCAH to plan and resolve website issues as requested.
- c. Responding to website issues within 24 hours of identification and providing a timeline with reasonable time for repair.
- d. Uploading documents as requested, revising program information as needed, maintaining all links, and ensuring ADA compliance.
- e. Providing daily differential backup of the website data Saturday through Thursday and a full back up every Friday.

CPeTS Neonatal Transport Data Collection Website 2.b.

Describe your experience and capacity including any processes and procedures used to support the following activities:

- a. Maintaining and updating the data entry system for CPeTS neonatal transport data collection to allow timely data entry, analysis, and reporting based on recommendations from the CPeTS Data Advisory Committee.
- b. Conducting an annual system evaluation to assess data quality and validity and producing a report of findings.
- c. Reviewing and revising (as needed) the methodology for a risk-adjusted data report.
- d. Maintaining and revising (as needed) information in the CPeTS Neonatal Transport data report.

Goal 3. Improve the system of care for high-risk women to reduce maternal morbidity and mortality, including existing disparities by encouraging the growth and maturation of transfer agreements for the provision of risk-appropriate care specific to maternal health needs.

Describe your organization's experience and capacity including any processes and procedures used to support the following activities:

- a. Supporting and coordinating with the nine RPPC Regional Directors throughout the state to better coordinate maternal care in each of the RPPC regions.
- b. Providing ongoing technical assistance as requested by RPPC Regional Directors to support improved coordination in maternal care.
- c. Developing a Toolkit using maternal transport guidance and improvements as identified by RPPC Regional Directors that support development and enhancements in regionalized maternal systems of care.

Goal 4. Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support, and local resources to promote quality improvement efforts in neonatal health.

Describe your organization's experience and capacity including processes and procedures used to support the following activities:

- a. Providing leadership and support for a neonatal collaborative and facilitating continual collaboration, cooperation, and participation of stakeholders.
- b. Uniting, communicating with, and linking neonatal stakeholders across the state.
- c. Supporting a data collection system and informing data-driven quality improvement activities.
- d. Strengthening regional, cross-regional communication and collaboration to support regional perinatal quality improvement.
- e. Assisting with statewide and local response to disasters and emergency situations by supporting labor and delivery hospitals, local health jurisdictions, and other emergency responders as requested by CDPH/MCAH and appropriate to RPPC's role.

Goal 5. Under the direction of CDPH/MCAH, support and sustain a statewide collaborative of public and private entities that combine clinical medicine, population health, social support, and local resources to promote quality improvement efforts in maternal health.

Describe your organization's experience and capacity including processes and procedures used to support the following activities:

- a. Providing leadership and support to a maternal quality care collaborative and facilitating continual collaboration, cooperation, and participation of stakeholders.
- b. Uniting, communicating with, and linking maternal care stakeholders across the State.
- c. Supporting a data collection system and informing data-driven quality improvement activities.
- d. Strengthening regional, cross-regional communication and collaboration to support regional maternal quality improvement.
- e. Assisting with statewide and local response to disasters and emergency situations by supporting labor and delivery hospitals, local health jurisdictions, and other emergency responders as requested by CDPH/MCAH and appropriate to RPPC's role.

Program Personnel

Page limit: two (2)

Describe the proposed staffing and time allocated to the program. Explain and/or describe the overall personnel plan to meet the SOW goals.

Applicant must:

- a. Demonstrate that the Applicant's RPPC Program Director (see [Part II. B. - Staffing Requirements 1](#)) meets the recommended minimum qualifications, such as being a registered nurse with a master's degree, an Advanced Practice Degree, or a comparable degree in a health-related area such as a Master's in Public Health (MPH).
- b. Demonstrate that the proposed staffing and full-time equivalent (FTE) has the qualifications and capacity to conduct the activities outlined in the RPPC Scope of Work.

6. Budget Detail and Justification (for each Fiscal Year)

Page limit: one (1) budget and summary (per fiscal year)

In compliance with the budget template and instructions (see [Part IX. - Contract Budget](#)), supply an accurate budget in sufficient detail to demonstrate fiscal capability to operate the program.

Budget Template: A budget for Goal 1 for each fiscal year of the contract period is required in the Application. If proposing to do additional goals, provide line items in the same budget template to address the budget needs for additional activity for Goals 2-5.

Part VI. Evaluation and Selection

All submitted application packages will be evaluated within the following two stages:

A. Stage 1

1. The application checklist and application package will be reviewed to ensure that applicants (a) meet the RFA eligibility criteria described in [Part II. I. - Eligibility Criteria](#), and (b) meet all the requirements described in [Part IV. - Application Assemblage and Delivery](#).
2. In addition to any condition previously indicated in this RFA, the following occurrences may cause CDPH/MCAH to deem an application non-responsive:
 - a. Failure to meet application format/content or submission requirements including, but not limited to labeling, packaging, and/or timely and proper delivery of applications.
 - b. Submission of applications that are materially incomplete or contain material defects, alterations, or irregularities of any kind.
 - c. Applications that contain false, inaccurate, or misleading information, or falsely certifies compliance on any RFA response.
 - d. If CDPH/MCAH discovers, at any stage of the selection process or upon agreement award, that the applicant is unwilling or unable to comply with the contractual terms, conditions and exhibits cited in this RFA, or the resulting agreement.
 - e. If other irregularities occur in an application response that is not specifically addressed herein.

B. Stage 2

Evaluation of applications will be based on the quality and appropriateness of the responses and elements described in [Part V. - Application Narrative Development](#). Scores will be based on the adequacy, thoroughness, and degree to which applications comply with the RFA requirements, meet CDPH/MCAH's program needs, and demonstrate capacity to implement the RPPC and corresponding supplemental goal(s), if selected.

The below section describes the value of each goal, including the breakdown of points per section of the application.

The total possible score for Goal 1 is 100 points per region and 50 points for any additional goal. Optional supplemental goals will be scored individually and not included in the base points of 100.

Goal 1 (Required for all applicants)

Application Section	Total Points
1. Application Cover Page	Pass/Fail
2. Table of Contents	Pass/Fail
3. Program Summary	20
4. Experience and Organizational Capacity (a-e)	20
5. Implementation Plan	40
6. Program Personnel	10
7. Budget Justification and Budget Template	10
Total possible score for Goal 1	100

Goals 2 - 5 (Optional Goals)

Application Section	Goals	Total Points
1. Application Cover Page		Pass/Fail
2. Table of Contents		Pass/Fail
3. Program Summary	Included on Goal 1	0
4. Experience and Organizational Capacity Supplemental Goals 2-5 (f - g)	One write-up per additional supplemental goal	20
5. Implementation Plan for supplemental (Goals 2-5)	One write-up per additional supplemental goal	30
6. Program Personnel	Included on Goal 1	0
7. Budget Justification and Budget Template	Included on Goal 1	0
Total Points for each goal (Goals 2 – 5)		50 Points

Scores are based on the following rating factors and point system.

Within each section are 15-point, 10-point, 6-point, 5-point, and/or 4-point questions. Scores are based on the following rating factors and point system:

Qualification	General basis for point assignment	15 Point Question	10 Point Question	6 point Question	5 Point Question	4 Point Question
Inadequate	Response omitted or not provided. Response is not acceptable.	0	0	0	0	0
Narrowly Adequate	Response (i.e., content and/or explanation offered) is narrowly adequate or narrowly meets CDPH/MCAH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s) may be considered consequential but acceptable.	1 - 5	1 - 4	1 - 2	1 - 2	1
Adequate	Response (i.e., content and/or explanation offered with appropriate examples and sensible reasoning) is adequate or meets CDPH/MCAH's needs/requirements or expectations. The omission(s), flaw(s), or defect(s), if any, are inconsequential and acceptable.	6 - 10	5 - 8	3 - 4	3 - 4	2 - 3
Excellent or Outstanding	Response (i.e., content and/or explanation offered) is above average or exceeds CDPH/MCAH's needs/requirements or expectations. Minimal weaknesses are acceptable. Applicant offers one or more enhancing feature, method, or approach that will enable performance to exceed our basic expectations.	11- 15	9 -10	5 - 6	5	4

Program Summary (20 Points possible)

Application Section 3	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant identifies and describes the proposed region to be served. This should include, but is not limited to the number of births, facility types (i.e., hospital level II/III, neonatal intensive care units), comprehensive perinatal service providers in the area as well as the Applicant’s involvement in improving regionalize and risk-appropriate neonatal and maternal care in the region(s).	10	
b.	The extent to which the Applicant demonstrates their knowledge of the region for which they are applying, characterized in terms of social determinants of health and health disparities in that region.	10	
Total score for section		20	

Experience and Organizational Capacity (20 points possible)

Application Section 4	Rating Factors	Points Possible	Points Earned
a	<p>The extent to which the Applicant describes (1) the organizational structure and staffing within the organization and which staff will be working on what components of the agreement, and (2) how the organization’s mission and goals align with those of RPPC and related projects.</p> <p>The Applicant provided a copy of an organizational chart that shows where the RPPC is within that organization and reporting structure.</p>	4	

Application Section 4	Rating Factors	Points Possible	Points Earned
b	<p>The extent to which the Applicant demonstrates the strength, experience (including the number of years) and capacity related to the effectiveness in impacting maternal and perinatal health outcomes as a result of collaboration and networking with facilities in the region(s) to be served.</p> <p>The Applicant described the type of services the organization provides such as education, training or conferences, and who they serve, as well as lessons learned from this experience and what they will do differently this contract period.</p>	4	
c	<p>The extent to which the Applicant demonstrates their plan for ensuring program management capacity and ability to support Goal 1 in the RPPC SOW. This should include the organization's information on services provided, other funded programs, populations/organizations it serves, and the number and levels of staff to support all programmatic and administrative efforts.</p>	4	
d	<p>The extent to which the Applicant demonstrates any unique resources, services, service settings or leadership offered that could benefit the implementation of the RPPC in the selected region(s).</p>	4	
e	<p>The extent to which the Applicant describes any instances where they were out of compliance with any state or federal program in the past three years. This description should include the context (by whom, when, and why) and explain any corrective action or changes that the organization made as a result.</p>	4	
Total score for section		20	

Experience and Organizational Capacity for Goals 2-5 (20 points possible)

Application Section 4 for Supplemental Goals 2-5	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant demonstrates (1) their strength, experience, and program management capacity to conduct the selected additional goal(s) and their related objectives and activities outlined in the SOW, and (2) how the staff will coordinate or collaborate with staff working on Goal 1 or other goals in the SOW.	10	
b.	The extent to which the Applicant describes their previous experience with conducting the supplemental goal work, the number of years doing the work, lessons learned, and what they will do differently this new contract period, including an explanation about why the changes are necessary.	10	
Total score for section		20	

Implementation Plan for Goal 1. The Regional Perinatal Programs of California (RPPC) (40 Points)

Application Section 5	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant demonstrates their experience and capacity (including processes and procedures) to perform annual site visits to all facilities in the region to support their QI efforts.	5	
b.	The extent to which the Applicant demonstrates their experience and capacity (including processes and procedures) to identify regional QI strategies that support improved (1) maternal and neonatal/infant care and provided examples of efforts.	5	

Application Section 5	Rating Factors	Points Possible	Points Earned
c.	The extent to which the Applicant demonstrates their experience and capacity (including processes and procedures) to collaborate with local and state organizations to strengthen regional, cross regional and/or statewide communication and collaboration to support maternal and perinatal services.	5	
d.	The extent to which the Applicant demonstrates their experience and capacity (including processes and procedures) to support breastfeeding initiation and exclusivity as well as SIDS risk reduction strategies during the immediate postpartum hospital stay and/or at time of discharge at the facility level.	5	
e.	The extent to which the Applicant demonstrates their experience and capacity (including processes and procedures) to support hospitals to improve their maternal and neonatal transport and transfer between facilities to provide risk-appropriate care for both mother and baby.	5	
f.	The extent to which the Applicant demonstrates their experience and capacity (including processes and procedures) to encourage linkage of higher-level hospitals in the region with lower-level hospitals to foster communication and collaboration to improve timely and safe transport of high-risk patients.	5	
g.	The extent to which the Applicant demonstrates their experience and capacity (including processes and procedures) to provide guidance to facilities on (1) Maternal Risk-Appropriate Care and (2) risk assessment practices for transporting or transferring care to higher level facilities.	5	

Application Section 5	Rating Factors	Points Possible	Points Earned
h.	The extent to which the Applicant demonstrates their experience and capacity (including processes and procedures) to assist with statewide and local responses to disasters and emergency situations by supporting labor and delivery hospitals in the region, local health jurisdictions, and other emergency responders as appropriate to RPPC's role.	5	
Total Score for section		40	

Implementation Plan for Goal 2. Track and evaluate neonatal care during transport by maintaining the Northern or Southern California Perinatal Transport System (CPeTS) (30 Points)

Application Section 5	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to convene and maintain a regional transport quality improvement committee, CPeTS Executive Committee, and maternal and perinatal quality care collaborative to facilitate coordinated high-risk transport QI activities, care coordination, and analysis of outcome data.	10	
b.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to work collaboratively with maternal and perinatal quality care collaboratives to identify trends in CPeTS data for potential QI topics and activities.	5	

Application Section 5	Rating Factors	Points Possible	Points Earned
c.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to provide quality assurance trainings to hospital transport and data entry staff, CPeTS Directors, and RPPC Regional Directors to ensure completeness and integrity of transport data and provide ongoing technical assistance to RPPC Regional Directors and/or hospitals as needed.	5	
d.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to monitor, maintain and support their regions real-time bed locator system by monitoring bed availability on a weekly basis, generating monthly reports by facility, maintaining an up-to-date electronic newborn intensive care directory, and providing technical assistance as needed.	5	
e.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to facilitate the transports of high-risk maternity patients and critically ill infants as requested and in response to disaster and emergency situations.	5	
Total score for section		30	

The following supplemental tasks will be awarded to the successful CPeTS contractor for Goal 2.a.

CPeTS Bed Locator System (Optional) 30 Points

Application Section 5	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to maintain a 24 hour per day, seven days a week web-based locator system to facilitate the transport of critically ill infants and high-risk obstetric patients to tertiary hospitals, using confidential hospital access codes.	10	
b.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to participate with other California Perinatal System contractors and CDPH/MCAH to plan and resolve website issues as requested.	5	
c.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to respond to website issues within 24 hours of identification and provide a timeline with a reasonable time for repair.	5	
d.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to upload documents in a timely manner, revise program information as needed, confirm that all links are current, and ensure the website is ADA compliant.	5	
e.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to provide daily differential backup of the website data Saturday through Thursday, and a full back up every Friday.	5	
Total score for section		30	

CPeTS Neonatal Transport Data Collection Website (Optional) 30 Points

Application Section 5	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to maintain and update the data entry system for CPeTS neonatal transport data collection, to allow timely data entry, analysis, and reporting based on recommendations from the CPeTS Data Advisory Committee.	15	
b.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to (1) conduct an annual system evaluation to assess data quality and validity, and (2) produce a report of the findings.	5	
c.	The extent to which the Applicant demonstrates their experience and technical capacity to review and revise (as needed) the methodology for risk-adjusted data reports.	5	
d.	The extent to which the Applicant demonstrates their experience and technical capacity to maintain and revise (as needed) information in the CPeTS Neonatal Transport data reports.	5	
Total score for section		30	

Implementation Plan for Goal 3. Maternal Risk-Appropriate Care (30 Points)

Application Section 5	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to understand the Maternal-Risk Appropriate care work done in California and partnering or leveraging national resources and experts in the field.	10	
b.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to assist and collaborate with the nine RPPC Regional Directors throughout the state to support improved coordination in maternal care.	5	
c.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to provide ongoing technical assistance to RPPC Regional Directors to support improved coordination in maternal care their RPPC regions.	5	
d.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to develop a toolkit using maternal transport guidance and improvements as identified by RPPC Regional Directors to support development and enhancements in regionalized maternal systems of care.	5	
e.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to develop an end-of-contract-period report summarizing the work completed during each reporting period, lessons learned, and recommendations for further work extending beyond the contract period.	5	
Total score for section		30	

Implementation Plan for Goal 4. Support Public/Private Partnerships to Support Quality Improvement and Promote and Improve Neonatal/Infant Outcomes (30 Points)

Application Section 5	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to provide leadership and support for a neonatal collaborative and facilitate continual collaboration, cooperation, and participation of stakeholders.	5	
b.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes) and procedures to support a data collection system that informs data-driven QI activities.	10	
c.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to unite, communicate with and link neonatal stakeholders across the state.	5	
d.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to strengthen regional/ cross-regional communication and collaboration to support regional perinatal QI.	5	
e.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to assist statewide and local response to disasters and emergency situations by supporting labor and delivery hospitals, local health jurisdictions, and other emergency responders as requested by CDPH/MCAH and appropriate to RPPC's role.	5	
Total score for section		30	

Implementation Plan for Goal 5. Support Public/Private Partnerships to Promote and Improve Maternal Outcomes (30 Points)

Application Section 5	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to provide leadership and support to a maternal quality care collaborative, and facilitate continual collaboration, cooperation, and participation of stakeholders.	5	
b.	The extent to which the Applicant demonstrates the experience and technical capacity (including processes and procedures) to support a data collection system that informs data-driven QI activities.	10	
c.	The extent to which the Applicant demonstrates their experience and technical capacity (including process and procedures) to unite, communicate with and link perinatal stakeholders across the state.	5	
d.	The extent to which the Applicant demonstrates the experience and capacity (including processes and procedures) to strengthen regional/cross-regional communication and collaboration to support regional perinatal quality improvement.	5	
e.	The extent to which the Applicant demonstrates their experience and technical capacity (including processes and procedures) to assist with statewide and local responses to disasters and emergency situations by supporting labor and delivery hospitals, local health jurisdictions, and other emergency responders as requested by CDPH/MCAH and appropriate to RPPC's role.	5	
Total score for section		30	

Implementation Plan for Program Personnel (10 Points)

Application Section 6	Rating Factors	Points Possible	Points Earned
a.	The extent to which the applicant demonstrates that their RPPC Program Director (Goal 1) will meet the recommended minimum qualifications, such as being a registered nurse with a master’s degree, an Advanced Practice Degree, or comparable degree in a health-related area such as a Master’s in Public Health (MPH).	5	
b.	The extent to which the Applicant demonstrates that the proposed staffing and respective full-time equivalent (FTE) have the sufficient qualifications and technical capacity to conduct the activities outlined in the RPPC SOW.	5	
Total score for section		10	

Budget Justification and Budget Template (10 Points)

Application Section 7	Rating Factors	Points Possible	Points Earned
a.	The extent to which the Applicant proposes a budget that is accurate, detailed, and demonstrates fiscal capability to operate the program(s).	5	
b.	The extent to which the Applicant provides detailed, clear, and fiscally reasonable justifications for each line item on the budget.	5	
Total score for section		10	

Part VII. Award Administration Information

A. Awards and Disputes

1. Notice of Awards:

- a. Upon successful completion of the review process, CDPH/MCAH will post a notice of intent to award funds on the [RPPC website](#) under the Funding Opportunities tab. Upon written request to CDPH/MCAH, applicants will receive their review rating sheet(s).

2. Dispute Process

- a. Only those Applicants who were not selected as an awardee may file a dispute. Disputes are limited to the grounds that CDPH/MCAH failed to correctly apply the standards for reviewing applications in accordance with this RFA. Disagreements with the content of the review committee's evaluation are not grounds for dispute. Applicants may not dispute solely on the basis of the funding amount. Only timely and complete disputes that comply with the dispute process stated herein will be considered.
- b. The written dispute shall fully identify the issue(s) in dispute, the practice that the Applicant believes CDPH/MCAH has improperly applied in making its award decision(s), the legal authority or other basis for the Applicant's position, the remedy sought and shall be signed by an authorized representative of the organization.
- c. Written electronic disputes should be electronically submitted to RPPC.RFA@cdph.ca.gov no later than the date listed in [Part II. K. - RFA Key Action Dates](#). Make sure to include "RPPC RFA Dispute" in the subject line of the email. Disputes received or postmarked after this date will not be accepted.

3. Applicant Warning

- a. CDPH/MCAH is not responsible for delayed or lost emails or failure to submit a timely dispute.
- b. CDPH/MCAH will review each dispute. CDPH/MCAH reserves the right to collect additional facts or information to aid in the resolution of any dispute. The decision of the hearing officer shall be final and there will be no further administrative appeal. Applicant will be notified of the decisions regarding their dispute in writing within 15 business days of the written dispute letter.

B. Disposition of Applications

1. All materials submitted in response to this RFA will become the property of CDPH/MCAH and, as such, are subject to the [California Public Records Act \(PRA\), Government Code, Section 6250](#) et seq. CDPH/MCAH will disregard any language purporting to render all or portions of any application confidential.
2. Upon posting of Public Notice of Intent to Award, all documents submitted in response to this RFA, and all documents used in the selection process will be regarded as public records under the PRA and subject to review by the public. Applicant's correspondence, selection working papers, or any other medium shall be held in the strictest confidence until the Award Notice is issued and/or posted.
3. Any person or member of the public can inspect or obtain copies of any application materials. Please follow the instructions per the PRA.

C. CDPH/MCAH Rights

1. CDPH/MCAH reserves the right to do the following up to the application submission deadline:
 - a. Modify any date in the RFA.
 - b. Issue clarification notices, addendums, additional RFA instructions, forms, etc.
 - c. Waive any RFA requirement or instruction for all Applicants if CDPH/MCAH determines that a requirement or instruction was unnecessary, erroneous or unreasonable.
 - d. Allow Applicants to submit questions regarding RFA changes, corrections, or addendums.

Any RFA changes or updates will be posted on the [RPPC website](#) under the Funding Opportunities tab, CDPH/MCAH reserves the right to take any of the actions described below:

- e. Offer agreement modifications or amendments to awardees for increased or decreased services and/or increased/decreased funding following successful negotiations.
- f. Extend the term of any resulting agreement and alter the funding amount.
- g. Deem a proposal non-responsive if an Applicant declines to accept the terms and conditions outlined in this proposal document and its exhibits or if an Applicant submits alternate contract/exhibit language that CDPH/MCAH considers a counter proposal.

2. CDPH/MCAH reserves the right to remedy errors caused by:
 - a. CDPH/MCAH office equipment malfunctions or negligence by CDPH/MCAH staff.
 - b. Natural disasters (e.g., floods, fires, earthquakes).
3. The issuance of this RFA does not constitute a commitment by CDPH/MCAH to make an award. CDPH/MCAH reserves the right to reject all applications and to cancel this RFA if CDPH/MCAH determines it is in the best interest to do so.

D. Agreement Amendments After Award

CDPH/MCAH reserves the right to amend any agreement resulting from this RFA. Amendments may include term extensions, RPPC SOW modifications, and budget or funding alterations.

E. Staffing Changes After Award

CDPH/MCAH reserves the right to approve or disapprove changes in key personnel that occur after awards are made.

F. Contractor Certification Clauses

Click [here](#) for [Standard Contract Language](#).

G. Contractual Terms and Conditions

Each funded Applicant enters into a written agreement that may contain portions of the original application (e.g., Budget, RPPC SOW). If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA, the final agreement takes precedence.

Part VIII. Administrative Requirements

A. Use of Funds

The funds awarded through this RFA are specifically for the purpose of this program and may not be used for any other program activities that are not defined in the RPPC SOW.

Funds may not be used to:

1. Reimburse costs incurred prior to the effective date of the agreement.
2. Reimburse costs currently covered by another CDPH grant or contract.
3. Reimburse costs associated with grant writing responding to this or any other RFA.
4. Reimburse costs that are not consistent or allowable according to local, state, and/or federal guidelines and regulations.
5. Supplant state or local health department funds.
6. Provide direct medical care.
7. Reimburse subscriptions.
8. Reimburse professional licensure.
9. Reimburse malpractice insurance.
10. Support religious activities, including but not limited to, religious instruction, worship, prayer, or proselytizing.
11. Support fundraising activities.
12. Support political education or lobbying.
13. Support income-generating activities.
14. Reimburse membership dues unless for an organizational membership in business, professional, or technical organizations or societies.
15. Purchase food unless for the purpose of a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances.
16. Fund bonuses/commissions. Bonuses and commissions paid from Agreement funds are prohibited.
17. Purchase of Real Property. Agreement funds cannot be used to purchase real property.
18. Pay for Interest. -The cost of interest payments is not an allowable expenditure.
19. Lobby. Reimbursement is not allowed for lobbying activities.

20. Enter into Lease-Purchase Options. It is prohibited to use Agreement funds to enter into a lease-purchase contract for the purchase of equipment or any other personal property, or for the purchase of real property.
21. Reimburse in support of planning efforts and other activities associated with the development and submission of the RPPC RFA application.
22. Purchase “S.W.A.G.,” or “Stuff We All Get”

B. Deliverables-Based Contract

Contracts awarded as a result of this RFA will be deliverables-based. Deliverables must be completed in accordance with details outlined in the RPPC SOW and in the contract.

Deliverables must be approved by CDPH/MCAH before a contract payment will be authorized. Payments may be reduced or adjusted for incomplete and/or unapproved deliverables, and CDPH/MCAH may withhold payment for failure to complete deliverables and/or non-compliance with contract requirements.

C. Contract Terms and Conditions

1. Awardees shall enter into a Contract that will contain standard contract provisions and exhibits. CDPH/MCAH reserves the right to substitute the latest version of any form or exhibit.
2. An awardee’s unwillingness or inability to agree to the terms and conditions of the Contract may cause CDPH/MCAH to deem an awardee non-responsive and ineligible. CDPH/MCAH will not accept alterations to the contract language.
3. Prior to and during contract negotiations, awardees may be required to submit additional information to meet CDPH/MCAH requirements.
4. Comply with CDPH/MCAH Data Ownership and Usage terms, as documented in the executed contract and supplemented with the CDPH/MCAH Data Use for Non-Human Subjects Agreement as needed.

D. Subcontractors

In the application content, Applicants proposing to use a subcontractor and/or an independent consultant to perform services are required to provide justification supporting the necessity of using each subcontractor/consultant and to explain why the Applicant is unable to provide the services being acquired. Applicants will also be required to explain in the application content how the subcontractor/consultant’s services and expertise will benefit the delivery of program services.

If an Applicant’s proposal to use a sub-contractor and/or an independent consultant is approved, the awardee must follow requirements regarding subcontracts (Attachment 9, and, Exhibit D).

Specific subcontract relationships proposed in response to this RFA (i.e., identification of pre-identified subcontractors and independent consultants) shall not be changed during the procurement process or prior to agreement execution. The pre-identification of a subcontractor or independent consultant does not affect CDPH/MCAH's right to approve personnel or staffing selections or changes made after the agreement is awarded.

Part IX. Contract Budget

A. Budget Template

A budget for each fiscal year of the contract period is required in the Application.

1. The five budget categories are: Personnel, Operating Expenses, Capital Expenditures, Other Costs, and Indirect Cost. The Excel Budget Template, Attachment 3 – Budget Template, is provided for the Applicant to construct each fiscal year’s budget and subcontractor budget (if applicable).
2. Each Budget Template contains five tabs in the lower left corner. The first tab, Budget Overview, provides general budget information. The second tab, Budget Development Guide, contains information for completing the budget. The third, fourth and fifth tabs, FY 22-23, FY 23-24 and FY 24-25, allow the Applicant to enter budget details.
3. All costs entered into the budget template must be in whole dollars. Any line-items for budgeted staff that perform RPPC SOW tasks that are not identified in the Budget Instructions should be listed under the Operating Expenses.

B. Required Budget Detail

Each agency budget will vary depending on the Applicant’s RPPC SOW goals. Follow the instructions below to aid in the completion of the budget. Each line-item category is explained below.

Personnel Costs

Include the position titles/classifications, salary details.

1. List each funded position title/classification necessary to fulfill the RPPC SOW and supplemental activities (if applicable). Each funded position should be listed on a separate line. Any additional non-budgeted staff can be listed on the budget as in-kind.
2. Identify the annual salary rate for each position title/classification.
3. Indicate the full-time equivalent (FTE) or annual percentage of time for each position. The staff budgeted FTE may not exceed 100% across all programs.
 - a. Full-time = 1.0 FTE
 - b. Half-time = .50 FTE
 - c. Three-quarter time = .75 FTE
 - d. Quarter time = .25 FTE.

4. The annual salary and FTE will calculate the budgeted amount per staff.
5. Fringe Benefits
 - a. Provide an average benefit rate and explain the expenses that make up fringe benefit costs. Typical fringe benefit costs can include employer-paid social security, worker's compensation insurance; unemployment insurance, health, dental, vision and/or life insurance, disability insurance, and pension plan/retirement benefits. Severance paid to employees upon termination is not an allowed fringe benefit.
 - b. Only personnel, who are employed by the organization, working with the RPPC Program, should be included in the budget. If applicable, identify any positions that receive different benefit levels. Display the average fringe benefit costs as a percentage rate.

Operating Expenses

This category includes all general costs of staff operations for the RPPC program. Itemize each expense item making up the Operating Costs line-item. Justify the necessity of the expenses and describe how the cost or price was determined. Examples of line-item expenses under Operating Expenses are listed below.

- 1. Travel:** Indicate the total cost for travel expenses for program budgeted staff. The funds budgeted for travel must be for expenses related to the operation of the program. Applicants must include a sufficient travel and per diem allocation for budgeted program staff to attend meetings and trainings.
 - a. The agency shall utilize the lowest available cost method of travel. Travel costs consist of mileage, airfare, per diem, lodging, parking, toll bridge fees, taxicab fares and car rental. The amount of the mileage reimbursement includes all the costs of operating the vehicle. The RPPC contract will include additional information on reimbursable costs. For more information, refer to the [Cal HR Travel Reimbursements webpage](#).
 - b. The travel line-item in the budget shall include only the costs specifically related to the budgeted activities. List which budgeted staff classification(s) will travel; include location, purpose, and when the expenses will be incurred. All non-state sponsored travel is only reimbursable with prior written CDPH/MCAH Program Consultant approval.
- 2. Training:** Indicate the training costs associated with any non-RPPC sponsored training. This line-item includes registration fees for conferences and tuition for training for budgeted staff. The travel expenses associated with the training should be budgeted under Travel. All non-state

sponsored training is only reimbursable with prior written CDPH/MCAH Program Consultant approval.

- 3. General Expenses:** These items are included in the general expense subline-item operation costs of the program. Descriptions of general expenses include office supplies, equipment rental/maintenance, minor equipment, computer software, photocopying, postage, and communications (e.g., telephone, internet, and cell phone).

Additional general expense details:

- a. Minor Equipment is defined as a tangible item with a base cost of less than \$5,000 and has a life expectancy of one year or more. Purchased equipment must be necessary and used toward fulfilling the terms of the contract. Examples of equipment under \$5,000 include computers and printers. Lease-Purchase options are not allowed.
 - b. Software is necessary and used toward fulfilling the terms of the Agreement. Examples of software include: Software license fees and software upgrades. Applicant must possess current software to allow for easy flow of communication between the Applicant and CDPH/MCAH. All software purchased with CDPH/MCAH funds must meet or exceed the standards established by CDPH/MCAH. CDPH/MCAH requires the use of the internet, electronic mail, scanning equipment, telephones, and computers with current versions of Adobe Professional 11 and the Microsoft Office 2010 Professional Suite (Word, Excel, Access and PowerPoint). Additional technology may be required during the contract period.
- 4. Space Rent/Lease:** The cost of renting or leasing office space must designate the total square feet and the cost per square foot. Under state standards, it is permissible to reimburse up to a maximum of 200 square feet of office space per total staff FTE annually. Please use the following formula to calculate rent/lease costs. Total staff FTE's x up to 200 sq. ft. x up to \$3.00 per sq. ft. x 12 months.
- 5. Audit Cost:** The cost of the financial audit by an independent auditor at the end of each fiscal year shall be included in the budget, up to the proportionate amount of the agreement, in accordance with [2 CFR 200](#).

Capital Expenditures

1. Major equipment is defined as a tangible or intangible item with a base unit cost of \$5,000 or more and a life expectancy of one year or more that is purchased or reimbursed with agreement funds. Minor equipment should be budgeted under Operating Expenses.

2. Itemize each major equipment item in this category. Explain why the equipment item is needed and how it will be used to carry out the RPPC SOW.
3. If the equipment item will be used by programs other than RPPC, provide cost allocation methodology for charging a proportionate share of costs to RPPC.
4. If applicable, enter \$0 if no Capital Expenditures will be incurred.
5. CDPH/MCAH may reimburse major equipment purchases under the resulting agreement if the Applicant demonstrates the necessity of the equipment for administering the program, and necessary staffing to meet the RPPC SOW has been satisfied.
6. State rules and definitions for reimbursement of minor and major equipment cost:
7. All equipment purchased in whole or in part with State funds is the property of the State.
8. Funds may not be used to reimburse the Applicant for equipment purchased prior to the contract agreement.
9. It is prohibited to use Agreement funds to enter into a lease-purchase contract for the purchase of equipment or any other personal property, or for the purchase of real property.
10. Equipment cannot be purchased without prior CDPH/MCAH Program Consultant approval.
11. Applicant may use their own purchasing system to obtain major equipment up to an annual limit of \$50,000. Unlimited purchase delegations exist for California State colleges, public universities, and other governmental entities.
12. Computers must be dedicated to the staff person(s) responsible for reports, data entry, and other program requirements.

Other Costs

1. This category applies to the following subline-items: educational materials and subcontractor costs (if applicable).
2. Itemize educational materials and/or subcontractor subline-item expenses making up the Other Costs line-item. Justify the necessity of each expense and how the cost or price was determined. If services or deliverables are offered on a fixed price, lump sum or fixed-price basis, explain how the price or cost was determined.
3. In addition, complete the Budget Template - Attachment 3 for each subcontractor for each fiscal year. Include known/pre-identified subcontractors and unidentified as TBD (including

independent consultants) fees/wages, FTE and budgeted amount. Identify the primary responsibilities for each subcontractor. Discuss the necessity of using each subcontractor/consultant and explain why the Applicant is unable to provide the services being acquired. Explain the contributions their services and expertise will add to the program.

4. If not applicable, enter \$0.

Indirect Cost

The Indirect cost line-item includes costs that accrue in the normal course of business that can only be partially attributable to the performance of the agreement (e.g., administrative expenses such as payroll handling, liability insurance coverage, janitorial, security expenses, legal representation, accounting/personnel expenses, Executive Director's time).

1. Specify indirect cost rate. The maximum rate is 10% of the total personnel including fringe benefits unless applicant has an approved federal or state indirect cost rate. If awarded, CDPH/MCAH will confirm awardee's use of the proposed alternate indirect cost rate and methodology.
2. This maximum rate also applies to subcontractor budgets.
3. If not applicable, enter \$0.
4. Include, at your option, any other information that will assist CDPH/MCAH to understand how you determined your costs and why you believe your costs are reasonable, justified and/or competitive. Unless discussed elsewhere within this section, explain any unusually high or disproportionate costs appearing in any budget line-item.