

This Amendment 1, issued on 2/26/2015 serves to summarize the proceedings and answer questions received at the Pre-proposal teleconference held 2/19/2015 at 3:00 p.m. and additional questions received via email for the Nutrition Transportation and Support Services Request for Proposals

#1 Question: Resume and job descriptions for this particular program, do you want just key staff or do you want everyone who works and is listed in the budget under this program?

Answer: Resumes are required for Executive and Administrative staff, that helps to demonstrate the applicant agency's administrative infrastructure is sufficient to support the project, as well as key project personnel, which include the program director and service coordinators for the services proposed. Please review the information requested in Section 2.02 Program Staffing Experience and Section 4.05.2.

#2 Question: Is there any way to carryover the budget we had last year for this proposal? Last year we had to enter about 100 employees and we are hoping to carry over the job titles and just edit?

Answer: Because this is a new solicitation and is not an application for a continuation year of a previous solicitation, all applicants will have to enter a new budget into their proposal in GEMS.

#3 Question: With this being our initial competitive bid, my question has to do with the logic model, 2nd page performance measure – is that off of past information or future goal that we are measuring?

Answer: Instructions for the completion of the Logic Model and Performance Measure Framework are included in Section 1.04, Item B. first paragraph, which states:

“Applicants must submit a Logic Model with their proposal that has been created using the attached NTS FY16 Annual Logic Model-PMF form. The applicant must indicate the resources, activities, and anticipated outputs, applicable to their proposed project that are compliant with program intent and consistent with other planning documents. Performance measures are provided to help applicants plan their services for the desired results.”

Therefore, applicants are expected to complete page one of the form, the Logic Model resources, activities and anticipated outputs that support the project proposed. The Performance measures on page two of the form are provided in order that applicants will have that information as help in planning services and as notification of the measures that will be used in determining grantee performance in achieving the goals and outcomes. Please also review the associated criteria in Section 4.04

#4 Question: Logic Model – are we working towards same goal as last period?

Answer: The wording has changed to be more succinct and compatible with the Department goal.

#5 Question: If you are already a Medicaid provider and are certified, many of these items you are asking for are already part of the packet, do we also need to include those items- or is certification sufficient– Reference to COP

Answer: Please review Section 2.03 under the heading *“Quality Assurance and Conditions of Participation (COP)”*, and Section 1.06 under the heading *“Medicaid Waiver”* as well as associated

criteria in 4.02.8 and 4.02.9. Applicants must provide a statement, declaring whether they will be providing Medicaid reimbursable services and, if so, attach proof of certification or proof of application for certification. The agency's Medicaid certification number, documentation from the Division that an application has been submitted, or a copy of the letter sent to the Division requesting certification, will be sufficient to meet this requirement. If an agency is not Medicaid certified and does not intend to become certified, the proposal must include a request for exemption from the Meals and Transportation COPs, however, the COP for Providers is still required.

#6 Question: Our Agency is currently applying for certification for one of our housing assistance [programs] because they are eligible-my program doesn't have any services that would be eligible for Medicaid billings- so does the fact that part of our agency is being approved for the certification suffice, or would I have to ask for a waiver for our particular program.

Answer: The applicant will not be providing Medicaid reimbursable services through the program we're requesting NTS funding for (Foster Grandparents), so a request for exemption from the services COPs would need to be provided; the COPS for Providers will still apply.

#7 Question: Can I get a listing of the current FY15 grantees

Answer: The current list of NTS providers is posted publicly at:

<http://dhss.alaska.gov/dsds/Documents/grantservices/PDFs/SDS-Grant-Providers-Region-Services-List.pdf> and also, in the Department of Health and Social Services FY15 Grant Book <http://dhss.alaska.gov/fms/Documents/FY15GrantBook.pdf>

#8 Question: Item 4.03 of the response under History of Compliance-there's a check box, is that sufficient, hit complete or put-only place you need to respond are where you put in response boxes or ask for specific attachments.

Answer: Yes. If the requirements of the criterion have been met by documents already on file with DHSS and/or the State's Single Audit Office, please mark that criterion completed.

#9 Question: I didn't see the requirement for an approved menu cycle

Answer: This is not a requirement for submission of the proposal. Successful applicants will be required to submit this among other documentation at the time of grant award.

Below are questions that came in an email:

I have questions that apply to SIH and NTS grants:

#10 Question: In the SIH grant, the additional match funds are required to be placed in the required match funds. It isn't clear about the NTS grant and where those additional matches should go. Can you please clarify this?

Answer: Section 1.06 under the heading *“Match Requirements”* states in part: *“The applicant must identify matching funds to equal no less than 10% of the grant award amount.”* At minimum, there is a 10% Required Match, which must be evident in the Required Match column of the budget. Applicants may propose additional match contributed to the project, and that amount may be shown as either Required Match or as Additional Match/Project Support; and sources for the identified match must be shown in the funding source table and the budget narrative. If that additional match is included in the “Required Match” column of the proposed budget, that proposed match will be considered a requirement and will be monitored for the entire 3 year duration of the project.

#11 Question: Can you clarify on 4.02.8 of the NTS application in GEMs? I’m not sure if this question is specific to the project we’re applying for NTS funding for or if it applies to our organization’s activities as a whole.

Answer: *“Include a statement declaring whether the applicant will be providing Medicaid reimbursable services. If so, attach proof of certification or proof of application for certification, or submit a request for exemption from certification.”* - This is specific to the NTS funds and services that the applicant is applying for. All applicants will be required to comply with the COP for Providers regardless if the service COPs are approved for exemption.