State of Alaska
Department of Health and Social Services
Division of Public Health

Request for Proposals
Access to Perinatal Health Support
For FY2027 Through FY2029

Grants and Contracts

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the GEMS homepage at https://gems.dhss.alaska.gov/ for details regarding agency registration and availability of technical assistance. Log into GEMS through myAlaska, https://my.alaska.gov/Welcome.aspx, to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

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PROPOSAL DUE DATE: May 21, 2026, 3:59 PM
DEADLINE FOR WRITTEN INQUIRIES: May 11, 2026, 3:59 PM
PROJECT PERIOD BEGINS: July 1, 2026

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Amendments

Amendment 1 Amendment 1 Answers to Written Inquiries **Posted: 5/11/2026**

Explanation

This amendment serves to provide answers to written inquiries.

Additional Information

Amendment 1, issued 5/7/2026, serves to provide answers to written inquiries. Please see the document titled "Amendment 1- Answers to Written Inquiries" in the attachments section of this RFP

Section 1 Grant Program Information

1.01 Introduction and Program Description

The Department of Health (DOH), Division of Public Health (DPH), is requesting proposals from eligible applicants to provide Access to Perinatal Health Support services for the State of Alaska in FY2027 through FY2029. This program is supported by the federal Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant authorized under Title XIX, Part B, Subpart II of the Public Health Service Act (42 USC 300x–21 through 300x–66) and 45 CFR Part 96. All funded programs must operate in compliance with applicable SUPTRS statutory and regulatory requirements.

Program Services are authorized under 7 AAC 78 Grant Programs. Funding under this solicitation is subject to federal law, including the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), 8 U.S.C. §§ 1611–1646. Additional governing statutes are 7AAC 78 - Grant Programs; AS 47.30.475. Grant-in-Aid Program, AS 47.30.520-620. Community Mental Health Services Act, AS 47.30.655-.915. 7AAC 70. Behavioral Health Services, 7AAC 135 Medicaid Coverage for Behavioral Health Services, AS 47.37. Uniform Alcoholism and Intoxication Treatment Act, 7 AAC 10.930. Request for a Variance 7 AAC 138. 1115 Substance Use Disorder Waiver Services,7 AAC 139. Behavioral Health1115 Waiver Services. State of Alaska statutes and regulations are accessible at the Department of Law Document Library or through the contact person identified on the cover page of this Request for Proposals (RFP).

Many women experiencing Substance Use Disorder (SUD) during pregnancy encounter challenges to accessing treatment, including fragmented service systems, lack of transportation, childcare needs, domestic violence, housing instability, and limited access to care. The Access to Perinatal Health Support program focuses on strengthening coordination and navigation across healthcare, behavioral health, and social service systems to support pregnant and postpartum women in accessing the care they need. It is designed to expand the ability of programs to ensure that women in the perinatal period (pregnant and up to one year postpartum) and families with dependent children who are accessing SUD treatment receive structured referral management services and that connections to behavioral health, perinatal, pediatric, and basic needs services are available and routinely facilitated

Programs funded under this solicitation are expected to function as access points within a “no wrong door” system, ensuring pregnant and postpartum women can be connected to treatment and support services regardless of where they initially seek help.

In alignment with statewide, federal, and state priorities, these funds are intended to expand access to behavioral health treatment for individuals who are uninsured, underinsured, Medicaid-ineligible, or otherwise lack the resources to pay for care, as well as for other priority adult populations who are impacted by gaps in the behavioral health system. These priorities are informed by statewide planning efforts, which identifies coordinated access and referral management as critical system needs.

1.02 Program Goals and Anticipated Outcomes

The long-term goal of the Access to Perinatal Health Support program is to reduce the five-year pregnancy-associated mortality rate in Alaska from 143.7 per 100,000 live births to 100 per 100,000 live births. Untreated SUD is a significant contributor to pregnancy-associated maternal mortality. This program aims to improve access to and engagement in substance use disorder treatment and recovery support services among women in the perinatal period, thereby improving perinatal outcomes by:

- Ensuring pregnant, postpartum, and parenting women with SUD or harmful substance use have access to comprehensive, integrated behavioral health care, structured referral management, and support services that address clinical and basic needs.
- Ensuring access to essential services that are not covered by insurance or other funding sources,
- Improving the client experience when seeking behavioral health services, and
- Reducing fragmentation in the behavioral health system by enabling multiple access points between SUD care, domestic violence (DV) shelters, and clinical care providers, improving coordination, and streamlining the referral process.

A core priority of this grant program is the implementation and strengthening of effective referral management, defined as the process of welcoming, screening, and guiding individuals at the point of entry to facilitate timely connection to the most appropriate level of care. Referral management includes assessing whether an applicant agency can meet an individual's needs and, when services cannot be provided due to eligibility, capacity, or scope limitations, ensuring active, supportive, and accountable linkage to appropriate alternative services. All applicants will demonstrate the capacity to function as a meaningful access point within a "no wrong door" system by providing assisted referrals.

Using the framework model of the "Five A's": "availability", "affordability", "accommodations", "acceptability", and "accessibility," programs will ensure women in the perinatal period and families with dependent children receive appropriate care.

Increase Availability of Comprehensive Perinatal SUD treatment

Proposed projects will develop, expand, and/or integrate SUD treatment systems of care with structured referral management processes for pregnant, postpartum, and/or parenting women with SUD (i.e. hub and spoke models, addiction specialty care programs in need of funds to integrate maternal health services, non-specialty settings to incorporate SUD treatment, obstetrical and primary care clinical practices to incorporate SUD treatment and Medication for Opioid Use Disorder (MOUD) treatment programs). Anticipated outcomes include:

- At least 1 new perinatal service site established or
- services expanded at a SUD treatment program to support perinatal patients, or
- non-specialty setting for women incorporated or improved access to SUD treatment for perinatal patients, or
- perinatal clinical care site expanded to include SUD treatment (including pharmacological treatment) and case coordination/case management services.

Enhance Accessibility

Proposed projects will improve access to SUD services for women in the perinatal period by funding initiatives that increase geographic accessibility to SUD treatment, including telehealth, tele-MOUD (Medications for Opioid Use Disorder), flexible scheduling, the establishment or expansion of mobile treatment or perinatal care units, asynchronous dosing for methadone maintenance and continuity of care if/when transport for birth occurs. Anticipated outcome includes:

- A 25 percent increase in pregnant, postpartum, or parenting women who receive documented referral management support related to geographic accessibility.

Support Client-Centered Accommodations

Proposed projects will address barriers to care through supports such as transportation (when not Medicaid-reimbursable), childcare, in-reach or home visitor programs, connecting partners/other caregivers to support

services as appropriate, parent support education and training with a focus on healthy coping mechanisms, peer-integrated services (including doulas with lived SUD experience), behavioral health consultant integration, language and health literacy supports, and trauma-informed in-reach programs within healthcare, shelter, and correctional settings.

- Implement or expand at least 2 family-centered interventions (e.g., parenting classes, recovery doula support services, childcare provision).
- At least 75 percent of perinatal clients receive at least 1 support service (such as transportation, childcare, home visitors, or doula support services).

Promote Acceptability

Proposed projects will support balanced patient and family-centered care that encourages acceptability and reduces stigma surrounding SUD treatment across the socioecological model, integrates perinatal peer support groups, ensures support for the whole family, and addresses the intersection of domestic violence, mental health, and SUD to improve treatment engagement and retention.

- At least 2 initiatives that reduce barriers to accessing treatment, by increasing understanding of the benefits of comprehensive SUD treatment at the local, family, and personal level, for pregnant and postpartum individuals seeking SUD care, will be implemented.

Improve Affordability

Proposed projects will improve the ability of agencies to incorporate SUD treatment services for perinatal populations and reduce financial burden for individuals who may not qualify for existing payer sources. Anticipated outcomes include:

- 100 percent of pregnant, postpartum, and/or parenting women who are uninsured or underinsured will receive connections to comprehensive care to enable them to begin or maintain SUD treatment.

Projects must demonstrate a thorough understanding of the grant program goals and meet or exceed anticipated minimum outcomes described in this RFP.

1.03 Program Services/Activities

The Access to Perinatal Health Support Grant will support program development and/or expansion to improve access to substance use disorder treatment, integrated behavioral health care, referral management, and support services that address both clinical and basic needs for pregnant and postpartum women, with an emphasis on women in the first year postpartum.

Service Expectations Based on Type of Applicant

Applicants proposing **behavioral health treatment services** must:

- Deliver services consistent with applicable state and federal behavioral health service requirements;
- Bill Medicaid and all other available third-party payors for eligible and reimbursable services; and
- Use grant funds only for non-reimbursable services and activities that enhance access, coordination, and quality of care.

Applicants **not providing** behavioral health treatment services may:

- Use grant funds to deliver referral management, care coordination, and recovery support services;
- Provide services that address barriers to care, including transportation, childcare, and navigation support (when not otherwise reimbursable); and
- Establish and maintain partnerships with treatment providers to ensure timely access to appropriate levels of care.

All applicants, regardless of service type, will function as a meaningful access point within a “no wrong door” system and demonstrate the ability to provide assisted referrals and follow-up.

Referral Management (Required for All Applicants)

All funded programs will implement structured referral management processes, including:

- Screening and identifying service needs;
- Determining whether services can be provided directly or require referral;
- Providing active assistance in connecting individuals to appropriate services;
- Conducting follow-up to support successful linkage; and
- Documenting referral outcomes.

Referral management services funded under this grant are not considered treatment services and will not be reported as treatment encounters.

Allowable Activities by Access Category

Applicants must propose activities that address **one or more** of the five domains of access identified in Section 1.02: availability, accessibility, accommodations, acceptability, and affordability. Applicants are not required to address all five domains; however, proposals should clearly identify which domains are being addressed and how the proposed activities will improve access to substance use disorder (SUD) treatment and related services for pregnant, postpartum, and parenting individuals.

Applicants are encouraged to select domains that align with identified community needs, organizational capacity, and the goals of this grant program.

Availability: Funds may develop and expand SUD treatment systems of care for pregnant, postpartum, and parenting patients such as:

- Hub and spoke MOUD models. (Please review page 22 of the 3rd Edition of the Alaska Medication for Addiction Guide for more information on Hub and Spoke), and other models,
- Non-specialty settings for pregnant, postpartum, and parenting women (i.e. domestic violence shelters) to incorporate or improve access to SUD treatment,
- SUD treatment programs and addiction specialty care programs in need of funds to integrate or expand maternal health services and
- Obstetrical and primary care clinical practices to incorporate SUD treatment (including pharmacological treatment), family-centered care, and case management.

Accessibility: Funds within the Access to Perinatal Health Support grant program may support tele-med care, mobile care units, flexible scheduling, addition of screening for behavioral health and other gaps related to basic needs and social supports into perinatal and pediatric care, establishment of standardized referral protocols between behavioral health, perinatal care, and pediatric providers, care coordination, and any other approved initiative to support geographic accessibility, including addressing maintaining continuity of care in the context of

transport for birth.

Accommodations: Funds within the Access to Perinatal Health Support grant program may support activities such as strengthening partnerships with community-based organizations to provide referrals for housing, food, transportation, childcare, and other essential supports, providing accommodations for children to stay with parents, parenting classes, home visitation services, doula support, transportation, childcare, peer integrated services, behavioral health consultant integration, language support, health literacy support and/or other approved initiative to improve comprehensive support services for pregnant, postpartum, and parenting women with SUD.

Acceptability: Funds within the Access to Perinatal Health Support grant program may support cultural responsiveness, stigma reduction initiatives, Medication for Addiction Treatment (MAT) and other support groups, certified peer support specialists, and other initiatives that could improve acceptability of SUD treatment for the perinatal population.

Affordability: Funds will be used for improving affordability for agencies to incorporate case management and family-centered support services that are not covered by Medicaid or alternative funding sources.

Applicants will provide or arrange for access to the following services through direct service delivery or formal referral partnerships to remain in compliance with SUPTRS requirements, including but not limited to the following:

A. Outreach to Women Who Inject Drugs (WWID) (45 CFR 96.126(e))

1. The agency must conduct outreach activities designed to encourage WWID to enter into treatment.
2. Agencies must utilize outreach models that are scientifically sound and evidence-informed where available and applicable to the local context. Where no such model is applicable, agencies must use an outreach approach that can reasonably be expected to be effective in the local community.
3. At a minimum, required outreach activities must include:
    i. Selecting, training, and supervising outreach workers with appropriate knowledge of life-saving opioid overdose prevention, confidentiality (42 CFR Part 2), and local community context.
    ii. Contacting, communicating, and following up with women who inject drugs (WWID) and individuals at high risk, consistent with federal requirements, including 42 CFR Part 2;
    iii. Providing targeted education to women who inject drugs regarding risks associated with substance use and the relationship between injecting drug use and communicable diseases such as HIV and viral hepatitis;
    iv. Recommending practical steps to reduce the risk of HIV and other communicable disease transmission; and
4. Actively facilitating entry into treatment, including warm handoffs or direct referrals when appropriate. Agencies must document outreach activities, including:
    i. training of outreach staff,
    ii. types of outreach conducted,
    iii. populations reached, and
    iv. referrals or linkages to treatment.

B. Services for Pregnant women and women with Dependent Children (45 CFR 96.124(c)–(e); 96.131; 96.137; 96.126(f))

1. **Family-Centered Treatment (Unit of Care)**
    i. Funds set aside for services to pregnant women and women with dependent children must be used to serve those who lack other financial means to obtain such services, consistent with 45 CFR 96.137.
2. **Minimum Required Services** At a minimum, applicants must provide or arrange for the provision of the

following services for pregnant women and women with dependent children:

i. Subgrantees and all programs providing such services must provide family-centered treatment and treat the family as the unit of care. Programs must admit both the woman and their dependent children into treatment services when clinically and programmatically appropriate, including women who are working to regain custody of their children.

3. **Use of Funds (Payer of Last Resort for Perinatal Services)** At a minimum, subgrantees must provide or arrange for the provision of the following services for pregnant women and women with dependent children:
   i. **Primary Medical Care and Prenatal Services:** Primary medical care for women, including referrals for prenatal care. (45 CFR 96.124(e))
   ii. **Pediatric Care:** Primary pediatric care for dependent children, including immunizations and age-appropriate preventive services. (45 CFR 96.124(e)(2))
   iii. **Child Care:** Child Care for women with dependent children while they are receiving services. (45 CFR 96.124(e))
   iv. **Gender-Responsive Treatment for Women:** Gender-specific substance use disorder treatment and therapeutic interventions addressing issues such as relationships, sexual or physical abuse, parenting, and related needs; and childcare while women are participating in treatment and therapeutic services. (45 CFR 96.124(e)(1)– (3))
   v. **Therapeutic Services for Children:** Therapeutic interventions for children in the custody of individuals in treatment, as appropriate, including services addressing developmental needs, issues relating to experiences of sexual and physical abuse, or neglect. (45 CFR 96.124(e)(4))
   vi. **Case Management and Transportation:** Sufficient case management and transportation services to ensure access for women and their children to all required services described above. (45 CFR 96.124 (e)(5))
   vii. **Service Coordination and Documentation**
      a. Subgrantees must maintain documentation demonstrating access to and utilization of all required services, whether provided directly or through formal referral or partnership arrangements.
      b. Programs must coordinate care to ensure services are timely, accessible, and culturally appropriate. (45 CFR 96.126(f); 96.127(b); 96.131(f))

C. Referral Management and Capacity Reporting (45 CFR 96.126; 96.132)

In addition to the referral management standards already outlined in this RFP, grantees must:

1. Notify the DPH Program Manager within seven (7) days of reaching 90% capacity for treatment admissions.
2. Participate in any statewide capacity or waitlist management processes designated by the DPH Program Manager.
3. Ensure individuals requesting and needing treatment are admitted within 14–120 days, consistent with federal performance expectations.
4. Make interim services available within 48 hours when treatment is not immediately available; and
5. Maintain a waitlist management process that documents: date of request, services requested, follow-up attempts, and referral outcomes.

D. Tuberculosis (TB) Services (45 CFR 96.127)

Grantees must:

1. Make TB services available to all women receiving SUD treatment, either directly or through referral.
2. Implement infection control procedures to prevent TB transmission; and

3. Conduct case management to support completion of TB screening and follow-up.

E. Confidentiality (42 USC 300x-53; 45 CFR 96.132(e); 42 CFR Part 2)

Grantees must maintain policies and staff training to protect against inappropriate disclosure of patient records and ensure disciplinary procedures for violations.

F. Coordination of Services (45 CFR 96.132(c))

Grantees must coordinate SUD treatment and prevention with other relevant services (e.g., primary care, housing, maternal health, and child welfare where applicable). Coordination must support continuity of care across settings, including continuity of MOUD during hospital admissions, delivery, and postpartum transitions when clinically appropriate. Where appropriate, agencies should have MOUs in place with key partners.

G. Charitable Choice and Religious Freedom Protections (42 U.S.C. § 300x-65; 42 CFR Part 54)

All grantees must comply with the federal Charitable Choice provisions applicable to substance use disorder block grant funding.

Separation of Inherently Religious Activities

Grant funds may not be used to support inherently religious activities such as worship, religious instruction, or proselytization. If a grantee is a faith-based organization, any inherently religious activities must be:

- Offered separately, in time or location, from services funded under this grant; and
- Voluntary for all program participants.

Participation in religious activities must not be required as a condition of receiving services funded under this award. (42 CFR 54.5)

Maintenance of Religious Identity

A faith-based organization receiving grant funds may retain its independence and religious character, including its religious name, governance structure, and religious symbols in its facilities. Receipt of funds under this program does not require an organization to remove religious art, icons, scripture, or other symbols from its facilities. (42 U.S.C. § 300x-65(b))

Beneficiary Protections

Grantees must ensure that:

- Individuals receiving services are not required to participate in religious activities as a condition of receiving services.
- Individuals are informed of their right to receive services free from religious coercion.
- If a beneficiary objects to the religious character of an organization, the grantee will make reasonable efforts to refer the individual to an alternative provider that is accessible and offers services of comparable value within a reasonable time frame. (42 CFR 54.8)
- Grantees must maintain documentation of any such referrals.

Notice of Rights

If the grantee is a faith-based organization, the grantee must provide written notice to beneficiaries of their rights

under the Charitable Choice provisions at the time of intake or service entry. The Department may provide or approve standardized notice language for this purpose.

Fiscal Accountability

All grantees, including faith-based organizations, must maintain financial records sufficient to demonstrate that SUPTRS funds are not used for inherently religious activities and must comply with 2 CFR 200 and all applicable audit and recordkeeping requirements.

Proposal and Timeline Guidance

Applicants will upload a timeline for the initiation of services and project activities for the first year. Project start is July 1, 2026

Applicant proposals must describe the ways in which the project aligns with program intent. The submitted project proposal will identify agency resources available to the project; describe project activities; and clearly state the project's anticipated goals, outputs, and outcomes.

In support of project planning narratives, the applicant will complete a logic model using the instructions and template attached to this RFP. The logic model will identify resources available to the proposed project; summarize project activities; and clearly state anticipated goals, outputs, and outcomes compliant with program intent.

1.04 Program Evaluation Requirements and Reporting

Applicants must adhere to the following Quality and Outcomes Reporting program requirements:

- Applicants must describe how they will collect, manage, analyze, and report the required performance measures identified in this RFP, consistent with stakeholder engagement, and continuous quality improvement.

This grant uses a **Results-Based Accountability (RBA)** framework to measure program performance and impact for Access to Perinatal Health Support services. RBA is a structured approach that uses clear performance questions and measures to link services to improved maternal, perinatal, and infant health outcomes.

How much did we do? (Quantity of services provided)

- Track the number of pregnant and postpartum women and infants accessing maternal health, behavioral health, and supportive services through screening, referral, care coordination, and direct services.
- Count the number of uninsured, underinsured, non-resourced, and Medicaid-ineligible individuals served, as well as those residing in rural and tribal communities.
- Monitor service delivery against anticipated target populations and service areas identified in the proposal, including priority and high-risk populations described in Section 1.05.

How well did we do it? (Quality of services delivered)

- Assess the timeliness and appropriateness of services, including time from identification/referral to first contact, initiation of services, and follow-up during pregnancy and the postpartum period.
- Track improvements in coordination and collaboration among medical, behavioral health, tribal, community, and social service providers, including implementation of evidence-based or promising practices that are culturally responsive and trauma-informed.

- Track the number of client and family experience/satisfaction surveys administered to individuals served under this grant program; data on client experience and satisfaction (including, when applicable, Behavioral Health Consumer Survey data or other department-approved tools) will be collected, analyzed, and may be shared in aggregate with providers by the Division.

Is anyone better off? (Impact on participants' lives)

- Report the number of pregnant and postpartum women who successfully access appropriate services following screening, identification of need, or referral (e.g., behavioral health treatment, medication for opioid use disorder, perinatal psychiatry, home visiting, case management, peer support, lactation support, or other maternal health services).
- Report outcomes for non-resourced individuals, including successful connection to coverage (e.g., approved Medicaid enrollment), identification of alternative financial or community resources, and reduced gaps in needed services.
- Track changes in key outcome indicators consistent with program goals and logic model outcomes such as:
  - improved maternal mental health and substance use status,
  - increased engagement and retention in care,
  - enhanced family stability and safety, and
  - improved infant health and developmental supports.

In addition:

- At least two Key accomplishments
- At least one challenge encountered and action taken to address it

Access, Referral, and Recovery Support Reporting

Applicants that provide **referral management, care coordination, or recovery support services** (including those not delivering treatment services) must report aggregate data sufficient to support SUPTRS reporting categories related to service access and recovery supports.

At a minimum, grantees **must** report:

- **Number of individuals served (unduplicated)**
- **Type of recovery support services provided**
- **Basic demographics:**
  - **age**
  - **sex**
  - **race**
  - **ethnicity**

The applicant's proposed evaluation plan will incorporate the performance measures identified above. Applicants can propose additional performance measures for evaluating the project's progress in achieving results supportive of program goals and outcomes. (The applicant's logic model/evaluation plan must include indicators and data gathering strategies that will be used.)

Grant Reporting

Required reporting will include:

1. Cumulative Fiscal Reports recording overall grant and match expenditures by budget line; and

2. Program Reports in the format prescribed by the program.
    i. Agencies must document outreach activities, including training of outreach staff, types of outreach conducted, populations reached, and referrals or linkages to treatment.
3. Cumulative Detailed Expenditure Report verifying amounts reported in Cumulative Fiscal Reports due at Q2 and Q4.

1.05 Target Population and Service Area

Applicants must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the program's intended target population identified in this solicitation.

Target Population: Funds allocated for this initiative shall be spent exclusively on pregnant and postpartum women in need of substance use disorder treatment.

The target population for the solicited services are the following populations at elevated risk:

1. **Pregnant and Postpartum Women**
    i. During 2019–2023, 17 of the 66 pregnancy-associated deaths in Alaska (26%) were due to drug overdose, including 13 that were found to be unintentional. Pregnancy-associated deaths are defined as any death during or within one year of pregnancy.
    ii. Only 10% of the 937 pregnant Alaskan women needing treatment in 2022 received it.
2. **Alaska Native and American Indian people**
    i. During 2014-2023, pregnant and postpartum Alaska Native/American Indian mothers were found to be 5 times more likely to die from suicide and homicide than White mothers (violent death ratio of 62.9 vs 12.37).
3. **Pregnant and Postpartum women experiencing or with a history of domestic violence**
    i. Among deaths reviewed by the MCDR during 2016-2022, 71% (n=40) of decedents had a history of being a victim or possible victim of Interpersonal Violence (IPV).
    ii. The pregnancy-associated mortality rate from suicide and homicide among all Alaskans from 2014-2023 was 24.53/100,000, a mortality rate that is higher than the 2011-2020 rate of 22.19/100,000.
4. **Justice-Involved Pregnant and Postpartum Women**
    i. Overdose is the leading cause of death post-incarceration, with risk 12.7 times higher in the first two weeks after release, especially for women.
5. Residents of Southwest and Northern Public Health Regions of Alaska
    i. Rates of pregnancy-associated mortality in these two public health regions are approximately three times higher than other public health regions across Alaska, at 284 per 100,000 live births, and 247 per 100,000 live births, respectively.

Priority Populations and Admission Preferences (45 CFR 96.131)

Grantees must ensure that admission practices align with SUPTRS priority treatment preferences:

1. Pregnant women who inject drugs
2. Pregnant women with substance use disorders
3. Persons who inject drugs
4. All other eligible individuals

When capacity is insufficient to admit a pregnant woman, the agency must:

1. Refer the individual to DBH for placement; and
2. Make interim services available within 48 hours when treatment is not immediately available, including referral for prenatal care. These timelines apply when treatment is not immediately available and capacity exists within the system.

Service Areas and Communities: The service areas and communities requested for the services solicited are the Southwest Public Health Region, The Northern Public Health Region, and statewide.

This solicitation will use two applicant groups consisting of agencies serving: the Southwest Public Health Region and/or the Northern Public Health Region, and statewide. The Northern and Southwest Public Health Regions were identified due to the higher maternal mortality rate and substance use disorder rate that exists in those regions as identified by the Alaska Borough and Census data. At least one awardee that meets the criteria in the RFP will be selected from each of these groups, with four awardees anticipated to be selected overall.

Each grantee is anticipated to receive a minimum of $250,000 per state fiscal year.

There are 2 applicant groups:

- Agencies providing statewide services
- Agencies providing services in the Southwest and/or Northern Public Health Regions

1.06 Program Funding

Funds available for this program are anticipated to total $1,000,000 per fiscal year, totaling $3,000,000 over three years. Funding source is Substance Abuse Mental Health Services Administration (SAMHSA) Block Grant.

Each grantee is anticipated to receive a minimum of $250,000 per state fiscal year.

Proposed Budget: The applicant must submit a budget proposal for the first fiscal year of the project. The proposed budget and accompanying narrative must clearly demonstrate how requested funds will support the services, activities, and outcomes described in this RFP.

Budgets must align with the purpose of this grant, which is to improve access to substance use disorder (SUD) treatment, referral coordination, and recovery support services for pregnant and postpartum women.

Grant funds may be used to support:

- Referral management and care coordination activities;
- Recovery support services (e.g., peer support, navigation, family support);
- Services that reduce challenges to accessing care (e.g., transportation, childcare), when not otherwise reimbursable;
- Outreach, engagement, and partnership development;
- Program infrastructure necessary to support access to care; and
- Limited workforce development activities directly tied to the proposed project.

Medicaid and Third-Party Billing Requirements

Applicants that are enrolled Medicaid providers must:

- Bill Medicaid and all other available third-party payors for all eligible and reimbursable services; and
- Use grant funds only for services and activities that are not reimbursable.

Applicants that are not Medicaid providers may use grant funds to support allowable services and activities described in this RFP, including referral management and recovery support services.

Grant funds may not be used to pay for services that are reimbursable through Medicaid, private insurance, or other third-party payors.

If proposing workforce development activities, applicants must budget no more than 10% of total budget towards workforce development costs.

Workforce development activities are allowable when they directly support training specific to the proposed grant program services and activities. Applicants are expected to conduct due diligence to confirm that the proposed training is not otherwise available at no cost through existing state-sponsored opportunities, as the Department of Health currently offers multiple free trainings to support Alaska's workforce. If workforce development activities and related expenses are included in the proposed project, total costs may not exceed 10 percent of the proposed project budget.

Grantees are required to maintain documentation demonstrating that other funding sources were unavailable and that transportation costs were reasonable, necessary, and directly tied to services. Documentation must be retained in accordance with audit and grant requirements.

The proposed budget will be fully compliant with the limitations described in this RFP, and those detailed in 7 AAC 78.160 (Costs). Regulations are provided under the GEMS Documents tab.

Allowable Costs

Allowable costs must:

- Be directly related to the activities proposed in this application;
- Be reasonable, necessary, and allocable to the project; and
- Not be reimbursable through Medicaid or other funding sources.

All costs must be clearly justified in the budget narrative, including:

- A description of the cost;
- How the cost supports program activities; and
- The method used to calculate the cost.

Unallowable Costs

Grant funds may not be used to:

- Duplicate or replace funding available through Medicaid, insurance, or other payors;
- Supplement or enhance reimbursement rates; or
- Support general operating costs not directly tied to the proposed project.

Budget Narrative Requirements

Applicants must include a detailed budget narrative that explains:

- How each cost supports the proposed services and activities;
- Why the cost is not reimbursable through other funding sources; and

- How the proposed budget aligns with the goals of improving access to care for pregnant and postpartum women.

Resources specific to budgeting are also available under the GEMS Documents tab. The Department's Grant Budget Preparation Guidelines provide information and guidance about budget lines, cost detail groupings, and narrative requirements. Grantee User Manual Part I provides detailed instructions for entering a budget proposal in the chapter "Responding to a Solicitation."

Other Agency Funding: Prior to submitting a proposal, applicants are required to list all other agency funding received and applied for. This task must be completed by an Agency Power User in the Other Funding section of the Agency Administration tab. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

(**Administrative Costs:** In accordance with federal grant restrictions (or program statute or regulation), proposed budgets must limit total administrative costs to no more than 5% of the total grant award.

Indirect Costs: If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. The agreement is to be uploaded in the Agency Administration tab. Lapsed agreements can be used if uploaded with the negotiating federal agency's written approval to continue using the rate until a new agreement is negotiated. If an agency has never entered into a federally approved Indirect Cost Rate Agreement or no longer has a federally approved agreement in place, the recently updated Federal Uniform Guidance 2 CFR 200 now allows that agency to budget the 15% De Minimis.

Payment for Services/Grant Income: In the applicant's proposed budget, anticipated receipts and expenditures for all grant income must be evident in the detail and narrative. Fiscal reports for awarded income generating projects will include the receipts and expenditure of all grant income.

Section 2 Applicant Qualifications

2.01 Agency Experience

Proposal evaluation will include consideration of the applicant's history of compliance with service and grant requirements, and previous experience in providing the same or similar services. Evaluation may include Department site reviews, program audits, and confirmation of the successful resolution of any findings. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

The applicant must describe previous experience providing services the same or similar to those proposed. The description will clearly identify the time period over which services were provided and the target population served.

2.02 Project Staffing

Project staffing must be sufficient to implement the proposed activities in order to meet program goals and the anticipated outcomes.

Applicant proposals must:

1. Identify a core team dedicated to supporting the client. Core team members that should be considered are referral management staff responsible for implementing the structured referral management process described in Section 1.03, qualified addiction professional who supports therapeutic wrap-around services,

administrative staff who support overall operations, and a certified Peer Support Professional or doula.

2. Provide information about staff-to-client ratios.
3. Describe the professional development staff will receive. Funded applicants should provide all staff providing direct services, referral management, home visiting, or outreach under this grant with initial and ongoing training appropriate to their role. At a minimum, training expectations include:
    i. Training on perinatal mental health, including identification and response behavioral health conditions, substance use, and related behavioral health needs in the prenatal and postpartum periods.
    ii. Training on suicide and overdose risk.
    iii. Training in trauma-informed, culturally appropriate, and family-centered approaches when working with pregnant and postpartum women and their infants.
    iv. Training on safe maternal and infant sleep practices consistent with current evidence-based guidelines and culturally appropriate life saving opioid overdose prevention strategies.
    v. Incorporation of training content into agency policies, supervision, and continuous quality improvement activities.

Resumes (and/or position descriptions) and professional credentials for key project personnel must be uploaded as part of the response. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

2.03 Administrative, Management, and Facility Requirements

The applicant must demonstrate the agency's sustainable fiscal and administrative capacity. Executive, administrative, and financial staff must be qualified, as indicated by the resumes of position holders uploaded as an element of the proposal. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

1. The applicant must ensure procedures are in place to protect client confidentiality compliant with State and federal standards.
2. The applicant must ensure its most recent financial audit was submitted to the appropriate state office (see Audit Requirements below), and any findings identified have been resolved.

Awarded proposers will be required to submit additional agency information if the agency GEMS record is not current.

Audit Requirements:

Federal Requirements: Agencies spending $1,000,000 or more total Federal Financial Assistance in the agency fiscal year may be required to comply with conditions of the Single Audit Act of 1984, P.L. 98-502, as amended by the Single Audit Act Amendments of 1996, P.L. 104-156, and as defined in 2 CFR 200.

State Requirements: Agencies spending $750,000 or more total State Financial Assistance in the agency fiscal year are required to comply with the conditions of 2 AAC 45.010-090. The current regulations may be viewed at the State of Alaska, Department of Law website, Department of Law Document Library, or copies may be obtained from the contact identified on the cover page of the RFP.

Information on State and Federal Single Audit Acts compliance may be obtained from:

State Single Audit Coordinator
Department of Administration
Division of Finance

PO Box 110204
Juneau, AK 99811-0204
Telephone: (907) 465-4666
Fax: (907) 465-2169

Department of Health Program Audit Requirements: All DHSS grantees are subject to the requirements of 7 AAC 78.230. If awarded, agencies which are not required to file State Single Audits under 2 AAC 45.010 must ensure a fiscal audit of the agency operations under the grant program is performed by an independent, licensed, certified public accountant at least once every two years and submitted to:

State of Alaska Department of Health and Social Services
Finance and Management Services
Audit Section
PO Box 110602
Juneau, AK 99811-0602
Telephone: (907) 465-3120

Facility, Service Access, and Safety:

1. The applicant must address potential safety concerns for clients and staff in the management of services proposed in response to this RFP.
2. The applicant should describe client accessibility to services and the way in which that will enhance project success.
3. All applicants for Department grants should have a written plan for emergency response and recovery that provides for potential safety concerns and the safe evacuation of clients and staff. This plan is mandatory for agencies providing residential and/or critical care services as noted in the State Grant Assurances.

2.04 Support/Coordination of Services

Applicants must demonstrate the proposed project has the necessary support and coordination for the successful delivery of services. The proposal must address the following:

1. Community support where services are proposed;
2. Involvement of the public and potential service recipients in the planning process;
3. Partnerships and collaborations specific to the proposed project; and
4. Coordination with necessary referring agencies and the role of each described.

Section 3 General Instructions for Proposal Submission

3.01 Eligibility

This RFP solicits applications from organizations that provide services to pregnant and postpartum women and families with dependent children. Eligible applicants may include behavioral health providers, domestic violence shelters, healthcare providers, and other community-based organizations capable of supporting referral coordination and service access.

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). Eligible applicants are state agencies; political subdivisions of the state such as cities, organized boroughs, and Regional Educational Attendance Areas; nonprofit organizations and consortia of nonprofits; and Alaska Native entities. As follows, eligibility will be verified by Grants and Contracts.

1. Political subdivisions of the state and Regional Educational Attendance Areas will be verified by State records.
2. Eligible nonprofits are listed in the State's database of registered nonprofit entities or the US Internal Revenue Service's register of tax-exempt organizations. Nonprofit subsidiaries of nonprofit corporations must also provide a letter from the parent organization confirming nonprofit status.
3. Alaska Native entities as defined in 7 AAC 78.950(1) must submit, with the application, a legally binding resolution waiving the entity's sovereign immunity to suit through the duration of the program, identified in RFP Subsection 3.05. The resolution must be authorized in compliance with the tribe's constitution, either by the tribal council or by majority vote of the tribal membership. The required template is provided at Subsection 4.02, Other Technical Requirements.

(*Federal Funding Accountability and Transparency Act (FFATA): In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub- Award And Executive Compensation Information, reporting is required of any grant award with federal funding equal to or greater than $30,000. FFATA is intended to hold the federal government accountable for spending decisions. Accountability data is available to the public at U.S. Government spending. Reporting requirements extend to recipients of State-issued awards with federal funds. An Agency Power User must complete the FFATA form under Federal Reporting in the GEMS Agency Administration tab. The report data will reflect the audited figures of the agency's most recently completed fiscal year. The report captures expenses and executive compensation for your agency. More information regarding FFATA requirements can be found atFederal Funding Accountability and Transparency Act Subaward Reporting System.*

Effective April 4th, 2022, the US Federal Government transitioned from the Dun & Bradstreet Data Universal Numbering System (DUNS) number to a System for Award Management (SAM) generated Unique Entity Identifier (UEI) alpha-numeric value for federal awards management. All grantees receiving awards with federal funds are required to have a UEI. More information regarding this transition can be found on the U.S. General Services Administration.

The Grants Electronic Management System (GEMS) has been updated to include fields for both the DUNS nine-digit number and the UEI twelve-digit alpha-numeric value under the General section of the Agency Administration tab. An Agency Power User must confirm the current UEI number is listed in GEMS. The DUNS number will continue to be displayed in GEMS until further notice.

Applicant agency GEMS records must contain the agency's current State of Alaska Business License number, and a current governing board roster which includes titles, contact information, and terms of office for each seat. The roster must include emergency contact information outside the applicant agency for one or more officers.

Grants and Contracts will verify neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

If this grant program includes Federal funding, effective November 12, 2020 Federal Uniform Guidance 2 CFR 200 requires that agencies be registered on the System for Award Management (SAM) website at System for Award Management (SAM). If an applicant is recommended for award and is not registered on this site, the offered award will not be executed, and funds will not be issued until agency registration is confirmed.

Applicants who have had a contract or grant to help produce this RFP are not eligible to apply and any submitted proposal will not be considered.

3.02 Acceptance of Terms

By submitting a proposal, an applicant accepts all terms and conditions of this RFP including all identified attachments and guidelines, 7 AAC 78, and any other applicable statutes and regulations. Copies of these may be accessed through the contact person identified on the cover page or through the web address(es) identified in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in the awarded proposal unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

3.03 Inquiries

Applicants should immediately review this RFP for defects and questionable or confusing content. Questions that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person identified on the RFP cover page. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared substantive. The applicant will be directed to submit the question in writing to the contact person at the email address on the cover page no later than the Deadline for Written Inquiries, also identified on the cover page. This will allow issuance of any necessary amendments and/or clarifications to all prospective applicants.

Applicants are responsible for monitoring GEMS or the State's Online Public Notices website (Online Public Notices) for any clarifications or amendments that may be issued regarding this solicitation.

Proposals will not be accepted after 3:59 PM prevailing local time on the due date identified on the cover page.

3.04 Proposal Costs and Content

The Department will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

The applicant is responsible for the content of the proposal.

3.05 Duration

This RFP is for a three-year period, beginning 7/1/2026 through 6/30/2029. At the discretion of the Department, a project funded under this RFP may be considered for continued funding in subsequent program year(s). The annual decision to continue funding for the subsequent year(s) of the three-year grant cycle is based on the following general conditions:

1. the Department's judgment that there is a continued need for the grant project service;
2. the grantee's satisfactory performance during the previous grant year;
3. the availability of sufficient grant program funds, and whether continuation of the financing is consistent

with public health and welfare; and
4. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Applicants will submit a budget proposal for year one of the grant only. Funding in each subsequent year will require submission and approval of documents needed to update service plans, evaluation measures, and budgets. Grants and Contracts will notify grantees of specific submission requirements necessary to qualify for consideration of continued funding.

This RFP is for fiscal year FY2027, 7/1/2026 through 6/30/2027.

3.06 Proposal Review

Following the deadline for receipt of proposals, no revisions will be accepted unless provided in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

1. Proposals will be evaluated in a manner that will avoid disclosure of contents before notices of grant award have been issued.
2. Department of Health staff will evaluate each proposal for minimum responsiveness and other technical requirements and eliminate nonresponsive proposals from consideration.
3. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), Department staff will evaluate each responsive proposal. **Scores for each criterion will be based solely on the response to the associated question. Points will not be earned if the information was provided in response to another question in Section 4**. Department staff will also review relevant departmental documentation regarding the applicant. Staff recommendations regarding awards and levels of funding will include consideration of the following:
    i. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
    ii. priorities in applicable State health and social services plans;
    iii. requirements of applicable State and federal statutes; and
    iv. municipal ordinances or regulations applicable to the grant program.

If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. As a committee the PEC will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. Scores will be assigned based on the applicant's response to each individual question and the associated criteria. **Applicants will not earn points for a given question based on a response to another question in the RFP**. The PEC review will include discussion of each proposal's merits. PEC recommendations will rank proposals in priority order and include approval or disapproval for award, modifications to the proposed project, and special compliance conditions.

All staff advisory recommendations and, if applicable, those of the PEC, and all review materials will be submitted for consideration by the Division Director, who will make recommendations to the Commissioner of the Department of Health or the Commissioner's designee.

3.07 Final Decision Authority

Recommendations are advisory only, including those from any PEC that may be held. The final decision to approve or disapprove award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

NOTE: The final decision may include additional considerations, such as a lack or duplication of services in certain locations, or alternative services that may be available; a critical need for services by populations in need; and matters of health, life and safety. The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.

3.08 Notification of Grant Award and Appeals

Within fifteen (15) days after the decision regarding grant awards, applicants will be notified of the final funding decisions, and, if awarded, any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, successful applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78.

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner and received in writing at the address below within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

With a copy to the contact identified on the solicitation cover page, send appeal to:

Heidi Hedberg, Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923

3.09 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. The Department may withdraw this RFP at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the State to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed to be in the best interest of the State.

Section 4 Submission Requirements/Evaluation Criteria

4.01 Minimum Responsiveness Criterion per 78.100(2)(A)

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

1 Applicant is eligible per 7 AAC 78.030.

Evaluation/Review Criteria		Review	Points
a	Applicant is eligible per Alaska Administrative Code 7 AAC 78.030.	☑	

4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100

Response & Organizational Documentation

1 If applying as a non-profit organization, confirm non-profit status is documented.

Evaluation/Review Criteria		Review	Points
a	The agency is listed as a non-profit in good standing on the State's corporation database, confirmed at State Corporation Database and/or	☑	
b	The agency's current 501(c)(3) status is confirmed on the Exempt Organizations page, accessible at IRS Tax Exempt Organization Search.	☑	
c	If a non-profit subsidiary of a non-profit corporation, a verifying letter from the parent non-profit agency is uploaded to the applicant's agency GEMS record (under General in the Agency Administration tab). The parent corporation must meet criteria a and/or b.	☑	

2 If applying as a Federally recognized tribal entity, upload the signed Resolution for Tribal Entities using the template provided below. Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
a	The applicant is a recognized Alaska Native entity as verified by the Federal Register at Federal Register. If a tribal consortium, all members are recognized Alaska Native entities.	☑	
b	A Resolution, completed on the provided form, is uploaded in the space provided. If a tribal consortium, a Resolution from each member tribe is uploaded as a single file.	☑	

3 If applying as a government entity, confirm the following criterion is met.

Evaluation/Review Criteria	Review	Points

a	The applicant is another State Agency, such as the University; a political subdivision such as a city or municipality, verified at Local Boundary Commission ; or an REAA under AS 14.08.031 verified at Department of Education Alaska School Map.	☑	

4 Confirm neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

Evaluation/Review Criteria		Review	Points
a	The applicant agency nor its principals are barred from receiving federal assistance as verified in the federal System for Awards Management at System for Award Management (SAM).	☑	

5 Electronically sign the State Grant Assurances form.

Evaluation/Review Criteria		Review	Points
a	State Grant Assurances form is signed by an individual authorized to enter into legal agreements on behalf of the applicant agency.	☑	

6 This program receives federal funds. Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
a	The Federal Assurance and Certification form is electronically signed by an individual authorized to enter into legal agreements on behalf of the applicant.	☑	
b	The applicant agency GEMS record, under General in the Agency Administration tab, contains the agency's DUNS number.	☑	
c	The required Federal Funding Accountability and Transparency Act (FFATA) information, located under the Federal Reporting section of the Agency Administration tab, has been provided for the agency's most recently completed fiscal year. This task can only be completed by an Agency Power User.	☑	

7 Confirm the following information is provided at the Agency Administration tab. These tasks must be completed by a Power User. If the information is found to be incomplete or not current, there may be delay in execution of any offered award.

Evaluation/Review Criteria		Review	Points
a	The General section contains a current governing board roster. The roster includes terms of each seat and contact information outside the applicant agency for one or more officers.	☑	
b	The Other Funding section contains a record for each source of agency operating funds. The record includes funds applied for under this solicitation. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.	☑	
c	The General section contains a State of Alaska business license number, verified at Alaska Business Licenses Search.	☑	
d	All agency contact records are up to date, including Head of Agency, Primary Contact, and Head of Financial Operations.	☑	
e	The applicant's agency record contains the Agency Fiscal Year Start Date.	☑	
f	The applicant's agency GEMS record contains a current Federally Negotiated Indirect Cost Rate Agreement. If lapsed, the agreement is uploaded with written confirmation from the negotiating agency that the rate is valid until a new agreement is approved.	☑	

4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B)

1 Previous recipients of grant awards will confirm the following criteria pertaining to past performance and compliance are met. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. All other applicants will mark Complete without confirming.

Evaluation/Review Criteria		Review	Points
a	Fiscal, narrative, and data reporting in prior years has been complete and timely.	☑	
b	Required State and Federal Single Audits have been submitted, verified at Division of Finance, State Single Audit. Any prior year audit exceptions have been resolved, verified by the Finance and Management Services Audit Section contact identified at Finance and Management Services Audit Contact.	☑	

c	Activities in prior year(s) demonstrate effective delivery of services. The departmental review may include documentation such as performance reports, audit reports, grant records, site visits, etc.	☑	
d	Agency historically maintains required standards. Verification may include, though is not limited to, quality assurance reviews, licensing, and certifications.	☑	
e	If a site visit was conducted at the agency for any Department of Health Grant Programs within the past three years, please identify in the application response, the date of the visit and if there were findings. If there were findings, please identify what the findings were.	☑	

4.04 Questions and Criteria Related to Program Policy, Goals, Outcomes, and Activities

1 Describe the proposed project in the text box below, identifying the ways in which it will achieve the program goals and anticipated outcomes stated in this RFP.

Evaluation/Review Criteria		**Review**	**Points**
a	The description demonstrates a thorough understanding of program goals, requirements, and outcomes, and clearly identifies the ways in which they will be achieved.	☐	60
b	The applicant describes how they will function as a meaningful access point within a "no wrong door" system.	☐	30
c	The applicant identifies how they plan to achieve one or more of the five domains of access outcomes listed in Section 1.02: availability, accessibility, accommodations, acceptability, and affordability.	☐	30

2 Provide the timeline for the initiation of services and implementation of project activities in the upload field below.

Evaluation/Review Criteria		**Review**	**Points**
a	The timeline proposed for initiation of services and project activities is compatible with program intent.	☐	120

3 In the text box below, describe the ways in which the project aligns with program intent. The response will identify project resources, activities, and clearly state the project's anticipated goals, outputs, and outcomes. In the upload field below, provide the project's completed logic model.

Evaluation/Review Criteria		Review	Points
a	The response identifies project resources, activities, and clearly states the project's anticipated goals, outputs, and outcomes.	☐	40
b	The proposed activities are well-developed, reasonable, supportive of program intent and address one or more of the five domains of access listed in Section 1.03: availability, accessibility, accommodations, acceptability, and affordability, clearly identify which domains are being addressed, and how the proposed activities will improve the intended outcome in that domain.	☐	40
c	The response describes well-developed, reasonable activities and how they are supportive of program intent and meet the requirements in Section 1.03 and 1.03.A for outreach, services for pregnant women and women with dependent children, referral management, TB services, and coordination of services.	☐	40
d	The applicant's logic model identifies project resources, activities, and projected outcomes that meet program intent.	☐	100

4 In the text box below, describe the project evaluation plan, including indicators and data gathering strategies that will be implemented to address the program's performance measures identified in Subsection 1.04.

Evaluation/Review Criteria		Review	Points
a	The proposed evaluation plan includes indicators and data gathering strategies aligned with the program performance measures identified in Subsection 1.04.	☐	80

5 In the text box below, describe the target population and service area(s) of the proposed project.

Evaluation/Review Criteria		Review	Points
a	The description clearly identifies the proposed target population and service area and meets the intent of the services solicited.	☐	80

6 Provide the proposed budget for the first year of the project. Include detail and supporting narrative as shown in the provided Grant Budget Preparation Guidelines (Documents tab). Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
a	The budget narrative is complete and mutually consistent with the budget detail.	☑	
b	Cost line items are allowable under 7 AAC 78.160 and are compliant with stated program requirements.	☑	
c	Travel costs are consistent with 7 AAC 78.160(h) and (i), and with any program requirements or limitations identified in the solicitation.	☑	
d	Equipment costs and subcontract costs are allowed by the program and consistent with 7 AAC 78.280.	☑	
e	Indirect costs are fully compliant with rates and exemptions of the agency's current Federally Negotiated Indirect Cost Rate Agreement, uploaded in the General section of the Agency Administration tab.	☑	
f	The budget supports the proposed project and program intent, and the project appears achievable with demonstrated resources.	☐	40
g	Costs are reasonable and substantiated in the narrative.	☐	20
h	The proposed budget narrative clearly describes any necessary allocation of resources among target populations or service areas.	☐	20
i	Proposed sources of Required Match are identified in the budget narrative as well as in the Matching Fund Source table located near the beginning of the application. All proposed sources of matching funds are eligible, and the level of match is met.	☑	

4.05 Applicant Qualifications - Criteria Relating to Personnel, Management, and Facilities

1 In the text box below, describe the agency's previous experience in providing services the same as, or similar to, those proposed. Clearly identify the time period over which services were provided and the population served. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Evaluation/Review Criteria		Review	Points
a	The applicant's previous experience providing the same or similar services demonstrates the resources and capacity needed to provide the solicited program services. Note: the review by department staff will also include documentation such as prior year performance reports, audit reports, site visits, etc. as noted in Subsection 4.03.	☐	60
b	Agency has the financial strength and capacity to manage grants and verifies that is has the capacity to implement funds if received.	☑	

2 In the text box below, describe the proposed project's program and administrative staffing needs. Scan the following documents as a single file and upload in the space provided below: 1) Position descriptions for key project positions 2) Resumes and professional credentials for position holders 3) Resumes of administrative staff providing supervision, fiscal, reporting, and management needs. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Evaluation/Review Criteria		Review	Points
a	Staff providing services are qualified and competent as demonstrated by the uploaded position descriptions, resumes, and professional credentials.	☐	120
b	Staffing levels are sufficient to support the requirements of the proposed project and compliant with all identified program mandates.	☐	80
c	Position descriptions support the intent of the RFP and the project proposed.	☐	60
d	Administrative staff is qualified as demonstrated by the resumes provided.	☐	80
e	Administrative capacity demonstrates capability to meet management and reporting needs.	☐	80
f	Agency has indicated in the narrative proposal what the overall agency staff turnover rate has been during the past two years.	☑	

3 In the text box below, describe the procedures that will be used to protect client confidentiality.

Evaluation/Review Criteria		Review	Points
a	The applicant's description identifies the procedures necessary to protect client confidentiality compliant with State and Federal standards.	☐	100

4 In the text box below, describe the service delivery facilities and locations and the ways in which access to services will enhance project success.

Evaluation/Review Criteria		Review	Points
a	The facilities described are safe and appropriate to the purpose of the program.	☐	60
b	Access to the locations will enhance delivery of services to the targeted populations.	☐	60

4.06 Demonstration of Support/Coordination of Service

1 In the upload field below, provide a single-file scan of documented community support for the proposed project.

Evaluation/Review Criteria		Review	Points
a	Appropriate documentation of support is provided from each community in which the applicant proposes to provide services.	☐	60

2 In the text box below, describe the ways in which the project planning process involved the public and potential service recipients.

Evaluation/Review Criteria		Review	Points
a	The applicant’s description demonstrates the involvement of the public and potential recipients of services in planning the project proposed.	☐	40

3 In the text box below, describe partnerships or collaborations necessary to the proposed project. In the upload field below, provide a single-file scan documenting existing partnerships and collaborations specific to the proposed project.

Evaluation/Review Criteria		Review	Points
a	Partnerships and collaborations necessary for the effective delivery of services are well described. Evidence specific to the proposed project is provided.	☐	60

4 ***In the text box below, describe the in-place or planned coordination with the State or other providers for referrals necessary to project success. Identify the project staff involved as well as the responsible positions at the referring agencies.***

Evaluation/Review Criteria		Review	Points
a	The applicant's description demonstrates a clear understanding of the roles that must be performed by the applicant and by referring agencies for the effective delivery of services to the targeted population.	☐	60