



**STATE OF WASHINGTON  
HEALTH CARE AUTHORITY**

**REQUEST FOR APPLICATIONS (RFA)**

**RFA NO. 2021HCA4**

**NOTE:** *If you download this RFA from WEBS, you are responsible for monitoring the posting for updates and new amendments.*

**PROJECT TITLE: Community Prevention and Wellness Initiative (CPWI) Cohort 7 Expansion**

**PROJECT SHORT TITLE: CPWI Cohort 7 Expansion**

**APPLICATION DUE DATE: May 19, 2021 by 2 p.m. pacific time, Olympia, Washington.**

All Applications must be submitted electronically via email to the email address listed below. It is within HCA's sole discretion to accept submission in any other format.

**ESTIMATED TIME PERIOD FOR CONTRACT: July 1, 2021 to March 14, 2023.**

Amendments extending the period of performance, if any, will be at the sole discretion of HCA and will not extend past March 14, 2027. For administrative purposes, HCA reserves the right to distribute award of funds across multiple contracts over the time period of the grant.

HCA may use the results of this solicitation for future awards and contracts.

**APPLICANT ELIGIBILITY:** This procurement is open to those Applicants that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

**RFA CONTACT:** The RFA Coordinator is the sole point of contact in HCA for this procurement. All communication between the Applicant and HCA upon release of this RFA must be with the RFA Coordinator, as follows:

<b>Name</b>	Cassie Bryden
<b>Email Address</b>	<a href="mailto:HCAProcurements@hca.wa.gov">HCAProcurements@hca.wa.gov</a>

Emails must have "**RFA 2021HCA4**" and "**Cassie Bryden**" in the subject line.

Any other communication will be considered unofficial and non-binding on HCA. Applicants are to rely on written statements issued by the RFA Coordinator. Communication directed to parties other than the RFA Coordinator may result in disqualification of the Applicant.

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# 1. GENERAL INFORMATION

## 1.1. PURPOSE AND BACKGROUND

The Washington State Health Care Authority, hereafter called "HCA," is initiating this Request for Applications (RFA) to solicit Applications from entities interested in participating in the Community Prevention and Wellness Initiative (CPWI) as a Cohort 7 Coalition. These Contracts will increase the capacity to implement direct and environmental substance use disorder (SUD) prevention services in communities to prevent and reduce the misuse and abuse of alcohol, tobacco, marijuana, opioids, and other drugs.

The CPWI model was formed in 2011 as a partnership with the Office of Superintendent of Public Instruction (OSPI), counties, Educational Service Districts (ESDs), schools and prevention Coalitions supporting communities in preventing SUD. Communities are chosen based on the local rates of youth substance use, related problems, and the Community's need and readiness to address these issues. To date, HCA funds CPWI prevention Coalitions in over 80 communities, located in all 39 counties and nine ESDs. The CPWI provides Community Coalitions with funding, training, and technical assistance for coordination, assessment, strategic planning, implementation, and evaluation of prevention services needed in their communities. This support helps communities build on their past successes and measure more accurately how well prevention programs are meeting goals. CPWI also provides funding to ESDs to support a minimum of one full-time Student Assistance Professional (SAP) position in each CPWI Community.

The following link provides access to the CPWI Community Coalition Guide (Guide) that will help provide direction for implementation of this project: [www.TheAthenaForum.org/CPWIGuide](http://www.TheAthenaForum.org/CPWIGuide). The implementation timeline described in the Guide will be negotiated with ASBs once Contracts are in place.

### 1.1.1. Applicant Types

There are two types of Applications included in this RFA, Type A and Type B. Type A Applicants will have an existing infrastructure to support the addition of a new CPWI Coalition or expand the focus of an existing Coalition to include a focus on substance use disorder prevention efforts. The purpose in providing the Applicant Type B option is to encourage and support new fiscal agents with a lower degree of readiness to join the CPWI initiative. HCA intends to provide additional technical assistance, training, and support to Type B Applicants, as well as any Type A Applicants that may need this additional support.

Both Type A and Type B Applicants will fill out the same Application forms. However, they will be scored independently of each other to acknowledge past experience and provide equity for new Applicants.

1.1.1.1. **Applicant Type A** - Applicants looking to add a new CPWI Coalition who identify with one of the following criteria:

- (i) Are a fiscal agent for an existing CPWI Coalition or Community Based Organization (CBO); and/or
- (ii) Have an existing subcontract under a CPWI who holds an existing contract with HCA/DBHR; or
- (iii) Have previously held a contract or subcontract with HCA/DBHR.

1.1.1.2. **Applicant Type B** - Applicants looking to become a new fiscal agent for a new CPWI Coalition who identify with one of the following criteria:

- (i) Have no existing contract and/or subcontract and are a new Applicant to HCA/DBHR; or
- (ii) Have an agreement as a Tribal government or an Urban Indian program.

### 1.1.2. Sources of Funding

It is the expectation of the HCA that the projects applied for through this Contract are not receiving duplicate funding from another grant or donation source. Contractors must use funding to Supplement and not Supplant existing prevention activities in their communities.

There are two (2) different sources of funding that each new CPWI Coalition may receive upon award, dependent upon availability of funding:

- 1.1.2.1. State Opioid Response (SOR); and
- 1.1.2.2. Substance Abuse Block Grant (SABG).

### 1.1.3. Maximum Funding

HCA intends to award approximately 10-20 new CPWI Coalition contracts to join Cohort 7, dependent upon availability of funding. Each Applicant Type has a maximum funding amount. Both Type A & Type B Applicants will be awarded contracts for a maximum of two years, any extensions will be based upon HCA's receipt of continued funding, successful implementation, and may be extended only through March 14, 2027.

Both Type A and Type B Applicants will receive a total of \$220,000:

- 1.1.3.1. \$90,000 in Year One, July 1, 2021 – June 30, 2022
- 1.1.3.2. \$130,000 in Year Two, July 1, 2022 – March 14, 2023

### 1.1.4. Multiple Contracts

HCA intends to award multiple Contract(s) to provide the services described in this RFA. Multiple Contracts may be awarded to one geographical area at HCA's sole discretion if it is deemed to be in the best interest of HCA and the state of Washington.

HCA's intends to award multiple contracts to provide quality and culturally competent Evidence-Based Programs, Research-Based Programs, and Promising Programs to address Substance Use Disorder Prevention. HCA intends to provide this funding to contractors to implement the CPWI model and associated deliverables.

### 1.1.5. Eligible Entities

Counties who HCA currently has a County Program Agreement for Prevention Services is the preferred Applicant. Should the County not wish to be the fiscal Applicant, the other eligible entities listed in this section are encouraged to collaborate and submit an Application from an agreed upon fiscal agent. If multiple organizations within an eligible Community are interested in applying they are encouraged to combine efforts and use their collaboration as an opportunity to submit the strongest Application possible.

HCA may award to the following:

- **Tribal Governments**
- **Tribal Organizations**
- **Urban Indian Health Programs**
  
- **Government Organizations**
  - County governments
  - City or township governments
  - Local governments
  - Special district governments
  - Law enforcement agencies

- **Education Organizations**
  - School districts
  - Private schools approved by the State Board of Education
  - Educational Service Districts (ESDs)
  - Public and state-controlled institutions of higher education
  - Private institutions of higher education
  
- **Non-Profit Organizations**
  - Nonprofits with 501(c)(3) status from the IRS, other than institutions of higher education, such as: youth service agencies, hospitals, faith-based organizations

1.1.6. Eligible High-need Communities

The eligible entities may apply for funds to support a Coalition only in one of the communities listed in Exhibit A, *High-Need Community List for CPWI Cohort 7*, or listed below:

County	Community/School District/HSAA** Name	ESD
<b>Adams</b>	Lind	101
<b>Benton</b>	Finley	123
<b>Chelan</b>	Manson	171
<b>Clallam</b>	Port Angeles	114
<b>Clark</b>	Vancouver: Columbia River HS**	112
<b>Clark</b>	Vancouver: Skyview HS**	112
<b>Cowlitz</b>	Kalama	112
<b>Cowlitz</b>	Kelso	112
<b>Douglas</b>	Bridgeport	171
<b>Douglas</b>	Eastmont	171
<b>Grant</b>	Soap Lake	171
<b>Grant</b>	Warden	171
<b>Grant</b>	Royal	105
<b>Grant</b>	Ephrata	171
<b>Grays Harbor</b>	Oakville	113
<b>Grays Harbor</b>	Ocosta	113
<b>Grays Harbor</b>	Elma	113
<b>Grays Harbor</b>	North Beach	113
<b>Jefferson</b>	Quilcene	114
<b>King</b>	Enumclaw	121
<b>King</b>	Federal Way	121
<b>Kitsap</b>	South Kitsap	114
<b>Kittitas</b>	Kittitas	105
<b>Klickitat</b>	White Salmon	112
<b>Lewis</b>	White Pass	113
<b>Lincoln</b>	Wilbur	101
<b>Lincoln</b>	Davenport	101
<b>Okanogan</b>	Okanogan	171
<b>Okanogan</b>	Methow Valley	171
<b>Okanogan</b>	Tonasket	171
<b>Okanogan</b>	Oroville	171
<b>Pacific</b>	Raymond	113

<b>Pierce</b>	Orting	121
<b>Pierce</b>	Eatonville	121
<b>Pierce</b>	White River	121
<b>Pierce</b>	Fife	121
<b>Pierce</b>	Tacoma: Mount Tahoma HS**	121
<b>Pierce</b>	Tacoma: Stadium HS**	121
<b>Pierce</b>	Tacoma: Lincoln HS**	121
<b>Pierce</b>	Sumner	121
<b>Skagit</b>	Burlington-Edison	189
<b>Snohomish</b>	Sultan	189
<b>Snohomish</b>	Granite Falls	189
<b>Snohomish</b>	Lakewood	189
<b>Snohomish</b>	Edmonds: Mountlake Terrace HS**	189
<b>Spokane</b>	Deer Park	101
<b>Spokane</b>	West Valley (Spokane)	101
<b>Spokane</b>	Riverside	101
<b>Spokane</b>	Medical Lake	101
<b>Spokane</b>	Spokane: Ferris HS**	101
<b>Stevens</b>	Colville	101
<b>Thurston</b>	Rainier	113
<b>Thurston</b>	Yelm	113
<b>Thurston</b>	Rochester	113
<b>Walla Walla</b>	Waitsburg	123
<b>Whitman</b>	Colfax	101
<b>Yakima</b>	Mabton	105
<b>Yakima</b>	Naches Valley	105
<b>Yakima</b>	Grandview	105
<b>Yakima</b>	Granger	105
<b>Yakima</b>	East Valley (Yakima)	105
<b>Yakima</b>	West Valley (Yakima)	105
<b>Yakima</b>	Selah	105

*Please Note: High School Attendance Area (HSAA) - includes feeder schools.*

#### 1.1.7. Application Priorities

##### 1.1.7.1. Highly Valued Priorities

HCA highly values Health Equity and reducing Health Disparities by providing substance use disorder prevention services to underserved communities or communities of color, veterans and military families, persons with disabilities, or members of LGBTQ communities.

#### 1.1.8. HCA's Responsibilities and Obligations

HCA reserves the right, at its sole discretion, to adjust an Applicant's funding amount awarded, reject any and all Applications received without penalty, and to not issue any contract as a result of this RFA if deemed to be in the best interest of HCA and the state of Washington.

HCA will not be liable for any costs incurred by the Applicant in preparation of an Application

submitted in response to this RFA, in conduct of a presentation, or any other activities related in any way to this RFA.

## 1.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

HCA Release of Request for Applications	April 19, 2021
Pre-Application Webinar via GoToMeeting	April 26, 2021, 3-4:30 p.m. pacific time
Recorded Webinar & HCA Responses Posted	April 30, 2021
Questions Due from Applicants	Once per week, due by each Thursday at 4 p.m. pacific time: April 22 & 29 and May 6 & 13, 2021
HCA Responses Posted	To be posted each Tuesday following the Question Due dates by 5 p.m. pacific time: April 27 and May 4, 11, & 18, 2021
Applications Due Date	May 24, 2021 by 9 a.m. pacific time
Evaluate Applications	May 24, 2021 – June 4, 2021
Announce “Apparent Successful Applicant” and send notification via email to unsuccessful Applicants	June 10, 2021
Applicant Request for Debrief Due Date	June 15, 2021 by 4 p.m. pacific time
Hold Debriefing Conferences via Teams (if requested)	June 14-16, 2021
Begin Contract Negotiations	June 10-25, 2021
Estimated Contract Start Date	July 1, 2021

HCA reserves the right in its sole discretion to revise the above schedule.

Applicants are strongly encouraged to register as a vendor on Washington’s Electronic Bid System (WEBS), at <https://fortress.wa.gov/ga/webs/> and to download a copy of this RFA from WEBS, in order to view any Amendments that are issued by HCA which may modify the terms of this RFA.

## 1.3. MINIMUM QUALIFICATIONS / ELIGIBILITY REQUIREMENTS

- 1.3.1. Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington within thirty (30) calendar days of being selected as the Apparent Successful Applicant (ASA).
- 1.3.2. Proposed services must be expanding and enhancing services in the identified Community and Applicant must not Supplant existing funds for a project or activities.
- 1.3.3. Applicant must be an eligible entity as defined in Section 1.1, *Purpose and Background*, Subsection 1.1.4, within the state of Washington.
- 1.3.4. A minimum of one (1) year’ experience with providing Substance Use Disorder prevention, or behavioral health services.

## 1.4. FUNDING PERIOD

The initial period of performance of any contract resulting from this RFA is tentatively scheduled to begin on or about July 1, 2021 and to end on March 14, 2023. Amendments extending the period of performance, if any, will be at the sole discretion of HCA and shall not extend past March 14, 2027. For administrative purposes, HCA reserves the right to distribute award of funds across multiple contracts over the time period of the grant.

Contracts will be awarded as a result of this procurement contingent upon the availability of funding. HCA may provide additional funding or de-obligate unused funds, if it is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated herein.

Contractors must use funding to Supplement and not Supplant existing prevention activities in their communities.

## 1.5. DEFINITIONS

**Apparent Successful Applicant or ASA** – The Applicant selected as the entity to perform the anticipated services under this RFA, subject to completion of contract negotiations and execution of a written contract.

**Applicant** – Individual or company interested in the RFA that submits an Application in order to attain a contract with HCA.

**Application** – A formal offer submitted in response to this solicitation.

**Authorized Representative** – A person to whom signature authority has been delegated in writing, acting within the limits of his/her authority.

**Health Care Authority or HCA** – an executive agency of the state of Washington that is issuing this RFA.

**Contract** - The agreement between HCA and the ASA to carry out the ASA's proposed program.

**Request for Application or RFA** – Formal procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFA is to permit the Applicant Community to suggest various approaches to meet the need at a given price.

## 1.6. SPECIAL DEFINITIONS

Definitions specific to the purposes of this RFA include:

**Action Plan** – An approved work plan for planned services and activities to be implemented by the Coalition, to be developed by the resulting Contractor and HCA Contract Manager.

**Budget** – The approved cost justification and breakdown of planned services and activities to be implemented by the Coalition, to be developed by the resulting Contractor and HCA Contract Manager.

**Coalition** – Formal arrangement for cooperation and collaboration between groups or sectors of a Community. Each participant in the Coalition retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free Community.



**Coalition Coordinator** – The Coalition Coordinator provides staff support to the Coalition through planning, problem solving, and implementation, as referenced on page 7 of the [Community Coalition Guide](#).

**Cohort 7** – The newest group of Coalitions to join the CPWI initiative.

**Community** – Geographic area within school district boundaries, or within High School Attendance Areas (HSAA), and their feeder schools.

**Community Prevention and Wellness Initiative or CPWI** – HCA substance use prevention delivery system that focuses prevention services in high-need communities in Washington State as selected and approved by HCA. The List of sites can be found in Exhibit B, *Existing HCA CPWI Coalitions*.

**Division of Behavioral Health and Recovery or DBHR** – The division of the Washington State Health Care Authority that provides program support for behavioral health including substance use disorder prevention and treatment, mental health promotion and treatment, and recovery support services.

**Educational Service District or ESD** – Regional agency described in RCW 28A.310.010 to (1) provide cooperative and informational services to local school districts; (2) assist the superintendent of public instruction and the state board of education in the performance of their respective statutory or constitutional duties; and (3) provide services to school districts and to the Washington state center for childhood deafness and hearing loss and the school for the blind to assure equal educational opportunities.

**Evidence-Based Program or EBP** – Program that has been tested in heterogeneous or intended populations that can be implemented with a set of procedures to allow successful replication in Washington. An EBP has had multiple randomized and/or statistically controlled evaluations, or one large multiple-site randomized and/or statistically controlled evaluation, and the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the desired outcomes.

**Health Disparities** – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health Disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

**Health Equity** – The attainment of the highest level of health for all people. Achieving Health Equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

**Highly Valued Priorities** - Items not scored during evaluation of Applications but deemed important and valued to include for more favorable consideration in the Application, evaluation, and Contract award process.

**Priority Points** – Extra points possible, in addition to the required scoring.

**Project Narrative** – Written answers to the questions included in Section 3.3, *Project Narrative*. Project Narrative describes the Programs an Applicant seeks to carry out if awarded a Contract.

**State Opioid Response** – The federal discretionary grant awarded by the Substance Abuse and Mental Health Services Administration to address opioid use disorder.

**Student Assistance Professional or SAP** – Hired by the Educational Services Districts in partnership with the Office of Superintendent of Public Instruction, a SAP provides universal and targeted prevention services to schools and students.

**Substance Abuse Block Grant or SABG** – The federal grant awarded by the Substance Abuse and Mental Health Services Administration with an objective to help plan, implement, and evaluate activities that prevent and treat substance abuse.

**Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System or Minerva** – Online data entry system for documenting and reporting prevention services. <https://www.theathenaforum.org/minerva>

**Supplant** – To take the place of and serve as a substitute funding for existing prevention activities in their communities.

**Supplement** – To enhance or add to the funding for existing prevention activities in their communities.

**Target Audience** – Indicated program participant a service is designed for based on the program design. A Community may determine Target Audience by geography or sub-population to ensure effective program delivery.

**Year One or Year 1** – means the first full year of the Contract term, from July 1, 2021 through June 30, 2022, or the school year which runs from 2021 to 2022.

**Year Two or Year 2** – means the start of the second year of the Contract term, specifically from July 1, 2022 through March 14, 2023, or through March 14, 2023 of the school year which runs from 2022 to 2023.

## 1.7. BUDGET DEVELOPMENT

Applicants will not be required to submit a Budget for this RFA. However, a Budget will be developed and planned post-award with the support of the HCA Contract Manager through the Coalition's strategic planning process.

1.7.1. Budgets that will be developed post-award must include the following components:

1.7.1.1. Salary and benefits for the Coalition Coordinator;

1.7.1.2. Coalition expenses, such as printing, materials, and costs for Community awareness events;

1.7.1.3. Prevention programs and strategy costs, including curriculum, supplies, and facilitator expenses; and

1.7.1.4. Public awareness costs, such as printing, advertising costs, and media buys.

1.7.2. The maximum allowed for indirect/administrative costs is 8% of the overall Budget to be used by the ASA to:

1.7.2.1. Cover all administrative expenses incurred by the awardee; and

1.7.2.2. Allow for all other funds to be applied to programmatic activities.

ASAs must adhere to the State of Washington procurement statutes for all purchases, contracts, travel, personnel, and per diem costs being paid for with Federal funds.

General materials and/or equipment purchases are not allowed by HCA in the Contract. Specific materials and/or equipment which are crucial to the success of the execution of the project may be applied for as Supplies.

These funds must be used to Supplement, enhance, or expand existing services for program activities and not replace those funds that have already been appropriated for the same purpose. Budgets must reflect the cost of the programmatic activities aligned with the proposed population reach. HCA will

consider cost variances of programs relative to the proposed population reach in determining the potential impacts.

Contractors may not use grant funds to defray any costs that the recipient already is obligated to pay.

The possibility of Supplanting will be the subject of careful Application review, possible pre-award review, post-award monitoring, and audit of any finding.

## **1.8. SCOPE OF WORK**

The work of ASAs shall include but not be limited to the following:

### **1.8.1. Required Community Coalition Strategies and Activities**

- 1.8.1.1. 1.0 FTE for the Coalition Coordinator for capacity building, strategic planning, and may include program implementation. Exceptions to this requirement may be considered by HCA post award.

The Coalition Coordinator must be hired within 45 days of the Contract start date to adhere to the training plan timeline. If a Coalition Coordinator is not hired, the contractor must send a delegate person in place and is responsible for obtaining all required training materials and training the newly hired Coalition Coordinator.

- 1.8.1.2. Secure office space in designated Community for the Coalition Coordinator. The Coalition Coordinator is allowed to work virtually should public health concerns from the COVID-19 pandemic impact the ability for the Coalition Coordinator to be in-person, however the Coalition Coordinator should still reside within the Community.
- 1.8.1.3. Participate in contract and program orientation provided by HCA within first 30 days of being awarded funding.
- 1.8.1.4. Hold first Community Coalition meeting by September 30, 2021.
- 1.8.1.5. Hold a minimum of nine (9) monthly Coalition meetings.
- 1.8.1.6. Follow CPWI guidelines to either expand current Coalition infrastructure and strategic plan or develop a Coalition.
- 1.8.1.7. Conduct an assessment of the needs and resources of your organization.
- 1.8.1.8. By December 31, 2021, host at least one local town hall meeting to educate Community members about local youth substance use issues identified in needs assessment and engage expanded participation in Coalition activities.
- 1.8.1.9. By December 31, 2021, present the HCA-provided Key Leader Orientation to Community leaders to gain feedback and support.
- 1.8.1.10. Coalitions must complete and have approved strategic plans on or before January 31, 2022.

### **1.8.2. Programs, Strategies, and Activities**

Programs, strategies, and activities selected by the Community Coalition will be implemented for Target Audience in which they are designed in an ongoing cycle as identified in Strategic Plan and Action Plan.

- 1.8.2.1. Funds shall be used to support program costs including staff for Coalition coordination, program planning, training, implementation, reporting, and evaluation.
- 1.8.2.2. Implement approved Action Plan beginning February 1, 2022.
- 1.8.2.3. Enter Coalition and prevention service data into the online reporting system designated by HCA in monthly schedule by the 15<sup>th</sup> of the month following the month of service.
- 1.8.2.4. Participate in prevention learning Community meetings as scheduled by DBHR, typically every other month.
- 1.8.2.5. Participate in monthly check-in phone calls with HCA Contract Manager or designee.
- 1.8.2.6. Participate in required trainings to be identified by DBHR.
- 1.8.3. Commitment from School District to Support SAPS Services

Type A and Type B Applicants have the option to choose to implement the Student Assistance Program (SAP) within Year One, or wait until Year Two of the Contract term. This must be indicated on Attachment 1, *Application Face Page* as well as within your Project Narrative, see Section 3.3. Both Applicants must have a full-time Student Assistance Program Specialist (SAPS) position in the high school or middle school, employed by the ESD no later than September 30, 2022. The SAPS will be funded through a separate contract between HCA and the ESD.

- 1.8.3.1. For sites selected to begin SAPS services in Year One, or the 2021-2022 school year, a 20% match is required.
  - (i) For Year One: in-kind match is allowed which may include office space, locking file cabinet, front office support, program supplies, and/or copies.
  - (ii) Year Two: A **20% local funds-cash match is required** for the 2022-2023 school year, and must be secured by July 30, 2022.
- 1.8.3.2. Establish a confidential setting for individual and group meetings.
- 1.8.3.3. Provide access to classroom time for prevention education and support students to attend group sessions.
- 1.8.3.4. Involve SAPS in student school-related drug and alcohol violations and when there is early indication of risk factors for other behavioral health concerns.
- 1.8.3.5. Participate in the Healthy Youth Survey administration for all schools in school district in partnership with the ESD.

## 2. APPLICATION PROCESS

### 2.1. QUESTIONS, ANSWERS, & CLARIFICATIONS

HCA will be bound only to HCA written answers to questions.

#### 2.1.1. Questions Submitted via Email

Applicants may submit questions and requests for clarifications regarding this RFA in writing to

- 2.1.1.1. Due each Thursday before 4 p.m. pacific time during the *Questions Due from Applicants* RFA period as specified in Section 1.2, *Estimated Schedule of Procurement Activities*.
- 2.1.1.2. All emails regarding this solicitation must reference “**RFA 2021HCA4**” and “**Cassie Bryden**”, in the subject line.
- 2.1.1.3. No phone calls or in-person inquiries will be accepted. Any verbal information received from any HCA employee or any other entity shall not constitute an official response to any questions regarding this RFA.

HCA responses will be posted per the *HCA Responses Posted* period as specified in Section 1.2, *Estimated Schedule of Procurement Activities*.

## 2.1.2. Pre-Application Webinar

All prospective Applicants should attend to discuss any questions they have regarding this RFA and the Application requirements. However, attendance is not mandatory.

- 2.1.2.1. A Pre-Application Conference is scheduled to be held **Monday, April 26, 2021, 3:00 – 4:30 p.m.**, pacific time.
- 2.1.2.2. Questions arising at the Pre-Application conference or in subsequent communication with the RFA Coordinator will be documented, answered in written form, and published on WEBS.
- 2.1.2.3. The Pre-Application Webinar will be recorded. To allow for future viewing of the recorded webinar, HCA will provide a link to the webinar in an amendment to the RFA posted in WEBS.
- 2.1.2.4. **BEFORE JOINING:**
  - (i) Be sure to [check system requirements](#) to avoid any connection issues;
  - (ii) GoToWebinar Link:
  - (iii) <https://attendee.gotowebinar.com/register/3134689373255838991>
  - (iv) Webinar ID: 460-469-339
  - (v) **Choose one of the following audio options:**
    - To Use Your Computer's Audio:  
When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.  
  
--OR--
    - To Use Your Telephone:  
If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.  
United States: +1 (562) 247-8422  
Access Code: 121-404-597  
Audio PIN: Will be provided once you join the webinar.

## 2.2. SUBMISSION OF APPLICATIONS

The Application must be received by the RFA Coordinator no later than the Applications Due Date in Section 1.2, *Estimated Schedule of Procurement*, and must be submitted electronically as an attachment to an email as follows:

- 2.2.1. Sent to **Cassie Bryden** at [HCAProcurements@hca.wa.gov](mailto:HCAProcurements@hca.wa.gov);
- 2.2.2. With the subject line: **RFA 2021HCA4 - Cassie Bryden**;
- 2.2.3. The Authorized Representative of the Applicant organization must be carbon copied (cc'd) on the submission email;
- 2.2.4. Application documents must:
  - 2.2.4.1. Be submitted with the same headings and in the same order as presented below and in Section 3, *Application Contents*:
    - (i) Application Face Page - *Attachment 1*;
    - (ii) Project Narrative;
    - (iii) Sector Support Statements Form - *Attachment 2*;
    - (iv) School District Readiness to Benefit and ESD Support Form - *Attachment 3*;
    - (v) Letters of Support; and
    - (vi) Applicant Intake Form - *Attachment 4*.
  - 2.2.4.2. Be composed using a font no smaller than 12-point Calibri or Times New Roman font;
  - 2.2.4.3. Include page numbers, "CPWI Cohort 7 Expansion", and RFA#: "2021HCA4" in the footer of each page;
  - 2.2.4.4. Adhere to any noted page limits as stated in Section 3, *Application Contents*;
- 2.2.5. Ensure all required signatures are captured & included;
  - 2.2.5.1. HCA will accept original, signed and scanned, and/or electronic signatures;
- 2.2.6. All Application documents must be compiled and submitted as one PDF file sent with the submission email. Zipped files will not be accepted by HCA; and
- 2.2.7. Any documents requiring signature must be signed by an individual within the organization authorized to bind the Applicant to the Application.

Failure to submit the Application by the date indicated above and/or as outlined above may result in the Applicant being found non-responsive.

Applicants must allow sufficient time to ensure timely receipt of the Application by the RFA Coordinator. Late Applications may not be accepted and could be automatically disqualified from further consideration, unless HCA email is found to be at fault. HCA does not assume responsibility for problems with Applicant's email. If HCA email is not working, appropriate allowances will be made.

All Applications and any accompanying documentation become the property of HCA and will not be returned.

### 3. APPLICATION CONTENTS

#### 3.1. COMPLETE AND RESPONSIVE APPLICATIONS

##### 3.1.1. MANDATORY / SCORED

Items marked “MANDATORY” must be included as part of the Application for the Application to be considered responsive; however, these items are not scored.

Items marked “SCORED” are those that are awarded points as part of the evaluation conducted by the evaluation team.

##### 3.1.2. RESPONSIVE

An Application will be considered responsive if all pertinent information and documentation is included and it has been formatted and submitted as outlined in Section 2.2, Submission of Application, and this Section 3, *Application Contents*.

##### 3.1.3. COMPLETE

Only complete Applications will be considered. For the purposes of this RFA, a complete Application must:

3.1.3.1. Include all required forms and supporting documents;

3.1.3.2. Restate each HCA question prior to the Applicant response, and all responses must completely answer each question; and

3.1.3.3. All pertinent information must be included in each response, the Applicant must not direct evaluators to another response or location for additional information.

#### 3.2. APPLICATION FACE PAGE (MANDATORY)

The Application Face Page is used for tracking incoming Applications, contractor information, and proposed service areas. It should be signed and dated by a person authorized to legally bind the Applicant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship.

#### 3.3. PROJECT NARRATIVE (MANDATORY - SCORED)

**10 Page Limit**

Please provide complete information to the following questions to describe the proposed Coalition work for the CPWI Contract.

**SCORING:** The Project Narrative will be scored according to how well the Applicant answers each question. Each response to the Project Narrative questions below will be assessed and a score assigned during the evaluation process. If an Applicant cannot answer a specific question, then the reason for this must be explained within the answer to the question. Please refer to section 4.2, *Scoring* for additional details.

The Project Narrative must be completed and numbered in the order presented below, with each question restated above/before the response.

**The Project Narrative is the same for both Type A and Type B Applicants.**

##### 1. Organization History (10 Points)

- a. Provide a brief history of your organization. Include experience with programs or efforts focused on substance use disorder (SUD) prevention.

- b. Describe how your organization is capable of supporting a Coalition to successfully implement the required strategies and activities outlined in Section 1.8, *Scope of Work*, and how each of the deadlines and expectations will be successfully reached, where applicable.

## 2. Getting Started/Capacity Building (20 points)

- a. Describe your plan to have a Coalition Coordinator hired within 45 days of the start of the Contract.
- b. Using Attachment 2, *Sector Support Statement Form*, you will submit a list of proposed sector representations that are required for CPWI implementation. In your response here, please provide a short explanation of the anticipated role and involvement of the Coalition or key stakeholders in the identified Community.
  - (i) The 10 page limit applies ONLY to the Project Narrative response. None of the Attachments or other Mandatory documentation will be included in, or counted towards, the Project Narrative 10 page limit.
- c. Discuss how or by whom the 20% match, approximately \$15,000, for the SAPS services will be secured if a Contract is awarded.
  - (i) **Year One: 20% match may be paid in-kind or cash.**
  - (ii) **Year Two: 20% cash match is required.** Cash match commitment for 2021-22 school year shall be secured by July 30, 2022.
- d. Describe the Applicant organization's collaborative relationship with the School District and identified school and how the partnership will be developed and/or strengthened.
- e. Discuss readiness to implement school prevention/intervention services as part of project and what steps you will take to increase readiness if necessary.

## 3. Assessment (10 points)

- a. Describe background of high-need Community you are applying for, including exact population size and descriptions of populations to be served, with a special focus on populations in need and local Health Disparities.
- b. Describe the substance use disorder needs as you currently understand them in the Community you intend to serve.

## 4. Planning (15 points)

- a. Provide a project timeline that includes the related tasks to ensure all strategies and activities will be completed within the required timelines. Please include the following:
  - (i) The steps you will take to begin to implement the required strategies within the first month of an executed Contract.
  - (ii) The steps you will take to begin to implement the required activities according to Section 1.8, *Scope of Work*.
  - (iii) Name the individual or group of individuals who will be responsible for timely follow through on required CPWI activities described in the RFA and the CPWI Community Coalition Guide.

## 5. Implementation (10 points)



- a. Provide an overview of how you propose to implement this work in your Community. The following link provides access to the CPWI Community Coalition Guide that will help provide direction for implementation of this project:

[www.TheAthenaForum.org/CPWlguide](http://www.TheAthenaForum.org/CPWlguide).

- b. Describe any barriers you foresee to implementing the work and how you may overcome them.

#### **6. Evaluation (5 points)**

- a. Coalitions are required to participate in local and statewide evaluation of prevention strategies and implementation services. Please attest that you will ensure that prevention activities are reported in the HCA provided reporting system no less than monthly, that you will ensure staff are trained and designated for reporting activities, and that you will participate in state level reporting upon request by HCA.

#### **7. Sustainability (5 points)**

- a. Describe how your organization expects to sustain the Coalition and future efforts to ensure efforts continue beyond this Contract term and/or additional HCA funding.

#### **8. Health Equity (10 points)**

- a. Provide examples of previous Health Equity work implemented by the Applicant.
- b. Describe how the newly developed Coalition will address Health Disparities to ensure equity and inclusion of all prevention services.

### **3.4. SECTOR SUPPORT STATEMENTS (MANDATORY)**

A required component of the CPWI initiative is that prospective Community Coalitions have an existing level of support, buy-in, and engagement from key stakeholders and Community members to pursue this Coalition-based work.

A minimum of eight (8) out of a possible 12 sectors must be represented with the signature of an Authorized Representative of that sector. An Authorized Representative may provide representation for only one sector. Signatures may be obtained using Attachment 2, *Sector Support Statements Form*, on one or multiple pages, or as separate letters. Though HCA understands that sector support may change and evolve over the Contract term, a minimum of eight (8) sectors must be represented for the duration of the Contract.

### **3.5. SCHOOL DISTRICT READINESS TO BENEFIT & ESD SUPPORT (MANDATORY)**

The School District Readiness to Benefit and ESD Support is a signed agreement from the School District of their commitment to partner with the identified high-need Community should this Community and school district be selected for the contract.

### **3.6. LETTERS OF SUPPORT (SCORED - PRIORITY POINTS)**

Applicants are eligible to receive up to three (3) additional Priority Points by submitting Letters of Support. One (1) point per letter, three (3) letters maximum, for a maximum total of three Priority Points possible.

#### **3.6.1. Community Letters of Support (3 points)**

- 3.6.1.1. Applicants may receive Priority Points by submitting Letters of Support which

demonstrate collaboration or partnership with an existing Community Coalition.

- 3.6.1.2. Potential partners include entities that want to support increasing the substance use disorder prevention and mental health promotion and suicide prevention opportunities in your local Community including the provider's city's mayor, a local task force or Coalition, or a business partner outside of the Coalition.

### 3.7. APPLICANT INTAKE FORM (MANDATORY)

The Applicant Intake Form is used to verify the Applicant meets the Minimum Qualifications listed in Section 1.3, *Minimum Qualifications*. Any additional information collected is required by HCA to facilitate various internal contracting and payment processes and draft the Contract, should one be awarded.

## 4. EVALUATION AND CONTRACT AWARD

### 4.1. ACCEPTANCE PERIOD

Applicants must provide one hundred twenty (120) calendar days for acceptance by HCA from the due date for receipt of Applications.

### 4.2. EVALUATION WEIGHTING AND SCORING

Responses that pass all Mandatory requirements will be further evaluated and scored. Evaluators will evaluate and assign a score to each Scored requirement based on how well the Applicant's response addresses the requirement.

#### 4.2.1. Scoring

PROJECT NARRATIVE		POINTS POSSIBLE
4.2.1.1	Organization History	10
4.2.1.2	Getting Started/Capacity Building	20
4.2.1.3	Assessment	10
4.2.1.4	Planning	15
4.2.1.5	Implementation	10
4.2.1.6	Evaluation	5
4.2.1.7	Sustainability	5
4.2.1.8	Health Equity	10
<b>PROJECT NARRATIVE TOTAL</b>		<b>85</b>
LETTERS OF SUPPORT		PRIORITY POINTS
4.2.1.9	Community Letters of Support	3
<b>TOTAL POSSIBLE POINTS</b>		<b>88</b>

- 4.2.2. HCA reserves the right, and intends to, distribute funds between Type A and Type B Applications based on score, geographic representation, available funding, and any other factors as HCA deems appropriate. This may include but is not limited to the following:

- 4.2.2.1. Community geographic location(s) to ensure distribution of projects statewide;

- 4.2.2.2. Overall Community risk ranking; and
- 4.2.2.3. Past performance of HCA/DBHR contracts.

HCA reserves the right to award contracts to the Applicants whose Applications are deemed to be in the best interest of HCA and the state of Washington.

Evaluators will assign each question a score on a scale of zero (0) to five (5) where the end and midpoints are defined as follows:

QUALITATIVE ASSESSMENT	DESCRIPTION
<p style="text-align: center;"><b>5</b> EXCELLENT</p>	<p>The Applicant organization provides substantive descriptions and relevant details in addressing the narrative question. A sound understanding of the topic is demonstrated and includes pertinent examples. All criteria are fully addressed without identified weaknesses.</p>
<p style="text-align: center;"><b>4</b> VERY GOOD</p>	<p>The Applicant organization provides substantive descriptions and relevant details in addressing the narrative question, but the response is not fully comprehensive. Any identified weaknesses will likely have minor impact on the successful implementation of proposed project.</p>
<p style="text-align: center;"><b>3</b> ACCEPTABLE</p>	<p>The Applicant organization provides a basic response to the narrative question but does not include sufficient detail or supporting documentation. There are some gaps and/or lack of clarity in describing how the Application will be implemented. Identified weaknesses will likely have some impact on the successful implementation of proposed project.</p>
<p style="text-align: center;"><b>2</b> MARGINAL</p>	<p>The Applicant organization provides minimal details and insufficient descriptions that do not completely answer the narrative question. Limited information is presented, or the Applicant merely repeats back information included in the RFA. The Applicant may answer part of the narrative question but miss a key point or there are major gaps in the information presented. Application has some strengths but includes identified weaknesses that will likely impact the successful implementation of proposed project.</p>
<p style="text-align: center;"><b>1</b> UNACCEPTABLE</p>	<p>The Applicant organization does not explicitly address the narrative question. The Applicant organization states the question, but does not elaborate on the response. As a result, the answer is completely deficient in addressing the narrative question.</p>
<p style="text-align: center;"><b>0</b> NONRESPONSIVE</p>	<p>The Applicant organization skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is nonresponsive.</p>

A score of a zero (0) or one (1) on any Scored requirement may cause the entire Application to be eliminated from further consideration.

**4.3. MOST FAVORABLE TERMS**

HCA reserves the right to make an award without further discussion of the Application submitted. Therefore, the Application should be submitted initially on the most favorable terms which the Applicant can propose. HCA reserve the right to contact an Applicant for clarification of its Application.

**4.4. EVALUATION PROCEDURE**

4.4.1. Administrative Review

RFA Coordinator will perform an error check of all submitted Applications for completeness and

technical errors. If errors are found, HCA may provide Applicants an opportunity to address any incomplete questions and/or missing documents, and may prompt the Applicant to fix them. Applicants will not be able to submit their Application until all errors are fixed. Failure to respond by the date indicated by the RFA Coordinator and/or failure to submit the corrected documents by the date indicated may result in the Applicant being found non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

#### 4.4.2. Responsiveness

Responsive Applications will be evaluated strictly in accordance with the requirements stated in this RFA and any addenda issued. The evaluation of Applications will be accomplished by an evaluation team(s), to be designated by HCA, which will determine the ranking of the Applications. Evaluations will be based upon only information provided in the Applicant's Application.

Applications that have passed Administrative Review will be reviewed and scored by an evaluation team using a weighted scoring system, Section 6.7, *Evaluation Weighting and Scoring*. Applications will be evaluated strictly in accordance with the requirements set forth in this RFA and any addenda issued.

### 4.5. SUBSTANTIALLY EQUIVALENT SCORES

Substantially equivalent scores are scores separated by two points or less in the final points scored. If multiple Applications receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the ASA the Applications that are deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Sections 1 Purpose and Background, and Section 1.8, Scope of Work, of this RFA.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Applicants with equivalent scores.

### 4.6. RFA NOTIFICATION TO APPLICANTS

HCA will notify the ASA(s) of their selection in writing upon completion of the evaluation process. Applicants whose Applications were not selected for further negotiation or award will be notified separately in writing.

### 4.7. DEBRIEFING OF UNSUCCESSFUL APPLICANTS

Any Applicant who submitted an Application and has been notified that it was not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFA Coordinator no later than 5:00 p.m., pacific time, within three (3) business days after the Unsuccessful Applicant Notification is emailed to the Applicant. The debriefing will be held within three business days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

- 4.7.1. Evaluation and scoring of the Applicant's Application;
- 4.7.2. Critique of the Application based on the evaluation; and
- 4.7.3. Review of the Applicant's final score in comparison with other final scores without identifying the other Applicants.

Topics an Applicant could have raised as part of the complaint process (Section 2.10) cannot be discussed as part of the debriefing conference, even if the Applicant did not submit a complaint.

Comparisons between Applications, or evaluations of the other Applications will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty minutes.

#### **4.8. PROTEST PROCEDURE**

A bid protest may be made only by Applicants who submitted a response to this RFA and who have participated in a debriefing conference. Upon completing the debriefing conference, the Applicant is allowed five business days to file a protest with the RFA Coordinator. Protests must be received by the RFA Coordinator no later than 4:30 p.m., pacific time, on the fifth business day following the debriefing. Protests may be submitted by email or by mail.

Applicants protesting this RFA must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Applicants under this RFA.

All protests must be in writing, addressed to the RFA Coordinator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFA number, (2) the grounds for the protest with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested.

4.8.1. Only protests alleging an issue of fact concerning the following subjects will be considered:

4.8.1.1. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

4.8.1.2. Errors in computing the score; or

4.8.1.3. Non-compliance with procedures described in the RFA or HCA requirements.

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit to the extent they address issues such as: 1) an evaluator's professional judgment on the quality of an Application; or 2) HCA's assessment of its own needs or requirements.

Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the RFA, will consider the record and all available facts. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The HCA Director or his or her designee will have the right to seek additional information from sources he or she deems appropriate in order to fully consider the protest.

If HCA determines in its sole discretion that a protest from one Applicant may affect the interests of another Applicant, then HCA may invite such Applicant to submit its views and any relevant information on the protest to the RFA Coordinator. In such a situation, the protest materials submitted by each Applicant will be made available to all other Applicants upon request.

The final determination of the protest will:

4.8.2. Find the protest lacking in merit and uphold HCA's action; or

4.8.3. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or

4.8.4. Find merit in the protest and provide options to the HCA Director, which may include:

4.8.4.1. Correct the errors and re-evaluate all Applications; or

4.8.4.2. Issue a new solicitation document and begin a new process; or

4.8.4.3. Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASA(s), assuming the parties reach agreement on the contract's terms.

## 5. RFA CONTENTS

### 5.1. RFA ATTACHMENTS AND EXHIBITS

#### 5.1.1. ATTACHMENTS

Attachments marked “**SCORED**” or (**S**) are those that are awarded points as part of the evaluation conducted by the evaluation team. Attachments marked “**MANDATORY**” or (**M**) must be included as part of the Application for it to be considered responsive; however, these items are not scored.

Any attachments that require signature must be signed by an individual authorized to legally bind the Applicant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship.

5.1.2. The Attachments listed below and included in this RFA document are to be used as part of the Application and must ALL be completed and submitted as outlined in Sections 2.2, *Submission of Applications* and Section 3, *Application Contents*.

5.1.2.1. Attachment 1 – Application Face Page (M)

5.1.2.2. Attachment 2 – Sector Support Statements Form (M)

5.1.2.3. Attachment 3 – School District Readiness to Benefit and ESD Support Form (M)

5.1.2.4. Attachment 4 – Applicant Intake Form (M)

#### 5.1.3. EXHIBITS

The Exhibits listed below and included in this RFA document are intended for informational purposes ONLY, no action is required of the Applicants.

5.1.4. Exhibit A – High-Need Community List for CPWI Cohort 7

5.1.5. Exhibit B – Existing HCA/DBHR CPWI Coalitions

**ATTACHMENT 1 – Application Face Page**

1. Organization Name	
2. Organization Mailing Address	
3. Organization Contact Person Name	
4. Organization Contact Person Title	
5. Organization Contact Person Email	
6. Organization Contact Person Phone Number	
7. Organization's DUNS Number	
8. Organization's Zip Code + 4 <i>* As Assigned by the US Postal Service</i>	
9. High-Need Community(ies) Served <i>* See Section 1.1.6, Eligible High-need Communities</i>	
10. School District - or - HSAA Service Area	
11. Applicant Type	<input type="checkbox"/> Type A Applicant <input type="checkbox"/> Type B Applicant
12. Student Assistance Program Specialist (SAP) Implementation	Proposed school to be served by SAP: _____ Is the school district able and willing to implement SAPS services in Year One, beginning August 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. Is your Application complete?</b> Please check box indicating that your Application includes the following: <input type="checkbox"/> Application Face Page - <i>Attachment 1</i> <input type="checkbox"/> Project Narrative <input type="checkbox"/> Sector Support Statements Form - <i>Attachment 2</i> <input type="checkbox"/> School District Readiness to Benefit and ESD Support Form - <i>Attachment 3</i> <input type="checkbox"/> Letters of Support - <i>optional-Priority Points possible</i> <input type="checkbox"/> Applicant Intake Form - <i>Attachment 4</i>	

**On behalf of the Applicant submitting this Application, my name below attests to the accuracy of the above and attached statements and by signing below I certify that I am aware of this Application and supportive of its submission, and I am authorized to submit this Application on behalf of the Applicant agency.**

SIGNATURE	NAME AND TITLE	DATE

**ATTACHMENT 2: SECTOR SUPPORT STATEMENTS FORM**

A required component of the CPWI initiative is that prospective Community Coalitions have an existing level of support, buy-in, and engagement from key stakeholders and Community members to pursue this Coalition-based work.

A minimum of eight (8) out of a possible 12 sectors must be represented with the signature of an Authorized Representative of that sector. An Authorized Representative may represent only one sector. Signatures may be obtained using this Attachment, on one or multiple pages, or as separate letters. HCA understands that sector support may change and evolve over the Contract period, a minimum of eight (8) sectors must be represented for the duration of the Contract.

I understand that the ***[Insert name of selected high-need Community]*** Community has been identified as a potential location for an increased focus of substance use disorder (SUD) prevention services. Signing this statement of support is a demonstration of my willingness to address SUD in my Community should this Community and school district be selected.

For that reason, I support the development of a Community Coalition with a SUD prevention focus to help keep our youth, young adults, and others free of alcohol and other drugs as they grow up in a healthier environment. As a demonstration of my commitment, I will actively participate in the Coalition meetings, sub-committees, events, and training opportunities sponsored by the Coalition. I will participate in the process of determining the root causes of the SUD problems that this Community faces and engage in the development of a logic model and work plan that meets prioritized needs.

SECTOR REPRESENTING	AGENCY/ORGANIZATION	PRINTED NAME	SIGNATURE
Youth			
Parent			
Law Enforcement			
Civic/Volunteer Group			
Business			
Healthcare Professionals			
Media			
School			
Youth-Serving Organization			
Religious/Fraternal Organization			
State/Local/Tribal Organization			
Other Substance Use Disorder Organization			



**ATTACHMENT 3: School District Readiness to Benefit and ESD Support Form**

ESD staff completing this form: \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)  
School District to be served: \_\_\_\_\_ Community to be served: \_\_\_\_\_

1. Summarize the commitment of school administration and staff to participate in Community Coalition process.
2. Describe school district history of working with Community partners relative to substance use disorder prevention/intervention programming.
3. Describe school district's history of providing or ensuring the delivery of successful behavioral health services.
4. Describe history of participation in Healthy Youth Survey (HYS).
5. School district will agree to the SAPS to be housed in the school building named below.  
                   Middle School or                   High School

To begin in:

- Year One of the Contract, 2021-22 school year  
 OR  
 Year Two of the Contract, 2022-23 school year

6. If beginning in Year One: The School District is confident that the commitment to the match will be made by August 15, 2021, if funded.  
 Yes     No     N/A, will begin in Year Two
7. Summarize the school district's commitment to support the Student Assistance Program Specialist to implement Project SUCCESS, including but not limited to the following key components: participation in the core team, delivering prevention presentations in the classroom, providing educational support groups, building an internal referral process, and providing staff training.
8. Please provide any other general comments about the readiness of the school district to with the Community Coalition.
9. Commit to participate in the Healthy Youth Survey implementation in October of odd years and provide school-level data results for Coalition/Community planning.  
 Yes     No

By signing below I, \_\_\_\_\_, certify that should this Application be successful, the ESD understands and agrees to provide and manage SAPISP services and support implementation as described within this Application within the required timeframes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTACHMENT 4: Applicant Intake Form**

**Please complete every box/field, as applicable.**

**1. IDENTIFYING INFORMATION**

A) Applicant Legal Name:	
B) DBA or Facility Name:	
C) WA Uniform Business Identifier (UBI) Number*:	
D) Taxpayer Identification Number (TIN):	
E) Are you a woman, minority or veteran owned business or a small business? If yes, please provide certification number:	

**2. APPLICANT ADDRESS**

A) Number, Street, Apartment, Suite:	
B) City, State, Zip Code + 4:	
C) Email Address:	
D) Phone Number:	

**3. APPLICANT PRIMARY CONTACT**

A) Full Name:	
B) Email Address:	
C) Phone Number:	
Authorized to Sign Contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No - If "No" is selected, Section 4 is <b>REQUIRED</b> .	

**4. APPLICANT SIGNATORY**

**5. CONTRACT CONTACT**

A) Full Name:		A) Full Name:	
B) Email Address:		B) Email Address:	
C) Phone Number:		C) Phone Number:	

**6. MINIMUM QUALIFICATIONS – Please indicate whether each statement below is True or False.**

Applicant is currently licensed to do business in the state of Washington or by indication here commits to become licensed in Washington within thirty (30) calendar days of being selected as the ASA.	TRUE <input type="checkbox"/> FALSE <input type="checkbox"/>
The services the Applicant proposes will expand and enhance services in the Community identified and the Applicant shall not Supplant existing funds for a project or activities.	TRUE <input type="checkbox"/> FALSE <input type="checkbox"/>
The Applicant is an eligible entity as defined in Section 1.1, <i>Purpose and Background</i> , Subsection 1.1.4, within the state of Washington.	TRUE <input type="checkbox"/> FALSE <input type="checkbox"/>
The Applicant currently has a minimum of one (1) year' experience with providing Substance Use Disorder prevention, or behavioral health services.	TRUE <input type="checkbox"/> FALSE <input type="checkbox"/>
*If the Applicant does not have a UBI number, the Applicant must confirm that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Applicant (ASA).	TRUE <input type="checkbox"/> FALSE <input type="checkbox"/>

**On behalf of the Applicant submitting this Application, my name below attests to the accuracy of the above and attached statements and by signing below I certify that I am aware of this Application and supportive of its submission, and I am authorized to submit this Application on behalf of the Applicant agency.**

AUTHORIZED SIGNATURE	NAME / TITLE	DATE

**EXHIBIT A – High-Need Community List for CPWI Cohort 7**

County	Community/School District/HSAA** Name	ESD
Adams	Lind	101
Benton	Finley	123
Chelan	Manson	171
Clallam	Port Angeles	114
Clark	Vancouver: Columbia River HS**	112
Clark	Vancouver: Skyview HS**	112
Cowlitz	Kalama	112
Cowlitz	Kelso	112
Douglas	Bridgeport	171
Douglas	Eastmont	171
Grant	Soap Lake	171
Grant	Warden	171
Grant	Royal	105
Grant	Ephrata	171
Grays Harbor	Oakville	113
Grays Harbor	Ocosta	113
Grays Harbor	Elma	113
Grays Harbor	North Beach	113
Jefferson	Quilcene	114
King	Enumclaw	121
King	Federal Way	121
Kitsap	South Kitsap	114
Kittitas	Kittitas	105
Klickitat	White Salmon	112
Lincoln	Wilbur	101
Lincoln	Davenport	101
Okanogan	Okanogan	171
Okanogan	Methow Valley	171
Okanogan	Tonasket	171
Okanogan	Oroville	171
Pacific	Raymond	113

County	Community/School District/HSAA** Name	ESD
Pierce	Orting	121
Pierce	Eatonville	121
Pierce	White River	121
Pierce	Fife	121
Pierce	Tacoma: Mount Tahoma HS**	121
Pierce	Tacoma: Stadium HS**	121
Pierce	Tacoma: Lincoln HS**	121
Pierce	Sumner	121
Skagit	Burlington-Edison	189
Snohomish	Sultan	189
Snohomish	Granite Falls	189
Snohomish	Lakewood	189
Snohomish	Edmonds: Mountlake Terrace HS**	189
Spokane	Deer Park	101
Spokane	West Valley (Spokane)	101
Spokane	Riverside	101
Spokane	Medical Lake	101
Spokane	Spokane: Ferris HS**	101
Stevens	Colville	101
Thurston	Rainier	113
Thurston	Yelm	113
Thurston	Rochester	113
Walla Walla	Waitsburg	123
Whitman	Colfax	101
Yakima	Mabton	105
Yakima	Naches Valley	105
Yakima	Grandview	105
Yakima	Granger	105
Yakima	East Valley (Yakima)	105
Yakima	West Valley (Yakima)	105
Yakima	Selah	105

**EXHIBIT B – Existing HCA/DBHR Community and Wellness Initiative (CPWI) Coalitions**

<b>CPWI Coalition Community or High School Service Area (HSSA)</b>	<b>County</b>	<b>ESD</b>
<b>Othello</b>	Adams	101
<b>Clarkston</b>	Asotin	123
<b>Benton City Kennewick Prosser</b>	Benton	123
<b>Wenatchee</b>	Chelan	114
<b>Crescent School District Forks</b>	Clallam	114
<b>Central Vancouver Washougal West Vancouver</b>	Clark	112
<b>Dayton</b>	Columbia	123
<b>Castle Rock Dayton</b>	Cowlitz	112
<b>Waterville</b>	Douglas	171
<b>Republic</b>	Ferry	101
<b>Pasco School District</b>	Franklin	123
<b>Pomeroy</b>	Garfield	123
<b>Moses Lake Quincy Wahluke</b>	Grant	171
<b>Aberdeen Hoquiam</b>	Grays Harbor	113
<b>Oak Harbor South Whidbey</b>	Island	189
<b>Chimacum Port Townsend</b>	Jefferson	113
<b>Auburn North Highline Central Seattle SE Seattle SW Seattle Vashon</b>	King	121
<b>Bremerton North Kitsap</b>	Kitsap	114
<b>Cle-Elum/Roslyn Ellensburg</b>	Kittitas	105
<b>Goldendale Klickitat/Lyle</b>	Klickitat	105
<b>Centralia Morton/White Pass</b>	Lewis	113
<b>Reardon</b>	Lincoln	101
<b>North Mason (Belfair) Shelton</b>	Mason	113
<b>Omak</b>	Okanogan	171

CPWI Coalition Community or High School Service Area (HSSA)	County	ESD
Long Beach South Bend	Pacific	112
Cusick Newport Selkirk	Pend Oreille	101
Bethel School District City of Lakewood Franklin-Pierce	Pierce	121
San Juan	San Juan	189
Concrete Mt. Vernon Sedro Woolley	Skagit	189
Stevenson-Carson	Skamania	112
Darrington Marysville Monroe	Snohomish	189
Cheney East Valley NE Spokane Shadle Park West Central	Spokane	101
Springdale Wellpinit	Stevens	101
Tenino Tumwater	Thurston	113
Cathlamet	Wahkiakum	112
Walla Walla	Walla Walla	123
Bellingham Ferndale Mt. Baker	Whatcom	189
Tekoa	Whitman	101
Highland Sunnyside Wapato White Swan Yakima	Yakima	105

## 6. GENERAL INFORMATION FOR APPLICANTS

### 6.1. CONTRACT AND GENERAL TERMS & CONDITIONS

The ASA will be expected to enter into a contract with HCA. HCA's general contract terms and conditions apply, and are available for review in the WEBS posting.

If, after the announcement of the ASA, and after a reasonable period of time, the ASA and HCA cannot reach agreement on acceptable terms for the Contract, HCA may cancel the selection and Award the Contract to the next most qualified Applicant.

### 6.2. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Applications submitted in response to this RFA will become the property of HCA. All Applications received will remain confidential until the ASA is announced; thereafter, the Applications will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW). Exceptions considered only if Applicant identifies content as proprietary in their Application materials.

### 6.3. NO OBLIGATION TO CONTRACT

This RFA does not obligate HCA to enter into any contract for services specified herein.

### 6.4. REJECTION OF APPLICATIONS

HCA reserves the right, at its sole discretion, to reject any and all Applications received without penalty and not to issue any contract as a result of this RFA.

### 6.5. COMMITMENT OF FUNDS

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFA. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

### 6.6. COMPLAINT PROCESS

- 6.6.1. Vendors may submit a complaint to HCA based on any of the following:
  - 6.6.1.1. The RFA unnecessarily restricts competition;
  - 6.6.1.2. The RFA evaluation or scoring process is unfair or unclear; or
  - 6.6.1.3. The RFA requirements are inadequate or insufficient to prepare a response.
- 6.6.2. A complaint must be submitted to HCA prior to five business days before the bid response deadline. The complaint must:
  - 6.6.2.1. Be in writing;
  - 6.6.2.2. Be sent to the RFA Coordinator in a timely manner;
  - 6.6.2.3. Clearly articulate the basis for the complaint; and
  - 6.6.2.4. Include a proposed remedy.

The RFA Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the RFA will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. An Applicant or potential Applicant cannot raise during a bid protest any issue that the Applicant or potential Applicant raised in a complaint. HCA's action or inaction in response to a complaint will be final. There will be no appeal process.