# State of Indiana RFF 2023-006

# Attachment C – Technical Proposal Template

Instructions:

Applicants shall use this template, Attachment C, to prepare their Technical Proposals. In their Technical Proposals, Applicants shall describe their relevant experience and explain the services they propose to provide and how they propose to provide said services, specifically answering the question prompts in the template below. Applicants should limit their Technical Proposals to 12,500 words. Please note that requested supplementary documents will not be counted towards the application word count.

Please review the requirements detailed in the RFF 2023-006 Behavioral Health Workforce Recruitment and Retention Innovation Grant Program document (“RFF Main Document”) carefully – the requirements in the RFF should inform how Applicants complete their applications in this template as the “Sections” referenced below correspond to the sections in the RFF.

Applicants should insert their text in the provided boxes which appear below the question/prompts. Applicants may reference attachments or exhibits not included in the boxes provided for the responses, so long as those materials are responsive to the prompts and are clearly referenced in the boxes in the template. The boxes may be expanded to fit a response.

**TECHNICAL PROPOSAL QUESTIONS**

**Section I. - Applicant Information**

1. **Mandatory Requirements** - Please describe how your organization meets all Mandatory Requirements listed below. Please submit documentation substantiating your adherence to the Mandatory Requirements, as applicable. The State reserves the right to request additional substantiation.
2. Please include the legal form of your business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization. Please enter your response below and submit documentation to corroborate your existence as an entity (*e.g.*, Certificate of Formation, Articles of Organization, 990, etc.). In addition, Applicant personnel signing on the submitted proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.
3. Please describe your organization’s experience providing or supporting mental health and substance use disorder services, if applicable. Please discuss your current provision of programming or services in the behavioral health space or describe how you actively partner with a behavioral health provider.
4. Please confirm your completion of the below requirements to do business within the State by the Indiana Secretary of State and the Indiana Department of Administration, as described in Section II.F of the RFF Main Document. Applicants are required to initiate their registration process with IDOA and the Secretary of State **prior** to submitting their application. It is the Applicant’s responsibility to complete the required registrations. Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.
5. Department of Administration, Procurement Division

Respondents must be registered with the IDOA. This can be accomplished online at <https://www.in.gov/idoa/2464.htm>.

The IDOA Procurement Division maintains two databases of vendor information. The Bidder registration database is set up for vendors to register if you are interested in selling a product or service to the State of Indiana.  Respondents may register online at no cost to become a Bidder with the State of Indiana.  To complete the online Bidder registration, go to <https://www.in.gov/idoa/procurement/supplier-resource-center/requirements-to-do-business-with-the-state/bidder-profile-registration/>. The Bidder registration offers email notification of upcoming solicitation opportunities, corresponding to the Bidder’s area(s) of interest, selected during the registration process. Respondents do need to be registered to bid on and receive email notifications.  Completion of the Bidder registration will result in your name being added to the Bidder’s Database, for email notification.  The Bidder registration requires some general business information, an indication of the types of goods and services you can offer the State of Indiana, and locations(s) within the State that you can supply or service. There is no fee to be placed in Procurement Division’s Bidder Database.  To receive an award, you must be registered as a bidder. Problems or questions concerning the registration process or the registration form can be addressed following the instructions to submit a Service Request in the [Bidder Registration Guide](https://www.in.gov/idoa/procurement/files/BidderRegistration_Guide.pdf).

1. Secretary of State

Additionally, if awarded a contract, the Applicant will be required to be registered, and be in good standing, with the Secretary of State. The registration requirement is applicable to all limited liability partnerships, limited partnerships, corporations, S-corporations, nonprofit corporations and limited liability companies. The Applicant must indicate the status of registration and demonstrate that the registration process has been initiated.

1. Auditor of State

Lastly, if awarded a contract, Applicants must be registered with the Auditor of State. The Applicant must submit a completed Attachment H – W-9 Form and Attachment I – Direct Deposit Form. Please adhere to the below instructions when completing the required forms:

 W-9 Form:

* Form must be the current version of the IRS W-9
* Legal name, TIN, and legal entity must correspond with IRS records
* DBA names should be placed on line 2 (include only one DBA per W-9 form)
* Box 3 must be completed based off of the organization’s Federal tax classification
* If adding a remittance address, please list in “Requester’s name and address” box
* Address must be complete
* Provide only Social Security Number (SSN) OR Employer Identification Number (EIN) (do not provide both)
* Must be signed and dated within the last 6 months
* Signatures must be hand-signed, but electronic copies may be submitted for processing

 Direct Deposit Form:

* Name must match name provided on W-9
* Address must match address provided on W-9
* If making a bank change, the full prior routing number and the full prior account number must be provided
* Valid Financial Institution, routing number, and account number must be provided
* Email address is required
* Must be signed and dated within the last 6 months
* Signatures must be hand-signed, but electronic copies may be submitted for processing
1. **General Information** - Each Applicant must enter their entity’s general information, including contact information, below.

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| --- | --- |
| 1. **Applicant Information**
 |  |
| Applicant Type: Type of Entity per Section II.B. of the RFF Main Document |  |
| Applicant Legal Name  |  |
| Years of Experience  |  |
| Number of Employees  |  |
| 1. **Application Information**
 |  |
| Title of Application  |  |
| 1. **Single Point of Contact for all RFF-Related Communication**
 |  |
| Contact Name |  |
| Contact Title |  |
| Contact Phone |  |
| Contact E-Mail Address |  |
| Contact Mailing Address  |  |

1. **Grant Terms/Clauses** - Please confirm your willingness to provide the proposed services subject to the terms and conditions set forth in Attachment B – Sample Grant Agreement. If necessary, please include any proposed language changes to the Sample Grant Agreement and provide your rationale for requesting said changes.
2. **Signature of Authorized Representative** - The Authorized Representative must provide an electronic signature certifying that the information contained in the application is correct and that the Applicant agrees to the terms and conditions of the FSSA Sample Grant Agreement (Attachment B), notwithstanding requested changes noted in response to Question 3.
	1. Designated Representative Signature
	2. Designated Representative Printed Name
	3. Designated Representative Title
	4. Date

**Section II - Community Need and History**

1. **Overview -** Provide a summary of your community’s overall need for the programming you are proposing in the Program Plan section below. Community, in this context, is defined on a regional basis and includes the counties that your organization serves. Describe the community needs as they relate to the specific demand for behavioral health services and workforce challenges that your proposed programming aims to address. Please include relevant community statistics to quantify the behavioral health needs of your community and demonstrate the workforce-related gaps that are not meeting the needs of individuals within your community.

Highlight, at a high-level, how your proposed programming aims to address the identified gap(s) between community needs and availability of a qualified behavioral health workforce to meet your community’s needs.

1. **History -** Please summarize how you have addressed behavioral health workforce challenges in the past, including lessons learned from past and current programming aimed at meeting the community needs as articulated above. Please explain how your proposed programming will leverage the lessons learned from prior strategies and enable your organization to continue this work.
2. **Local/Regional Need** – If your organization serves communities that reside in Health Professional Shortage Areas, please list the counties below. The counties your organization serves will be used to calculate your counties’ HPSA score.

**Section III. - Community Partner Information**

1. If you are applying as a community coalition, please complete the Community Partner Form (Attachment A), for all Partners. Applicants shall not make any modifications to the form and shall utilize the provided form to submit the requested information. Information includes:
	1. Community Partner(s)
		1. All Applicants must list any community partners in this form, as applicable
		2. Community coalitions must also list all member entities of the coalition

**Section IV. - Community Engagement**

1. All Applicants shall provide information on community engagement efforts.

If you are applying as a community coalition: Describe how your coalition is working to increase workforce capacity and/or enhance the quality, recruitment, and retention of behavioral health workforce and worked together to develop this application. Describe why your coalition formed and how applying as a coalition will position you to achieve success as it relates to your proposed programming. Include a short explanation describing the role and involvement of the coalition in the community. Describe how your community will benefit from your projecting and meeting the Objective of this RFF.

If you are applying as an individual entity: Describe how you are working with your community to increase workforce capacity and/or enhance the quality, recruitment, and retention of behavioral health workforce. Describe how your community will benefit from your project and meeting the Objective of this RFF.

**Section V. - Program Plan**

1. Describe your proposed programming. Describe how your proposed program aligns with DMHA’s Objective and Mission (See Section I.A and II.A in the RFF Main Document for the full details), including how your proposed program will increase workforce capacity and/or enhance the recruitment, retention, and quality of behavioral health workforce.
2. Describe whether you are proposing investment in new programming or enhanced/expanded programming.
3. Describe which population(s) or area(s) your programming will target to enhance workforce development efforts, including any specific populations or localities. Include a description of how your proposed programming will address one or multiple of DMHA’s Focus Areas (See Section II.A of the RFF Main Document for full details). Please be sure to address which, if any, Priority Points your proposal may be eligible to receive (See Section III.C of the RFF Main Document).
4. Describe, in detail, how your proposed programming will address the community need identified in your response to Question 5 in the Technical Proposal. Describe how your proposed programming would improve outcomes for the population(s) you will be serving (including workforce populations and/or populations served by your organization, as applicable). Describe any research- or evidenced-based practices you will employ.
5. Describe any plans to center cultural humility and improve the equitable provision of care through your proposed programming. Describe how your proposed programming will serve all populations, including communities that have faced disproportionate barriers to accessing services (including but not limited to BIPOC, LGBTQ+, Medicaid-eligible, and justice-involved populations, as well as other historically underserved groups). Demonstrate how you will ensure your proposed workforce development strategies are culturally responsive and reflective of community demographics and need.
6. Describe your plans to leverage data to measure success. Describe any plans to increase the use of outcomes data within your community.
7. Propose two measurable Key Performance Indicators (KPIs) based on your project type that you will be expected to meet by the end of your grant to demonstrate how you are meeting the RFF Objective. You must describe how your KPIs will ensure your use of grant funding improves behavioral health workforce challenges in your community and how these KPIs will be measured. Ideally, KPIs should address the outcomes you aim to achieve and how success towards achieving those outcomes will be measured, as it relates to the specific population or geographic area your programming will address.
8. Describe any barriers you foresee to implementing your program plan and mitigation strategies to overcome them.
9. Include a timeline for implementing your program plan, achieving the KPIs you propose in Question 16 and achieving the RFF Objective. The timeline should have key dates you plan to meet and include descriptions for how you will reach these dates and complete the goals of your project.

Please be sure to include specific descriptions and dates for how and when the RFF Objective will be achieved. A thorough response will demonstrate how each budget item is supporting the program plan and will lead to achieving the RFF Objective and furthering State Priorities.

**Section VI. - Reporting Requirements**

1. Describe how you will ensure your grant funding is spent effectively and accurately towards meeting your KPIs and the Objective of this RFF.
2. Affirm your willingness to adhere to the reporting requirements detailed in Section II.G of the RFF Main Document. Describe how you will provide details about program specifics, including the number of people engaged in your program and progress towards meeting your KPIs, and any other relevant or requested details. Please be sure to include a frequency, format, and method that the State may consider.
3. Describe your process for responding to ad hoc report requests. Provide any relevant example reports, if available.
4. Elaborate on your commitment to collaborating with the State as part of a Community of Practice Workgroup, as detailed in Section II.G of the RFF Main Document, to establish collective knowledge sharing and scaling of successful programs across the State.

**Section VII. - Sustainability Plan**

1. Describe your plan to ensure the longevity and sustainability of your project beyond the grant period and how you will drive long-term impact. If you proposed reoccurring expenses in your budget proposal, describe how you will sustain these expenses or ensure that a cliff-effect (*i.e.*, a gap in services or abrupt end in programming) does not occur after the grant period ends and your funds have been expended.
2. If applicable, describe any grant matches including the entity/entities that will be providing it, their name and contact information, the match amount and/or type of match. The State is interested in gathering information regarding any monetary or in-kind grant match (including in-kind collaborative resource sharing). You may include supplemental documentation demonstrating your grant match and partnership with the entity/entities providing a grant match as attachments to this Technical Proposal.