



# RFA #8473

## Questions & Answers

### Health Disparities Grant Program

Questions Received September 20-27, 2017  
(Responses posted by October 4, 2017)

#### Question 1:

We at Montrose County hold a subcontracted grant with Delta County for CCPD - topic Lactation Accommodation Policy. Montrose County is considering applying for the Health Disparities grant and wanted to make sure we were eligible being that we already received CCPD funding in a separate area?

#### Answer 1:

Any eligible organization may apply for this funding opportunity.

#### Question 2:

I would like to know more about how this grant program supports community organizing activities. In the RFA, systems or policy change is an element of the application and it would be helpful to know if community organizing is a tactic that could be supported with the grant funds.

#### Answer 2:

Community organizing would be funded as long as it supports implementing systems and/or policy changes. For information on "Unallowable Costs," please refer to page 18 of the RFA. This section includes language on lobbying, organized fundraising, etc.

#### Question 3:

Are there any citizenship requirements for the population served?

#### Answer 3:

Please refer to page 5 in the RFA under "Eligibility." It states, "Contractors that provide direct services of benefit to individuals 18 years of age or older shall ensure they provide services only to individuals lawfully present in Colorado. Contractor shall maintain documentation demonstrating the individual's establishment of lawful presence, which shall include documentation of an appropriate identification document and an affidavit as required by section 24-76.5-103, C.R.S."

#### Question 4:

Will you accept and fund more than one application from a lead organization?

#### Answer 4:

Lead agencies may submit more than one application. All applications received before the deadline will undergo the same review and scoring process.

#### Question 5:

Can existing partnerships include one or two new partners for this application or do all partners need to have been engaged prior to the application?

#### Answer 5:

Yes, it would be acceptable to include one or two new partners for this application. Applicants will need to demonstrate there is an existing multi-sector partnership that has a history of working together, can describe successful projects the partnering group has engaged in, how the proposed project builds on existing project collaborations and describe why new partners were added to the existing partnership.

### **Question 6:**

Can you talk more about the responsibilities of a fiscal agent and how those are different than the responsibilities of a lead agency?

### **Answer 6:**

A fiscal agent is an established Internal Revenue Service (IRS) 501(c)(3) tax-exempt organization that agrees to accept donations/funding/grants on behalf of a group that does not have IRS tax exemption. Under this arrangement, a charitable group can get more funding to perform its mission. The fiscal agent acts on behalf of another party performing various financial duties.

Please refer to page 5 in the RFA for the characteristics of a lead agency as defined in RFA #8473. A lead agency must meet the following criteria:

- a. Able to assume responsibility for overall program implementation, fiscal oversight and reporting.
- b. Have the fiscal capacity and infrastructure in place to make sub-awards to partner agencies.
- c. Demonstrated ability to manage programs.
- d. Able to adhere to or meet the attributes of a strong fiscal applicant (see Appendix A: Attributes of a strong fiscal applicant.pdf).
- e. Currently involved in an existing partnership with agencies from differing sectors and will continue to partner with those agencies on this project.
- f. Able to guide the development of a common vision, goals and strategy among partnering agencies. The lead agency will serve as the convener; ensure collaborative leadership so all voices have equal power; facilitate conflict resolution and problem solving; maintain a culture of collaboration; and ensure transparency of goals, activities and outcomes.
- g. Will ensure the authentic engagement of community agencies and residents on this project.

### **Question 7:**

I thought I heard a reference to submitting the narrative as a PDF, but that conflicts with info in RFA stating that documents should be submitted as Word docs. Please clarify.

### **Answer 7:**

Please refer to page 20 in the RFA. It states, "Submit all documents as Microsoft Word or Excel files (depending on the template provided). The CDPHE RFA Cover Sheet and Signature Page, Letters of Collaboration or other attachments may be submitted as PDF documents, if necessary."

### **Question 8:**

Can the lead agency also be the fiscal sponsor?

### **Answer 8:**

Yes, as long as the fiscal sponsor meets the characteristics of a lead agency as defined in RFA #8473 (please refer to page 5 in the RFA). A lead agency must meet the following criteria:

- a. Able to assume responsibility for overall program implementation, fiscal oversight and reporting.
- b. Have the fiscal capacity and infrastructure in place to make sub-awards to partner agencies.
- c. Demonstrated ability to manage programs.
- d. Able to adhere to or meet the attributes of a strong fiscal applicant (see Appendix A: Attributes of a strong fiscal applicant.pdf).
- e. Currently involved in an existing partnership with agencies from differing sectors and will continue to partner with those agencies on this project.
- f. Able to guide the development of a common vision, goals and strategy among partnering agencies. The lead agency will serve as the convener; ensure collaborative leadership so all voices have equal power; facilitate conflict resolution and problem solving; maintain a culture of collaboration; and ensure transparency of goals, activities and outcomes.
- g. Will ensure the authentic engagement of community agencies and residents on this project.

**Question 9:**

Do partner organizations that are engaged need to be legal entities? There are partner organizations that we have that are not legal, taxable entities. They are collaborations or collectives. Can they be included as partners?

**Answer 9:**

Before we can respond to this question, we need more specifics that we can take to our legal counsel.

**Questions Received September 28-October 4, 2017  
(Responses posted by October 11, 2017)**

No questions were received September 28-October 4, 2017.

**Questions Received October 5-11, 2017  
(Responses posted by October 18, 2017)**

**Question 10:**

We have developed, what we hope will clarify our question (Question #9 answer for Questions Received Prior to September 27, 2017). How broad is the definition of partner? For example, we have partners that are grassroots efforts or groups of people who have formed around a common cause, but have not formed a formal legal entity (as recognized by the IRS). They operate under a shared identity and perform work in the community on a volunteer basis or with the support from a fiscal agency, if they have found funding. Would a partner like that, who is not a formal legal entity, be an allowable partner under this RFP?

**Answer 10:**

Partner organizations must be legal entities recognized by the IRS.

**Question 11:**

We would like further clarification on your answer on question #4 (answer for Questions Received Prior to September 27, 2017). We understand that a lead agency can submit more than one application. If a lead agency submits more than one application, can a lead agency be funded for more than one project? Or will a lead agency only be funded a maximum of one project?

**Answer 11:**

Yes, it is possible that a lead agency could receive funding for more than one project.

**Question 12:**

This question is in regard to slide 72 from the webinar. In the slide, you provide examples of upstream determinants of health and examples of multi-sectoral partnerships. Are the other lists (policy changes, systems changes) are not labeled as examples. Are the items listed under these categories the only allowable policy changes and systems changes, or are they just a list of examples? For example, access to healthy food is listed as an example of an upstream determinant of health but there is no corresponding policy or systems change.

**Answer 12:**

The table on slide 72 from the Applicant Information webinar (the same table that is listed on pages 11-12 in the RFA) lists examples of upstream determinants of health, examples of multisectoral partnerships, and examples of policy and systems changes.

**Question 13:**

On pages 11-12 of 21 of the RFA, there is a list of examples of multisectoral partners. Would traditional healthcare providers also be an appropriate partner if they work with other partners outside of the healthcare sector that address social determinants of health?

**Answer 13:**

Yes.

**Questions Received October 12-18, 2017  
(Responses posted by October 25, 2017)**

**Question 14:**

I am from Manipur state India. I like to apply a funding project proposal from you in healthcare sector to our lower section/urban or tribal areas in Manipur. If possible reply me so that I can apply the project to you.

**Answer 14:**

Please see page 4 of the RFA for eligibility. Organizations that may apply for funding must be based in Colorado.

**Questions Received October 19-25, 2017  
(Responses posted by November 1, 2017)**

**Question 15:**

Could you provide greater clarification regarding the first paragraph on page 5 for the above referenced grant? Specifically, I was hoping to better understand what "direct services of benefit" referred to. Is this related to USC 1611/1621 definitions related to public benefit?

**Answer 15:**

Yes, the reference to "direct services of benefit to individuals 18 years of age or older" refers to state public benefits as defined in 8 USC 1621. Services provided by an applicant that meet the definition of a state public benefit may only be provided to individuals 18 years of age or older if those individuals establish lawful presence.

**Question 16:**

The RFP does not mention letters of support. Are letters of support allowable?

**Answer 16:**

The only allowable documents are the 11 application components listed on pages 6 and 7 of the RFA. Application components do not include "letters of support." However, applicants are required to submit "letters of collaboration." Please see pages 15-16 in the RFA for details on submitting "letters of collaboration." Please note that the asterisk in the application components section states that "Additional attachments will not be accepted."

**Questions Received October 26-November 1, 2017  
(Responses posted by November 8, 2017)**

**Question 17:**

Can you define "capital projects"? Can the funding be used for items such as a school or workplace garden, improved lighting in schools or workplace, ergonomic chairs/equipment under \$5,000?

**Answer 17:**

Please refer to the section on "Unallowable costs" on page 18 of the RFA. Capital expenditures for improvements to land, buildings or equipment are unallowable. Additionally, all expenses must be reasonable and necessary to support the project and the purpose of the Health Disparities Grant Program (systems/policy change related to upstream determinants of health). The request for improved lighting is viewed as capital and would not be allowed. Ergonomic chairs and a school or workplace garden would be allowable as long as it can be shown how the purchase supports the project, benefits the community and aligns with the purpose of the Health Disparities Grant Program.

**Question 18:**

I see on Application Information Form (Attachment B) - there is a line for the name of the Principle Investigator. If the Lead Agency does not have someone who can fill this role, can this role be fulfilled either by one of the partner organizations or as a contract position?

**Answer 18:**

The Principal Investigator is the person who will lead the project if the lead agency is funded. Therefore, it will be pertinent that there is someone from the lead agency who will be able to fill this role.

**Question 19:**

Can we hire a "contractor" with pay based on activities performed as opposed to hours worked? For example, if we contract with a consultant to conduct individual health coaching and business assessment/consulting services in our community, and the consultant charges a health coach session X dollars but a business consultant would cost Y, as opposed to an hourly rate. Is this type of agreement do-able with this grant? If yes, can you advise how to complete the budget form? Can you go into detail about equipment and capital projects? I asked a previous question with specific examples, and we're wondering if laptop computers would be eligible purchases for equipment? What is considered a "capital project"?

**Answer 19:**

Yes, it would be allowable to hire a contractor with pay based on activities as opposed to an hourly rate. The contractor and contractor expenses should be listed under the contractual section of the budget by entering the flat rate in the "rate" column and the quantity would be 1.

It would be allowable to purchase laptop computers for this project as long as it can be shown how the purchase supports the project, benefits the community and aligns with the purpose of the Health Disparities Grant Program. Please refer to the response to Question 17 above for more information regarding capital projects. Capital projects is defined on page 18 of the RFA. We are unable to provide an exhaustive list of equipment and capital projects. Entities need to be mindful of the RFA guidelines and their own purchasing policies. All purchases must support the project, benefit the community and align with the purpose of the Health Disparities Grant Program.

**Questions Received November 2-8, 2017  
(Responses posted by November 15, 2017)**

**Question 20:**

In our community, there is a community-based non-profit that supports two community-driven initiatives/partnerships that each uniquely meets the purpose, intent, and focus of this grant. Each initiative focuses on a different social determinant of health. Each initiative would like to tap into the same non-profit as the lead agency. If one non-profit submits two different proposals as lead agency, does that jeopardize two awards being considered?

**Answer 20:**

Please see the responses to questions 4 and 11 above.

**Question 21:**

Unallowable expenses: Page 18 lists that food for staff meetings or project staff is not allowed. If we are purchasing food for program participants is that allowable? Further, can we purchase incentives for community members to participate. For example, we would like to host focus groups/town hall meetings/listening tours, etc. to hear from the populations we are working with. Can we purchase incentives (gift cards, etc.) for them to participate?

**Answer 21:**

Purchasing food for program participants, incentives for community members to participate and gift cards are all allowable expenses as long as the purchases support the project, benefit the community and align with the purposes of the Health Disparities Grant Program. Please refer to the section on "Unallowable Costs" on page 18 in the RFA.

**Question 22:**

For the Pre-Award Risk Assessment, if we were fiscally sponsored for the last few years and recently became a non-profit – will the financials and audit from our fiscal sponsor for last year count for the required documentation? We will not have our own audit until we complete one year. We have also reviewed the Attributes of a strong fiscal applicant to ensure we have the needed infrastructure to receive this grant.

**Answer 22:**

The documentation from the fiscal sponsor will not count as required documentation for the entity applying. The applicant will need to identify that they have not had an audit completed.

**Question 23:**

Our partnership is focusing on providing Navigators and Case Managers to address housing needs in our community. Are staff salaries and overhead expenses like office space and equipment allowable expenses under the scope of this grant?

**Answer 23:**

Yes, staff salaries are allowable expenses as long as the expenses support the project, benefit the community and align with the purposes of the Health Disparities Grant Program. Please refer to the section on “Personal Services” on pages 16 and 17 in the RFA. Overhead expenses are also an allowable direct expense if the entity does not have a negotiated indirect rate. If the entity has a negotiated indirect rate please refer to the section on “Indirect Rate” on pages 17 and 18 in the RFA.

**Question 24:**

The community engagement work for our proposed project includes 15 engagement meetings at locations throughout the state. Five of the 15 engagement meetings will be completed prior to the start of our HDGP project. The remaining 10 engagement meetings will be included as part of our HDGP project budget. Does our HDGP project meet the CDPHE Community Engagement definition of mostly/highly ready to apply for funding? Reference Appendix B: Baseline Self-Assessment for Readiness to Apply Tool, Authentic Community Engagement Component.

Our organization would like to propose a project to address housing as an upstream determinant of health and work on a policy change to implement a dedicated, statewide funding source for permanent, affordable housing. Various studies and data show that “housing is health care,” and people experiencing homelessness have poor health outcomes because of housing instability. Does our proposed project align with HDGP? References Section V1, How to Apply, Page 11, Last Paragraph, project alignment with and advancement of strategic direction of the HDGP.

Our proposed project would focus on a policy change to implement a statewide permanent housing fund so the project itself cannot demonstrate effects of housing on health care/health outcomes until after the policy is implemented. Our project would instead use existing data and studies to demonstrate the policy’s potential impact on health outcomes. Is the use of existing data and studies acceptable as an evaluation measure/indicator? References Section V1, How to Apply, Page 14, Project Evaluation, point iii.

**Answer 24:**

Applicants need to review the requirements and make their own judgment about whether their project meets the criteria or not. The Office of Health Equity will not be able to vet project ideas for every potential applicant before they decide to apply.

The use of existing data and studies would be acceptable as baseline measures.

**Question 25:**

Do references count as part of the page limits when writing this grant?

**Answer 25:**

Citations do not count as part of the page limits.

**Question 26:**

Page 18 of the RFA refers to “Unallowable costs”. Our government partner as part of the project design would like to use grant funds to provide direct dollars to residents to assist in paying their rent per criterion they will set forth to evaluate each request that comes through. This government partner currently administers dollars used to provide direct monetary assistance to residents who are literally homeless (as defined by HUD). They would like to use the same process to have funds for residents who do not qualify for the existing dollars. Would this be an allowable expense?

**Answer 26:**

The intended use of the Health Disparities Grant Program funds are identified on pages 5 and 6 of the RFA.

**Question 27:**

Will you be looking for evidence that the project will reduce health inequities?

**Answer 27:**

Yes we will be looking for evidence that the project will reduce health inequities. Applicants should be able to identify something that makes them believe that the project will be effective in reducing inequities. For example, has it been tried in other areas and has it been shown to be effective or is there research evidence?

**Question 28:**

How would you like sources to be cited? Do you have a citation format you'd prefer, and do citations count within the page limit? Would you like full citations to be listed as footnotes or endnotes?

**Answer 28:**

There is no preferred format for citations and they do not count toward the page limits.

**Question 29:**

Can measures of progress toward policy changes in the project evaluation be used to gauge success in improving downstream health outcomes without explicitly including measures of health? This assumes that the application successfully makes the case that the intended policy change would create the conditions for improved downstream health outcomes. References Section V1, How to Apply, Page 14, Project Evaluation, point iii.

**Answer 29:**

Yes, measures of progress toward policy changes can be used to gauge success in improving downstream health outcomes.

**Question 30:**

Can the proposal support a statewide project (or a collaborative network of partnering agencies geographically dispersed throughout Colorado)? Or should the project target a specific geographic area? Can a percentage of awarded funds or an identified amount be held in a funding "pool" to be sub-awarded (via an RFP and scoring process) to partnering agencies based on need or based on new partner agencies joining the state-wide network needed start-up funding?

**Answer 30:**

The proposal can support a statewide project. A "funding pool" would be an allowable expense.

**Question 31:**

1. Does the applicant need to provide evidence that the intervention (proposed program) directly affects health, or is it sufficient to provide evidence that the intervention directly impacts a person's socioeconomic status, and access to services which positively impacts health?
2. The communication guidelines clearly state that grant "influence the state legislative or rulemaking process or to attempt to influence any matter that is being put to a vote by the electorate." However, do these guidelines apply to federal policy change?
3. What data sharing is required for evaluation? What security measures are in place to ensure any data shared is secure? Are certain reporting metrics more valued than others?
4. The eligibility section of the RFA states that contractors "shall ensure the provide services only to individuals lawfully present in Colorado," as required by C.R.S. 24-76.5-103, which was originated under HB06-1023 that prohibited undocumented people from receiving a public benefit from local, state, or federal government. Healthcare Attorney Allison Neswood at the Colorado Center on Law and Policy argues that state grants do not fall under the legal definition of public benefit, and therefore this grant should not be restricted by this statute. What is the legal analysis the CDPHE is using to designate the HDPG as a public benefit?

5. In conjunction to the above question, is it a disqualifier for eligibility if the organization's advocacy and services, outside of the grant's specified purview and purpose, are dedicated to people without verified lawful presence in Colorado?
6. What evidence and research is needed to demonstrate that the organization's program is a priority for the affected population?

**Answer 31:**

1. Applicants must provide evidence that the intervention will make a positive impact at the population level (not individual level) with regard to socioeconomic or health status.
2. The guidelines are based on state law restrictions governing the expenditure of state funds; however, the Department will apply the same restrictions and prohibit the expenditure of these grant funds for any efforts to attempt to influence policy at the federal level.
3. There will be two levels of evaluation completed. The first will be on an individual level, conducted by grantees. Some applicants may choose to share data with others. It would be up to the applicants what data and how it would be shared, as well as the security of the transfer. The second level will be an evaluation on the program as a whole. If funded, applicants would be required to work with the evaluation contractor. This contractor has not yet been procured. However, in the past, bi-annual progress reports were required to be submitted through a secure site. The information that was shared was based on individual evaluation plans that grantees developed and common metrics that were developed for the program as a whole; these will be established once the evaluation contractor has been procured. There is not a priority ranking of reporting metrics at this time.
4. C.R.S. Sec. 24-76.5-101 *et seq.* requires each natural person who applies for federal, state, or local public benefits to verify that the individual is lawfully present in the United States. State public benefits are defined in 8 U.S.C. Sec. 1621 to include grants. If the scope of work of a grantee receiving funding from CDPHE includes the provision of a federal, state or local public benefit to a natural person 18 years of age or older who applies for such services, then the grantee is required to have that individual verify that he or she is lawfully present in the United States. Applying for benefits can include a formal application process or selection criteria applied to determine eligibility for services, or both.
5. No, work performed by an applicant with other funding sources does not disqualify the applicant from the RFA process.
6. Evidence can be submitted in quantitative (numerical) or qualitative (stories/narrative from the affected community) form. Qualitative information may include interviews or interactions with the affected population, observations that are documented, items from newspapers or other media outlets, input gathered from public meetings, or documentary material.