



Please have the RFA in-hand during the webinar:

<https://www.colorado.gov/cdphe/sbhc-planning-to-operations>

School-Based Health Center Program (SBHC) 2017-21 Planning-to-Operations Request For Applications (RFA)

Applicant Orientation Webinar



*Kristina Green - Presenter
SBHC Program Coordinator*

SBHC Program staff

Esperanza Ybarra, Branch Chief
Health Services & Connections Branch Chief



Agenda

- SBHC Electronic Resources
- RFA Timeline *including Q&A Period (12/19/16 – 02/06/17)*
- Overview of RFA
- Application Documents
- Application Tips



SBHC Electronic Resources

- SBHC Program's Website:
<https://www.colorado.gov/cdphe/SBHC>
- SBHC Program's Funding Opportunities:
<https://www.colorado.gov/cdphe/sbhc-funding>
- SBHC Program's Planning-to-Operations RFA:
 - <https://www.colorado.gov/cdphe/sbhc-planning-to-operations>
 - Q&A Log sheet
 - RFA and attachments
 - RFA Timeline
 - Links to additional resources related to RFA
- Email Questions (12/19/2016 to 02/06/17):
cdphe_sbhcprogram@state.co.us
--please note there is an underscore between "cdphe" and "sbhcprogram")

RFA Timeline

RFA Posted	Monday, December 19, 2016
Q & A Period	December 19, 2016 to February 6, 2017
RFA Deadline	Wednesday, February 8, 2017 (4:00 pm MST)
Application Review	February 14, 2017 to February 27, 2017
Estimated Notification of Awards	No later than Friday, March 3, 2017
Contract Negotiations	March 3, 2017 to March 24, 2017
Contracts Assembly and Dissemination	No later than May 1, 2017
SIGNED Contracts Due	No later than Wednesday, May 31, 2017 (4:00 pm MST)
Projected Contract Start	Saturday, July 1, 2017
MANDATORY Contractor Orientation	Wednesday, July 19, 2017 -- Time and Format TBD

Overview of RFA

CDPHE aims to continue supporting the existing SBHC network while also funding new SBHC sites to continue expanding the network in Colorado.

Eligibility:

- School districts, charter schools; LPHA, Community Health Centers; Rural Health Centers; Hospitals; Private Medical Practices; Nurse Practitioner Practices; University Medical Centers; Community Mental Health Centers; Managed Care Organizations; Independent Nonprofit Medical Practices

Contract Period:

- Four Years - July 1, 2017 - June 30, 2021

Electronic Submission ONLY Instructions:

- Email: cdphe_sbhcprogram@state.co.us
 - *(note: there is an underscore between “cdphe” and “sbhcprogram”)*

Overview of RFA

- Important to read ENTIRE RFA.
- Funding will be awarded on competitive basis and is not guaranteed.

SBHC RFA Awards

- Funding award amounts are to be determined.
- In FY17-18, funding amounts will not exceed \$25,000.
- Subsequent year(s) funding is contingent upon available funding, contract performance and compliance with contract requirements.
- Planning Phase – no more than two (2) fiscal years; each fiscal year funding requests – no more than \$25,000.
- Operational Phase – may request \$100,000 for first year of operations but funding will decrease thereafter.

SBHC RFA Scoring

- Applications reviewed on their own merit and must be detailed, current, accurate and complete.
- Ultimate goal – invest in SBHCs and improve health outcomes of children and youth.
 - Accessible and high quality care
 - Patient-centered
 - Efficient and sustainable
 - Utilized by the greatest number of high-need children and youth.

Scoring Structure

Points Structure for Scoring RFA#4817

Total Values	Points
Strength and Existing Partnerships	30
Applicants Qualifications and Experience	20
Need and Viability	30
Statement of existing partnerships	20
Budget with Justification Form	30
Total Points	130

Total Values by Attachment Type	
Attachment E	Points
Need and Viability	30
Strength and Existing Partnerships	15
Applicants Qualifications and Experience	20
Attachment F	Points
Strength and Existing Partnerships	15
Attachment I	Points
Statement of Existing Partnerships	20
Attachment G	Points
Budget with Justification Form	30
Total Points	130

Application Tips

- Please READ the entire RFA! Read and re-read the application BEFORE submitting. Incomplete applications will not be accepted.
- If you have questions about the applications or any of the reference documents posted on the RFA website, please send your questions via email to cdphe_sbhcprogram@state.co.us

Curing Period

- **IMPORTANT** – “Cure Period” – CDPHE will notify applicants by 5:00 pm on Thursday, February 9, 2017 if a curing response is needed. Applicants must respond by 12:00 pm on Monday, February 13, 2017 with curing a response(s), if needed.
- Curing is used only to address minor issues, such as a missing phone number. **Major omissions or errors will result in a disqualification.**

Attachment A

- Ensure all required documents are accurately and thoroughly completed before submission.
- Check the appropriate box for each item when it is reviewed and completed.
- Ensure all attachments are in their original format (e.g. Word, Excel, PDF, etc.).
Exception: Scanned documents should be submitted as PDF.

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Department of Public Health & Environment

SBHC Program: Planning-to-Operations RFA #4817
Attachment A - Application Submission Checklist

Instructions:

- Review the list below for required application documents to be submitted.
- Ensure all attachments are in their original format (e.g. Word, Excel, PDF, etc.).
- Check the appropriate box for each item when it is reviewed and completed.
- Do NOT use the "Submit" button on the top right-hand corner. Instead, save this PDF form and include it with all other application materials as one RFA email submission.

Name of Lead Applicant Agency:

Section 1: Application Documents	Reviewed (Required)	Submitted (Required)
Attachment A: SBHC Application Submission Checklist	<input type="checkbox"/>	<input type="checkbox"/>
Attachment B: CDPHE Request for Applications Coversheet and Signature Page <i>Must include hand-written signature of the Authorized Contract Signatory.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment C: SBHC Program Application Cover Sheet	<input type="checkbox"/>	<input type="checkbox"/>
Attachment D: SBHC Program Application Signature Page <i>Must include hand-written signature of the Authorized Contract Signatory.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment E: Applicant Business Plan for the Planning Phase	<input type="checkbox"/>	<input type="checkbox"/>
Attachment F: Community Advisory Committee	<input type="checkbox"/>	<input type="checkbox"/>
Attachment G: Budget with Justification Form – Fiscal Year 2017-2018	<input type="checkbox"/>	<input type="checkbox"/>
Attachment H: Pre-Award Risk Assessment Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
Attachment I: Statement of Planning Collaborative	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Reference Documents	Reviewed (Required)
Planning-to-Operations applicants are required to review all reference documents to ensure a complete understanding of the planning and operations requirements of the SBHC Program.	<input type="checkbox"/>
Colorado School-Based Health Center Program Sustainability Study https://www.colorado.gov/pacific/sites/default/files/PF_SBHC_Sustainability-Study-Sept2015.pdf	<input type="checkbox"/>
Revised Quality Standards for Colorado School-Based Health Centers https://www.colorado.gov/cdphe/sbhc-planning-to-operations	<input type="checkbox"/>
School-Based Health Center Program Evaluation Framework (includes Minimum Data Set and Performance Measures) https://www.colorado.gov/cdphe/sbhc-planning-to-operations	<input type="checkbox"/>
School-Based Health Center (SBHC) Program Glossary https://www.colorado.gov/cdphe/sbhc-planning-to-operations	<input type="checkbox"/>
Planning-to-Operations (PTO) Performance Work Plan/Scope of Work (Planning and Operations Phases) https://www.colorado.gov/cdphe/sbhc-planning-to-operations	<input type="checkbox"/>

School-Based Health Center (SBHC) Program – Request for Application (RFA) #4817

Attachment B

- Complete the shaded boxes ONLY.
- Requires hand-signature.
- Scan and submit as a PDF.

STATE OF COLORADO



Colorado Department of Public Health and Environment

John W. Hickenlooper, Governor
 Larry Wolk, MD, MSPH
 Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

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 www.colorado.gov/dohpe

REQUEST FOR APPLICATIONS COVER SHEET & SIGNATURE PAGE

Date:	February 10, 2016	RFA Number:	2670
Submit application to:	Via email: Cdphe_sbhcprogram@state.co.us	LUPHE Contact:	Kristina Green, SBHC Program Coordinator, 303.692.2469 cdphe_sbhcprogram@state.co.us
RFA Submission Deadline:	Monday, March 14, 2016 4:00 p.m. (Mountain Time) Applicants are responsible to ensure timely receipt.	Number of Copies:	Electronic submission only of all required documents as specified within the RFA, including the required format (Word, Excel, PDF). Email to: cdphe_sbhcprogram@state.co.us

Planning-to-Operations Request for Application (RFA) #2670 -
 Colorado Department of Public Health and Environment
 School Based Health Center Program
 Per the attached specifications, terms and conditions

*F.E.I.N.:

DUNS:

Authorized Signature: _____
Original signature (In Ink) acknowledges acceptance of all terms and conditions of the solicitation.

Typed/Printed Name: _____
 Title: _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____

Contact for Clarifications: _____
 Title: _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____

IMPORTANT: The following information must be on the outside of the Application Packaging or referenced in the subject line if the application may be submitted electronically:

RFA#2670
 Opening Date: February 10, 2016
 Closing Date: March 14, 2016 (4:00 pm MST)

Please be advised that telegraphic or electronic responses (Fax, Western Union, Telex, email, etc.) cannot be accepted as a sealed application. Applicants are urged to read the solicitation document thoroughly before submitting an application.
 *Applicants are required to submit Federal Employer Identification Number (F.E.I.N.) via a W-9 form prior to contracting with the State of Colorado. F.E.I.N. referenced above must match BIOS registration to be eligible to submit a response and must match the required W-9 for contracting and payment.

THIS PAGE MUST BE COMPLETED, SIGNED (In Ink) AND RETURNED WITH RESPONSE

RFA_CoverSheet_02012016

Attachment C

- Complete each field.
- If an item does not apply, enter "N/A".
- DO NOT leave any item blank.

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Department of Public Health & Environment

SBHC Program: Planning-to-Operations RFA #4817
Attachment C: SBHC Program Application Cover Sheet

Instructions:

- All lines must be answered. If an item does not apply, enter "N/A." Do not leave any lines blank or it will be considered incomplete.
- Do NOT use the "Submit" button on the top right-hand corner. Instead, save this PDF form and include it with all other application materials as one RFA email submission.

Section 1: Lead Sponsor Agency (Applicant)

Legal Name of Lead Sponsor Agency: _____
 Federal Employee Identifier Number (FEDN): _____
 Data Universal Numbering System (DUNS) #: _____
(Visit <http://www.dhs.gov/usa-choose-number.htm> and click "Get Started" for more information on how to obtain a DUNS number)

Name of Authorized Contract Signatory* (person authorized to sign the contract with CDPHE)

First Name: _____ Last Name: _____
 Agency: _____ Title: _____
 Telephone Number: _____ Fax Number: _____
 Email: _____ Agency Website: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address: _____
(if different from physical address)
 City: _____ State: _____ Zip Code: _____

Lead Sponsor Agency's SBHC Planning Coordinator (primary person responsible for the overall planning process!)

First Name: _____ Last Name: _____
 Agency: _____ Title: _____
 Telephone Number: _____ Fax Number: _____
 Email: _____ Agency Website: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address: _____
(if different from physical address)
 City: _____ State: _____ Zip Code: _____

Primary Fiscal Contact (primary person who would manage the SBHC funding)

First Name: _____ Last Name: _____
 Agency: _____ Title: _____
 Telephone Number: _____ Fax Number: _____
 Email: _____ Agency Website: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address: _____
(if different from physical address)
 City: _____ State: _____ Zip Code: _____

If another person prepares and submits invoices, please complete below for a secondary fiscal contact.

First Name: _____ Last Name: _____
 Agency: _____ Title: _____
 Telephone Number: _____ Fax Number: _____
 Email: _____ Agency Website: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Mailing Address: _____
(if different from physical address)
 City: _____ State: _____ Zip Code: _____

School-Based Health Center Program - Planning-to-Operations Request For Application (RFA) #4817
 Attachment C: SBHC Program Application Cover Sheet
 Page 1 of 2

Attachment D



COLORADO
Department of Public
Health & Environment

SBHC Program: Planning-to-Operations RFA #4817 Attachment D: SBHC Program Application Signature Page

Instructions:

- (Step 1) Print a hard-copy of Attachment D: Application Signature Page.
- (Step 2) Authorized Contract Signatory hand signs below.
- (Step 3) Scan the signed hard-copy.
- (Step 4) Save the scanned copy in PDF format and name the PDF with this naming schema: "Attachment_D_Application_Signature_Page.pdf" and submit with other application documents.

Name of Lead Applicant Agency:

The signature below signifies my review and approval of completion and submission of Request for Application #4817 requesting SBHC Program funds.

Name of Authorized Signatory:

Title of Authorized Signatory:

X _____ Date: _____

Hand Signature (electronic signature not allowed) of Authorized Signatory (from Lead Applicant Agency listed above)

**** End of Attachment D ****

- Requires hand-signature.
- Scan and save the document.
- Submit as a PDF

Attachment E


COLORADO
 Department of Public Health & Environment

SBHC Program: Planning-to-Operations RFA #4817
Attachment E: Applicant Response for the Planning Phase

Instructions (Read carefully!)

- Work with the proposed Host School to complete this information, including the Student Information Section.
- All lines must be answered for the application to be considered complete and acceptable. Do not leave any lines blank. If an item does not apply, enter "N/A."
- Do **NOT** use the "Submit" button on the top right-hand corner. Instead, save this PDF form and include it with all other application materials as one RFA email submission.

Name of Lead Applicant Agency:			
Planning Coordinator with Lead Applicant Agency: <i>(responsible for the overall planning project):</i>			
Planning Coordinator Telephone Number:			
Planning Coordinator Email:			
Total SBHC Planning Funds Requested: <i>(maximum request = \$25,000)</i>	\$		
Total Cost of the Planning Phase:	\$		

Part E: Host School Information (where the new SBHC site is expected to be located)

Host School Name:			
Name of Host School Principal:			
Host School Telephone Number:		Host School Fax Number:	
Host School Web Site:			
Host School Physical Address:			
City:	State:	Zip Code:	
Mailing Address: <i>(if different from physical address)</i>			
City:	State:	Zip Code:	
Host School District: <i>(where SBHC site is expected to be located)</i>			
Name of Host School District Superintendent:			
Host School Type: <i>(check all that apply)</i>	<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle School	<input type="checkbox"/> High
If "Other", please specify:			
Name of Host School Contact Person: <i>(person involved in the planning of a new SBHC site)</i>			
Contact Person's Telephone Number:			
Contact Person's Email Address:			

Continue to Page 2...

- Complete each field.
- If an item does not apply, enter "N/A".
- This is the longest attachment (17 pages).
- Pay attention to word limits
- Answer all questions thoroughly and accurately.

Attachment G

Budget with Justification Form FY 17-18

CDPHE		COLORADO				
Department of Public Health & Environment		Department of Public Health & Environment				
PREVENTION SERVICES DIVISION- BUDGET WITH JUSTIFICATION FORM						
Contract Routing #						
School-Based Health Center Program RFA #4817						
Attachment G: Budget with Justification Form - Fiscal Year 2017-2018						
<small>Some cells have a small red triangle in the top right-hand corner. If you click on the cell with your mouse on that cell, additional instructions will</small>						
Contractor Name		Program Contact Name, Title,				
Budget Period		Fiscal Contact Name, Title,				
Project Name						
Expenditure Categories						
Personal Services						
Salaried Employees						
Position Title	Description of Work	Budget Item Supporter SOW	Grant or Annual Salary	Fringe	Percent of Time on	Total Amount Requested
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
Total Personal Services (including fringe benefits)						\$0.00
Personal Services						
Hourly Employees						
Position Title	Description of Work	Budget Item Supporter SOW (Yor/Hr)	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested from CDPHE
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
Total Personal Services (including fringe benefits)						\$0.00
Supplies & Operating Expenses						
Item	Description of Item	Budget Item Supporter SOW	Rate	Quantity	Total Amount Requested from CDPHE	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
Total Supplies						\$0.00

Budget Major Line Items

Your budget will include major budget categories which are also referred to as major line items.

Major line items usually include:

- A. Personal Services Expenses
- B. Supplies & Operating Expenses
- C. Travel Expenses
- D. Contractual Expenses
- E. Indirect (or Administrative) Expenses

Major Vs. Minor Line Items

Within each Major Line Item, you will include more detailed Minor Line items.

Example Planning Budget

Personal Services

Register Nurse	\$ 7,000
Billing Manager	\$ 1,500
Clinic Coordinator	<u>\$ 3,000</u>
Total Personal Services	\$11,500

Supplies & Operating

Printing	\$ 500
Food for Community Meetings	<u>\$ 450</u>
Total Supplies & Operating	\$ 950

Travel

Travel to Denver 2/15 - 3 people	\$ 505
Site visit to SBHC	<u>\$ 100</u>
Total Travel	\$ 605

Contractual

Medical Provider/Consultant	<u>\$5,000</u>
Total Contractual	\$5,000

TOTAL REQUEST **\$18,055**

- On the example to the left, Personal Services, Supplies & Operating, Travel and Contractual constitute Major Line Items.
- All other budget lines constitute Minor Line Items.

Attachment G: Budget Guidelines

- The Budget Period – July 1, 2017 (or upon contract execution, *which ever is later*) through June 30, 2018
- Personal Services – complete all columns; use title(s); **DO NOT** use names.
- Total Amount Requested from CDPHE column has pre-populated formulas that will calculate the total amount automatically.
- Do **NOT** create your own formulas, including formulas to calculate fringe, as formulas may create decimals and the total calculation may not equal the computation provided.

Attachment G: Budget Guidelines

How to complete the Budget Form:

- **Contractor Name:** Enter the Lead Agency's legal business name.
- **Project Name:** Programmatic name given by the Agency (i.e. Healthy Kids).
- **Program Contact Name:** Designated person to answer programmatic questions (primary contact).
- **Fiscal Contact Name:** Designated fiscal contact for the budget.

Attachment G: Budget Guidelines

Personal Services: (Salaried Employees)

- **List Position Title(s)** - **DO NOT** list Employee Name(s).
- **Description of Work** - Address the role and expected contribution of budgeted personnel. If less than full FTE, indicate the % FTE will work for your agency. Describe how fringe is projected and what components are included (insurance, paid time off, pension, etc). Show complete calculation for salaries and fringe.
- **Budget Item Supports SOW** - Answer "Yes" or "No" if the SOW goals/objectives/activities are supported by the budget.
- **Gross or Annual Salary** - Enter the employee's annual (12 month) gross salary.
- **Fringe** - Enter the total amount of fringe for the employee based on their annual salary.
- **Percent of Time on Project** - Enter the percentage of the employee's time spent on the project during the contract period.

Attachment G: Budget Guidelines

Personal Services: (Hourly Employees)

- **Position Title(s)** - **DO NOT** list Employee Name(s)
- **Description of Work** - Justification should address the role and expected contribution of budgeted personnel. If less than full FTE, indicate in the description the % FTE worked for your agency. Describe how fringe is projected and what components are included (insurance, paid time off, pension, etc). Show complete calculations for salary and fringe.
- **Budget Item Supports SOW** - Answer "Yes" or "No" if the SOW goals/objectives/activities are supported by the budget.
- **Hourly Wage** - Enter the employee's hourly wage.
- **Hourly Fringe** - Enter the employee's hourly fringe amount (not the percentage).
- **Total # of Hours on Project** - Enter the number of hours the employee is expected to work on the contract during the entire contract period.

Attachment G: Budget Guidelines

Supplies and Operating:

- **Item** – Needs to be reasonable, allowable and allocable to the project
- **Description of Work** – Needs to include the rationale for the costs budgeted and a description of how cost estimates are calculated
- **Rate** – The dollar amount of cost per item
- **Quantity** – The total number your agency will need for the one year funding period

Attachment G: Budget Guidelines

Travel:

- **Item** - Examples include: mileage, lodging, meals, airfare, parking, tolls, etc. Show complete calculation, for example: # of miles x rate per mile.
- **Description of Work** – Needs to include the rationale for the costs budgeted and a description of how cost estimates are calculated. Indicate the project personnel who will be traveling. Include travel costs for any mandatory training required in the RFA. Travel mileage rate cannot exceed the current federal rate. It is recommended that your agency budget with the current government per diem rates published on the U.S. General Services Administration website. While agencies may have policies that reimburse employees for the actual travel expenses incurred, the School–Based Health Center Program may not reimburse travel expenses that exceed the current government per diem. Current per diem rates can be found at: www.gsa.gov/portal/category/21287
- **Rate**- Enter actual mileage rates (include decimals if applicable)
- **Quantity** – Enter how many miles you plan to travel or how many people need lodging, per diem, parking etc. based on the item

Attachment G: Budget Guidelines

Contractual:

- **Subcontractor Name** - List the activity of the agency you are subcontracting with.
- **Description of Work** – Describe the work to be performed, expected deliverables, and a brief description of how costs were calculated. Examples include: consulting, outsourced evaluation, etc.
- **Memorandum of Understanding (MOU)/Contracts** - A MOU or a contract with a subcontractor(s) must be available upon request.

Attachment G: Budget Guidelines

Direct vs. Indirect:

Direct Cost - Direct costs are costs readily identified.

Indirect – These are costs that cover multiple activities and that occur on a regular basis. They are usually administrative in nature. In other words they can't be assigned to a particular product or service, but are used to operate an organization as a whole. Examples of indirect costs include but are not limited to, administrative salaries, office expenses, rent, telephone, utilities, etc.

- If you are requesting indirect you must provide a copy of one of the following: Federally Negotiated Indirect Rate Agreement or CDPHE- Official and Approved Negotiated Rate Agreement with CDPHE.
- Agencies that have **NEVER** had an indirect rate can request a 10% de minimis rate
- If requesting indirect, please list your agency's indirect rate and base of indirect.

Food & Meal Costs

- Contracting agencies are required to be responsible stewards of State money, using it in the most effective way possible.
- Food/meal costs will be subject to scrutiny. If you choose to include food in your budget, please include a detailed justification illustrating that it is the best use of your funds and necessary for the success of your program. **It will be subject to CDPHE review and approval is not guaranteed.**
- Food at staff meetings is not an allowable cost. There are only a few circumstances where purchasing food/drink is an allowable cost, for example, food for outside stakeholders tied to an event or conference.

Budget Checklist

- Did you show the complete calculation in the Description of Work?
- Did you ensure not to create new formulas, especially in the Gross or Annual Salary and Fringe columns?
- Did you make sure that all row calculations are correct?
- If indirect is budgeted, did you attach your approved negotiated indirect agreement? If you never had an indirect rate but your agency incurs indirect, enter "Per diminis rate"

Budget & Invoicing Tips

- If awarded funds, monthly invoicing is required. Monthly invoices (major and minor line items) must align with the line items in the approved contract budget.

Attachment H

- Complete ALL fields. Incomplete or unanswered questions will receive highest risk rating.
- Requires hand-signature.
- Scan and save the document.
- Submit as a PDF.
- *Local Public Health Agencies do not need to complete this document.

ATTACHMENT [H](#)

APPLICATION
PRE-AWARD RISK ASSESSMENT QUESTIONS
(For use with subrecipient/recipients only)

Local Public Health Departments do not need to complete this form since their risk is determined by the Financial Risk Management System (FRMS).

Any questions that remain unanswered including explanations, or the answer does not address the question asked will be assessed the highest risk rating for that question.

Name of organization:

Name and title of person completing this form:

Amount of funding requested on this application:

****If you have completed this form in the past twelve months, please submit your completed form with any updated information****

- 1) Please provide your total operating budget for your entity.
- 2) Please provide the total number of grants you receive? (State, Federal, Private)

Programmatic Performance

- 3) Total dollar amount of CDPHE only grants that you receive?
- 4) Has your organization administered programs similar to your current grant proposal? If so, please list and explain.
- 5) How many years has your organization been in existence?
- 6) How many total FTE are there in your organization?
- 7) Have you previously met all deliverables of your grants on time and as described in your statement of work? If not, please explain why you would be unable to meet the deliverables.
- 8) Are you serving as a fiscal agent for another agency that will complete the actual work on the grant? Yes No
- 9) Are you sub-awarding any portion of this contract to complete your deliverables? Yes No
- 10) Has your organization had any significant changes in key personnel or accounting systems in the last year? (e.g. Controller, Executive Director, Accounting Manager, Program Manager, etc.)

Fiscal System

- 11) How many total FTE perform accounting functions within your organization?
- 12) When is your organization's fiscal year end?

Attachment I

- Requires hand-signatures.
- Scan and save the document.
- Submit as a PDF.

 **COLORADO**
Department of Public Health & Environment

School-Based Health Center Program – Request for Application #4817
Attachment I: Statement of Planning Collaborative

Instructions:

- All lines must be answered and this form signed to be considered complete and acceptable.
- Hand signatures by authorized signatories are required. Electronic signatures are not permitted.
- Hand-sign, scan, save and submit this document in PDF format.

Name of Lead Applicant Agency:

The school, school district and medical sponsor are required partners in the planning and operation of any school-based health center. Evidence of partnership from the planning phase and sustained into and throughout the operations phase indicates a clear, inclusive and involved role by these key partners, which is fundamental to the long-term success of a SBHC site.

I. Contributing resources and specific efforts by school principal and other school staff in the planning process:
Use as much space (expand box) as is needed to make a detailed statement.

Print/Type Name:

X

Hand Signature of School Principal / Date

School-Based Health Center Program – Request for Application (RFA) #4817
Attachment I: Statement of Planning Collaborative
Page 1 of 3

Q & A Process

- Submit questions between:
December 19, 2016 – February 6, 2017
- Questions WILL NOT be accepted after February 6.
- Email question(s): cdphe_sbhcprogram@state.co.us
- Q & A posted:
<https://www.colorado.gov/cdphe/sbhc-planning-to-operations>
- Questions will not be accepted or answered by direct email or phone calls to any CDPHE staff.

SBHC Program Staff



Esperanza Ybarra, HSC Branch Chief

303-692-2482

esperanza.ybarra@state.co.us



Francesca Isabelle, SBHC Fiscal Officer

303.691.4963

francesca.isabelle@state.co.us

Thank You!