

# SUBMITTAL LETTER

CCNIA MHDS Region  
Impact Grant 2023  
c/o Melissa Loehr, Care Connections

Dear Ms. Loehr:

Please find attached our response to your Request for Proposal (RFP) from:

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Organization Name (Applicant)

In submitting this response, I hereby certify that the proposal documents have been read and fully understood and that I am authorized to offer and agree to furnish the requirements set forth in this RFP. Furthermore, I certify that the materials requested by the RFP are enclosed, all information provided is true, accurate, and complete to the best of my knowledge, and this response is submitted by, or on behalf of, the party that will be legally responsible for service delivery should a contract be awarded.

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Signature of Authorized Official

Date

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Printed Name of Authorized Official

Title

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Organization Physical Address

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Organization Mailing Address (if different)

Website Address

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Type of Entity/Structure

Federal Employer ID#

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Printed Name of Contact Person

Title

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Email Address

Phone

## APPLICANT PROFILE / REQUIREMENTS

APPLICANT'S LEGAL NAME: \_\_\_\_\_

Limit responses to the following questions or statements to no more than three pages, single spaced in Arial 10-point font. The Applicant Profile / Requirements should be submitted with the Submittal Letter one PDF as per the requirements specified in Section 2.

1. Briefly describe the organization's history, mission, and accomplishments.
2. Describe your organization's administrative structure, including senior management and staff resources that will be dedicated to the CCNIA MHDS's Impact Grant 2021. Provide biographies of key personnel involved in the provision of services under this RFP.
3. Comment on any partnership(s) with other providers related to direct services or obligations that will be assigned, delegated, or subcontracted in whole or in part.
4. Include whether the organization has had a contract within the last five years that was terminated for cause due to breach or similar failure to comply with the terms of the contract. If yes, provide a detailed explanation.
5. Describe the organization's experience with the target population. Also include information about the applicant's knowledge of and experience with underserved populations.
6. Include timeline with key expenditures anticipated. **Program must be started prior to June 30, 2023.**
7. Accessibility & Facility Improvement (Focus Area One): Discuss whether the organization currently owns or rents the location that would benefit from the award. If it is a rental location, please share the rental agreement terms for length of the lease.
8. The applicant, if awarded an Impact Grant, agrees to use all of the award dollars on services, programs and locations located in the six counties in CCNIA Region.  
 \_\_\_\_\_ Check this box to indicate acknowledgment of this requirement. (initials)
9. The applicant is responsible for obtaining and maintaining general and professional liability insurance in an amount to be determined while providing services to the CCNIA MHDS.  
 \_\_\_\_\_ Check this box to indicate acknowledgment of this requirement. (initials)
10. Applicants shall hold members and agents of the CCNIA MHDS harmless from liability of any nature or kind, including cost and expenses for infringement or use of any patent, copyright, or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract.  
 \_\_\_\_\_ Check this box to indicate acknowledgment of this requirement. (initials)

11. The applicant, if selected, must be in good standing with the State of Iowa with all necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP.

\_\_\_\_ Check this box to indicate acknowledgement of this requirement. (initials)

## SERVICES RESPONSE FORM

Describe how you will meet the requirements set forth in this RFP. Answers should correlate with Section 2 – Specifications. Define what success looks like if selected as an awardee. Limit narrative to no more than two pages, including any tables, schedules, or examples, in single-spaced, 10-point Arial font. The Services Response Form should be submitted as one PDF as per the requirements specified in Section 1.

## Budget

Describe the anticipated budget needed to meet the requirements set forth in this RFP. Answers should correlate with Section 2 – Specifications. Applicants must submit a potential budget that clearly state the total cost and the activities associated with the cost. Limit the budget to a narrative description of no more than one page in single- spaced, 10-point Arial font and one page with a financial table for a total of two pages. The Budget response should be submitted as one PDF as per the requirements specified in Section 1.

1. Employees. List each position by title. Indicate whether positions are direct service or administrative. Show your standard Full Time Equivalent (FTE) percentage per position over the contracted timeframe OR annually for each employee. FTEs should be calculated according to the proportion of time worked in a 40-hour week. For example, 0.75 FTE is 30 hours worked per week.
2. Employee Benefits. Benefits should be based on actual known costs or an established formula.
3. Other Direct Expenses. Include expenses other than personnel that are necessary to initiate, maintain, and operate the program and/or service. This may include, but is not limited to, travel costs, materials, and/or supplies.
4. Administrative Costs. Include administrative and indirect costs associated with the program/and/or service.
5. Marketing and Communications. This may include, but is not limited to, brochures, social media, etc.
6. Equipment. This may include, but is not limited to, computer equipment, new furniture, signs, etc.
7. Other. Any other expenses not included in the above expense categories. Provide explanation.

## REFERENCES

Provide 2 professional references relevant to the scope of work included in this RFP. The CCNIA MHDS may contact the references to determine the applicant's performance on such work.