# COVER SHEET AND APPLICATION MATERIALS FOR THE FETAL INFANT MORTALITY REVIEW NETWORK LEAD AGENCY RFP

*Include the following information:*

**Name of the Proposal:**

**President/ED/CEO Name, Email, Phone:\*\***

**Proposing Agency Name (including DBA):**

**Proposal Contact(s), Email, Phone:\***

**Corporation Type:**

**Fiscal (Accounting) Contact, Email, Phone:**

**Year Incorporated:**

**Mission Statement:**

**Corporate Address:**

**Website Address:**

**Name of Board Chair:**

**Total Ready by Five Request:**

*\*This field must identify by name the contact person(s) to answer questions and negotiate subject to this RFP. You may include more than one person.*

*\*\*This field should include the person(s) authorized to sign a contract with the County on behalf of your organization.*

# SECTION THREE: APPLICATION MATERIALS – FETAL INFANT MORTALITY REVIEW NETWORK LEAD AGENCY RFP

*Please provide responses to all questions below. As a reminder, a full checklist of the application requirements for submission can be found in Section Four.*

*Answer all questions below. If an answer is not relevant for a proposed service, state the reason why.*

*As you respond, do not modify the format or order of this section.*

## I. Service Narrative.

1. Proposal Name:
2. List the name of each proposed service(s) your agency is proposing. Include no more than five (5) proposed services.

*Please note: Many proposals choose to bundle all services under one rate. Alternatively, a proposal that is multifaceted may consider proposing more than one unit rate. For example, a program employs a Data Analyst and also a Nurse. A program may propose a specific unit rate for services provided by each service professional. If you list more than one service, you must provide a unit rate for each service. Please see Part IV. Cost for Proposed Services for more context.*

1. Describe each of the proposed services named above. (Max of 1 page per service)
2. Describe your agency’s experience and expertise with maternal infant health in Kent County. Describe how your agency currently collaborates with maternal infant health partners in Kent County and how these established relationships would support implementation of the Fetal Infant Mortality Review (FIMR) network. Include any direct experience your agency has with FIMR. (One page maximum)
3. Describe how our agency would implement the FIMR network in Kent County. (3 pages maximum)
   1. How would you recruit/manage membership? What partners would be recruited? How would you facilitate regular meetings? Who would be responsible for meetings?” Describe the process to review individual infant mortality cases in Kent County. Who would conduct case review? What methodology would be followed?
   2. Describe how aggregate-level data and information about fetal and infant death cases would be made available to the early childhood network in Kent County. Who would be responsible for producing the reports and updates?
   3. Describe how your agency would establish relationships with public health and healthcare providers to access current, case-specific information related to fetal and infant deaths in Kent County. Specify the capability of your agency to follow all necessary privacy and security standards for sharing and protecting sensitive information.
   4. Any additional details.
4. Project Staff (One page maximum)
5. Attach a chart with the staff who would provide oversight, data support, and FIMR network support activities. You may provide a brief description for positions (responsibilities and how they relate to the FIMR work) included on the chart.
6. If existing staff time is to be reallocated to Millage activities, explain what circumstances have occurred to allow for the reallocation of resources.

## II. Agency Staff and Leadership

1. Please describe the diversity of your organization’s staff and leadership.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Race** | | | | | **Ethnicity** | | **Not Available** |
| **Proposing Agency:** | **White** | **Black - African American** | **Asian** | **American Indian or Alaska Native** | **Native Hawaiian or Other Pacific Islander** | **Hispanic** | **Non- Hispanic** |
| **Board** |  |  |  |  |  |  |  |  |
| **Executive Leadership** |  |  |  |  |  |  |  |  |
| **Program Staff** |  |  |  |  |  |  |  |  |
| **TOTAL INDIVIDUALS** |  |  |  |  |  |  |  |  |

2. Describe how your organization’s leadership fosters equity and inclusion within at the board, leadership, and at the full organizational level. *(Maximum of 3 paragraphs)*

## III. Budget

1. Complete Attachment A: Proposal Budget and Proposed Service Detail.

***Review the directions in the template.***

***Submit Attachment A as a separate Excel document.***

***Submit a separate Excel sheet for each proposed service listed in Part I.***

***Do not modify the format of this document.***

***Note: Ready by Five Early Childhood Millage funds may not be used to purchase equipment or property.***

*Note: Cost sharing is not a requirement for FIMR Lead Agency services funded by the Ready by Five Early Childhood Millage.*

## IV. Cost for Proposed Service(s)

1. Provide a pricing methodology with attention to detail that includes all associated costs to successfully provide services as described in your response. (One page maximum)

a. Within the chart, provide in dollars, a cost per unit for each proposed service in Year 1 and Year 2 listed above in Part I, 2. (Unit is typically defined as an encounter with a client or 15 minutes of staff time.)

|  |  |  |
| --- | --- | --- |
| **Name of Service** | **Year 1 (Cost Per Unit)** | **Year 2 (Cost Per Unit)** |
|  |  |  |
|  |  |  |
|  |  |  |

b. Include a written description of how a Unit Rate is defined that includes: What staff person will provide services under each unit rate? What indicates when the unit begins and when it ends?

2. Complete the chart below to indicate the number of units in Year 1 and Year 2 your agency intends to invoice for to successfully carry out this proposal.

|  |  |  |
| --- | --- | --- |
| **Name of Service** | **Year 1 Total Units** | **Year 2 Total Units** |
|  |  |  |
|  |  |  |
|  |  |  |

*Note: Ready by Five Early Childhood Millage funds will be paid once a service has been provided. The Unit Rate will be the rate at which the program will be reimbursed per unit of service by Ready by Five Early Childhood Millage funds.*