

REQUEST FOR PROPOSALS (RFP)

Preparation of Cost Allocation Methodologies Toolkit for the Puerto Rico Department of Health and Other U.S. Territorial Health Agencies

I. Summary Information

Purpose: The Association of State and Territorial Health Officials (ASTHO), with support from the Centers for Disease Control and Prevention (CDC), is soliciting proposals from qualified and experienced independent consultants and consulting firms to develop a cost allocation methodologies toolkit. The toolkit will guide the Puerto Rico Department of Health (PRDOH) to implement and sustain a centralized grants management office and an electronic grants management system to maximize federal funding outcomes. The toolkit will be developed in the context of PRDOH, but it should be flexible enough to accommodate extrapolating to other health agencies in the U.S. territories that are interested in adopting a centralized grants management model in their jurisdiction.

Proposal Due Date and Time: Wednesday, Dec. 14, 2020 at 5 p.m. ET

Selection Announcement Date: Wednesday, Dec. 18, 2020 (via e-mail to all bidders)

Maximum Funding Amount: \$120,000

Estimated Period of Performance and Final Report Date: Wednesday, Jan. 13, 2021, through Tuesday, June 22, 2021. Final report due date is Tuesday, June 22, 2021.

Bidder's Conference Call: Tuesday, Dec. 8, 2020 at 3 p.m. ET. Join via Zoom:

<https://astho.zoom.us/j/97568691712>. Please notify ASTHO in advance if you are planning to join the call.

ASTHO Point of Contact: Neyling Fajardo, Director of Territorial Support (nfajardo@astho.org)

II. Description of RFP

Purpose

ASTHO, with support from CDC, is soliciting proposals from independent consultants and consulting firms that have proven experience developing cost allocation plans for federal, state, or local government agencies to create a cost allocation methodologies toolkit. The toolkit will guide PRDOH to implement and sustain a centralized grants management office and an electronic grants management system to maximize federal funding outcomes. The toolkit will be developed in the context of PRDOH, but it should be flexible enough to accommodate extrapolating to other health agencies in the U.S. territories that are interested in adopting a centralized grants management model in their jurisdiction. Given the benefits of a centralized grants office structure, the toolkit should provide guidance on steps territorial health agencies can take to build an office with the infrastructure to sustain a centralized grants management model while also taking into consideration that these resource-limited jurisdictions will likely need a gradual approach. The toolkit should also include electronic tools to facilitate health agencies' ability to calculate direct and indirect costs so that they may effectively fund staffing and electronic grants management system needs for their centralized grants management office.

The cost allocation methodologies toolkit must include considerations for both direct and indirect costs in accordance with the requirements of the Office of Management and Budget's *Uniform Administrative*

Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Part 200, as well as applicable federal and local laws and regulations.

Background

ASTHO is the only national, nonprofit organization representing the nation’s state and territorial public health officials and the agencies they serve. ASTHO’s members, the chief health officials of all 50 states in the United States, Washington, D.C., the five U.S. territories, and the three freely associated states, are dedicated to formulating and influencing sound public health policy, assuring excellence in state-based public health practice, and advancing health equity and optimal health for all. ASTHO was incorporated on March 23, 1942, with the goal of helping health officials navigate a rapidly changing public health landscape and to this day remains a strong voice in governmental public health. ASTHO’s mission is to support, equip, and advocate for state and territorial health officials in their work of advancing the public’s health and well-being. With more than 300 programs and services offered in 2019 alone, ASTHO has used cutting-edge best practices and technical assistance to strengthen state and territorial public health leadership competency and agency capacity across a range of public health issues, from public health preparedness, chronic disease prevention, and substance misuse and addiction, to population health strategies, informatics, and health equity.

This project is part of a larger effort to help PRDOH recover from the devastating hurricanes that impacted Caribbean jurisdictions in 2017. With crisis funding from the U.S. federal government, ASTHO is supporting the CDC Centers, Institutes, and Offices in the shared work of rebuilding Puerto Rico’s public health infrastructure and capacity in multiple areas. To support this process and improve grants management capacity and oversight, ASTHO will assist PRDOH transition from a decentralized to a centralized grants management structure. To achieve this goal, ASTHO will hire a consultant or consulting firm to develop a cost allocation methodologies toolkit to provide for the support of the new model – most notably, key grants management staff and those charged with overseeing and administering the newly-purchased electronic grants management system. Given the present threat of hurricanes and typhoons in other U.S. island jurisdictions in the Atlantic and Pacific oceans, the toolkit will have a broader scope so that it may be applicable to other jurisdictions beyond Puerto Rico.

Currently, Puerto Rico, along with most other territorial jurisdictions, relies upon a largely decentralized system for grants management. This means that program managers are responsible for tracking and reconciling charges and expenditures to their project accounts through multiple grants management systems that do not communicate with each other and are in various stages of automation. Training and staff expertise vary as does the timeliness and accuracy of financial data. Alerts on needed actions, such as reports to funders, closeout, and carryforward, are not programmed. As a result, leadership does not have ready access to comprehensive reports on spend-down, key grants management activities may not occur, staffing and procurement may not occur in a timely manner, and projects may be over-or-under-spent. The goal is to centralize key functions guided by a comprehensive electronic grants management system overseen by specialized and trained staff in close communication with program staff. This project is aimed at defining the cost of transitioning to this system and allocating its cost across multiple projects and cost centers. While most directly focused on Puerto Rico, this project can also help benefit other island jurisdictions in the Atlantic and Pacific.

Project activities

The contractor will develop a cost allocation methodologies toolkit to help PRDOH build its grants management internal capacity and implement and maintain an electronic grants management system in efforts to create a sustainable and economically viable grant office. While focused on assisting Puerto Rico, the project deliverables will also benefit other island jurisdictions in the Atlantic and the Pacific. The toolkit should provide guidance on steps PRDOH and—by extension—other territorial health agencies can take toward a centralized grant office structure while also taking into consideration that these resource-limited jurisdictions will likely need a gradual approach. The toolkit should also include tools to facilitate health agencies’ ability to calculate direct and indirect costs so that they may effectively fund staffing and electronic grants management system needs for their centralized grants management office.

Contractor services will support project activities, which are divided into three primary phases: data collection, data analysis and creation of draft tools, and the development of a finalized toolkit with tools, planning scenarios, and recommendations. Activities for this project are listed below and may be scaled accordingly to accommodate budget projections. The contractor will work closely with ASTHO to determine the timelines for executing project activities and submitting draft and final deliverables.

A. Services being solicited:

- a. Deliver support services and guidance to ASTHO related to the cost allocation methodologies toolkit.
- b. Conduct interviews with PRDOH and health agencies in other U.S. territories that document staff roles and responsibilities with respect to grants and contracts management for three models of grant office administration – decentralized, centralized reporting, and centralized (please refer to the published eCivis [blog](#) and [guide](#) for additional information on the three definitions). This data-gathering phase should focus on jurisdictions that have transitioned from a decentralized to a centralized grant office structure, have a centralized reporting structure, or have hybrid options where specialized accountants and grant specialists are placed on program teams. Best practices and lessons learned identified through these interviews will inform the development of planning scenarios, recommendations, and tools to guide jurisdictions on ways to strengthen their existing models and move toward transitioning to a centralized grant office structure.
- c. Research information for the development of a finalized toolkit.
- d. Complete toolkit revisions as needed, based on the feedback of ASTHO project leads and relevant stakeholders.
- e. Conduct a walk-through on how to utilize the toolkit.
- f. Lead and facilitate convenings with ASTHO project leads and relevant stakeholders to inform the final product.
- g. Present oral and written updates regularly on progress, challenges, and solutions through the course of the contract.
- h. Provide oral and written communication in Spanish, along with all major project deliverables in both Spanish and English. Or incorporate necessary translation and interpreting services in the project budget.

B. Deliverables, products, results:

- a. A cost allocation methodologies toolkit to guide PRDOH to effectively implement and sustain a centralized grants management office that is adequately staffed and can adopt an electronic

grants management system to further support a centralized model. Ideally, the toolkit will include the elements listed below.

- I. A framework with two to three planning scenarios and recommendations on ways health agencies can transition from a decentralized model to a centralized or hybrid model. The framework should include specific steps and considerations for the transition and sustainability of such models.
- II. An electronic self-assessment tool that health agencies can use to complete a gap analysis. The self-assessment tool will assist PRDOH in evaluating how their grants management system performs, map out the current process, and identify and implement opportunities for improvement.
- III. A tool to conduct a roles and responsibilities exercise to determine the configuration of a centralized or hybrid office. Information on the current role of the PRDOH grant management office is included in the draft contract scope of work.
- IV. A flexible Excel tool and user guide to help PRDOH account for all federal benefiting programs and calculate an equitable distribution of costs, inclusive of direct and indirect costs, among those benefiting programs to support systems and staff managing different aspects of federal awards. Associated costs include the following:
 - i. Salaries and fringe benefits of key staff to support federally funded programs manage their federal grants and funding amounts awarded each year. Data on the number of grants and funding amounts PRDOH received in fiscal years 2019 and 2020 are included in the draft contract scope of work to guide this work.
 - ii. Implementation, annual renewal, and expansion of software licenses for the long-term use, access, and maintenance of an electronic grants management system, as well as future enhancement needs.
- V. Other relevant tools, checklists, templates, and logic models as recommended by the contractor.
- VI. Detailed outlines and drafts of each deliverable prior to finalization according to an agreed-upon work plan and schedule.

Expected Outcomes

The centralized grants management office will improve transparency, accountability, and reporting, as well as streamline management of grants and financial reports at PRDOH—and by extension—other territorial health agencies. The cost allocation methodologies toolkit will allow PRDOH to:

- Improve the capacity to fulfill the agency’s mission through the efficient management of federal funds and effective coordination across programs.
- Establish and sustain a centralized or hybrid grants management office to improve grant oversight, compliance, and transparency, and to provide technical assistance to programs.
- Maximize the utilization of federal grant funds.
- Administer an electronic grants management system, including data entry, quality control, reconciliation, tracking of spending and drawdown, planning for key tasks that need to occur (closeout, carryforward, etc.), issuing reports to program staff and leadership.

Funding

This project is made possible thanks to funding from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services, through the State and Territorial Public Health Technical Assistance and Expertise for Response to Public Health or Healthcare Crises Cooperative Agreement, Grant No. 6 NU1ROT000007-01-08. Funding for the entire project may be up to \$120,000, including all direct and indirect costs. The estimated period of performance will be approximately five months, beginning Jan. 13, 2021. **All proposal applications must be received by 5 p.m. ET on Dec. 14, 2020.**

Evaluators

ASTHO and PRDOH staff will evaluate the proposal with consultation from relevant subject matter experts and stakeholders with related experience in the activities proposed.

III. Requirements for Financial Award

Allowable Expenses

Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate above the federal Executive Schedule Level II (currently \$197,300).

Required Grant Activities to be Covered by Award

The main activities of work proposed should include relevant research and the development of a finalized comprehensive cost allocation methodologies toolkit.

Period of Performance

Jan. 13, 2021 – June 22, 2021.

Reporting Requirements

Progress and performance will be monitored through the contractor's submission of monthly progress reports on project activities and deliverables via e-mail to ASTHO. Regular check-in calls will take place as agreed upon by ASTHO and the contractor. ASTHO will review outlines, drafts, and interim deliverables before they are deemed final. The contractor will submit invoices and related progress reports to ASTHO for deliverables completed based on a schedule indicated in the contract agreement.

Additional Requirements

Applicants should be able to perform specified duties in both English and Spanish. Materials should also be made available in English and Spanish.

IV. Required Proposal Content and Selection Criteria

Proposals may not exceed 10 single-spaced pages, exclusive of any appendices, budget documents, or supporting documents needed to provide additional information about the proposer's/applicant's qualifications and experience. ASTHO prefers Calibri font (11pt), one-inch margins on all sides of the page, and documents readable by Microsoft Word.

Required Sections: Cover Letter, Proposed Approach, Prior Experience and Performance, Organization Capacity, Budget and Narrative, Response to Draft Contract, and References.

- A. Cover Letter (5 points):** *Include complete contact information for the lead programmatic and fiscal /contractual points of contact (name, title, organization, mailing address, e-mail address, telephone number, and agency’s DUNS number or CAGE code).*
- B. Proposed Approach (30 points):** Provide a detailed work plan that outlines the approach and strategy to conceptualize, develop, and finalize the requested project activities, providing specific activities, steps, timeline, goals, milestones, anticipated challenges, and solutions. The approach and strategy should take into consideration the unique culture and context of the jurisdiction and how this impacts projects with PRDOH. Specifically, a proposal that lists standardized processes and steps without exhibiting a good understanding of the specialized needs of the jurisdiction concerning language requirements, challenged infrastructure, highly decentralized business processes, etc., will be considered unresponsive. Similarly, the proposed approach should anticipate how these factors will facilitate or challenge the project and how standardized approaches will be adapted to accommodate this specialized environment.
- C. Prior Experience and Performance (15 points):** Describe experience and quality of performance on recent work completed with similar scope. Include information about familiarity with and understanding of the topic, and work with similar jurisdictions. Describe the ability to represent ASTHO well in interactions with territorial health agency staff and other governmental, private sector, and/or non-profit stakeholders. Attach at least one example of recent (within the last three years) work completed of similar scope.
- D. Organization Capacity (15 points):** Include information about the company and address the ability and capacity to perform the services required within the specified timeframe. Describe staff qualifications to work in a Spanish-speaking jurisdiction and with public health and/or government agencies. Provide a CV for key personnel/staff lead.
- E. Budget & Budget Narrative (25 points):** Provide a detailed fixed price budget, including detailed projected costs for the completion of the project. Funding for the entire project should total \$120,000. [Attachment A](#) outlines the general format in which the budget should be presented. Applicants may use Attachment A as a template or simply as a guide to inform the development of the project budget. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity.
- The fixed price budget should include a cost break-down per task and a proposed payment schedule.
- F. Response to Draft Contract (5 points):** ASTHO and the selected applicant will enter into a contractual agreement. A draft agreement between ASTHO and the selected applicant is available in [Attachment B](#). **Review the agreement’s terms and conditions with your contracts officer and confirm that, if selected, you will enter into this agreement, or identify and include any proposed changes with your proposal application.** ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.

- G. References (5 points):** Attach three current references we may contact and at least one example of recent (within the last three years) work completed of similar scope.

V. Submission Information

Application Procedure

ASTHO must receive applications by 5 p.m. EST, Dec. 14, 2020. Please submit an electronic copy of the application to nfajardo@astho.org. ASTHO will not consider incomplete applications or applications received after the deadline.

Timeline

- November 30, 2020: RFP released.
- December 14, 2020 (5 pm EST): Deadline for submission of proposal applications.
- December 21, 2020: Contract award announced.
- January 13, 2021: Contract period commences.
- June 15, 2021: Final version of cost allocation methodologies toolkit due.
- June 22, 2021: Contract period ends.

Applicant Questions and Guidance

ASTHO will support interested applicants to offer guidance and address specific questions about the RFP. A bidder's conference call will be held on Tuesday, December 8, 2020, at 3 p.m. ET. Join via Zoom: <https://astho.zoom.us/j/97568691712>. Interested parties may contact Neyling Fajardo via e-mail at nfajardo@astho.org of their intent to apply and join the call. ASTHO will share responses to questions received with all interested parties via e-mail.

Disclaimer Notice:

This RFP is not binding on ASTHO, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall ASTHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.