

**Request for Proposals (RFP):**  
**Cardiovascular Health Projects**  
**HHS Region VI- Office of Minority Health**

**A. Proposal Submission Deadline**

**Proposals and all required documents must be received in the Regional Office by COB Monday, April 30, 2012 at 5:00 PM CST. The Regional Office will not accept any postmarked proposals.**

**Project Officer's Mailing address:**

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**B. Application Guidelines**

The proposals must be completed on organization letterhead (Limit 5 pages, Times New Roman, 12 Font). Provide two (2) copies of the proposal (one electronic copy in **word document** via email and one original hardcopy). **The Regional Office will not accept any postmarked proposals. The electronic copy and the original hardcopy must be received in the Regional Office by COB Monday, April 30, 2012 at 5:00 PM CST.**

This funding opportunity is intended to support projects, activities, or events in Region VI that address Cardiovascular Health targeted to racial/ethnic and underserved populations. The funding will support projects to develop, adapt, implement, evaluate and replicate promising practices, accepted health model programs, or evidence-based practices. The RFP will focus on region-specific minority health problems, health gaps, or on the health or human service needs of a targeted group of minority population.

**Who can apply** Funding is available to eligible entities located in the HHS Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas). Eligible entities may include hospitals or clinics, community-based organizations, tribal entities, non-profit community service organizations, private community service organizations, educational Institutions, local government entities, health care entities, and faith-based community groups.

### **Technical Assistance (TA) Call:**

**Two technical assistance calls will be held Wednesday, April 11, 2012 from 10:30 a.m. – 11:30 a.m. CST to answer questions regarding this announcement. A second technical assistance conference call will be held Wednesday, April 18, 2012 from 10:30 a.m. – 11:30 a.m. CST. To join these TA calls, please dial 1-800-369-2071. Upon dialing in, please provide the following pass code 89828.**

#### **C. Funding Available**

Projects will be funded up to a maximum amount of \$5,000.

#### **D. Background**

The Office of Minority Health (OMH) was created in 1986 and is one of the most significant outcomes of the 1985 *Secretary's Task Force Report on Black and Minority Health*. The Office is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. Poor health outcomes for African Americans, Hispanic Americans, American Indians and Alaska Natives, Asian Americans, Native Hawaiians, and Pacific Islanders are apparent when comparing their health indicators against those of the rest of the U.S. population. These populations experience higher rates of illness and death from health conditions such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and overweight and obesity. OMH's primary responsibility is to improve health and healthcare outcomes for racial and ethnic minority communities by developing or advancing policies, programs, and practices that address health, social, economic, environmental and other factors which impact health.

OMH programs address disease prevention, health promotion, risk reduction, healthier lifestyle choices, use of health care services, and barriers to health care. OMH works in partnership with communities and organizations in the public and private sectors. These collaborations support a systems approach for eliminating health disparities, national planning to identify priorities, and coordinated responses through focused initiatives. OMH provides funding to state offices of minority health, multicultural health, and health equity; community and faith-based organizations, institutions of higher education, tribes and tribal organizations; and other organizations dedicated to improving health. For additional information about OMH, please visit [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov).

Million Hearts™ is a national initiative to prevent 1 million heart attacks and strokes in the U.S. over the next 5 years. Launched by the Department of Health and Human Services (HHS) in

September 2011, it aligns existing efforts, as well as creates new programs, to improve health across communities and help Americans live longer, more productive lives.<sup>1</sup>

### **Project Area To Be Funded**

This funding opportunity is intended to support projects, activities, or events in Region VI that address cardiovascular health in racial/ethnic and underserved population. Examples of activities include: conferences, health walks, health fairs, health workshops, train the trainer workshops, educational materials, and speaker fees for activities and events. **Priority will be given to proposals that align with the Million Hearts™ initiatives or focus on general cardiovascular health.**

**Examples of activities that will not be funded include:**

- **Research**
- **Direct Clinical Services**
- **Screening Services**
- **Testing Kits**

### **The Issue**

#### **Cardiovascular Disease**

- Heart disease and stroke are the first and fourth leading causes of death in the United States respectively.<sup>1</sup>
- Cardiovascular disease is responsible for 1 of every 3 deaths in the country.<sup>1</sup>
- Heart disease is the leading killer across most racial and ethnic communities in the United States.<sup>2</sup>
- Mexican Americans, who make up the largest share of the U.S. Hispanic population, suffer in greater percentages than Whites from overweight and obesity, two of the leading risk factors for heart disease.<sup>2</sup>
- African American men and women are 30% more likely to die from heart disease than non-Hispanic white males.<sup>2</sup>
- Americans suffer more than 2 million heart attacks and strokes each year and, every day, 2,200 people die from cardiovascular disease.<sup>1</sup>
- Heart disease and stroke are among the leading causes of disability in the U.S., with more than 3 million people reporting serious illness and decreased quality of life.<sup>1</sup>
- In 2007, 23 percent of deaths in the Asian and Pacific Islander community were caused by heart disease.<sup>2</sup>

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<sup>1</sup> "Million Hearts - Overview - The Initiative." Millionhearts.hhs.gov. Department of Health and Human Services. Web. 20 Mar. 2012. <http://millionhearts.hhs.gov/aboutmh/overview.html> .

<sup>2</sup> "Office on Minority Health- Data Statistics-Data by Health Topic- Heart Disease. Department of Health and Human Services. Web. 20 Mar. 2012. <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=6>.

### **E. Funding Notification**

This is a competitive process. All applications will be reviewed by an objective, regional technical review panel. Applicants will be notified by email to the status of their application no later than Friday, June 8, 2012.

### **F. Payment Process**

Please note if your organization accepts **VISA CREDIT CARD** for payment (**PayPal will NOT be accepted**). Once your proposal has been accepted and approved funding, you will be notified. Funding will be available immediately via **VISA CREDIT CARD** payment. \*\*\*If you have a separate finance office accepting your credit card payments, please add their information to your proposal invoice.

As required by the Federal Acquisition Regulation (FAR), a contractor/vendor must register in the Central Contractor Registration (CCR) database and maintain registration until final payment. The website is <http://www.ccr.gov>. Contractor/ Vendor may obtain information on registration and annual confirmation requirement via internet or by calling 1-800-227-2423 or 269-961-5757. It takes 24 hours to register.

Before you register with the CCR, you must have already obtained DUNS #. This number may be obtained at the Dun and Bradstreet website <http://www.dnb.com> or at 866-705-5711.

What is a CCR? It is a repository of all companies and agencies to do business with the Federal Government and DOD.

FAR 52.232-33 Payment of Electronic Funds Transfer-Central Contractor Registration 52.204-7.

### **Guidelines for Requesting Disbursement of Funds (Payments)**

- A. Must be on your organization letterhead
- B. It must state **“INVOICE”**
- C. The Order or Requisition Number must be stated on request (**Form 347**)
- D. The request for Payment amount for that task/deliverable.
- E. **Tax ID #** (Taxpayer Identification Number) FAR 52.204-3
- F. **DUNS #** (Data Universal Numbering System) FAR 52.204-6
- G. A Direct Deposit Form on File from PSC/FMS 301-443-3020.
- H. A Description/Breakdown of requested amount for payment schedule requested
- I. Signature from organization representative
- J. If this request is for final payment, please see **FINAL PAYMENT** Guidelines.

**Note:** All modifications to your project must be submitted in writing, and approved by the Project Officer before your project is implemented. Modifications to your proposed project that are not approved in advance may result in nonpayment of your award.

## **G. Project Time Frame**

Awardees will have until **December 30, 2012** to complete their projects.

## **Review Process**

Applications will be reviewed by an objective, regional technical review panel. Successful applications will be selected based on their relevance to OMH program objectives and the following criteria:

- Form I. Cover Page-All requested contact information, including organization letterhead (5 points)
- Form II. Organizational Background (25 points)
- Form III. Proposed Project Description (30 points)
- Form IV. Project Evaluation (15 points)
- Form V. Budget (25 points)

## **H. Disclaimer**

All materials submitted regarding this project becomes the property of HHS. HHS has the right to use any or all information/materials presented in your application, subject to limitations for proprietary or confidential information. Disqualifications or denial of the application does not eliminate this right.

It is the responsibility of the applicant to identify proprietary information and request that the information be treated as such. Any additional restrictions on the use or inspection of the material contained within the application shall be clearly stated in the application itself. The HHS privacy policy is available at <http://www.hhs.gov/Privacy.html>.

Event materials supported through these funds must include acknowledgement of support from the U.S. Department of Health and Human Services, Office of Minority Health. The awardees must also include the following statement on event materials distributed at events: **“Funding for this activity was made possible in part by the Department of Health and Human Services (HHS), Office of Minority Health. The views expressed in written materials or publications and by speakers and moderators at HHS-sponsored conferences, do not necessarily reflect the official policies of the Department of Health and Human Services; nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”**

The contents of the application will become contractual obligations if the project is funded. OMH reserves the right to request revisions to the budget and/or scope of work of any applicant.

## **I. Guidelines for Final Report**

**Final Report** must include:

- Must be on your organization letterhead (limit 3 pages)
- Quantifiable outcomes
- The number of attendees/participants at event(s) or project
- Target audience at event(s) or project
- Focus of funded event (such as childhood obesity, diabetes, hypertension, or heart disease)
- Signature from organization designated representative

You are required to submit the requested information noted in the “**Guidelines for Final Report**” above. **The Final Report must be submitted to the Project Officer no later than 30 days (or January 30, 2013) after the completion of proposal time frame.**

**Region VI- Office of Minority Health  
Cardiovascular Health in Minority and Underserved Population Project**

**Cover Page – Form I (Include letterhead and complete Information)**

Contact Information:

HHS Region: VI

Organization Name: \_\_\_\_\_

Mailing Address, City, State, Zip : \_\_\_\_\_

Email Address \_\_\_\_\_

Executive Director: \_\_\_\_\_

Project Director: \_\_\_\_\_

Point of Contact for this Proposal/project : \_\_\_\_\_  
Organization's Tax ID# (Taxpayer Identification  
Number) FAR 52.204-3 \_\_\_\_\_

DUNS # (Data Universal Numbering System)  
FAR 52.204-6 \_\_\_\_\_

CCR # (Central Contractor Registration) \_\_\_\_\_

\*\*Signature of Official with Contracting Authority: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\* This is the person with the legal authority to enter into a contractual obligation on behalf of the organization. For proposals submitted via e-mail, a typed electronic signature with a statement “this typed signature represents an official signature” is acceptable and required.**



**Proposed Project Description – Form III** (Limit one page)

1. Describe your proposed project (Include the proposed project title and proposed project target population).

2. What do you want to accomplish with this project? (List the project purpose with a work plan) <http://www.goal-setting-guide.com/goal-setting-tutorials/smart-goal-setting>.

2a. Identify project approach (does your project include or will you be replicating an accepted health model, evidence-based practice or promising practice? If yes, please describe. (For information on a wide range of programs and policies that have been found to be effective, please see “The Community Guide” at <http://www.thecommunityguide.org/index.html>.)

**Project Evaluation – Form IV** (Limit one page)

1. What is the proposed project expected outcome(s)? What performance measure(s) will you use and how will you evaluate the success of your project? Performance measures should be directly related to the goals and objectives described in Form III. (Examples of evaluation methods include pre-post test to measure improved health indicators or questionnaire to measure knowledge gained as a result of this project.)

**Project Budget- Form V** (Limit one page)

The proposal **CANNOT** include:

- “Give Aways” or promotional items (i.e. key chains, pedometers, water bottles, pens etc)
- Food and beverages
- Medical testing equipment
- Indirect cost or personnel
- Printing/copying over \$1,000
- Operating support
- Capitol projects

Examples of activities and expenses that can be funded include: training for health and social service professionals, educational sessions for the public, speaker fees for spokespersons.

1. Total amount requested?
2. List how you will use requested funds for this project in the table below.

Item Description	Unit	Unit Cost (\$)	Funding Source
Total:			