



State of Arkansas  
ARKANSAS DEPARTMENT OF HEALTH  
4815 West Markham  
Little Rock, Arkansas 72205

# APPLICATION PACKET DH-19-0019

***Purpose of Sub-Grant:*** The Arkansas Department of Health (ADH) issues this Request for Application (RFA) Packet on behalf of the Chronic Disease Prevention and Control Branch (CDPCB) Comprehensive Cancer Section to obtain applications for funding to reduce the barriers to mammography screening access by providing mobile mammography during after-hours, weekend, and at worksite activities working with community organizations and primary care physicians to focus on the hard-to-reach populations.

***NOTE:*** WORD version of application packet is available on request. Email request to: [Daniel.McNutt@arkansas.gov](mailto:Daniel.McNutt@arkansas.gov)

<b><u>APPLICATION SIGNATURE PAGE</u></b>			
<i>Type or print the following information</i>			
APPLICANT'S INFORMATION			
Company:			
Fiscal Year:			
Address:			
City:		State:	
		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> Intergovernmental		
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned		
	AR Certification #: _____		<i>* See Minority and Women-Owned Business Policy</i>
APPLICANT CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Daniel McNutt	Title:	Issuing Officer
Phone:	501-280-4631	Fax:	
Email:	<a href="mailto:Daniel.McNutt@arkansas.gov">Daniel.McNutt@arkansas.gov</a>		
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this solicitation, the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By signing and submitting a response to this solicitation, the applicant agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.			
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically.			
_____			
_____			
_____			

**An official authorized to bind the prospective recipient to a resultant contract shall sign below.**

By signing and submitting a response to this Notice of Funds Availability (NOFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this NOFA will cause the application to be disqualified.

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
*Use Ink Only.*

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agreement and Compliance**  
CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, sub-grant, loan, or cooperative agreement.
  
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
  - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,
  - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,
  - c. A change in the officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.
  
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in this section.

**Authorized Signature:** \_\_\_\_\_  
*Use Ink Only.*

**Printed/Typed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PROPOSED SUBCONTRACTORS FORM**

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

**RESTRICTION OF BOYCOTT OF ISRAEL CERTIFICATION**

Pursuant to Arkansas Code Annotated § 25-1-503, a public entity **shall not** enter into a contract valued at \$1,000 or greater with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the Contractor agrees and certifies that they do not currently boycott Israel and will not boycott Israel during any time in which they are entering into, or while in contract, with any public entity as defined in § 25-1-503\* If at any time after signing this certification the contractor decides to engage in a boycott of Israel, the contractor must notify the contracting public entity in writing.

If a company does boycott Israel, see Arkansas Code Annotated § 25-1-503.

Name of Public Entity	<b>Arkansas Department of Health</b>
AASIS Vendor Number	
Contractor/Vendor Name	

\_\_\_\_\_  
 Contractor Signature  
 Signature must be hand written, in ink

\_\_\_\_\_  
 Date

“Public Entity” means the State of Arkansas, or a political subdivision of the state, including all boards, commissions, agencies, institutions, authorities, and bodies politic and corporate of the state, created by or in accordance with state law or regulations, and does include colleges, universities, a statewide public employee retirement system, and institutions in Arkansas as well as units of local and municipal government.

## **INFORMATION FOR EVALUATION**

	<b>Maximum Score Possible</b>
<b>A.1 Organizational Experience (5 Page Limit)</b>	
1. Describe the applicant’s experience providing breast cancer screenings with mobile mammography.	5 Points
2. What type of community and/or statewide events/activities does mobile mammography participate with?	5 Points
3. Describe the demographical data (age, race, sex, income – uninsured, Medicaid, Medicare, private, i.e.) of the populations served in 2017 and 2018 with mobile mammography.	5 Points
4. Does the applicant provide referrals and navigate patients to treatment and other related services? If so, what type?	5 Points
<b>A.2 Organizational Capacity (5 Page Limit)</b>	
1. Describe the level of expertise and experience of each staff/supervisor that will provide services for this contract.	5 Points
2. Describe how the applicant will ensure sound financial management as it relates to a financial reporting, budget controls, and monitoring of allowable costs.	5 Points
3. Describe the type of systems (EMR, i.e.) the applicant utilize to collect and store patient data.	5 Points
4. Describe your experience reporting and/or entering breast and cervical data.	5 Points
<b>A.3 Proposed Project Summary (5 Page Limit)</b>	
1. Based upon the proposed targeted counties, “What type of worksites do you intend to provide mammography services?”	5 Points
2. Describe the applicant’s procedures to notify patients about referrals and/or test results.	5 Points
3. Discuss mammography partnerships and the communication process of referrals, follow ups, and/or test results.	5 Points
4. Discuss a sustainability plan to maintain services if funding is not available.	5 Points

## List of Required Documentation

Please include the following information **with** the completed application in the order below.

1. The Application for Funding form.
2. Provide the following information at the beginning of the narrative.

Organization Name	(Name Here)
Address	(Address Here)
Federal Tax ID Number	(Tax ID)

3. The narrative consists of the items/questions on page 6. Provide a detailed response to each item/question.
  - Narrative format:
    - State the question first followed by the response.
    - Single space
    - 12 pt. font.
    - 1 inch margins
    - 1 sided printing

### ATTACHMENTS

- A copy of the most recent accreditation for the mobile mammography unit.
- Budget Worksheet (use template provided)
  - Grant funds may **not** be used for out-of-state travel, equipment, food, promotional items, or gift cards. Grant funds may be used for salaries, fuel, and office and medical supplies.

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:  Yes  No SUBCONTRACTOR NAME: \_\_\_\_\_

TAXPAYER ID NAME: \_\_\_\_\_ IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### FOR INDIVIDUALS \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

### FOR AN ENTITY (BUSINESS) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies



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## Contract and Grant Disclosure and Certification Form

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Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Vendor Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Agency use only  
Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_