



Request for Proposals (RFP)

Project Management and Subject Matter Expertise: Needs Assessment Development, Data Analysis, and Reporting to Support Nationally Coordinated Training and Technical Assistance Services for Federally Qualified Health Centers (FQHCs)

RFP Released: March 8, 2024

Proposals Due: March 24, 2024

Points of Contact

Health Center Operations & Governance, NACHC

Subject Matter Content Inquiries: Gina Capra, GCapra@Nachc.org or 240-565-5154

Submission Process Inquiries: Latisha Harley, lharley@nachc.org

Organization Overview

The [National Association of Community Health Centers](https://www.nachc.org) (NACHC) is a national organization supporting federally qualified health centers and federally qualified health center look-alike organizations (also known as FQHCs or Community Health Centers) and expanding health care services for the medically underserved and uninsured. Founded in 1971 to promote efficient, high-quality, comprehensive health care that is accessible, culturally and linguistically competent, community-directed, and patient-centered for all, NACHC's mission and strategic pillars continue to guide our values and priorities as an organization representing a national health center movement.

Background

As a trusted resource, NACHC delivers training and technical assistance (TTA) to preserve, strengthen, and expand the health center movement by assisting existing and potential FQHCs in addressing clinical and operational demands. In addition, NACHC empowers health center professionals with strategies and best practices by maintaining a cadre of practitioners and subject matter experts who provide quality educational instruction and

technical assistance utilizing adult learning principles, advanced instructional design, and the understanding and application of technology to advance learning and engagement.

Some of our vendor opportunities are supported by the U.S. Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) to improve existing and potential FQHCs operational and clinical outcomes through the provision of coordinated, collaborative TTA.

Time Period & Budget

Time period for initial tasks and services is April 15, 2024 – June 30, 2024, with a budget not to exceed \$25,000. The expected extended time period for additional tasks and services will be July 1, 2024-June 30, 2025, with a budget not to exceed \$95,000, based upon acceptable vendor performance April-June 2025.

Scope of Work

NACHC will lead a national, comprehensive, coordinated, and prospective assessment of community health centers' operational T/TA needs by collaborating with 22 National Training and Technical Assistance partners (NTTAPs), four Primary Care Associations (PCAs), and other T/TA partners, including federal officials at the Bureau of Primary Health Care/Health Resources and Services Administration. The selected vendor for this proposal will work closely with NACHC program staff to support the development of a web-based, largely quantitative national needs assessment distributed to all funded organizations in the Health Center Program and Federally Qualified Health Centers (FQHC) Look-Alike (LAL) entities (over 1500 organizations).

Between Fall 2023 and Spring 2024, NTTAPs and PCAs participated in facilitated discussions, led by NACHC, to collect input on potential revisions to a previous version of the National Health Center T/TA Needs Assessment instrument utilized in 2021. The revisions align with existing requirements and expectations from HRSA, and reflect current, and emerging needs. The selected vendor will work with NACHC and other NTTAP/PCA staff to incorporate structural edits, identify additional T/TA gaps, and edit the revised instrument. To identify these T/TA gaps, the vendor will work with the already identified and engaged 22 NTTAPs, four PCAs, and other T/TA partners to accomplish deliverables listed below and described in detail in the "Deliverables" section. Vendor agrees to data use agreement parameters.

- reflect new priorities and other stakeholder informed changes on a final draft tool (1a) (Spring 2024),
- pilot the draft instrument (1b) (May-June 2024),
- analyze pilot results and incorporate needed revisions (1c) (June 2024)
- plan a fielding/communications strategy and field the national web-based assessment (2a + 2b) (July -November 2024),
- conduct analysis (3) (November-December 2024),
- provide infographics as described below (3f) (January 2025)
- provide reports as described below (3d + 3e) (January 2025)
- develop and host webinars as described below (3h) (January 2025)

Deliverables

Task 1: Pilot Process - Activities include, but are not limited to:

1a. Development of a web-based instrument utilizing an online survey platform that includes the functionality to hover over/click on key words or phrases to see definitions or examples and to be available in at least two languages (plain language editing and language translation of the assessment tool is not a requirement for this

proposal as it will be carried out by another vendor).

1b. NTTAP and PCA staff will identify pilot organizations (approximately 20) and work with the selected vendor to set up a process through which to complete the pilot. The selected vendor will then conduct the pilot process to test the assessment's content (e.g., for clarity, comprehensiveness), functionality, and user-centered design (identifying potential technological glitches or issues with the online platform that might lead to biased responses or other challenges).

1c. Analyze results and prepare a 1-3 page report of pilot results, with top level frequency findings attached as an appendix. Before this, the selected vendor will plan for data aggregation and analysis in consultation with NACHC staff. This report will include recommendations for any changes to the needs assessment instrument. In coordination with and under the approval of NACHC staff, the selected vendor will incorporate all relevant feedback into a revised instrument.

Task 2: Fielding and Communications Strategy - Building on the 36% response rate of the 2021 needs assessment, the selected vendor will coordinate with the NTTAPs, PCAs, and other TTA partners by developing a collective strategy, including a communications plan for fielding the needs assessment and fielding the needs assessment itself, to all community health center organizations. Activities include, but are not limited to:

2a. Development of a communications strategy and action plan. Including, but not limited to the development of:

2a.1 A documented fielding strategy to engage all community health center workforce members (e.g., executive/leadership, front-line staff, etc.) in ways that ensure a sufficient response rate to provide meaningful, actionable results.

2a.2 Appropriate communications plan and products to target respondents (e.g., email message asking them to complete the assessment and why, etc.)

2a.3 Needs assessment promotional materials for all fielding partners (NTTAPs, PCAs, Health Center Controlled Networks, HRSA's Bureau of Primary Health Care, etc.) to use to promote the needs assessment and support fielding at various stages (e.g., slide for inclusion at various NTTAP conferences or webinars, e-newsletter scripts, handouts at conferences and trainings, suggested social media posts, scripts for follow up reminder calls to non-respondents, etc.).

2b. Development of both personalized and anonymous links to the web-based needs assessment for all community health center workforce members to be disseminated via personalized invitations to community health center executive leadership for whom NACHC has an email address.

Task 3: Analysis – Select NACHC staff is to receive all identifiable data. The selected vendor will have the use of the data to ensure validity and conduct analysis under a signed Data Use Agreement provided by NACHC.

3a. Develop a written data clean-up, aggregation, and analysis plan for NTTAP and PCA input, feedback, and review. The vendor will commit to responding to questions and changes from the NTTAPs, PCAs, and TTA partners within two weeks of submission.

3b. Quantitative analysis of needs assessment results. The quantitative analyses should include:

- Data validation checks to ensure accuracy
- Data codebook for NTTAP, PCA, and TTA partners
- Topline national findings (frequencies) that indicate most pressing TTA needs
- National findings by workforce member type (e.g., executive/leadership vs. other staff)
- State-level findings (topline findings/frequencies)
- National analysis by key community health center characteristics utilizing the Uniform Data System¹ (e.g., urban, rural, special & vulnerable populations, etc.)

3c. Thematic analysis of all open-ended qualitative data to be incorporated into the final report.

3d. A 5-7 page draft version and final written report of needs assessment findings for public dissemination. The selected vendor will commit to responding to questions and changes from NTTAPs and PCAs within two weeks of receiving feedback on the draft version of the report. The final report should be submitted no later than 4 weeks after close of the needs assessment.

3e. Development of an internal document detailing how to implement a national needs assessment (essentially, documenting the process implemented throughout the project year and highlighting remaining needs and strategies for NTTAPs and recommendations on how NTTAPs can apply the findings lessons learned throughout the project.

3f. Up to 3 infographics of needs assessment findings based on NACHC requests for visual display of findings.

3g. Up to 3 ad hoc analysis upon request by NACHC staff or as recommended by vendor or NTTAP partners

3h. A minimum of (2) two webinar presentations of findings for stakeholders as determined by NACHC (e.g., BPHC, TTA partners).

Task 4: General – Activities include, but are not limited to:

4a. Regular communication of progress or problems with NACHC staff, including acknowledgement/response to emails within 2 business days unless otherwise discussed.

4b. Meet with NACHC staff by phone or video conference at a minimum on a twice-monthly basis for 30- 60 minutes with the NACHC project team to discuss the scope of work, issues, and related solutions to address issues.

4c. Participate in needs assessment-related meetings by phone or video conference on an ad hoc basis (e.g., Needs Assessment Working Group meeting).

4d. Conduct ad hoc meetings and email communication as necessary with the NACHC project team and stakeholders as appropriate and guided by the NACHC team.

TRAVEL NOTE: Up three trips to NACHC conferences/meetings may be required (Atlanta, GA; San Francisco, CA, Seattle, WA)

¹ The Uniform Data System (UDS) is a standardized reporting system that provides data about health centers.

4e. Work closely with NACHC staff to refine the scope of work and deliverables as needed as the project evolves.

4f: The selected vendor will commit to responding to questions and changes from NACHC within one week of receiving NACHC’s feedback on all fielding materials.

4g: The selected vendor will commit to timely submission of invoices and payment-related documentation.

Information Requested

Proposals must be submitted using NACHC’s web-based portal by **March 24, 2024, 11:59 pm PT**. Incomplete proposals will not be considered. NACHC will notify all applicants on or around **April 15, 2024**.

Online Submission Portal:

Project Management and Subject Matter Expertise: Needs Assessment Development, Data Analysis, and Reporting to Support Nationally Coordinated Training and Technical Assistance Services for Federally Qualified Health Centers (FQHCs)

[Application Submission](#)

Proposals must contain the below items, which are evaluated based on the specific criteria outlined in the Evaluation table below.

- Point of Contact Information
- Name / Description of Organization
- Evidence of Work & References
- Project Narrative: Proposed Workplan
- Proposed Budget Rates and Budget Narrative by Periods of Performance (as outlined above in “Time and Budget” section)
- Resume(s)
- Signed Statement (see below)

ATTESTATION

By my electronic signature, I certify that this Proposal reflects my best estimate of the organization's capability and the true and necessary costs for the project, and the information provided herein is accurate, complete, and current as of the date of my signature below.

I agree that my electronic signature is the legal equivalent of my manual signature on this application.

All parts of these projects are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Evaluation Criteria

Complete proposals will be evaluated using the criteria below.

Rating Domain	Application Selection Criteria To earn full points in each domain, the applicant must demonstrate:	Possible
Project Narrative: Proposed Workplan	<p>The applicant demonstrates a clear understanding of the project needs, and their proposed workplan is clear, manageable, and achievable.</p> <ul style="list-style-type: none"> ○ Response to each Task listed in the “<i>Scope of Work</i>” section with a <i>Quarter-by-Quarter</i> workplan listing deliverables for the activity, related experience, estimated hours, and hourly rate total. ○ Responsive to the “Information Requested” section of this RFP. <p>Meets an overall page limit of 12 pages with 1.5 spacing and 10-12 font range.</p>	40
Proposed Budget Rates and Budget Narrative	<p>Reasonableness of proposed budget and budget narrative for project implementation, inclusive of preparation and delivery. The budget narrative must include a budget for each Task listed under Scope of Work,</p> <p>Daily and Hourly Rates for all expert(s) and staff that may be engaged in work are reasonable. Rates should reflect the overall cost rate including fringe, overhead, and/or general & administrative expense (G&A) if required.</p> <ul style="list-style-type: none"> ○ Hourly Rate should reflect the overall cost rate inclusive of any fringe, overhead, and/or general & administrative expense (G&A) if required. ○ “Reasonableness” is assessed based on market or industry standards and in consideration of the not-for-profit status of community health centers and NACHC. <p>Page Limit for Budget Narrative: 2 pages</p>	30
Resume(s)	<p>Resume(s)/CV(s) of expert(s) / staff clearly show tenure, professional experience, and/or education that reflects knowledge and ability in content expertise and training. Submitted documents should reflect expertise and qualification.</p> <p>Page Limit for Resume(s) / CV(s): 2 pages per key expert / staff</p>	20
Evidence of Expertise & References	<p>Past client evaluations, reference letters, and/or testimonials demonstrate quantitative and/or qualitative feedback from at least two audiences, clients, or engagements within a year of RFP application date.</p> <p>Page Limit for past client evaluation(s), reference letter(s), and/or testimonial(s): 2 letters of reference</p>	10
Total		100

Scoring Matrix

- a. NACHC's review team will assign scores on a scale of zero (0) to five (5) where the end and midpoints are defined as follows:

Score	Description	Discussion
0	No Value	The Response does not address any component of the requirement, or no information was provided.
1-2	Below Average	The Response only minimally addresses the requirement and the Bidders ability to comply with the requirement or simply has restated the requirement.
3	Average	The Response shows an acceptable understanding or experience with the requirement. Sufficient detail to be considered "as meeting minimum requirements".
4-5	Above Average	The Response is thorough and complete and demonstrates firm understanding of concepts and requirements.

- b. A score of zero (0) on any scored requirement may cause the entire application to be eliminated from further consideration.
- c. Application scores will be calculated by multiplying the average (mean) score assigned by the review committee members by the weight assigned to each scored element: Average Score x Weight = Points Awarded

Consultant Travel Policies and Procedures (Addendum II)

To help promote good stewardship and cost-efficiency we have included the following NACHC travel principles. They provide helpful guidance for booking air travel, making hotel arrangements, and securing ground transportation.

Each consultant is a responsible steward for NACHC's budget. Everyone must be aware of all costs associated with any travel. Here are some principles to consider when booking travel:

Adherence to this policy is strictly required. NACHC cannot provide reimbursement for undocumented expenses.

- We will reimburse coach air travel as far in advance as possible to take advantage of low-cost fares. We will only reimburse the coach rate.
- Do your own research for transportation and travel options on the internet. This includes hotels and car rentals. Many times, you may be able to find package deals through travel websites.
- When making hotel reservations, look at all rate rules and options and choose accordingly. If possible, take advantage of discounts offered by such groups as AAA, AARP, or bundles with air and car rental options.
- Consider purchasing the travel insurance (generally less than \$25.00 per occurrence) offered by airlines and hotels to mitigate penalties for trip changes or cancellations. This could be especially valuable if you book further ahead and realize your plans may need to change.
- Limit the use of car services (limo/town cars) for local meetings.
- Limit the use of car services (limo/town cars) for transportation to and from the airport. Affordable and cost effective resources include:
 - Taxis – share taxis with other staff members when possible
 - Shared airport shuttle services (e.g. Super Shuttle)
 - Hotel provided shuttles, where available
 - Public transportation
- Other reimbursable expenses include any business use of copying, messenger service, phone/ internet access, audio visual, supplies, shipping expenses, etc. As long as it is related to your scope of work and has been approved in advance.
- Meals incidental to business meetings must be preapproved, include the participants and the business purpose and must include the itemized receipt. Under no circumstances is alcohol charged to a grant/contract/cooperative agreement.

Reimbursement (When requiring receipts)

No reimbursement for authorized expenses shall be made unless and until Contractor provides NACHC with documentation of expenses as follows:

1. Include the original receipts for all travel expenses, including airline ticket receipts, taxi or shuttle receipts, hotel receipts, rental car or mileage (if using a personal car) receipts or documentation, and other miscellaneous receipts.

Private automobile mileage is reimbursed at the current IRS rate based on beginning and ending odometer readings. Reimbursement for tolls and parking require a receipt.

2. If reimbursed by NACHC for travel time, the following applies for each one-way trip:
 - a. Traveling within the same time zone – the lesser of actual time or 4 hours;
 - b. Traveling within one to two time zones – the lesser of actual or 6 hours;
 - c. Traveling within three or more time zones – the lesser of actual or 8 hours.

3. Meals will be paid on a per diem basis:
 - a. If the trip begins before 12 noon, reimbursement is \$50/day.
 - b. If the trip begins after 12 noon, reimbursement is \$25 for that day.

Three hours prior to a flight or train departure is reasonable in determining your per diem amount.