Enhancing Community Health Work for Sustainable Outreach and Navigation (CHW SON)
Request for Proposals Frequently Asked Questions (FAQs)

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Informational Session

1. Is the SOI due at COB or EOD on Friday?
    a. The submission of a Statement of Intent is optional, but it must be submitted by no later than 11:59 pm PST on July 26, 2024.

2. For question #8 where it says: *provide a brief statement (400 limit) explaining why your organization is well-positioned to implement this project*, is the 400-limit word or characters (with/without space)?
    a. In this section the 400-word limit refers to characters.

3. Appendix B is labelled as a draft; is there a more final version we should be using?
    a. Please use the documents available on the RFP website. If updated versions are made available, all interested parties that have registered on the RFP website will be emailed information about where updated documents can be found as they become available. Please see the most recent email sent out by Rising Communities on July 25, 2024, which indicated recent updates to the RFP.

Eligibility Requirements

4. Are awardees of other DPH programs, e.g., CPHT, eligible to apply for the CW SON grant?
    a. All CBOs that demonstrate the requirements as outlined in the RFP are welcome to apply for this funding opportunity.

5. Can small businesses apply for this program?

a. This funding opportunity is for interested community-based organizations (CBOs) that would like to hire CHNs to conduct outreach and system navigation in highly impacted communities throughout Los Angeles. CBOs are defined in the RFP as organizations with 501(c)(3) non-profit status. It can also be an organization affiliated with a State Recognized Tribe that appears on the State of California's Native American Heritage Commission's List, or a Federally Recognized Tribe that has an office/operation in LA County or qualify as a fiscally sponsored entity or operate as a health system or clinic. Existing certified and non-certified community health workers (CHWs) can be hired to serve as a CHNs under this program. While a certification will not be offered to staff hired as CHNs, training will be provided through Rising Communities and the LA County Department of Public Health for staff to successfully fulfill the role of a CHN.

Staffing

6. What is the minimum amount of CHNs that need to be included in the budget?
    a. CBOs should aim to hire at minimum the equivalent to 4 full-time CHNs for the duration of the project. CHNs can be hired as contracted, full-time, or part-time staff. Staffing decisions should be made by the CBO to align with existing organizational staffing patterns while maintaining program needs top of mind. CBOs are encouraged to maximize the budget by prioritizing field staff.

7. On Appendix B, it only lists FTEs for Supervisor (1.0 FTE) and Data Lead (1.0 FTE). Are those the only mandatory FTEs?
    a. Effective 7/26/2024, Appendix B was updated to reflect changes for the Data Lead position. CBOs are required to hire one full-time position that serve in the role of a Supervisor and a .5 FTE Data Lead for this project. CBOs should aim to hire at minimum the equivalent to 4 full-time CHNs for the duration of the project. The supervisor may be included as part of the CHNs staffing minimum as long as they are serving in a CHN capacity. While these are the only required full-time positions, other positions can be included in the budget to ensure adequate staffing for the purposes of successfully achieving scope of work objectives (please refer question 3 for additional guidance on hiring CHNs).

8. Under section "2. Part-time salaries" under heading CHW SON Budget template on page 10 of the RFP, the note specifies that if an employee works 40 hours per week but only 40% of the employee's time is charged to the project and 60% charged to another project, the employee should be listed under full-time staff. I wanted to get clarification if this means we may fund existing staff under this project's budget? For example, we have referral coordinators and health educators that might be a great fit for the scope of work presented in the proposed project that are funded by other grants.
    a. Yes, existing staffing may be charged to this grant if they will be fulfilling the role of an CHN by providing field-based services.

9. Will there be flexibility about the staffing combination? E.g. Can we hire 1 Project Manager, 2 CHWs and 0.5 Data Analyst?
    a. Please see question #6 and #7.

10. Is there a specific number or FTE of Community Health Navigators that we should request?
    a. Please see question #6 and #7.

11. Does the FTE need to be 1.0? E.g. Can I hire a 0.5 Project Manager, instead of 1.0?
    a. Please see questions #6 and #7 for additional guidance but the project manager is an essential role that requires complete oversight of project implementation and scope of work. This position is responsible for frequent communication between DPH and Rising Communities. The Project Manager will ensure the project is meeting project goals, objectives and project outcomes. The RFP does not dictate who should hold the position of a project manager or the full-time equivalent required for this position. This position can be held by program leadership serving in this capacity at varying percentages.

12. Can it be flexible? E.g. Does the supervisor have to have experience as "Senior" CHW or "Lead" System Navigator? What if we want to hire someone with 10 years' experience and system navigator but he/she never got the title "senior" or "lead" before in their previous jobs?
    a. Community based organizations (CBOs) can determine if candidates meet eligibility requirements for each position based on equivalent years of experience and level of responsibility in current or previous positions.

13. In Appendix B, Scope of Work 1.1d, is the requirement 5 years or 2 years of experience for the Data Lead position?
    a. The minimum years of experience for the Data Lead position is 2 years. The scope of work has been updated, please visit the CHW SON RFP webpage to see the updated version.

14. The Scope of Work outlines the staffing requirements for the program which includes a Supervisor (1.0 FTE); a minimum of (4.0 FTE) Community Health Navigators (CHNs); and a Data Lead (0.5 FTE).
    a. Yes, please refer to answers #6 and #7.

15. What is the reach an organization is expected to achieve from their CHW SON program? Since the SOW outlines the minimum staffing requirements for the program to include a Supervisor (1.0 FTE); a minimum of 4.0 FTE Community Health Navigators (CHNS); and a Data Lead (0.5 FTE), it seems as though there is an expectation on the overall breadth and reach of the program, at least at a minimum. Can you please explain this rationale and provide information that clarifies what the minimum

expectations are for size and reach of the program (i.e., # of people reached, # of outreaches, etc.) given the staffing requirements thus far?

a. Rising Communities and Public Health will work with each agency to clarify their project approach and define appropriate targets and how activities are allocated within the first 90 days. For planning purposes, CBOs should estimate the size and reach of their program based on previous outreach and system navigation experience in alignment with System Navigation Framework.

16. How much of the tasks, timelines and day-to-day duties of the CHNs will be determined by the grant and how much will be determined by the CBO?
    a. Refer to question 40. The grant requires CHNs to conduct field-based outreach and support system navigation. Rising Communities and Public Health will work with each agency to clarify their project approach and define appropriate targets and how activities are allocated within the first 90 days.

17. The title, "Community Health Navigator" is used by the Community Health Outreach Initiative for the staff conducting the work of outreach, enrollment, retention, utilization, troubleshooting, etc. Are the CHNs in this application meant to be 8 hrs/day in the community/outside an office, or can some of their time be used to conduct the enrollment work?
    a. The CHNs are expected to provide field-based outreach and support systems navigation. This will require that time be allocated for both field-base and administrative activities. Rising Communities and Public Health will work with each agency to clarify their project approach and define appropriate targets and how activities are allocated within the first 90 days.

18. From what we have read so far it appears the position for Program Manager requires a Master's degree, the Supervisor and Data Lead person require Bachelor degrees and the CHNs do not require a degree, just specific experience. Is this correct?
    a. The project does not dictate or require that a Program Manager is a full-time position nor that a Master's degree is required. The Supervisor and Data Lead positions also not REQUIRED to have degrees. Please see Appendix B scope of work for guidance on experience for each position.

19. Question: Can we use current staff for the CHW SON project and allocate them in the budget?
    a. Yes, CBOs can apply and allocate staff at a different time and bill for those items. However, you must demonstrate that you have Community Health Navigators doing both outreach and system navigation work for this project. You must stay within compliance. Any other changes will require a budget modification.

20. Allocations should all add up to x amount to reach the minimum required staff?
    a. Yes.

Allowable costs

21. Can you confirm that CBOs can budget our federal Negotiated Indirect Cost Rate (NIRCA)?
    a. Yes, community-based organizations (CBOs) can use their Negotiated Indirect Cost Rate (NICRA) provided that the NICRA is valid upon contract execution and a copy of the NICRA is supplied to Rising Communities to remain on file.

22. It is my understanding that if the pass thru funds are federal, then the intermediary is obligated to honor an organization's federally-approved indirect cost rate agreement (NICRA). If we have an ICRA, will you honor that rate?
    a. Yes, please refer to question 2 for additional details.

23. Also, it is my understanding that, beginning 10/1/2024, the de minimus rate for federal funding agencies will increase from 10% to 15%. If an organization does not have a federally-approved indirect cost rate agreement, will you honor the 15% de minimus rate?
    a. It is at the discretion of individual agencies within the federal government to implement this de minimus rate increase on contracts in effect prior to October 1, 2024. Additional research is being conducted to understand if the U.S. Treasury, who oversees the funding for this opportunity will allow the application of the increased de minimus rate for existing contracts.

24. Are we able to request funds for capital expenses, such as a van/mobile unit?
    a. Capital expenses are not an allowable expense under this funding stream.

25. The RFP, “Budget Instructions” document, and “Budget Excel Template” documents do not provide any information on unallowable costs. There are typically many restrictions on the use of funding from Federal and DPH sources, however the information provided under this RFP suggests that there are none for this CHW SON Program. Is this accurate? If not, please provide a complete list of “Allowable vs Unallowable” costs for this project so that applicants are able to develop a complete and appropriate project budget.
    a. Proposed budgets should be consistent with the principles set out in 2 CFR 200, Subpart E, and those approved by Rising Communities and Public Health. The fact that a cost requested in a budget is awarded, does not ensure a determination of allowability. The CBO will work with Rising Communities to agree on a final approved budget as part of the contracting process. Costs must be reasonable, allocable, and necessary for full implementation of the project.

26. Are there limits on stipends that can be provided to the community? What about incentives?
    a. Please refer to question #25 for guidance and allowability.

27. Are there any limitations on consultants we should know about?

a. No, there are currently no limitations on consultants as long as there is justification indicating how they will support project implementation. All costs should reasonable, allocable, and necessary for implementation of the project.

Project Core Strategies/Focus

28. Could you please clarify the expectations around the Priority geographic areas listed in Appendix D. Can a CBO still apply even if their current programs are not located in the specified Priority neighborhoods?
    a. CBOs can apply for this funding if their current projects are not located in the specified priority neighborhoods. However, these funds must be used to fund a new or existing project located in high priority communities. Therefore, while previous projects may not have worked in specified neighborhoods, this opportunity can fund a new project that prioritizes the target communities listed in Appendix D.

29. The RFP specifies that eligible applicants must have experience utilizing a "peer approach". Can you please clarify your definition of "peer approach" in this case, as the meaning varies by context?
    a. Programs with a peer approach can be defined as a Community Health Worker (CHW) or Promotora model or can be programs whereby individuals with lived experience are hired to work with community members on various public health topics such as community violence, substance abuse and prevention, low-wage worker advocates, etc. While this is not an exhaustive list of programs that deploy a peer approach, the key component of this model is hiring individuals with lived experience to serve in the communities in which they live.

30. I am also curious just how hands-on case management might need to be for Navigation clients. Could you please detail the scope of case management services this RFP would expect?
    a. Through community outreach, CBOs are expected to identify community members in highly impacted communities that need referrals to social services which include housing, food, medicine, etc. When community members are identified, they are assisted with the navigation of these social service referrals to ensure the community member is able to seamlessly access services. Additionally, CHNs are required to conduct follow ups at one month and three months post-referral to confirm that services were rendered and to see if the community member is in need of additional referrals. CHNs and/or data staff are required to document, track, and report their interactions with community members.

31. If you serve an area that is outside of the High Priority Index list of communities, how much less does one's application become in terms of being competitive?

a. This funding stream seeks to fund projects working in high priority communities. While it is not necessary that the CBO applying for this opportunity be located in a high priority community, it is imperative that the CBO provide services in highly impacted communities throughout Los Angeles. Please refer to the scoring matrix included in the RFP for additional guidance.

32. I am also curious just how hands-on case management might need to be for Navigation clients. Could you please detail the scope of case management services this RFP would expect?
    a. Please refer to question 12.

33. If we are a CPHT awardee, are we encouraged to leverage/use our placed based region as our priority communities for this opportunity?
    a. This funding opportunity can be used to augment existing services in high need communities. However, care must be taken to avoid a duplication of effort, and this must be explained within the application.

34. In the Statement of Intent, how should we answer the question regarding priority communities (high SVI/low HPI) *please list any priority communities that you serve?* In other words, should we be specific and list cities/neighborhoods such as Cudahy or more generally such as Southeast LA, East LA?
    a. It is recommended to be as detailed as possible in describing service areas in your application in order to have a better understanding of the areas that will be served. Geographic regions, communities, cities, and/or Census tracts can all be used to describe the service area, but it is best to be as specific as possible.

35. Can we submit more than one application that would reflect the different priority communities of focus and/or concept/approach?
    a. Community based organizations (COs) can submit more than one application provided that different high priority communities are identified for each application.

36. Will there be a FAQ section that applicants can refer to after the info session?
    a. An FAQ will be made available on the Rising Communities website at https://risingcommunities.org/chwson/. Please check back often as new questions received on or before 12 pm on Thursday, August 8th will be included on the FAQ.

37. Can you provide more clarity about the System Navigation Portal? Will this portal be set up for awardees to use or will awardees be developing their own portal?
    a. Existing DPH databases will be leveraged to provide a system navigation portal to awardees for their use to input data collected during this project. Awardees will be highly encouraged to develop processes and systems for their own internal tracking.

38. Can you clarify the daily, weekly and monthly reporting requirements by CBOs to the CHW SON project?
    a. Please reference Program Reports & Metrics on page 6 of each report. Rising Communities and Public Health will work with each agency to clarify their project approach and define appropriate targets and how activities are allocated within the first 90 days.

39. Will success metrics be developed by the CBO (and approved by the project), or will the project define metrics?
    a. Rising Communities and Public Health will work with each agency to clarify their project approach and define appropriate targets and how activities are allocated within the first 90 days.

40. What systems are expected to be navigated? "Assist Navigation of Complex Systems" are examples of these health, housing, utilities, schools, etc?
    a. Please reference page 5 figure 2: Project Activities of the RFP for examples of types of resources/services that can be provided.

41. Are we going to be using a DPH Data tracking or referral tracking system?
    a. Yes, CBOs will be asked to use DPH CRM Outreach Data tracker and DPH CRM System Navigation Referral Portal. Please reference Appendix B: Scope of Work for further instructions regarding managing internal referrals.

Priority Communities

42. How do you define priority regions/neighborhoods and/or priority individuals/groups?
    a. CBOs can utilize Appendix D to identify priority regions/neighborhoods and/or individuals/groups. While SPAs, Supervisorial Districts and priority regions or neighborhoods may overlap, we want to ensure that communities most impacted are being served. It's recommended that applicants be as specific as possible when identifying the area and/or population that they propose to serve. Selected awardees will be represented across all Supervisorial Districts in LA County. Information provided for the statement of intent will not be included in final application scoring. Final awardees will work with Public Health to assign census-driven block groups to the identified service area for data collection purposes.

43. Regarding Appendix D – Priority Communities, are applicants expected to just select a region (i.e., Central Los Angeles) and will serve all of the city/neighborhoods listed in that region (i.e., Koreatown, Westlake, Pico-Union, Wholesale District). Or can an applicant select to serve just one or two cities within a specific region?
    a. Please see question #36. We encourage applicants to be specific as possible and list all the communities they will be serving in the specific region.

44. Regarding Appendix D – Priority Communities, the RFP lists two separate tables including “Priority Individuals/Groups” as well as “Priority Regions/Neighborhoods”. Please clarify if applicants are supposed to select their Priority Region/Neighborhood and then their “Priority Individual/Groups” within their selected region/neighborhood that they will target through their CHW SON program?
    a. CBOs may select EITHER priority region/neighborhood or priority individual/groups.

45. Appendix D – Priority Communities - Are applicants required to select from both groups (individuals/groups AND regions/neighborhood), or can they select any priority community listed in either the “Individuals/groups” or the “region/neighborhood” categories? If applicants are only required to select one, how will their service area be defined? For example, if an applicant selects “People living with disabilities” as their priority community, will they be expected to serve this community throughout all of LA County for this CHW program? Similarly, if an applicant only chooses a priority region/neighborhood, will they be expected to reach all populations within that region, regardless of capacity to do so (population expertise, cultural and linguistic capacity, etc.)?
    a. CBOs may select EITHER priority region/neighborhood or priority individual/groups. Service areas will be defined based on the selection. CBOs selecting to work within priority region/neighborhood should be familiar with community demographics and will be expected to make efforts to reach all the populations within the region. CBOs selecting to work within priority individuals/groups should be familiar with strategies to identify and reach target population county wide. Rising Communities and Public Health will work with each agency to define appropriate project targets within the first 90 days.

46. How much flexibility is there for CBOs to define the scope of what the CHNs will focus on? For example, if we want CHNs to focus on outreach activities aimed at ensuring the community is educated on available insurance and clinical support services we offer (in addition to public health messaging) — would that be acceptable? Or if we want CHNs to outreach to existing patients who have critical gaps in care (such as cancer screenings, vaccinations, etc.) — would that be acceptable?
    a. The grant requires CHNs to conduct field-based outreach and support system navigation within priority communities and populations. Activities should be focused on conducting community-based outreach and identifying new clients who are not currently connected to care or may otherwise not have received care. CBOs will also be assigned to support Public Health campaigns as needed.

47. Does that indicate you are only interested in CBO partners who can reach a large number of diverse priority groups? In other words, is this opportunity appropriate for a CBO that specializes in reaching a relatively small and specific ethnic community?

a. This funding opportunity is available to all eligible applicants who could provide outreach and system navigation services in priority communities/neighborhoods and/or individuals/groups.

Budgets

48. When are CBOs expected to provide NICRA supporting documentation? Please clarify exactly when this documentation needs to be provided?
    a. Supporting documentation should be submitted upon receiving a Notice of Award letter. A PDF Submission is ok.

49. Indirect Cost Rate (IDC) is it the same for everyone? There was a switch from 10% to 15% and we need clarity of the rate, can it be changed?
    a. Please refer to Questions 19-21 for similar answers. However, currently we recommend you budget with the 10% rate. If the US treasury allows the increase to 15% under the current contract, we will update you on the change.

50. What is the CFR? (Code of Federal Regulations)
    a. Link to Federal Regulations is provided here CFR-2024-title2-vol1.pdf (govinfo.gov)

Proposal Submission

51. Can you please clarify what “Commitment to Equity” question is asking? What do you mean by “statement”?
    a. Commitment to equity: Provide any justice, equity, diversity and inclusion statement the organization has created and shared. By statement we mean any document, vision or mission around commitment to equity your organization utilizes internally.

52. The “Data Management” narrative question is listed under the "CHW SON Program Proposal" section of the narrative, however, on page 13, it is listed under the "Community Based Organization Experience" for scoring of the proposal.
    a. Data management question focuses on the CBOs experience with data management AND how they plan to maintain data secured. The rubric has been updated, please revisit the website to see the updated RFP version.

53. In the CHW SON Program Proposal “Intervention” Section, there are five (5) narrative questions that applicants must respond to (items i. – v.), however the Scoring Guide for the “Proposed CHW SON Program” on pg. 13 does not identify the last question in the “Intervention” section (v.) as a component of the scoring rubric.
    a. Please answer all the questions provided within the narrative. The rubric will take into consideration all the questions listed in the narrative.

54. The RFP cover page states the proposal due date is "Friday, August 14th at 4pm", however August 14th is a Wednesday and Friday is the 16th. The Rising Communities website under the “Request for Proposals” tab states that the proposal is due “Tuesday August 12th at 4pm”. Please clarify the proposal due date and time.
    a. Proposals are due Wednesday, August 14th at 4pm (PST)

55. Can applicants submit the project narrative in Adobe PDF file format?
    a. Yes

56. Can the proposal documents (i.e., narrative, budget, NICRA) be submitted as a single Adobe PDF file, or does each document need to be submitted as an individual file?
    a. Yes, however, the budget should be in excel format.

57. Please confirm that applicants are not required to submit any organizational documentation to prove eligibility (i.e., proof of 501c3 status, W-9, etc.) along with their application?
    a. While documentation is not required for submission of the application, it may be requested at any time by Rising Communities for selected grantees.

58. After submission, will applicants receive an email response that confirms the submission was received by the due date/time?
    a. Yes, automatic email responses will be provided when CBOs submit applications.

59. RFP pg. 13 “Submission Information” - will you please make revisions to this section of the RFP so that it includes the NICRA documentation as a component of the application submission, along with any other documentation that is required at the time of submission but not currently listed in this section.
    a. Supporting documentation should be submitted upon receiving a Notice of Award letter.

60. Is the Appendix C Referral Workflow the final version?
    a. The updated Appendix C Referral Workflow has been updated on the CHW SON RFP webpage.

61. Will Rising Communities/DPH please consider providing an extension to the proposal submission deadline so that applicants have enough time to receive clarification and develop a proposal?
    a. Proposals are due Wednesday, August 14, 2024 at 4pm. Applicants may submit questions to CHW_SON@risingcommunities.org.

62. Is there a required formatting, font size and line spacing for the proposal?
    a. Please refer to the proposal narrative section of the RFP for guidance. It states “1 in. margins, 8.5x11in. page size, Times New Roman font, font size 11, single spacing” for proposal.