



Request for Proposals

Emerging Professions Toolkit Program

Working to Advance the Minnesota Accountable Health Model

Professional/Technical Contract Opportunity
(Contact information updated July 2019)

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Introduction

Request for Proposal Purpose

The Minnesota Department of Health (MDH) requests proposals for the *Minnesota Emerging Professions Toolkit Program* with the goal of developing resources to integrate the following emerging health professions into the workforce: community health workers, community paramedics and dental therapists/advanced dental therapists. The target audience of the toolkits will be potential employers of emerging professions, including a wide variety of organizations within the health care, dental, public health, long-term care, social services and behavioral health system. The purpose of the toolkits will be to inform potential employers how to plan for hiring emerging profession practitioners, how to successfully integrate them into care delivery or care coordination models, and what potential benefits arise from hiring an emerging professional – benefits to the organization, to other members of a care-delivery team, and to the patients and clients served by the emerging profession practitioner.

Three contracts are available – one for each of three emerging professions: community health workers, community paramedics, and dental therapists/advanced dental therapists. Respondents may apply for more than one contract, but each application must be submitted separately. Respondents must demonstrate significant knowledge and experience related to the specific profession for each toolkit.

As health reform continues to transform the health care delivery system towards deeper coordination of services, better sharing of information, and more accountability for the care delivered, emerging professions can play a key role as a bridge between clinical or programmatic goals and broader population-based health initiatives. MDH is especially interested in expanding the integration of emerging professions in a variety of health-related organizations, with the overall goal of incorporating emerging professions into accountable care organizations (ACO). The development of toolkits will assist with that integration.

Background Information

The *Minnesota Emerging Professions Toolkit Program* is part of the Minnesota Accountable Health Model that is being implemented through the State Innovation Model (SIM) grant.

State Innovation Model (SIM)

The Minnesota Accountable Health Model is a State Innovation Model (SIM) testing grant awarded by the [Center for Medicare & Medicaid Innovation](http://innovations.cms.gov) (<http://innovations.cms.gov>) to the

Minnesota Department of Human Services (DHS) and Minnesota Department of Health (MDH) in 2013. The purpose of the SIM-Minnesota project is to provide Minnesotans with better value in health care through integrated, accountable care using innovative payment and care delivery models that are responsive to local health needs. The funds will be used to help providers and communities work together to create healthier futures for Minnesotans, and drive health care reform in the state.

The vision of the Minnesota Accountable Health Model is:

- Every patient receives coordinated, patient-centered primary care.
- Providers are held accountable for the care provided to Medicaid enrollees and other populations, based on quality, patient experience and cost performance measures.
- Financial incentives are fully aligned across payers and the interests of patients, through payment arrangements that reward providers for keeping patients healthy and improving quality of care.
- Provider organizations effectively and sustainably partner with community organizations, engage consumers, and take responsibility for a population's health through accountable communities for health that integrate medical care, behavioral health, community health, public health, social services, schools and long term supports and services.

The Minnesota Accountable Health Model will test whether increasing the percentage of Medicaid enrollees and other populations in accountable care payment arrangements will improve the health of communities and lower costs of health care delivery. To accomplish this, the state will expand the [Integrated Health Partnerships \(IHP\)](#) demonstration, formerly called the Health Care Delivery Systems (HCDS) demonstration, administered by the Department of Human Services.

(http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionS electionMethod=LatestReleased&dDocName=dhs16_161441)

The expanded focus will be on the development of integrated community service delivery models and use of coordinated care methods to integrate health care, behavioral health, long-term and post-acute care, local public health, and social services centered on patient needs.

To achieve the vision of shared cost and coordinated care, the Minnesota Accountable Health Model includes key investments in drivers that are necessary for accountable care models to be successful. Integrating emerging professions into the care delivery team and system is one of these areas of investment.

To achieve the vision of shared cost and coordinated care, the Minnesota Accountable Health Model includes key investments in five [Drivers](#) that are necessary for accountable care models to be successful

(http://www.dhs.state.mn.us/main/groups/sim/documents/pub/dhs16_182962.pdf).

- Driver 1 is **Health Information Technology/Health Information Exchange**: Providers have the ability to exchange clinical data for treatment, care coordination and quality improvement.
- Driver 2 is **Data Analytics**: Providers have analytic tools to manage cost/risk and improve quality.
- Driver 3 is **Practice Transformation**: Expanded numbers of patients are served by team-based integrated/coordinated care.
- Driver 4 is **Accountable Communities for Health (ACH)**: Provider organizations partner with communities and engage consumers, to identify health and cost goals, and take on accountability for population health.
- Driver 5 is **Accountable Care Organization (ACO) Alignment**: ACO performance measurement, competencies and payment methodologies are standardized, and focus on complex populations.

The activities contained in this RFP, focusing on integrating emerging professions into the care delivery team, are linked to Driver 3.

Through the Minnesota Accountable Health Model, Minnesota is working to achieve the vision of the Triple Aim: improved consumer experience of care, improved population health, and lower per capita health care costs. The [Minnesota Accountable Health Model: Continuum of Accountability Matrix](#)

(http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16_181836) is designed to illustrate the basic capabilities, relationships, and functions that organizations or partnerships should have in place in order to achieve the long-term vision of the Minnesota Accountable Health Model. It will help the state to identify criteria and priorities for investment, and to lay out developmental milestones that indicate organizations or partnerships are making progress towards the vision.

In addition, the [Minnesota Accountable Health Model: Continuum of Accountability Matrix Assessment Tool](#) (<http://www.health.state.mn.us/e-health/mahmassessmenttool.docx>) is an interactive tool that allows organizations to determine their location on the matrix continuum. MDH and DHS will use this tool to better understand SIM-Minnesota participants and status in achieving the goals of the Minnesota Accountable Health Model, what SIM supports are

needed to achieve the goals, and how MDH and DHS may be able to provide additional tools or resources. This tool will be used to help us develop targets and goals for participating organizations, and to assess their progress.

In the Assessment Tool, the terms ‘organization’ and ‘provider’ are meant to include a broad range of health and health care providers and support services providers that may or may not formally be part of an existing ACO, but that are moving towards greater accountability for quality, cost of care and health of the populations they serve. Many types of organizations, including not only providers of medical care but also organizations that operate in the behavioral health, social services, local public health, long term care/post-acute care settings, community organizations, and other public/private sector partners that provide supportive services to individuals and families, can all have a role in convening, leading or participating in these models.

The Minnesota Accountable Health Model will further test and evaluate whether investments in e-health, data analytics used for population health, and health information exchange can be used to accelerate the movement of health care providers and organizations to shared cost, shared savings or Total Cost of Care (TCOC) arrangements. In addition, these investments build upon and align with the vision of the Minnesota e-Health Initiative to accelerate the adoption and use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs and improve public health. Built on the 2015 Interoperable Electronic Health Record (EHR) Mandate, these e-health investments can move all providers to adopt and use e-health to support participation in the Minnesota Accountable Health Model.

For more information on the SIM grant, the Minnesota Accountable Health Model and other health reform activities visit [State Innovation Model Grant](http://www.mn.gov/sim) (<http://www.mn.gov/sim>).

Emerging Professions

Minnesota has an ongoing program to track and analyze the state’s health care workforce, centered in the MDH’s Office of Rural Health and Primary Care (ORHPC). As part of this work, MDH conducts regular workforce surveys covering a wide range of licensed professions, works with stakeholders around the state to identify, synthesize, and as appropriate respond to emerging workforce concerns, and serves as the lead content experts for discussions on current and future healthcare workforce needs and strategies to resolve potential shortages. Through these and other activities, Minnesota has previously identified a current and growing shortage of primary care and related providers that will, if not addressed soon, present challenges to accomplishing the state’s health reform goals.

MDH continues both its statewide workforce monitoring and its state investments in health professions education, loan forgiveness and other workforce development strategies. In addition, through this federal State Innovation Model (SIM) Program, MDH will advance the development of and monitor the impact of three emerging professional groups: Community Health Worker (CHW); Community Paramedic (CP); and Dental Therapy – which includes the Dental Therapist (DT) and Advanced Dental Therapist (ADT). MDH has been involved in the conception and development of these occupations, in large part because of their potential to contribute to the spread of team care models and the continuing roll-out of Health Care Homes and other similar models.

Community Health Worker

According to the [American Public Health Association](http://www.apha.org/membergroups/sections/aphasections/chw), a CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. (<http://www.apha.org/membergroups/sections/aphasections/chw>)

Community health workers have the potential to fill multiple useful roles within a healthcare organization. By obtaining a certificate from a school teaching the MNSCU-approved CHW curriculum, a CHW is trained in health education, navigation, advocacy, and other skills. Over 500 CHWs in Minnesota have obtained a certificate. However, uptake of the profession has been very slow in developing. There are likely multiple reasons for the slow adoption, including: a lack of understanding by employers about what a CHW can do; a lack of clarity among employers about what services can be billed to Medicaid and other insurers, and the process for doing so; and/or the need for additional training after a CHW receives a certificate.

Community Paramedic

A [2012 Legislative Report](#) from the Minnesota Department of Human Services describes how the concept of the CP grew from the traditional career ladder of Emergency Medical Technicians (EMTs). Most EMTs begin with a basic curriculum in emergency medicine and, over the course of a career, gain new skills and certifications through training. The typical ladder begins as a certified First Responder, then an Emergency Medical Technician – Basic (EMT-B), then an Emergency Medical Technician – Intermediate (EMT-I). Eventually, EMTs can obtain a certification to become an Emergency Technician – Paramedic (EMT-P). The Community

Paramedic certification offers career Paramedics a new level of training and a new way to contribute their skills. (<http://mnemscop.org/wp-content/uploads/2012/03/Community-Paramedics-Legislative-Report.pdf>)

A community paramedic can fill multiple roles within a healthcare organization. Because CPs must be a certified paramedic with at least two years of experience, their medical knowledge is extensive. And because many CPs are eager to translate their knowledge and skills into primary care and other non-emergency services, there are many potential services available to a potential employer, such as home visits, post-discharge follow-up, wound care, medication monitoring, lab sample collection, minor medical procedures, and public health interventions.

However, uptake of the community paramedic profession has been slow. There are likely multiple reasons for the slow adoption, including: a lack of understanding of the community paramedic role among potential employers; a lack of clarity about what services can be billed to Medicaid and other insurers, and the process for doing so; and/or a lack of coordination between a potential organizational partner and a community paramedic's EMS-based supervisor.

Dental Therapist

Dental Therapists and Advanced Dental Therapists in Minnesota practice as part of a dental team to provide educational, clinical and therapeutic services. Minnesota law defines specific educational, examination and practice requirements for licensed dental therapists and advanced dental therapists. One distinctive provision is that, according to [Minnesota Statute 150A.105, Subdivision 2 and 3](#), (<https://www.revisor.mn.gov/statutes/?id=150A.105#stat.150A.105>), a dental therapist or advanced dental therapist is limited to primarily practicing in settings that serve low-income, uninsured, and underserved patients or in a dental health professional shortage area. A dental therapist or advanced dental therapist must enter into a written collaborative management agreement with a Minnesota-licensed dentist. A collaborating dentist is limited to entering into a collaborative agreement with no more than five dental therapists or advanced dental therapists at any one time. Collaboration agreement specifications for [dental therapists](#) (<http://www.dentalboard.state.mn.us/Portals/3/Licensing/Dental%20Therapist/DT%20-%20CMA%20Approved%20Sept%2024%202010.pdf>) and [advanced dental therapists](#) (<http://www.dentalboard.state.mn.us/Portals/3/Licensing/Dental%20Therapist/ADT-CMA%2012-4-10approved.pdf>) are available from the Minnesota Board of Dentistry.

Despite the potential advantages to employers and patients, uptake of the dental therapy profession has been slow. Some reasons for slow adoption could include: a lack of understanding by employers about the role; a lack of clarity about how dental therapy services

can be billed to Medicaid and other insurers, and the process for doing so; and/or concern about the financial viability of the role within a dental practice.

Goals and Outcomes

The overall goal of the *Minnesota Emerging Professions Toolkit Program* is to develop resources to integrate emerging professions into the workforce. Growing evidence shows that there are many ways emerging professions such as community health workers, community paramedics, and dental therapists/advanced dental therapists can bridge gaps in access and improve health outcomes. The development of a toolkit for potential employers of emerging professions can help increase the uptake of these professions. One anticipated outcome is the measurable increase in employment of these professions. The target audience of the toolkits will be potential employers of emerging profession practitioners, from a wide variety of stakeholder organizations within the health care, dental, public health, long-term care, social services, and behavioral health system. The purpose of the toolkits will be to inform potential employers how to hire emerging profession practitioners, how to successfully integrate them into care delivery or care coordination models, and what the potential benefits arise from hiring an emerging professional – benefits to the organization, to other members of a care-delivery team, and to the patients and clients served by the emerging profession practitioner. Contracts are focused on three emerging professions: community health workers, community paramedics and dental therapists/advanced dental therapists.

Tasks

MDH envisions a **three-phase process**, with specific deliverables (**in bold**) for the development of the toolkits:

Phase 1	Information collection
Phase 2	Toolkit planning
Phase 3	Toolkit development and publication

For **Phase 1**, the contractor will compile sufficient information about the current status and size of the emerging profession, current payment and credentialing policies related to the profession, and existing barriers and challenges to the uptake of the profession. During the information collection phase, each contractor will be responsible for at least the following deliverables:

- An **initial meeting** with MDH staff, and potentially SIM advisory groups and evaluators, to discuss the proposed work plan and deliverables for Phase 1;
- A **literature review** on existing models, research findings, and recent developments for integrating the emerging profession into the workforce;

- An **environmental scan** of higher education institutions, regulatory agencies, and employers detailing the emerging professional workforce, including:
 - The number of graduates in Minnesota;
 - The number of current students in Minnesota;
 - The projected number of future program graduates each year;
 - If available for the profession, the number of graduates with proper credentialing, certification and/or enrollment in major health plans, including Medicaid;
 - If available, the number of graduates who are currently employed in their trained profession, where they are working, and the scope of their work.
- A **survey and/or focus group** of potential employers to identify opportunities for the emerging profession, and any barriers or challenges employers encounter in hiring the emerging profession;
- A **compilation and review of any existing toolkits** or similar documents related to the emerging profession developed at the local, state or national level by educational, nonprofit, industry, foundation, clinic, health system or other organizations;
- A **compilation of the regulatory and payment processes** of the profession, including any barriers hindering the increased uptake of the emerging profession.

Additional deliverables from the information collection phase of the contract may also include:

- A compilation of lessons learned and best-practices from existing employers of the emerging profession;
- A review and analysis of trends related to the emerging profession in other states;
- A compilation of existing or developing models which incorporate the emerging profession into ACO or similar models of care;
- Other analyses pertinent to the development of the toolkit.

Contractors will **submit a report to MDH** that contains all Phase 1 deliverables. MDH expects that Phase 1 will take no longer than 5 months.

Phase 2 will consist of up to two meetings with MDH staff, and potentially SIM advisory groups and evaluators, to incorporate the findings from the first phase into a specific **work plan**. The **work plan** must include at a minimum:

- **Description of all components** that will go into the toolkit;
- **Detailed timelines for completion of all components** of the toolkit;
- **A Plan for dissemination of the toolkit**, which must include a recorded webinar introducing the toolkit to potential employers, participation in SIM-funded Practice

Transformation Learning Collaboratives, and up to 20 hours set aside for technical assistance for potential employers during the contract. The plan may also include brochures, presentations at upcoming conferences or events, and strategies to educate potential employers about emerging professionals after the contract period.

The contractor will propose a detailed work plan prior to the meeting(s) with MDH, and the work plan will be discussed, revised at MDH's direction and approved by MDH once finalized. MDH expects that Phase 2 will take less than one month.

Phase 3 will consist of the actual development and dissemination of the toolkit, incorporating the information collected in Phase 1 and based on the work plan approved in Phase 2.

Final Product

As a final product, the emerging profession toolkit must be print-ready and available in a format that can be posted on the MDH website, and in compliance with ADA and state accessibility requirements: (<http://mn.gov/oet/programs/policies/accessibility/#>). The toolkit must cite all source material, and have all rights to publish or re-publish any materials obtained by others.

Contractors must **submit a draft** of the toolkit to MDH at least one month before the end of the contract.

The toolkit, as approved by MDH in Phase 2, must contain – at a minimum – information defining:

1. The scope of practice of the emerging profession in summary with URL links to and or/information regarding complete references;
2. Existing requirements for obtaining and maintaining a necessary license, certificate, or credential in one of the three emerging professions;
3. Any additional training needed for a recently-graduated emerging professional to transition into the workplace, including specific education and training courses needed to be practice-ready and the educational institutions that can provide them, as well as opportunities for continuing education;
4. Services that can be, or are, provided by an emerging professional, distinguishing between those services that are covered and reimbursed by insurance and those services that are not covered by insurance;
5. Comprehensive policies and procedures for billing an emerging professional's services – including supervision requirements, insurance enrollment procedures, credentialing processes, coding requirements and any other information or resources employers need to successfully secure reimbursement;

6. Salary estimates and ranges of the emerging profession based on current positions and/or recent job postings;
7. An analysis of the employer's Return on Investment (ROI) in hiring workers in the emerging profession, which may include the potential impact on cost, quality, and patient satisfaction;
8. Existing models and/or use cases that demonstrate financial sustainability for an individual emerging professions practitioner;
9. Existing models and/or use cases that illustrate how an emerging professional's services can be used as part of a model to coordinate care for complex patients across settings of care, including long term care, public health, social services, and behavioral health;
10. Examples and models of integrating the profession into accountable care organizations (ACO) and other developing cost-sharing arrangements between providers;
11. Examples or models which use the emerging profession to bridge disconnected sectors of the healthcare system – e.g. long-term care, behavioral health, social services, and/or public health.

Contractors must seek and collect actual **examples of applicable documents** that have proven successful in integrating emerging profession practitioners into practice settings, such as:

- Policy and procedure manuals and excerpts;
- Hiring and interview protocols;
- Collaborative management agreements and supervisory agreements;
- On-boarding, orientation and on-the-job training policies, protocols and examples;
- Performance review and performance management approaches and examples;
- Break-even and cash flow analyses, pro-formas, and any time studies or task-based analyses describing the basic components of the work of the profession;
- Front desk and scheduling flow sheets protocols and forms;
- Triage protocols;
- Patient assessment and condition specific care protocols;
- Visit notes and EHR templates;
- Follow-up and care coordination protocols and forms;
- Health promotion and patient/family education materials;
- Reports for public health interventions with volume and quality data.

These materials should be incorporated into each toolkit or its appendix.

Optional information in the toolkit may include information describing:

- Other analyses or background that a potential employer of the profession would find useful;
- Recommended policy proposals, sent as a separate document to MDH, to remove existing barriers to the uptake of the profession.

Because the emerging professions landscape is changing rapidly, toolkit materials are likely to become outdated, require modification, and need to be supplemented with new material. Contractors must **propose an approach or method to keep toolkits up-to-date** after the end of the contract. This may include follow-up contact with survey or focus group participants.

Available Funding

Up to \$100,000 per toolkit contract is available to be distributed competitively. The State desires to fund one toolkit for each of the following three emerging professions: community health worker, community paramedic, and dental therapist/advanced dental therapist.

The State reserves the right not to fund a proposal if the proposal does not meet the RFP criteria, and to award less than \$100,000 per toolkit.

Respondents may apply for more than one contract, but each application must be submitted separately.

Responders are encouraged to propose additional tasks or activities if they will substantially improve the results of the project. These items should be separated from the required items on the cost proposal.

RFP and Contract Timeline

The following is the timeline for the **Minnesota Emerging Professions Toolkit Program**:

RFP posted:	October 20, 2014
RFP informational call:	November 4, 2014, 2:00-3:00 p.m. CST Call-in Number: 1-888-742-5095 Passcode: 6353794742
All written questions due to MDH: <i>(Note: After this date, no more questions will be addressed by MDH)</i>	November 12, 2014
Responses to informational call questions and written questions will be posted on the Emerging Professions website ¹	November 17, 2014
Proposals due to MDH:	December 5, 2014, no later than 4:00 p.m. CST
Estimated notice of awards:	January 1, 2015
Estimated contract start date:	April 1, 2015
Contract end date:	12 months after contract execution

Contract Details

The term of the contract is for one year (12 months). The contract will begin on the date stated in the contract or upon full execution of the contract, whichever is later. Execution of the contract is dependent on the Center for Medicare and Medicaid Innovation (CMMI) approval of the contractor, contractor's budget, and the release of funds from CMMI.

This Request for Proposals does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel the solicitation if it is in the State's best interest to do so.

MDH RFP Contact Person

Prospective responders who wish to send correspondence regarding this RFP must write to:

¹ <http://www.health.state.mn.us/facilities/ruralhealth/emerging/index.html>

Office of Rural Health and Primary Care
Minnesota Department of Health
85 East 7th Place, Suite 220
St. Paul, Minnesota 55101

Other personnel are **NOT** authorized to discuss this Request for Proposals with responders, before the proposal submission deadline. Attempting to discuss this RFP with any personnel not listed above could result in disqualification.

RFP Informational Call

A RFP Informational Call will be held on Tuesday, November 4, 2014, from 2:00-3:00 p.m. CST. The purpose of the Information Call is to give an overview of the Emerging Professions' Toolkit Program, provide detailed information on the contract deliverables, answer questions regarding the RFP requirements, and explain how the Toolkit Program relates to the overall SIM Grant. The call-in number is 1-888-742-5095 and the passcode is 6353794742. Questions and responses from the Informational Call will be posted on November 17, 2014 on the Emerging Professions website available at:

<https://www.health.state.mn.us/facilities/ruralhealth/emerging/index.html>.

Written Questions

Questions regarding this RFP must be submitted no later than November 12, 2014. No additional questions will be addressed by MDH after this date. All written questions and answers that MDH has addressed will be posted November 17, 2014 on the Emerging Professions website available at:

<https://www.health.state.mn.us/facilities/ruralhealth/emerging/index.html>.

Proposal Content Requirements

Responders must submit the following information:

1. **Proposal Cover Form** - Responder must submit a Proposal Cover Form (Appendix A) that identifies the lead applicant name/organization, contact person, and specifies which emerging profession the Responder is developing a toolkit for. The Proposal Cover Form must be signed by a representative that is legally authorized to contractually bind the Responder.
2. **Table of Contents** - Provide a table of contents for the remainder of the proposal. No page limit.

3. **Overall Understanding of Goals, Objectives and Tasks** - A statement of the objectives, goals, and tasks to show or demonstrate the Responder's view and understanding of the nature of the contract. No more than 5 pages.
4. **Deliverables, Description and Work Plan** - A description of the deliverables to be provided by the Responder along with a detailed work plan that identifies the major tasks to be accomplished and can be used as a scheduling and managing tool, as well as the basis for invoicing. No more than 10 pages.
5. **Responder's Experience** - An outline of the responder's background and experience with examples of similar work done by the responder and a list of personnel who will conduct the project, detailing their training, and work experience. Résumés or other information about project personnel should not, if possible, contain personal telephone numbers, home addresses or home email addresses. If it is necessary to include personal contact information, please clearly indicate in the proposal that personal contact information is being provided. No more than 5 pages.
6. **Partners and Letter(s) of Support** - A description of partner organizations with a stake in the development of the emerging profession who will contribute to the project, and letters of support from at least one partner organization. No page limit.
7. **Publication of Toolkit** - Plans for publication of the toolkit, including the mode of publication (e.g. PDF, Word) and acknowledgement that the final product will comply with ADA and state accessibility requirements. No more than 2 pages.
8. **Submit the following forms as identified in the General Requirements Section of the RFP:**
 - A. Affidavit of Noncollusion
 - B. Certificate Regarding Lobbying
 - C. Affirmative Action Certification
 - D. Veterans-Owned Preference Form (if applicable)
 - E. Resident Vendor Form (if applicable)
9. **Cost Proposal** - A Cost Proposal is required to be submitted separately. Provide one copy of the cost proposal in a separately sealed envelope clearly marked on the outside with "Cost Proposal" along with the organization's name. Use the forms described in Appendix B. For purposes of completing the cost proposal, the state does not make regular payments based upon the passage of time; it only pays for services performed or work delivered after it is accomplished. The cost proposal must include cost detail broken out for each deliverable.

Proposal Submission Instructions

This RFP and all of the required proposal documents are available on the [MDH Office of Rural Health and Primary Care website](https://www.health.state.mn.us/facilities/ruralhealth/emerging/index.html) (<https://www.health.state.mn.us/facilities/ruralhealth/emerging/index.html>).

All responses and all requested documents must be structured in the same order and lettering / numbering format as shown in the Proposal Content. Proposal forms must be completed using word processing and spreadsheet software. Narrative documents must be double-spaced with one-inch margins, printed on one side, and no longer than the designated page limit stated in the Proposal Content Requirements section. The font size on forms and narratives should be 12 point. All pages must be numbered sequentially with individual sections clearly marked. Please include an electronic copy of your proposal in addition to your paper submission. Respondents should only submit the documents listed in the “Proposal Content” section. Extraneous materials will be discarded and not passed on to reviewers.

Respondents must submit three unbound copies of the proposal. Each copy of the proposal must be signed in ink by an authorized member of the organization. Proposals are to be sealed in mailing envelopes or packages with responder’s name. Responses submitted electronically or via facsimile will not be accepted.

The cost proposal must be submitted in a separately sealed envelope clearly marked on the outside “Cost Proposal” along with the organization’s name.

Proposals must be received, and date stamped by MDH’s 2nd Floor Receptionist, no later than 4:00 p.m. Central Standard Time on Friday, December 5, 2014, at the following address:

Minnesota Department of Health
Office of Rural Health and Primary Care
85 East 7th Place, Suite 220
Saint Paul, Minnesota 55101

Late proposals will not be considered.

All costs incurred in responding to this RFP will be borne by the responder. Fax and email responses will not be accepted or considered.

Proposal Evaluation

All responses received by the deadline will be evaluated by representatives of the Department of Health. Proposals will first be reviewed for responsiveness to determine if the minimum requirements have been met. Proposals that fail to meet minimum requirements will not advance to the next phase of the evaluation. The State reserves the right, based on the scores of the proposals, to create a short-listing of vendors who have received the highest scores to interview, or conduct demonstrations or presentations. The state reserves the right to seek best and final offers from one or more responders. A 100-point scale will be used to create the final evaluation recommendation.

Mandatory Requirements (Scored as Pass/Fail)

The following will be considered on a pass/fail basis:

1. Proposals must be received on or before the due date and time specified.
2. Proposals must contain all required elements listed in the RFP under Proposal Content Requirements.

Evaluation Factors (Scored based on percentage or points as indicated)

The factors and weighting on which proposals will be judged are:

1. Expressed understanding of the emerging profession and project objectives 15%
2. Deliverables and work plan 15%
3. Qualifications/experience of personnel working on the project 10%
4. Cost detail. Proposals will be evaluated on “best value”. The cost proposal will not be opened by the review committee until after the qualifications points are awarded. The department has estimated that the cost of this contract may not exceed \$100,000. Price will be a significant factor in the evaluation of proposals. 30%
5. Experience in development of toolkits or related work products relevant to the project 15%
6. Strength of the partnership between organizations who will be collaborating on the project and demonstrated history of collaboration with stakeholders related to the development of an emerging profession, including higher education, health care, public health, and/or insurance stakeholders. 15%

It is anticipated that the evaluation and selection will be completed by January 1, 2015.

General Requirements

Affidavit of Noncollusion

Each responder must complete the attached Affidavit of Noncollusion and include it with the response.

Conflicts of Interest

Responder must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals. The list should indicate the name of the entity, the relationship, and a discussion of the conflict.

Proposal Contents

By submission of a proposal, Responder warrants that the information provided is true, correct and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the responder to suspension or debarment proceedings as well as other remedies available by law.

Disposition of Responses

All materials submitted in response to this RFP will become property of the State and will become public record in accordance with Minnesota Statutes, section 13.591, after the evaluation process is completed. Pursuant to the statute, completion of the evaluation process occurs when the government entity has completed negotiating the contract with the selected vendor. If the Responder submits information in response to this RFP that it believes to be trade secret materials, as defined by the Minnesota Government Data Practices Act, Minnesota Statute § 13.37, the Responder must:

- clearly mark all trade secret materials in its response at the time the response is submitted,
- include a statement with its response justifying the trade secret designation for each item, and
- defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless the State, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense. This indemnification survives the State's award of a contract. In submitting a response to this RFP, the Responder agrees that this indemnification survives as long as the trade secret materials are in possession of the State.

The State will not consider the prices submitted by the Responder to be proprietary or trade secret materials.

Notwithstanding the above, if the State contracting party is part of the judicial branch, the release of data shall be in accordance with the Rules of Public Access to Records of the Judicial Branch promulgated by the Minnesota Supreme Court as the same may be amended from time to time.

Contingency Fees Prohibited

Pursuant to Minnesota Statutes Section 10A.06, no person may act as or employ a lobbyist for compensation that is dependent upon the result or outcome of any legislation or administrative action.

Sample Contract

You should be aware of the State's standard contract terms and conditions in preparing your response. A sample State of Minnesota Professional/Technical Services Contract is attached for your reference. Much of the language reflected in the contract is required by statute. If you take exception to any of the terms, conditions or language in the contract, you must indicate those exceptions in your response to the RFP; certain exceptions may result in your proposal being disqualified from further review and evaluation. Only those exceptions indicated in your response to the RFP will be available for discussion or negotiation.

Reimbursements

Reimbursement for travel and subsistence expenses actually and necessarily incurred by the contractor as a result of the contract will be in no greater amount than provided in the current "Commissioner's Plan" promulgated by the commissioner of Employee Relations. Reimbursements will not be made for travel and subsistence expenses incurred outside Minnesota unless it has received the State's prior written approval for out of state travel. Minnesota will be considered the home state for determining whether travel is out of state.

Organizational Conflicts of Interest

The responder warrants that, to the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a vendor is unable or potentially unable to render impartial assistance or advice to the State, or the vendor's objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage. The responder agrees that, if after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the Assistant Director of the Department of Administration's Materials Management Division ("MMD") which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the responder was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to MMD, the State may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms "contract," "contractor," and "contracting officer" modified appropriately to preserve the State's rights.

Preference to Targeted Group and Economically Disadvantaged Business and Individuals

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1830, certified Targeted Group Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal. Eligible TG businesses must be currently certified by the Materials Management Division prior to the solicitation opening date and time. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or you may reach the Helpline by email at mmdhelp.line@state.mn.us. For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.

Veteran-Owned Preference

In accordance with Minn. Stat. §16C.16, subd. 6a, (a) Except when mandated by the federal government as a condition of receiving federal funds, the commissioner shall award up to a six percent preference on state procurement to **certified small businesses** that are **majority-owned and operated by**:

In accordance with Minn. Stat. § 16C.19 (d), a veteran-owned small business, the principal place of business of which is in Minnesota, is certified if it has been verified by the United States Department of Veterans Affairs as being either a veteran-owned small business or a service disabled veteran-owned small business, in accordance with Public Law 109-461 and Code of Federal Regulations, title 38, part 74.

To receive a preference the veteran-owned small business must meet the statutory requirements above by the solicitation opening date and time.

If you are claiming the veteran-owned preference, **attach documentation, sign and return the Veteran-Owned Preference Form with your response to the solicitation.** Only eligible veteran-owned small businesses that meet the statutory requirements and provide adequate documentation will be given the preference.

Foreign Outsourcing of Work Prohibited

All services under this contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision also applies to work performed by subcontractors at all tiers.

Human Rights Requirements

For all contracts estimated to be in excess of \$100,000, responders are required to complete the attached Affirmative Action Data page and return it with the response. As required by Minnesota Rule 5000.3600, "It is hereby agreed between the parties that Minnesota Statute § 363A.36 and Minnesota Rule 5000.3400 - 5000.3600 are incorporated into any contract between these parties

based upon this specification or any modification of it. A copy of Minnesota Statute § 363A.36 and Minnesota Rule 5000.3400 - 5000.3600 are available upon request from the contracting agency.”

Certification Regarding Lobbying

Federal money will be used or may potentially be used to pay for all or part of the work under the contract, therefore the Proposer must complete the attached **Certification Regarding Lobbying** and submit it as part of its proposal.

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

Federal money will be used or may potentially be used to pay for all or part of the work under the contract, therefore the Proposer must certify the following, as required by the regulations implementing Executive Order 12549.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverages sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions,

unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Insurance Requirements

- A. Contractor shall not commence work under the contract until they have obtained all the insurance described below and the State of Minnesota has approved such insurance. Contractor shall maintain such insurance in force and effect throughout the term of the contract.
- B. Contractor is required to maintain and furnish satisfactory evidence of the following insurance policies:
 1. **Workers' Compensation Insurance:** Except as provided below, Contractor must provide Workers' Compensation insurance for all its employees and, in case any work is subcontracted, Contractor will require the subcontractor to provide Workers' Compensation insurance in accordance with the statutory requirements of the State of Minnesota, including Coverage B, Employer's Liability. Insurance **minimum** limits are as follows:

\$100,000 – Bodily Injury by Disease per employee

\$500,000 – Bodily Injury by Disease aggregate

\$100,000 – Bodily Injury by Accident

If Minnesota Statute 176.041 exempts Contractor from Workers' Compensation insurance or if the Contractor has no employees in the State of Minnesota, Contractor must provide a written statement, signed by an authorized representative, indicating the qualifying exemption that excludes Contractor from the Minnesota Workers' Compensation requirements.

If during the course of the contract the Contractor becomes eligible for Workers' Compensation, the Contractor must comply with the Workers' Compensation Insurance requirements herein and provide the State of Minnesota with a certificate of insurance.

2. **Commercial General Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury, including sickness or disease, death, and for care and loss of services as well as from claims for property damage, including loss of use which may arise from operations under the Contract whether the operations are by the Contractor or by a subcontractor or by anyone directly or indirectly employed by the Contractor under the contract. Insurance **minimum** limits are as follows:

\$2,000,000 – per occurrence

\$2,000,000 – annual aggregate

\$2,000,000 – annual aggregate – Products/Completed Operations

The following coverages shall be included:

Premises and Operations Bodily Injury and Property Damage

Personal and Advertising Injury

Blanket Contractual Liability

Products and Completed Operations Liability

Other; if applicable, please list _____

State of Minnesota named as an Additional Insured, to the extent permitted by law

3. **Commercial Automobile Liability Insurance:** Contractor is required to maintain insurance protecting it from claims for damages for bodily injury as well as from claims for property damage resulting from the ownership, operation, maintenance or use of all owned, hired, and non-owned autos which may arise from operations under this contract, and in case any work is subcontracted the contractor will require the subcontractor to maintain Commercial Automobile Liability insurance. Insurance **minimum** limits are as follows:

\$2,000,000 – per occurrence Combined Single limit for Bodily Injury and Property Damage

In addition, the following coverages should be included:

Owned, Hired, and Non-owned Automobile

4. Professional/Technical, Errors and Omissions, and/or Miscellaneous Liability Insurance

This policy will provide coverage for all claims the contractor may become legally obligated to pay resulting from any actual or alleged negligent act, error, or omission related to Contractor's professional services required under the contract.

Contractor is required to carry the following **minimum** limits:

\$2,000,000 – per claim or event

\$2,000,000 – annual aggregate

Any deductible will be the sole responsibility of the Contractor and may not exceed \$50,000 without the written approval of the State. If the Contractor desires authority from the State to have a deductible in a higher amount, the Contractor shall so request in writing, specifying the amount of the desired deductible and providing financial documentation by submitting the most current audited financial statements so that the State can ascertain the ability of the Contractor to cover the deductible from its own resources.

The retroactive or prior acts date of such coverage shall not be after the effective date of this Contract and Contractor shall maintain such insurance for a period of at least three (3) years, following completion of the work. If such insurance is discontinued, extended reporting period coverage must be obtained by Contractor to fulfill this requirement.

C. Additional Insurance Conditions:

- Contractor's policy(ies) shall be primary insurance to any other valid and collectible insurance available to the State of Minnesota with respect to any claim arising out of Contractor's performance under this contract;
- If Contractor receives a cancellation notice from an insurance carrier affording coverage herein, Contractor agrees to notify the State of Minnesota within five (5) business days with a copy of the cancellation notice, unless Contractor's policy(ies) contain a provision that coverage afforded under the policy(ies) will not be cancelled without at least thirty (30) days advance written notice to the State of Minnesota;
- Contractor is responsible for payment of Contract related insurance premiums and deductibles;
- If Contractor is self-insured, a Certificate of Self-Insurance must be attached;
- Contractor's policy(ies) shall include legal defense fees in addition to its liability policy limits, with the exception of B.4 above;

- Contractor shall obtain insurance policy(ies) from insurance company(ies) having an “AM BEST” rating of A- (minus); Financial Size Category (FSC) VII or better, and authorized to do business in the State of Minnesota; and
 - An Umbrella or Excess Liability insurance policy may be used to supplement the Contractor’s policy limits to satisfy the full policy limits required by the Contract.
- D. The State reserves the right to immediately terminate the contract if the contractor is not in compliance with the insurance requirements and retains all rights to pursue any legal remedies against the contractor. All insurance policies must be open to inspection by the State, and copies of policies must be submitted to the State’s authorized representative upon written request.
- E. The successful responder is required to submit Certificates of Insurance acceptable to the State of MN as evidence of insurance coverage requirements prior to commencing work under the contract.

E-Verify Certification (In accordance with Minn. Stat. §16C.075)

By submission of a proposal for services in excess of \$50,000, Contractor certifies that as of the date of services performed on behalf of the State, Contractor and all its subcontractors will have implemented or be in the process of implementing the federal E-Verify program for all newly hired employees in the United States who will perform work on behalf of the State. In the event of contract award, Contractor shall be responsible for collecting all subcontractor certifications and may do so utilizing the E-Verify Subcontractor Certification Form available at <http://www.mmd.admin.state.mn.us/doc/EverifySubCertForm.doc>. All subcontractor certifications must be kept on file with Contractor and made available to the State upon request.

CERTIFICATION REGARDING LOBBYING

For State of Minnesota Contracts and Grants over \$100,000

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 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, 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, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients 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 31 U.S.C. 1352. 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.

Organization Name

Name and Title of Official Signing for Organization

By: _____
Signature of Official

Date

State Of Minnesota – Affirmative Action Certification

If your response to this solicitation is or could be in excess of \$100,000, complete the information requested below to determine whether you are subject to the Minnesota Human Rights Act (Minnesota Statutes 363A.36) certification requirement, and to provide documentation of compliance if necessary. **It is your sole responsibility to provide this information and—if required—to apply for Human Rights certification prior to the due date of the bid or proposal and to obtain Human Rights certification prior to the execution of the contract. The State of Minnesota is under no obligation to delay proceeding with a contract until a company receives Human Rights certification.**

BOX A – For companies which have employed more than 40 full-time employees within Minnesota on any single working day during the previous 12 months. All other companies proceed to BOX B.

Your response will be rejected unless your business:

has a current Certificate of Compliance issued by the Minnesota Department of Human Rights (MDHR)
–or–

has submitted an affirmative action plan to the MDHR, which the Department received prior to the date the responses are due.

Check one of the following statements if you have employed more than 40 full-time employees in Minnesota on any single working day during the previous 12 months:

- We have a current Certificate of Compliance issued by the MDHR. **Proceed to BOX C. Include a copy of your certificate with your response.**
- We do not have a current Certificate of Compliance. However, we submitted an Affirmative Action Plan to the MDHR for approval, which the Department received on _____ (date). **Proceed to BOX C.**
- We do not have a Certificate of Compliance, nor has the MDHR received an Affirmative Action Plan from our company. **We acknowledge that our response will be rejected. Proceed to BOX C. Contact the Minnesota Department of Human Rights for assistance.** (See below for contact information.)

Please note: Certificates of Compliance must be issued by the Minnesota Department of Human Rights. Affirmative Action Plans approved by the Federal government, a county, or a municipality must still be received, reviewed, and approved by the Minnesota Department of Human Rights before a certificate can be issued.

BOX B – For those companies not described in BOX A

Check below.

- We have not employed more than 40 full-time employees on any single working day in Minnesota within the previous 12 months. **Proceed to BOX C.**

BOX C – For all companies

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of the responder. You also certify that you are in compliance with federal affirmative action requirements that may apply to your company. (These requirements are generally triggered only by participating as a prime or subcontractor on federal projects or contracts. Contractors are alerted to these requirements by the federal government.)

Name of Company: _____ Date _____

Authorized Signature: _____ Telephone number: _____

Printed Name: _____ Title: _____

For assistance with this form, contact:

Minnesota Department of Human Rights, Compliance & Community Relations

Mail: The Freeman Building 625 Robert Street North, Saint Paul, MN 55155 TC Metro: (651) 296-5663 Toll Free: 800-657-3704

Web: www.humanrights.state.mn.us Fax: (651) 296-9042 TTY: (651) 296-1283

Email: compliance.mdhr@state.mn.us

Affirmative Action Certification Page, Revised 6/11 - MDHR

STATE OF MINNESOTA AFFIDAVIT OF NONCOLLUSION

I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation);
2. That the attached proposal submitted in response to the _____ Request for Proposals has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment or services described in the Request for Proposal, designed to limit fair and open competition;
3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals; and
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Responder's Firm Name: _____

Authorized Representative (Please Print) _____

Authorized Signature: _____

Date: _____

Subscribed and sworn to me this _____ day of _____

Notary Public Signature: _____

My commission expires: _____

STATE OF MINNESOTA VETERAN-OWNED PREFERENCE FORM

In accordance with Minn. Stat. §16C.16, subd. 6a, the Commissioner of Administration will award a 6% preference in the amount bid on state procurement to certified small businesses that are majority owned and operated by veterans.

Veteran-Owned Preference Requirements - See Minn. Stat. § 16C.19(d):

1) Principal place of business is in Minnesota.

and

2) The United States Department of Veterans Affairs verifies the business as being a veteran-owned small business under Public Law 109-461 and Code of Federal Regulations, title 38, part 74.

Statutory requirements and appropriate documentation must be met **by the solicitation response due date and time** to be awarded the veteran-owned preference. The preference applies only to the first \$500,000 of a solicitation response.

Claim the Preference

By signing below I confirm that:

My company is claiming the veteran-owned preference afforded by Minn. Stat. § 16C.16, subd. 6a. By making this claim, I verify that:

- My company's principal place of business is in Minnesota; **and**
- The United States Department of Veteran's Affairs verifies my company as being a veteran-owned small business. (Supported By Attached Documentation)

Name of Company: _____ Date: _____

Authorized Signature: _____ Telephone: _____

Printed Name: _____ Title: _____

Attach documentation, sign, and return this form with your solicitation response to claim the veteran-owned preference.

STATE OF MINNESOTA RESIDENT VENDOR FORM

In accordance with Laws of Minnesota 2013, Chapter 142, Article 3, Section 16, amending Minn. Stat. § 16C.02, subd. 13, a "Resident Vendor" means a person, firm, or corporation that:

- (1) is authorized to conduct business in the state of Minnesota on the date a solicitation for a contract is first advertised or announced. It includes a foreign corporation duly authorized to engage in business in Minnesota;
 - (2) has paid unemployment taxes or income taxes in this state during the 12 calendar months immediately preceding submission of the bid or proposal for which any preference is sought;
 - (3) has a business address in the state; and
 - (4) has affirmatively claimed that status in the bid or proposal submission.
-

To receive recognition as a Minnesota Resident Vendor ("Resident Vendor"), your company must meet each element of the statutory definition above by the solicitation opening date and time. If you wish to affirmatively claim Resident Vendor status, you should do so by submitting this form with your bid or proposal.

Resident Vendor status may be considered for purposes of resolving tied low bids or the application of a reciprocal preference.

I HEREBY CERTIFY THAT THE COMPANY LISTED BELOW:

1. Is authorized to conduct business in the State of Minnesota on the date a solicitation for a contract is first advertised or announced. *(This includes a foreign corporation duly authorized to engage in business in Minnesota.)*
 Yes No (must check yes or no)

2. Has paid unemployment taxes or income taxes in the State of Minnesota during the 12 calendar months immediately preceding submission of the bid or proposal for which any preference is sought.
 Yes No (must check yes or no)

3. Has a business address in the State of Minnesota.
 Yes No (must check yes or no)

4. Agrees to submit documentation, if requested, as part of the bid or proposal process, to verify compliance with the above statutory requirements.
 Yes No (must check yes or no)

BY SIGNING BELOW, you are certifying your compliance with the requirements set forth herein and claiming Resident Vendor status in your bid or proposal submission.

Name of Company: _____

Date: _____

Authorized Signature: _____

Telephone: _____

Printed Name: _____

Title: _____

IF YOU ARE CLAIMING RESIDENT VENDOR STATUS, SIGN AND RETURN THIS FORM WITH YOUR BID OR PROPOSAL SUBMISSION.

If you take exception to any of the terms, conditions or language in the contract, you must indicate those exceptions in your response to the RFP; certain exceptions may result in your proposal being disqualified from further review and evaluation. Only those exceptions indicated in your response to the RFP will be available for discussion or negotiation.

State of Minnesota Professional and Technical Services Contract

SWIFT Contract No.:

This Contract is between the State of Minnesota, acting through its _____
("State") and _____ ("Contractor").

Recitals

1. Under Minn. Stat. § 15.061 the State is empowered to engage such assistance as deemed necessary.
2. The State is in need of _____.
3. The Contractor represents that it is duly qualified and agrees to perform all services described in this Contract to the satisfaction of the State.

Contract

1. Term of Contract

- 1.1 Effective date:** _____, or the date the State obtains all required signatures under Minn. Stat. § 16C.05, subd. 2, whichever is later. The Contractor must not begin work under this Contract until this Contract is fully executed and the Contractor has been notified by the State's Authorized Representative to begin the work.
- 1.2 Expiration date:** _____, or until all obligations have been satisfactorily fulfilled, whichever occurs first.
- 1.3 Survival of terms:** The following clauses survive the expiration or cancellation of this Contract: 8. Indemnification; 9. State audits; 10. Government data practices and intellectual property; 14. Publicity and endorsement; 15. Governing law, jurisdiction, and venue; and 16. Data disclosure.

2. Contractor's duties

The Contractor, who is not a State employee, will:

3. Time

The Contractor must comply with all the time requirements described in this Contract. In the performance of this Contract, time is of the essence.

4. Consideration and payment

4.1 Consideration. The State will pay for all services performed by the Contractor under this Contract as follows:

- (a) *Compensation.* The Contractor will be paid \$_____.
- (b) *Travel expenses.* Reimbursement for travel and subsistence expenses actually and necessarily incurred by the Contractor as a result of this Contract will not exceed \$_____; provided that the Contractor will be reimbursed for travel and subsistence expenses in the same manner and in no greater amount than provided in the current "Commissioner's Plan" established by the Commissioner of Minnesota Management and Budget which is incorporated in to this Contract by reference. The Contractor will not be reimbursed for travel and subsistence expenses incurred outside Minnesota unless it has received the State's prior written approval for out-of-state travel. Minnesota will be considered the home state for determining whether travel is out of state.
- (c) *Total obligation.* The total obligation of the State for all compensation and reimbursements to the Contractor under this Contract will not exceed \$_____.

4.2 Payment.

- (a) *Invoices.* The State will promptly pay the Contractor after the Contractor presents an itemized invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services. Invoices must be submitted timely and according to the following schedule:

- (b) *Retainage.* Under Minn. Stat. § 16C.08, subd. 5(b), no more than 90 percent of the amount due under this Contract may be paid until the final product of this Contract has been reviewed by the State's agency head. The balance due will be paid when the State's agency head determines that the Contractor has satisfactorily fulfilled all the terms of this Contract.
- (c) *Federal funds.* (Where applicable, if blank this section does not apply.) Payments under this Contract will be made from federal funds obtained by the State through _____. The Contractor is responsible for compliance with all federal requirements imposed on these funds and accepts full financial responsibility for any requirements imposed by the Contractor's failure to comply with federal requirements.

5. Conditions of payment

All services provided by the Contractor under this Contract must be performed to the State's satisfaction, as determined at the sole discretion of the State's Authorized Representative and in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations including business registration requirements of the Office of the Secretary of State. The Contractor will not receive payment for work found by the State to be unsatisfactory or performed in violation of federal, state, or local law.

6. Authorized Representative

The State's Authorized Representative is _____, or his/her successor, and has the responsibility to monitor the Contractor's performance and the authority to accept the services provided under this Contract. If the services are satisfactory, the State's Authorized Representative will certify acceptance on each invoice submitted for payment.

The Contractor's Authorized Representative is _____, or his/her successor. If the Contractor's Authorized Representative changes at any time during this Contract, the Contractor must immediately notify the State.

7. Assignment, amendments, waiver, and contract complete

7.1 Assignment. The Contractor may neither assign nor transfer any rights or obligations under this Contract without the prior consent of the State and a fully executed assignment agreement, executed and approved by the same parties who executed and approved this Contract, or their successors in office.

7.2 Amendments. Any amendment to this Contract must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original Contract, or their successors in office.

7.3 Waiver. If the State fails to enforce any provision of this Contract, that failure does not waive the provision or its right to enforce it.

7.4 Contract complete. This Contract contains all negotiations and agreements between the State and the Contractor. No other understanding regarding this Contract, whether written or oral, may be used to bind either party.

8. Indemnification

In the performance of this Contract by Contractor, or Contractor's agents or employees, the Contractor must indemnify, save, and hold harmless the State, its agents, and employees, from any claims or causes of action, including attorney's fees incurred by the State, to the extent caused by Contractor's:

- a) Intentional, willful, or negligent acts or omissions; or
- b) Actions that give rise to strict liability; or
- c) Breach of contract or warranty.

The indemnification obligations of this section do not apply in the event the claim or cause of action is the result of the State's sole negligence. This clause will not be construed to bar any legal remedies the Contractor may have for the State's failure to fulfill its obligation under this Contract.

9. State audits

Under Minn. Stat. § 16C.05, subd. 5, the Contractor's books, records, documents, and accounting procedures and practices relevant to this Contract are subject to examination by the State and/or the State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of this Contract.

10. Government data practices and intellectual property

10.1 Government data practices. The Contractor and State must comply with the Minnesota Government Data Practices Act, Minn. Stat. ch. 13, (or, if the State contracting party is part of the Judicial Branch, with the Rules of Public Access to Records of the Judicial Branch promulgated by the Minnesota Supreme Court as the same may be amended from time to time) as it applies to all data provided by the State under this Contract, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Contractor under this Contract. The civil remedies of Minn. Stat. § 13.08 apply to the release of the data governed by the Minnesota Government Practices Act, Minn. Stat. ch. 13, by either the Contractor or the State.

If the Contractor receives a request to release the data referred to in this clause, the Contractor must immediately notify and consult with the State's Authorized Representative as to how the Contractor should respond to the request. The Contractor's response to the request shall comply with applicable law.

10.2 Intellectual property rights.

(a) *Intellectual property rights.* The State owns all rights, title, and interest in all of the intellectual property rights,

including copyrights, patents, trade secrets, trademarks, and service marks in the works and documents created and paid for under this Contract. The “works” means all inventions, improvements, discoveries (whether or not patentable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by the Contractor, its employees, agents, and subcontractors, either individually or jointly with others in the performance of this Contract. “Works” includes documents. The “documents” are the originals of any databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by the Contractor, its employees, agents, or subcontractors, in the performance of this Contract. The documents will be the exclusive property of the State and all such documents must be immediately returned to the State by the Contractor upon completion or cancellation of this Contract. To the extent possible, those works eligible for copyright protection under the United States Copyright Act will be deemed to be “works made for hire.” The Contractor assigns all right, title, and interest it may have in the works and the documents to the State. The Contractor must, at the request of the State, execute all papers and perform all other acts necessary to transfer or record the State’s ownership interest in the works and documents.

(b) Obligations

- (1) Notification. Whenever any invention, improvement, or discovery (whether or not patentable) is made or conceived for the first time or actually or constructively reduced to practice by the Contractor, including its employees and subcontractors, in the performance of this Contract, the Contractor will immediately give the State’s Authorized Representative written notice thereof, and must promptly furnish the State’s Authorized Representative with complete information and/or disclosure thereon.
- (2) Representation. The Contractor must perform all acts, and take all steps necessary to ensure that all intellectual property rights in the works and documents are the sole property of the State, and that neither Contractor nor its employees, agents, or subcontractors retain any interest in and to the works and documents. The Contractor represents and warrants that the works and documents do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 8, the Contractor will indemnify; defend, to the extent permitted by the Attorney General; and hold harmless the State, at the Contractor’s expense, from any action or claim brought against the State to the extent that it is based on a claim that all or part of the works or documents infringe upon the intellectual property rights of others. The Contractor will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including but not limited to, attorney fees. If such a claim or action arises, or in the Contractor’s or the State’s opinion is likely to arise, the Contractor must, at the State’s discretion, either procure for the State the right or license to use the intellectual property rights at issue or replace or modify the allegedly infringing works or documents as necessary and appropriate to obviate the infringement claim. This remedy of the State will be in addition to and not exclusive of other remedies provided by law.

11. Workers’ compensation and other insurance

Contractor certifies that it is in compliance with all insurance requirements specified in the solicitation document relevant to this Contract. Contractor shall not commence work under the Contract until they have obtained all the insurance specified in the solicitation document. Contractor shall maintain such insurance in force and effect throughout the term of the Contract.

Further, the Contractor certifies that it is in compliance with Minn. Stat. § 176.181, subd. 2, pertaining to workers’ compensation insurance coverage. The Contractor’s employees and agents will not be considered State employees. Any claims that may arise under the Minnesota Workers’ Compensation Act on behalf of these employees or agents and any claims made by any third party as a consequence of any act or omission on the part of these employees or agents are in no way the State’s obligation or responsibility.

12. Debarment by State, its departments, commissions, agencies, or political subdivisions

Contractor certifies that neither it nor its principals is presently debarred or suspended by the State, or any of its departments, commissions, agencies, or political subdivisions. Contractor's certification is a material representation upon which the Contract award was based. Contractor shall provide immediate written notice to the State's Authorized Representative if at any time it learns that this certification was erroneous when submitted or becomes erroneous by reason of changed circumstances.

13. Certification regarding debarment, suspension, ineligibility, and voluntary exclusion

Federal money will be used or may potentially be used to pay for all or part of the work under the Contract, therefore Contractor certifies that it is in compliance with federal requirements on debarment, suspension, ineligibility and voluntary exclusion specified in the solicitation document implementing Executive Order 12549. Contractor's certification is a material representation upon which the Contract award was based.

14. Publicity and endorsement

14.1 Publicity. Any publicity regarding the subject matter of this Contract must identify the State as the sponsoring agency and must not be released without prior written approval from the State's Authorized Representative. For purposes of this provision, publicity includes notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Contractor individually or jointly with others, or any subcontractors, with respect to the program, publications, or services provided resulting from this Contract.

14.2 Endorsement. The Contractor must not claim that the State endorses its products or services.

15. Governing law, jurisdiction, and venue

Minnesota law, without regard to its choice-of-law provisions, governs this Contract. Venue for all legal proceedings out of this Contract, or its breach, must be in the appropriate state or federal court with competent jurisdiction in Ramsey County, Minnesota.

16. Data disclosure

Under Minn. Stat. § 270C.65, subd. 3 and other applicable law, the Contractor consents to disclosure of its social security number, federal employer tax identification number, and/or Minnesota tax identification number, already provided to the State, to federal and state agencies, and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state laws which could result in action requiring the Contractor to file state tax returns, pay delinquent state tax liabilities, if any, or pay other state liabilities.

17. Payment to subcontractors

(If applicable) As required by Minn. Stat. § 16A.1245, the prime Contractor must pay all subcontractors, less any retainage, within 10 calendar days of the prime Contractor's receipt of payment from the State for undisputed services provided by the subcontractor(s) and must pay interest at the rate of one and one-half percent per month or any part of a month to the subcontractor(s) on any undisputed amount not paid on time to the subcontractor(s).

18. Termination

18.1 Termination by the State. The State or Commissioner of Administration may cancel this Contract at any time, with or without cause, upon 30 days' written notice to the Contractor. Upon termination, the Contractor will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

18.2 Termination for insufficient funding. The State may immediately terminate this Contract if it does not obtain funding from the Minnesota Legislature, or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination must be by written or fax notice to the Contractor. The State is not obligated to pay for any services that are provided after notice and effective date of termination. However, the Contractor will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The State will not be assessed any penalty if the Contract is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. The State must provide the Contractor notice of the lack of funding within a reasonable time of the State's receiving that notice.

19. Non-discrimination (In accordance with Minn. Stat. § 181.59)

The Contractor will comply with the provisions of Minn. Stat. § 181.59 which require:

“Every contract for or on behalf of the state of Minnesota, or any county, city, town, township, school, school district, or any other district in the state, for materials, supplies, or construction shall contain provisions by which the contractor agrees:

- (1) that, in the hiring of common or skilled labor for the performance of any work under any contract, or any subcontract, no contractor, material supplier, or vendor, shall, by reason of race, creed, or color, discriminate against the person or persons who are citizens of the United States or resident aliens who are qualified and available to perform the work to which the employment relates;*
- (2) that no contractor, material supplier, or vendor, shall, in any manner, discriminate against, or intimidate, or prevent the employment of any person or persons identified in clause (1) of this section, or on being hired, prevent, or conspire to prevent, the person or persons from the performance of work under any contract on account of race, creed, or color;*
- (3) that a violation of this section is a misdemeanor; and*
- (4) that this contract may be canceled or terminated by the state, county, city, town, school board, or any other person authorized to grant the contracts for employment, and all money due, or to become due under the contract, may be forfeited for a second or any subsequent violation of the terms or conditions of this contract.”*

[Delete this section if your total Contract value is under \$100,000]

20. Affirmative action requirements for contracts in excess of \$100,000 and if the Contractor has more than 40 full-time employees in Minnesota or its principal place of business

The State intends to carry out its responsibility for requiring affirmative action by its contractors.

20.1 Covered contracts and contractors. If the Contract exceeds \$100,000 and the Contractor employed more than 40 full-time employees on a single working day during the previous 12 months in Minnesota or in the state where

it has its principle place of business, then the Contractor must comply with the requirements of Minn. Stat. § 363A.36 and Minn. R. 5000.3400-5000.3600. A contractor covered by Minn. Stat. § 363A.36 because it employed more than 40 full-time employees in another state and does not have a certificate of compliance, must certify that it is in compliance with federal affirmative action requirements.

20.2 Minn. Stat. § 363A.36. Minn. Stat. § 363A.36 requires the Contractor to have an affirmative action plan for the employment of minority persons, women, and qualified disabled individuals approved by the Minnesota Commissioner of Human Rights (“Commissioner”) as indicated by a certificate of compliance. The law addresses suspension or revocation of a certificate of compliance and contract consequences in that event. A contract awarded without a certificate of compliance may be voided.

20.3 Minn. R. 5000.3400-5000.3600.

- (a) *General.* Minn. R. 5000.3400-5000.3600 implements Minn. Stat. § 363A.36. These rules include, but are not limited to, criteria for contents, approval, and implementation of affirmative action plans; procedures for issuing certificates of compliance and criteria for determining a contractor’s compliance status; procedures for addressing deficiencies, sanctions, and notice and hearing; annual compliance reports; procedures for compliance review; and contract consequences for non-compliance. The specific criteria for approval or rejection of an affirmative action plan are contained in various provisions of Minn. R. 5000.3400-5000.3600 including, but not limited to, Minn. R. 5000.3420-5000.3500 and 5000.3552-5000.3559.
- (b) *Disabled Workers.* The Contractor must comply with the following affirmative action requirements for disabled workers.
 - (1) The Contractor must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The Contractor agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
 - (2) The Contractor agrees to comply with the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.
 - (3) In the event of the Contractor’s noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with Minn. Stat. § 363A.36, and the rules and relevant orders of the Minnesota Department of Human Rights issued pursuant to the Minnesota Human Rights Act.
 - (4) The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the Commissioner. Such notices must state the Contractor’s obligation under the law to take affirmative action to employ and advance in employment qualified disabled employees and applicants for employment, and the rights of applicants and employees.
 - (5) The Contractor must notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the Contractor is bound by the terms of Minn. Stat. § 363A.36, of the Minnesota Human Rights Act and is committed to take affirmative action to employ and advance in employment physically and mentally disabled persons.
- (c) *Consequences.* The consequences for the Contractor’s failure to implement its affirmative action plan or make a good faith effort to do so include, but are not limited to, suspension or revocation of a certificate of compliance by the Commissioner, refusal by the Commissioner to approve subsequent plans, and termination of all or part of this Contract by the Commissioner or the State.
- (d) *Certification.* The Contractor hereby certifies that it is in compliance with the requirements of Minn. Stat. § 363A.36 and Minn. R. 5000.3400-5000.3600 and is aware of the consequences for noncompliance.

21. E-Verify certification (In accordance with Minn. Stat. § 16C.075)

For services valued in excess of \$50,000, Contractor certifies that as of the date of services performed on behalf of the State, Contractor and all its subcontractors will have implemented or be in the process of implementing the federal E-Verify Program for all newly hired employees in the United States who will perform work on behalf of the State. Contractor is responsible for collecting all subcontractor certifications and may do so utilizing the *E-Verify Subcontractor Certification Form* available at <http://www.mmd.admin.state.mn.us/doc/EverifySubCertForm.doc>. All subcontractor certifications must be kept on file with Contractor and made available to the State upon request.

[Signatures as required by the State.]

SAMPLE

Appendices

Appendix A: Proposal Cover Form

Appendix B: Cost Proposal

Appendix A: Proposal Cover Form

1. Please select the Emerging Profession that will be targeted in your Toolkit:

- Community Health Worker
- Community Paramedic
- Dental Therapist/Advanced Dental Therapist

2. Lead Applicant Organization- organization that will serve as the fiscal agent for project. Grant agreement will be executed with this organization

Legal Name

Federal Tax ID # State Tax ID #

3. Contact Person for Further Information on Proposal:

Name

Title

Organization:

Address:

Phone:

e-mail:

I certify that the information contained herein is true and accurate to the best of my knowledge, and I have been authorized to submit this proposal on behalf of the applicant organizations listed above.

Signature of Authorized Official

Title of Authorized Official

Date

Appendix B: Cost Proposal

Request for Proposals
Minnesota Department of Health
Emerging Professions Toolkit to Advance the Minnesota Accountable Health Model

Instructions: Complete the Cost Proposal by filling out the two forms listed below which are available on the MDH Office of Rural Health and Primary Care Emerging Professions website at:

<https://www.health.state.mn.us/facilities/ruralhealth/emerging/index.html>

- Form B1: Emerging Professions Toolkit Contractor's Budget Template
- Form B2: Budget Justification Narrative

A sample of both of these forms is available on the following pages.

Form B1: Emerging Professions Toolkit Contractor’s Budget Template

Applicant/Toolkit Contractor:

Total Contract Period: March 1, 2015 – February 28, 2016

Budget Form Instructions for Toolkit Contract

Applicants:

1. Complete a separate budget for each grant year - Year 1 (2015) and Year 2 (2016) (see tabs).
2. Include costs for the grant recipient in Salaries & Wages, Fringe, Supplies, Travel, and Other categories.
3. Include contractor costs (contracts with vendors that will be providing a specific service such as IT or consultation) in C. Consultant Costs.
4. Enter information in cells highlighted in blue as applicable for your project.

The amount paid for deliverables in section two is based on costs in section one.

Section One

A. SALARIES & WAGES: For each position, provide the following information: position title, hourly rate, and number of hours allocated to the project. In Form B2 Budget Justification Narrative, provide a brief position description for each position listed.			
Title	Hourly Rate	Hours	Total
			\$
			\$
			\$
			\$
			\$
			\$
Total Salaries and Wages:		0	\$

B. FRINGE: Provide information on the rate of fringe benefits calculated for the total salaries and wages for positions in 1A.	
Enter the fringe benefit rate as a % of the total salaries and wages in decimal format.	
Total Fringe:	\$

C. CONSULTANT COSTS: Provide the following information for consultants/contractors: name of contractor or organization, hourly rate, number of hours, services to be provided.

In Form B1 provide a brief background about the contractor including how previous experience relates to the project. If the contractor has not been selected, include a description of the availability of contractors for the services or product, a description of the availability of contractors for the services or product, and the method that will be used for choosing a contractor.

		Hourly Rate	Hours	Total
Hourly rate and number of hours				\$
Name:				
Organization:				
Services:				
Total Consultant Costs:				\$

D. EQUIPMENT: Equipment costs are not allowed.

Item	Unit	Cost/Unit	Total Cost
Total Equipment Costs:			\$

E. SUPPLIES: List each item requested, the number needed, and cost per unit. Include expected costs for general operating expenses such as office supplies, postage, photocopying, and printing.

Item	Unit	Cost/Unit	Total Cost
			\$
			\$
			\$
			\$
Total Supply Costs:			\$

F. TRAVEL: Provide estimated travel costs below for in-state travel. Include travel costs for hotels, meals, and attending meetings. Include the estimated number of miles planned for project activities and the rate of reimbursement per mile.

Out of state travel is not an eligible expense. Travel costs are not to exceed rates established in the Commissioner's Plan at <http://www.mmd.admin.state.mn.us/commissionersplan.htm>

Item	Total Cost
Total Travel Costs:	\$

G. OTHER: If applicable, list items not included in previous budget categories below.
 Include a detailed description of the proposed expenditures in Form B2 Budget Justification Narrative.

Item	Total
Total Other Costs:	\$

GRAND PROJECT TOTAL	\$
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Section Two

DELIVERABLES: The amount paid for deliverables in section two is based upon the total dollars requested in section one. Budget deliverables are to cross reference the deliverables in the Task section of the RFP.

Deliverable:	Avg by Hour	Estimated Hrs	Billable Amt
			\$
			\$
TOTAL			\$

Deliverable	Avg by Hour	Estimated Hrs	Billable Amt
			\$
			\$
TOTAL			\$

Deliverable:	Avg by Hour	Estimated Hrs	Billable Amt
			\$
			\$
TOTAL			\$

Deliverable:	Avg by Hour	Estimated Hrs	Billable Amt
			\$
			\$
TOTAL			\$

GRAND PROJECT TOTAL	\$
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Form B2: Budget Justification Narrative

The Budget Narrative provides additional information to justify costs in Form B1 Budget.

Instructions: Provide a narrative justification where requested. The narrative justification must include a description of the funds requested and how their use will support the proposal.

A. Salaries and Wages

This should include all personnel whose work is tied to the proposal.

Narrative Justification *(enter a brief description of the roles, responsibilities, and unique qualifications of each position):*

B. Fringe

Narrative Justification *(provide information on the rate of fringe benefits calculated for salaries and wages):*

C. Consultant Costs

Narrative Justification *(provide a brief background about the contractor including how previous experience relates to the project. If the contractor has not been selected, include a description of the availability of contractors for the services or product and the method that will be used for choosing a contractor):*

D. Equipment Costs

NOTE: Equipment costs are not allowed.

E. Supplies

Describe costs related to each type of supply, either in Budget Form B1 or below.

Narrative Justification *(enter a description of the supplies requested and how their purchase will support the purpose and goals of this proposal):*

F. Travel

Travel may include costs associated with travel for meetings and other items included in the deliverables.

Narrative Justification (*describe the purpose and need of travel and how costs were determined for each line item in the budget*):

G. Other

Narrative Justification (*explain the need for each item and how their use will support the purpose and goals of this proposal. Break down costs into cost/unit: i.e. cost/meeting and explain the use of each item requested*):