Oral Health and Nutrition Expansion and Enhancement Project
Dental Health Innovation Project
Request for Proposals (RFP)
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Request for Proposals (RFP)

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## I. TIMELINE\(^1\)

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<td>September 13, 2011, 10am-12noon PST</td>
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All questions and requests for additional information regarding this RFP must be received in writing by First 5 LA by 5:00 p.m. on **September 14, 2011**. First 5 LA reserves the sole right to determine the timing and content of the responses to all questions and requests for additional information.

Questions and information requests can be submitted to:

Reena John, Program Officer  
First 5 LA  
750 N. Alameda Street, Suite 300  
Los Angeles, CA 90012  
Phone: 213.482.7506  
Fax: 213.482.5903  
E-mail: rjohn@first5la.org

\(^1\) First 5 LA reserves the right to modify the stated timeline at any time, all dates are subject to change at First 5 LA’s sole discretion.
II. BACKGROUND

A. First 5 LA – “Champions for Our Children”

In 1998, California voters passed Proposition 10, which levied a 50-cent per pack tax on all tobacco products. The resulting tax revenues were earmarked for the creation of a comprehensive system of information and services to advance early childhood development and school readiness within each county in California. In Los Angeles County, First 5 LA Commission was formed as a public entity to develop and oversee various early childhood initiatives and to manage the funding from Proposition 10. Since 1998, First 5 LA has invested over $800 million to support initiatives in all three of its goal areas. Additional information regarding First 5 LA can be found at http://www.first5la.org/.

In June 2009, the First 5 LA Board of Commissioners adopted a strategic plan to guide its investments through 2015: Strengthening Families and Communities in L.A. County." The plan was developed during a public process that engaged community stakeholders, grantees, commissioners and staff and in conjunction with research in the field of early child development. We believe, and research confirms, that children are strongest when they live in safe and thriving families and neighborhoods. Therefore, First 5 LA will focus on strengthening families, while also building the capacity of communities and organizations to create and sustain nurturing environments for children. This new "place-based approach" will allow First 5 LA to have a deeper impact in select areas, while also supporting countywide objectives, and to better measure the impact of its investments.

B. Oral Health and Nutrition Expansion and Enhancement Project

The Oral Health and Nutrition Expansion and Enhancement Project (OHN Project) was approved by the Commission in October 2006, with an allocation of $10 million for the purpose of promoting good oral health and nutrition for young children and their families in LA County. Since this initial allocation, the Commission also re-directed, (in the June 2010 and March 2011 Commission meetings), a total of $11.9 million from the Oral Health and Community Development (OHCD) initiative to the OHN project, increasing the total allocation of OHN Project funds to approximately $ 21.9 million.

To date, through this project, First 5 LA has funded initiatives that have expanded or will expand services to approximately 142,000 children ages 0-5 and their families in LA County. In addition to providing direct services, the Commission also funded a first-time research project that identified and established a baseline on the oral health needs of children ages 0-5 and barriers to care. First 5 LA also funded the Pediatric Oral Health Access Program, a free training program which provided training to general dentists that aimed to increase their skills and comfort level in treating young children, including children with physical and/or developmental disabilities.

To date, the OHN project has leveraged funding with a number of public and private foundations including the California Wellness Foundation, LA CARE Health Plan, Annenberg Foundation, Kaiser Permanente Community Benefits, as well as the Health Research and Services Administration. To date, the OHN project has leveraged approximately a 1:1 match on all funding allocated, as well as increased the level of collaboration and partnerships across various networks of oral health providers and funders serving children ages 0-5. One example of this type of strategic collaboration among funders includes the Oral Health Baseline Needs Assessment which was jointly funded and
co-designed by four funding partners, including the California Endowment, Annenberg Foundation and the California Wellness Foundation.

Programmatically, the OHN project has primarily funded non-profit community health centers and dental clinics, Federally Qualified Health Centers (FQHC’s), dental schools and residency programs, entities such as the Los Angeles County Department of Health Services (DHS), and community-based organizations, such as the Dental Health Foundation, to reach the goal of increasing access to dental services for children ages 0-5 through a number of strategies which include providing direct services, parent education and provider training.

The First 5 LA OHN Project framework (Appendix L) focuses on three main strategic areas which include Access-Direct Services, Public Education and Policy/Advocacy. The framework also outlines five main objectives:

- Increasing the percent of children 0-5 years of age who have access to oral health care resources
- Increasing the percent of children 0-5 years of age who receive preventive dental services
- Increasing the percent of children 0-5 years of age who receive therapeutic dental services
- Increasing the percentage of providers who are trained to conduct preventive screening, assessment and dental services to children 0-5 years of age
- Increasing the percentage of parents/families’ knowledge of early childhood oral health needs and milestones.

C. Dental Health Innovation Project – not to exceed $3.0M

First 5 LA recognizes that the issues affecting children’s oral health are complex and varied, and the OHN Project Framework emphasizes identifying partnerships with other organizations to leverage existing efforts and prioritizing strategies to address these issues. Additionally, First 5 LA has identified a timely opportunity to leverage oral health-related provisions within The Patient Protection and Affordable Care Act (ACA), which was signed into law by President Obama on March 23, 2010.

The most significant changes in ACA are in relation to coverage. In regards to dental coverage, the law establishes a minimum set of required benefits that includes pediatric dental coverage for all children (but not all adults). Dental coverage for children will be offered through Medicaid (in California, this is known as Medi-Cal), state Children’s Health Insurance Programs (CHIP), or via private insurance through the parents’ employer or state-level exchanges. Therefore, by 2014, once state-level exchanges have been established, the majority of children in the US will have access to dental benefits. This increased access to dental benefits for children points to the need to build the capacity of the dental safety net to meet the needs of this population.\(^2\)

In addition to the pediatric dental coverage mandate, a number of other oral health-related provisions exist in the final ACA legislation, such as infrastructure development through

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health information technology systems and strengthening the safety net to provide services in non-traditional settings. Though these provisions exist within the ACA, and appropriations have been requested, it is unclear in the current political and economic environment whether actual funding will follow. This reality is a challenge and opportunity for funders, like First 5 LA, to support innovative pilot and demonstration projects that will seek to test the efficacy of specific strategies in increasing access to oral health services for children ages 0-5 and their families in Los Angeles County.

Additionally, through the passage of ACA, Congress created the Center for Medicare and Medicaid Innovation, giving the Center the authority and direction to “test innovative payment and service delivery models to reduce program expenditures, while preserving or enhancing the quality of care” for those who get Medicare, Medicaid or CHIP benefits. In order to expand a model, the Secretary must determine that the model improves the quality of patient care, and the Centers for Medicare and Medicaid Services Actuary must certify that expanding the program will lower costs (or at least not increase costs).

To this end, through the Dental Health Innovation RFP, First 5 LA aims to encourage the development of innovative oral health projects in support of the same goal areas as those outlined by the Center for Medicare and Medicaid Innovation, namely:

**Better healthcare:** Improve individual patient experiences of care along the Institute of Medicine’s six domains of quality: Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency and Equity.

**Reduced costs through improvement:** Lower the total cost of care resulting in reduced monthly expenditures for each beneficiary by improving care.

**Better health:** Encourage better health for entire populations by addressing underlying causes of poor health, such as physical inactivity, behavioral risk factors, lack of preventive care and poor nutrition.³

Together, the oral health-related provisions within the ACA legislation and the goals of the Center for Medicare and Medicaid Innovation provide the overarching vision for the Dental Health Innovation RFP. The opportunities are immense for funders, like First 5 LA, to support pilot and demonstration projects in Los Angeles County that are aligned with, and seek to leverage key provisions within ACA legislation. The outcomes of these projects, and lessons learned, can play a key role in identifying innovative oral health strategies and programs, specific to the 0-5 population in Los Angeles County. Furthermore, they have the potential to help build the capacity of the dental safety net in preparation for full implementation of reform, which is anticipated for 2014.

To this end, through the Dental Health Innovation Project RFP, First 5 LA has decided to support efforts in two main topical areas: 1) Infrastructure Development via Dental Health Information Technology, and 2) Strengthening the Dental Safety Net to Provide Services in Non-Traditional Settings. Below are some descriptions of each of these topical areas.

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1. **Infrastructure Development via Dental Health Information Technology Systems**

The benefits related to the adoption of technology in clinical medicine are equally true of dentistry – patient safety, process efficiency, cost reduction and coordination of care. The adoption of health information technology systems, although, has gained a great deal of momentum in medical settings in contrast to dental settings. According to a 2010 survey conducted by the California Healthcare Foundation, only 23% of California dentists say they have fully implemented an electronic dental health record (EDHR) system, which includes clinical tools. The survey also found, although, that most California dentists have practice management systems in place that help with billing, accounting and scheduling.

Recent federal funding for promotion and adoption of health information technology has been significant. In 2009, the federal government signed into law as part of the American Recovery and Reinvestment Act (ARRA), a $19 billion program called the Health Information Technology for Economic and Clinical Health Act (HITECH) to promote adoption and use of health information technology (HIT), with special emphasis on electronic health records. Participants of this program will use technology in ways to improve quality, safety and the effectiveness of patient care. Financial incentives are offered through the Centers for Medicare and Medicaid Services (CMS) for eligible professionals and hospitals that meet milestones along the road to becoming meaningful users of certified technology.

Dentists are included in the definition of eligible professionals, but because there is currently no specific meaningful use criteria or certified systems for dental (as there are for medical), it is challenging for dental providers to draw down federal incentives for “meaningful use” of such technology.

Additionally, a large portion of dental providers who serve underserved populations work in Federally Qualified Health Centers or other community health centers that provide both medical and dental services. Since many of these health centers may be providing both medical and dental services to the same populations, the opportunity exists to interface these two systems to promote true integration of care.

First 5 LA recognizes that new technology and/or enhancements to existing technology have the potential to help build the capacity of the dental safety net to increase access to oral health services for children ages 0-5 and their families. Therefore, a number of opportunities exist for providers: 1) to adopt and implement a dental health information technology system (dental HIT system), 2) to develop and test meaningful use criteria and quality measures for oral health specific to the 0-5 population and 3) to promote the integration of electronic dental and medical records. Therefore, proposed projects in this topical area will be assessed based on the following criteria:

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6 Cal-E-Connect. Meaningful Use Backgrounder: Achieving Meaningful Use,  
http://www.caleconnect.org/content/2010/05/Meaningful-Use.pdf, Accessed August 8, 2011.
• Adoption of a new dental HIT system, enhancement of an existing dental HIT system and/or enhancement an existing medical HIT system to include a dental component
• Develop a plan to identify and establish meaningful use criteria and quality measures for oral health specific to the 0-5 population in LA County
• Demonstrate that adoption and meaningful use of the system will lower cost (or at least not increase cost)
• Demonstrate how the project proposes to improve quality of care and health outcomes for the 0-5 population
• First 5 LA funds can only support activities related to the 0-5 population. Therefore, projects that adopt/implement dental HIT systems that will be utilized for a population that includes both the 0-5 age group and additional age groups (ie. 0-18 age group, children and adults, etc.) must demonstrate there are additional financial resources to support the project.
• Specify the number of connected sites and number of users (in relation to the 0-5 population) for the system
• Specify what specific components and sub-components the dental HIT system will include, ie. electronic dental records, dental practice management and/or digital radiography
• Include a sustainability plan that demonstrates viability of the project once First 5 LA funds are expended. This can include a business model and/or policy plan with key project milestones working with strategic partners and stakeholders on the local, state and federal levels to establish meaningful use criteria and quality improvement measures for the 0-5 population, to ultimately draw down federal incentives such as those authorized through ARRA HITECH
• Include an evaluation plan that demonstrates findings will be used for information sharing with key stakeholders and decision makers to inform changes in policy as needed to sustain efforts
• If the project proposes to integrate dental and medical HIT systems, explain how this integration will help meet project goals and outcomes

2. **Strengthening the Dental Safety Net to Provide Services in Non-Traditional Settings**

First 5 LA seeks to identify effective models which strengthen and improve the dental safety net in Los Angeles County to provide oral health services to children ages 0-5 in non-traditional settings outside of the clinic. First 5 LA recognizes there are a number of promising strategies which support providing services to children in non-traditional settings, such as in Women, Infants and Children (WIC) centers, Head Start sites, school-based and school-linked health centers, and others. Proposed strategies in this program area will essentially bring oral health services to children in places where they already go, rather than relying on parents to bring children into the dental clinic for services.

Therefore, in this program area, First 5 LA seeks to support innovative models that meet the oral health needs of children ages 0-5 in non-traditional settings. First 5 LA is especially interested in those models which demonstrate an ability to provide more comprehensive oral health services to children (prevention and treatment services) in these types of settings. It is fully understood, although, that it may not be possible for the full range of oral health services to be provided in these settings, therefore models should also demonstrate strategies to link and establish children to a dental clinic home for more serious needs and follow-up care.
There are multiple barriers and challenges that FQHC’s, community health centers and other service providers face particularly in regards to reimbursement for services provided in underserved populations. Therefore, projects in this topic area should clearly articulate outreach, recruitment, enrollment and retention strategies for children receiving oral health services through this project, and how various challenges will be addressed to ensure sustainability of proposed programs. A key aspect of these models, therefore, should include strategies for effectively navigating and coordinating care for children ages 0-5.

First 5 LA recognizes the potential of these non-traditional settings to serve as a health home for communities, either directly on-site or through linkages with appropriate agencies and facilities in the community which are in close geographic proximity. Therefore, additional priority will be given to program models that are integrated into settings which also have the capability to provide primary care services, behavioral health services and any other public health services applicable to the age 0-5 population.

First 5 LA also recognizes the emergence of a number of innovative modalities that can support the delivery of care in non-traditional settings, as mentioned above. A recent report\(^7\) on oral health access released by the Institute of Medicine and National Research Council mentions both telehealth technologies and portable equipment as two modalities to provide dental services in underserved communities where significant barriers to receiving care in a traditional dental office setting exist. Because both are relatively newer models for providing care, there is currently a lack of data on the impact on access to care or oral health status. Therefore, by supporting these types of efforts, First 5 LA seeks to identify new ways to increase access to oral health care to the 0-5 population.

Telehealth is the use of Information and Communications Technology – such as video conferencing, the transmission of digital data, Web applications, cell phones and other technologies - to provide health care services at a distance. One application of telehealth – telemedicine – refers to the clinical provision of health care from a provider to a patient. Additionally, a number of school-based telehealth programs are demonstrating the potential to increase access to health care and other needed services for children who were not formerly receiving this care or these services.\(^8\)

Portable dental equipment is another modality that can be utilized to deliver comprehensive dental services to patient populations with minimal or extensive dental needs in non-traditional settings such as those mentioned above. Portable systems are generally characterized as being smaller and more compartmentalized than mobile vehicle systems. Ease of transportability, time efficiencies, and relative lower equipment and overhead costs have been cited as key advantages of portable equipment.\(^9\)


To summarize, proposed projects in this topical area should demonstrate increasing access to dental services for children ages 0-5 in non-traditional settings. Strategies may include, but are not limited to, partnerships between Federally Qualified Health Centers, community health centers, and WIC centers, Head Start sites, school-based and school-linked health centers, and other settings in which children ages 0-5 and their families often go. Furthermore, projects in this topical area may include utilization of innovative modalities such as telehealth and/or the use of portable equipment to facilitate increased access to services for the proposed population.

Therefore, proposed projects in this topical area will be assessed based on the following criteria:

- Clearly articulate the methodology that will be used to provide services to the 0-5 population in non-traditional settings and the specific types of services that will be provided
- Provide comprehensive oral health services to children in non-traditional settings. This can be done by providing services on-site in the non-traditional setting(s) and by linking children to a dental clinic home.
- Demonstrate that the proposed project will lower cost (or at least not increase cost)
- Demonstrate that the project will improve the quality of care and health outcomes for the 0-5 population
- Clearly articulate outreach, recruitment, enrollment and retention strategies
- First 5 LA funds can only support activities related to the 0-5 population. Therefore, projects that provide services to both the 0-5 population and additional age groups (ie. 0-18 age group, children and adults, etc.) must demonstrate additional financial resources to support the project.
- Include a sustainability plan that demonstrates viability of the project once First 5 LA funds are expended. Some examples of this include a business model, policy plan with key project milestones working with strategic partners and stakeholders on the local, state and federal levels, and/or work with health plans to overcome reimbursement/payment barriers, etc.
- Include an evaluation plan that demonstrates findings will be used for information sharing with key stakeholders and decision makers to inform changes in policy as needed to sustain efforts.

Additionally, priority will be given to projects that:

- Utilize innovative modalities such as telehealth and/or portable equipment to deliver services in non-traditional settings. For purposes of this RFP, portable equipment does not include mobile vans.
- Demonstrates that the project model will be integrated within a health home for children ages 0-5, which includes primary care services, behavioral health services, and any other relevant public health services.
III. TERMS OF THE PROJECT

Available Funding
Dental Health Innovation Project awards will support multi-site demonstration projects. Applicants may request up to $1,000,000 for their project for up to a three year period for a maximum award not to exceed a total of $1,000,000 per project. An amount not to exceed $3,000,000 is available for the entire Dental Health Innovation Project and it is anticipated that 3 grants will be awarded. Of these three grants, one will be awarded for topical area 1) Infrastructure Development via Dental Health Information Technology Systems and two grants will be awarded for topical area 2) Strengthening the Dental Safety Net to Provide Services in Non-Traditional Settings.

First 5 LA is interested in supporting projects that implement the proposed model(s) in multiple sites or systems of care. Therefore, all projects must demonstrate they will implement the proposed project via a consortium of clinics, Federally Qualified Health Centers, multi-site community health centers, or other consortia of sites that represent a system of care to the 0-5 population (ie. WIC centers, Head Start sites, school-based and school-linked health centers, etc.).

There must be a lead agency for the project, and the lead agency can be a foundation or grantmaking entity. First 5 LA strongly encourages projects to include a diversity of partners to meet the multiple objectives/goals of the projects. Proposed partners may include policy/advocacy organizations/coalitions, health plans, non-profit agencies, foundations, academic institutions, etc.

First 5 LA grants can be used for staff, contractors, consultants, non-reimbursable services for the proposed population, policy work, evaluation, equipment related to the project, travel, training, etc. Awards can be used to support dental clinic support staff such as Dental Hygienists, Dental Assistants and staff that support the navigation and coordination of care for children ages 0-5.

Final length of contract and available funding will be determined by the contract execution date. Annual expenditures will be negotiated during the finalization of the contract’s Scope of Work and Budget. Yearly contracts with First 5 LA will coincide with First 5 LA’s fiscal year, which ends on June 30th. Annual expenditures will be negotiated during the finalization of the contract’s Scope of Work and Budget. Funds will be granted through monthly invoices based on services rendered and actual expenses.

Contract Period
The first contract period will be approximately six (6) months (estimated contract period (January 2, 2012 — June 30, 2012), contingent upon successful contract negotiations. Each subsequent Contract (including Scope of Work, Budget and Budget Narrative), if awarded, will be renewed on a fiscal year basis covering the periods of July 1st-June 30th.
Contractor shall not be authorized to deliver or commence performance of services as described in the application until the final execution of the contract and written approval has been obtained from First 5 LA. Any performance of services commenced prior to the contractor obtaining such approval by First 5 LA shall be considered voluntary.

**Contractual Obligation**
The selected contractor(s) will be required to adhere to all contractual obligations as outlined in this document, including the First 5 LA Contract (Appendix K) Please note: applicant must be willing to accept all terms outlined in the contract.

*All applications, including all attached documentation, are required to be submitted online by 5:00 pm on October 3, 2011*¹⁰

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IV. ELIGIBILITY, REQUIREMENTS & SUBMISSION GUIDELINES

A. Eligibility Criteria

In order to apply for the Dental Health Innovation Project RFP, organizations and projects must meet the following general criteria:

- Lead applicant must be a nonprofit organization that has evidence of tax-exempt status under Section 501(c)(3); or if the applicant organization lacks nonprofit status, the applicant must have a nonprofit 501(c)(3) organization serving as fiscal sponsor.

- Applicant must serve residents of Los Angeles County.

- Applicant’s project must ultimately benefit underserved children prenatal through five.

- Applicant must impact three or more of First 5 LA’s OHN project’s objectives:
  - Increase from baseline the percent of children 0 through 5 years of age who have access to oral health care resources
  - Increase from baseline the percent of children 0 through 5 years of age who receive preventive dental services
  - Increase from baseline the percent of children 0 through 5 years of age who receive therapeutic dental services
  - Increase percentage of providers who are trained to conduct preventive screening, assessment and therapeutic dental services to children 0-5 years of age
  - Increase the percentage of parents/families’ knowledge of early childhood oral health needs & milestones.

- Applicant must demonstrate how they plan to impact the Center for Medicare and Medicaid Innovation goals to:
  - Lower cost (or at least not increase cost)
  - Improve quality of care and health outcomes

- Applicants must demonstrate that the proposed project will be implemented in a consortium of clinics or other consortium of sites that represent a system of care to the 0-5 population.

- Applicants must choose one topic area for the project and demonstrate how they meet the specific criteria for that topical area. For details on specific criteria for each topical area, please refer to Section II. C. of the RFP.

B. Proposal Content

First 5 LA requires submission of proposals using First 5 LA’s online system accessed from the Dental Health Innovation Project website at http://www.first5la.org/Dental-Health-Innovation-Project-RFP. Applicants are strongly encouraged to participate in the teleconference call/webinar before submitting a proposal where information about how to use this system and proposal requirements will be reviewed. Information about the
teleconference call/webinar is listed in the next section. Please carefully review the following requirements for proposal content.

1. **Online Application Form:** This online form, accessible from the Dental Health Innovation Project website, must be completed prior to submitting the Proposal Narrative. Enter Executive Director’s name, address and other requested information. Complete all other required questions with respect to First 5 LA funding status, project eligibility, and organizational and project information.

2. Application Checklist: The application checklist must be signed by an authorized signatory and included as part of the RFP.

3. **Proposal Narrative:** The Proposal Narrative must be uploaded in a Word or PDF document using the online proposal system on the Dental Health Innovation Project website. No hard copies of the Proposal Narrative will be accepted. Responses cannot exceed 8 pages double spaced. The description must address the following:

   - A brief description of the lead organization’s history, most recent accomplishments and experience working with proposed population
   - Demonstrate capacity to implement project, work with partners, oversee any administrative activities related to sub-contracting work. Include previous experience working with proposed partners.
   - A brief statement of need focusing on the population your project intends to serve;
   - A description of the program, including objectives, goals, major activities, and deliverables, such as number of children that will be reached.
   - A description of all key staff and partners that will work on and/or participate in this project, including their titles, each person’s role, responsibilities, expertise and timeline for work, as it relates to this project. The person(s) who will have the primary responsibility of coordinating the project must be identified. If new staff will be hired for the project, include job qualifications, descriptions, and hiring timeline, as an appendix to the proposal.
   - Please list all other funding sources and amounts for the proposed project.\(^{11}\)
   - **Applicants must also demonstrate how they meet the general review criteria in Section V. B. of the RFP.**
   - **Applicants must demonstrate how they meet the specific criteria for the topical area selected in Section II. C. of the RFP.**

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\(^{11}\) Examples of leveraged funds for the project include direct funding from other funders, reimbursements for services provided, and funds utilized for the same program but serving the 6-18 age groups and/or the adult population. Timelines for leveraged funds should overlap with those of the proposed program. Funds can also be “in-kind” contributions including space, donated equipment and volunteer labor and staff time that are used to produce the outcomes related to the project/program being funded by First 5 LA. A clear justification for all in-kind expenses should be provided by potential partners as a part of the budget narrative. **First 5 LA reserves the right to request, once contractors have been selected, verification of funds that will be used for the project/program being considered by First 5 LA that stipulates the amount being awarded and timeline for the project/program.**
4. **Proposed Budget (6 months):** Applicants must submit a project budget using the attached budget worksheet (Appendix B) for the time period January 2, 2012-June 30, 2012. Refer to the instructions provided in Appendix C to complete the Project Budget Forms provided in Appendix B.

5. **Budget Narrative (6 months):** The Budget Narrative should be included in a separate document. The Narrative should explain each of the line items contained in the project budget, relate expenses to specific activities, and indicate the project year associated with each cost. A sample budget narrative is included in Appendix O.

6. **Projected Multi-year Budget Summary:** Please complete a projected budget summary (Appendix D) which covers the full contract period. Please reference the attached Budget Instructions (Appendix C) when completing the templates.

7. **Resumes:** Provide detailed professional resumes and job description(s) if applicable for the key staff expected to work on the project, outlining all relevant work history, education, publications, prior research projects, etc. If applicable, provide resumes for subcontractors as well.

8. **Letter(s) of Intent:** If the applicant will seek other partners to jointly carry out the proposed project, Letters of Intent will be required as a part of the application process, specifying understandings, agreements, resources and responsibilities of and between each of the partners. After the proposal review process, Memorandums of Understanding will be required.

9. **References (minimum of three, maximum of five. No more than 6 pages total):** References may be from colleagues, current or former clients, or peers. Each reference should include name, company, address, phone number, email, length of time known, and a short statement about your relationship. In addition, written statements from each reference may be included. First 5 LA must be able to contact at least two (2) of the references provided by the applicant. If two (2) references cannot be reached within a timely manner (no more than three attempts, no longer than one week), First 5 LA may deem the applicant ineligible for this opportunity.

10. **Board of Directors:** Provide the most recent member roster for the organization’s Board.

11. **First 5 LA Required Documents:**

   a) **Signature Authorization Form (Appendix F)** – Signature is required by the staff person that has the authority to make commitments of work such as the Executive Director or Board President. See Appendix C on the Matching Funds website for the required form. Applicants must submit one original form signed in blue ink.

   b) **Agency Involvement in Litigation and/or Contract Compliance Difficulties (Appendix E)** – Please read the information on the required form thoroughly and sign. An unsigned form or its omission will constitute an incomplete application and will be grounds for disqualification. Applicants must submit one original form signed in blue ink.
12. **Proof of 501(c)(3) status:** Please include the organization’s IRS Tax Status Determination Letter.

13. **Bylaws:** Please include a copy of the organization’s Bylaws.

14. **Articles of Incorporation:** Please provide the organization’s Articles of Incorporation.

15. **IRS W-9 Form:** Organizations need to fill out and submit a completed IRS W-9 Form. Please see Appendix N or use the following link to download the form: http://www.irs.gov/pub/irs-pdf/fw9.pdf.

16. **Most recent audited financial statements (including management letter) and IRS Form 990**

C. **Contractual Documents**

These documents are for review only and should not be submitted with the proposal. Successful applicants will move into the contract negotiation phase which will entail the development of several contractual documents. Applicants should review these documents or requirements prior to proposal submission.

1. **Scope of Work (Appendix K):** Please review the attached Sample Scope of Work. While it is not required to be completed for the proposal, it will be completed during contract negotiation for the organizations selected to receive funding.

2. **Sample Contract (Appendix J):** It is highly recommended that applicants review the Sample Contract prior to submitting a proposal in order to be aware of what will be expected of selected contractors. Selected applicants must be able to comply with all of the contract provisions.

D. **Proposal Assistance**

First 5 LA will host a teleconference call/webinar on **September 13, 2011 from 10:00 a.m. to 12:00 p.m. PST.** Applicants are strongly encouraged to participate on the call to learn information about the Dental Health Innovation Project RFP requirements and process and to receive instruction in developing a proposal using the online system, and completing First 5 LA required budget forms. The workshop will review the Proposal Narrative and other components, and highlight what to expect following the proposal submission, review, and selection process. Applicants may register up to two participants from each organization at the Dental Health Innovation Project website. To register, email the name and title of each attendee as well as the organization’s name to Reena John, Program Officer at rjohn@first5la.org no later than **September 9, 2011.**

E. **Submission Guidelines**

The Proposal Checklist at the end of the RFP provides a complete list of the required proposal items. The Signature Authorization Form (Appendix F) and Agency Litigation

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12 If audited financial statements are not available for your organization, provide a written explanation as to the reason along with IRS 990 Forms for the last three fiscal years. Your organization may also be subject to additional financial reporting requirements and conditions if a grant is awarded.
Form (Appendix E) must be submitted in hard copy form with original signatures in blue ink by mail or hand delivered to:

Evelyn V. Martinez, Chief Executive Officer
First 5 LA
750 N. Alameda Street, Suite 300
Los Angeles, CA  90012
Attn: Reena John, Program Officer, Dental Health Innovation Project RFP

All other proposal documents must be submitted electronically and should be completed through the online system by 5:00 p.m. on October 3, 2011, to be eligible for review. Please register early online in order to become familiar with the system. It is highly recommended that after entering your proposal you print a “printer-friendly version” of the online proposal form and review it carefully prior to submission. The printed version should be kept for your records, and will include a list of the proposal components that were attached. If the attachment is not listed, it was not successfully submitted.

If you experience any technical difficulties with submission of the proposal, you may email rjohn@first5la.org or call (213) 482-7506 for support. **First 5 LA is not responsible for delays due to computer malfunction, or if applicants have problems with the First 5 LA online system. Late proposals due to technical difficulties will be considered late and will be ineligible for review.** Please allow additional time to account for unexpected delays.

**V. REVIEW PROCESS AND CRITERIA**

Eligible projects must be in line with the guidelines, requirements and criteria for the Dental Health Innovation Project RFP. Please keep in mind that this is a competitive proposal review process and only a limited number of organizations can be funded.

The review process is outlined below. First 5 LA reserves the right to modify the review process at any time if necessary. First 5 LA reserves the right, without prejudice, to reject any or all submitted proposals. An appeals process is not available — all decisions of First 5 LA are final.

A. **Review for Completeness** – First 5 LA staff will evaluate all applications for completeness and minimum qualifications as described in the Initial Review Tool I (Appendix G). Basic requirements include: timely receipt of application, inclusion of all appropriate attachments, etc. Applications with omissions of any required documentation are subject to disqualification. Applicants may use the Application Checklist (Appendix A) as an aid in preparing the application. Please note that the Application Checklist is merely an aid. Late or incomplete proposals will not be accepted.

B. **Programmatic Review** – After the review for completeness, the applicant’s proposal will be evaluated and scored by a panel of three external reviewers. Please also refer to the External Review Tool II, Topic Area 1 and 2, that external reviewers will use to assess proposals (see Appendix H and I).

*R**eview Criteria*

The following criteria will be used to assess the strength of the proposals.
• Degree to which the project targets underserved children prenatal to five years of age
• Degree to which project demonstrates geographic diversity of proposed project
• Degree to which project builds on previous demonstrated success via pilot or demonstration projects
• Degree to which lead applicant demonstrates experience working with proposed partners
• Degree to which project demonstrates experience working with proposed population
• Degree to which project meets three out of five Oral Health and Nutrition Project objectives
• Degree to which project demonstrates capacity to implement project, work with partners, oversee administrative activities related to sub-contracting work (ie. skills, experience)
• Budget forms – clarity, completeness and applicability to proposed project
• Degree to which project meets criteria for specific topical areas (see specific criteria in Section II. C.)

C. Compliance and Duplication – If the applicant has current or previous First 5 LA funding, compliance with and successful implementation of those prior and/or current grants will be considered. Applicants, regardless of past or current funding, cannot be funded for activities similar to those within the scope of work of an existing First 5 LA investment.

D. Project Budget Review – Project budgets will be reviewed for thoroughness and appropriateness based on the proposed activities and timeline.

E. Financial Review – Applicants will be reviewed to assess fiscal health in relationship to their capacity to implement the proposed project and manage the proposed budget.

F. Site Visit – Staff will conduct site visits of all qualified proposal applicants to gain additional knowledge regarding questions that may arise during programmatic or financial review.

G. Feedback Process - Proposal applicants who are declined may receive feedback if requested within two weeks of declination notification. There will be no consideration of appeals. Further details regarding the feedback process will be provided following the proposal review.
VI. APPLICATION CHECKLIST

Refer to Proposal Narrative and Submission Guidelines requirements for complete information about required application content and requirements. Online Applications must be completed and documents must be submitted online by 5:00 p.m. on October 3, 2011. Hardcopies of Signature Authorization Forms and Organizational Litigation forms also need to be received by First 5 LA by 5:00 p.m. on October 3, 2011.

Please note that incomplete proposals will be considered ineligible for review. A proposal is incomplete if any of the following documents are not submitted:

☐ Application Checklist

☐ Online Application Form-completed on-line

☐ Proposal Narrative

☐ Résumé or Curriculum Vitae for key staff

☐ Proposed 6-month Budget

☐ Budget Narrative (for Proposed 6-month Budget)

☐ Projected Budget Summary

☐ Previous Clients/References

☐ Agency Involvement in Litigation and/or Contract Compliance Difficulties

☐ Signature Authorization Form

☐ Letter(s) of Intent for project partners (if applicable)

☐ IRS Account Determination Letter

☐ Business License, if applicable

☐ Current Audit/Financial Statements or IRS Form 990

☐ W-9

☐ By-Laws (if applicable)

☐ Articles of Incorporation (if applicable)

☐ Board of Directors or List of Partners, as applicable

☐ Evidence of Insurance
VII. CONTRACTUAL CONSIDERATIONS

Specific contractual considerations, including but not limited to the following, apply to Request for Proposals (RFP) submission process and project implementation and to any contracts that result from the submission and implementation of the project/proposal. The contractor will need to comply will all of the provisions in the attached sample contract (See Sample Contract, Appendix J).

A. Conflict of Interest

The selected Contractor will be required to comply with the COMMISSION’s Conflict of Interest provisions, as outlined in the contract, and as applicable under California Law. Contractor acknowledges that he/she/it is acting as public official pursuant to the Contract and shall therefore avoid undertaking any activity or accepting any payment, employment or gift from any third party that could create a legal conflict of interest or the appearance of any such conflict. A conflict of interest exists when one has the opportunity to advance or protect one’s own interest or private interest of others, with whom one has a relationship, in a way that is detrimental to the interest, or potentially harmful for the integrity or fundamental mission of the COMMISSION. Contractor shall maintain the confidentiality of any confidential information obtained from the COMMISSION during the Contract and shall not use such information for personal or commercial gain outside the Contract. By agreeing to the Contract and accepting financial compensation for services rendered hereunder, Contractor agrees that he/she/it will not subsequently solicit or accept employment or compensation under any program, grant or service that results from or arises out of the funded project and related initiative(s). During the term of the Contract and for one year thereafter, Contractor will not knowingly solicit or accept employment and/or compensation from any COMMISSION collaborator or Contractor without the prior written consent of the COMMISSION.

B. Compliance

Current/Former grantees and/or Contractors must be in good standing and in compliance with all aspects of their contract with the COMMISSION in order to be eligible to apply for the current RFP. The COMMISSION may deem an applicant ineligible if it finds in its reasonable discretion, that applicant has done any of the following, including but not limited to: (1) violated any significant terms or conditions of Grant Agreement/Contract; (2) committed any act or omission which negatively reflects on Applicant’s quality, fitness or capacity to perform services listed in RFP with the COMMISSION or any other public entity, or engaged in a pattern or practice which negatively reflects on the same; (3) committed an act or offense which indicates a lack of business integrity or business dishonesty; or (4) made or submitted a false claim against the COMMISSION or any other public entity.

C. Contract Information

1. The COMMISSION may, at its sole discretion, reject any or all submissions in response to this RFP. The COMMISSION also reserves the right to cancel this RFP, at its sole discretion, at any time before execution of a contract. The COMMISSION shall not be liable for any costs incurred in connection with the preparation of any submissions in response to this RFP. Any cover letters, résumés, and/or curriculum vita, including attached materials, submitted in response to this RFP shall become property of the COMMISSION and subject to public disclosure.
2. The agency/organization submitting an application agrees that by submitting an application it authorizes the COMMISSION to verify any or all information and/or references given in the application.

3. The COMMISSION reserves the right, after contract award, to amend the resulting contract, scope of work, and any other exhibits as needed throughout the term of the contract to best meet the needs of all parties.

4. The COMMISSION reserves the right to request additional financial information to verify applicant’s past and current financial status. This information includes, but is not limited to: the most recent independent audit ending Calendar Year 201009 Fiscal Year June 30, 2010, Cash Flow Statement, Statement of Activities (Income Statement), and Statement of Financial Position (Balance Sheet).

5. Consistent with the intent of Proposition 10: California Children and Families Act of 1998, no monies for this Project may be used to supplant Federal, State, County and/or other monies available to the organization for any purpose. Activities funded under this proposal must be new or enhancements to existing activities.

6. The award of a contract by the COMMISSION to an individual/agency/organization that proposes to use subcontractors for the performance of work under the contract resulting from this application process shall not be interpreted to limit the COMMISSION’s right to approve subcontractors, assemble teams and/or assign leads. Each applicant will be evaluated independently for added value to the overall team. A copy of executed subcontract(s) related to Program funding must be provided to the COMMISSION.

7. The selected Contractor will be required to sign the contract at least two (2) weeks prior to the intended start date of the contract, as outlined in Terms of Contract section, to assure the timely completion of the signature process by all parties. If the contract is not signed prior to the intended start date, the commencement of any activities under the Exhibit A – Scope of Work will not begin until the contract execution date (the date all parties have signed the contract) and Contractor will not be eligible to obtain reimbursement for any costs incurred prior to the contract execution date, unless otherwise approved by the COMMISSION in writing. If this Contract is not signed within the thirty-day (30) period from the intended start date, the COMMISSION has the right to withdraw the contract award. Any agreed upon changes to the intended start date must be confirmed in writing by both parties.

8. Unless otherwise submitted during the application process, the selected Contractor will be required to submit the required documentation listed on the Contractor Checklist, which includes, but not limited to, the following documents before the Contract can be fully executed:

- Agency Involvement in Litigation and/or Contract Compliance Difficulties Form
- By-laws (if applicable)
- Articles of Incorporation (if applicable)
- Board of Directors or List of Partners (as applicable)
- Signature Authorization Form
- Form RRF-1 (required and filed annually with the California Attorney General’s Registry of Charitable Trusts) and IRS Form 990 (if applicable)
- Annual Independent Audit for prior fiscal year or calendar year (if applicable)
Appropriate business licenses (for vendors or private organizations)
- IRS Letter of Determination (if applicable) or completed IRS Form W-9
- Memorandums of Understanding (for any sub-contractors, collaborators, and/or partners listed under Contracted Services and Evaluation sections of Exhibit B – Budget Forms)
- Certificates of Insurance for all insurance requirements outlined in the contract.

9. Per the COMMISSION’s Policy and Guidelines for Hiring Consultants (Section 7), the total composite rate for a Consultant may not exceed $150 an hour. This means that the total cost of billable hours associated with a contract divided by the total number of hours billed must be equal to or less than $150. A blended rate is allowable. For example, for a contract totaling $150,000, a consultant may bill 500 hours for Consultant A at $200/hour, and 500 hours for Consultant B at $100/hour, with a total composite rate of $150/hour (1,000 total hours divided by $150,000 in billable hours = $150/hour).

10. The sample contract and contracting requirements are attached (See Sample Contract, Appendix J). If successful, the Contractor will be required to meet all of the terms and provisions set forth in these documents and within the timeframe identified.

VIII. APPENDICES

All Appendices are included as separate attachments, and are accessible via First 5 LA's Dental Health Innovation Project website at http://www.first5la.org/Dental-Health-Innovation-Project-RFP.