

**Vermont Department of Health**  
Health Equity and Community Design Technical Assistance Pilot  
In partnership with Vermont's Better Places Program

**Request for Proposals (RFP) and Proposal Guidance**

<b>Project Title:</b>	Health Equity and Community Design Technical Assistance Pilot in partnership with Vermont's Better Places program
<b>Anticipated Grant Period:</b>	July 1, 2022 - June 30, 2023
<b>Date RFP Issued:</b>	April 11, 2022
<b>Proposals due:</b>	<b>Friday May 13, 2022, at 4:30 PM</b>
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# I. Project Overview

## 1.1 Background

The Vermont Department of Health (VDH) has been awarded a grant from the Centers for Disease Control and Prevention (CDC) to address COVID-19 health disparities among populations that are at high-risk and underserved, including racial and ethnic minority populations and rural communities. These groups include, but are not limited to people of color, indigenous peoples, refugees and English language learners, LGBTQ+, people experiencing homelessness, Vermonters who are justice-involved, people living with disabilities and people living in rural communities. These groups are referred to as “priority populations” in this RFP. Funds from this grant will be deployed for strategies to:

- Support communities to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved
- Mobilize partners and collaborators to advance health equity and address [social determinants of health](#) as they relate to COVID-19 health disparities among populations at higher risk and that are underserved
- Provide support, additional capacity, and resources to historically marginalized and underrepresented “priority population” communities to engage community members in a collaborative process to co-develop, co-design, and implement local placemaking projects that are inclusive, equitable, and healthy in partnership with Vermont’s Better Places program.

## 1.2 Purpose

VDH is partnering with the Vermont Department of Housing and Community Development (DHCD) to pilot a Health Equity and Community Design Technical Assistance (TA) Pilot. The TA Pilot will provide extra capacity and resource to communities to develop healthy community design and placemaking plans and ideas, that center on equity. The TA will be available to all eligible communities to help advance healthy community design and health equity projects. The TA will also help prepare communities that are interested in, but not yet ready to apply for, the Better Places crowdfunding grants.

The Health Equity and Community Design Technical Assistance (TA) Pilot will:

1. Assess the barriers and needs in the built environment for centering [health equity](#) in community design projects;
2. Provide historically marginalized and underserved communities/populations access to services such as community designers, landscape architects, planners, community engagement specialists, community artists, outreach and marketing specialists, disability consultants, language translators, and public health and health equity experts to develop community-driven neighborhood/village health equity and placemaking ideas, designs, and project plans focused on improving public spaces to make communities more inclusive, welcoming, and connected, and;
3. Create resources and trainings to offer learnings and resources to all Vermont communities.

## 1.3 Definitions

For the purposes of this funding:

[Healthy Community Design](#) means planning and designing communities to make it easier for people to live healthy lives. Environments that support active living, social or community engagement, and expand access to healthy and affordable foods, are essential for good health. Healthy community design incorporates changes to the physical environment, infrastructure, and local policies of a designated place to improve the populations health outcomes.

[Health equity](#) exists when all people have a fair and just opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, historical injustice, and other systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability.

[Better Places](#) is a community matching grant program empowering Vermonters to create inclusive and vibrant public places serving Vermont's [designated downtowns, village centers, new town centers, or neighborhood development areas](#). The program is led by the Vermont Department of Housing and Community Development in partnership with the Vermont Department of Health, the Vermont Community Foundation, and Patronicity, Vermont's crowdfunding experts. The program supports community-led projects that create, revitalize, or activate community gathering areas that bring people together to build welcoming and thriving places across Vermont.

[Placemaking](#) is the process of co-creating quality places in which people want to live, work, play, and learn. Placemaking takes into consideration community design (such as location and quality of parks, trails, sidewalks, bike lanes, food outlets), quality of housing, access to healthier food, conservation of, and access to natural and sustainable environments, and transportation options. Healthy community design and placemaking tackle preventable disease by shaping the built environment so that healthy activities and experiences are integral to people's everyday lives.

[Built Environment](#) includes all the human-made physical spaces where we live, recreate and work. These include buildings, furnishings, open and public spaces, recreation, roads, utilities, and other infrastructure that may be present or not, and in good condition or not. The built environment can influence overall community health and individual behaviors such as physical activity, healthy eating, and social interactions.

#### 1.4 Amount and Source of Funding

VDH will make a one-time **\$500,000 grant** to pilot a team of expert advisors from different fields to establish a Health Equity and Community Design Technical Assistance (TA) Pilot in partnership with the Vermont Better Places program that will:

1. Contribute to the state's knowledge about barriers in the built environment for high priority populations to participate in their local community amenities, public spaces, programming, and events that support healthy lifestyles.
2. Aid underserved, under-resourced, and traditionally excluded communities to improve their capacity to apply for future healthy community design projects through Better Places or other funding opportunities.
3. Develop a Healthy Community Design and Equity Placemaking guidebook and training modules to share lessons learned and best practices from the TA communities and transfer knowledge to other Vermont communities and supporting organizations.

#### 1.5 Grant Period

Grants arising from this RFP will be for an anticipated period of 12-months with an option to amend the agreement for additional time, depending on whether the State receives a no-cost extension from the CDC. The State currently anticipates the work period for this award will be July 1, 2022, through May 31, 2023.

## 1.6 Single Point of Contact

All communications concerning this RFP are to be addressed in writing to Suzanne Kelley at [suzanne.kelley@vermont.gov](mailto:suzanne.kelley@vermont.gov). Actual or attempted contact with any other individual from the State concerning this RFP is strictly prohibited and may result in disqualification.

## 1.7 Project Coordination and Management

The TA Pilot will work closely with VDH, DHCD, and the Better Places program to coordinate activities, work products, technical assistance, and outreach. In coordination with VDH and DHCD, the Grantee shall work with a TA Pilot advisory group throughout the process. The advisory group includes representatives from Vermont state agencies, AARP-VT, the Vermont Arts Council, Vermont League of Cities and Towns, and the Vermont Regional Planning Commissions.

## 1.8 Suggested Budget

### **\$50,000 – Health Equity and Community Design Assessment and Report**

Conduct a baseline assessment and analysis to understand the barriers for participation in the built environment by priority populations and develop recommendations and strategies regarding how placemaking, community design, and state and local policies, programs, and projects can help address these barriers.

### **\$300,000 – Technical Assistance to Communities**

Offer up to 80 hours of targeted on-demand technical assistance to each of 20-35 communities to prepare them to apply for larger grants in the future, including Better Places funding. This may include assistance with equity services, stakeholder engagement, workplan development, community outreach and engagement, communications and marketing, capacity building, grant-writing support, and project design and development.

### **\$50,000 – Health Equity Ambassadors**

Stipends to support Better Places Equity ambassadors (local trusted voices) in each of the local TA-served communities to help manage the local process, navigate the community issues and opportunities, facilitate community and stakeholder engagement, and work with VDH, DHCD, and TA Pilot consultants on developing local ideas, plans, and actions.

### **\$75,000 – Healthy Community Design and Equity Placemaking Guidebook**

Reflecting on the baseline assessment, stakeholder engagement, and work with 20+ towns, develop a Healthy Community Design and Equity Design and Placemaking guidebook to share lessons learned and best practices. The guidebook will include barriers in the built environment and strategies and best practices to overcome those barriers through placemaking and healthy community design.

### **\$25,000 – Training Modules and Outreach Program**

Develop training modules and conduct outreach to towns, local volunteers, and partners who are leading this work across the state to share lessons learned and best practices. This may be an in-person meeting and 'celebration', pre-recorded training modules, or a combination of both.

## II. Suggested Scope of Work

VDH has partnered with the Vermont Better Places program to help further health equity in the built environment through empowering communities to develop healthy community design and placemaking projects and initiatives. The scope of work is broken up in four phases:

- **Task One** – Develop a TA Pilot approach and project management plan to ensure the TA Pilot meets all milestones, deliverables, and schedules. The TA Pilot lead consultant will be responsible for all tasks, including coordinating the activities of sub-consultants, VDH and DHCD, the advisory group, and work with 20-35 communities.
- **Task Two** – Conduct a health equity and community design baseline assessment and develop a report on how placemaking and healthy community design can help address barriers for participation in the built environment.
- **Task Three** – Develop and implement a technical assistance Pilot to provide specialized and on-demand support to 20-35 communities.
- **Task Four** – Create a Health Equity and Community Design Guidebook, provide marketing and outreach, and share training to transfer the knowledge to all Vermont communities. The training will inform state leaders of the equity related barriers in the built environment and offer statewide and local solutions to overcome those barriers.

The scope of work described herein conveys minimum expectations of the consultant and a general approach to implementing the Health Equity and Community Design Technical Assistance (TA) Pilot. VDH will consider proposals that offer supplemental deliverables, suggest alternative or creative strategies and/or offer an entirely different and creative approach to implement the Technical Assistance Pilot and achieve the program goals and outcomes described herein.

### 2.1 TASK ONE: PROJECT INITIATION, MANAGEMENT, AND EXECUTION

As directed by VDH and DHCD, the Grantee will participate in activities to ensure that the project meets all milestones and schedules. The consultant will be responsible for coordinating the activities of any sub-grant consultants involved in the project. The Grantee will be expected to:

- Develop a project management plan, which outlines the schedule for completing the baseline assessment, technical assistance, and guidebook.
- Assure all activities and projects are centered around health and equity.
- Coordinate all activities and tasks with VDH and DHCD and provide quarterly progress and financial reports.
- Coordinate and manage all activities of sub-grantees, including technical assistance offered, community engagement, and billing and invoicing.
- Identify, coordinate, and develop local TA assistance with 20-35 towns to ensure their TA services are well-defined, targeted, and within scope and time allocations.
- Work in alignment and in support of the Better Places program to help develop local placemaking and community design projects and proposals for implementation.

### TASK ONE: EXPECTED DELIVERABLES AND REPORTING

All deliverables must be in hard copy and digital formats. Also, the Grantee shall provide the editable files (.docs, .xls, .indd, .ai, .psd, etc.) for all reports, marketing material, and local plans.

- TA Pilot project management plan that includes the approach, schedule, and defined TA services for local communities.

- Quarterly reports on TA Pilot work products, technical assistance, outreach, and coordination
- Engage, coordinate, and collaborate with VDH, DHCD, and TA Pilot advisory group to review and inform the TA Pilot approach and work on an on-going basis.
- Project management and coordination, including quarterly progress reports for each task and invoices.

## 2.2 TASK TWO: HEALTH EQUITY AND COMMUNITY DESIGN ASSESSMENT AND REPORT

The TA Pilot will lead an assessment to inform the work in Tasks 3 and 4, below. The assessment will include engaging with priority populations and conducting a baseline assessment to understand the barriers for participation, or not, in the built environment, placemaking, and local decision-making. Based on findings, develop recommendations and strategies regarding how placemaking and community design can help address the barriers both at the local level and state level. These recommendations should focus on how to improve health equity via the built environment among the priority populations. The baseline assessment shall include:

- Conducting a preliminary scan of Vermont specific literature, state and local policies, programs, and investment to identify common health equity issues or opportunities that influence the built environment.
- Identifying and conducting interviews and/or focus groups with at least 3 members of each priority population and/or supporting organizations to learn directly how the built environment supports or inhibits their community and personal health.
- Identifying and engaging people and organizations who have experienced systemic racism and community disinvestment in the built environment and share findings and impacts of these barriers and challenges of disinvestment.
- Examining built environment barriers that prevent physical access to personal or community health because of either quality, condition, or location.
- Reviewing and evaluating state policies, programs, and funding for placemaking and healthy community design that impact access and participation in the built environment.
- Documenting best practices or missed opportunities for priority populations to participate in the planning and decision-making process for the built environment.
- If available, using existing health impact assessments and community health needs assessments to understand how populations are disproportionately affected by particular health challenges in the built environment or could be affected by new developments or policies and programs.
- Documenting and analyzing health inequities in the built environment and share findings on how they came to be, their current impact, and develop strategies to help alleviate inequities and support a more equitable built environment.
- Developing a report on findings that includes recommendations, strategies, programs, and policies on how community design and placemaking can help address these barriers at the local and state level.

## TASK TWO: EXPECTED DELIVERABLES AND REPORTING

- Quarterly report that includes progress on assessment: resources used, groups or people consulted, drafts of interview questions and responses, draft reports, case studies, fact sheets, and supporting collateral documents and analysis.

- Final report documenting analysis, engagement, and best practices with (at least 10) specific, actionable recommendations regarding how placemaking and community design can help address healthy community design and equity barriers both at the local level and state level.

### 2.3 TASK THREE: TECHNICAL ASSISTANCE AND SUPPORT TO COMMUNITIES

The TA Pilot will provide specialized, on-demand support and guidance to local communities in Vermont on healthy community design and placemaking issues and opportunities to help develop local projects that further this work. With the assistance of VDH and DHCD, 20-35 communities will be identified as eligible and vetted for TA. All projects will have a health equity and healthy community design focus or goal. The TA Pilot, in coordination with VDH and DHCD will help develop processes and approaches to market to, recruit, and identify eligible communities in support of the TA Pilot's services. Many communities will be identified by DHCD during the Better Places [pre-flight consultation](#) and some may reach out to VDH, DHCD or the TA Pilot directly. Identified communities will fill out a short application to be matched with the appropriate TA Pilot consultant(s).

Develop a consultant team of local equity ambassadors (see below), designers, community engagement and outreach specialists, artists, placemaking experts, disability experts, grant writers, and health equity and public health professionals to provide “on-call” design and TA services. Services will include activities such as:

- Helping communities build local capacity, understanding, and leadership for healthy community design and placemaking projects that further health equity and public health.
- Developing a local project intake process that includes local engagement, coordination with VDH and DHCD, and alignment with the Better Places program implementation grants.
- Developing a local project management plan that includes key deliverables and support mechanisms to advance local healthy community design and placemaking projects forward through a robust and inclusive community engagement process.
- Assisting with project design, development, community engagement, communications, and management plans for healthy community design and placemaking projects.
- Helping develop viable projects that overcome equity barriers while improving the built environment through placemaking, healthy community design, and inclusive community engagement.
- Working with local leaders to engage the community, advance their placemaking idea through a collaborative process, assist with grant writing and project development, and prepare them to apply for a Better Places implementation grant.

Examples of the technical assistance needed and offered may include, but not limited to:

- Developing and implementing inclusive outreach and engagement strategies to collaboratively develop local healthy community designs or placemaking projects.
- Designing and developing concepts and plans for specific public space and placemaking projects that further health equity and healthy community design.
- Conducting engagement sessions for each of the TA communities to understand issues and barriers, that may include cultural differences, need for language interpretation and translation, ADA related needs such as large print, ASL, captioning, wheelchair accessible venues, and help collaboratively develop the project idea, engage the community through participatory and inclusive outreach, and prepare the project team to apply for Better Places.



- Offering office hours to provide on-demand technical assistance, project coaching, and on-call support to local communities, organizations, and populations working on placemaking, community design, and health equity work.
- Conducting monthly podcasts or learning opportunities to promote and facilitate peer-to-peer learning in healthy community design, placemaking, and health equity in the built environment.
- Conducting accessibility audits and reviewing current practices, initiatives, and facilities to identify barriers and opportunities to build more accessible places and communities.
- Providing technical support and resources to help local healthy community design and placemaking projects garner local support and obtain necessary local and state permit approvals and permissions.
- Facilitating local conversations and meetings to help build local capacity and understanding about healthy community design and placemaking.
- Coordinating local projects and outreach activities with state, regional, and local partners.

The TA Pilot will coordinate State support and staff assistance as needed, including support from VDH and DHCD, Regional Planning Commissions (RPCs), VLCT, downtown organizations, VDH Offices of Local Health, etc. to be part of the local process, as needed.

**The TA Pilot will recruit and utilize local Health Equity Ambassadors** for each project in coordination with VDH and DHCD. The Health Equity Ambassadors are similar to Community Health Workers, CHWs, but will have specialized interest and expertise in the work of this Pilot.

In Vermont, the Southern Vermont Area Health Education Center (SVTAHEC), in collaboration with the Vermont Department of Health, is developing a statewide [Community Health Worker](#) (CHW) Network to unify the voices of CHWs and strengthen the profession's capacity to promote healthy communities in Vermont. The Health Equity Ambassadors will be invited to participate in the CHW Network and other workforce development opportunities that could support their connection and capacity to complete this work.

The Health Equity Ambassadors will support each of the local TA-served communities to help manage the local process, navigate the community issues and opportunities, facilitate community and stakeholder engagement, and work with VDH, DHCD, RPCs, and TA Pilot consultants on developing local ideas, plans, and actions. The Health Equity Ambassadors will:

- Be trusted leaders from the special populations
- Have a close understanding of the community being served
- Use a person-centered approach to build trusting relationships among the community's special populations and other community members and leaders
- Have interest or expertise in health, wellness, community design, and placemaking
- Be invited to lead, co-lead or participate in all community meetings and conversations
- Conduct outreach, review projects, plans, language and visuals used in plans, signs, guidebooks, trainings, collateral materials, etc.

### **TASK THREE: EXPECTED DELIVERABLES AND REPORTING**

- Quarterly report describing name of community, work task completed, equity issue(s) or special population(s) being addressed and included, type(s) of TA provided, number of hours, barriers or successes experienced, how Equity Ambassadors were engaged with the project.

- Local support, plans, and engagement with 20-35 communities with plans and approaches to apply for Better Places implementation funding

## 2.4 TASK FOUR: HEALTH EQUITY AND COMMUNITY DESIGN GUIDEBOOK, OUTREACH, AND TRAINING MODULES

VDH and DHCD are committed to ensuring that other Vermont communities and state leaders benefit from this work. To assist VDH and DHCD in this work, the TA Pilot will be responsible for developing resources to transfer lessons learned and best practices, including:

- Based on the assessment and TA process, developing a guidebook and collateral communications pieces (Fact Sheets, Success Stories, Community Spotlights) that includes learnings and best practice recommendations to transfer the knowledge to all Vermont communities, and to inform state leaders of the barriers in the built environment and offer statewide and local solutions and policies to overcome those barriers.
- Providing strategies, policies, programs, and funding recommendations to help support the long-term viability and sustainability of the TA Pilot to help ensure this work can move forward beyond the CDC grant funds.
- Developing training modules and conduct outreach to leaders and partners across the state, to share best practices with State leadership and other VT communities.
- Sharing the guidebook and training modules during a half-day healthy community design symposium that includes all the TA communities to share peer-to-peer learning opportunities, share local project examples, and engage TA communities to learn what worked, what could be improved, and strategies to do this work better.

## TASK FOUR: EXPECTED DELIVERABLES AND REPORTING

- Quarterly report describing Guidebook development and drafts; and drafts of training module content.
- Outreach approach and report: how outreach was conducted, to whom (e-mail, listservs, websites, social media), how frequently.
- Deployment of outreach strategy, training modules, and learning opportunities both virtual and in-person events to share lessons learned and best practices

## III. TIMELINE & APPLICATION PROCESS

**April 11, 2022** Request for Proposal release date

**April 22, 2022** Questions Due

**April 29, 2022** Q&A with answered responses posted

**May 13, 2022** Proposals Due

E-mail final proposals to Suzanne Kelley at [suzanne.kelley@vermont.gov](mailto:suzanne.kelley@vermont.gov) by 4:30 PM on May 13, 2022.

Proposals will be reviewed by a team from VDH, DCHD and other state and regional partners.

**May 27, 2022** Anticipated notification of award

**July 1, 2022** 12-month grant period begins

Any bidder requiring clarification of any section of this RFP or wishing to comment on any requirement of the RFP must submit specific questions in writing. Questions or comments not raised in writing on or before the last day of the question period are thereafter waived. At the close of the question period a

copy of all questions or comments and the State's responses will be posted on the Vermont bid site and emailed to bidders who submitted questions. Questions regarding this request for proposals should be submitted to Suzanne Kelley at [suzanne.kelley@vermont.gov](mailto:suzanne.kelley@vermont.gov) by April 22, 2022. Questions will be reviewed and answered by April 29, 2022 and posted on the state of Vermont bid site. Every effort will be made to post this information as soon as possible after the question period ends, contingent on the number and complexity of the questions.

### 3.1 Examples of Eligible Activities and Costs

This funding is for costs related to piloting a Health Equity and Community Design Technical Assistance Pilot to help the State better understand barriers and solutions for participation by underserved populations and communities in Placemaking and Healthy Community Design and to prepare underserved communities to apply for Better Places funding. Examples of eligible activities are described in the Scope of Work, above.

### 3.2 Applicant Eligibility Requirements

To be eligible, an applicant must:

- Have experience with the type of work described in this RFP
- Be committed to addressing equity and community design issues in Vermont
- Be able to use actual cost reimbursement method for claiming reimbursement
- Conduct all record keeping according to federal, state, and program requirements
- Have an accounting system that can support expenditures billed to a federal award (accounting system at minimum shall consist of chart of accounts, cash receipts journal, cash disbursements journal and general ledger)
- Be able to complete the proposed work plan within the funding time frame
- Demonstrate the capacity to coordinate activities with the state, municipalities, and local coalitions or community partnerships
- Have a federal tax ID number or identify a fiscal agent with a federal tax ID number. If a fiscal agent relationship is used, the fiscal agent is the applicant and responsible party for complying with all grant requirements

### 3.3 Funding Prohibitions

Recipients may not use funds for:

- Research that would require review by an Institutional Review Board (IRB) for human subjects' protection
- Publicity or propaganda purposes
- The preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- Salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

## IV. Application and Submission Information

### 4.1 Required Content and Forms

All proposals must include the following, in the order shown.

1. Cover Sheet
2. Narrative and Work Plan
3. Staffing and Organization
4. Letters of Support and References
5. Budget, Price Schedule, and Justification
6. Attachments – please review carefully

Proposals should be in 12 pt. font, single spaced, with numbered pages. Sections 2. Narrative and Workplan and 3. Staffing, together should not exceed 10 pages. Any pages beyond 10 will not be reviewed.

#### Proposal Submission Documents

##### 1. Cover Sheet

- a. Use template provided in Appendix A (see **Appendix C** for how to acquire a UEI number, if needed),

##### 2. Narrative and Work Plan

a. **Project Scope and Approach:** Describe your approach and proposed process for addressing the activities in the Suggested Scope of Work above and include a recommended general timeline and approach for the completion of the Expected Deliverables and Outcomes.

b. **Prior Work Experience and Project Examples:** Share past work produces and examples that illustrates your prior experience in health equity, healthy community design, and placemaking research, guidebook development, and local technical assistance.

c. **Equitable access to services:** Describe how you will ensure people of all abilities, backgrounds, and languages will benefit from, and access, the technical assistance, resources, and local project support from the TA Pilot.

- i. Describe or attach any organization policies related to accessibility or equitable access and participation (if applicable)

##### 3. Staffing – Please provide:

- a. A description and qualifications of the person who will provide overall management of the TA Pilot. This person will be expected to coordinate with the state, work with the local communities, identify the right sub-consultants for the community TA, assessment, guidebook, and training, and be the main contact for overall grant management with the state.
- b. Profiles of consultants and sub-consultants, including the role of each consultant on the team with an organizational chart, and a general timeline, and detailed budget broken down by task and team member.
- c. Description of lead and sub-consultant qualifications for the development of a Better Places Healthy Community Design and Equity TA Pilot, including a description of relevant experience on each deliverable (assessment, community TA, guidebook development, training) that may include examples of having completed similar projects for each firm or consultant on the team.

- d. Names and contact information for specific team members who are anticipated to be assigned to the project by each consultant or subconsultant, their role in the project, and a detailed resume listing their individual work experience in this role on similar projects.

#### 4. Letters of Support and References

- a. **Required:** Provide the names, addresses, and phone numbers of at least three professional references with whom you have transacted similar business in the last five (5) years. You must include contact names who can talk knowledgeably about performance.
- b. **Optional:** Other letters of support from other partners who will be assisting with this work and include details on their participation.

#### 5. Budget, Price Schedule, and Justification:

- a. **Provide itemized budget:** Applicants are encouraged to present their budget using the template provided (Appendix B).
- b. **Provide a budget justification for each category of funding requested:** A budget justification should include the basis or methods for costs, allowing their review to determine whether costs are allowable, reasonable, and appropriate.
- c. **For any sub-granted services:** Provide a basis for the amount included. Materials, supplies, and travel may be included when specifically needed to support staff.
- d. **Include overhead and hourly rates for the individuals involved.** Also, provide an estimated budget for completing each phase of the proposed scope of work. This budget shall include an estimate of all projected staff hours.

#### 6. Attachments:

- a. **Signed W-9 form:** Signed by applicant organization within the past four months: Name and contact information of the applicant organization as well as the Authorized Signatory (if different), including an email address for electronic signature.
- b. **Certificate of Insurance:** Before beginning work on the agreement, the applicant must provide certificates of insurance to show minimum coverages are in effect. The certificates must be signed within the last four months. (See **Appendix D** for additional information about minimum required coverages).

All information submitted becomes property of VDH. VDH reserves the right to issue supplemental information or guidelines relating to the RFP as well as make modifications to the RFP. Once submitted, the consultant team (including specific staff assigned to the project) may not be changed without written notice to and consent of VDH. All costs incurred in the preparation of the submittal and participation in the selection process is the sole responsibility of the consultant team.

#### 4.2 Evaluation and Selection Process

Consideration shall be given to the Grantee's project approach and methodology, qualifications and experience, ability to provide the services within the defined timeline, cost, and/or success in completing similar projects, as applicable, and to the extent specified below. It is expected that the breadth and depth desired for analysis, engagement, and technical assistance will require a dynamic, multi-disciplinary team that may include the following expertise: community designers, transportation planner, community engagement specialist, community artists, placemaking experts, disability experts, grant writers, and health equity and public health professionals to provide "on-call" design and TA

services. Consideration shall be given to the Grantee’s project approach and methodology, qualifications and experience, ability to provide the services within the defined timeline, cost, and/or success in completing similar projects.

<b>Evaluation Criteria</b>	<b>Consideration</b>
Quality of the proposed work plan, technical assistance, training and outreach, strategy, and approach.	35%
Experience and proven success in research, report writing, outreach, and providing technical assistance for healthy placemaking, community design, inclusive community engagement, and health equity work	25%
Experience and demonstrated commitment to supporting technical assistance, community design, and placemaking support that incorporates diversity, equity, inclusion, and accessibility, such as addressing cultural and language barriers and ADA programmatic and physical needs (large print, ASL, captioning, holding meetings in wheelchair accessible venues).	10%
Estimated Cost	15%
Timeline for project implementation & resources to commence work immediately	10%
References	5%

#### 4.3 Interview Process (if needed)

Top ranked respondents to the RFP, may be invited for an interview. The purpose of the interviews is to evaluate the capabilities and qualification of the consultant team. The interviews may be conducted in person, over the phone, or virtually, and will allow the consultant team to demonstrate their experience, qualifications, and approach, and allow all the selection committee members to ask targeted questions to the consultant team. If needed, the interviews will be scheduled the week of May 30<sup>th</sup>, 2022. Each interview will last 30 minutes and will be comprised of a presentation by the consultant and Q&A. The interview will be conducted with a selection committee comprised of representatives from VDH, DHCD, Regional Planning Commissions, AARP-VT, VT League of Cities and Towns, Vermont Arts Council, and other program partners. The State will factor information presented during presentations into the evaluation. Bidders will be responsible for all costs associated with providing the presentation.

## Appendices

### Appendix A: Applicant Information/Cover Sheet

**Applicant Organization Name:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**City, State, Zip Code:** Click or tap here to enter text.

**Contact:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Fiscal Agent Organization if different from applicant:**

**Name:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**City, State, Zip Code:** Click or tap here to enter text.

**Contact:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**UEI#** Click or tap here to enter text. **Federal Tax ID #:** Click or tap here to enter text.

**State Tax ID #:** Click or tap here to enter text.

**Fiscal Year:** Click or tap here to enter text.

☐ W-9 Attached

☐ Certificate of Insurance attached

**Local Continuum of Care to be served:** Click or tap here to enter text.

**Total amount requested:** Click or tap here to enter text.

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Signature

Date

## Appendix B: Budget Template

<b>GRANTEE NAME:</b>	
<b>LINE ITEM</b>	<b>BUDGET AMOUNT</b>
<b>PERSONNEL</b>	
Salary	
Fringe (XX%)	
<b>TOTAL PERSONNEL</b>	
<b>OPERATING</b>	
Advertising/Marketing	
Materials/Supplies	
Printing	
Postage	
Telephone	
Training & Education	
Travel	
Accessibility Costs	
<b>TOTAL OPERATING</b>	
<b>TOTAL DIRECT COSTS</b>	
<b>INDIRECT COSTS</b> <i>(see notes below)</i>	
10% de minimis rate	
Federally Approved Indirect Cost Rate	
<b>TOTAL INDIRECT COSTS</b>	
<b>TOTAL</b>	
<b>Indirect Costs:</b>	
<p>Indirect (F&amp;A) costs means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. The Uniform Guidance expressly requires pass-through entities (typically states and local governments, as well as some larger nonprofits) using federal funds and all federal departments/agencies to reimburse a nonprofit for the reasonable indirect costs it incurs. Nonprofits that have never had a federally approved indirect cost rate can elect either the <i>de minimis</i> rate of 10 percent of their modified total direct costs (MTDC) or negotiate a higher rate in accordance with the federal cost principles. Nonprofits that have already negotiated a federal indirect cost rate must be paid that amount.<sup>[4]</sup> Generally, the mandate to pay indirect costs applies to most federal grant funds. The mandate does not apply in cases where a <u>federal</u> statute expressly caps the rate at which indirect costs can be reimbursed.</p>	
<b>Modified Total Direct Costs (MTDC):</b>	



MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards and subcontracts up to the first \$25,000 of each subaward or sub-contract (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

## Appendix C: DUNS/UEI Number

The federal government has moved away from using the Dun & Bradstreet (DUNS) number as an entity identification number. As of April 4, 2022, all entities registered in SAM.gov will be assigned a Unique Entity ID (UEI).

Current SAM.gov registrants have already been assigned their Unique Entity Identifier (SAM) and can view it within SAM.gov. It is critical that grantees log in to SAM.gov and review their registration or establish a Unique Entity ID (UEI) before initiating a new agreement. The Unique Entity ID will be required for all new agreements beginning April 4, 2022.

If your organization does not yet have a UEI number please visit the U.S. General Services Administration's information page for the UEI Update. You will need the information listed below to obtain a UEI number:

- a. Name of organization
- b. Organization address
- c. Name of the chief executive officer (CEO) or organization owner
- d. Legal structure of the organization (e.g., corporation, partnership, proprietorship)
- e. Year the organization started
- f. Primary type of business
- g. Total number of employees (full and part-time)

## Appendix D: Insurance coverage requirements

**Insurance:** Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the State through the term of this Agreement. No warranty is made that the coverages and limits listed herein are adequate to cover and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

- **Workers Compensation:** With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont. Vermont will accept an out-of-state employer's workers' compensation coverage while operating in Vermont provided that the insurance carrier is licensed to write insurance in Vermont and an amendatory endorsement is added to the policy adding Vermont for coverage purposes. Otherwise, the party shall secure a Vermont workers' compensation policy, if necessary to comply with Vermont law.
- **General Liability and Property Damage:** With respect to all operations performed under this Agreement, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:
  - Premises - Operations
  - Products and Completed Operations
  - Personal Injury Liability
  - Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

- \$1,000,000 Each Occurrence
  - \$2,000,000 General Aggregate
  - \$1,000,000 Products/Completed Operations Aggregate
  - \$1,000,000 Personal & Advertising Injury
- **Automotive Liability:** The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than \$500,000 combined single limit. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, limits of coverage shall not be less than \$1,000,000 combined single limit.
  - **Additional Insured.** The General Liability and Property Damage coverages required for performance of this Agreement shall include the State of Vermont and its agencies, departments, officers and employees as Additional Insureds. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, then the required Automotive Liability coverage shall include the State of Vermont and its agencies, departments, officers and employees as Additional Insureds. Coverage shall be primary and non-contributory with any other insurance and self-insurance.
  - **Notice of Cancellation or Change.** There shall be no cancellation, change, potential exhaustion of aggregate limits or non-renewal of insurance coverage(s) without thirty (30) days written prior written notice to the State.

***The State must be listed as additionally insured with general liability coverage.***

***The state is only able to reduce the amount of automotive coverage to \$300,000, if the \$500,000 cannot be met.***

***Identify a fiscal agent:***

If your organization can not meet the above insurance requirements, you have the option to identify a sponsor who does meet the requirements. If your organization does not meet the administrative requirements, please identify a possible fiscal agent for your project in your application. Note that the fiscal agent will receive a 10% administration management fee. Include this fee in your budget proposal.