

REQUEST FOR PROPOSAL FWBP-EIS-25-007

Attachment G – More Options for Maternal Support Provider Proposal Cover Sheet and Checklist

Kelly Simmons, Issuing Officer
Iowa Department of Health and Human Services
Lucas State Office Building
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*For State Use.
Date Received by the Agency:*

Bidder Contact Information	
Bidder/Organization Name:	
Primary Contact Name:	
Address:	
Telephone:	
E-Mail	
Instructions: Enter the total amount of the funding request below. The amount requested must be a whole number and not include any cents.	

\$0,000.00

	State Use
<p>1. Project Proposal includes documents 2 through 10 below.</p> <p><input type="checkbox"/> Submit one (1) original hard copy of the Proposal and all forms that require a signature and one (1) flash Drive, with a copy identical to the content of the original hard copy of the Bid Proposal. The proposals must be physically received by the Agency before 1:00 p.m. on March 26, 2024. A postmark or receipt of mailing date on or before March 26 does not meet this deadline. <u>See RFP Section 2.8 Submission of Bid Proposal.</u></p>	
<p>2. Attachment G: MOMS Provider Proposal Cover Sheet and Checklist</p> <p><input type="checkbox"/> Read and complete Cover Sheet.</p> <p><input type="checkbox"/> Complete Checklist.</p>	
<p>3. Attachment A: Release of Information</p> <p><input type="checkbox"/> Read and complete form.</p> <p><input type="checkbox"/> Obtain original signature or certified digital signature.</p>	
<p>4. Attachment B: Primary Bidder Detail & Certification Form</p> <p><input type="checkbox"/> Read and complete form.</p> <p><input type="checkbox"/> Obtain original or certified digital signature.</p>	

<p>5. Attachment C: Subcontractor Disclosure Form</p> <p><input type="checkbox"/> Form completed for each proposed subcontractor with original signature or certified digital signature of subcontractor.</p> <p><input type="checkbox"/> This form is not completed or returned if subcontractor(s) are not used.</p>	
<p>6. Attachment F: Minority Impact Statement</p> <p><input type="checkbox"/> Read and complete form.</p> <p><input type="checkbox"/> Obtain original signature or certified digital signature.</p>	
<p>7. Attachment H: More Options for Maternal Support Provider Proposal Form</p> <p><input type="checkbox"/> Complete form. The page limit for this document, including all pre-populated text in this form is: 20 pages if no request for start-up funding; 22 pages if requesting start-up funding.</p>	
<p>8. Attachment I: MOMS Provider Projected Service Delivery and Cost Proposal Form</p> <p><input type="checkbox"/> In addition to printed document, <u>Budget must also be provided on USB flash drive.</u></p>	
<p>9. Attachment J: Bidder Attestation Form</p> <p><input type="checkbox"/> Read and complete form.</p> <p><input type="checkbox"/> Obtain original signature or certified digital signature.</p>	
<p>10. Letters of Support: Two (2) letters of support submitted with Proposal.</p> <p><input type="checkbox"/> Letters must be signed with original signature or certified digital signature and dated.</p>	
<p>The following documents are NOT returned with the Proposal.</p>	
<p>11. Attachment K: Notice of Intent to Bid – Submitting is not mandatory, however, the Agency will only respond to written questions about the RFP submitted by Bidders who have expressed their intent to bid. Due date for submission of Attachment K: <u>February 19, 2024.</u> <u>Submit electronically</u> to the Issuing Officer as a Bidder’s intent to apply.</p>	
<p>12. Attachment D: Additional Certifications – <i>For review only.</i> Signing of Attachment B indicates that the Bidder has reviewed Additional Certifications.</p>	
<p>13. Attachment L: Iowa Code 217.41C – <i>For review only.</i></p>	
<p>14. Attachment M: More Options for Maternal Support Provider Standards of Care – <i>For review only.</i></p>	