

**Fourth Amendment to the Iowa Department of Human Services  
Community Adolescent Pregnancy Prevention (CAPP) Program Local Service  
Project Contracts Request for Proposal**

This Amendment to RFP Number ACFS 20-004 is effective as of February 18, 2019. New language is shown in red and underlined. Deleted and/or amended language is shown in red with a strikethrough. The RFP is amended as follow:

**Revision 1. Section 1.2 RFP General Definitions, Definitions Specific to This RFP, “Program Evaluator” is hereby amended as follows:**

“Evaluator” or “Program Evaluator”, means the entity contracted by the Agency to evaluate the Program. Currently, this is the University of Northern Iowa, Center for Behavioral Research; College of Social and Behavioral Sciences.

**Revision 2. Attachment H, CAPP Project Proposal Form, is hereby amended as follows:**

**Attachment H: CAPP Project Proposal Form**

*{Instructions: Fill out one form for each Bid Proposal. Do NOT delete any of the text on this form.}*

<b>Bidder Organization Name:</b>	
<b>Proposed Service Area (county or counties):</b>	
<b>With an “X” indicate if this Project received CAPP funding in SFY 2019?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No, this is a new Project.
<b>If “Yes,” list the counties served in SFY 2019?</b>	
<b>Section 1: Proposal Overview</b>	
<b>Points = 0 to 4    Weighted = 2.50    Total Points Possible = 10</b>	
<b>1 A. State the Bidder’s organization mission. Describe in the space below how it relates to Adolescent pregnancy prevention.</b>	
[Enter text here]	
<b>1 B. Provide an executive summary that briefly reviews the strengths of the Bidder, organizational history, and key features of its proposed approach to meet the specifications of this RFP.</b>	

[Enter text here]
<del>1 C. What percentage of the organization's total budget is the proposed CAPP budget? If applicable, define the source and percentage of the budget from additional funding streams including funding timelines and/or granting cycle.</del> <b>1 C. The total projected CAPP Program budget (proposed funding request plus other projected sources of support) is approximately what percent of the Bidder organization's total budget? The CAPP funding request in this RFP is approximately what percent of the Bidder organization's total projected CAPP Program Budget?</b>
[Enter text here]
<b>1 D. Describe Project History and Experience.</b> <b>How long has this Project existed, even if funded by sources other than CAPP? Describe experience implementing and sustaining this type of Project. If this is a new Project, describe the planning that has occurred.</b>
[Enter text here]
<b>Section 2: Statement of Problem and Need</b>
<b>Points = 0 to 4    Weighted = 3.75    Total Points Possible = 15</b>
<b>2 A. Describe the problem/s that exists in your Service Area as it relates to Adolescent pregnancy prevention, associated Risk Factors, and services to pregnant and parenting Adolescents. Provide supporting data to demonstrate the need.</b>
[Enter text here]
<b>2 B. Describe and explain how the proposed services are culturally relevant and/or meet the unique needs and demographic make-up of the population of the proposed Service Area.</b>
[Enter text here]
<b>2 C. Describe the strategies that will be implemented to address the problem(s). If serving more than one county in proposed Service Area, explain how differing needs will be met. Identify and address any gaps in service and efforts to avoid service duplications.</b>
[Enter text here]
<b>Section 3: Community Coalition(s)/Project Advisory Committee</b> <del>{Instructions: If your Service Area includes more than one Coalition, respond to</del>

~~questions 3A thru 3D below for each of the different Coalitions in the space provided. In addition, complete one Section 3E – Coalition Membership List (last page of this form) for each Coalition and attach them to the end of this Project Proposal Form. The Coalition Membership List(s) will NOT count towards the 20 page limit~~  
~~{Instructions: This Section is to be completed if the proposed Service Area has no existing Community Coalition, one existing Coalition, or multiple existing Coalitions. In addition, all Bidders complete Section 3E. If your Service Area includes multiple Coalitions, respond to questions 3A thru 3D below for each Coalition. All Bidders attach Section 3E Form to the end of this Project Proposal Form. The Section 3E Form will NOT count towards the 20-page limit}~~

**Points = 0 to 4    Weighted = 5.00    Total Points Possible =20**

**3 A. Describe the purpose (mission and vision) of the Community Coalition that advises the CAPP program as well as explain the Bidder’s role in the Community Coalition. If there is no existing Coalition describe the Bidder organization’s expertise and demonstrated effectiveness with Coalition building.**

[Enter text here]

**3 B. Describe the Coalition(s)’s effectiveness at supporting adolescent pregnancy prevention activities and how the group measures and demonstrates success. If there is no existing Coalition describe the Bidder’s background and ability to measure and demonstrate success.**

[Enter text here]

**3 C. Clearly identify the number of Coalitions in the Service Area (if more than one) and list each Coalition(s)’s primary service delivery area/s (i.e., county, city, other geographic boundary).**

[Enter text here]

**3 D. Describe other existing agencies and/or organizations providing services to the targeted population in the geographic area to be served. Describe the collaborative efforts between the Coalition(s) and the Bidder by providing a recent example of these efforts and the resulting outcomes.**

[Enter text here]

**3 E. All Bidders: Complete the separate document for Coalition members. If your Service Area has multiple Coalitions, submit a member list for each Coalition. It is not required to have 20 names.**

#### **Section 4: Project Monitoring & Evaluation**

**Points = 0 to 4    Weighted = 2.50    Total Points Possible = 10**

**4 A. Describe processes and procedures for internal monitoring and evaluation (include subcontractors if applicable) to ensure quality and efficient services.**

<b>Include any Continuous Quality Improvement (CQI) processes implemented.</b>
[Enter text here]
<b>Section 5: Overall Quality and Impact of Program</b>
<b>Points = 0 to 4    Weighted = 2.50    Total Points Possible = 10</b>
<b>5 A. Describe the projected impact of the proposed Project in the identified Service Area. If Bidder has received CAPP funding previously, define the past impact as well as the Projected impact of the proposed Project.</b>
[Enter text here]
<b>5 B. Describe how this Project will adhere to the Evidence-Based, Evidence-Informed requirements, provide models with Fidelity, reach the high-quality program standards as designed in the curricula, and meet Deliverables around Project evaluation.</b>
[Enter text here]
<b>5 C. Describe the qualifications of staff providing training, services, and curricula.</b>
[Enter text here]
<b>Section 6: Future Funding</b>
<b>Points = 0 to 4    Weighted = 0.75    Total Points Possible = 3</b>
<b>6 A. Explain future funding and financial sustainability opportunities for stated Projects in the proposed Service Area, including plans to increase Match at 5% annual growth.</b>
[Enter text here]
<b>6 B. Given the possibility that awards may not be fully awarded at 100%, what percentage of award is no longer feasible for the proposed Project? Describe why this is the case.</b>
[Enter text here]
<b>Section 7: Legislative Priority</b>
<b>Points = 0 to 4    Weighted = 3.75    Total Points Possible = 15</b>
<b>7 A. In accordance with Senate File 2418 (appropriations bill), Adolescent pregnancy prevention grants are based on existing models that have demonstrated positive outcomes and include requirements that grant programs must emphasize sexual abstinence and serve areas of the state which demonstrate the highest percentage of unplanned pregnancies. Explain in detail how the proposed Project takes into consideration these legislative priorities.</b>
[Enter text here]



**Attachment H: CAPP Project Proposal Form (cont.) – Section 3E**

{Instructions: Complete one Section 3E – Coalition Membership List for each Coalition and attach to the end of the Projected Proposal Form. The Coalition Membership List(s) will NOT count towards the 20-page limit. NOTE: All Bidders complete this form.}

<b>Bidder Organization Name:</b>							
<b>Coalition Name (if <u>applicable different</u>):</b>							
<b>Coalition Service Area (county or counties):</b>							
<b>3 E. Complete this information for Coalition members. It is not required to have 20 names. <u>Indicate by putting an "X" in the column if a representative is a *Potential member.</u></b>					<b><u>For existing members</u>, put an "X" in column to indicate type of participation:</b>		
	<b>Member's Name</b>	<b>Discipline</b>	<b>Organization</b>	<b><u>Potential *</u></b>	<b>Networking*</b>	<b>Coordination*</b>	<b>Collective Action *</b>
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**\*Definitions for the purposes of this form include:**  
**“Potential”** means an individual / representative that may join as a Coalition member.  
**“Networking”** means sharing calendar updates, trainings, community events, materials, contact information  
**“Coordination”** provide accessible, prompt, confidential and appropriate services to families according to a basic set of guiding principles; example -not double-booking events on the same day in the same Service Area for similar populations  
**“Collective Action”** address a community agreed upon need with intention, outcome focused, with diverse Stakeholders in the proposed solution implementation and evaluation; planning community wide event with distribution and delineation of jobs, funds, etc. to achieve common goal.

**Revision 3. Amendment 3 Amended Attachment I: CAPP Projected Service Delivery & Budget Form, is hereby deleted and replaced with Amendment 4 Amended Attachment I: CAPP Projected Service Delivery & Budget Form.**