

# SHARE INITIATIVE REQUEST FOR APPLICATIONS 2026



**Date of Issue** : **July 21, 2025**  
**At 08:00 AM PST**

**Closing Date and Time** : **August 29, 2025**  
**At 5:00 PM PST**

**Single Point of Contact**

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Table of Contents

SECTION 1. GENERAL INFORMATION..... 3

SECTION 2. DEFINITIONS..... 4

SECTION 3. SCOPE OF PROJECTS..... 6

    3.1 Overview ..... 6

    3.2 Application of the *Collective Impact* Model..... 7

    3.3 Housing and Homelessness Program in Coos County, Curry County, or a Combination of Both Counties..... 8

    3.4 Nutrition Program in Coos County, Curry County, or a Combination of Both Counties..... 8

    3.5 Child Care Program in Curry County ..... 9

    3.6 Prevention Program in Coos County..... 9

SECTION 4. FUNDS AVAILABLE..... 10

    4.1 Funds Available ..... 10

    4.2 Method of Distribution ..... 11

    4.3 Matching Funds..... 11

    4.4 Caveats ..... 11

SECTION 5. PROCUREMENT REQUIREMENTS ..... 11

    5.1 Eligible Applicants ..... 11

    5.2 Minimum Submission Requirements..... 12

    5.3 Application Format and Quantity ..... 13

    5.4 Application Requirements ..... 13

SECTION 6. SOLICITATION PROCESS ..... 13

    6.1 Public Notice ..... 13

**6.2 Questions/Requests for Clarification ..... 14**

    6.3 Protests to RFA..... 14

    6.4 Application Modification or Withdrawal ..... 14

    6.5 Application Rejection ..... 14

    6.6 Revised Applications ..... 14

    6.7 Absence of Qualified Application(s)..... 14

    6.8 Evaluation Criteria..... 15

SECTION 7. AWARD AND NEGOTIATION..... 15

    7.1 Award Notification Process..... 15

    7.2 Apparent Successful Application Submission Requirements..... 15



7.3 Cooperative Agreement Negotiation.....	15
7.4 Cooperative Agreement Award .....	16
7.5 Reporting Requirements .....	16
SECTION 8. ADDITIONAL INFORMATION .....	16
8.1 Governing Laws and Regulations .....	16
8.2 Ownership/Permission to Use Materials .....	16
8.3 Cancellation of RFA; Rejection of Application; No Damages .....	17
8.4 Use of Funds or Assets .....	17
8.5 Federally Required Conflict of Interest Safeguards .....	17
SECTION 9. APPLICATION CONTENT GUIDANCE .....	18
Section 9.1: Application Information .....	18
Section 9.2: Organizational Background-15 points.....	18
Section 9.3: Project Overview-5 points.....	18
Section 9.4: Project Description and Methodology -40 Points.....	18
Section 9.5 Sub Applicants.....	20
Section 9.6 Project Work Plan-10 Points .....	21
Section 9.7 Evaluation Plan -10 Points.....	21
SECTION 10- PROJECT BUGET .....	21
SECTION 11. INSTITUTIONAL FILE .....	23
SECTION 12. APPLICATION SCORING CRITERIA.....	27
SECTION 13. BUDGET TEMPLATE.....	28

## SECTION 1. GENERAL INFORMATION

### Introduction

The Oregon Health Authority (OHA) developed the *Supporting Health for All through Reinvestment*, or *SHARE Initiative*, to implement the legislative requirement of House Bill 4018 (Oregon Legislature, 2018) which aims to address Social Determinants of Health (SDOH). The *SHARE Initiative* began in 2021. The primary goals are to: (1) Safeguard public dollars by requiring that a portion of Coordinated Care Organization’s (CCO’s) profits are reinvested in their respective communities; and, (2) Improve member and community health by requiring reinvestments go toward upstream factors that impact health(for example, housing, food, transportation, educational attainment or civic engagement).

The SHARE Initiative includes the following program requirements:

**Requirement 1:** Spending must fall within social determinants of health and equity (SDOH-E) domains and include spending toward a statewide housing priority.

**Requirement 2:** Spending priorities must align with community priorities from community health improvement plans (CHIP).

**Requirement 3:** A portion of funds must go to SDOH-E partners.

**Requirement 4:** CCO's must designate a role for their community advisory councils (CAC's) related to SHARE Initiative spending decisions.

Advanced Health, a CCO providing Medicaid services to Members residing in Coos and Curry Counties of Oregon, requests Applications from qualified Applicants pursuant to the *SHARE Initiative*. Successful Applicants will be awarded Cooperative Agreements and will become *SHARE Initiative* Awardees.

### 1.1 Schedule

Event	Date
RFA Released	21 July 2025
Questions/Requests for Clarification Due	1 August 2025
Answers to Questions/Requests for Clarification Posted to Advanced Health Web Site	8 August 2025
Applications Due by 4:00 PM, Pacific Standard Time	29 August 2025
Funding Decision Made by Advanced Health's Board of Directors	17 September 2025
Cooperative Agreements Negotiated with Successful Awardees	30 November 2025
<i>SHARE Initiative Spending Plan Attestation</i> Submitted to OHA for Approval	31 December 2025
Year One Performance Period	January 1 2026- December 31 2026

**\*\*SHARE APPLICATION QUESTIONS WILL NOW BE EXTENDED UNTIL FRIDAY, AUGUST 15TH. YOU CAN EMAIL ALL QUESTIONS TO SHARE@ADVANCEDHEALTH.COM. QUESTIONS AND ANSWERS WILL BE POSTED TO THE ADVANCED HEALTH WEBSTE ON WEDNESDAY, AUGUST 20TH\*\***

### 1.2 Single Point of Contact

The Single Point of Contact (SPOC) for this Request for Applications (RFA) is Ashley Matsui, Advanced Health's Health Policy Analyst. Applicants shall direct all communications related to any provision of this RFA only to the SPOC, whether about the requirements of the RFA, conditions and requirements of resulting Cooperative Agreements, the RFA process, or any other provision. Questions and/or requests for clarification regarding this RFA may be only be submitted electronically to [SHARE@advancedhealth.com](mailto:SHARE@advancedhealth.com) and must be received by **5:00 PM on August 1, 2025**. Responses will be posted to Advanced Health's web site by **5:00 PM on August 8<sup>th</sup>, 2025**. In fairness to all Applicants, a silent period will occur between **August 1 2025** and **August 29 2025** during which time no additional questions or requests for clarification will be accorded with responses. Any Applicant who attempts to make inquiries or influence the application scoring and selection process after the date of **August 1 2025** may be disqualified.

## SECTION 2. DEFINITIONS

**Applicant:** *The Applicant is the single agency or entity that concurrently serves as the backbone organization for the Collective Impact Consortium and as the managing partner and fiscal agent for the proposed project. The roles of backbone organization, managing partner, and fiscal agent may not be separated, but must be directly performed by the Applicant organization. If the Applicant is successful, the Applicant will become an Awardee.*

**Application:** *The Application is the completed and compliant three-part document that is submitted to Advanced Health for review and evaluation; its component parts include an Application Packet, Detailed Line-Item Project Budget, and Institutional File.*

**Awardee:** *An Awardee is a successful Applicant that has entered into a written and binding Cooperative Agreement with Advanced Health.*

**Collective Impact Consortium:** *The Collective Impact Consortium is the wide array of community partners who have come together and who agree to work collaboratively and share resources to address a complex problem. Members of the Collective Impact Consortium select the backbone organization which will serve as the Applicant.*

**Collective Impact Model:** *Collective Impact describes an intentional way of working together and sharing information and resources for the purpose of solving a complex problem.*

**Cooperative Agreement:** *A Cooperative Agreement is distinguished from a grant in that it provides for substantial involvement among the awarding party (i.e., Advanced Health) and the Awardee and Sub-Awardees in carrying out the activities contemplated by the award. It is best to think of a Cooperative Agreement as an agreement under which the parties work side-by-side to identify and resolve barriers, modify program elements to attain the best possible outcomes, undertake changes in scope, or mutually engage in the re-budgeting of resources.*

**Direct Costs** *are the expenses that directly go into providing the services or constructing the housing that are contemplated in this RFA. Examples of direct costs include direct labor, fringe benefits for direct labor, program-specific travel; program-specific professional development; program materials; and capital purchases, construction, or renovation.*

**Evidence-Based Best Practices** *means well-defined practices that are based directly on scientific evidence and that have been demonstrated to be effective through peer-reviewed research studies*

**Health Disparities** *are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged, rurally isolated, or minority populations*

**Health Equity** *When all people can reach their full health potential and well being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address: The equitable distribution or redistribution of resources and power; and Recognizing, reconciling and rectifying historical and contemporary injustices*

**Health-related social needs (HRSN)-** *An individuals social and economic barriers to health, such as housing instability or food instability.*

**Indirect Costs** *are expenses that apply to more than one program within an organizational operating budget and are not specifically attributable to the direct costs of providing the services or constructing the housing that are contemplated in this RFA. Indirect costs may include, but are not limited to: administrative overhead including executive personnel; essential facilities; support personnel; utilities; rents; depreciation; liability insurance premiums; general office supplies; accountancy services; and information technology services and supports. Consistent with Advanced Health's contractual agreement with the Oregon Health Authority, indirect costs are strictly limited to eight percent (8%) of total program*

costs. For the Awardee, the calculation of indirect costs is based on all program costs, less the value of Sub-Awardee costs, to permit Sub-Awardees to also claim their share of indirect cost reimbursements.

**Institutional File** is a component of the Application that includes elements of the desk-level Readiness Review, certifications, assurances, and organizational documents

**Readiness Review** means a determination by Advanced Health that an Applicant is qualified to hold a Cooperative Agreement

**SHARE Initiative:** The Oregon Health Authority (OHA) developed the “Supporting Health for All through Reinvestment”, or “SHARE Initiative,” to implement the legislative requirement of House Bill 4018 (Oregon Legislature, 2018) which aims to address Social Determinants of Health (SDOH). The primary goals are to: (1) Safeguard public dollars by requiring that a portion of Coordinated Care Organization’s (CCO’s) profits are reinvested in their respective communities; and, (2) Improve member and community health by requiring reinvestments go toward upstream factors that impact health (for example, housing, food, transportation, education attainment or civic engagement)

**Social Determinants of Health and Health Equity (SDOH+E)** means the social, economic, political, and environmental conditions in which people are born, grow, work, live, and age. These conditions significantly impact length and quality of life and contribute to health inequities. Social Determinants of Health include, but are not limited to: poverty; education; employment; food insecurity; diaper insecurity; housing; access to quality child care; environmental conditions; trauma/adverse childhood experiences; and transportation. SDOH+E means the systemic or structural factors that shape the unfair distribution of the social determinants of health in communities. Institutional racism is one example. Together, SDOH+E is the combined factors of the Social Determinants of Health and the Social Determinants of Health Equity.

**Sub-Applicant** means any member of the Collective Impact Consortium that has agreed to be included as a participant in the Application and the Application’s activities. If the Application is successful, Sub-Applicants will become Sub-Awardees.

**Sub-Awardee** means any member of the Collective Impact Consortium that has entered into a formal written agreement (i.e., Letter of Engagement; Memorandum of Understanding) with the Awardee for any portion of the work that is to be performed under the Cooperative Agreement issued by Advanced Health. Because the Collective Impact model relies heavily on the sharing of resources, it is Advanced Health’s intent that financial resources awarded through the Cooperative Agreement be appropriately and reasonably shared with, and distributed to, Sub-Awardees who are members of the Collective Impact Consortium, and to whom a significant body of work is assigned. When Advanced Health evaluates Applications, it gives considerable attention to the strength of, not only the Applicant, but the entire Collective Impact Consortium. For this reason, Awardees are prohibited from reducing the value of Sub-Awards or releasing Sub-Awardees from the Collective Impact Consortium without the prior written approval of Advanced Health.

**Trauma-Informed** means a program, organization, practice, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization

## SECTION 3. SCOPE OF PROJECTS

### 3.1 Overview

Each CCO is legislatively required to select several SDOH+E domains in which funding will be awarded, one of which must be consistent with the statewide housing priority. Health Equity occurs when all people can reach their full health

potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, or other socially determined circumstances. SDOH+E domains selected by the CCO must align with priorities from the *Community Health Improvement Plans*.

Advanced Health's Curry County Community Advisory Council (CAC), and Coos County Community Advisory Council (CAC), in collaboration with Advanced Health members and community stakeholders, each undertook a *Community Health Assessment*, and based on those assessments, developed *Community Health Improvement Plans (CHIP)*. [These documents are available on Advanced Health's web site.] The CAC chose its priorities in the CHIP. The CAC was involved in a priority setting in the CHIP and will be involved in the selection process. The consolidated recommendations of the Curry County Community Advisory Council, and Coos County Community Advisory Committee for the *SHARE Initiative* were submitted to Advanced Health's board of directors and approved at their meeting of July 17, 2025. To this end, this RFA solicits Applications in the following categories:

Coos County:

- Housing and Homelessness;
- Food and Nutrition
- Prevention—Stigma

Curry County:

- Housing and Homelessness
- Food and Nutrition
- Access to Child Care

### 3.2 Application of the *Collective Impact Model*

Applicants are strongly encouraged to apply a *Collective Impact* model within their application. This is not a requirement but strongly encouraged. *Collective Impact* describes an intentional way of working together and sharing information and resources for the purpose of solving a complex problem. Proponents of Collective Impact believe that the approach is more likely to solve complex problems than if a single non-profit undertaking were to approach the same problem on its own, or independent of other efforts. While Collective Impact seems very similar to plain old "collaboration," there are certain characteristics that distinguish Collective Impact initiatives – and make them successful.

In a Collective Impact initiative, the participants are often a combination of individuals, organizations, grant-makers, and even representatives from the business community, government, equity coalitions, and consumer advocates. The following are elements that are required in every Collective Impact framework:

- The participants, or members of the Collective Impact Consortium, share a vision of change and a commitment to solve a problem by coordinating and integrating their work; that is, they agree on shared goals and shared outcome measures.
- Members of the Collective Impact Consortium agree to measure or monitor many of the same things, so that they can learn across the initiative and hold each other accountable.
- To be most effective, the activities of all members of the Collective Impact Consortium are coordinated by a "backbone organization." [For the purposes of Advanced Health's *SHARE Initiative*, the "backbone organization" will also serve as the Applicant, and if successful, as the Awardee.] The backbone is often most responsible for building public will and making sure that the initiative stays focused and moves forward. The backbone also focuses on building a culture that encourages information sharing and candor, and doesn't shirk from resolving conflicts so that trusted relationships emerge among the members of the Consortium. Typically, the backbone plays an administrative role, such as convening meetings, coordinating data collection, connecting participants

with each other, gathering and monitoring outcome data, and facilitating and managing the activities of the initiative, and the relationships, so that, working together, the Collective Impact Consortium is able to remove barriers and become efficient and productive. The backbone also facilitates or attracts financial resources on behalf of the Collective Impact initiative, and appropriately shares these resources with Consortium members.

- Activities of the Collective Impact Consortium are mutually reinforcing because they are designed to remind all Consortium members that they depend on each other to move the initiative forward. Mutually reinforcing activities ensure that the activities of the entire Consortium are aligned, directed toward shared measurement, and are making progress toward common goals and objectives.
- Finally, a successful Collective Impact initiative depends on shared resources and consistent and open communication among all Consortium members, so that everyone is informed and remains motivated and committed over time.

Additional information regarding the Collective Impact model is available at the *Collective Impact Forum*:  
<https://collectiveimpactforum.org/what-is-collective-impact/>

Applicants have considerable flexibility to design integrated and coordinated systems within the Collective Impact model. Again, a Collective Impact Model is not required, rather suggested. Applicants should propose Evidence-Based strategies but may augment those with innovative strategies to ensure adequate flexibility in addressing *SHARE Initiative* priorities. In the section that follows, Advanced Health has provided broad-brush overviews for each *SHARE Initiative* priority, along with targeted populations and suggestions regarding desired outcomes. Advanced Health believes that Collective Impact Consortia will comprise and aggregate the community's expertise in each priority category, and are best situated to bring forth exciting concepts and models for consideration. To this end, Advanced Health wishes to receive and review the best that the community has to offer, rather than to be prescriptive.

### 3.3 Housing and Homelessness Program in Coos County, Curry County, or a Combination of Both Counties

**Overview:** Advanced Health encourages Applications that will apply Evidence-Based strategies and a Collective Impact model that leverages a multidisciplinary array of community partners (i.e., homeless advocates; social service agencies; housing advocates; housing providers) to work at the individual level to, as rapidly as possible, develop temporary housing (i.e., RV community; sanitary tent city; tiny home community; pallet home community) and provide related supports;

**Target Population(s):** The target population for individual level activities is comprised of persons who are unstably housed and who have Health Disparities, or who are at risk of developing Health Disparities. The target population for community level activities is comprised of persons who are currently housed in temporary or transitional housing and who have sufficient means to timely pay affordable rents.

**Desired Outcomes:** For individual level activities, within nine months of occupancy in temporary housing, program participants will either: establish a new disability claim; complete and maintain behavioral health treatment, if indicated; secure employment; demonstrate work-like or work-attentive behavior through meaningful volunteer activities that create community attachment; or secure permanent housing.

### 3.4 Nutrition Program in Coos County, Curry County, or a Combination of Both Counties

**Overview:** In both Coos and Curry Counties, Advanced Health solicits Applications that will decrease food insecurity while increasing the sustainable availability of healthy and nutritious food for all ages. Advanced Health encourages applicants to submit proposals that will apply Evidence-Based strategies and a Collective Impact model that leverages a multidisciplinary array of community partners (e.g., community gardens; registered dietitians; nutrition educators; nutrition programs; Master Gardener volunteers; Master Food Preparer volunteers; agricultural producers including 4-H and FFA members; Farmer's Market vendors; commercial fisheries; and other resources) to both: (1) Increase the sustainable availability of healthy and nutritious foods at food banks, food pantries, senior center congregate meal sites, home-delivered meal services, and other settings; and, (2) Improve general nutrition among the project's end-users.

**Target Population:** The target population is any member of the community who is food insecure and who has a Health Disparity or is at risk of developing a Health Disparity for reasons of improper or poor nutrition.

**Desired Outcomes:** The successful Applicant will propose time-framed outcomes that measure the increased availability of nutritious foods, the project's capacity to develop sustainable nutritious food supplies beyond the performance period of the Cooperative Agreement, and improved nutrition among program participants.

### 3.5 Child Care Program in Curry County

**Overview:** In Curry County, Advanced Health solicits Applications that will support workforce development and employment programs by providing quality, subsidized, child care services that permit parents to enter or re-enter the workforce or to seek and attain education leading to employability. Advanced Health encourages applicants to submit proposals that will apply Evidence-Based strategies and a Collective Impact model that leverages a multidisciplinary cohort of community partners (e.g., parenting educators, early childhood development specialists, family mentors, home visiting programs, certified and registered child care providers, certified and registered pre-school providers, parent-with-child programs, crisis and respite providers, trauma specialists, educators for child care providers, and others) to: Provide after school and school break care for school aged children up to age 14 years. Or, provide child care subsidies to Trauma-Informed and registered or certified child care providers that permit parents with children aged 0 to 5 to enter or re-enter the workforce, or gain additional education that is expected to lead to employability;

**Target Population:** The primary target population is comprised of low- and moderate-income adults who have Health Disparities, or are at risk of developing Health Disparities, and for whom quality, subsidized child day care, evening care, or pre-school, after school care and school break care, would make a difference in access to employment or employability.

**Desired Outcomes:** The successful Applicant will propose a range of time-framed outcomes that measure proportion of parents able to enter or re-enter the workforce as the result of affordable access to child care, age-appropriate measures of child development and resiliency for children participating in child care or pre-school, increases in the available supply and geographical distribution of Trauma-Informed child day care and/or pre-school providers, increases in family wage earnings among participating child day care and/or pre-school providers, sustainment measures, or other measures selected by the Applicant.

### 3.6 Prevention Program in Coos County

**Overview:** The Coos County Community Health Improvement Plan (CHIP) gives considerable attention to the impacts of external stigma, specifically drawing correlates between behavioral health and homelessness, and ultimately concludes, in part (p 14), that there exists a need to build a more inclusive and safe community. Taken in the narrow vein, this community-building activity could focus exclusively on behavioral health and its contributions to housing permanency. But, practiced with broader strokes of the brush, any circumstance that produces external stigma can, and does, become a factor that isolates rather than includes, that creates disharmony and hostility rather than safety. Beyond the exclusive scope of behavioral health, many and varied factors contribute to stigma including, among others: criminal histories or

recent release from incarceration; religious practices; ethnic minority or immigrant status; LGBTQ lifestyles; illiteracy; obesity; physical disabilities; military combat veteran experiences; developmental disabilities; or any other lived experience or characteristic that can produce a cycle of isolation, judgement, and stigma – which in turn contributes to a vicious cycle that interferes with behavioral health wellness. To meet the CHIP’s goal of building a more inclusive and safe community, grass-roots work must occur at the community level that concurrently prevents and ameliorates stigma – in all of its forms and regardless of its cause. This RFA requests creative and innovative proposals, based on evidence, that seek to build safety and inclusivity by addressing, preventing, and ameliorating stigma. Projects could include media and storytelling projects, anti-stigma education campaigns, stigma prevention in early learning settings, youth empowerment and advocacy programs and trauma informed workforce training

**Target Population:** The target population is comprised of members of the general public who may, inadvertently or unconsciously, engage in behaviors (whether through comments, facial expressions, avoidance, or other tactics) that create feelings of disregard or disrespect in others, leading to stigmatization. While the proposed project will work to create change among members of the general public, the class of program beneficiaries is comprised of those individuals and groups who are most affected by stigma. This would include, but is not limited to: people experiencing or at risk of homelessness, individuals with mental health or substance use disorders (SUD), youth-LGBTQ+ or system involved, BIPOC communities, people with lived experience of incarceration or foster care.

**Desired Outcomes:** The successful applicant will propose outcomes that increase individuals’ self-awareness and understanding of the degree to which their behaviors produce stigmatization in others, and metrics related to how these improvements in awareness and understanding are translated into positive behavioral change.

## SECTION 4. FUNDS AVAILABLE

### 4.1 Funds Available

The following table summarizes the funds available under this solicitation for the first budget period, circa **January 1 2026-December 31 2026**. A second year of SHARE funding will be subject to the availability of funds, satisfactory performance, and approval of Advanced Health’s board of directors. Applicants are encouraged but not required to submit proposed budgets for two year.

Coos County	
Program Category	Amount
Housing and Homelessness	\$162,000
Nutrition Program	\$81,000
Preventing Stigma	\$81,000
<b>Total Funds Available</b>	<b>\$324,000</b>

Curry County	
Program Category	Amount
Housing and Homelessness	\$100,500
Nutrition and/or Childcare	\$40,500
<b>Total Funds Available</b>	<b>\$141,000</b>

Curry County applications will be accepted for each priority area. Nutrition and Child Care priority funding may or may not be allocated evenly between the two priorities. Instead, the distribution of available funds will be determined based on:

- The number and quality of applications received for each priority area
- The alignment of proposals with program goals and priorities
- The availability of funds

This approach ensures flexibility in funding high-impact projects, while promoting responsiveness to the needs and innovation demonstrated through submitted applications.

## 4.2 Method of Distribution

Separate Applications are required in the Housing and Homelessness category for each of Coos and Curry Counties. If an Applicant wishes to apply in the Housing and Homelessness category for both Coos and Curry Counties, separate Applications must be submitted.

Separate Applications are required in the Nutrition and the Trauma-Informed Child Care categories. That is, an Applicant may not propose to provide both nutrition and childcare in a single Application. In the Nutrition and Childcare categories, a single Applicant may propose to serve Coos County alone, or Curry County alone, or a combination of Coos and Curry Counties. If an Applicant proposes to serve both Coos and Curry Counties, separate budgets and objectives must be provided for each county.

## 4.3 Matching Funds

No matching funds are required. However, Advanced Health is contractually required to strictly limit administrative overhead, essential facility and supports, and Indirect Costs to a maximum of eight percent (8%). Therefore, if the Applicant organization evidences administrative and Indirect Costs that exceed eight percent (8%) of the amount awarded, these administrative and Indirect Costs shall be deemed to be matching funds pledged to the project by the Applicant organization.

## 4.4 Caveats

Because OHA reserves the absolute right to approve all projects funded under the *SHARE Initiative*, Advanced Health reserves the right to award a single, multiple, or no Cooperative Agreements in each category.

# SECTION 5. PROCUREMENT REQUIREMENTS

## 5.1 Eligible Applicants

Advanced Health is contractually obligated to distribute *SHARE Initiative* resources to non-clinical public and private community-based organization. Any entity that submits Medicaid claims, either directly or indirectly, to Advanced Health, or that receives capitation or other forms of Medicaid reimbursement either through Advanced Health or directly from the Oregon Health Authority, is ineligible to apply as an Applicant or to participate in the program as a sub-awardee.

Eligible Applicants and Sub-Applicants include:

- Non-profit social, human services, or housing organizations;
- Culturally specific organizations;
- Local public health authorities (in a Sub-Awardee position);
- Regional health equity coalitions
- Local units of government (i.e., cities and counties);
- Nine Federally Recognized Tribes of Oregon and the Urban Indian Health Program

- Early learning hubs.
- Local housing authorities
- Government-associated entities (i.e., housing authorities, libraries, juvenile justice);
- Special districts (i.e., school districts, community college districts, fire districts, extension services or agricultural extension tax districts);

Non-profit entities serving in the role of the Applicant organization must hold tax-exempt status pursuant to IRS 501(c)(3), or have an application for tax-exempt status pending with the IRS as of the date of Application submission and that is anticipated to be awarded or determined by the IRS on or before 1 October 2025. Non-profit entities serving in the role of Sub-Applicant are not required to have or hold IRS tax-exempt status.

With the exception of Extension Services and Tribal Governments, all Applicants must be domiciled in Coos or Curry Counties. That is, the official registered address on file with Oregon’s Secretary of State for the Applicant organization must show a physical address for the corporate headquarters that is located within Coos or Curry Counties. Entities that have corporate headquarters that are not located in Coos or Curry County may participate as Sub-Applicants and Sub-Awardees, but may not serve as the Applicant organization.

Under the Collective Impact model, the organization that is selected by the Collective Impact Consortium, must serve as the Applicant organization, and as the managing partner and fiscal agent for the project. The Applicant organization is ultimately responsible for the success of the program and may not assign overall program management or fiscal agency to another member of the consortium.

If the Applicant is a private non-profit organization, culturally specific organization, or early learning hub, it must have a governing body that is comprised of at least five unrelated persons, and the governing body must approve the Applicant’s submission.

## 5.2 Minimum Submission Requirements

To be considered for evaluation, the Application Package must contain each of the following elements, and adhere to the guidance provided in this RFA:

- Application Packet;
- Project Budget; and,
- Institutional File.

The Application Packet must be electronically submitted in Word, Rich Text, or PDF format by not later than 4:00 PM on **29 August 2025** as an email attachment to [SHARE@advancedhealth.com](mailto:SHARE@advancedhealth.com). The electronically submitted document should be captioned as “SHARENarrative-Name or Acronym of Applicant.”

The Project Budget must be electronically submitted in Excel, Word, or PDF format by not later than 4:00 PM on **29 August 2025** as an email attachment to [SHARE@advancedhealth.com](mailto:SHARE@advancedhealth.com). The electronically submitted document should be captioned as “SHAREBudget-Name or Acronym of Applicant.”

The Institutional File must be electronically submitted in PDF format by not later than 4:00 PM on **29 August 2025** as an email attachment to [SHARE@advancedhealth.com](mailto:SHARE@advancedhealth.com). The electronically submitted document should be captioned as “SHAREInstitutional-Name or Acronym of Applicant.”

The Applicant is responsible for assuring that all electronic submissions are actually received and are free of viruses and all other electronic security risks. Applicants should request, from within their own electronic systems, proof of delivery in the form of an email receipt, and should print and save a copy of the electronic receipt for their own records.

### 5.3 Application Format and Quantity

Applicants are to use the attached Application Packet.

Applications will be evaluated on overall quality of content and responsiveness to the specifications of this RFA. Only those Applicants that include complete information as required by this RFA will be considered for evaluation.

### 5.4 Application Requirements

**5.4.1** The Application Packet consists of the following elements, in the following order:

- Application Information**
- Organizational Background**
- Project Overview**
- Project Description and Methodology**
- Sub-Applicant Information**
- Program Evaluation**

**5.4.2** The Project Budget consists of a detailed, line-item budget for the 2026 performance year. A second year budget for 2027 may also be submitted, but is not required. If an Applicant is applying for both Coos and Curry Counties, separate budgets must be submitted for each county. [Refer to Sections 10 and 13]

**5.4.3** The institutional file must be fully completed and electronically signed by the governing authority upon submission. [Refer to Section 11]

## SECTION 6. SOLICITATION PROCESS

### 6.1 Public Notice

This RFA is published at Advanced Health's web site. Information regarding this RFA will be widely disseminated through email notifications to Coos County CAC members, Curry County CAC members, community stakeholders who participated in the development of the Coos and Curry County *Community Health Assessments* and *Community Health Improvement Plans*, the Coos Housing Action Team, and other known consortia as may be identified. RFA documents will not be mailed to prospective Applicants.

Modifications, if any, to this RFA will be made by written addenda published at Advanced Health's web site. Prospective Applicants are solely responsible for checking Advanced Health's web site to determine whether or not any addenda have been issued. No addenda will be posted to Advanced Health's web site after 8 August 2025. Addenda are incorporated into this RFA by this reference.

## 6.2 Questions/Requests for Clarification

Prospective Applicants may submit written questions or requests for clarification to the SPOC at [SHARE@advancedhealth.com](mailto:SHARE@advancedhealth.com). Responses to all questions received by **5:00 PM on 1 August 2025** will receive responses, posted to Advanced Health's web site, by **5:00 PM on 8 August 2025**. The identities of prospective Applicants who pose questions or requests for clarification will not be disclosed in the process of responding to those questions or requests. No questions or requests for clarification received after **5:00 PM on 1 August 2025** will receive responses. All questions or requests for clarification should refer to the specific location within the RFA that has caused the question (i.e., page and section number).

## 6.3 Protests to RFA

No protests to this RFA will be considered.

## 6.4 Application Modification or Withdrawal

If an Applicant wishes to make modifications to its submitted Application, it must withdraw its originally submitted Application, and submit a new and modified Application by the announced due date. If an Applicant wishes to withdraw its submitted Application, it must submit a written notice signed by an authorized official of its intent to withdraw to the SPOC via email.

## 6.5 Application Rejection

Advanced Health may reject an Application for any of the following reasons:

- Applicant fails to meet eligibility requirements or minimum qualifications.
- Applicant substantially fails to comply with all prescribed RFA procedures and requirements.
- Applicant has liquidated and delinquent debt owed to the State of Oregon.
- Applicant makes any contact regarding this RFA with a State representative, State employee, or Advanced Health officer or employee other than the SPOC, or any inappropriate contact with the SPOC.
- Applicant attempts to influence a person who Advanced Health has designated as an evaluator of applications received.
- Application is conditioned on any terms, conditions, or rights to negotiate alternative terms and conditions that are not reasonably related to those expressly authorized for negotiation in the RFA or addenda.

## 6.6 Revised Applications

Advanced Health may request a Revised Application from any Applicant if additional information is required to make a final decision. Applicant may be contacted by Advanced Health's SPOC asking that it submit a Revised Application, which must include any and all discussed and all negotiated changes.

## 6.7 Absence of Qualified Application(s)

If Advanced Health does not receive a qualified Application in any of the categories, or for a specific county, Advanced Health may seek to directly identify an organization to provide the geographically proximal services that are contemplated under this RFA, and to engage that organization in direct negotiations leading to a Cooperative Agreement Award.

## 6.8 Evaluation Criteria

Applications must be complete at the time of submission. Advanced Health will verify that the Applications received meet the minimum qualifications and requirements. Those meeting these qualifications and requirements will then be evaluated by Evaluators selected by Advanced Health. The Evaluators will be comprised of Advanced Health's Program Committee, any content experts identified by the Program Committee, and at least one representative from each of the Community Advisory Councils. Evaluators may ask the SPOC to request further clarification from an Applicant to assist the Evaluators in gaining additional understanding of an Application. A response to a clarification request must be to clarify or explain portions of the already submitted Application and may not be used to introduce new concepts not included in the original Application.

A copy of the evaluation/scoring tool that will be used by Advanced Health's Evaluators appears in Section 10 of this RFA.

## SECTION 7. AWARD AND NEGOTIATION

### 7.1 Award Notification Process

The apparent successful Applicants for award of Cooperative Agreements shall be notified by email, by the SPOC, following Advanced Health's board of directors meeting on **17 September 2025**. Applicants will be notified within **five** business days of the 17 September 2025 Advanced Health's board of directors meeting.

### 7.2 Apparent Successful Application Submission Requirements

Applicants who are selected for the award of a Cooperative Agreement under this RFA will be required to submit additional information and comply with the following:

- a. Proof of Liability Insurance, as negotiated with Advanced Health;
- b. Taxpayer Identification Number and Completed Form W-9;
- c. Pay Equity Certification,  
[reference <https://www.oregon.gov/das/procurement/pages/payequity.aspx>;  
and
- d. Copy of Applicant's Policies and Procedures Governing Preventing Sexual Harassment, Sexual Assault, and Discrimination Against Employees Who are Members of a Protected Class

### 7.3 Cooperative Agreement Negotiation

Rather than to retain Awardees through formal grant or contract agreements, Advanced Health will engage each Awardee in a *Cooperative Agreement*. Cooperative Agreements acknowledge that complex human services programs are often fluid in nature and require continuing flexibility in their administration and implementation. Cooperative Agreements assume that there will be considerable interplay between the grantor and the awardee as the program progresses and develops over time. Cooperative Agreements permit the parties to re-negotiate program elements over time (i.e., approach; methodology; consortium partners; performance objectives and metrics; budget line-items). During the period of **October 1-31<sup>st</sup> 2025**, Advanced Health's program, quality, compliance, and/or legal personnel will meet with prospective Awardees to negotiate the elements of the Cooperative Agreement. It is envisioned that this negotiation process will be friendly and respectful in nature, and set a positive and affirming tone for the negotiations that will follow over the life of the project.

Throughout the term of the project, either party, Advanced Health or the Awardee, may request re-negotiation of most elements of the Cooperative Agreement. Advanced Health must be consulted in those circumstances in which the Awardee wants to release or terminate any Sub-Awardee's participation in the project, or alter the value of resources that are shared with Sub-Awardees. When the Applicant's project was evaluated, the strength of all project partners was taken into consideration, and thus releasing a project partner (Sub-Awardee), or reducing the allocation to a Sub-Awardee, will require Advanced Health's prior written approval.

As a component of the Cooperative Agreement negotiation process, Advanced Health will review the Applicant's Readiness Review [contained in the Institutional File] and may ask Applicants to provide copies of documents or to address Readiness Review deficiencies.

Because OHA contractually requires Advanced Health to award all agreements according to risk-share, value-based, or performance-based models, that may include with-holds, risk corridors, or performance incentives, these will be negotiated during the pre-award process. It is possible that the only risk borne by Applications will be their eligibility for future year funding, dependent upon satisfactory performance during the initial project period.

#### 7.4 Cooperative Agreement Award

Cooperative Agreements will be negotiated, awarded, and signed by no later than **November 30<sup>th</sup>, 2025**. Advanced Health is required to submit the cooperative agreements to OHA upon request. OHA reserves the absolute right to deny, alter, or accept any Cooperative Agreement awarded under the *SHARE Initiative*.

#### 7.5 Reporting Requirements

Awardees will be required to submit written progress reports for each of the first three quarters, roughly due within fifteen (15) days of the conclusion of each performance period quarter. At the conclusion of each year-long performance period, Awardees will be required to submit annual summary statements that focus on the project's measurable process and outcome objectives. In addition, Awardees will be required to submit financial expenditure reports at the conclusion of the second and fourth quarters. Any unexpended funds at the conclusion of the fourth quarter must be returned to Advanced Health. Advanced Health will provide additional detail governing the format and content of quarterly and annual progress reports, and semi-annual and annual financial expenditure reports.

### SECTION 8. ADDITIONAL INFORMATION

#### 8.1 Governing Laws and Regulations

This RFA is governed by the laws of the State of Oregon. Venue for any administrative or judicial action relating to this RFA, evaluation and Award, is the Circuit Court of Coos County for the State of Oregon, provided, however, if a proceeding must be brought in a federal forum, then it must be brought and conducted solely and exclusively within the United States District Court for the District of Oregon.

#### 8.2 Ownership/Permission to Use Materials

After the date of the Notice to Proceed, Advanced Health's procurement files may be subject to public disclosure. If the Applicant considers any portion of an Application to be a trade secret, or otherwise exempt from public disclosure under

Oregon's Public Records Law, in order to seek protection from disclosure that Applicant shall, at the time of submission: (1) clearly designate the precise pages, sections, and paragraphs of the Application that are considered confidential; and, (2) explain the justification for the exemption consistent with Oregon's Public Records Law. Advanced Health may release information notwithstanding its being in fact exempt from disclosure, and Advanced Health will not be liable to any Applicant or any other person for release of information Applicant claims to be confidential.

### 8.3 Cancellation of RFA; Rejection of Application; No Damages

Advanced Health may reject any or all Applications in whole or in part, or may cancel this RFA at any time when the rejection or cancellation is in the best interest of Advanced Health and its beneficiaries, as determined solely by Advanced Health. Advanced Health shall not become liable to any Applicant or other person for any loss or expense caused by or resulting from the delay, suspension, or cancellation of this RFA, including its addenda, the Award, negotiation, or rejection of any Application, or any other action taken by Advanced Health that is contemplated by the RFA. No person or entity may maintain a claim against Advanced Health based on this RFA. Applicant shall pay all the costs associated with submitting its Application, including but not limited to, the costs to prepare and submit the Application, costs of samples and other supporting materials, costs to participate in oral presentations or negotiations, or costs of changing Applications due to addenda.

### 8.4 Use of Funds or Assets

To the extent the Applicant uses the funds and assets of Advanced Health under an awarded Cooperative Agreement, Applicant shall not, directly or indirectly:

- Induce any other person or organization to submit or not submit an Application;
- Take unfair advantage of Advanced Health or its Medicaid Members through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair practice;
- Mislead Advanced Health or Medicaid Members through deceptive acts or practices, false advertising claims, misrepresentations, or other unfair methods of competition;
- Engage in any conduct, conspiracy, contract, agreement, arrangement, or combination, or adopt or follow any practice, plan, program, scheme, artifice, or device similar to, or having a purpose and effect similar to, the prohibited conduct listed above;
- Knowingly participate in a conflict-of-interest during the course of the Application's evaluation;
- Attempt to influence any evaluator or officer, director, or employee of Advanced Health during the Application evaluation process;
- Use funds or assets for any purpose which would be in violation of any applicable law or regulation;
- Make contributions to any political candidate, party, or campaign either within or without the United States;
- Establish or maintain a fund, asset, or account that is not recorded and reflected accurately on the books and records of the Applicant;
- Make false or misleading entries in the books and records of the Applicant, or omit to make entries required for these books and records to be accurate and complete; and,
- Effect a transaction or make a payment with the intention or understanding that the transaction or payment is other than as described in the documentation evidencing the transaction or supporting the payment.

### 8.5 Federally Required Conflict of Interest Safeguards

Applicants and its Sub-Applicants shall not recruit, promise future employment, or hire any OHA or Advanced Health employee (or their relative or member of their household) who has participated personally and substantially in the procurement under this RFA, or who is an Advanced Health or OHA employee.

Applicant and its Sub-Applicants shall not offer to any OHA or Advanced Health employee or contractor (or any relative or member of their household) any gift or gifts with an aggregate value in excess of \$50 during a calendar year or any gift of payment of expenses for entertainment.

Applicant and its Sub-Applicants shall not retain a former Advanced Health employee or contractor to make any communication with or appearance before Advanced Health on behalf of Applicant in connection with this RFA.

If a former Advanced Health employee or contractor authorized, or had a significant role in this RFA, Applicant and its Sub-Applicants shall not hire such a person in a position having a direct, beneficial, financial interest in the resulting Cooperative Agreement for at least two years after the Cooperative Agreement was authorized by Advanced Health.

## SECTION 9. APPLICATION CONTENT GUIDANCE

### **Application Packet:**

The following elements will be included in the application packet. The Application Packet is submitted electronically and may be in Word, Rich Text, or PDF.

#### Section 9.1: Application Information

Applicants shall complete all sections of the information section within the Application Packet. This includes the legal name and address of the organization, as well as contact information and EIN/Tax ID information.

#### Section 9.2: Organizational Background-15 points

The Introduction of the Applicant Organization should provide a rich narrative about the background and qualifications of the Applicant who serves as the backbone organization for the Collective Impact Consortium. This Introduction focuses on the Applicant, and not the program's Sub-Applicants. To this end, provide information about the organization: when it was founded; how it is structured; its legal status (i.e., private, non-profit, tax-exempt organization; political subdivision of the State of Oregon; special district); and mission. Provide information about the range and quantity of services provided by the Applicant.

#### Section 9.3: Project Overview-5 points

The Project Overview is a brief, high-level overview of the proposed project. This overview should be concise, clear and compelling.

#### Section 9.4: Project Description and Methodology -40 Points

The Applicant will be required to complete the following in the Project Description and Methodology Section :

##### ***What is the purpose of the project and what problem/need does it address?***

Provide information, from the Applicant's and Collective Impact Consortium's perspectives, about the need for the program. Applicants might provide statistical, quantifiable, or experiential data to document existing needs, and may

supplement quantitative data with qualitative data drawn from professional literature. [For example, the Applicant may be able to quantify the number of persons who are food insecure in the local community, and provide further evidence of food shortages in food banks and pantries, and follow that with findings from professional literature that cite the health disparities that emerge for persons who are improperly nourished.] From among the various needs that exist, the Applicant should tease out those needs that will become a focus of the Collective Impact Consortium's efforts.

### ***What are the specific goals and objectives?***

State the specific goals and objectives. Applicants must propose at least one process objective and one outcome objective for each project year. When appropriate, multiple process and outcome objectives should be stated. If the Application is being submitted for both Coos and Curry Counties, then separate process and outcome objectives must be articulated for each county. Quality objectives are simultaneously ambitious and attainable.

*Sample Process Measure:* By the conclusion of the first project year, **30, December 2026**, the Awardee and Sub-Awardees will provide at least six hours of nutrition education to a minimum of 100 unduplicated program participants, as will be documented by the Awardee's internal data collection systems.

*Sample Outcome Measure:* By the conclusion of the first project year, **30, December 2026**, at least eighty percent (80%) of the program beneficiaries who completed the educational series on nutrition, will evidence at least a sixty percent (60%) improvement in daily nutritional intake, as measured by pre- and post-program surveys or questionnaires.

### ***Who are the primary beneficiaries/target populations of the project and what are the equity considerations?***

The Applicant will discuss the range of activities that were considered and rejected and why, and will conclude by providing a rich narrative about the program activities that were selected, and why these activities or strategies are believed to be superior when consideration is given to the defined target population that will benefit from the selected activities. For example, an Applicant may have considered an activity that has produced excellent results in an urban environment, but rejected that activity because it was not replicable in a rural setting. For each identified program activity, define or describe the intended target population for that activity, and provide assurances that Health Equity was given consideration in the selection of the activity or strategy. The recommended page limitation for this sub-section is three pages.

### ***How will the project be implemented (include a timeline, key activities, and staff involved)***

Discuss the staffing pattern that will be required to deliver the proposed activities and strategies to the target population. If the identity of the program director or project manager is known, provide a summary of that individual's qualifications. If the project will require new hiring, state the minimum qualifications that will be required for the successful candidate. The recommended page limitation for this sub-section is one page.

### ***How will you measure the impact or success of this project?***

Is this project supported by evidence based practices?

Provide information and sources of authority that attest to the evidence-base for at least some of the activities and strategies that are proposed for the program. The recommended page limitation for this sub-section is one page.

### ***Describe the sustainable elements of this project.***

Advanced Health is particularly interested in using *SHARE Initiative* resources to build programs, capacities, and service elements that are sustainable over time after targeted funding has been exhausted. To this end, this sub-section of the

Program Narrative is heavily weighted in the scoring process and is valued at 15 of 100 total points. Some examples of sustainable program elements are presented below.

*Sustainment Example for a Housing Project:* The Applicant might propose that, of the rents collected from Permanent Supportive Housing projects, fifty percent (50%) will be set aside, invested in a housing trust fund, and dedicated to the construction of future Supported Housing.

*Sustainment Example for a Nutrition Program:* The Applicant might propose some mechanism whereby a select and limited number of 4-H and FFA youth are permitted by the Coos Youth Auction Committee to sell a second pen of chickens as a community benefit activity at the annual Youth Auction. The funds derived from the sale of the second pen of chickens would be used: first to compensate the 4-H or FFA member for his or her costs; and, second to prepay the costs for next year's pen of chickens. Any remaining funds could be annually used to purchase fresh meat or poultry products for food banks and pantries.

*Sustainment Example for a Child Care Program:* The Applicant might establish a microenterprise fund, wherein aspiring child care providers are assisted in acquiring the education needed for child care certification and appropriately equipping their child care center; in exchange, the beneficiary agrees to, over time and using a portion of his or her child care earnings, reimburse the microenterprise fund such that additional child care workers can be trained and equipped from the microenterprise fund's revolving resources.

*Sustainment Example for a Prevention Program:* The Applicant might propose integrating a prevention program with existing systems. For example; a Prevention Program could propose to be embedded into organizational policies and procedures across partner agencies-including schools, health clinics, housing providers, law enforcement etc. This institutionalization will ensure practices persist beyond the grant cycle.

These are not the only, or even the most desired, examples of sustainable program elements. Applicants are encouraged to be both realistic and creative.

## Section 9.5 Sub Applicants

**Identification of Sub-Applicants:** The Applicant is to provide information about the identities and roles of all Sub-Applicants who are members of the Collective Impact Consortium and which will receive Sub-Awards under the *SHARE Initiative*.

**Table of Sub-Applicants**

<b>Name of Sub-Applicant</b>	
<b>Sub-Applicant's Legal Status</b>	
<b>Sub-Applicant's Mission Statement</b>	
<b>Contact Person for Sub-Applicant</b>	
Title	
Address	
Phone Number	
E-Mail Address	
<b>Single-Sentence Description of the Sub-Applicant's Role in the Project and Deliverables, If Any</b>	
<b>Proposed Sub-Award Amount</b>	

For the purposes of this program, is the Sub-Applicant willing to be bound with the Applicant through a Memorandum of Agreement or other contractual mechanism?	
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## Section 9.6 Project Work Plan-10 Points

Applicants will submit project work plan. for the first project year, using the following format. Deliverables by Sub-Applicants should be specifically included.

Major Milestone or Activity	Responsible Party	Due Date	Deliverables, If Any

## Section 9.7 Evaluation Plan -10 Points

The Evaluation Plan includes the following elements:

**9.7.1.Internal Evaluation Plan:** State the criteria the Applicant will use in evaluating its own work. Who within the organization will perform evaluation functions and what are that individual's qualifications? What methods of evaluation will be employed? How frequently will internal evaluation reports be generated, and for what audiences? Who will determine if corrective action is needed? Will internal evaluation reports be shared with Advanced Health?

**9.7.2 Data Collection Systems:** Describe the Applicant's data collection systems and capabilities. Describe the data flow for the program: beginning with source documents until data entry occurs. State how the Applicant will assure data fidelity.

**9.7.3 Reporting and Sharing Results:** Describe how the Applicant will report and share results. Include frequency such as dashboards, CAC updates or public reports.

## SECTION 10- PROJECT BUDGET

### The Project Budget-20 points

All Direct Costs presented in the detailed line-item project budget must be allocable, allowable, reasonable, and directly contribute to the program's intended outcomes. The Project Budget is the Applicant's opportunity to justify and defend the line-items that comprise its budget presentation, as well as to clarify any unusual features of the budget.

The detailed, line-item Project Budget is electronically submitted and may be submitted in Excel, Word, or PDF. Applicants may use the Sample Budget Template that appears in Section 14 of this RFA, or may use their own formatting, provided that the budget presentation covers at least a one year budget period, with a second year being optional. Applicant uses

the same object class categories as the template, and dichotomizes costs between Coos and Curry Counties (for Applications that propose to serve both counties). T

**Personnel:** List all directly employed personnel required by the Applicant to carry out the project, including the compensation structure for each position. All personnel must bear a distinct relationship to the program and be essential for the attainment of the program's outcomes.

**Payroll Taxes and Fringe Benefits:** Private non-profit organizations must provide line-item detail for payroll taxes and fringe benefits (i.e., FICA and Medicare payroll taxes at 7.65%; Unemployment Insurance @ 1.8%; Workers' Compensation Insurance @ 2.1%; Retirement Contributions @ 2.5%; Health Insurance Premiums at \$400/FTE/Month). Public and quasi-governmental entities are not required to provide line-item detail for payroll taxes and fringe benefits, and may simply state payroll taxes and fringe benefits as a percentage of payroll. In combination, payroll taxes and fringe benefits for both private and public Applicants may not exceed twenty-five percent (25%) of payroll.

**Travel:** Travel costs must be itemized and defended in the budget narrative. Differentiate between local travel needed for the performance of the program, and regional, state, or national travel for the purposes of statewide meetings or professional development. All travel expenses must comport with Federal Cost Principles.

**Program Supplies:** List and quantify program supplies and their costs.

**Capital Purchases:** A capital item is any item that has an acquisition cost of greater than \$5,000, or a usable life expectancy of greater than five years. Items such as cell phones, PCs, and laptops should be considered as "program supplies" as technology changes so rapidly as to render these devices obsolete within five years. Capital purchases might include military-style tents, pallet homes, or tiny homes.

**Construction and Renovation:** Only Applicants in the Housing and Homelessness category may propose construction and renovation expenses.

**Contracted Services:** For the purposes of the *SHARE Initiative*, list all contracted services with the exception of Sub-Awards. While Sub-Awards are, indeed, a form of contracted service, for the purposes of the *SHARE Initiative* budget, they will be listed separately in a designated object class category.

**Indirect Costs** are capped at eight percent (8%) of the total costs of personnel, payroll taxes and fringe benefits, travel, program supplies, capital purchases, construction and renovation, and contracted services. Sub-Awardee costs are excluded from the sum that provides the basis for the calculation of Indirect Costs, in order that Sub-Awardees may also benefit from their fair share of the Indirect Cost rate allowance.

**Sub-Awardee Costs:** List each Sub-Awardee and the amount of *SHARE Initiative* resources that are pledged to each Sub-Awardee. If Sub-Awardees are scheduled to receive amounts that exceed \$19,999, separate supplemental budgets must be submitted for each such Sub-Awardee, using the provided template in Section 14.

**Other Costs:** List all other costs which do not meet a category above. For example, costs such as telecommunications, insurance, printing, postage, office supplies, or unusual utility costs (such as for a portable shower), do not "fit" in the existing categories of personnel, payroll taxes, travel, program supplies, capital purchases, or construction

## SECTION 11. INSTITUTIONAL FILE

### INSTITUTIONAL FILE

#### Readiness Review

**This Section to be Completed Only by Non-Governmental Non-Profit Organizations:**

Variable	Yes	No	Pending
Does the organization hold tax-exempt status?			
Is the organization governed by a board of directors comprised of at least five persons?			
Does the board of directors meet at least ten times per year?			
Has the board of directors adopted a long-range strategic plan?			
Is the proposed Application consistent with the organization's strategic plan?			
Does the Applicant organization develop annual financial statements?			
If financial statements are developed, are they audited?			
Within the past three years, has the Applicant received any grant of \$100,000 or more?			

**This Section to be Completed by All Applicants:**

Variable	Yes	No	Pending
Is the Applicant's registered physical address located in Coos or Curry Counties?			
Does the Applicant have written policies and procedures governing:			
Personnel and Human Resources?			
Fiscal and Financial Management Practices?			
Conflict-of-Interest?			
Workplace Sexual Harassment?			
Client Confidentiality and Privacy?			
Trauma-Informed Practices?			
Equity and/or Discrimination?			
Client Grievances?			
Fraud, Waste, and Abuse?			
Whistleblower Protections?			
Does the Applicant require its employees to receive training in:			
Workplace Sexual Harassment?			
Mandatory Reporting of Child or Elder Abuse?			

Trauma-Informed Practices?			
Health Literacy?			
Equity or Discrimination?			
Is the Applicant delinquent on any debt, public or private?			
Is the Applicant organization subject to back-up tax with-holdings?			
Is the Applicant currently a defendant in any law suit?			
Is the Applicant currently under investigation by any investigative authority?			
Does the Applicant have sufficient administrative staffing and support resources to carry out the work proposed in the Application?			
Does the Applicant have the knowledge, skills, and tools necessary to manage, oversee, and monitor the activities of Sub-Applicants and Sub-Awardees?			
Does the Applicant welcome collaborative community efforts and engagement?			
Does the Applicant possess sufficient Information Technology systems and knowledge to accurately report the project's raw and summarized process and outcome data?			
Does the Applicant possess sufficient fiscal systems and knowledge to responsibly manage fiscal resources and accurately report on program expenditures?			
Is the Applicant financially solvent?			
Does the financial statement for the most recent fiscal year result in any deficit?			

### Attestations

#### For Completion by All Applicants:

Variable	Yes	No
If successful, is the Applicant willing to enter into a value-based Cooperative Agreement with Advanced Health?		
Is Applicant willing to hold written agreements with Sub-Awardees that clearly describe Sub-Awardees' scope of work?		
Is Applicant willing to provide to Advanced Health unredacted copies of written agreements with Sub-Awardees?		
Will Applicant have an individual accountable for each of the following functions: contract administration; evaluation; performance measurement; information technology; compliance; continuing quality improvement?		
Will Applicant, to the best of its ability, collect, maintain, and analyze data on the basis of race, ethnicity, or minority status?		
Is the Applicant willing to provide its raw and summarized process and outcome data to Advance Health, or the evaluator appointed by Advanced Health?		
Is the Applicant willing to cooperate with the independent evaluator appointed by Advanced Health?		
Is the Applicant willing to provide to Advanced Health semi-annual project expenditure reports and annual financial statements?		
Is the Applicant willing to participate in quality improvement initiatives that may be undertaken by Advanced Health and its partners?		
Is the Applicant willing to perform regular reviews of its source documents to ensure the accuracy of the data submitted to Advanced Health?		

Is the Applicant willing to engage in activities to improve the quality and accuracy of the data that it submits to Advanced Health?		
Has the Applicant negotiated an Indirect Cost Rate Agreement with any agency of the federal government? If “yes,” What is the negotiated Indirect Cost Rate? If “yes,” What is the cognizant federal agency?		

### Assurances

#### For Completion by All Applicants:

Variable	Yes	No
Will the Applicant comply with:		
Title VI and VII of the Civil Rights Act of 1964, as amended?		
45 CFR Part 84 which implements Title V, Sections 503-504 of the Rehabilitation Act?		
The Americans with Disabilities Act of 1990, as amended?		
Section 1557 of the Patient Protection and Affordable Care Act (ACA)?		
The Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended?		
The Vietnam Veterans’ Readjustment Assistance Act of 1974, as amended?		
The Mental Health Parity and Addiction Equity Act of 2008, as amended?		
All regulations and administrative rules established pursuant to the foregoing laws?		
All other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations?		
All federal laws requiring reporting of the abuse of Medicaid beneficiaries?		
Executive Orders 11246 and 11375 regarding Equal Opportunity in Employment?		
Clean Air, Clean Water, and Relevant Environmental Protection Agency regulations?		
Oregon’s Energy Conservation Plan?		
Truth in Lobbying Regulations?		
The Resource Conservation and Recovery Act?		
The Pro-Children Act of 1994?		
Oregon’s Workers’ Compensation regulations in ORS.565.027 and 565.017?		
To the extent possible, the Outcome and Assessment Information Set (OASIS) established by the Center for Medicaid and Medicare Services?		
Will the Applicant establish and comply with appropriate Conflict-of-Interest safeguards?		

## Certification

I, \_\_\_\_\_ (authorized signer), representing \_\_\_\_\_ (organization name), hereby affirm under penalty of False Claims liability that: I am an officer of the board of the Applicant; I have knowledge of the Request for Applications referenced herein; I have full authority from the Applicant to submit this Application and Certification; and to the best of my knowledge and belief, represent that the statements made in the Application, Budget, and Institutional File are truthful and accurate.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

## SECTION 12. APPLICATION SCORING CRITERIA

Applicant Name \_\_\_\_\_ SHARE Category \_\_\_\_\_

APPLICATION ELEMENT	SCORE
<b>Introduction of the Applicant Organization</b> <span style="float: right;"><b>Maximum Score 15</b></span> The Applicant is a quality and collaborative organization that commands the community's respect. It is well-governed and well-managed and has a history of service delivery and measurable results from its work. The proposed project is consistent with the Applicant's mission and strategic priorities. The Applicant has experience in leadership, multi-agency collaborative projects, and programs of similar size and scale. <b>Reviewer's Comments:</b>	
<b>Statement of Project Overview</b> <span style="float: right;"><b>Maximum Score 05</b></span> The Applicant displays an accurate understanding of, and can document, local community needs. The Applicant is familiar with local data sources and relevant professional literature. <b>Reviewer's Comments:</b>	
<b>Methodology</b> <span style="float: right;"><b>Maximum Score 40</b></span> The Applicant has defined a robust, strategic, compliant, and evidence-based methodology that is likely to produce desired results. The project embodies Collective Impact and is syntonically designed to meet the needs of the target population, with due consideration given to health equity. The Applicant has included an appropriate array of Sub-Applicants if applicable and has shared resources with Sub-Applicants at meaningful levels. The Applicant proposes an appropriate staffing pattern. The Applicant has identified key program elements that can be sustained after grant funds have expired, and has provided reasonable calculations about how these elements will be financed in the future <b>Reviewer's Comments:</b>	
<b>Project Workplan</b> <span style="float: right;"><b>Maximum Score 10</b></span> The Applicant has articulated ambitious and yet attainable process and project milestones/activities for the project year with an delegated party for each. <b>Reviewer's Comments:</b>	
<b>Evaluation Plan</b> <span style="float: right;"><b>Maximum Score 10</b></span> The Applicant has identified qualified personnel to perform in-house program evaluation functions, and has set forth evaluation methods that are appropriate for the size and scale of the project. The Applicant has data systems that are adequate to produce reliable raw and summarized data, and has documented a system of data flow that begins with source documents. The Applicant has agreed to participate in external program evaluation functions required by Advanced Health. <b>Reviewer's Comments:</b>	
<b>Budget</b> <span style="float: right;"><b>Maximum Score 20</b></span> The Applicant has set forth a detailed, line-item, budget for the project period, and, if relevant, for each County. All costs are reasonable, allocable, and allowable, clearly support the project's outcomes, and are well defended and justified in the project budget <b>Reviewer's Comments:</b>	

## SECTION 13. BUDGET TEMPLATE

Object Class Category and Line-Item	YEAR ONE				YEAR 2		
	Coos	Curry	Total		Coos	Curry	Total
<b><u>Line 1: Personnel</u></b>							
1.1 Itemize							
1.2 Itemize							
1.3 Itemize							
<b><u>Line 2: Payroll Taxes and Fringe Benefits</u></b>							
2.1 Itemize							
2.2 Itemize							
2.3 Itemize							
<b><u>Line 3: Travel</u></b>							
3.1 Itemize							
3.2 Itemize							
3.3 Itemize							
<b><u>Line 4: Program Supplies</u></b>							
4.1 Itemize							
4.2 Itemize							
4.3 Itemize							
<b><u>Line 5: Capital Purchases</u></b>							
5.1 Itemize							
5.2 Itemize							
<b><u>Line 6: Construction and Renovation</u></b>							
6.1 Itemize							
6.2 Itemize							
<b><u>Line 7: Contracted Services Other than Sub-Applicants/Sub-Awardees</u></b>							
7.1 Itemize							
7.2 Itemize							
<b><u>Line 8: Other</u></b>							
8.1 Itemize							
8.2 Itemize							
<b><u>Line 9: SUB-TOTAL OF ALL NON-SUB-APPLICANT COSTS, Lines 1 through 8</u></b>							
<b><u>Line 10: Administrative and Indirect Allowance, Calculated at 8 Percent of Line 9 (Above)</u></b>							
<b><u>Line 11: Sub-Applicant Costs*</u></b>							
11.1 List Sub-Applicant and Amount Budgeted							
11.2 List Sub-Applicant and Amount Budgeted							
10.3 List Sub-Applicant and Amount Budgeted (Continue as Needed)							
<b><u>Line 11: TOTAL OF ALL COSTS: Line 9 + 10 + 11</u></b>							

\*Submit a Supplemental Budget for any Sub-Applicant scheduled to receive more than \$19,999.