PHIG PARTNERS
Public Health Infrastructure Grant

Request for Proposals: Public Health Data Modernization Tribal Implementation Center

June 10, 2024

Updated June 26, 2024

REQUEST FOR PROPOSALS (RFP)
Public Health Data Modernization Tribal Implementation Center

Summary Information

Purpose:
The purpose of this Request for Proposals (RFP) is to engage a Tribal-serving organization via contract to establish a Tribal Implementation Center, part of the new Public Health Data Modernization Implementation Center Program. The Tribal Implementation Center will be dedicated to supporting Tribes and Tribal-serving organizations with their data modernization efforts and advancing the outcomes of the Implementation Center Program while ensuring culturally appropriate approaches that respect indigenous values and Tribal data sovereignty.

Organizational Leads:
The Public Health Infrastructure Grant (PHIG) National Partners, consisting of the Association of State and Territorial Health Officials (ASTHO), the National Network of Public Health Institutes (NNPHI), and the Public Health Accreditation Board (PHAB), seek the support of a contractor to serve as a Tribal Implementation Center to support Tribal health authorities to accelerate their data modernization activities. NNPHI is the lead National Partner for the Tribal Implementation Center.

Proposal Due Date and Time:
July 28, 2024; 11:59PM ET

Notice of Intent Due Date and Time:
June 28, 2024; 11:59PM ET

Informational Webinar:
June 25, 1:00PM – 2:00PM ET
https://us02web.zoom.us/webinar/register/WN_tmmoNcs0RHe4ljuVaq0DQA
Please see NNPHI Funding Announcements page (https://nnphi.org/news/funding-announcements/) for details on the webinar.
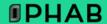
Selection Announcement Date:
August 19, 2024

Maximum Funding Amount:
One multi-year award, up to $23,000,000.
In addition to this award, PHIG National Partners plan to subaward approximately $23 million to participating Tribal public health authorities to support their implementation activities.

Estimated Period of Performance:
September 1, 2024 – September 30, 2027

Eligibility:
Candidates may utilize the services of subcontractors as they deem appropriate to perform the activities outlined in the RFP. The following are the eligibility criteria for prime contractors and subcontractors:

PRIME CONTRACTORS
The PHIG National Partners prefer organizations with the experience and capacity to support all federally recognized Tribes. Such organizations include Native-owned organizations, Tribal-serving organizations (such as Tribal-serving non-profits, Tribal-owned businesses, Tribal-serving businesses or consulting organizations, etc.) and health information technology organizations that work with Tribal public health authorities and Tribal organizations. Prime contractors must be registered in SAM.gov.

Candidates serving as Prime contractors must also demonstrate a proven track record of successfully managing multi-year federal-funded awards exceeding $3,000,000 per year.

Any candidates involved in this RFP development or with prior knowledge of the content of this RFP are not eligible to apply.
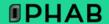
SUBCONTRACTORS
The PHIG National Partners prefer organizations with the experience and capacity to support all federally recognized Tribes. Such organizations include Native-owned organizations, Tribal-serving organizations (such as Tribal-serving non-profits, Tribal-owned businesses, Tribal-serving businesses or consulting organizations, etc.) and health information technology organizations that work with Tribal public health authorities and Tribal organizations. Subcontractors must be registered in SAM.gov.

Any candidates involved in this RFP development or with prior knowledge of the content of this RFP are not eligible to apply.

RFP Points of Contact:
tribalic@nnphi.org

Background

Purpose

The Public Health Infrastructure Grant (PHIG) National Partners (NPs), consisting of the Association of State and Territorial Health Officials (ASTHO), the National Network of Public Health Institutes (NNPHI), and the Public Health Accreditation Board (PHAB), seek the support of a contractor to serve as a Tribal Implementation Center to support Tribal health agencies to accelerate their data modernization activities. NNPHI is the lead National Partner for the Tribal Implementation Center.

The goal of the Tribal Implementation Center is to advance the outcomes of the Public Health Data Modernization Implementation Center Program while ensuring culturally appropriate approaches that are grounded in and guided by Tribal community input and respect Tribal data sovereignty.

Data Modernization Implementation Center Program

The Tribal Implementation Center is a partner in the Public Health Data Modernization Implementation Center Program (IC Program). The purpose of the IC Program is to accelerate data access and exchange between health care provider organizations, public health jurisdictions, and other data providers (e.g., laboratories) to reduce the burden and increase timeliness, accuracy, and completeness of data sharing, thereby improving public health threat detection and health outcomes across populations. This effort aligns with the CDC's Data Modernization Initiative (DMI) and its Public Health Data Strategy.[1]

While CDC provides a broad strategic direction for data modernization, the IC Program tactically supports state, territorial, local, and Tribal (STLT) public health agencies and aims to build foundational capabilities for interoperable public health data access. The IC Program will work with STLT public health agencies and data partners (e.g., health care provider organizations, laboratories) to enable efficient and effective data access, reducing the burden for providers who support the affected patient population. To accomplish this, the IC Program aims to achieve the following future state, or ultimate measure of success, among participating STLTs:
1. STLTs are able to access or exchange data, using national standards and modern approaches, between health care organizations (including community-based organizations) and public health in support of high priority public health use cases, such as, but not exclusively, electronic case reporting.

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[1] https://www.cdc.gov/ophdst/public-health-data-strategy/index.html

2. The implementation of a nationwide infrastructure through the Trusted Exchange Framework and Common Agreement (TEFCA)[2] to enable modern data access methods, where appropriate.

To achieve this future state, the IC Program seeks to achieve three broad outcomes:

Outcome 1: Participating STLTs are using the latest health IT standards to access data with health care and/or other data providers for at least one priority use case, such as electronic case reporting.

Outcome 2: Where feasible, participating STLTs are conducting data access through a new nationwide data exchange network known as the Trusted Exchange Framework and Common Agreement (TEFCA).

Outcome 3: Findings and lessons learned are documented and shared with the broader community involved in public health data access, including non-participating STLT public health agencies, national associations, federal agencies, and existing consortiums and communities of practice focused on data modernization.

The IC Program is jointly managed by the PHIG National Partners. This management is operationalized through a Project Management Office (PMO) staffed by the PHIG National Partners. The PMO anticipates establishing three (3) Implementation Centers focused on public health adoption of TEFCA and other CDC Data Strategy priorities. In addition, a Tribal Implementation Center is being established by this Request for Proposals.
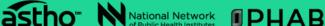
Tribal Implementation Center

The IC Program will include a Tribal Implementation Center dedicated to supporting Tribes and Tribal-serving organizations with their data modernization efforts. The Tribal Implementation Center will advance the outcomes of the IC Program (see above) while ensuring culturally appropriate approaches that respect indigenous values and Tribal data sovereignty.

An Implementation Center dedicated to supporting Tribes is necessary to respect Tribal sovereignty while addressing health inequities in American Indian and Alaskan Native populations and acknowledging the strengths, assets, and diversity across Tribal communities.

The Tribal Implementation Center will collaborate with the PHIG National Partners, CDC, and other partners from the broader Implementation Center program. It will also seek guidance from a community liaison group of Tribes and Tribal-serving organizations regarding opportunities and challenges facing Tribes. This community liaison group will be formed as an early activity under the People function of the Tribal IC (see below).

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[2] https://www.healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca

Tribal Implementation Center Objectives

Detailed objectives for the Tribal Implementation Center will be developed by Tribal organizations and representatives through participation in the program's community liaison group, in conjunction and alignment with the PHIG National Partners and Implementation Center program outcomes. The PHIG National Partners also anticipate Tribal Implementation Center objectives will align with the following guidance:

1. The Tribal Implementation Center will ensure Tribes and delegated representatives are included when designing solutions for Tribal data problems.
2. This will entail partnership approaches that identify specific policy opportunities and challenges unique to Tribal communities and technical solutions that maintain Tribal data sovereignty.
3. The Tribal Implementation Center will foster scalable technical solutions that can be shared and re-leveraged for implementation without infringing on Tribal sovereignty.
4. Governance frameworks and trust relationships established by the Tribal Implementation Center will build Tribes' capacity to leverage health information networks, while maintaining sovereign data rights.

Tribal Implementation Center Functions

The Tribal Implementation Center will provide functions or services organized into four functions: people, governance, technology, and process. Each function's activities, deliverables, and resulting outcome are described below.
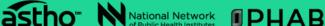
People

The People function of the Tribal Implementation Center will be responsible for engaging with Tribal-serving organizations across Indian Country and facilitating their input on the Center's work. This engagement includes recruiting Tribal representatives to identify data opportunities and challenges, conceptualize related solutions, and building workforce capacity for Tribal adoption and use of new data access solutions.

The outcome of the People function is to ensure data solutions are co-designed with Tribes and Tribal-serving organizations to address Tribal opportunities and challenges and respect Tribal sovereignty.

Activities/Deliverables:

1. In accordance with the communications plan developed by the Process function (see below), the People function of the Tribal Implementation Center will engage Tribes and Tribal-serving organizations to co-design solutions that address Tribal data opportunities and challenges. This engagement should ensure challenges addressed and solutions

advanced by the Tribal Implementation Center are grounded in and guided by Tribal community input.

2. Co-create with Tribal public health representatives by forming and facilitating a community liaison group to gather input and identify Tribal data opportunities and challenges and design related solutions. Provide honorarium to group members to support participation.

3. Co-design and disseminate solutions for data challenges and opportunities by documenting data access use cases (i.e., scenarios describing an information technology approach to transmitting data to achieve a specific objective). Data access use case documentation can include business process descriptions, data flow diagrams, functional system requirements, and similar artifacts.

4. Recruit implementation partners (e.g., Tribes, Tribal Epidemiology Centers [TECs], heath centers, state/local public health) through co-creation of use cases.

5. Develop a participation agreement or project charter for implementation projects to ensure implementation projects participate in collaborative efforts led by the Tribal Implementation Center, including implementation evaluations and convenings designed to disseminate findings and recommendations.

6. Build Tribal workforce capacity by developing documentation and hosting webinars to disseminate best practices based on lessons learned from implementation projects.
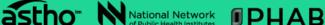
Governance

The Governance function of the Tribal Implementation Center will identify legal and policy facilitators and barriers to data access for Tribal public health authorities. The Governance function will ensure the Tribal Implementation Center and the implementation projects it supports advance Tribal sovereignty.
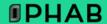
The outcome of the Governance function is to ensure data solutions designed by the Tribal Implementation Center and implemented by partners meet requirements for Tribal data sovereignty.

Activities/Deliverables:

1. Synthesize recent analyses, reports, executive orders, and similar material related to Tribal data sovereignty.

2. Identify Tribal policy challenges and opportunities and develop recommendations for advancing Tribal data sovereignty through data access projects supported by the Tribal Implementation Center (see Technology section).

3. Provide examples of existing governance frameworks that respect Tribal sovereignty and data sovereignty principles.

4. Assess data sharing agreements used by health information networks to determine alignment with Tribal Implementation Center objectives.

5. Ensure use case solutions proposed by the Tribal Implementation Center are legally and culturally appropriate for Tribes and Tribal public health authorities.

6. Promote sustainable data access through trust building among partners in Indian Country.

Technology

The Technology function of the Tribal Implementation Center will be responsible for supporting data access projects. Data access projects will be conducted by implementing partners engaged through outreach by the People function of the Tribal Implementation Center. Implementing partners could include Tribal public health agencies, Tribal Epidemiology Centers, healthcare providers serving American Indian and Alaska Native (AI/AN) patients, state or local public health agencies, and others.
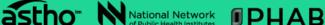
In addition to the funding associated with this RFP award, PHIG National Partners plan to subaward funding directly to participating Tribal public health authorities to support their implementation projects.

The outcome of the Technology function is implementation partners engaged with and supported by the Tribal Implementation Center through technical assistance that implements scalable, standards-based data access approaches.

Activities/Deliverables:

1. The Technology function, in collaboration with other Tribal Implementation Center functions, will develop or recommend a framework to assess potential implementation project proposals. Assessment criteria will include existence of proven technical approaches, alignment with use case solution designs, and governance frameworks identified by the People and Governance functions.

2. The Technology function will provide guidance to potential implementation partners on how to propose implementation projects to the Tribal Implementation Center. Guidance should include references to specific technical standards and interoperability frameworks to guide applicants in their proposals.

3. The Technology function will collaborate with other Tribal Implementation Center functions to engage implementation partners. Using the implementation project
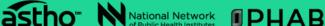
proposal assessment approach described above, the Technology function will review project proposals submitted by potential implementation partners for alignment with Tribal Implementation Center objectives. Additional assessment criteria are indicated in the remainder of this section. The Tribal Implementation Center will coordinate with the PHIG National Partners on the issuance of subawards to selected implementation projects. The IC Program anticipates supporting several implementation projects per year through September 2027. A typical implementation project is expected to include at least two organizations seeking to access or exchange data and any potential data intermediary indicated by requirements and conditions relevant to specific implementation projects.

4. The Technology function will, to the extent possible, ensure scalable, interoperable, and sustainable technologies are used for implementation projects supported by the Tribal Implementation Center. These technologies could include health information technology (IT) products certified by the Office of the National Coordinator for Health IT (ONC), Health Information Exchanges (HIEs), the Trusted Exchange Framework and Common Agreement, and Health Level Seven (HL7) interoperability standards including Fast Healthcare Interoperability Resources (FHIR).

5. The Technology function will provide technical assistance to implementation projects supported by the Tribal Implementation Center. Technical assistance will include health IT consultation provided to implementation projects to help these partners become more adept with modern interoperability approaches. As indicated by partners' needs, the Technology function will also develop IT tools and infrastructure that can be shared with implementation projects. Shared tools and infrastructure could include synthetic data, FHIR servers, prototype FHIR client applications, and other services.

6. The Technology function will be responsible for tracking implementation projects and reporting project status updates to the Tribal Implementation Center. These status updates are anticipated to include successes and challenges that could inform ongoing and future efforts. Status update information will also inform evaluation and communications activities led by the Process function of the Tribal Implementation Center.

Process

The Process function of the Tribal Implementation Center will be responsible for project management and ensuring coordination across all the Center's functions, including coordinating with the PHIG National Partners who will issue subawards to participating Tribal public health authorities for implementation projects. The Process function will also coordinate communications and evaluation activities and liaise with the PHIG National Partners' Project Management Office (PMO) for connectivity to the broader DMI Implementation Center program.
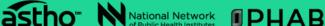
The outcome for the Process function is effective operations for the Tribal Implementation Center through project management, communications, and coordination across the People, Governance, and Technology functions.

Activities/Deliverables:

1. The Process function will lead project management of the Tribal Implementation Center. This includes facilitating meetings attended by lead representatives from all four functions, developing project plans, documenting meeting agendas and outcomes, and providing a web-based platform for task tracking and collaboration.

2. The Process function will facilitate several in-person meetings of the Tribal Implementation Center. These meetings are anticipated to include representatives from each of the Tribal Implementation Center functions, implementation projects, the PMO, federal agencies, and others. See budget guidance below for more information.

3. In collaboration with the other functions and PHIG National Partners, the Process function will develop and execute a communications plan to disseminate findings and outcomes of the Tribal Implementation Center. Anticipated communications activities include articles on implementation projects, recommendations for ensuring Tribal sovereignty, and demonstration of interoperability approaches that address Tribal needs and priorities. The Process function will also create a public website supporting communications and partner outreach.

4. The Process function will inform the development and execution of an evaluation plan to assess the impact of the Tribal Implementation Center and the implementation projects it supports. The evaluation plan will be developed in alignment with the Governance, People, and Technology functions. PHAB is the National Partner entity responsible for leading the evaluation of the IC Program. The Tribal Implementation Center's role will be to inform and implement the evaluation plan.

5. The Process function will liaise with the PMO to ensure the Tribal Implementation Center is connected to the broader Data Modernization Implementation Center program. This connectivity is intended to allow approaches used by other Implementation Centers supporting other public health authorities to inform the work of the Tribal Implementation Center, and vice versa.

6. The Process Function will consider mechanisms and channels to share lessons, tools and strategies to non-participating Tribes and Tribal-serving organizations. This strategy may include developing a Tribal Data Learning Community to serve all Tribes wishing to increase their own capacity for data modernization.

Requirements for Proposal

Applicants are required to submit the following components as part of their proposal:

1. Cover Letter
2. Candidate Profile: Prior Experience
3. Technical Proposal
4. Budget Proposal (Budget and budget narrative)
5. Response to Terms and Conditions
6. PDF of Active SAM Registration
7. Resumes / CVs of Team Members
8. [Optional, but encouraged] Letters of Support from Tribes or Tribal-Serving Organizations
9. Status as a Native-Owned or Tribal-Serving Organization
10. [Optional] Status as Women-, Minority-, Disadvantaged-, Veteran-Owned, and/or Small Business

Proposals missing any components that are not optional will not be considered. Proposals must be formatted for letter-sized pages (i.e., 8.5" x 11") with 1" margins and minimum font size of 11-point.

Interested candidates are required to submit a notice of intent. See "Submission Information" below for more information.

Description of Proposal Components
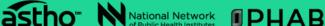
1) Cover Letter (1 page maximum)
Candidates must include a cover letter with the following information:

- Organization Name
- Program Lead
  - Name
  - Address
  - Email
  - Telephone Number
- Fiscal / Contractual Lead
  - Name
  - Address
  - Email
  - Telephone Number
- Names of any subcontractors proposed by the applicant

2) Candidate Profile: Prior Experience (6 pages maximum)
In addition to meeting eligibility criteria described above in "Summary Information", the PHIG National Partners are looking for applicants with relevant and extensive experience with Tribes.

Applicants are required to describe their prior experience (and any proposed subcontractor's prior experience) in the areas described below.

Applicants with prior experience in at least one area but limited experience in other areas may apply. Such applicants must propose subcontractors with experience relevant to the Activities/Deliverables described above under "Tribal Implementation Center Functions".

1. People
    a. Description of experience engaging with Tribes and Tribal-serving organizations across Indian Country and facilitating their input on collaborative work. This includes recruiting Tribal representatives as advisors and collaborators to identify data challenges and opportunities, conceptualize related solutions, and build workforce capacity for Tribal adoption and use of new data access solutions.
2. Governance
    a. Description of experience identifying legal and policy facilitators and barriers to data access for Tribal public health authorities and describing approaches that advance Tribal sovereignty.
3. Technology
    a. Description of experience with providing technical assistance to data access projects implemented by Tribal public health agencies, Tribal Epidemiology Centers, healthcare providers serving AI/AN patients, or state or local public health agencies.
4. Process
    a. Description of experience providing project management for complex projects with multiple collaborating organizations, coordinating events, informing and implementing evaluation activities, and managing communications.

3) Technical Proposal (20 pages maximum)
Applicants are required to submit a technical proposal describing their approach for achieving the Tribal Implementation Center objectives and all the activities for the People, Governance, Technology, and Process functions described above. Technical proposal must include four (4) separate sections for the People, Governance, Technology, and Process functions while not exceeding the overall 20 page limit.
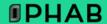
4) Budget Proposal (page limit not applicable)
Candidates will submit a budget describing their financial proposal for the Tribal Implementation Center. Candidates should submit budget proposals using the spreadsheet template posted with this RFP.

The proposed budget must not include information technology implementation costs incurred by Tribal public health authorities. The PHIG National Partners plan to provide subawards to

these partners to directly support participating Tribal public health authorities for their implementation activities.

The proposed budget must include honorarium, meeting and travel costs associated with convening the community liaison group (described above in People section of "Tribal Implementation Center Functions") twice per year. Some additional travel costs for meetings or conference attendance to collaborate with the Public Health Implementation Center program and its partners are also expected.

See "Requirements for Financial Award" below for additional budget guidance.

5) Response to Terms and Conditions (no page limit)

The selected applicant will be required to enter into contractual agreements with NNPHI and PHAB. A draft agreement is posted with this RFP.

<u>Candidates must review the draft terms and conditions with their legal team or contracts officer and confirm that if selected, candidates will enter into this agreement.</u> Any proposed changes to these draft terms and conditions must be identified and submitted with proposal applications for negotiations. Proposed changes submitted after the application period has ended and/or submitted during the contracting stage may not be accepted.

The National Partners reserve the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreements' timely execution, may impact selection as a successful candidate.

6) PDF of Active SAM Registration (no page limit)

Candidates must provide a PDF file documenting their active SAM registration status.

SAM is a Federal Government owned and operated free website that is used to search for entity registration or exclusion records using the entity's Business Name, Unique Entity ID, or Commercial and Government Entity (CAGE) Code. The search result is a procurement requirement to ensure an entity, vendor, or contractor is not debarred, suspended, declared ineligible, or prohibited from receiving federal funding.

Federal Acquisitions Regulations (FAR) require all prospective entities, vendors, or contractors to be registered in SAM prior to the award of a contract, basic agreement, basic ordering agreement, or blanket purchase agreement. For more information, see FAR Subpart 4.11 – System for Award Management.

SAM is free to register for any entity.

Entities, vendors, or contractors should contact the Federal Service Desk (FSD) at 866-606-8220 or https://www.fsd.gov for assistance with their registration.

7) Resumes / CVs of Team Members (no page limit)

Candidates must submit resumes/CVs of team members supporting this project. Resumes/CVs will not be scored and will not count towards the total page count of the proposal.

8) Optional but encouraged: Letters of Support from Tribes or Tribal-Serving Organizations (no page limit)

Applicants may provide letters of support either from federally recognized Tribes, Tribal-serving organizations, or both. Letters of support will not be scored and will not count towards the total page count of the proposal.

9) Status as a Native-Owned or Tribal-Serving Organization (1 page maximum)

The PHIG National Partners prefer a Prime Contractor that is Native-owned, led, or directed and/or a Tribal-serving organization with the experience and capacity to support any federally recognized Tribe. Applicants must provide a letter describing any status or designation as a Native-owned or Tribal-serving organization, or a statement of capacity if not meeting the formal preference.

10) Optional: Status as Women-, Minority-, Disadvantaged-, Veteran-Owned, and/or Small Business (1 page maximum)

Candidates who classify as, or partner with businesses under any of these statuses, or demonstrate successful work with historically underserved and underrepresented entities (minority-, women-, disadvantaged-, and veteran-owned businesses or "MWDVBEs" and Black, indigenous, people of color or "BIPOC") in addressing health disparities may be strongly considered.

Candidates interested in providing this information should submit a one-page summary of their organizational status and/or prior work.

Proposal Scoring and Selection Criteria

Proposals will be scored by a team of reviewers from ASTHO, NNPHI, and PHAB. Proposals will be evaluated for completeness, and then scored using a weighted scoring structure:

Proposal Component	Weight
Candidate Profile: Prior Experience and Status as a Native-Owned or Tribal-Serving Organization	30%
Technical Proposal	50%
Budget Proposal	20%

Notice of Intent

The National Partners request that prospective candidates submit an optional notice of intent to allow the proposal reviewer team to plan for the proposal review and contract development process. Notice of intent is non-binding and will not be scored as part of the proposal review process.

Notice of intent should be submitted via NNPHI Smartsheet form by clicking and completing [NNPHI Funding Opportunity: Notice of Intent to Apply Tribal Implementation Center (smartsheet.com)](smartsheet.com) by **June 28, 2024 at 11:59PM ET.**

Requirements for Financial Award

Allowable Expenses
Funds may not be used for equipment purchases. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently $221,900).

Period of Performance
The period of performance is estimated to be September 1, 2024 through September 30, 2027.

Reporting Requirements
The IC Program is jointly managed by the PHIG National Partners (ASTHO, NNPHI, PHAB) through their Project Management Office (PMO). The contractor will be required to provide regular progress reports, as well as to report regularly on requested metrics to the National Partners' PMO. The contractor will also be required to attend regular project meetings to provide status updates.

Submission Information

Application Procedure
NNPHI is utilizing a Smartsheet Online System for the proposal submission process. Submit your notice of intent to apply form, proposal, and all additional documents through the links below. If you have any technical difficulties, please email the Tribal Implementation Center team at tribalic@nnphi.org.

Submit your Notice of Intent to Apply form (non-binding) by 11:59 pm ET on June 28, 2024. Click here to access and submit the form: [NNPHI Funding Opportunity: Notice of Intent to Apply Tribal Implementation Center (smartsheet.com) Notice of Intent to Apply is optional but highly encouraged, and is non-binding.](smartsheet.com)

Submit your proposal and required attachments by 11:59 PM ET on Sunday, July 21st, 2024. Click Tribal DMI Funding Opportunity Application Proposal Submission Form (smartsheet.com) to submit your proposal via the NNPHI Smartsheet system.

Incomplete applications or applications received after the deadline will not be considered.

Application Timeline
- June 10, 2024: RFP Released
- June 21, 2024 by 12:00PM ET: Deadline for RFP Questions
- June 25, 1:00PM – 2:00PM ET: Informational RFP Webinar
- June 28, 2024 by 11:59PM ET: Deadline for optional Notice of Intent
- July 28, 2024 by 11:59PM ET: Deadline for Submission of Proposals
- August 19, 2024: Candidates notified of selection decision

Candidate Questions and Guidance
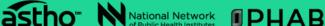Candidates may submit questions regarding the RFP by emailing tribalic@nnphi.org.

Any questions regarding the RFP submitted by **12:00PM ET, on June 21, 2024** will be addressed during the information session. NNPHI will respond within 48 hours to any questions submitted after that date.

All questions and answers will be posted regularly on the NNPHI Funding Announcements page: https://nnphi.org/news/funding-announcements/. Please check back frequently to review the latest questions/answers.

Disclaimer Notice
This RFP is not binding on ASTHO/NNPHI/PHAB, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO/NNPHI/PHAB reserve the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall ASTHO/NNPHI/PHAB be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.

Related Material

Budget Template
Draft Terms and Conditions