REQUEST FOR PROPOSALS (RFP)
Data Readiness for Timely Effective Response to Public Health Threats

I. Summary Information
Purpose: The Association of State and Territorial Health Officials (ASTHO), in conjunction with the Administration for Strategic Preparedness and Response (ASPR), HHS Coordination Operations and Response Element (H-CORE), is seeking up to three (3) highly qualified state health agencies to engage in collaborative activities that identify, implement, and evaluate scalable solutions for bidirectional data sharing to support coordinated, scalable, and timely responses to public health threats.

Proposal Due Date and Time: Friday, February 16, 2024, at 11:59 p.m. ET

Selection Announcement Date: Friday, February 23, 2024, at 12:00 p.m. ET

Maximum Funding Amount: $175,000 per site ($525,000 total)

Estimated Period of Performance and Final Report Date: March 1, 2024 – August 30, 2024

Eligibility: All states in good standing with ASTHO are eligible to apply.

ASTHO Point of Contact:
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Lisa Peterson
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II. Description of RFP
Purpose
The purpose of the project is to recruit up to three (3) state health agencies (pilot sites) for a collaborative working group to identify and pilot scalable solutions for enabling bidirectional data and information sharing regarding ASPR-deployed assets across all levels of public health to support, coordinated, scalable, and timely responses to public health threats.

Background
As a nation, we see the need and value in coordinating and enabling bi-directional data and information sharing. Timely access to actionable data about medical countermeasures and other vital public health supplies is critical for making decisions that affect the health of the nation during a crisis. State health agencies need to know how many public health supplies are on hand so they can make informed decisions on how much to order from the federal government, send medical countermeasures and other critical supplies to where they are needed most, and react to developing and ongoing situations based on actionable and complete information.

The project will also include the collaborative review of proposed data use authorization (DUA) language for the reporting and use of ASPR asset-related data. The selected pilot sites will receive funding to complete the project work and support their participation in the following outlined project activities:
Project activities

A. **Convene with partners:** Participate in initial calls with ASTHO and ASPR to outline the details of the planned activities and walk through the objectives and timelines of the project period and in regular convenings of the collaborative workgroup (pilot sites).

B. **Identification of best practices:** Identify best practices, lessons learned, and opportunities for improving data sharing.

C. **Identification of barriers:** Identify barriers to data sharing and communicate these barriers to ASTHO and ASPR. This will include the identification of data elements or language within a draft DUA that may not be actionable.

D. **Review of data elements:** Validate minimum data elements proposed for inclusion in a proposed DUA. This will include a review of the data elements as stated and any recommended changes.

E. **Participate in ASTHO-hosted listening sessions:** Attend and contribute to the discussions during Data Readiness listening sessions, 1-2 proposed during the performance period. (The initial listening session will occur before the performance period)

F. **Provide input to draft DUA language:** Provide input and suggestions on proposed sections and language for inclusion in a draft DUA.

G. **Site visit.** Travel to the designated host location (to be announced) and participate in an in-person collaborative workgroup event (Date TBD-Late June/July) with all pilot sites from the ASTHO Data Readiness projects.

H. **Scalable solutions:** Identify, implement, and evaluate scalable solutions for data sharing (e.g., technical processes, policy, training, etc.) and demonstrate capabilities during a multi-site (project pilot sites) exercise (near the end of the project period).

I. **Follow-up communication:** Be responsive to ASTHO emails and calls, utilize the designated my.astho community (online platform) for collaborative workgroup communications, and participate in regular check-ins for project management.

**Expected Outcomes/Expectations and Deliverables**

The goals of this project are to:

- Gain a better understanding of the barriers to sharing data and bidirectional information exchange regarding ASPR-deployed assets.
- Provide input on the proposed DUA language.
- Validate the minimum data elements.

The desired outcome for state health agencies, if approved by jurisdictional leadership, is a signed DUA with the Administration for Strategic Preparedness and Response (ASPR).

<table>
<thead>
<tr>
<th>Task</th>
<th>Deliverable</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Pilot Site Overview: A descriptive brief of the pilot site, including population served, agency size, governance, data sharing capabilities, barriers, and opportunities.</td>
<td>~March 15, 2024</td>
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<td>2</td>
<td>Written suggestions and feedback on minimum data elements.</td>
<td>~March 15, 2024</td>
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<tr>
<td>3</td>
<td>Written suggestions and feedback on the DUA language proposed by the collaborative workgroup.</td>
<td>TBD, project mid-point</td>
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<td>3a</td>
<td>Round two review and written feedback on revised DUA language.</td>
<td>TBD</td>
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<tr>
<td>4</td>
<td>Summary Report: A summary of pilot site activities, including the demonstration of capabilities - multi-site exercise,</td>
<td>August 23, 2024</td>
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</table>
Inclusion of Health Equity
ASTHO is committed to the promotion of health equity and the elimination of health inequities. Health inequities are reflected by disproportionately high rates of disease, premature death, and a lower quality of life. Health inequities are avoidable, and state, federal, and locally funded activities play a key role in helping to solve this problem. Applicants are encouraged to address health inequities within the context of proposed activities.

Technical Support
ASTHO is available to provide information to the grantee at no additional cost.

Availability of Funds
ASTHO intends to award up to three (3) state health agencies (SHAs) a grant of up to $175,000 each for activities described in this RFP. The project duration will be from March 1, 2024, through August 30, 2024. All applications must be received by 11:59 p.m. ET on February 16, 2024.

Selected applicants will be notified by Friday, February 23, 2024. Awards will be made through a fixed-price agreement.

Evaluators
Each proposal will be reviewed by a panel of ASTHO staff; at minimum, reviewers will include the Senior Director of Preparedness, Director of Preparedness and Response Coordination, and State Health Policy staff.

III. 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 $203,700).

Period of Performance
The estimated period of performance is March 1, 2024, through August 30, 2024. The final report will be due on Friday, August 23, 2024.

Reporting Requirements
The selected pilot sites will be required to demonstrate progress towards milestones and deliverables through the following: biweekly check-in calls, emails, my.astho collaborative workgroup community posts with questions or updates, contributing to listening sessions, and a final report.

Additional Requirements
The following staff/experts are essential to the activities described in the RFP and must participate in relevant project activities and explanation of their participation included in the proposal: preparedness leadership, medical countermeasures coordination, and state health agency attorney.
IV. Required Proposal Content and Selection Criteria

Proposals may not exceed 10 pages in length, excluding CVs and optional material, and should be single-spaced in 11-point font with 1-inch margins. Proposals will be evaluated by ASTHO and scored based on the following criteria:

A. Cover Letter from State Health Official (5 points): The cover letter should include the name of the agency or fiscal agent receiving the award and its programmatic and fiscal points of contact details (name, title, mailing address, e-mail, and phone number).

B. Proposed Approach (25 points): Provide a brief outline of the approach and strategy to accomplishing the requested project activities in section II. Detail a work plan which includes the activities, timeline, and milestones to achieve the deliverables and meet the expectations noted above.

C. Prior Experience and Performance (20 points): Describe experience and quality of performance on recent work completed with similar scope. Include information about familiarity with and understanding of the topic. Describe ability to represent ASTHO well in interactions with state and territorial health agency staff and other governmental, private sector, and/or non-profit stakeholders.

D. Organization Capacity (25 points): Include information about the company and address ability and capacity to perform the services required within the specified timeframe. Describe staff qualifications and provide a CV for key personnel/staff lead.

E. Budget & Budget Narrative (10 points): Provide a detailed fixed price budget, including detailed projected costs for the completion of the project. Maximum award is $175,000. Attachment A outlines the general format in which the budget should be presented. Applicants may use Attachment A as a template or simply as a guide to inform development of the project budget. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity. The fixed price budget should also include a cost break-down per task and a proposed payment schedule.

F. Response to ASTHO Contract Terms and Conditions (5 points): ASTHO and selected applicant(s) will enter into a fixed price agreement. A copy of ASTHO’s general contract terms and conditions is available in Attachment B. Applicants must review the terms and conditions with their legal team or contracts officer and confirm that if selected, you will enter into this agreement. Any proposed changes to the terms and conditions must be identified and submitted with your proposal application for negotiations. Proposed changes submitted after the application period has ended and/or submitted during the contracting stage may not be accepted. ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.

G. Inclusion of Health Equity (5 points): Throughout the proposal, incorporate the following: (1) describe the extent to which health disparities are evident within the health focus of the application, (2) identify specific group(s) which experience a disproportionate burden of the health condition, and (3) demonstrate how proposed activities address health inequities.
(this also includes identifying social and/or environmental conditions which are the root causes of health disparities). The root causes of health inequities are sometimes referred to as social determinants of health. All information regarding health inequities must be supported with data.

H. Status as Women-, Minority-, Disadvantaged-, Veteran-Owned, and/or Small Business (5 points): Consideration will be given to applicants who 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. Applicants who classify as or partner with these businesses will be strongly considered.

Additional Selection Considerations
Selection will also include consideration of diverse representation of state health agencies such as agency structure (i.e., centralized versus decentralized), geography, and organizational structure within government.

V. Submission Information
Application Procedure
Application deadline and process. ASTHO must receive applications by 11:59 p.m. ET, February 16, 2024. Please submit an electronic copy of the application to the ASTHO Preparedness team, Attn: Data Readiness RFP, at preparedness@astho.org. Incomplete applications or applications received after the deadline will not be considered.

Timeline
- **January 17, 2024**: RFP released
- **Friday, February 16, 2024, at 11:59 pm ET**: Deadline for submission of grant proposals
- **Friday, February 23, 2024**: Contract award announced
- **Friday, March 1, 2024**: Contract period commences
- **Friday, August 23, 2024**: Final report due

Applicant Questions and Guidance
ASTHO will support interested applicants to offer guidance and address specific questions about the RFP. Interested parties may contact the ASTHO staff lead on this RFP, Margaux Haviland, via email at mhaviland@astho.org.

Disclaimer Notice:
This RFP is not binding on ASTHO, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO reserves 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 be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.