

**State of Alaska
Department of Health
Division of Behavioral Health**



**Request for Proposals
Positive Pathways for Alaska Recovery: Expanding Contingency Management
For FY2027
Grants and Contracts**

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the [State of Alaska GEMS Welcome Page](#) for details regarding agency registration and availability of technical assistance. Log into GEMS through [myAlaska](#) to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

CONTACT PERSON: Medora Rorick, Grants Administrator

PROPOSAL DUE DATE: April 20, 2026, 3:59 PM

PHONE: 907-465-4823

DEADLINE FOR WRITTEN INQUIRIES: April 10, 2026, 3:59 PM

E-MAIL: medora.rorick@alaska.gov

PROJECT PERIOD BEGINS: July 1, 2026

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Section 1 Grant Program Information

1.01 Introduction and Program Description

The Department of Health, Division of Behavioral Health, is requesting proposals from eligible applicants to provide Positive Pathways for Alaska Recovery: Treating Stimulant Use Disorder services for the State of Alaska in FY2027. Program Services are authorized under 7 AAC 78 Grant Programs. Additional governing statutes are 7AAC 78 - Grant Programs, AS 47.30.475 Grant-in-Aid Program, AS 47.30.520-620 Community Mental Health Services Act, AS 47.30.655-.915, 7AAC 70 Behavioral Health Services, 7AAC 135 Medicaid Coverage for Behavioral Health Services, AS 47.37 Uniform Alcoholism and Intoxication Treatment Act, 7 AAC 10.930 Request for a Variance, 7 AAC 138 1115 Substance Use Disorder Waiver Services, 7 AAC 139 Behavioral Health 1115 Waiver Services. State of Alaska statutes and regulations are accessible at the Department of Law Document Library or through the contact person identified on the cover page of this Request for Proposals (RFP).

The State of Alaska, through the Division of Behavioral Health (DBH), invites proposals from eligible applicants to deliver Positive Pathways for Alaska Recovery: Expanding Contingency Management (CM) services for FY2027. In response to the escalating crisis of methamphetamine use disorder, which accounts for the majority of stimulant-related harms in Alaska, as well as co-occurring opioid use disorders, this program is designed to expand evidence-based contingency management interventions statewide. CM is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a behavioral intervention that provides immediate, tangible rewards when a person demonstrates a verified positive behavior, such as a negative drug test or consistent attendance, to reinforce and support behavior change. CM is currently, the most evidence-based intervention for addressing stimulant use disorder.

Robust Technical Assistance: Technical assistance will be provided in partnership with the University of Washington (UW) which will lead training, coaching, and fidelity monitoring to ensure alignment with SAMHSA's guidance.

Enhanced Incentive Structure: In alignment with the updated guidelines from SAMHSA, the allowable annual incentive per client has been increased from \$75 to \$750. This change aims to provide more substantial reinforcement for verified recovery behaviors, including abstinence, treatment attendance, and medication adherence.

Integrated and Sustainable Service Delivery: Proposals must demonstrate an ability to integrate CM within existing treatment frameworks while ensuring long-term sustainability through dedicated staffing (e.g., a designated .07-.10 FTE for program oversight) and data-driven evaluation practices.

This Request for Proposals (RFP) calls for high-fidelity implementations of CM that adhere to SAMHSA guidance and Division-approved fidelity standards, that are tailored to the unique needs of Alaska's diverse populations. The program seeks to not only address immediate treatment gaps but also establish a replicable model, documented through fidelity and outcome measures for enduring improvements in behavioral health outcomes across the state.

1.02 Program Goals and Anticipated Outcomes

The proposed project must demonstrate an understanding of, and alignment with, the goals and anticipated outcomes of this grant program. The outcomes described below are intended to guide implementation and evaluation over the project period. Agencies will be supported through required training and technical assistance and are not expected to demonstrate full implementation maturity at project start.

The Positive Pathways for Alaska Recovery: Expanding Contingency Management program is designed to expand the availability of CM services across Alaska by equipping treatment agencies with the training, tools, and oversight needed to implement CM with fidelity. The program aims to increase treatment engagement, improve retention, reduce stimulant and co-occurring substance use, and contribute to reduced overdose risk through the use of evidence-based CM interventions.

Program Goals:

1. **Strengthened internal capacity for sustainable CM delivery:** Participating agencies will build the internal structures needed to implement CM effectively. This includes establishing staffing roles, workflows, policies, procedures, and documentation practices that support integration of CM within existing treatment models and long-term sustainability.
2. **Workforce development and participation in required reporting and evaluation activities:** Agencies will build capacity to participate in required reporting and evaluation activities by developing reliable data collection and reporting processes. Staff involved in CM delivery and oversight will complete required training and participate in fidelity and competency activities approved by the Division.
3. **Improved treatment engagement and retention:** As CM is implemented, agencies will work toward measurable improvements in client engagement, adherence to scheduled services, and retention in care during the CM intervention period.
4. **Improved clinical outcomes for individuals served:** Clients participating in CM-supported services are expected to experience reductions in stimulant use and improved treatment completion rates, contributing to stronger recovery outcomes over time.

Anticipated Outcomes

By the end of the project period (June 30, 2027), programs are expected to demonstrate measurable progress in the following outcome areas:

1. Improvement in client adherence and retention at 30, 60, and 90 days, measured against a standardized baseline defined as the date of CM enrollment, unless otherwise approved by the Division. Impact will be evaluated at the program level using standardized effect size benchmarks.
2. Reduction in stimulant use among participants compared to baseline, assessed using available indicators such as urine drug screen (UDS) results, engagement, and treatment completion.
3. Client-centered outcome data and/or narrative examples, when available, to support interpretation of program impact.

Projects must demonstrate alignment with the program goals and work toward the anticipated outcomes described in this section.

1.03 Program Services/Activities

The Positive Pathways for Alaska Recovery initiative supports the integration of CM into participating programs using a phased, evidence-based approach. Funded agencies will implement CM with support from DBH and its technical assistance partners, with an emphasis on high-fidelity delivery, continuous learning, and long-term sustainability.

Applicants must describe how CM will be integrated into existing treatment services and demonstrate a willingness to participate fully in required training, technical assistance, fidelity monitoring, evaluation, and reporting activities over the project period.

Technical Assistance

Technical assistance will be provided through an existing contract between DBH and UW. Funded agencies will participate in CM training, implementation planning, coaching, and fidelity support delivered through these agreements. Training and technical assistance are intended to support agencies throughout implementation and are not limited to the project start-up period.

To support the activities described below, agencies will receive ongoing technical assistance as outlined above.

Required Program Services and Activities

CM Planning and Integration

Agencies will plan for the integration of CM within their existing treatment framework. This includes identifying target behaviors, reinforcement schedules, and verification methods, and developing or refining policies, procedures, documentation practices, and secure storage protocols necessary to support CM delivery.

Workforce Development and Staff Training

Agencies must identify staff who will participate in CM planning, delivery, documentation, and supervision. Each agency must designate a CM Champion who will serve as the primary point of contact for CM implementation activities and coordination with technical assistance providers. Identified staff will complete required CM training and participate in competency and fidelity activities approved by the Division.

Program Implementation

Agencies will implement CM services that provide immediate, tangible reinforcement for verified behavioral outcomes such as abstinence, consistent treatment attendance, and medication adherence when clinically appropriate. CM delivery must align with evidence-based practices and applicable program and documentation requirements.

Fidelity, Quality Assurance, and Oversight

Agencies will participate in structured fidelity and quality assurance activities, including supervision, documentation review, and ongoing consultation with technical assistance partners. Internal oversight processes should support consistent and appropriate CM delivery throughout the project period.

Evaluation and Reporting

Agencies will collect and submit required programmatic and performance data and participate in evaluation activities using tools and processes approved by the Division. Reporting requirements are intended to support continuous improvement and federal reporting obligations and will be supported through guidance and technical assistance.

Cross-Site Learning and Coordination

Funded agencies will participate in quarterly virtual meetings facilitated by the Division to support cross-site learning, shared problem solving, and alignment with emerging best practices and guidance related to CM implementation. These meetings are intended to support learning and collaboration and are not expected to require extensive preparation by participating agencies.

Applicant proposals must describe how the proposed project aligns with program intent. Proposals should identify agency resources available to support the project, describe planned project activities, and clearly state anticipated goals, outputs, and outcomes.

All funded projects must comply with applicable program requirements and service standards.

1.04 Program Evaluation Requirements and Reporting

Evaluation and reporting requirements for this program are intended to support implementation learning, continuous improvement, and required federal reporting. Funded agencies will be supported through guidance and technical assistance related to evaluation and reporting expectations and are not expected to independently design complex evaluation models.

Results Based Accountability (RBA) Framework

This grant uses RBA framework to organize reporting and assess progress over the project period. RBA focuses on three core questions: how much was done, how well it was done, and whether participants benefited from the services provided.

Funded agencies will submit required program and fiscal reports on a quarterly basis, according to timelines established by DBH. Reporting requirements are intended to support implementation monitoring, continuous quality improvement, and required state and federal reporting.

Participant outcome information will be used to assess progress toward the program outcomes and measures of progress described in Section 1.02.

Grant Reporting

Funded agencies are required to participate in program reporting and monitoring activities using formats and tools provided or approved by the Division of Behavioral Health. Required reporting includes:

1. Cumulative Fiscal Reports recording overall grant and match expenditures by budget line;
2. Program Reports in the format prescribed by the program;
3. Cumulative Detailed Expenditure Report verifying amounts reported in Cumulative Fiscal Reports due at Q2 and Q4; and
4. SAMHSA Performance Accountability and Reporting System (SUPRT) data collection, as applicable. As a federally funded treatment program, funded agencies will be required to participate in SAMHSA's SUPRT data collection, as applicable. The Division of Behavioral Health recognizes the administrative burden associated with SUPRT reporting and will provide guidance, training, and technical assistance to support agencies in meeting these requirements.

The Division will provide reporting templates to support consistent data submission across funded agencies.

1.05 Target Population and Service Area

Applicants must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the program's intended target population identified in this solicitation.

Target Population: The target population for the solicited services includes adults (18+) with stimulant use disorders and co-occurring substance use disorders who are actively engaged in treatment services at selected provider sites. These individuals may benefit from CM interventions to support treatment adherence, retention, and overall recovery outcomes.

Service Areas and Communities: The service areas and communities requested for the services solicited are statewide, with priority given to treatment providers demonstrating capacity to integrate CM into existing services. Resource allocation will consider provider readiness and community need, including areas with higher prevalence of stimulant use and treatment demand.

1.06 Program Funding

Funds available for this program are anticipated to total up to \$100,000 per agency for State Fiscal Year 2027 (July 1, 2026, through June 30, 2027).

Funding is intended to support full implementation of CM services, including clinical supervision and planning; coordination and participation in required technical assistance with UW; procurement of urinalysis (UA) supplies (e.g., collection cups, temperature strips, secure storage); purchase and distribution of CM incentives in accordance with SAMHSA guidance; development of CM workflows and documentation; staff time associated with program implementation; fidelity monitoring; and required reporting activities.

Proposed Budget: The applicant must submit a budget proposal for the first fiscal year of the project. The proposed budget detail and narrative will support the program's results-based service delivery and staffing requirements stated in this RFP.

Funding must be used for:

- CM participant incentives and necessary supplies to reinforce positive behavioral changes (prize items, or vouchers). Incentives must align with SAMHSA's CM guidance and will be subject to DBH approval.
- A CM Champion must dedicate approximately 2.5–4 hours per week to overseeing CM implementation, fidelity monitoring, and coordination with UW for technical assistance. This time commitment may be structured according to the agency's staffing model.
- Staff training and organizational development activities to support the integration and sustainability of CM. This may include direct implementation training and fidelity monitoring, or foundational activities such as workforce development, supervision structures, documentation systems, policy development, and reporting preparation.
- Urine analysis (UA) testing necessary to support CM fidelity. Medicaid shall serve as the primary payer for medically necessary urinalysis services when applicable. For the purposes of this program, up to twenty-seven (27) UAs per participant may be utilized to support CM implementation, inclusive of the twenty (20) UAs currently allowable under Medicaid. If UA services exceed applicable Medicaid coverage limits or are denied despite medical necessity and proper billing, grant funds may be used as a payer of last resort to support continued CM implementation. Grant funds may not be used for services that are otherwise reimbursable by Medicaid, and agencies must maintain documentation of billing attempts and denials, as applicable.

Funding Restrictions:

The following restrictions apply as outlined by the SAMHSA:

- Food may be included as a necessary expense for participants receiving SAMHSA-funded mental and/or substance use disorder prevention, harm reduction, treatment, and recovery support services, not to exceed \$10.00 per person per day.
- Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. 1320a-7b).

Recipients must also comply with SAMHSAs Standards for Financial Management and Standard Funding Restrictions in Section H of the Application Guide. Grantees may not:

- Pay for promotional items including, but not limited to, clothing and commemorative items, such as pens, mugs/cups, folders/folios, lanyards, and conference bags. (45 CFR 75.421(e)(3))
- Purchase, procure, or distribute pipes or cylindrical objects intended to be used to smoke or inhale illegal scheduled substances.
- Pay for housing other than recovery housing, which includes application fees and security deposits.
- General Provisions under Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act Public Law 117-328, Consolidated Appropriations Act, 2023, Division H, Title V, Section 526, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant state or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the state or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.
- Salary Limitation: Congress limits the direct salary for individuals under all federal grant and cooperative agreement awards not to exceed Executive Level II pay. The Executive Level II pay amount is an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. The salary limitation does not apply to consultants but does apply to subrecipients under a SAMHSA award or cooperative agreement. Note that these or other salary limitations will apply in future fiscal years, as required by law. The current salary limitation can be found in the most recent SAMHSA Standard Terms and Conditions.

SAMHSA Unified Performance Reporting Tool (SUPRT) Data Collection Incentives

Sub-recipients may provide non-cash incentives valued at up to \$30 per individual for participation in required SUPRT follow-up interviews. Incentives may be offered for each completed follow-up interview to support federal reporting compliance. Allowable amounts are set by SAMHSA and may change if updated funding or policy guidance is issued.

Contingency Management (CM) Limitations

CM participants may not receive more than \$750 in total contingencies per budget period to ensure compliance with funding limitations. Participants may not be enrolled in more than one program offering CM incentives at the same time. These guidelines ensure the integrity of incentive-based treatment approaches and promote the fair and equitable distribution of resources.

The proposed budget will be fully compliant with the limitations described in this RFP, and those detailed in 7 AAC 78.160 (Costs). Regulations are provided under the GEMS Documents tab.

Resources specific to budgeting are also available under the GEMS Documents tab. The Department's Grant Budget Preparation Guidelines provide information and guidance about budget lines, cost detail groupings, and narrative

requirements. Grantee User Manual Part I provides detailed instructions for entering a budget proposal in the chapter "Responding to a Solicitation."

Other Agency Funding: Prior to submitting a proposal, applicants are required to list all other agency funding received and applied for. This task must be completed by an Agency Power User in the Other Funding section of the Agency Administration tab. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Indirect Costs: If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. The agreement is to be uploaded in the Agency Administration tab. Lapsed agreements can be used if uploaded with the negotiating federal agency's written approval to continue using the rate until a new agreement is negotiated. If an agency has never entered into a federally approved Indirect Cost Rate Agreement or no longer has a federally approved agreement in place, the recently updated Federal Uniform Guidance 2 CFR 200 now allows that agency to budget the 15% De Minimis.

Payment for Services/Grant Income: If applicable to the services proposed in response to this solicitation, awarded grantees will have a Medicaid Provider Number or apply to obtain one, and will make reasonable effort to bill all eligible services to Medicaid and any other available sources of payment before seeking grant support for delivery of the proposed services. Department funds are the payer of last resort.

In the applicant's proposed budget, anticipated receipts and expenditures for all grant income must be evident in the detail and narrative. Fiscal reports for awarded income generating projects will include the receipts and expenditure of all grant income.

Section 2 Applicant Qualifications

2.01 Agency Experience

Proposal evaluation will include consideration of the applicant's history of compliance with service and grant requirements, and previous experience in providing the same or similar services. Evaluation may include Department site reviews, program audits, and confirmation of the successful resolution of any findings. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

The applicant must describe previous experience providing services the same or similar to those proposed. The description must clearly identify the time period over which services were provided and the target population served.

2.02 Project Staffing

Project staffing must be sufficient to support implementation of the proposed activities and achievement of program goals and anticipated outcomes.

Applicants must identify key personnel responsible for implementing CM services. At a minimum, proposals must designate:

- A Project Director, listed in GEMS as the primary contact for the award; and
- A CM Champion, responsible for coordinating CM implementation, participation in technical assistance, and fidelity-related activities. The CM Champion must dedicate sufficient time to oversee CM implementation and ensure participation in required training, technical assistance, and fidelity monitoring activities. One

individual may serve in both roles if appropriately qualified.

One individual may serve in both roles if qualified.

In alignment with SAMHSA's CM guidelines, staff delivering CM services must be licensed clinicians or Certified Chemical Dependency Counselors (CDCs). Staff must complete at least six (6) hours of CM-specific training and participate in required competency and fidelity support activities, such as skills-based coaching, observation, or documentation review, to support consistent delivery of the CM model.

Agencies are expected to maintain documentation of staff qualifications, completed CM training, and participation in competency and fidelity activities. Documentation must be retained and made available to the Division of Behavioral Health upon request.

Resumes and professional credentials for key project personnel must be uploaded as part of the application. This information is required to support the pre-award risk assessment under Uniform Guidance (2 CFR 200).

2.03 Administrative, Management, and Facility Requirements

The applicant must demonstrate the agency's sustainable fiscal and administrative capacity. Executive, administrative, and financial staff must be qualified, as indicated by the resumes of position holders uploaded as an element of the proposal. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

1. The applicant must ensure procedures are in place to protect client confidentiality compliant with State and federal standards.
2. The applicant must ensure its most recent financial audit was submitted to the appropriate state office (see Audit Requirements below), and any findings identified have been resolved.
3. PES RESPONSIBILITY: Grantees are responsible for providing psychiatric emergency coverage twenty-four hours per day, seven days per week for individuals experiencing behavioral health emergency within their service area. Grantees must coordinate discharge planning and ensure that follow up appointments are scheduled within seven calendar days of hospital discharge.
4. Title 47 Evaluations: When an individual is in protective custody (AS 47.30.705) and/ or pending release with the with the DOC and the DOC determines that a Title 47 evaluation is required, the PES grantee for the applicable service region shall conduct Title 47 evaluation. This requirement applies to all correctional facilities within the grantee's regional service area. Title 47 assessments requested by hospitals, law enforcement, or correctional facilities must be completed in accordance within statutory timelines (AS 47.30.710). Grantees are expected to manage assessment volume to prevent backlogs or waitlists for statutorily required evaluations. If the PES grantee is temporarily unable to perform a Title 47 assessment within the required timeframes due to Documented and exceptional capacity constraints DOC may utilize an alternative qualified provider to complete the evaluation. Such circumstances are expected to be limited, and the regional PES provider remains responsible for maintaining adequate capacity to meet standard demand.
5. Memorandum of Agreements: Grantees must maintain working relationships and written agreements with hospitals, correctional facilities, law enforcement and other partners to support crisis response and Title 47 evaluations and assessments.
6. By applying under this RFP, all applicants agree to the additional program requirements and service stand identified below:
 - i. Applicant must demonstrate the ability to serve both individuals with mental health disorders and substance use disorders.
 - ii. Must maintain current program listings in 2-1-1 and FindTreatment.gov to support public awareness of

- available services.
- iii. Must maintain current and accurate contact information with 9-8-8 Suicide and Alaska Careline to ensure effective coordination and appropriate routing of calls to local PES and/or other DBH funded crisis programs. Grantees are responsible for promptly updating any changes in contact information to support timely crisis response and continuity of care.
 - iv. Support individuals in accessing public assistance programs, including support enrolling with Medicaid .
 - v. In accordance with 7 AAC 70.100(16), report to the DBH program manager any individual served in the grant-funded program who is missing or deceased, using the form provided in Attachment 1 Incident Report.
 - vi. Grantees must comply with approved spending, timely and compliant reporting, and the approved grant project service plan. Grantees are required to notify the Department and receive prior approval for changes to grant project services, the grant project director, or the approved budget.
 - vii. In accordance with 7 AAC 10.900, ensure that all staff working in the grant-funded program complete required background checks using the SOA background check system.
 - viii. Pursuant to 7 AAC 78.260 (Changes in Approved Grant Project), grantees must provide written notification at least 30 days in advance and obtain Department approval before making any of the following changes:
 - a. Modifying the grant project plan.
 - b. Changing the beginning or end dates of the grant project; or
 - c. Terminating a grant project or pausing service delivery. Requirements related to record transfer in the event of termination are outlined in 7 AAC 78.255 (Transfer of Records).
 - ix. Grantees must provide immediate written notification to the Department and obtain approval if the grantee proposes to replace the grant project director.

Awarded proposers will be required to submit additional agency information if the agency GEMS record is not current.

Audit Requirements:

Federal Requirements: Agencies spending \$1,000,000 or more total Federal Financial Assistance in the agency fiscal year may be required to comply with conditions of the Single Audit Act of 1984, P.L. 98-502, as amended by the Single Audit Act Amendments of 1996, P.L. 104-156, and as defined in 2 CFR 200.

State Requirements: Agencies spending \$1,000,000 or more total State Financial Assistance in the agency fiscal year are required to comply with the conditions of 2 AAC 45.010-090. The current regulations may be viewed at the State of Alaska, Department of Law website, [Department of Law Document Library](#), or copies may be obtained from the contact identified on the cover page of the RFP.

Information on State and Federal Single Audit Acts compliance may be obtained from:

State Single Audit Coordinator
Department of Administration
Division of Finance
PO Box 110204
Juneau, AK 99811-0204
Telephone: (907) 465-4666
Fax: (907) 465-2169

Department of Health Program Audit Requirements: All DHSS grantees are subject to the requirements of 7 AAC 78.230. If awarded, agencies which are not required to file State Single Audits under 2 AAC 45.010 must ensure a fiscal audit of the agency operations under the grant program is performed by an independent, licensed, certified public accountant at least once every two years and submitted to:

State of Alaska Department of Health and Social Services
Finance and Management Services
Audit Section
PO Box 110602
Juneau, AK 99811-0602
Telephone: (907) 465-3120

Facility, Service Access, and Safety:

1. The applicant must address potential safety concerns for clients and staff in the management of services proposed in response to this RFP.
2. The applicant should describe client accessibility to services and the way in which that will enhance project success.
3. All applicants for Department grants should have a written plan for emergency response and recovery that provides for potential safety concerns and the safe evacuation of clients and staff. This plan is mandatory for agencies providing residential and/or critical care services as noted in the State Grant Assurances.

2.04 Support/Coordination of Services

Because CM depends on consistent participation and verified behaviors, coordination with referral sources is essential. Referral partners help identify eligible clients, support engagement, and reinforce treatment adherence.

Applicants must demonstrate the proposed project has the necessary support and coordination for the successful delivery of services. The proposal must address the following:

1. Coordination with necessary referring agencies and the role of each described.

Section 3 General Instructions for Proposal Submission

3.01 Eligibility

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). Eligible applicants are state agencies; political subdivisions of the state such as cities, organized boroughs, and Regional Educational Attendance Areas; nonprofit organizations and consortia of nonprofits; and Alaska Native entities. As follows, eligibility will be verified by Grants and Contracts.

1. Political subdivisions of the state and Regional Educational Attendance Areas will be verified by State records.
2. Eligible nonprofits are listed in the State's database of registered nonprofit entities or the US Internal Revenue Service's register of tax-exempt organizations. Nonprofit subsidiaries of nonprofit corporations must also provide a letter from the parent organization confirming nonprofit status.
3. Alaska Native entities as defined in 7 AAC 78.950(1) must submit, with the application, a legally binding resolution waiving the entity's sovereign immunity to suit through the duration of the program, identified in RFP Subsection 3.05. The resolution must be authorized in compliance with the tribe's constitution, either by the tribal council or by majority vote of the tribal membership. The required template is provided at Subsection 4.02, Other Technical Requirements.

Federal Funding Accountability and Transparency Act (FFATA): In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub- Award And Executive Compensation Information, reporting is required of any grant award with federal funding equal to or greater than \$30,000. FFATA is intended to hold the federal government accountable for spending decisions. Accountability data is available to the public at [U.S. Government spending](#). Reporting requirements extend to recipients of State-issued awards with federal funds. An Agency Power User must complete the FFATA form under Federal Reporting in the GEMS Agency Administration tab. The report data will reflect the audited figures of the agency's most recently completed fiscal year. The report captures expenses and executive compensation for your agency. More information regarding FFATA requirements can be found at [Federal Funding Accountability and Transparency Act Subaward Reporting System](#)

Effective April 4th, 2022, the US Federal Government transitioned from the Dun & Bradstreet Data Universal Numbering System (DUNS) number to a System for Award Management (SAM) generated Unique Entity Identifier (UEI) alpha-numeric value for federal awards management. All grantees receiving awards with federal funds are required to have a UEI. More information regarding this transition can be found on the [U.S. General Services Administration](#).

The Grants Electronic Management System (GEMS) has been updated to include fields for both the DUNS nine-digit number and the UEI twelve-digit alpha-numeric value under the General section of the Agency Administration tab. An Agency Power User must confirm the current UEI number is listed in GEMS. The DUNS number will continue to be displayed in GEMS until further notice.

Applicant agency GEMS records must contain the agency's current State of Alaska Business License number, and a current governing board roster which includes titles, contact information, and terms of office for each seat. The roster must include emergency contact information outside the applicant agency for one or more officers.

Grants and Contracts will verify neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

If this grant program includes Federal funding, effective November 12, 2020 Federal Uniform Guidance 2 CFR 200 requires that agencies be registered on the System for Award Management (SAM) website at [System for Award Management \(SAM\)](#). If an applicant is recommended for award and is not registered on this site, the offered award will not be executed, and funds will not be issued until agency registration is confirmed.

Applicants who have had a contract or grant to help produce this RFP are not eligible to apply and any submitted proposal will not be considered.

3.02 Acceptance of Terms

By submitting a proposal, an applicant accepts all terms and conditions of this RFP including all identified attachments and guidelines, 7 AAC 78, and any other applicable statutes and regulations. Copies of these may be accessed through the contact person identified on the cover page or through the web address(es) identified in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in the awarded proposal unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

3.03 Inquiries

Applicants should immediately review this RFP for defects and questionable or confusing content. Questions that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person identified on the RFP cover page. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared substantive. The applicant will be directed to submit the question in writing to the contact person at the email address on the cover page no later than the Deadline for Written Inquiries, also identified on the cover page. This will allow issuance of any necessary amendments and/or clarifications to all prospective applicants.

Applicants are responsible for monitoring GEMS or the State's Online Public Notices website ([Online Public Notices](#)) for any clarifications or amendments that may be issued regarding this solicitation.

Proposals will not be accepted after 3:59 PM prevailing local time on the due date identified on the cover page.

3.04 Proposal Costs and Content

The Department will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

The applicant is responsible for the content of the proposal.

3.05 Duration

This RFP is for fiscal year FY2027, 7/1/2026 through 6/30/2027.

3.06 Proposal Review

Following the deadline for receipt of proposals, no revisions will be accepted unless provided in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

1. Proposals will be evaluated in a manner that will avoid disclosure of contents before notices of grant award have been issued.
2. Department of Health staff will evaluate each proposal for minimum responsiveness and other technical requirements and eliminate nonresponsive proposals from consideration.
3. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), Department staff will evaluate each responsive proposal. **Scores for each criterion will be based solely on the response to the associated question. Points will not be earned if the information was provided in response to another question in Section 4.** Department staff will also review relevant departmental documentation regarding the applicant. Staff recommendations regarding awards and levels of funding will include consideration of the following:
 - i. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;

- ii. priorities in applicable State health and social services plans;
- iii. requirements of applicable State and federal statutes; and
- iv. municipal ordinances or regulations applicable to the grant program.

If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. As a committee the PEC will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. Scores will be assigned based on the applicant's response to each individual question and the associated criteria. **Applicants will not earn points for a given question based on a response to another question in the RFP.** The PEC review will include discussion of each proposal's merits. PEC recommendations will rank proposals in priority order and include approval or disapproval for award, modifications to the proposed project, and special compliance conditions.

All staff advisory recommendations and, if applicable, those of the PEC, and all review materials will be submitted for consideration by the Division Director, who will make recommendations to the Commissioner of the Department of Health or the Commissioner's designee.

3.07 Final Decision Authority

Recommendations are advisory only, including those from any PEC that may be held. The final decision to approve or disapprove award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

NOTE: The final decision may include additional considerations, such as a lack or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.

3.08 Notification of Grant Award and Appeals

Within fifteen (15) days after the decision regarding grant awards, applicants will be notified of the final funding decisions, and, if awarded, any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, successful applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78.

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner and received in writing at the address below within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

With a copy to the contact identified on the solicitation cover page, send appeal to:

Heidi Hedberg, Commissioner
Department of Health
3601 C Street, Suite 902

Anchorage, Alaska 99503-5923

3.09 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. The Department may withdraw this RFP at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the State to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed to be in the best interest of the State.

Section 4 Submission Requirements/Evaluation Criteria

4.01 Minimum Responsiveness Criterion per 78.100(2)(A)

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

1 Applicant is eligible per 7 AAC 78.030.

Evaluation/Review Criteria		Review	Points
a	Applicant is eligible per Alaska Administrative Code 7 AAC 78.030 .	☑	

4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100

Response & Organizational Documentation

1 If applying as a non-profit organization, confirm non-profit status is documented.

Evaluation/Review Criteria		Review	Points
a	The agency is listed as a non-profit in good standing on the State's corporation database, confirmed at State Corporation Database and/or	☑	
b	The agency's current 501(c)(3) status is confirmed on the Exempt Organizations page, accessible at IRS Tax Exempt Organization Search	☑	
c	If a non-profit subsidiary of a non-profit corporation, a verifying letter from the parent non-profit agency is uploaded to the applicant's agency GEMS record (under General in the Agency Administration tab). The parent corporation must meet criteria a and/or b.	☑	

2 If applying as a Federally recognized tribal entity, upload the signed Resolution for Tribal Entities using the template provided below. Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
a	The applicant is a recognized Alaska Native entity as verified by the Federal Register at Federal Register . If a tribal consortium, all members are recognized Alaska Native entities.	<input checked="" type="checkbox"/>	
b	A Resolution, completed on the provided form, is uploaded in the space provided. If a tribal consortium, a Resolution from each member tribe is uploaded as a single file.	<input checked="" type="checkbox"/>	

3 If applying as a government entity, confirm the following criterion is met.

Evaluation/Review Criteria		Review	Points
a	The applicant is another State Agency, such as the University; a political subdivision such as a city or municipality, verified at Local Boundary Commission ; or an REAA under AS 14.08.031 verified at Department of Education Alaska School Map .	<input checked="" type="checkbox"/>	

4 Confirm neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

Evaluation/Review Criteria		Review	Points
a	The applicant agency nor its principals are barred from receiving federal assistance as verified in the federal System for Awards Management at System for Award Management (SAM) .	<input checked="" type="checkbox"/>	

5 Electronically sign the State Grant Assurances form.

Evaluation/Review Criteria		Review	Points
a	State Grant Assurances form is signed by an individual authorized to enter into legal agreements on behalf of the applicant agency.	<input checked="" type="checkbox"/>	

6 This program receives federal funds. Confirm the following criteria are met.

Evaluation/Review Criteria		Review	Points
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	<p>a The Federal Assurance and Certification form is electronically signed by an individual authorized to enter into legal agreements on behalf of the applicant.</p>	<input checked="" type="checkbox"/>	
	<p>b The applicant agency GEMS record, under General in the Agency Administration tab, contains the agency's UEI number.</p>	<input checked="" type="checkbox"/>	
	<p>c The required Federal Funding Accountability and Transparency Act (FFATA) information, located under the Federal Reporting section of the Agency Administration tab, has been provided for the agency's most recently completed fiscal year. This task can only be completed by an Agency Power User.</p>	<input checked="" type="checkbox"/>	

7 *Confirm the following information is provided at the Agency Administration tab. These tasks must be completed by a Power User. If the information is found to be incomplete or not current, there may be delay in execution of any offered award.*

Evaluation/Review Criteria	Review	Points
<p>a The General section contains a current governing board roster. The roster includes terms of each seat and contact information outside the applicant agency for one or more officers.</p>	<input checked="" type="checkbox"/>	
<p>b The Other Funding section contains a record for each source of agency operating funds. The record includes funds applied for under this solicitation. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.</p>	<input checked="" type="checkbox"/>	
<p>c The General section contains a State of Alaska business license number, verified at Alaska Business Licenses Search.</p>	<input checked="" type="checkbox"/>	
<p>d All agency contact records are up to date, including Head of Agency, Primary Contact, and Head of Financial Operations.</p>	<input checked="" type="checkbox"/>	
<p>e The applicant's agency record contains the Agency Fiscal Year Start Date.</p>	<input checked="" type="checkbox"/>	
<p>f The applicant's agency GEMS record contains a current Federally Negotiated Indirect Cost Rate Agreement. If lapsed, the agreement is uploaded with written confirmation from the negotiating agency that the rate is valid until a new agreement is approved.</p>	<input checked="" type="checkbox"/>	

4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B)

- 1** *Previous recipients of grant awards will confirm the following criteria pertaining to past performance and compliance are met. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. All other applicants will mark Complete without confirming.*

Evaluation/Review Criteria	Review	Points
<p>a Fiscal, narrative, and data reporting in prior years has been complete and timely.</p>	<input checked="" type="checkbox"/>	
<p>b Required State and Federal Single Audits have been submitted, verified at Division of Finance, State Single Audit. Any prior year audit exceptions have been resolved, verified by the Finance and Management Services Audit Section contact identified at Finance and Management Services Audit Contact.</p>	<input checked="" type="checkbox"/>	
<p>c Activities in prior year(s) demonstrate effective delivery of services. The departmental review may include documentation such as performance reports, audit reports, grant records, site visits, etc.</p>	<input checked="" type="checkbox"/>	
<p>d Agency historically maintains required standards. Verification may include, though is not limited to, quality assurance reviews, licensing, and certifications.</p>	<input checked="" type="checkbox"/>	
<p>e If a site visit was conducted at the agency for any Department of Health Grant Programs within the past three years, please identify in the application response, the date of the visit and if there were findings. If there were findings, please identify what the findings were.</p>	<input checked="" type="checkbox"/>	

4.04 Questions and Criteria Related to Program Policy, Goals, Outcomes, and Activities

- 1** *Describe the proposed project in the text box below, identifying the ways in which it will achieve the program goals and anticipated outcomes stated in this RFP.*

Evaluation/Review Criteria	Review	Points
<p>a The description demonstrates a thorough understanding of program goals and outcomes, and clearly identifies the ways in which they will be achieved.</p>	<input type="checkbox"/>	80

- 2** *Provide the timeline for the initiation of services and implementation of project activities in the upload field below.*

Evaluation/Review Criteria	Review	Points
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	<p>a The timeline proposed for initiation of services and project activities is compatible with program intent.</p>	<input type="checkbox"/>	120
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3 *In the text box below, describe the ways in which the project aligns with program intent. The response will identify project resources, activities, and clearly state the project's anticipated goals, outputs, and outcomes.*

Evaluation/Review Criteria	Review	Points
<p>a The described activities are well developed, reasonable and supportive of program intent.</p>	<input type="checkbox"/>	80

4 *In the text box below, describe the project evaluation plan, including indicators and data gathering strategies that will be implemented to address the program's performance measures identified in Subsection 1.04.*

Evaluation/Review Criteria	Review	Points
<p>a The proposed evaluation plan includes indicators and data gathering strategies aligned with the program performance measures identified in Subsection 1.04.</p>	<input type="checkbox"/>	80

5 *In the text box below, describe the target population and service area(s) of the proposed project.*

Evaluation/Review Criteria	Review	Points
<p>a The description clearly identifies the proposed target population and service area and meets the intent of the services solicited.</p>	<input type="checkbox"/>	80

6 *Provide the proposed budget for the first year of the project. Include detail and supporting narrative as shown in the provided Grant Budget Preparation Guidelines (Documents tab). Confirm the following criteria are met.*

Evaluation/Review Criteria	Review	Points
<p>a The budget narrative is complete and mutually consistent with the budget detail.</p>	<input checked="" type="checkbox"/>	
<p>b Cost line items are allowable under 7 AAC 78.160 and are compliant with stated program requirements.</p>	<input checked="" type="checkbox"/>	
<p>c Travel costs are consistent with 7 AAC 78.160(h) and (i), and with any program requirements or limitations identified in the solicitation.</p>	<input checked="" type="checkbox"/>	

	d Equipment costs and subcontract costs are allowed by the program and consistent with 7 AAC 78.280.	<input checked="" type="checkbox"/>	
	e Indirect costs are fully compliant with rates and exemptions of the agency's current Federally Negotiated Indirect Cost Rate Agreement, uploaded in the General section of the Agency Administration tab. If an agency has never entered into a federally approved Indirect Cost Rate Agreement or no longer has a federally approved agreement in place, the recently updated Federal Uniform Guidance 2 CFR 200 now allows that agency to budget the 15% De Minimis.	<input checked="" type="checkbox"/>	
	f The budget supports the proposed project and program intent, and the project appears achievable with demonstrated resources.	<input type="checkbox"/>	40
	g Costs are reasonable and substantiated in the narrative.	<input type="checkbox"/>	20
	h The proposed budget narrative clearly describes any necessary allocation of resources among target populations or service areas.	<input type="checkbox"/>	20

4.05 Applicant Qualifications - Criteria Relating to Personnel, Management, and Facilities

- 1** *In the text box below, describe the agency's previous experience in providing services the same as, or similar to, those proposed. Clearly identify the time period over which services were provided and the population served. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.*

Evaluation/Review Criteria	Review	Points
a The applicant's previous experience providing the same or similar services demonstrates the resources and capacity needed to provide the solicited program services. Note: the review by department staff will also include documentation such as prior year performance reports, audit reports, site visits, etc. as noted in Subsection 4.03.	<input type="checkbox"/>	60
b Agency has the financial strength and capacity to manage grants and verifies that it has the capacity to implement funds if received.	<input checked="" type="checkbox"/>	

- 2** *In the text box below, describe the proposed project's program and administrative staffing needs. Scan the following documents as a single file and upload in the space provided below: 1) Position descriptions for key project positions 2) Resumes and professional credentials for position holders 3) Resumes of administrative staff providing supervision, fiscal, reporting, and management needs. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.*

Evaluation/Review Criteria		Review	Points
a	Staff providing services are qualified and competent as demonstrated by the uploaded position descriptions, resumes, and professional credentials.	<input type="checkbox"/>	120
b	Staffing levels are sufficient to support the requirements of the proposed project and compliant with all identified program mandates.	<input type="checkbox"/>	80
c	Position descriptions support the intent of the RFP and the project proposed.	<input type="checkbox"/>	60
d	Administrative staff is qualified as demonstrated by the resumes provided.	<input type="checkbox"/>	80
e	Administrative capacity demonstrates capability to meet management and reporting needs.	<input type="checkbox"/>	80
f	Agency has indicated in the narrative proposal what the overall agency staff turnover rate has been during the past two years.	<input checked="" type="checkbox"/>	

3 In the text box below, describe the procedures that will be used to protect client confidentiality.

Evaluation/Review Criteria		Review	Points
a	The applicant's description identifies the procedures necessary to protect client confidentiality compliant with State and Federal standards.	<input type="checkbox"/>	100

4 In the text box below, describe the service delivery facilities and locations and the ways in which access to services will enhance project success.

Evaluation/Review Criteria		Review	Points
a	The facilities described are safe and appropriate to the purpose of the program.	<input type="checkbox"/>	60
b	Access to the locations will enhance delivery of services to the targeted populations.	<input type="checkbox"/>	60

4.06 Demonstration of Support/Coordination of Service

1 In the text box below, describe the in-place or planned coordination with the State or other providers for referrals necessary to project success. Identify the project staff involved as well as the responsible positions at the referring agencies.

Evaluation/Review Criteria	Review	Points
a The applicant's description demonstrates a clear understanding of the roles that must be performed by the applicant and by referring agencies for the effective delivery of services to the targeted population.	<input type="checkbox"/>	60