

Request for Proposals

Contractor for Implementation and Evaluation of Healthy Native Babies Project (HNBP) Materials

Date Issued:

April 9, 2026 – 5:00 pm Eastern Standard Time

Due Date:

April 30, 2026 – 5:00 pm Eastern Standard Time

Proposal Submission Form:

[Submission Form Link](#)

Questions Form:

[CDC Foundation Contact Form](#)

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Summary of Request:

The CDC Foundation is re-releasing this RFP to allow for additional applicants to partner with us in this work. The CDC Foundation invites proposals from Tribes, Tribal Serving Organizations (TSOs), and Urban Indian Organizations (UIOs) [T/TSOs/UIOs] to implement and evaluate the updated Healthy Native Babies Project (HNBP) materials within their service areas. This initiative aims to strengthen culturally relevant infant safe sleep education, increase community awareness, and support Native families in reducing -sleep related- infant deaths. Selected T/TSOs/UIOs will adapt, disseminate, and assess the use of HNBP materials in ways that reflect the cultural, linguistic, and community-specific needs of the Native populations they serve. This project is a rapid turnaround project to support T/TSOs/UIOs in:

- Implementing HNBP materials in clinical, community, and family setting
- Training staff and community partners
- Evaluating reach, effectiveness, and community feedback
- Identifying barriers, facilitators, lessons learned, and best practices for future replication

1. CDC FOUNDATION

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) and the public health system save and improve lives by unleashing the power of partnerships to protect the health, safety and security of all communities, everywhere. The CDC Foundation is authorized by Congress to mobilize philanthropic partners, corporations, organizations and individuals to support the critical health protection mission of CDC and the public health system.

The CDC Foundation manages hundreds of programs each year aimed at protecting communities across the country from a variety of health threats—from chronic disease conditions including cardiovascular disease and cancer, to infectious diseases like malaria and HIV to emergency responses, such as Ebola and Zika. Visit <http://www.cdcfoundation.org> for more information.

2. BACKGROUND AND NEED

The Healthy Native Babies Project (HNBP) is a culturally tailored adaptation of the national Safe to Sleep® campaign initially began by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), part of the National Institutes of Health, to reduce sleep related infant deaths, including sudden infant death syndrome (SIDS), among American Indian and Alaska Native (AI/AN) infants. HNBP materials include print, digital, and training resources designed for use by healthcare providers, public health practitioners, and community based organizations serving AI/AN families. Beginning in 2023 HNBP transitioned to CDC and HNBP materials were evaluated and updated. These updates were developed through collaboration with Tribal and Urban Indian partners to ensure that evidence based infant safe sleep recommendations are communicated in ways that reflect AI/AN values, imagery, and caregiving traditions, while remaining aligned with current national infant sleep guidance.

Although national SIDS rates have declined, AI/AN infants continue to experience disproportionately higher rates of sleep related infant deaths, in both Tribal and urban settings. Many Native communities—Tribal, Tribal serving, and urban—face compounding factors such as housing

instability, multigenerational households, and inconsistent access to culturally appropriate maternal and child health education. These structural barriers can limit consistent adoption of recommended safe sleep practices without coordinated implementation support.

Tribes, TSOs, and UIOs play essential and distinct roles in delivering maternal and child health education to AI/AN families. While these entities are well positioned to integrate HNBP materials into clinical, public health, and community outreach programs, variations in capacity, staffing, training infrastructure, and evaluation resources can lead to inconsistent implementation and limited documentation of reach, effectiveness, and community impact across sites. Best practices for effective safe infant sleep initiatives include not only distribution of education materials, but also provider training, culturally respectful communication, reinforcement across care settings, and structured evaluation.

Accordingly, this RFP supports the engagement of **up to three (3)** cost-reimbursable based awardees to provide implementation coordination, training support, and evaluation services (see Sections 3. Scope of Work and 6. Selection Criteria) to ensure consistent, high quality- use of HNBP materials across multiple T/TSOs/UIOs sites while allowing for appropriate local adaptation.

3. SCOPE OF WORK

Description:

Each contractor will support the implementation and evaluation of the Healthy Native Babies Project (HNBP) updated materials within its service area. Contractors will be responsible for integrating, maintaining, and sustaining HNBP activities; designing and carrying out an evaluation that incorporates sustainability indicators; and completing all implementation and evaluation requirements no later than **September 2026**.

Project Activities:

- A. Implementation and Sustainability Efforts
 - a. Integrate HNBP materials into existing maternal and child health programs, which could include home visiting, WIC, public health nursing, community outreach, or clinical care settings.
 - b. Customize materials for local cultural context ensuring adaptations remain aligned with core HNBP messages.
 - c. Conduct targeted outreach to caregivers, families, extended kinship networks, Elders, and/or community partners to increase awareness and reinforce safe infant sleep practices.
 - d. Provide staff training and technical assistance on safe sleep messaging, culturally respectful communication, and effective delivery of HNBP materials across diverse settings.
 - e. Build sustainability capacity, including:
 - i. Developing simple tools, job aids, and/or integration plans that allow T/ TSOs/ UIOs to continue HNBP activities beyond the contract period.
 - ii. Supporting identification of local HNBP champions, possibly using training-of-trainers (TOT) approaches to maintain local expertise.
 - iii. Identifying areas to embed HNBP implementation practices into routine

workflows, policies, and onboarding processes.

- iv. Providing recommendations for sustained implementation of HNBP materials beyond the project period.

B. Evaluation

- a. Develop an evaluation plan that measures:
 - i. Reach (number of families served, materials distributed, partners engaged, etc.).
 - ii. Knowledge change and planned behavior change among caregivers.
 - iii. Staff and community feedback on HNBP materials implementation (acceptability, appropriateness, adoption, cost, feasibility, sustainability).
 - iv. Barriers and facilitators to implementation.
 - v. Early indicators of sustainability, including adoption of HNBP implementation practices within organizational workflows and staff retention of safe sleep competencies.
- b. Use mixed methods, incorporating both quantitative and qualitative data collection.
- c. Produce a final evaluation report summarizing findings, sustainability insights, and recommendations for future replication and improvement.

C. Reporting & Participation

- a. Attend virtual orientation and technical assistance sessions with CDC Foundation and partner organizations.
- b. Submit quarterly progress updates detailing implementation status, risks, mitigation strategies, sustainability planning, and evaluation progress.
- c. Participate in cross site learning activities with other funded partners to support shared learning, adaptation, and continuous improvement.

Project Outputs:

1. Finalized implementation and evaluation work plan
2. List of HNBP materials to be used, and how they will be implemented
3. Interim progress reports
4. Site-specific and aggregate evaluation findings
5. Final Evaluation Report that includes:
 - a. Findings and recommendations.
 - b. Explicit sustainability recommendations, including opportunities for expansion, maintenance, or integration into Tribal, TSO, or UIO organizational systems.
 - c. Forward looking options for continued implementation beyond the period of performance.

Funding Amount:

Up to \$100,000

Performance Period:

May 18, 2026 to September 29, 2026

4. ELIGIBILITY REQUIREMENTS

All applicants must meet the following criteria:

- Be a federally recognized Tribe, a Tribal Serving Organization, or an Urban Indian Organization operating in the United States.

- Must be legally registered and authorized to operate in the United States.
- Must demonstrate experience serving American Indian/Alaska Native (AI/AN) populations within their Tribal, Tribal serving, or urban service areas.
- Must demonstrate experience in public health program implementation and basic evaluation activities, including the ability to collect, interpret, and report qualitative and/or quantitative data.
- Must have adequate staffing capacity in place at the time of award to support implementation, training participation, sustainability planning, community engagement, and evaluation activities.
- Must demonstrate cultural competency or experience working within culturally grounded public health programs serving AI/AN communities.
- Must commit to participating in sustainability planning, including identifying sustainability options and needs, engaging Tribal leaders and/or champions, and considering long-term approaches such as embedding HNBP practices into local protocols, websites, or onboarding processes.

Preferred but not required:

- Prior experience in development or usage of HNBP materials would be beneficial but not required.

The CDC Foundation reserves the right to conduct a **pre-award risk assessment** to assure potential contracts meet the eligibility criteria. Data available through third party sources such as Dun & Bradstreet may be consulted, along with information publicly available via Federal and State award, debarment, exclusion, and sanction databases.

5. INSTRUCTIONS FOR APPLICANTS

All interested applicants should complete the following requirements and submit materials through the submission form by **April 30, 2026**. All proposals should be submitted by 5:00 p.m. EST. Applications that are deemed incomplete or that are not submitted by the submission form will not be considered for selection.

- [LINK TO SUBMISSION FORM](#)

5.1 Required Information

The following information will be required to submit as part of the submission form.

- A. Cover Page: Applicant Organization Information
 - Official Name of Applicant
 - Email & Phone Number for Primary Contact
 - Applicant Website (if available)
 - Year Established
 - Federal Tax Identification (ID)/Employer Identification Number (EIN)
 - Data Universal Number System (DUNS)
 - SAMS Unique Entity ID (UEI)
 - Organization Business Classification

- B. Contact Information

Contractor Contacts
<p><i>Programmatic Contact (only if different from primary)</i></p> <p>Name: Title: Organization: Address: City, State, Zip Code: Email: Phone:</p>
<p><i>Financial Contact</i></p> <p>Name: Title: Organization: Address: City, State, Zip Code: Email: Phone:</p>
<p><i>Authorized Official</i></p> <p>Name: Title: Organization: Address: City, State, Zip Code: Email: Phone:</p>

C. Organizational Capacity

- Description of the organization’s mission and programs
- Experience serving AI/AN communities, maternal and child health, Healthy Native Babies Project (HNBP) or culturally based programming
- Staff capacity to support this project

D. Proposed Work Plan

- Outline of community need, target population, and existing or proposed partnerships engaged for this project
- Draft Implementation Plan, including:
 - Description of how HNBP materials will be implemented
 - Approach, if needed, to cultural adaptation and community engagement
 - Anticipated facilitators or challenges and potential mitigation strategies
- Draft Evaluation Plan, including:
 - Potential evaluation questions related to implementation of HNBP materials
 - Draft approach to evaluation (data collection, analyses, reporting)
 - How findings will be used and shared
- Timeline for implementation and evaluation from award through September 2026

E. Budget and Budget Narrative: line-item budget with cost justification for how funds will be

used. Please include any identifiable potential leverageable resources

Attachments:

Please provide the following attachments as part of the completed application:

Required:

- Completed IRS 990 Tax Form (audited and signed)
- Most recent audited financial statement

Optional:

- Recommendation letters from previous clients or partners.
- Examples of previous public health program implementation and evaluation
- Examples of previous work with HNBP or other safe sleep campaigns and/or culturally grounded public health program work
- Letters of support from community partners, tribal organizations, or local agencies

An automated notification of receipt of the application will be generated upon submission.

The CDC Foundation reserves the right to award a contract based on initial offers, without discussion. Therefore, proposals should contain a potential contractor’s best solution, from cost/price and technical standpoints. The CDC Foundation may, at its discretion, invite presentations, hold panel interviews, request clarification, conduct discussions and/or solicit a best and final offer from any or all potential contractors. The CDC Foundation also reserves the right to conduct a pre-award risk assessment and may request additional financial and/or organizational information from potential contractors for the purpose of conducting the assessment. Review findings may impact eligibility and/or award structure.

The CDC Foundation will not be responsible for any proposal which does not follow the instructions in this RFP, and may, at its discretion, reject any such non-compliant proposal. Further, this solicitation does not commit the CDC Foundation to pay any cost for the preparation and submission of a proposal.

6. SELECTION PROCESS AND REVIEW CRITERIA

6.1 Anticipated Timeline

The timeline below is subject to change at the sole discretion of the CDC Foundation:

April 9, 2026	RFP Re-Release
April 22, 2026	Question Submission Deadline
April 30, 2026	Proposal Submission Deadline
May 5, 2026	Anticipated Selection Notification
May 18, 2026	Anticipated Effective Date of Resulting Agreement
May 18, 2026 – September 29, 2026	Anticipated Agreement Term

6.2 Communication During the RFP Period

All questions and requests for clarification regarding this RFP should be submitted by prospective

contractors in writing via email to maternalhealthta@cdcfoundation.org no later than **5:00pm Eastern Time on April 22, 2026**, with a subject line of: CDC Foundation HNBP RFP Questions. Responses to all questions and requests for clarification received by the stated deadline for inquiries will be responded to as received.

6.3 Evaluation

Compliant proposals received from eligible applicants by the stated proposal submission deadline will be evaluated in accordance with the review criteria outlined below. Submissions will be evaluated on applicants' organization capacity to provide the requested services, proposed approach and implementation strategy, proposed evaluation plan, and capacity to provide the requested services within the anticipated timeframes stated in the RFP.

As previously stated in section 5 (Instructions for Applicants) of this solicitation, the CDC Foundation reserves the right to award a contract based on initial offers, without discussion. Therefore, proposals should contain a potential contractor's best solution, from cost/price and technical standpoints. The CDC Foundation may, at its discretion, invite presentations, hold panel interviews, conduct discussions, request clarification and/or solicit a best and final offer from any or all potential contractors as part of the evaluation process. Further, the CDC Foundation also reserves the right to conduct a pre-award risk assessment and may request additional financial and/or organizational information from potential contractors for the purpose of conducting the assessment. Review findings may impact eligibility and/or award structure.

Evaluation criteria of the proposal are as follows.

Criteria	Weight
Organizational Capacity	15%
Proposed Work Plan	20%
Implementation Strategy	20%
Proposed Evaluation Plan	20%
Appropriate Timeline	10%
Budget and Budget Narrative	15%

6.4 Notification to Applicants

All applicants will receive notification of whether they are selected as the successful contractor. The CDC Foundation will not provide scores or specific review feedback to unsuccessful applicants.

7. OTHER REQUIREMENTS

7.1 RFP Changes

The CDC Foundation reserves the right to negotiate any or all RFP terms and conditions, and to cancel, amend or resubmit this RFP in part or entirety at any time.

7.2 RFP Conditions

Applicants must provide disclosure of any known past, present or prospective relationships with any parties associated with the CDC Foundation. For example, applicants should disclose if a member of

their Board is also a member of the CDC Foundation's Board currently or in the past. The applicant also certifies that the prices offered were arrived at independently and without purpose of restricting competition with other applicants, including but not limited to subsidiaries, and that prices have not been and will not be knowingly disclosed to any other applicants unless required by law. Failure to comply with these requirements may result in the CDC Foundation having to re-evaluate the selection of a proposal.

This RFP is not an offer to contract but represents a definition of specific requirements and an invitation to qualified Tribes, Tribal Serving Organizations (TSOs), and Urban Indian Organizations (UIOs) to submit a response addressing our business requirements. Issuance of the RFP, your preparation and submission of a proposal, and subsequent receipt and evaluation of your proposal by the CDC Foundation does not commit the CDC Foundation to award a contract to you or any other respondent, even if all requirements stated in the RFP are met. All costs of participation including your proposal and subsequent activity in the selection phase are at your risk and any such costs, whether direct or indirect, are the responsibility of applicants.

Nothing in this document shall be construed as an offer by the CDC Foundation and no terms, discussions or proposals shall be binding on either party prior to execution of a definitive agreement. The CDC Foundation reserves the right to reject any part or the entire proposal. The CDC Foundation's decision may be made on any basis it deems pertinent to this undertaking, regardless of whether or not a particular factor is described in this Request for Proposal or otherwise discussed between the parties.

Proposals are expected to be binding for a period of one hundred and twenty (120) days from the published response date.

7.3 Non-Disclosure and Confidentiality

Tribes, Tribal Serving Organizations (TSOs), and Urban Indian Health Organizations (UIOs) – notated as partners - shall hold in confidence and, without the prior written approval of the CDC Foundation, shall not disclose to any third party, except to employees and approved subcontractors having a need to know, and Proprietary information provided to the applicants by the CDC Foundation or any of its subsidiaries or affiliates. Partners shall not use Proprietary information for any purpose other than responding to this RFP. The term "Proprietary Information" means (a) any information of the CDC Foundation which is not openly communicated or accessible to third parties, whether or not marked or identified as confidential, related technical data and know-how, financial information, pricing, terms of sale, products, processes, plans, personnel, research and development projects or other aspects of the business of the CDC Foundation until such information shall have ceased to be proprietary as evidenced by general public availability and knowledge, (b) information of a third party as to which the CDC Foundation has a non-disclosure obligation, and (c) information produced by partners in the course of performing the services. All tangible proprietary information in partner's possession or control shall be promptly returned to the CDC Foundation or destroyed on request or upon termination of this RFP, whichever occurs first.