Request for Proposals
Veteran Suicide Prevention Evaluation: Demonstration Project Evaluation Capacity Building Grants

Round 2 RFP Issue Date: October 26, 2022
RFP Question Submissions Due: November 4, 2022
Date Response Due: November 15, 2022, 3:00 p.m. EDT

SUMMARY:
This grant opportunity is designed to serve community-based organizations working in veteran and military communities that provide services to enhance community integration and social connectedness. Both approaches promote protective factors for up-stream suicide prevention (prior to crisis intervention). Programming can include but is not limited to providing community connections, and ancillary or social services. Through the grant funding, selected VSOs will conduct formative or process evaluation for one of their programs related to veteran suicide prevention. Please note the following requirements

- Be an eligible veteran serving organization – Organizations that were awarded funding in the first solicitation of this RFP (announced 10/24/2022) are not eligible to apply for additional funding. Organization that applied and did not receive funding (announced 10/24/2022) are eligible to re-submit a proposal for this RFP.
- Submit a formative or process evaluation question
- Complete all proposal requirements and submit all accompanying documents

Please note – this is the second round solicitation for this award. Selected grantees from this round of solicitation will join a combined cohort for the project.

RFP UPDATES:
- Simplified language for description of suicide prevention models, evaluation approach, and requirements of the RFP.
- Updated requirements for returning VSPE grantees clarifying scope of project and required materials to submit.
- Reduced requirements for staff time allocation from 1 FTE to .75-1.0 FTE.
- Clarification of on-boarding of consultants
- Clarification of requirements of budget narrative
- New process for submitting questions
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### Basic Information

| **RFP Release Date** | Round-1 Release Date: September 21, 2022, Re-Released: September 30, 2022 – Round-1 Closed on October 11, 2022  
**Round-2 RFP Issue Date:** October 26, 2022 |
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<tr>
<td><strong>Round-2 Proposal Due Date</strong></td>
<td><strong>November 15, 2022 3:00 p.m. ET</strong></td>
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| **RFP Questions** | November 4, 2022 at 5:00 p.m. ET
Question Submission Form: [https://app.smartsheet.com/b/form/fb25363e7ad44b93b8f9dc268b2f5aeb](https://app.smartsheet.com/b/form/fb25363e7ad44b93b8f9dc268b2f5aeb) |
| **RFP Contact Information** | vspevaluation@cdcfoundation.org |
| **Anticipated Performance Term** | December 2022 – June 2023 (~7 months) |
| **Required Eligibility** | Applicants **must** meet all of the following eligibility criteria:
- Be a nonprofit, tax-exempt organization e.g., 501 (c)3 or 501 (c)19.
- Programs implemented in the United States or its territories.
- Have established relationships with veteran populations.
- Have ongoing veteran-focused programs and activities that align with either the Community Integration Model or the Connectedness Model for upstream approach to suicide prevention;
- (For process evaluations) Program of interest should have been established for at least one year prior to application; |

**Important Notes:**
* Organizations that were awarded funding in the first round of the solicitation of this RFP (announced 10/24/2022) are not eligible to apply for additional funding. Organizations that applied and did not receive funding (announced 10/24/2022) are eligible to re-submit a proposal for this RFP.

*For Returning Grantees*:
Previous Veteran Suicide Prevention Evaluation: Demonstration Project (VSPE) recipients are eligible to apply provided they have only participated and received funding for one (1) year or less of the VSPE program. Response to this RFP must include a different formative or process evaluation question than evaluated in previous years. For more information, please view the application criteria below.

* If the applicant is a subsidiary or affiliate of another organization, the relationship must be disclosed in the organizational experience and capacity section of the application.
This will be a competitive grant program, which means not all qualifying and meritorious proposals will be funded. Additionally, as this is the fifth year of this 5-year demonstration project, an effort will be made to consider varying types of projects and organizations for participation to understand the accessibility and effectiveness of the technical assistance and resources made available.

*All costs incurred in responding to this RFP will be borne by the applicant.

**Anticipated Funding and Payment Structure**

CDC Foundation intends to fund up to three (3) VSOs for a seven-month term (December-2022 through mid-June 2023). The total budget for all work related to the project is up to $45,000 per grantee. The final award amount is contingent upon submission of a detailed and reasonable budget to be approved by the CDC Foundation.

**Payment Structure**

CDC Foundation will award each subrecipient a fee not to exceed a Maximum Payable Amount (MPA) or ceiling price. The MPA will be based on the submission of a detailed and reasonable budget to be approved by the CDC Foundation and awarded through the resulting contract. The total budget for all work related to the project is up to $45,000. CDC Foundation requests offerors incorporate a cost reimbursable payment method in their proposal. CDC Foundation reserves the right to negotiate the fee structure.

**Funding Source**

The agreement resulting from this RFP will be supported by Federal funding under the *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health* grant with the award number 6 NU38OT000288-05-01 from the Centers from Disease Control and Prevention. The CDC Foundation anticipates that award(s) resulting from this solicitation will meet the criteria of “subrecipient” as defined by 2 CFR 200.331; a final determination will be made at the time of award. Subrecipients must comply with the following federal regulatory requirements:

- Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (45 CFR Part 75)
- Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200)

Additional subaward requirements will be communicated to successful proposers.

**Place of Performance**

Applicant location – performance and delivery of services will be undertaken remotely via web conferencing. There may be an occasional opportunity to engage in person depending on the location and needs of the field staff and the format of services provided.

**Performance Monitoring**

Performance monitoring will be based on adherence to an approved and agreed upon project workplan. The selected VSOs will be expected to work in close collaboration and consultation with the CDC Foundation and the CDC. The plan for each deliverable will be an important part of the overall project workplan. Furthermore, regular reviews/coordination, will be undertaken, as work progresses.
1. **CDC FOUNDATION**

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) save and improve lives by unleashing the power of collaboration between CDC, philanthropies, corporations, community-based organizations, and individuals to protect the health, safety and security of America and the world. We believe that people, groups, and organizations have greater positive impact and can accomplish more collectively than individually. The CDC Foundation is committed to galvanizing support for community-based organizations (CBOs) and to strengthening linkages between them and the public health sector through our existing and expanding network of relationships. The CDC Foundation is the go-to nonprofit authorized by Congress to mobilize philanthropic partners and private-sector resources to support CDC’s critical health protection mission. Since 1995, the CDC Foundation has raised over $1.2 billion and launched more than 1,200 programs impacting a variety of health threats from chronic disease conditions including cardiovascular disease and cancer, to infectious diseases like rotavirus and HIV, to emergency responses, including COVID-19 and Ebola. The CDC Foundation managed hundreds of programs in the United States and in more than 140 countries, and supports more than 180 community-based organizations to increase uptake of COVID-19 vaccines in the last year.

2. **FUNDING OPPORTUNITY**

The CDC Foundation was awarded a federal grant to work on the Veteran Suicide Prevention: Evaluation Demonstration (VSPE) Project in partnership with the CDC’s National Center for Injury Prevention and Control (Injury Center). The goal of the project is to build the capacity of veteran serving organizations (VSOs) to evaluate the effectiveness of their programs in helping to prevent suicide among veterans.

Over the past four years, the CDC Foundation has awarded and administered short-term, mini grants to VSOs that are implementing programs to facilitate an upstream public health approach to suicide prevention (i.e., approaches that serve to reduce risk factors and enhance protective factors). This funding has supported VSO grantees in the development and implementation of an evaluation plan and built capacity for ongoing program evaluation. Year 05 of this project aims to further strengthen the ability of VSOs to use monitoring and evaluation to build...
evidence on the effectiveness of programs to address veteran suicide through an upstream prevention approach.

Through this Request for Proposal (RFP), the CDC Foundation will provide funding and support for up to three (3) VSO grantees that are currently implementing programs aligned with the Community Integration Model or Connectedness Model for upstream suicide prevention (described below). The funding will build the capacity of VSOs to (1) plan and implement formative or process evaluations that measure how their respective programs can best be or are being implemented; (2) provide on-going feedback on technical assistance and toolkit materials as well as participate in community of practice meetings and other events; and (3) disseminate and utilize findings to improve programming.

**Please note that this is the second round solicitation for this award. Selected grantees from this round of solicitation will join a combined cohort for the project.**

Through this award grantees will (1) implement formative or process evaluations that measure how their respective programs are being implemented; (2) understand the contextual and cultural factors impacting implementation for the population of focus; (3) develop data dissemination resources and products and increased opportunities to share evaluation findings, including lessons learned, include participation in a community of practice; and (4) contribute to the development of veteran specific evaluation resources by providing on-going feedback to the CDC-Foundation and CDC on technical assistance materials and tools utilized throughout the project.

3. **BACKGROUND**

In 2020, the year for which we have the most recent mortality data, nearly 46,000 lives were lost to suicide.\(^1\) This equates to 126 suicides per day, on average. In 2020, 12.2 million adults reported experiencing suicidal thoughts and 3.2 million made a plan for how to die by suicide. Reports of suicide attempts have risen to 1.2 million, a 33% increase from 1999 and 2019.\(^2\)

Mental health conditions are often seen as the sole cause of suicide, but suicide is rarely caused by any single factor. In fact, many people who die by suicide are not known to have a diagnosed mental health condition at the time of death. Other problems often contribute to suicide, such as those related to relationships, substance misuse, physical health, and job, money, legal, or housing stress.\(^3\) Data from the Department of Veteran Affairs from 2019 show the veteran suicide rate was 1.5 times higher than non-veterans, which equates to an average of 17 veteran suicides per day.\(^4\) The rate of suicide among younger veterans aged 18-34 far exceeds that of other age groups while the number of veteran deaths by suicide is highest among those aged 55-74 years.\(^5\) Suicide is preventable, while it is rarely caused by any single factor, this also means there are multiple pathways for prevention.

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\(^1\) Source: [https://www.cdc.gov/injury/wisqars/fatal.html](https://www.cdc.gov/injury/wisqars/fatal.html)
\(^2\) Source: [https://smhsa.gov/data/](https://smhsa.gov/data/)
\(^3\) Source: [https://www.cdc.gov/vitalsigns/suicide/](https://www.cdc.gov/vitalsigns/suicide/)
\(^4\) Source: 2021 US Department of Veterans Affairs National Veteran Suicide Prevention Annual Report
Traditionally, suicide prevention has focused downstream on identifying and referring people at-risk of suicide to services. While that approach continues to be essential, CDC also focuses on upstream approaches that reduce risk factors and promote protective factors to prevent the development of suicide risk in the first place. CDC is working to achieve broader community-level protection against suicide through application and implementation of its Suicide Prevention Technical Package. The Technical Package identifies the best available evidence supporting strategies, approaches, and policies, programs, and practices for suicide prevention. In the Technical Package, CDC outlines the benefits of a comprehensive approach to suicide prevention that includes strategies to prevent suicide risk, including strengthening economic supports, strengthening access and delivery of suicide care, creating protective environments, promoting connectedness, teaching problem-solving skills, identifying and supporting people at risk, and lessening harms and preventing future risk.

These strategies aim to impact and prevent suicide at different levels of the social ecology, including individuals, families, and communities. Two strategies that emphasize up-stream prevention and mitigation of risk factors are the Community Integration Model and the Connectedness Model.

1. **Community Integration Model (Figure 1.):** This model, which relies on a collective impact framework, brings together veteran-serving organizations in one community to provide veterans with coordinated, streamlined access to a multitude of services and supports, including but not limited to employment, health, housing, benefits, recreation, education and/or social connection.

![Figure 1. Community Integration Model](image)
2. **Connectedness Model (Figure 2):** This model focuses on veteran to veteran, veteran to civilian, and veteran to community connectedness – through a range of activities from physical activity to community service to disaster response – and works to promote a veteran’s sense of belonging and sense of purpose.

Program evaluation is essential to understand and demonstrate if and to what extent programs are functioning as intended. Effective program evaluation is a systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate. The [Framework for Evaluation in Public Health](https://www.cdc.gov/eval/index.htm) guides public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation.

**Additional Resources**
Additional information on CDC’s public health approach to program evaluation:
- [https://www.cdc.gov/eval/framework/index.htm](https://www.cdc.gov/eval/framework/index.htm)
- [https://www.safestates.org/general/custom.asp?PPEvalCourse](https://www.safestates.org/general/custom.asp?PPEvalCourse)

Additional information on CDC’s public health approach to suicide prevention:
- [https://www.cdc.gov/vitalsigns/suicide/index.html](https://www.cdc.gov/vitalsigns/suicide/index.html)

**4. SCOPE OF WORK**
The goal of the project is to support VSOs through technical assistance and capacity building in promoting the use of formative or process evaluation while developing and piloting an actionable toolkit and technical assistance model to sustain evaluation capacity of VSOs after the program period.

_Evaluation is defined as the systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement._ (Source: [https://www.cdc.gov/eval/index.htm](https://www.cdc.gov/eval/index.htm))
• A formative evaluation can be used to identify program and community needs or to ensure that a program or activity is feasible, appropriate, and acceptable before being fully implemented.
• A process evaluation determines whether program activities have been implemented as intended. 6

Formative and process evaluations are foundational to ultimately determining if programs are effectively reducing suicide risk in their intended populations and contributing to the evidence-based strategies in the field. Completing formative and process evaluations ensure a data-driven approach to program implementation and improvement. Before one can appropriately measure the effectiveness of a program (outcome evaluation), it is important to ensure the program is meeting the existing need (formative evaluation) and is being implemented as intended with the appropriate audience (process evaluation).

The project will monitor and provide funded veteran serving organizations with resources and technical assistance to: (1) plan and implement formative or process evaluations that measure how their respective programs can best be or are being implemented; (2) provide on-going feedback on technical assistance and toolkit materials as well as participate in community of practice meetings and other events; and (3) disseminate and utilize findings to improve programming.

Note: the focus of this capacity building project is on program evaluation, not on research. Review the difference between program evaluation and research here. The capacity building approach will not only focus on the technical aspects of evaluation – planning, methodology, implementation, and utilization of evaluation findings. Ultimately, the goal is to equip VSOs with sustainable capacity to continue evaluating their programs, improving their approach to serving veterans, and contribute to the evidence base around what works to prevent veteran suicide within VSOs implementing upstream models of prevention.

Grantee organizations will:
• conduct a comprehensive, length-of-project formative or process evaluation related to a current veteran-serving program in support of CDC’s Injury Center’s focus on an upstream public health approach to veteran suicide prevention.
• receive ongoing technical assistance from the CDC Foundation evaluation experts with oversight from CDC evaluation experts and suicide prevention experts. The CDC Foundation and CDC expect an open dialogue with the grantee organizations, including regular calls. A schedule will be determined collaboratively by the CDC Foundation, CDC, and grantee organizations.
• provide on-going feedback on technical assistance tools
• participate in community of practice meetings, technical assistance webinars, and either one (1) reverse site visit (to Atlanta, Georgia where both CDC and CDC Foundation are headquartered) or one (1) virtual reverse site visit meeting (depending on COVID-19 travel restrictions). During this reverse site visit, the grantee organization attendee will prepare and present a final presentation for a multi-sector audience.

6 Source: https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf
Grantee project outputs will include but are not limited to:

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<th>Deliverables</th>
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<th>Events/ Other</th>
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<td>• Evaluation Questions&lt;br&gt;• Logic Model&lt;br&gt;• Alignment Tool&lt;br&gt;• Communication and Dissemination Plan&lt;br&gt;• Evaluation plan&lt;br&gt;• Evaluation Summary and Lessons Learned&lt;br&gt;• Final Presentation&lt;br&gt;• Completion of VSPE programmatic surveys</td>
<td>• Project Kick-off&lt;br&gt;• Monthly Technical Assistance Meetings&lt;br&gt;• Ad hoc technical assistance/ feedback meetings as required</td>
<td>• Toolkit feedback (comprehensive and on-going)&lt;br&gt;• At minimum three (3) technical assistance webinars&lt;br&gt;• At minimum two (2) community of practice meetings&lt;br&gt;• One (1) reverse site visit</td>
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5. INSTRUCTIONS FOR APPLICANTS

Applicants should follow the instructions set forth below in the submission of their proposal to the CDC Foundation.

Applicants received by CDC Foundation which fail to adhere to the instructions provided in this RFP will be deemed unresponsive.

5.1 Submission of Proposals

Application materials should be submitted by 3:00 p.m. ET on Tuesday November 15, 2022. Proposals will not be accepted after this date and time.

Proposals must be submitted electronically at: https://app.smartsheet.com/b/form/0ffb2a06aee744948ad885300d34b869.

All uploaded materials should be submitted as one PDF document.

It shall be the Applicant’s responsibility to obtain a confirmation of receipt by the CDC Foundation of their submitted proposal. Any proposal received after the closing date for submission of proposals will be rejected. Applicants are encouraged to test connectivity and access early to ensure that submissions are received in advance of the deadline.

Proposal Requirements

Part One – Proposal Narrative:

Proposals should be no more than six (6) pages, single spaced, 11-point font and one-inch margins, excluding appendices. Proposals that are more than six (6) pages will not be accepted. Proposal narrative should address the following elements.

Please note former VSPE grantees (who have participated no more than one year previously) are eligible to apply for this grant however the proposed projects should not be a continuation of previous VSPE efforts as previously noted. Please see additional criteria (designated with an asterisk *) for returning grantees.
I. **Applicant History and Experience:**
   Capability statement that demonstrates your organization’s ability to implement the scope of work as described in the RFP (page limit: one page).

   1. **Organizational history**
      - What is the history and mission of your organization? Please provide context to the size of your organization, scope of services and community impact. Organization mission does not need to be related to suicide prevention.
      - What is the relationship between your organization and the veteran/military community? Please provide context to the extent of experience, programming and developed relationships in serving the veteran and military community.

II. **Program Background and Upstream Approach to Suicide Prevention:**
   Description of your program which aligns with the Community Integration model or Connectedness Model in establishing relation to veteran community and commitment to upstream suicide prevention (page limit: one page).

   1. **Program description** – Please describe the program you are proposing to evaluate including the stage of implementation (i.e., planning phase or implementation phase).
      - Describe how the program aligns with the Community Integration or Connectedness Models for suicide prevention.
      - *Returning Grantees* - Please clearly describe the program and previous evaluation effort through the VSPE project. If you plan to evaluate the same program as before, note any activity or outputs that you would want to evaluate in this year of the project. Include how the program aligns with the Community Integration or Connectedness model.

III. **Applicant Evaluation Approach:**
   An approach that demonstrates a clear sense of what you aim to assess (e.g., community need to inform program development, how well a program is being implemented and justification as to why this evaluation needs to be conducted (page limit: 2 pages).

   1. **Organizational evaluation experience** - Please summarize your organization’s evaluation capacity and any experience with collecting different types of data, identifying data sources and conducting data analysis. If applicable, briefly describe previous evaluation experience highlighting examples of any previous work. Specific evaluation products you can share should be included in Appendix C (Supplemental Materials).

   2. **Description of proposed evaluation questions and approach** - Please provide a brief description of your proposed formative or process evaluation questions for this project. Describe what you hope to learn from a program evaluation and how learning that can add to your program.
      - *Returning Grantees* - Please provide an overview of the project previously completed through VSPE in addition to the new project you propose. Please include a logic model in the Appendix C: Supplemental Materials.
IV. Organizational Capacity
As a capacity building program, demonstrate the needs and organizational capacity for continued evaluation efforts through this project (page limit: two pages).

1. Sustainability –
   - Please describe how this project will contribute to the efficiency, sustainability, and resiliency of this program and your organization.
   - *Returning Grantees* – please provide an overview of how your previous participation in the VSPE program has impacted your programming and organization as well as how you have continued your evaluation efforts since completing the program. In this narrative include how a second year in the project will continue to meet the needs of your organization for evaluation.

2. Staffing Plan - Description of the role and responsibilities of the specific personnel to be assigned to this project, including any consultants/contractors who may be used. The staffing plan should include a lead evaluator and a program lead for the project, combined with additional staff they can make up the 0.75 to 1.0 FTE requirement. The requirement of this staff can be made up of a complement of time between the lead evaluator, program lead, and a decision maker. Please note that the lead evaluator will be required to provide feedback on evaluation tools being piloted throughout the project. The intent of this request is for the applicant to demonstrate a commitment to evaluation and accountability for the project’s success.
   - If any consultants or contractors are used to meet the staffing requirement, please detail how the knowledge and skill obtained through the contractor/consultant will be transferred internally after the completion of this project. Due to the shortened time frame any consultants or contractors should be onboarded at the start of the award.
   - It is expected that all staff working on this project will be onboarded prior to start of performance period. Please include a hiring plan or job descriptions for roles you intend to fill to support this project.

3. Staff Bios highlighting specific experience related to requirements of this solicitation. Only individuals listed in the budget (that will work on the project) should be described. It is not required for staff to have evaluation experience, however it is encouraged to have some knowledge of data collection, analysis, and program evaluation prior to participating in the program.

Part Two - Appendices (not included in the 6-page total described above):

I. Appendix A: Detailed Budget and Budget Justification. Budget Preparation Guidelines and a Budget Narrative Template have been provided with the RFP to assist applicants with budget preparation. Please find additional guidelines on budget requirements below.

II. Appendix B: Curriculum Vitae (CV) or resume for project personnel. Please submit one resume or CV of no more than two pages for each of the key members of the team outlining relevant work history. All resumes and CVs should be combined into a single document when uploading the application. It is not necessary to submit resumes or CVs for all team members,
only the key members of the evaluation project team (e.g., lead evaluator, data analyst, a person responsible for the overall management of the project).

III. Appendix C: Supplemental Materials (Optional for new grantees. All returning grantees must submit a logic model for their program unless it is a program not previously evaluated through VSPE. Supplemental materials can include but are not limited to related logic model or theory of change, evaluation-based work products for related programs, existing program summaries.)

Budget Guidelines: Budgets must meet all the criteria listed below. Budgets that do not respond to all categories or are not completed on the provided template will be deemed incomplete and will not be accepted.

a) **Total project budget should not exceed $45,000.** Please note that CDC Foundation may review budgets and final awards may be less than the requested amount.

b) A detailed budget should be submitted with a supporting narrative for all anticipated costs. Any costs in the proposed budgets which will be covered by other funding sources must be noted in the budget narrative.

c) All budgets must include at minimum salaries and fringe benefits for all staff included on the project as well as travel for two staff members to travel for the reverse site visit in Atlanta.

   a. Salaries: This category captures the costs of personnel assigned to work directly on the project. Costs identified under Personnel are only for project staff who are employees of the applicant organization. Costs for project staff who are not employees of the applicant organization should be included under Consultants/Contractors. **Ensure that the budget period duration is adjusted to 7 months** for salary and fringe calculations.

   b. Travel for one (1) reverse site visit should be included in the budget. Up to two people, ideally the evaluation lead and a representative from the VSO leadership, would attend the reverse site visit for two days and one night. Programs funded by federal funds should follow the guidelines set forth in the Federal Travel Regulations. As such, applicants should refer to the [www.gsa.gov](http://www.gsa.gov) website where they can find information (e.g., per diem rates) that will be useful when budgeting for travel. **NOTE: Should travel and in-person meetings remain restricted due to COVID-19, the in-person meeting will be converted to a virtual meeting, and budgets will be adjusted post-award.**

   d) It is the intention of this solicitation to support expenses that are directly attributable to project outcomes. Proposed budget costs should be necessary for the appropriate and efficient performance of program activities specific to the goals and purpose of this evaluation capacity building project. Due to the limited amount funding available and the short duration of the project period, applicants are encouraged to refrain from budgeting indirect costs (costs of doing business that are not readily identified with the objectives of this grant - e.g., utilities, insurance, payroll taxes, capital expenditures for general purpose equipment, etc.) and include direct costs (e.g., salary, fringe benefits, supplies, travel (meal and incidental expenses), etc.)
expenses), contractual, consultant costs, etc.) required to execute the grant instead. Costs should be broken down by task and supported by the appropriate narrative highlighting the alignment to the project.

e) Contracts: The CDC Foundation acknowledges you may not have complete information for any contract at the budget development stage. **NOTE:** if you are using a sub-contractor, we would like to understand what is expected to be accomplished by each contract, and the estimated costs. In the cost calculation section, please provide the calculations used to derive the requested budget.

f) Grant funds may only be expended against any contract in your budget within the final approved grant period. If funds are the anticipated sole source of support for the project funded by your award, the contract start date should not be earlier than the start date of your award, and the end date should not be later than the end date of the award.

Budget negotiation: The budget narrative for applicants selected to move forward will be reviewed and negotiated to ensure that they meet the goals and objectives of the proposed project and that they are consistent with the CDC Foundation policies. Therefore, during budget negotiation, you may be asked to revise the budget and budget narrative before the final budget is approved for funding.

### 5.2 Communications During the RFP Period

The CDC Foundation will answer questions related to this RFP via a published RFP supplement to be published on the CDC Foundation website on **Monday, November 7, 2022**.

To submit questions please complete [this form](https://app.smartsheet.com/b/form/fb25363e7ad44b93b8f9dc268b2f5ae8). We will accept questions to be answered via the published supplement until **Friday, November 4, 2022**.

**Question Submission form:**
[https://app.smartsheet.com/b/form/fb25363e7ad44b93b8f9dc268b2f5ae8](https://app.smartsheet.com/b/form/fb25363e7ad44b93b8f9dc268b2f5ae8)

Please note that once the RFP Supplement is posted, CDC Foundation will only respond to questions regarding the RFP submission process. Please direct all questions following the publication of the supplement to the following e-mail address: [VSPEvaluation@cdcfoundation.org](mailto:VSPEvaluation@cdcfoundation.org).
5.3 Anticipated Timeline*

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<tr>
<td>October 26, 2022</td>
<td>Round 2 RFP Release</td>
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<tr>
<td>November 4, 2022, at 5:00 p.m. ET</td>
<td>RFP Question Submissions Due</td>
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<tr>
<td>November 7, 2022</td>
<td>RFP Supplement Release</td>
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<tr>
<td>November 15, 2022, at 3:00 p.m. ET</td>
<td>Proposal Submission Deadline</td>
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<tr>
<td>Mid-November 2022</td>
<td>Interview (subject to change based on need)</td>
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<tr>
<td>Mid-Late November 2022</td>
<td>Anticipated Selection Notification</td>
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<tr>
<td>December 2022</td>
<td>Anticipated Project Implementation Start Date</td>
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<tr>
<td>Tentative December 9, 2022, at 1:00-3:00 p.m. ET</td>
<td>Project Kick-off Webinar</td>
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<td>Tentative week of December 12, 2022</td>
<td>Technical Assistance Webinar</td>
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*Please note that the timeline is subject to change

6. SELECTION PROCESS AND REVIEW CRITERIAS
The CDC Foundation will award grants to applicants based on the following multi-stage review process outlined below.

Level 1 Administrative Review:
CDC Foundation will evaluate all applicants for completeness and minimum requirements. Basic requirements include timely receipt of application and submission of all required attachments. Applications with omissions of any required documentation will be subject to disqualification. Applications with proposal narratives longer than the six (6) pages, limited or missing key material required of the RFP will be subject to disqualification.

The CDC Foundation also reserves the right to conduct financial and due diligence reviews. As a public entity, the CDC Foundation has a responsibility to the public to ensure that the organizations that receive grant funds are financially stable and to evaluate each applicant’s risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subawards for purposes of determining the appropriate subrecipient monitoring, per program year. Further written materials to assess risk may be requested during or prior to the review.
**Level 2 Proposal Review:**

Applicants that pass Level 1 review will proceed to Level 2 review. A panel of two to three independent reviewers with evaluation and subject matter expertise will review and score written proposals. Reviewers will score applicants in accordance with review criteria listed below. The highest scoring applicants will proceed to Level 3 Review if applicable. The following table outlines the criteria that reviewers will use to guide their evaluation of each written proposal.

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>CRITERIA</th>
<th>WEIGHT</th>
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</thead>
<tbody>
<tr>
<td><strong>Applicant History and Experience:</strong></td>
<td>Review will include an assessment of organizational history and sustained impact of evaluation from participating in this project.</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>• Organization history and up-stream suicide prevention programming demonstrating your commitment and expertise in this area. Existing relationships with veteran and military communities.</td>
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<tr>
<td></td>
<td>• Assessment of need and inclusion of evaluation efforts through this program and proposed impact the VSPE program will have for your program.</td>
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</tr>
<tr>
<td></td>
<td>• Assessment of Need and Existing organizational evaluation capacity (including current access to data and existing data sources).</td>
<td></td>
</tr>
<tr>
<td><strong>Program Background and Upstream Approach to Suicide Prevention:</strong></td>
<td>Review will include an assessment of organization’s up-stream suicide prevention programming and fidelity to the Community Integration Model or Connectedness model.</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Applicant Evaluation Approach:</strong></td>
<td>Review will include an assessment of overall approach and strategy described/outlined in the proposal that demonstrates a clear sense of what outcomes you aim to assess, justification, intended utility, and how you will do the analysis within the specified timeframe.</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>• Detailed explanation of the proposed evaluation project and how it will enhance your efforts for veteran suicide prevention.</td>
<td></td>
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<tr>
<td></td>
<td>• Clear inclusion of at least one evaluation question, proposed strategy, and implementation of the evaluation project. Submission of draft logic model, data sources, and anticipated limitations as required by the RFP.</td>
<td></td>
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<tr>
<td></td>
<td>• Evaluation knowledge on the proposed team (can</td>
<td></td>
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</tbody>
</table>
include consultant/contractor). Bios (in narrative) and Resumes/CVs clearly show professional experience and/or education that reflects knowledge and ability in content expertise.

<table>
<thead>
<tr>
<th>Organizational Capacity</th>
<th>Review will include an assessment of overall organizational capacity and approach for sustaining evaluation efforts.</th>
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<tbody>
<tr>
<td></td>
<td>• Plan for how evaluation will contribute to the efficiency, sustainability, and resiliency of your organization.</td>
</tr>
<tr>
<td></td>
<td>• The proposed management and staffing available to initiate work immediately and to ensure high level involvement and timely delivery to meet the aggressive project timelines.</td>
</tr>
<tr>
<td></td>
<td>• Details of how capacity remains within the organization post project period and if contractors are utilized as part of the staffing plan.</td>
</tr>
<tr>
<td></td>
<td>• The appropriateness of the timeline for project implementation, inclusive of preparation and delivery.</td>
</tr>
</tbody>
</table>

| Proposed Budget, Budget Narrative | A budget and justification for all anticipated costs for a seven-month term (beginning December 2022 through June 2023). Budget is reasonable and detailed. Budget justification explains the rationale for the proposed budget. |

**Level 3 Interview (subject to change based on need):**

Applicants from the Level 2 Review may be invited for an interview prior to selection. Only key personnel on the proposed RFP must attend the interview. The interview will provide an opportunity for reviewers and finalists to address any follow-up or clarifying questions. Content of the interview may be used to inform final award decisions.

All applicants will receive a notification of whether their proposal was selected for funding. The CDC Foundation will not provide scores but will provide specific review of feedback to unsuccessful applicants upon request. This request can be made five (5) business days following the decision via email, vspevaluation@cdcfoundation.org.