Request for Proposals

Veteran Suicide Prevention Evaluation: Demonstration Project
Evaluation Capacity Building Grants

Re-Issue Date: September 30, 2022

Bidders Call: September 29, 2022 See RFP Supplement for submitted questions and responses

Date Response Due: October 11, 2022, 3:00pm EDT

Contact Information: vspevaluation@cdcfoundation.org

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Basic Information

RFP Release Date	September 21, 2022
Proposal Due Date	October 11, 2022
Bidders Call	September 29, 2022 at 12:00 pm EDT Bidders Call Registration: https://cdcfoundation.zoom.us/meeting/register/tJMrcOGoqTsjEteuOpJro7NJ6esniCJYRA-9 Bidders Call Question Submission Form: https://app.smartsheet.com/b/form/fb25363e7ad44b93b8f9dc268b2f5aeb *See RFP Supplement for submitted questions and responses*
RFP Contact Information	vspevaluation@cdcfoundation.org
Anticipated Performance Term	October 2022 – June 2023 (~9 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 ongoing veteran-focused programs and activities that align with either the Community Integration Model or the Connectedness Model for upstream approach to suicide prevention that have been established for at least one year prior to application; and • Have established relationships with veteran populations. **Important Notes:** ***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. If you previously participated in the VSPE program, you are eligible to respond to this RFP provided that the organization is in good standing and in compliance with all aspects of former contracts with the CDC Foundation. Please note that proposals from former VSPE grantees should be focused on new evaluation efforts and cannot be a continuation of previous VSPE efforts. 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 in an effort 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 six (6) VSOs for a nine-month term (October-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.

Required Documents	1. Organization information
	    A. Organization name (abbreviated name)
	    B. Ein/ tax id number
	    C. Duns number
	    D. SAM registration and expiration
	    E. Contact information (Name, title, organization, email, phone number)
	2. Applicant Proposal
	    a. Proposal Narrative (no more than 6 pages)
	    b. Appendices:
	        i. OGS Budget Preparation Guidelines Budget Narrative Template
	        ii. Curriculum Vitae (CV) or Resumes
	        iii. Supplemental Materials (*Optional)*

1. CDC FOUNDATION

The CDC Foundation (CDC-F) 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 six (6) VSO grantees that are currently implementing programs aligned with the Community Integration Model or Connectedness Model for upstream suicide prevention. The funding will build the capacity of VSOs to (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 thoughts of suicide, 3.2 million made a plan for how to commit suicide, and reports of 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.

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 more on upstream approaches which reduce risk factors that promote protective factors to help 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.
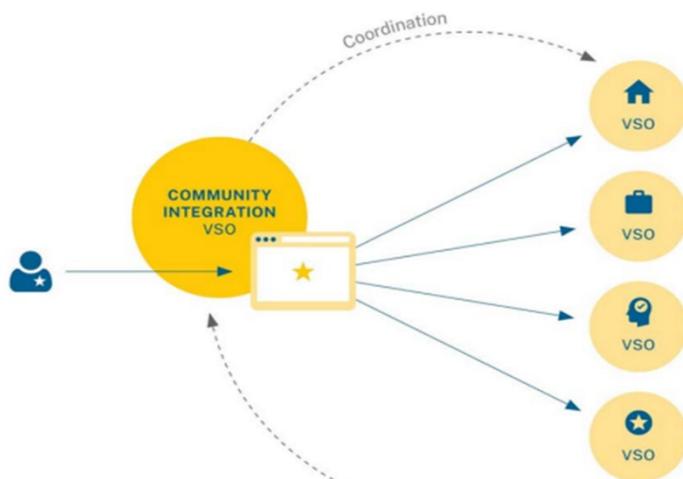

Figure 1. Community Integration Model

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[1] Source: https://www.cdc.gov/injury/wisqars/fatal.hmtl
[2] Source: https://smahsa.gov/data/
[3] Source: https://www.cdc.gov/vitalsigns/suicide/
[4] Source: 2021 US Department of Veterans Affairs National Veteran Suicide Prevention Annual Report
[5] Source: https://www.mentalhealth.va.gov/docs/data-sheets/ OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

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.

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.
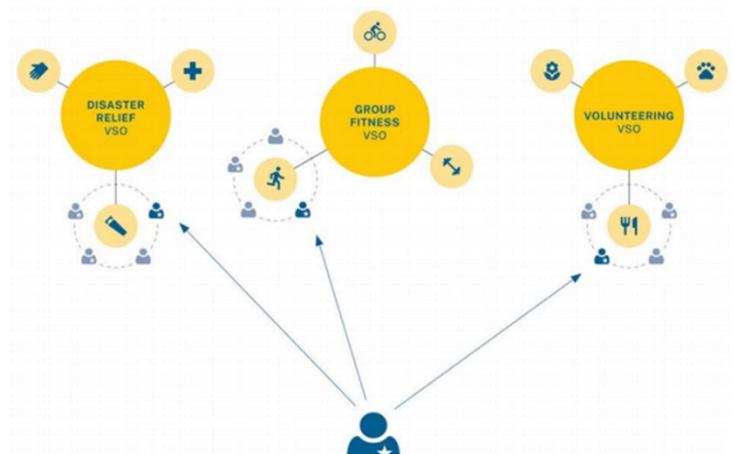

Figure 2. Connectedness Model

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 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.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/violenceprevention/pdf/suicidetechnicalpackage.pdf
https://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf
https://www.cdc.gov/violenceprevention/suicide/index.html

4. SCOPE OF WORK

Organizations benefit a great deal from using data and feedback to continually assess and improve their work. An effective and well-implemented evaluation plan can help organizations make sure they reach the population(s) they intend to serve; help to assess the extent to which implementation of a program is bringing about the desired outcomes among the individuals or communities

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)

served; and help organizations better understand what is going well, what aspects of the program might need attention, and where to focus resources for program improvement.

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.

- 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]

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) and is being implemented as intended with the appropriate audience (process evaluation). 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.

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,

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[6] Source: https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf

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 a 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).
- participate in community of practice meetings and technical assistance webinars; and also provide on-going feedback on technical assistance tools 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.

Grantee project outputs will include but are not limited to:		
Deliverables	**Meetings**	**Events/ Other**
- Evaluation Questions - Logic Model - Alignment Tool - Communication and Dissemination Plan - Evaluation plan - Evaluation Summary and Lessons Learned - Final Presentation - Completion of VSPE programmatic surveys	- Project Kick-off - Monthly Technical Assistance Meetings - Ad hoc technical assistance/ feedback meetings as required	- Toolkit feedback (comprehensive and on-going) - At minimum three (3) technical assistance webinars - At minimum two (2) community of practice meetings - One (1) reverse site visit

5. INSTRUCTIONS FOR APPLICANTS

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

Applicantions 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. EDT on Tuesday October 11, 2022. Proposals will not be accepted after this date and time.

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

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 represent new evaluation efforts and should not be a continuation of previous VSPE efforts, 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**
      o What is your organization's mission and history of your organization? Please provide context to the size of your organization, scope of services and community impact.
      o What is the relationship your organization has with the veteran and military community? Please provide context to the extent of experience, programming and developed relationships in serving the veteran and military community.

   2. **Sustainability –**
      o Please describe how this project will contribute to the efficiency, sustainability, and resiliency of your organization. This should include plans for continuing evaluation efforts based on the completion of this program as well as efforts for hiring and

retaining staff with evaluation experience. If any consultants or contractors are used to meet the staffing requirement, please detail the organizational plan to ensure that the capacity built will remain with the organization post consultant/contractor departure.

- o ***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.

II. <u>Program Background and Upstream Approach to Suicide Prevention Approach:</u>

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 need, development, and current phase (i.e., planning, implementation) of the program. Please describe how the program aligns with either the Community Integration or Connectedness Model

   - o ***Returning Grantees*** - Please note the proposed project and program are intended to be new evaluation efforts and should not be continuation projects of previous VSPE effort. We encourage this application to highlight a different suicide prevention program or component than previously evaluated. Please provide an overview of the program you propose to evaluate through this project. If this program relates to or is a formerly evaluated program or project through the VSPE grant program, please provide context to how it is related, how it is different, and the value in the proposed evaluation. Please describe the programmatic alignment with either the Community Integration or Connectedness model.

III. <u>Applicant Evaluation Approach:</u>

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), 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 experience to implement the scope of work. Include prior experience with identifying data sources and collecting data. If applicable, briefly describe previous evaluation experience highlighting examples of any previous work. If there are specific evaluation products you can share, please include them as Appendix D (*optional*).

2. **Description of proposed evaluation questions and approach -** Please provide a brief description of your proposed evaluation questions for this project. Describe what you hope to learn from a program evaluation and how learning that can add to your program.

   - o ***Returning Grantees*** - Please note the proposed project and program are intended to be new evaluation efforts and should not be continuation projects of

previous VSPE effort. Please be clear in describing your proposed evaluation questions and how it is different from previous VSPE evaluation efforts.

Optional: (Please include in the appendices if any of the following have been developed for the program you plan to evaluate)
- o *Proposed measures and data sources*
- o *Necessary tools or resources to perform the project (e.g., statistical software packages, etc.)*
- o *Logic model or theory of change*

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. **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. If any consultants or contractors are used to meet the staffing requirement, please detail the organizational plan to ensure that the capacity built will remain with the organization post consultant/contractor departure. Given the 9-month project scope, significant time will need to be allocated to perform project work. Staffing plans must include at least one (1) FTE (40 hours per week) of staff time. The lead evaluator must dedicate at least 50% (0.5 FTE) of time to this project and should not be an external consultant or contractor. It is expected that all staff working on this project will be onboarded prior to the performance period starting.

2. **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 the lead evaluator to have evaluation experience, however it is encouraged to have some knowledge of program evaluation prior to participating in the program. They must have adequate time and skill necessary to perform the work. Please note: Use of consultants/contractors is allowed but applicants must include a clear description (Section I.3 Sustainability) of how increased capacity will be retained within the organization.

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 including but not limited to related logic model or theory of change, evaluation-based work products for related programs, existing program summaries.)*

Budget Guidelines: Budgets should include all categories listed below and be submitted on the provided template. Please note not applicable (n/a) or zero ($0.00) dollars for any categories that are not applicable. 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.

c) 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), 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.

d) 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 9 months** for salary and fringe calculations.

e) 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 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.**

f) Contracts: The Foundation acknowledges you may not have complete information for any contract at the budget development stage. However, 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.

g) Grant funds may only be expended against any contract in your budget within the final approved grant period. If Foundation 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 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 in collaboration with CDC will answer questions related to this RFP via conference call on **Thursday, September 29, 2022, at 12:00 pm EST**. (See RFP Supplement for submitted questions and responses)

Register in advance for this meeting:
https://cdcfoundation.zoom.us/meeting/register/tJMrcOGoqTsjEteuOpJro7NJ6esniCJYRA-9

Conference Call Question Submission form:
https://app.smartsheet.com/b/form/fb25363e7ad44b93b8f9dc268b2f5aeb

After registering, you will receive a confirmation email containing information about joining the meeting.

To submit questions in advance of the conference call, please complete this form. We will accept questions in advance of the conference call up until 12:00 p.m. EDT on the day before the call (September 29, 2022). In collaboration with CDC staff, CDCF will compile and answer the questions on the conference call. An RFP Supplement with a consolidation of responses to all questions (including an explanation of the query but without identifying the source of enquiry) will be placed on our website and available within one (1) business day following the conference call.

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 conference to the following e-mail address: VSPEvaluation@cdcfoundation.org.

5.3 Anticipated Timeline*

Date	Description
September 21, 2022	RFP Release
September 29, 2022, at 12:00 pm EDT	Applicant Conference Call (*OPTIONAL*)
September 30, 2022	RFP Supplement Release
September 30, 2022	RFP Re-Release
October 11, 2022, at 3:00 pm EDT	Proposal Submission Deadline
Mid-October 2022	Interview (subject to change based on need)
Mid-October 2022	Anticipated Selection Notification
Late October 2022	Anticipated Project Implementation Start Date Implementation period of 9 months

*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 subaward 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.

DOMAIN	CRITERIA	WEIGHT
Applicant History and Experience:	Review will include an assessment of organizational history and sustained impact of evaluation from participating in this project. • Organization history and up-stream suicide prevention programming demonstrating your commitment and expertise in this area. Existing relationships with veteran and military communities. • Assessment of need and inclusion of evaluation efforts through this program and proposed impact the VSPE program will have for your program. • Assessment of Need and Existing organizational evaluation capacity (including current access to data and existing data sources).	**12.5%**
Program Background and Upstream Approach to Suicide Prevention:	Review will include an assessment of organization's up-stream suicide prevention programming and fidelity to the Community Integration Model or Connectedness model.	**25%**
Applicant Evaluation Approach:	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. • Detailed explanation of the proposed evaluation project and how it will enhance your efforts for veteran suicide prevention. • 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 are optional. • Evaluation knowledge on the proposed team (can include consultant/contractor). Bios (in narrative) and Resumes/CVs clearly show professional experience and/or education that reflects knowledge and ability in content expertise.	**25%**
Organizational Capacity	Review will include an assessment of overall organizational capacity and approach for sustaining evaluation efforts. • Plan for how evaluation will contribute to the efficiency, sustainability, and resiliency of your organization.	**25%**

	• 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. • Details of how capacity remains within the organization post project period and if contractors are utilized as part of the staffing plan. • The appropriateness of the timeline for project implementation, inclusive of preparation and delivery.	
Proposed Budget, Budget Narrative	A budget and justification for all anticipated costs for a nine-month term (beginning mid-October 2022 through mid-July 2023). Budget is reasonable and detailed. Budget justification explains the rationale for the proposed budget.	**12.5%**

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.