REQUEST FOR PROPOSALS

Developing a Community Partners Assessment Guide for NACCHO’s Mobilizing for Action through Planning and Partnerships (MAPP) Framework

Applications must be submitted electronically, in Word format, no later than 5:00 p.m. Eastern Standard Time on Friday, December 18, 2020.

OVERVIEW
The National Association of County and City Health Officials (NACCHO) is the voice of close to 3,000 local health departments (LHDs) across the country. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of public health challenges facing communities.

With funding from the Health Resources and Services Administration (HRSA), NACCHO will award up to $50,000 total through August 2021 for a consultant, or consulting firm, to collaborate with NACCHO to develop a detailed guide to conducting a community partners assessment as a part of NACCHO’s process to evolve its flagship Mobilizing for Action through Planning and Partnerships (MAPP) community health improvement (CHI) framework. Proposals will be accepted until 5:00pm EST on December 18, 2020.

PROJECT BACKGROUND
Developed in 2001, NACCHO’s Mobilizing for Action through Planning and Partnerships (MAPP) framework is now one of the most widely used and reputable community health improvement (CHI) frameworks in the field. MAPP provides a structured process for communities to assess their most pressing population health issues and align resources across sectors to take strategic action on the social and structural determinants that lead to and perpetuate poor health outcomes and inequities. Underlying principles of MAPP include authentic community engagement; a mix-methods assessments; cross-sectoral partnerships; continuous improvement; and a focus on developing action plans that include policy, systems, and environmental change.

A key distinction of the MAPP framework has been its inclusion of four distinct assessments – the Community Health Status Assessment, Community Themes and Strengths Assessment, Local Public Health System Assessment (LPHSA), and Forces of Change – which contribute to a comprehensive community health (needs) assessment (CH[N]A). The CH(N)A is a notable opportunity for cross-sectoral collaboration and alignment among health departments, health centers, non-profit hospitals, and other entities who comprise the public health system and healthcare safety net to meet national standards, including public health accreditation for health departments, as well as federal requirements, including IRS regulations for hospitals and health centers.

In 2019, an evaluation of MAPP revealed that it is effective in CHI processes including initiating cross-sector partnerships, gathering community perspectives, meeting accreditation and federal requirements, and raising awareness of health equity. However, it also provided foundational evidence for the need to further embed health equity and community engagement in MAPP, revise the framework to be more adaptable and responsive to emerging community needs, facilitate sustained partner engagement, and offer more advanced training and guidance, including on how to conduct the CH[N]A. In particular, MAPP communities described their experience with the LPHSA as too complex, resource intensive, and unclear in terms of how to apply the results to the larger MAPP process. To further explore recommendations from the evaluation, NACCHO collected extensive field feedback and conducted an environmental scan of field practices and the literature to develop a blueprint for redesigning the MAPP framework to better meet field needs. Through this process, NACCHO is transitioning from the former four MAPP assessments to the following three:
1) **Community Status Assessment** - Quantitatively describes the community, including demographics, health status, contributing factors (e.g., social determinants of health [SDOH]), health equity indicators, and across all these variables, existing inequities.

2) **Community Partners Assessment** – Provides a structure to understand the individual and collective capacity of cross-sectoral community partners to improve population health and address the root causes of health inequities. It allows partners to look critically within their own systems and processes, reflect on their role in promoting community health, and understand the degree to which they are addressing or perpetuating health inequities across a spectrum of action ranging from the individual to systemic and structural levels.

3) **Community Context Assessment** - Digs deeper to understand the inequities identified in the Status Assessment, fill in data gaps, and explore the context of the community through the lens of those with lived experience. This assessment moves beyond perceived community needs to understand a community’s strengths, assets, and culture, recognizing that all communities have a vibrancy that must be leveraged in community improvement.

The focus of this project is the Community Partners Assessment. The goal of this assessment is to understand the individual and collective capacity of cross-sectoral community partners to improve population health and address the root causes of health inequities. Inequities are the result of deep political, social, and economic systems and structures that have been engrained in our society and cannot be addressed by traditional programs and intervention or by any one organization or sector. Policy, systems, and environmental (PSE) change requires an understanding of each partner’s role in both perpetuating and addressing health inequities. The Community Partners Assessment seeks to meet this need by providing each partner with a structure to look critically within their own systems and processes, reflect on their role in promoting community health and well-being, and understand the degree to which they are addressing or perpetuating health inequities across a spectrum of action ranging from the individual to systemic and structural levels. NACCHO’s preliminary research identifies the following potential assessment domains for community partner organizations:

- **Health equity** - Understanding of health equity concepts, specific role in addressing inequities, and analysis of existing work across the socio-ecological spectrum.
- **Community engagement** – Efforts to partner with community members to shape and improve work to better meet needs of the communities served.
- **Workforce** – Degree to which the workforce is skilled, diverse, and sufficient to meet community needs.
- **Leadership** - Leadership commitment to community improvement efforts and eliminating inequities.
- **Policy** - Analysis of internal organization policies and public policies that impact work and address or perpetuate health inequities.
- **Data Access and Systems** - Inventory of assessments conducted, data access and availability, and data infrastructure and systems.
- **Community linkages** - Coordination and alignment with other community partners within the community system to meet community needs efficiently and effectively.
- **Resources** – Availability of resources to meet community needs and how those resources are allocated to meet the needs of specific sub-populations experiencing inequities.
- **Forces of change** - Forces of change and future scenarios that may impact the organization’s ability to meet its mission and inform planning efforts to build resilience.

Results of the assessment will offer each partner with insights into steps it can take to improve its own practices and can be compiled to identify collective actions to address community-wide priorities. This assessment is similar to the LPHSA in that it is intended to engage a broad range of stakeholders. However, it will address the inherent challenges of the LPHSA with a less complex assessment instrument and process, greater relevance to non-traditional partners such as community organizers; reliability and validity of the results; and integration of results into the larger MAPP process to identify and act on improvement opportunities.
With support from HRSA, and in consultation with CDC and other stakeholders, NACCHO is seeking a consultant to develop the Community Partners Assessment and associated guidance. This is part of the larger MAPP evolution process for which further information can be found in the MAPP Evolution Executive Summary Report on the NACCHO website here: www.naccho.org/mapp.

**PROJECT DESCRIPTION AND REQUIREMENTS**

NACCHO will award up to $50,000 total to develop a Community Partners Assessment instrument and associated guidance as a part of the MAPP evolution process. These resources will be integrated into the revised MAPP framework once fully developed. The consultant must work with NACCHO to understand field needs around conducting a successful community partners assessment, exploring relevant resources and literature to inform the assessment design, and producing supplemental guidance around methods for implementing the assessment. The development of this assessment should be a collaborative and field informed process which may require rounds of revisions in each phase of the development.

**Scope of Work**

The scope of work for this project includes working with NACCHO staff to acquire necessary background information on MAPP and field needs, develop a plan for engaging and collaborating with stakeholders through the project lifespan, conduct an environmental scan of relevant data resources to inform content, and develop a Community Partners Assessment instrument and associated guidance. Specific activities and deliverables include:

- **Maintain regular communications with NACCHO project staff.** Coordinate, set-up, and participate in regularly scheduled check-ins with NACCHO staff to ensure collaboration and progress, as appropriate. It will be expected that evidence of progress be submitted with each invoice. Consultants can use NACCHO's conference line but will be responsible for coordinating and setting-up check-ins in accordance with project needs.

- **Develop and implement a stakeholder engagement and pilot test plan.** Collaborate with NACCHO staff to develop and implement a field engagement plan to ensure the needs of a variety of communities ranging in jurisdiction size, jurisdiction type (e.g., urban, rural), CHI experience, and capacity level are reflected in assessment design. This should also include engagement of relevant subject matters experts (e.g., health equity) and other consultants working on the MAPP redesign, as needed. The engagement plan must also include a pilot test of the community partners assessment and guidance to ensure its validity and relevance to field needs.

- **Develop the Conceptual Framework.** Through a review of the literature and related frameworks, build on the research already done through the MAPP evolution process for conducting a Community Partners Assessment as a part of a CHI process. This includes the following: 1). Assessment domains identifying key areas of focus that support individual and collective community partner capacity for improving community health and addressing the root causes of inequity; 2). Proposed assessment method(s) (e.g., survey, focus groups, mixed-methods); and 3). Guidance for integrating results into the larger MAPP process including data triangulation across other MAPP assessments and identification of next steps. The framework must be submitted for NACCHO approval, prior to the development of the tool.

- **Develop a Community Partners Assessment.** Based on the NACCHO-approved conceptual framework, develop and design an assessment instrument(s) for cross-sectoral community partners to assess their capacity and other factors relevant for improving community health and addressing inequities. The assessment must be written in a manner that makes it broadly applicable to partners within and outside the health and human service sectors (e.g., health centers, community-based organizations). The final product must include clear assessment items and/or metrics for each approved domain defined in the conceptual framework and incorporate field feedback and subject matter expertise collected throughout the duration of the project. One to two rounds of review/revisions by NACCHO must be incorporated into the final product which should be submitted **no later than August 31, 2021.**
• **Develop guidance for conducting the Community Partners Assessment.** Develop associated guidance around conducting the assessment including introductory narrative, recommended methods for completing the assessment, instructions and methods for individual partner scoring and collective community scoring, considerations for integrating results into the larger MAPP process, and identifying next steps for community health improvement. One to two rounds of review/revisions by NACCHO must be incorporated into the final product, which should be submitted **no later than August 31, 2021.**

• **Develop webinar content for conducting a Community Partners Assessment as a part of a MAPP process.** Develop content for a 90-minute webinar, including slides and talking points, presenting content introducing to the field the Community Partners Assessment. One round of NACCHO review must be incorporated into the slides.

• **Lead one national webinar on conducting a Community Partners Assessment as a part of a MAPP process.** Present webinar content to the field, including a question and answer session **no later than August 31, 2021.**

Note that NACCHO will retain full ownership of products developed and reserves the right to make adjustments and revisions as it continues to solicit field feedback and pilot test revised MAPP framework, as needed.

**PROPOSAL RESPONSE FORMAT**

To be considered for this project, proposals must be in Word format and should **not exceed 10 pages**, single-spaced, no smaller than 11-point type, and with 1” margins, including the following:

A. **Project Narrative that includes:**
   - A detailed description of the proposed methodology for completing each component of the scope of work outlined above. This should include proposed methods for understanding relevant frameworks and literature in the field; soliciting relevant stakeholder feedback and pilot testing to ensure the assessment is relevant, valid, and informed by existing field practice;
   - A description of how a health equity lens will be integrated into the assessment;
   - A description of the consultant’s familiarity with MAPP or other community health improvement processes; specific knowledge and expertise with conducting community health assessments and/or community capacity assessments; knowledge and expertise around local level cross-sectoral partnerships and their role in community health; experience in local public health practice, and a broad understanding of the root causes of health inequity;
   - A project timeline; and
   - The name of the primary staff and other significant contributors, including qualifications (resume or CV) and role.

B. **Line Item budget, not to exceed $50,000 that clearly outlines:**
   - Personnel (number of staff, percent effort to the project and salary wages or hourly fees);
   - Funds to be provided to other consultants/firms working on the project, if applicable; and
   - Other costs associated with the evaluation.

Funds may not be used to purchase equipment, pay for food and beverages, or support lobbying of any kind. Per HHS requirements, funds awarded under this RFP are prohibited from being used to pay the direct salary of an individual at a rate in excess of the federal Executive Schedule Level II (currently $197,300).

C. **Project Deliverables and Timeline:**
   A detailed work plan and timeline that includes intermediate steps for achieving project requirements, expected product deliverables, and timeline for completion within the project period (**Approx. January 2021 – August 31, 2021**).

If selected, NACCHO may request revisions to the proposed methodology and work plan and will work in
collaboration with the consultant to finalize the work plan.

**NACCHO Responsibilities**

NACCHO performance improvement staff will oversee the contract and serve as the contact for the consultant. Other responsibilities include:

- Provide background information and available data on field needs.
- Connect consultant to MAPP communities, subject matter experts (e.g., health equity), and other consultants working on other relevant MAPP redesign efforts.
- Review timelines and all materials, in draft form, and recommend revisions.
- Attend regularly scheduled calls for collaboration and progress checks.
- Serve as liaison to HRSA and CDC reviewers (HRSA, CDC, and NACCHO comments/revisions will be combined), although discussion and interaction with both HRSA, CDC, and NACCHO may occur as needed.

**Project Timeline and Payment Schedule**

The following dates represent estimated project deadlines and milestones:

- Mid-November: RFP released
- December 2, 2020: Questions regarding RFP due to NACCHO (e-mail to Pooja Verma at pverma@naccho.org)
- December 4, 2020: NACCHO shares a written list of answers to all submitted questions to all vendors and posts online
- December 18, 2020: Proposals due to NACCHO by 5 PM ET
- December 28, 2020: NACCHO notifies selected vendor of award
- January 4, 2021: Vendor accepts award
- January 18, 2021: Contract fully executed
- March 18, 2021: Field engagement plan and conceptual framework finalized
- August 6, 2021: Draft of assessment and guidance submitted for NACCHO, HRSA & CDC review
- August 15, 2021: Draft webinar content for conducting a Community Partners Assessment submitted for review
- August 31, 2021: Final guide submitted to NACCHO
- August 31, 2021: Develop and host national webinar

The selected vendor will be awarded a contract for goods and services and will be paid in three installments across the project period (estimated January 18-August 31, 2021):

- $15,000 upon attendance in regularly scheduled check-in calls with NACCHO and other stakeholders and submission of documentation of progress such as field engagement plan, conceptual framework, etc. (April 30, 2021)
- $15,000 upon submission of draft materials including the assessment and associated guidance (June 31, 2021)
- $20,000 upon submission of final Community Partners Assessment (which incorporates pilot test results/stakeholder feedback), associated guidance, and delivery of national webinar (August 31, 2021)

NACCHO reserves the right to make changes to the project timeline and payment schedule, as necessary.

**Contract Terms and Conditions**

Agreement with NACCHO standard contract terms and conditions is a requirement. No modifications to the terms or contract language will be made. Contractors that cannot agree to NACCHO’s contract language should not apply for this initiative. As part of the application, the contractor will be asked to verify that he has read NACCHO’s standard contract language (see Appendix) and has provided a copy to the individual with signing.
authority at your organization for advanced consideration. Bidders should review all terms and conditions to determine whether they are appropriate for submitting a proposal.

**Selection Criteria**

Each proposal will be reviewed and rated on the following elements:

- **Understanding of Project Purpose and Goals**: Applicant has a clear understanding of the project goals and deliverables.
- **Relevant Expertise**: Applicant has clearly documented evidence of their (and that of the proposed project staff) subject matter expertise and experience in the proposed content area. Strong expertise in health equity and social determinants of health, cross-sectoral partnerships, community capacity assessments, and/or community health improvement processes.
- **Operational Plan**: The proposal includes a clear, feasible, appropriate, detailed, and rigorous methodology and plan to effectively meet the goals and deliverables of the project.
- **Project Timeline**: The proposal includes a detailed and realistic timeline for the project period, with all deliverables completed by the dates referenced.
- **Budget**: The proposal includes a detailed, line item budget justifying the proposed expenses and the expenses are appropriate for the purposes of the deliverables.

*Please note that submission of a proposal is a statement of acceptance of NACCHO’s standard form contract. If any items cannot be accepted, these issues need to be resolved prior to submitting a proposal.*

**Submission Instructions**

Submissions must be electronic, in Word format. The deadline for submission is **5 pm, Eastern Standard Time, Friday, December 18, 2020**. Decisions will be made, and applicants will be notified of their selection status, no later than January 4, 2021. Proposals should be submitted, in Microsoft Word, via e-mail to:

**Pooja Verma**
Lead Analyst, Performance Improvement
NACCHO
(202) 507-4206
pverma@naccho.org

**Funding and Disclaimer Notices**

This project is supported by a grant from the Human Resources and Services Administration as a part of the National Organizations of State and Local Officials (NOSLO) program. HRSA does not endorse any particular product, service, or enterprise. Views expressed in related products do not necessarily reflect those of HRSA or Health and Human Services.

This RFP is not binding on NACCHO, nor does it constitute a contractual offer. Without limiting the foregoing, NACCHO reserves the right, in its sole discretion, to reject any or all proposals; to modify, supplement, or cancel the RFP; to waive any deviation from the RFP; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFP. Under no circumstances shall NACCHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.
CONTRACTOR AGREEMENT

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, by and between the National Association of County and City Health Officials (hereinafter referred to as “NACCHO”), with its principal place of business at 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005, and [insert name of Contractor] (hereinafter referred to as “Contractor”), with its principal place of business at [insert mailing address of Contractor].

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of ____ GRANT # ___, CFDA # ___, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.

2. TERM OF AGREEMENT: The term of the Agreement shall begin on (insert date) and shall continue in effect until (insert date), unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
3. **PAYMENT FOR SERVICES:** In consideration for professional services to be performed, NACCHO agrees to pay Contractor an amount not to exceed $###.00 (enter amount to be paid, either as a flat rate or hourly rate. You should also insert here the time schedule on which the consultant will be paid). All payments will be made within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. Three invoices must be submitted as follows:

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<thead>
<tr>
<th>Invoice No.</th>
<th>Amount</th>
<th>Deliverable</th>
<th>Due date</th>
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<tbody>
<tr>
<td>Invoice I</td>
<td></td>
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<tr>
<td>Invoice II</td>
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<tr>
<td>Invoice III</td>
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(insert time increment). (May be “monthly” or after completion of specific activities, etc. The fewer payment invoices to process the better and the more you can pay later the better!).

NACCHO award number must be included on all invoices. Unless otherwise expressly stated in this Agreement, all amounts specified in, and all payments to be made under, this Agreement shall be in United States Dollars. The parties agree that payment method shall be made by check, via postage-paid first class mail, at the address for the giving of notices as set forth in Section 23 of this Agreement. Any changes of payment method would require a modification signed by both parties. The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Contractor will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.

**ARTICLE II: GENERAL PROVISIONS**

1. **INDEPENDENT CONTRACTOR:** Contractor shall act as an independent contractor, and Contractor shall not be entitled to any benefits to which NACCHO employees may be entitled.

2. **PAYMENT OF TAXES AND OTHER LEVIES:** Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.

3. **LIABILITY:** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions
of failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor.

All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party’s responsibilities under these joint activities.

4. **REVISIONS AND AMENDMENTS:** Any revisions or amendments to this Agreement must be made in writing and signed by both parties.

5. **ASSIGNMENT:** Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.

6. **CONTINGENCY CLAUSE:** This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.

7. **INTERFERING CONDITIONS:** Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.

8. **OWNERSHIP OF MATERIALS:** Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the “Materials”) (subject to any licensed third-party rights retained therein).
Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency.

9. **RESOLUTION OF DISPUTES:** The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Contractor, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Contractor and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.

10. **TERMINATION:** Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.

11. **ENTIRE AGREEMENT:** This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.

12. **PARTIAL INVALIDITY:** If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.

13. **GOVERNING LAW:** This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law’s provisions).
14. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.

15. REMEDIES FOR MISTAKES: If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.

16. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Contractor’s use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards), and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards). It is the Contractor’s responsibility to understand and comply with all requirements set forth therein.


18. DEBARRED OR SUSPENDED CONTRACTORS: Pursuant to 2 CFR 200 Subpart C, Contractor will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."

19. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Contractor will certify to NACCHO using the required form that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Contractor will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

20. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F, Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to
the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).

21. **WHISTLEBLOWER PROTECTION:** Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for “whistleblowing.”

22. **EXECUTION AND DELIVERY:** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.

23. **NOTICE:** All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

FOR NACCHO:

National Association of County and City Health Officials
Attn: _______________________
[Name of Program Staff]
1201 (I) Eye Street NW 4th Fl.,
Washington, DC 20005
Tel. (202) ________________
Fax (202) 783-1583

With a copy to:

National Association of County and City Health Officials
Attn: Ade Hutapea, LL.M., CFCM
Lead Contracts Administrator
1201 (I) Eye Street NW 4th Fl.,
Washington, DC 20005
Tel. (202) 507-4272
Fax (202) 783-1583
Email: ahutapea@naccho.org
FOR CONTRACTOR:

(Name and address of Contractor’s Contract Officer or Designee, including telephone and fax.)

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

NACCHO:  

By: ___________________________  
Name: Jerome Chester

CONTRACTOR:

By: ___________________________  
Name: ___________________________
Title: Chief Financial Officer

Date: ________________________

Federal Tax ID No.:

DUNS No.: ____________________

Title: ________________________

Date: ________________________
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

CONTRACTOR AGREEMENT – ATTACHMENT I

SCOPE OF WORK