

REQUEST FOR PROPOSALS (RFP)

Improving Social Determinants of Health – Getting Further Faster

I. Summary Information

The purpose of this funding opportunity is to conduct a retrospective evaluation of strategies that advance health equity and improve chronic disease conditions by addressing the social determinants of health (SDoH). This effort will fund up to fifty (50) community multi-sector partnerships/coalitions with demonstrated success implementing strategies in one or more of five SDoH domains: the built environment, clinical-community linkages, food insecurity, social connectedness, and tobacco-free policies. The project will evaluate and assess the impact of the implemented SDoH strategies and highlight successes and lessons learned.

Proposal Due Date and Time: Tuesday December 8, 2020 at 5:00pm EST

Selection Announcement Date: Tuesday December 15, 2020

Maximum Funding Amount: up to \$50,000 per community

Estimated Period of Performance: December 2020 – July 2021

Point of Contact for Questions Regarding this Application: chronicdisease@astho.org

II. Description of RFP

Purpose

The purpose of this funding opportunity is to conduct a retrospective evaluation of strategies that aim to improve health outcomes related to chronic disease conditions by addressing the SDoH. This effort will fund up to fifty (50) community multi-sector partnerships/coalitions with demonstrated success implementing strategies in one or more of five SDoH domains: the built environment, clinical-community linkages, food insecurity, social connectedness, and tobacco-free policies. The project will evaluate and assess the impact of the implemented SDoH strategies and highlight successes and lessons learned.

Reviewers will give preference to communities with partnerships with strong involvement from local and/or state public health departments. ASTHO and NACCHO will work closely with an external evaluation expert to assess the impact of the community's work. Additionally, technical assistance (TA) and evaluation support will be provided to the identified communities and their partners through external TA providers and with CDC's support. Best practices, challenges, lesson learned and achieved outcomes will be documented and shared with CDC, ASTHO and NACCHO members, and other relevant partners.

Background

ASTHO and NACCHO will contract with up to fifty (50) community multi-sector partnerships/coalitions as grantees, comprised of a variety of population health and other sectors, will be selected through a well-publicized national RFP process to receive up to \$50,000 each to participate in a retrospective evaluation of each coalition's outcomes and processes to improve health equity and chronic disease conditions by addressing social determinants of health.

Community multi-sector partnerships/coalitions will be selected based on their demonstrated and tangible outcomes addressing at least one of the five social determinants of health listed above. ASTHO and NACCHO will also identify and contract with an experienced national organization to conduct the retrospective and highly participatory evaluation. The evaluation will be attentive to efforts that address SDoH and improve health equity and chronic disease outcomes in priority populations, and based on previously collected data,

programmatic descriptions, plans, partnerships, resources, and intended and achieved outcomes. Evaluation results will be shared with all key project stakeholders as part of a virtual meeting. TA will also be provided throughout the grant period to support grantee capacity to demonstrate the impact of their efforts, strengthen multisectoral partnerships, and improve intervention sustainability.

ASTHO and NACCHO are committed to the promotion of health equity and the elimination of health inequities. Health inequities are reflected by disproportionately high rates of disease, premature death and a lower quality of life. Health inequities are avoidable and state, federal, and locally funded activities play a key role in helping to solve this problem. Applicants are encouraged to describe how their work has addressed health inequities within the context of proposed activities.

Eligibility

Community-level, multisectoral partnerships/coalitions with demonstrated and tangible outcomes addressing the social determinants of health (SDoH) outcomes related to chronic disease conditions, focusing on the built environment, clinical-community linkages, food insecurity, social connectedness, and tobacco-free policies, are eligible to apply. Reviewers will give preference to communities with strong partnerships and involvement from the local and/or state public health department. Community-based nonprofit organizations, including faith-based organizations, hospitals, community development organizations, and local and state health departments, or other government entities, are eligible to apply as the lead applicant/fiscal agent. Organizations representing tribal populations or the U.S. territories are also eligible to apply. The applicant's selected SDoH area(s) of choice should demonstrate systematic improvements in addressing health inequities related to chronic disease. Examples include, but not limited to, the following:

- Built Environment: adoption of a Complete Streets policy, addressing inaccessible or nonexistent sidewalks, the addition of bike lanes or walking paths, or improving public transportation options.
- Clinical-Community Linkages: coordinating the exchange of information and altering activities among the local health department, community-based organization and safety net clinic to manage high blood pressure, and type 2 diabetes among low-income residents in a specific geographic location. *Example: Successful implementation of a referral network, community health worker strategy that connects identified individuals to care, development of information exchange processes to support entry into care, collaborations between community-based organization and safety net clinic to increase access and address chronic disease (e.g., hypertension (HTN), diabetes mellitus (DM)).*
- Food Insecurity: implementing programs that lead to food policy changes such as: expanding SNAP benefits at local farmers markets, opening a grocery store in an underserved area, expanding farmers markets to underserved areas, to encourage both the availability and accessibility of fresh fruits and vegetables, or addressing food deserts through a coordinated community plan.
- Social Connectedness: providing routine and ongoing social support to populations that creates peer relationships among community members and neighborhood-based social programming to engage residents, including youth, in coordination with faith-based, clinical and community-based organizations, or implementing strategies to ensure older adults remain connected to the community, for example.
- Tobacco-free policies: establishing a local ban on the sale, distribution and advertising of menthol tobacco products within a 10-mile radius of schools or other youth-supportive entities, or adopting tobacco-free policies for public places, that includes e-cigarette prohibition in public spaces.

Project Activities/Expected Outcomes/Expectations and Deliverables

Selected applicants will be required to actively participate in and apply TA provided in support of a retrospective evaluation of their partnerships'/coalition's strategies, activities, and outcomes addressing

chronic disease conditions through one or more of the five SDoH areas. An evaluation contractor will work collaboratively with community multi-sector partnerships/coalitions and the evaluation process will be attentive to outcomes specific to priority populations. This evaluation will inform a comprehensive report that focuses on what works in terms of implementing strategies that support these SDoH strategies, an outline of common themes to build multi-sector relationships, an analysis of what it takes to get results, as well as examples of what demonstrated success looks like. The report will also outline the documented outcomes by community, the ways in which strategic partnerships were maintained, and how communities sustained their efforts overtime. With the support of additional contractor(s), TA will be provided to grantees to support their capacity to demonstrate the impact of their chronic disease SDoH efforts, strengthen multisectoral partnerships, and improve strategy sustainability that will benefit community multi-sector partnerships/coalitions beyond the project period.

Below is a proposed outline of the project activities:

| | |
|------------------------|--|
| November 2020 | Informational webinar |
| December 2020 | Selected applicants announced |
| January 2021 | 1 of 6 virtual kick-off for community multi-sector partnerships/coalitions |
| February 2021 | 2/6 virtual learning session; Meet with evaluations team |
| March 2021 | 3/6 virtual learning session; Meet with evaluations team |
| April 2021 | 4/6 virtual learning session; Meet with evaluations team |
| May 2021 | 5/6 virtual learning session; Mid-year report due |
| June 2021 | 6/6 Final virtual learning session |
| July 31, 2021 | Participate in a final stakeholder meeting/convening; Review final report and provide feedback End of project period; final invoice due to ASTHO and NACCHO |
| Time Commitment | In addition to meetings and TA sessions, applicants should anticipate spending approximately twenty (20) hours per month communicating with NACCHO/ASTHO and participating in project evaluation efforts and TA activities |

Availability of Funds

ASTHO and NACCHO intend to award up to 50 community multi-sector partnerships/coalitions a grant of up to \$50,000 each for the activities described in this RFP. The project duration will be from December 2020 through July 2021. All applications must be received by 5pm EST on December 8, 2020.

Selected applicant(s) will be notified by December 15, 2020. Awards will be made through a fixed price contractor agreement.

III. Requirements for Financial Award

Allowable Expenses

Funds may not be used for equipment purchases. 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).

Required Grant Activities to be Covered by Award

1. Participate in Virtual Kick-Off Call
2. Participate in 5 virtual Learning Community convenings
3. Work with ASTHO and NACCHO evaluator and TA providers
4. Participate in the review process for the final report
5. Participate in final stakeholder meeting/convening
6. Participate in the development of any other communication products, as needed

Period of Performance

The project period is December 2020 through July 2021. The general timeline is below.

| | | |
|--------|----------------------|--|
| Task 1 | December 2020 | Virtual kick-off call |
| Task 2 | January 2021 | Virtual learning session |
| Task 3 | February 2021 | Virtual learning session |
| Task 4 | March 2021 | Virtual learning session |
| Task 5 | April 2021 | Virtual learning session |
| Task 6 | May 2021 | Final virtual learning session |
| Task 7 | June 2021 | Final grantee convening (virtual); final report review |
| | July 31, 2021 | End of project period; final invoice due |

IV. Required Proposal Content and Selection Criteria

Applications will be reviewed and scored by ASTHO and NACCHO based on the following criteria:

- A. Cover Letter (5 points):** *Include complete contact information for the lead programmatic and fiscal /contractual points of contact (name, title, organization, mailing address, e-mail address, telephone number). Include the names of the lead programmatic and financial/contract contacts (name, address, e-mail, telephone number).*

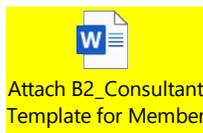
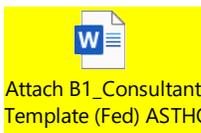
- B. Prior Experience and Performance (35 points):** Describe the community multi-sector partnerships/coalition's experience within the past 3 years addressing selected social determinant(s) of health in the targeted priority population, list/describe existing evidence of the interventions effectiveness in improving community knowledge, behaviors and/or health measures. Describe how improvements have been maintained over time. This should include examples of the community multi-sector partnerships/coalition's successes identifying new strategies that address SDoH, successful implementation of strategies and quality of performance on recent work completed. Describe any formal or informal data collected to evaluate the impact of successes and the types of data collected. Specifically, describe efforts to collect information at baseline, during the implementation of activities or strategy, to complete the strategy or follow-up.
- C. Community Multi-Sector Partnership (15 points):** Include the description of the community/multi-sector partnership that addresses one or more of the social determinants of health described above. Describe the participation of key sectors and include relevant commitment of key leadership and stakeholders, funders, and other relevant community assets.
- D. Inclusion of Health Equity and the Social Determinants of Health (30 points):** Throughout the proposal, incorporate the following: (1) describe the extent to which health disparities are evident within the community, (2) identify specific group(s) which experience a disproportionate burden of the health condition, (3) demonstrate how proposed activities address health inequities, and (4) demonstrate successful work with historically underserved groups, and a reputation for effective and tangible activities and strategies focused on addressing social determinants.
- E. Organizational Capacity (10 points):** Include information about the organization and address ability and capacity to perform the activities required within the specified timeframe.
- F. Budget & Budget Narrative (5 points):** Provide a detailed fixed price per deliverable budget, including detailed projected costs for the completion of the project. Maximum award is up to \$50,000. each. **Attachment A (Contractor Budget Template)**, the Excel template at the link below, outlines the general format in which the budget should be presented. A budget narrative must accompany the budget and indicate the costs associated with each proposed activity. Both the budget and budget narrative must be submitted in Excel files.



- Compensation/disbursement will be similar to the following schedule:
 - i. \$25,000 upon completion of Tasks 1-4;
 - ii. \$25,000 upon completion of Tasks 5-7.

- G. Response to Draft Contract:** Selected applicant(s) will enter into either a fixed price contractor agreement with ASTHO or a firm fixed price contractor agreement with NACCHO. Draft agreements for ASTHO and NACCHO are available in **Attachments B1 and B2**. **Review each agreement's terms and conditions—including provisions related to publications; acknowledgement of federal support; copyright interests; conference, meeting and seminar materials; and logo use for conference and other materials—with your contracts officer and confirm that if selected, you will be prepared to enter into the agreement with either ASTHO or NACCHO, or identify and include any proposed changes with your proposal application.** ASTHO and NACCHO reserve the right to accept or decline any proposed changes

to the terms and conditions. Significant proposed changes, which could affect the agreement's timely execution, may impact your selection as a successful applicant.



APPLICATION

Please fill out the application in its entirety by clicking [here](#), being sure to include information, as relevant, indicated in **Appendix C. Considerations for Applicants to Inform Application Responses**. Responses are limited to the word count indicated for each response. In addition, applicants will need to submit a cover letter and budget materials to chronicdisease@astho.org by **December 8, 2020 at 5:00PM ET**. If you are having issues accessing the online application, please contact chronicdisease@astho.org for other submission options. Incomplete applications or applications received after the deadline will not be considered.

| A. COVER LETTER / CONTACT INFORMATION | | | | |
|---|-------|--------------|-------|-------|
| Community multi-sector partnerships/coalitions Name | | | | |
| Street Address | | | | |
| City/State/Territory | | | | |
| Lead project contact (agency-designated project contact for all matters pertaining to the project): Name Email Phone | | | | |
| Lead finance contact (agency-designated finance contact for all matters pertaining to processing contracts and invoices): Name Email Phone | | | | |
| Contact List for Core Team: The three to six persons core planning team– these partners should be actively engaged to achieve the goals. <i>*Note: can include more than one person for each category.</i> | | | | |
| Name | Title | Organization | Email | Phone |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <p>I. Please Attach Completed Cover Letter</p> <p>Please check for the following for availability of all core team members:</p> <ul style="list-style-type: none"> • Virtual Project Kick-Off Call: December 2020 (core team members only) • Five Virtual Learning Meetings: January 2021, February 2021, March 2021, April 2021, May 2021 | | | | |

B. PRIOR EXPERIENCE AND PERFORMANCE (Max 1100 words)

Describe your experience and quality of performance on recent (i.e., within the last 3 years) work completed with a similar scope. Include information about familiarity with and understanding of the topic. Describe your history of addressing chronic disease prevention, including successes, lessons learned, and the sustainability of those efforts, in one or more of the five areas of SDoH: **a) built environment, b) clinical-community linkages, c) food insecurity, d) social connectedness, and e) tobacco-free policies.** Examples of strategies for each SDoH area are, but not limited to:

- Built Environment: inaccessible or nonexistent sidewalks and bicycle or walking paths contributing to sedentary habits that encourage poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer.
- Clinical-Community Linkages: coordinating the exchange of information and altering activities among the local health department, community-based organization and a safety net clinic to address high rates of high blood pressure and type 2 diabetes among low-income residents in a specific geographic location.
- Food Insecurity: collaborating with local farmers’ markets to accept SNAP benefits in order to encourage both the availability and accessibility of fresh fruits and vegetables.
- Social Connectedness: providing routine and ongoing social support among populations experiencing homelessness in coordination with faith-based, clinical and community-based organizations.
- Tobacco-free policies: establishing a local ban on the sale, distribution, and advertising of menthol tobacco products within a 10-mile radius of schools or other youth-supportive entities.

5 areas of SDoH

(You must select one or more categories and describe history of addressing chronic disease prevention.)

- I. Built Environments
- II. Clinical-community Linkages
- III. Food Insecurity
- IV. Social Connectedness
- V. Tobacco-free Policy

C. ESTABLISHED PARTNERSHIPS (Max. 500 words)

Please list all community multi-sector partnerships/coalitions members that have supported the implementation of your addressing social determinants of health. Note: These may overlap with Core Team members listed under Part A.

| Organization | Name | Position/title | Role/Responsibilities |
|--------------|------|----------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please describe how you are working on this initiative with your state or local health department(s), including any additional information on your community multi-sector partnerships/coalition’s history, overall goals, objectives, and strategic partnerships.

D. INCLUSION OF HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH (Max 500 Words)

(1) describe the extent to which health disparities are evident within the community, (2) identify specific group(s) which experience a disproportionate burden of the health condition, (3) demonstrate how proposed activities address health inequities and (4) demonstrate existing capacity of successful work with priority populations, and a reputation for effective and tangible activities and strategies focused on addressing social determinants.

E. ORGANIZATION CAPACITY (Max 500 Words)

Include information about the company and address ability and capacity to perform the services required within the specified timeframe.

F. TECHNICAL ASSISTANCE NEEDS (Max 300 Words)

ASTHO and NACCHO want to support the capacity of community multi-sector partnerships/coalitions teams to demonstrate the impact of their chronic disease SDoH efforts, as well as help strengthen their multisectoral partnerships, and improve the sustainability of those efforts. Please describe what you believe are your community multi-sector partnerships/coalitions TA needs in these areas, as relevant, and what could be helpful (e.g., training, tools/resources, peer learning opportunities, identifying/implementing best/promising practices).

G. BUDGET & BUDGET NARRATIVE (ATTACH)

- I. Attach completed budget template*
- II. Attach completed budget narrative

*See Section IV.F. above and Appendix A for the budget template.

H. RESPONSE TO DRAFT CONTRACT

Selected applicant(s) will enter into an agreement with either ASTHO or NACCHO. Draft agreements for ASTHO and NACCHO are available in Attachments B1 and B2 (see section IV.G. above and Appendix B1 & B2 below). Review each agreement’s terms and conditions—including provisions related to publications; acknowledgement of federal support; copyright interests; conference, meeting and seminar materials; and logo use for conference and other materials—with your contracts officer and confirm that if selected, you will be prepared to enter into the agreement with either ASTHO or NACCHO, or identify and include any proposed changes with your proposal application. ASTHO and NACCHO reserve the right to accept or decline any proposed changes to the terms and conditions. Significant proposed changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant.

V. Submission Information

Application Procedure

Please fill out the application in its entirety by clicking [here](#). Responses are limited to the word count indicated for each response. In addition, applicants will need to submit a cover letter and budget materials to chronicdisease@astho.org by December 8, 2020 at 5:00PM ET. If you are having issues accessing the online application, please contact chronicdisease@astho.org for other submission options. Incomplete applications or applications received after the deadline will not be considered.

Timeline (subject to change)

- *October 29, 2020*: RFP released
- *November 9, 2020 at 1 p.m. ET*: Informational webinar - [Register HERE](#)
- *December 8, 2020, 5 pm EST*: Deadline for submission of grant proposals
- *December 15, 2020*: Contract award announced
- *January 2021*: Contract period commences
- *March 2021*: Mid-project report due
- *June 2021*: Final report due

Applicant Questions and Guidance

ASTHO and NACCHO will support interested applicants to offer guidance and address specific questions about the RFP. Interested parties may contact ASTHO and NACCHO staff via e-mail at chronicdisease@astho.org to schedule a one-on-one call.

Funding and Disclaimer Notices:

This project is supported by a grant from the Centers for Disease Control and Prevention (RFA- CDC-RFA-OT18-1802). CDC does not endorse any particular product, service, or enterprise. Views expressed in related products do not necessarily reflect those of CDC, Health and Human Services.

This RFP is not binding on ASTHO or NACCHO, nor does it constitute a contractual offer. Without limiting the foregoing, ASTHO and 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 ASTHO or NACCHO be liable for any costs incurred by any person in connection with the preparation and submission of a response to this RFP.

Appendix B1.
Consultant: ASTHO Contract Agreement

Requisition # _____

Project Code: Contractor Name _____

AGREEMENT for FEDERALLY-FUNDED PROJECTS

This Agreement entered into as of this th day of , 2020 by and between the Association of State and Territorial Health Officials (hereinafter referred to as "ASTHO") and _____ (hereinafter referred to as "Contractor").

WHEREAS, ASTHO desires to engage the Contractor to _____, in connection with an undertaking or project titled, " ," funded wholly or in part by the U.S. Department of Health and Human Services (hereinafter referred to as the "Project"); and

WHEREAS, the Contractor desires to render such services in connection with the Project,

NOW, THEREFORE, in consideration of the above, and the mutual covenants and agreements hereinafter contained, the parties hereto agree as follows:

1. **Engagement.** ASTHO hereby engages the Contractor, and the Contractor hereby accepts the engagement, to perform the work set forth in the attached Scope of Work, which is incorporated by reference and made a part of this Agreement.

2. **Term.** This Agreement shall commence and shall continue until , 2020 unless earlier terminated as allowed pursuant to the General Terms and Conditions. Work under this Agreement shall be completed within the time schedule set forth in the attached Scope of Work.

3. **Compensation.** The Contractor shall be compensated for the work to be performed under this Agreement as detailed in the attached Scope of Work. In no event will the total compensation to be paid to the Contractor exceed the sum of \$.

4. **Terms and Conditions.** The "General Terms and Conditions" and any Addendums, all of which are attached hereto, are incorporated by reference and made a part of this Agreement. The Contractor must return an executed copy of this Agreement to ASTHO within 10 business days of receipt or the contract will be cancelled. ASTHO reserves the right to accept or decline any proposed changes to the terms and conditions.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date set forth below.

**ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICIALS**

CONTRACTOR

Signature

Signature

Zarnaaz Bashir, Deputy Chief Executive Officer
Name and Title

Name and Title

Date: _____

Date: _____

Appendix B2. Consultant: NACCHO Contract Agreement

*STAFF TEMPLATE - Use this for Consultants/Professional Services Members.
UPDATED June 8, 2017*

NACCHO CONTRACT # 2020- _____

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:

| Invoice No. | Amount | Deliverable | Due date |
|-------------|--------|-------------|----------|
| Invoice I | | | |
| Invoice II | | | |
| Invoice III | | | |



Appendix C.
Considerations for Applicants to Inform Application Responses:

| | |
|--|---|
| Structure of Multi-Sector Partnership/Coalition | <ul style="list-style-type: none"> • Number of sectors represented • Timeline of submitted activities • Funding (local, state, federal) associated with the submitted deliverables • Potential additional criteria from RWFJ healthy communities |
| Program Design | <ul style="list-style-type: none"> • Clearly define and describe the problem aims to change • Clearly and explicitly identified community health needs; include which SDoH categories do the policy/interventions fall: <ul style="list-style-type: none"> ○ Food Insecurity ○ Built Environment ○ Social Connectedness ○ Community Clinical Linkages ○ Tobacco / Smoke Free Prevention • Describe, in detail, the beneficiary population of the policy/intervention • Share, if available, a clear theory/logic model (I.e. What is the Theory? Are the results of the framework of the program coherently articulated? Are the outputs, outcomes, and goals logically connected? Are the objectives clear and realistic? Are they measurable? Do they respond to the needs identified?) |
| Availability of information | <ul style="list-style-type: none"> • Demonstrate the capacity to provide data for this evaluation project • Describe, if available, the program SMART Goals (specific, measurable, attainable, realistic, and timely) on key areas of interest • Share any baseline information related to the strategy • Describe the coalition’s monitoring system, if available, to gather and systematize the evaluation data with defined responsibilities, sources, and periodicity • Any resources that have been dedicated to the costs of such data collection and analysis • Role of key stakeholders in providing information that informed the implementation of the policy/intervention |
| Conduciveness | <ul style="list-style-type: none"> • Submitted policy/intervention conducive to conduct evaluation • Describe what resources are available to undertake the evaluation (I.e. trained staff, financial resources, equipment, etc.) • Describe any expertise that exist to undertake the evaluation from coalition’s perspective |