



COOK COUNTY HEALTH (CCH)

REQUEST FOR QUOTE (RFQ) # H22-0035

TITLE: Independent Contractor, Electronic Case Reporting Coordinator

GENERAL DESCRIPTION: The Cook County Department of Public Health (CCDPH) is looking for an independent contractor to advance electronic case reporting at suburban Cook County hospitals and within CCDPH, supported by CDC-RFA-OT21-2103: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

DATE ISSUED: July 28, 2022

VENDOR QUESTIONS DUE DATE: August 8, 2022, by 2 pm CST

RESPONSE/APPLICATION DUE DATE: August 23, 2022, by 2 pm CST

PREAPPLICATION CONFERENCE: NONE REQUIRED

All questions regarding this RFQ should be directed to purchasing@cookcountyhhs.org, and as instructed in Section 6.1 of this RFQ. Responses to this Application shall be delivered via email only to the aforementioned email addresses.

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1. CCH Background

The Cook County Health (“CCH” or “System”) is a unit within Cook County government. CCH provides a full continuum of health care services through its seven operating entities, referred to as System Affiliates. System Affiliates provide a broad range of services from specialty and primary care to emergency, acute, outpatient, rehabilitation and preventative care. CCH services are offered without regard to a patient’s economic status or ability to pay.

The Cook County Department of Public Health (CCDPH) is an affiliate of CCH. Our jurisdiction includes over 120 municipalities in suburban Cook County with approximately 2.3 million residents. Our mission is to optimize health and achieve health equity for all people and communities of Cook County through our leadership and collaborations, focusing on health promotion and prevention, while advocating for and assuring the natural environmental and social conditions necessary to advance physical, mental and social well-being.

2. Term of Services and RFQ Schedule

I. Contract Term of Service

Cook County Health intends to award one or more contracts lasting from the time of award until May 2023.

II. Schedule

Activity	Estimated Date
RFQ issued to Vendor	07/28/2022
Vendor Questions Due Date	08/05/2022 by 2:00 pm CST
<i>CCH response to Vendor Questions - Tentative</i>	<i>Week of 8/08/2022 by 2 pm CST</i>
Quotes Due Date	08/23/2022 by 2:00 pm CST

3. Program Description and Scope of Service

CCH is seeking quotes for contracted services to support the advancement of electronic case reporting within the jurisdiction of CCDPH, related to CDC-RFA-OT21-2103: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

I. Overview

The Cook County Department of Public Health (CCDPH) has received funding through CDC-RFA-OT21-2103: National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities to perform a jurisdiction-wide assessment of readiness for electronic case reporting (eCR) and to bolster or enhance readiness among key players, including both hospital and CCDPH staff.

II. Program Description

CCDPH is seeking the services of an independent contractor to serve as an electronic case reporting (eCR) coordinator.

The COVID-19 pandemic has demonstrated to federal agencies the crucial need to advance eCR nationwide. To support this goal, the federal Promoting Interoperability rules for hospitals, finalized in 2021, strongly incentivize widespread adoption of eCR. CCDPH is eagerly anticipating this evolution in case reporting and seeks to assess and advance eCR readiness within the department and at all local area hospitals.

A. Required Materials, Supplies and Support Services

Vendor(s) will be responsible for providing their own computer, phone.

B. Additional Capabilities:

Vendor(s) must have a minimum of ten hours of availability per week during CCDPH hours of operation (8:30 AM to 4:30 PM CT) for check-ins with CCDPH staff, phone calls to local hospitals, and other project communication that cannot be accomplished using asynchronous communication methods.

III. Scope of Services

A. Scope

The awarded Vendor(s) shall provide the following:

1. Train relevant CCDPH in the required technical knowledge to support eCR development in the region (e.g. important concepts, flow of information, roles and responsibilities of public health agencies vs hospitals vs EHR vendors). Training would consist of both in-person (or virtual) learning as well as documentation that can be used to train future CCDPH staff.
2. Design a survey for area hospitals to assess their readiness for eCR and any barriers that might interfere with advancement. CCDPH staff will prepare and deploy the survey using Redcap software and analyze responses; the vendor(s) will be responsible for following up with non-responders to achieve a response rate of 80% or higher.
3. Using survey responses, the vendor(s) will highlight potential barriers to widespread adoption of eCR, suggest targeted solutions for each hospital, and work with hospitals to implement solutions, as needed.
4. Using survey responses, the vendor(s) will develop communication tools (fact sheets, graphics, presentations) to educate hospital partners about eCR and its importance.
5. Confer colleagues in other jurisdictions engaged in similar initiatives, as needed.
6. Make recommendations to CCDPH about the best path forward to begin receiving electronic case reports from ready hospitals (e.g. direct connection to AIMS platform vs coordination with IDPH).

B. General Specifications/Minimum qualification

- 1 Master's degree in public health from accredited college or university OR Bachelor's degree from accredited college or university in information technology, informatics, or related field with two years experience in healthcare information technology or public health environment.
- 2 Prior experience and familiarity with relevant eCR technology and platforms, e.g. HL7, Fast Healthcare Interoperability Resources (FHIR), Reportable Condition Knowledge Management System (RCKMS), APHL Informatics Messaging Services platform (AIMS).
- 3 One year experience in program or project management.
- 4 Demonstrated interpersonal skills, including ability to work with individuals with a variety of technical expertise (i.e., advanced to none).

- 5 Experience with Microsoft Office Products, including Word and Powerpoint.

C. Roles/Responsibilities of CCDPH

- 1 Provide guidance on projects to be completed, as described in Section III, A: Scope.
- 2 Provide documentation on baseline levels of eCR knowledge and understanding among key CCDPH staff members.
- 3 Facilitate communication with hospital staff as needed (e.g., providing contact information for IT staff when known). Facilitate communication with eCR leads at the Illinois Department of Public Health or other local health departments as needed.
- 4 Assist with providing support to hospitals as needed to advance eCR readiness.

D. Deliverables

- 1 Commit a minimum of 10 and maximum of 30 hours weekly to working on projects assigned by the CCDPH Communicable Disease project leads, as described in Section III, A: Scope.
- 2 Participate in weekly check-ins with CCDPH CD staff.
- 3 Training manuals, presentations, and/or recorded webinars on essential eCR knowledge for public health staff.
- 4 Records of contact with (or documented efforts to contact) key IT staff at twenty suburban Cook County hospitals to assess eCR readiness and provide support, as needed.
- 5 Recommendations for CCDPH to advance eCR readiness within CCDPH
- 6 Communication materials to use with hospital partners to advocate for eCR

4. Submission Requirements and Application Proposal

Cook County Health intends to award one or more contracts to support activities described in this Request for Quote (RFQ).

All completed Applications (**Attachment A**) must be submitted by **August 23, 2022 no later than 2:00 pm Central**. Applications submitted beyond this deadline will not be considered.

How to apply

- A. Interested organizations should complete the attached Application (**Attachment A**).

Refer to **Attachment A** in this RFQ to complete the Application. You may add additional lines as needed in the Budget Detail section of the Application and remember to include detailed justification for each area.

Applicants are required to:

1. Submit one (1) electronic Application emailed to purchasing@cookcountyhhs.org;
2. Include in the Subject Line: *eCR Coordinator*.
3. Attach Completed Application

5. Evaluation and Selection Process

An evaluation committee may request that proposers engage in proactive pricing feedback, submit clarifications, provide additional references, respond to questions, or consider alternative approaches.

- A. Applications will be reviewed based on the following criteria.

- i. Ability to achieve CCH's Program Goals, and Objectives described in Section 3 of this RFQ including the following:
 - Provide all required materials, supplies and support services
 - Can satisfy additional capabilities
- ii. Ability to achieve the requirements of the Scope of Services described in Section 3 of this RFQ including the following:
 - Meet minimum qualification of scope of services
 - Can commit to deliverables
- iii. Overall Price for reasonableness and competitiveness.
- iv. Consideration of the following:
 - Conflict of Interest;
 - Insurance Requirements
 - Acceptance of Contract Terms and Conditions (objections and/or suggested alternate language);

B. Right to Inspect

CCH reserves the right to inspect and investigate thoroughly the establishment, facilities, equipment, business reputation, and other qualification of the Applicant and any proposed subcontractors and to reject any Application regardless of price if it shall be administratively determined that in CCH's sole discretion the Applicant is deficient in any of the essentials necessary to assure acceptable standards of performance. CCH reserves the right to continue this inspection procedure throughout the life of the Contract that may arise from this RFQ.

C. Consideration for Contract

Any proposed contract including all negotiations shall be subject to review and approval of CCH management, CCH Legal and CCH's System Board. CCH shall secure appropriate reviews and may approve the proposed Contract for execution in its sole discretion; proposed Contracts are also subject to review by the Cook County Office of Contract Compliance.

6. Instructions to Applicants

The instructions to **Applicants** contain important information and should be reviewed carefully prior to submitting the Required Application Content. Failure to adhere to the procedures set forth in these instructions, failure to provide positive acknowledgement that the Applicants will provide all services and products or failure to provide acceptable alternatives to the specified requirements may lead to disqualification of the submitted Application.

6.1 Questions and Inquiries

Questions regarding this RFQ will be submitted in writing to the contact(s) email listed on the cover page of this RFQ no later than the date stated in the Schedule.

6.2 Time for submission

Applications shall be submitted no later than the date and time indicated on the cover page of this RFQ.

6.3 Cost of Applicant Response

All costs and expenses in responding to this RFP shall be borne solely by the Applicant regardless of whether the Applicant's Application is eliminated or whether CCH selects to cancel the RFQ or

declines to pursue a Contract for any reason. The cost of attending any presentation or demonstration is solely the Applicant's responsibility.

6.4 Applicant's Responsibility for Services Proposed

The Applicant must thoroughly examine and read the entire RFQ document. Failure of Applicants fully to acquaint themselves with existing conditions or the amount of work involved will not be a basis for requesting extra compensation after the award of a Contract.

6.5 RFQ Interpretation

Interpretation of the wording of this document shall be the responsibility of CCH and that interpretation shall be final.

6.6 Errors and Omissions

The Applicant is expected to comply with the true intent of this RFQ taken as a whole and shall not avail itself of any errors or omission to the detriment of the services or CCH. Should the Applicant suspect any error, omission, or discrepancy in the specifications or instructions, the Applicant shall immediately notify CCH in writing, and CCH will issue written corrections or clarifications. The Applicant is responsible for the contents of its Applications and for satisfying the requirements set forth in the RFQ. Applicant will not be allowed to benefit from errors in the document that could have been reasonably discovered by the Applicant in the process of putting the Application together.

6.7 Application Material

The Application material submitted in response to the RFQ becomes the property of CCH upon delivery to the Supply Chain Management Office and may become part of a Contract.

6.8 Confidentiality and Response Cost and Ownership

All information submitted in response to this RFQ shall be confidential until CCH has executed a Contract with the successful Applicant or has terminated the RFQ process and determined that it will not reissue the RFQ in the near future. Following such actions, the contents of Applications submitted in response to this RFQ may be disclosed in response to requests made pursuant to the provisions of the Illinois Freedom of Information Act ("FOIA"). If a Applicant wishes to preserve the confidentiality of specific proprietary information set forth in its Application, it must request that the information be withheld by specifically identifying such information as proprietary in its Application. CCH shall have the right to determine whether it shall withhold information upon receipt of a FOIA request, and if it does so pursuant to an Applicant request, the Applicant requesting confidential treatment of the information shall bear the costs of asserting that there is a proper exemption justifying the withholding of such information as proprietary in any court proceeding which may result. This notwithstanding, Applicant is on notice that the CCH is subject to the FOIA and that any documents submitted to the CCH by the Applicant may be released pursuant to a request under the FOIA.

6.9 Awards

CCH may, at its discretion evaluate all responsive Applications. CCH reserves the right to make the award on an all or partial basis or split the award to multiple Applicants based on the most qualified Applicants and in the best interest of CCH meeting the specifications, terms and conditions. If a split award impacts the outcome of the project it must be so stated in the Application.

6.10 CCH Rights

CCH reserves the right to reject any and all offers, to waive any informality in the offers and, unless otherwise specified by the Applicant, to accept any item in the offer. CCH also reserves the right to accept or reject all or part of your Application, in any combination that is in the best interest of CCH.

6.11 Cancellation of RFQ; Requests for New or Updated Applications

CCH, in its sole discretion, may cancel the RFQ at any time and may elect to reissue the RFQ later. CCH may also issue an Addendum modifying the RFQ and may request supplemental information or updated or new Applications.

7. Special Conditions

The Special Conditions contain additional information and should be reviewed carefully prior to submitting the Required Application. Failure to adhere to the Special Conditions set forth in these instructions, failure to provide positive acknowledgement that the Applicants will provide all services and products or failure to provide acceptable alternatives to the specified requirements may lead to disqualification of the submitted Application

7.1 Minority Owned Business Enterprise / Women Owned Business Enterprise Ordinance

Consistent with Cook County, Illinois Code of Ordinances (Article IV, Division 8, Section 34-267), CCH has established a goal that MBE/WBE firms retained as subcontractors receive a minimum 25% MBE and 10% WBE of this procurement. **The office of Contract compliance is recommending that the MBE/WBE goal for the above-referenced project be set at 35% overall M/WBE Participation.**

The proposer shall make good faith efforts to utilize MBE/WBE certified firms as subcontractors. In the event that the proposer does not meet the MBE/WBE participation goal stated by CCH for this procurement, the proposer must nonetheless demonstrate that it undertook good faith efforts to satisfy the participation goal. Evidence of such efforts may include, but shall not be limited to, documentation demonstrating that the proposer made attempts to identify, contact, and solicit viable MBE/WBE firms for the services required, that certain MBE/WBE firms did not respond or declined to submit proposals for the work, or any other documentation that helps demonstrate good faith efforts. Failure by the proposer to provide the required documentation or otherwise demonstrate good faith efforts will be taken into consideration by CCH in its evaluation of the proposer's responsibility and responsiveness.

7.2 Insurance Requirements

Contractor will maintain, at Contractor's sole cost and expense and in full force and effect, for the Term at least the following insurance, through policies with reputable and financially sound insurance organizations or through a program of self-insurance acceptable to CCH, to cover loss and damage arising from the furnishing of Services and Deliverables (collectively, "Contractor-Required Insurance"):

Workers' Compensation Insurance.

Workers' Compensation shall be in accordance with the laws of the State of Illinois or any other applicable jurisdiction. The Workers' Compensation policy shall also include the following provisions:

- I. Employers' Liability coverage with limits of:
 - \$ 1,000,000 each Accident;
 - \$ 1,000,000 each Employee; and
 - \$ 1,000,000 Policy Limit for Disease.
- II. Broad form all states coverage

Commercial General Liability Insurance.

The Commercial General Liability shall be on an occurrence form basis to cover bodily injury and property damage including loss of use. General Liability limits shall not be less than \$ 1,000,000 per occurrence and \$2,000,000 aggregate combined single limit for bodily injury and property damage. The General Liability policy shall include, without limitation the following coverages:

- I. All premises and operations;
- II. Broad Form Blanket Contractual Liability;
- III. Products/Completed Operations;
- IV. Broad Form Property Damage Liability; and
- V. Cross liability

Comprehensive Automobile Liability Insurance.

Comprehensive Automobile Liability to cover all owned, non-owned and hired automobiles, trucks and trailers. The Comprehensive Automobile Liability limits shall not be less than the following:

Liability - All Autos: Bodily Injury & Property Damage – \$1,000,000 per Occurrence; and
Uninsured/Motorists: Per Illinois Requirements.

Umbrella/Excess Liability Insurance.

- I. \$2,000,000 each occurrence for all liability; and
- II. \$2,000,000 in the aggregate per policy year separately with respect to products and completed operations.

Professional Liability Insurance.

- I. \$1,000,000.00 each occurrence; and
- II. \$3,000,000.00 in the aggregate.

Cyber/Security and Privacy Liability Coverage.

This coverage applies damages arising from failure of computer security, or wrongful release of private information, in an amount of at least \$5,000,000 per claim and in the aggregate.

Contractor shall furnish a certificate or certificates of insurance to CCH prior to commencing performance under the Contract which evidences the above coverages. The insurance purchased and maintained by Contractor shall be primary and not excess or pro rata to any insurance issued by the County.

Additional Insured.

The Commercial General Liability and Excess Liability policies must name the County of Cook, its elected and appointed officials, and its agents and employees as additional insureds in connection with the activities contemplated by the scope of this Contract.

Qualification of Insurers.

All insurance companies providing coverage shall be licensed or approved by the Department of Insurance, State of Illinois, and shall have a financial rating no lower than (A-) VII as listed in A.M. Best's Key Rating Guide, current edition or interim report. Companies with ratings lower than (A-) VII will be acceptable only upon written consent of the Cook County Department of Risk Management.

Subcontractor Insurance Requirements.

Contractor shall require that providers who become Subcontractors to Contractor perform such functions as utilization review or credentialing hereunder, carry professional liability insurance in an amount of \$1,000,000 per each occurrence and \$3,000,000 in the aggregate.

8. Definitions

The following definitions shall apply to this RFQ:

"Addendum" or "Addenda" shall refer to a one or more documents posted to the website by which modifies this Request for Application or provides additional information.

"Application" shall mean the document(s) submitted by Applicant(s) in response to this RFQ that constitute an Applicant's offer to enter into contract with the CCH under terms consistent with this RFQ, subject to the negotiation of a Contract and approval by the Board.

"Board" or "System Board" shall refer to the Board of Directors of the Cook County Health and Hospitals System.

"Contract" shall mean a properly executed Contract that has been negotiated between CCH and a Applicant for some or all of the Deliverables described in this RFQ.

"Contractor(s)" and "Selected Applicant" shall mean the individuals, businesses, or entities that have submitted an Application and have negotiated a Contract that has been properly executed on behalf of the Contractor and CCH.

"County" shall mean the County of Cook, Illinois, a body politic and corporate.

"Deliverables" shall refer to the items, supplies, equipment, or services that will be provided pursuant to any Contract entered into as a result of this RFQ.

"General Conditions" shall mean the terms and conditions posted to the CCH website.

"Party" or "Parties" means the Cook County Health and Hospitals System and Contractor.

"Request for Quote" or "RFQ" shall refer to this solicitation of Applications by CCH that may lead to the negotiation of a Contract and the recommendation that the CCH authorize a Contract with an Applicant.

"Service Provider(s)" or Applicant(s)" shall mean the individuals or business entities, if any, submitting an Application in response to this RFQ.

"Subcontractor" means any person or entity that has an agreement with Contractor to provide services related to this RFQ.

Attachment A – Application

CCH requires applicants to submit the following information with their applications. Complete Application Template point of contact (with address, phone number, fax number, e-mail) and FEIN for organization; and to provide a quote that includes a budget summary, detailed budget, and justification to meet scope of work and deliverables.

- Please complete the tables below and copy and paste onto your letterhead. Add additional lines as needed in the Budget Summary, Section D, and please remember to complete justification section for each area.

Application

Independent Contractor, Electronic Case Reporting Coordinator

RFQ H22-0035

Section A: Vendor Profile

Organization			
Mailing address			
City, State, Zip			
Street address (if different from mailing address)			
FEIN			
Phone		Fax	
Website			
Primary Contact for this Application:			
Name			
Title			
Phone		Fax	
Email			
Mailing address (if different from organization)			
City, State, Zip			

I. Supplemental Information

Include a Brief description of organization (no more than 2 pages), including:

- a. Include history of service provision within suburban Cook County or for similar government organizations.
- b. Include any minority or female representation in your ownership structure, board membership or executive team.
- c. Include names and titles of key personnel at executive and operational level who will be in charge of ensuring contract's success. Please indicate percent allocation of these personnel to the project, as well as hourly rates of top staff, required monthly hours for key roles, and staffing profile.

- d. Include Minority Owned Business Enterprise / Women Owned Business Enterprise Utilization Plan. Applicant must complete and submit an MBE/WBE Utilization Plan. Refer to the Economic Disclosure Statement. The EDS form can be found at https://cookcountyhealth.org/wp-content/uploads/EDS_Revised_092316-12072020.pdf.
- e. Submit executed Economic Disclosure Statement (“EDS”) and provide copy of W-9. Applicant must complete and submit an Economic Disclosure Statement. The EDS form can be found at https://cookcountyhealth.org/wp-content/uploads/EDS_Revised_092316-12072020.pdf. The EDS forms should be **submitted electronically**. **EDS original signatures must be sent via regular mail only after selection and negotiation have been completed.**
- f. Acknowledge acceptance of CCH Standard Terms and Conditions (Appendix A)
A Sample Contract General Terms and Conditions are available in **Appendix A, CCH Sample Master Service Agreement**. Execution of the Contract is not required at the time the qualifications are submitted. However, if the Applicant disagrees with any Contract provisions, or is proposing alternate language, it shall include the language for consideration by submitting the proposed redlines on the sample Contract General Terms and Conditions document. CCH will not consider any exceptions or proposed alternate language to the Contract General Terms and Conditions if the Applicant does not include these objections or alternate language with the proposal. CCH shall not be deemed to have accepted any requested exceptions by electing to engage a Applicant in negotiations of a possible Contract.

Section B: Grant Information

Grant period	May 2, 2022 to June 30, 2023
Total Amount Requested from Cook County Health	\$

Section C: Program Information Outcomes/Metrics

Program Metrics	Proposed #
Total number of hours per week that can be committed to projects as described in the scope of work	

I. Program Metrics Response Summary

- a. Provide detailed descriptions for each of the functions requirement described in the Scope of Services, Section 3.III
- b. Include description of any subcontractors, their addresses, and a description of the work each subcontractor will be performing.

Section D: Budget Summary**I. Budget and Justification**

- a. Detailed budget indicating one-time costs, recurring fixed costs, and variable operational costs, including Overhead support personnel responsible for ensuring mission's success - hourly rate, and any travel costs.
- b. Anticipated recurring fixed costs, regardless of number of sites that are operational, or number of vaccinations being distributed. Costs for anticipated materials and supplies must include detail on the type of material (e.g., PPE, medications, etc.).
- c. Costs which will vary by number and types of sites, or by number of vaccinations distributed per day per site.

Budget Summary

ITEM	AMOUNT
A. Salary and Wages	\$
B. Supplies	\$
C. Travel	\$
D. Contractual Costs	\$
E. Equipment	\$
F. Other	\$
G. Indirect Costs	\$
GRAND TOTAL	\$

Budget Details**A. Salary and Wages**

Staff Name	Position Title	Monthly Salary	% of time on project	# of Hours per Months	# of Months	Amount Requested

Justification:**B. Supplies**

Items Requested	Unit Cost	Total Units	Amount Requested

Justification:

C. Travel In-State

Trips	Purpose of Travel	# of miles	Amount Requested

Justification:

D. Contractual Costs

Contractor Name	Description of Item/Services	Amount Requested

Justification:

E. Equipment

Items Requested	Unit Cost	Total Units	Amount Requested

Justification:

F. Other

Items Requested	Description	Amount Requested

Justification:

G. Indirect Costs

Total Amount of Direct Costs x 10%	Amount Requested

Justification:

Budget Details: Instruction

Grant funds must be used to support program activities. Below are the line items that can be included in your proposed quote. See Budget Detail section above required for the Quote for the details that need to be provided for each line item.

- A. **Salary & Wages:** Include staff time supporting program activities during project period. Consider covering a percent time of existing staff, given the short project period.
- B. **Supplies:** Include costs for supplies that support program activities (e.g., computers, printers, computer software and applications, educational materials, and general office supplies).
- C. **Travel:** Include costs for local travel during project period if this is applicable to your respective community support. Travel mileage reimbursement rate is \$0.56 per mile per federal reimbursement rates established for calendar year 2021 (<https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/private-owned-vehicle-mileage-reimbursement-rates>).
- D. **Contractual Costs:** Include costs for work performed by an independent contractor requiring specialized knowledge, experience, expertise or similar capabilities or a product or service to be procured by contract and an estimate of cost. A contractor's role is generally to evaluate the client's needs and perform the work.
- E. **Equipment:** Include costs of any item of property that has a per unit acquisition cost of \$5,000 or more and has an expected service life of more than one year.
- F. **Other:** Include costs associated with your activities not covered in other categories.
- G. **Indirect costs:** Capped at 10% of direct costs.
- H. **Funding Restrictions**
Funds may not be used as matching funds for any other grant program, or for:
 - Political or religious purposes
 - Contributions or donations
 - Fundraising or legislative lobbying expenses
 - Conference registration fees
 - Payment of bad or non-program related debts, fines, or penalties
 - Contribution to a contingency fund or provision for unforeseen events
 - Food or beverages, including alcoholic beverages
 - Membership fees, interest or financial payments, or other fines or penalties
 - Purpose or improvement of land or purchase, improvement, or construction of a building
 - Expenditures that may create conflict of interest or the perception of impropriety
 - Exhibit fees of any kind
 - Airfare or any out of state travel costs
 - Vaccines
 - Purchase of vehicles
 - Tuition reimbursement
 - Bonus pay
 - Media campaigns
 - Cash assistance
 - Research
 - Reimbursement for pre-award costs