**ATTACHMENT 1**

1. Services to be Provided
2. General Description
   1. General Statement

The purpose of this partnership is to complete the process to conduct a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP) using the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework developed by the National Association or County and City Health Officials (NACCHO), to meet standards required for public health re-accreditation.

* 1. Authority

The Florida Department of Health is responsible by legislative mandate in Chapter 20.43, Florida Statutes for collecting, managing and analyzing health data to inform the public and public health planning efforts.

1. Definition of Terms
   1. **ADA Remediation standards**: the process by which electronic documents, such as PDFs, are made accessible to screen readers and other assistive technology, enabling the visually impaired to hear an auditory version of the document’s contents.
   2. **Community Health Assessment (CHA):** a process to collect and analyze primary and secondary quantitative and qualitative health data for a local community (i.e. county), to identify and prioritize community health needs.
   3. **Community Health Improvement Plan (CHIP):** a document which contains implementation plans with Goals, SMART objectives, strategies and activities to address the top health priorities identified in the CHA process.
   4. **Department**: Florida Department of Health, Hillsborough County Health Department
   5. **Funding Agency**: Florida Department of Health, Hillsborough County Health Department
   6. **Health Disparities:** quantifiable differences on a particular measure of health when comparing two groups. Health disparities are typically reported as a rate, proportion, mean, or some other measure.
   7. **Mobilizing for Action through Planning and Partnerships (MAPP):** a public health framework developed by NACCHO for completing a CHA and CHIP. The current version of this framework is “MAPP 2.0”.
   8. **National Association or County and City Health Officials (NACCHO):** the sole national organization serving every local health department in the United States.
   9. **Public health re-accreditation:** the process by which the Department maintains recognition by the Public Health Accreditation Board for meeting standards for performing essential public health services.
   10. **SMART Objectives:** Objectives that are Specific, Measurable, Achievable, Relevant and Time-Bound.
   11. **State Fiscal Year**: July 1, 2023 – June 30, 2024
   12. **Steering Committee:** a local leadership committee of community-based organizations who meet during the CHA/CHIP process to make decisions about the CHA/CHIP development and implementation process
2. Manner of Service Provision
3. Scope of Work:The Department will provide funding to the Provider to implement the MAPP 2.0 framework to identify the top ten health priorities in Hillsborough County and develop implementation plans to address the top three health priorities, with a focus on identifying and addressing the health disparities associated with these priorities.

This work will include engaging with a Steering Committee of multi-sector partners and more broadly with community members and other partner organizations to collect and analyze data, identify the top three health priorities (CHA) and develop implementation plans (CHIP).

The overall goal of the partnership between the Department and the Provider will be to identify community health needs and health disparities, prioritize these and develop a plan for action for addressing these prioritized health needs and related health disparities.

* 1. Task List: Provider will perform the following tasks:

1. Meet at least monthly with the DOH MAPP Workgroup to plan for implementation of all elements of the MAPP 2.0 framework. Document on the Monthly Progress Report (Exhibit A).
2. Engage with a Department-led Steering Committee of community partners for decision making throughout the CHA & CHIP process. Meet at least quarterly with the Steering Committee to provide updates and seek input as appropriate on the process. Document on the Quarterly Partner Engagement Summary (Exhibit B).
3. Implement the three assessments required under the MAPP 2.0 CHA framework, documenting progress on the Monthly Progress Report (Exhibit A) and submitting draft CHA report reflecting minimum required content (Exhibit C).
   * 1. Community Partner Assessment – an assessment of the systems, processes and capacities of community partners and their ability to impact health disparities and health outcomes
     2. Community Status Assessment – a quantitative assessment to understand the health status of the community and factors impacting quality of life, including primary data collection and analysis of primary and secondary data
     3. Community Context Assessment – a qualitative assessment to identify community strengths and assessments, understand the build environment and identify forces of change
4. Analyze data from the three assessments and synthesize results, documenting progress on the Monthly Progress Report (Exhibit A).
5. Lead a publicly-noticed and advertised community meeting of at least 40 unique organizations and members of the general public to present assessment results and analysis and rank the top health priorities to be included in the CHIP, documenting results in the Meeting Summary Report (Exhibit D).
6. Complete a final professionally written CHA report for public audiences, summarizing results of the assessments as well as details of the community meeting and final rankings of priorities, following parameters outlined in the CHA Report (Exhibit C).
7. Develop a CHIP in collaboration with the Department and Steering Committee, by developing implementation plans for the top three health priorities, taking into consideration partner and Department capacity to implement activities to affect these health priorities and related health disparities, resulting in a final, professionally written CHIP report for public audiences, following parameters outlined in the CHIP Report (Exhibit E).
8. Meet standards required for the public health re-accreditation when developing and executing the CHA and CHIP process and reports, following standards outlined in Exhibit C & Exhibit E.
9. Provide all draft CHA and CHIP reports and supporting documents in a Microsoft Word format and any raw data in a Microsoft Excel format. Final versions of the CHA and CHIP reports should be provided in Microsoft Word documents and PDFs, and should follow ADA Remediation standards.
10. The Provider is responsible for the accountability of tasks to be performed for this contract.
    1. Deliverables: Provider must complete or submit the following deliverables in the time and manner specified:
       1. In term one of the contract (July 1, 2023 through June 30, 2024) provide CHA and CHIP development services as specified by supporting documentation listed in Tasks 1, 2, 3 and 4 by the 15th of the following month as below.

1. All months: Monthly Progress Report (Exhibit A)
2. Quarterly, with September, December, March and June invoices: Quarterly Partner Engagement Summary (Exhibit B)
3. Annually, with the June invoice: Professional draft CHA report of findings and data analysis of each assessment in accordance with Exhibit C.
   * 1. In term two of the contract (July 1, 2024 through March 31, 2025) provide CHA and CHIP development services as specified by supporting documentation as listed in Tasks 1, 2, 5 and 6 by the 15th of the following month as below:
        1. All months: Monthly Progress Report (Exhibit A)
        2. Quarterly, with September, December, March and June invoices: Quarterly Partner Engagement Summary (Exhibit B)
        3. Annually, with the October invoice: Professional Meeting Summary Report in accordance with Exhibit D
        4. Annually, with the November invoice: Professional CHA report in accordance with Exhibit C.
        5. Annually, with the February invoice: Professional CHIP report in accordance with Exhibit E.
   1. Performance Measures: Deliverables must be met at the following minimum level of performance:
      1. In term one (July 1, 2023 through June 30, 2024), Deliverable B.1.b.1):
         1. 100% of the Monthly Progress Report (Exhibit A) shall be completed and verifiable.
         2. 100% of the Quarterly Partner Engagement Summary (Exhibit B) shall be completed and verifiable.
         3. The draft CHA report shall be completed in its entirety (Exhibit C).
         4. The provider shall submit a properly completed service invoice (Exhibit F) with required supporting documentation to the Department by the 15th of the month following services.
      2. In term two (July 1, 2024 through March 31, 2025), Deliverable B.1.b.2):
         1. 100% of the Monthly Progress Report (Exhibit A) shall be completed and verifiable.
         2. 100% of the Quarterly Partner Engagement Summary (Exhibit B) shall be completed and verifiable.
         3. The Meeting Summary Report shall be completed in its entirety (Exhibit D).
         4. The draft CHA report shall be completed in its entirety (Exhibit C).
         5. The final CHIP Report shall be completed in its entirety (Exhibit E)
         6. The provider shall submit a properly completed service invoice (Exhibit F) with required supporting documentation to the Department by the 15th of the month following services.
4. Financial Consequences: Failure of Provider to complete or submit a deliverable in the time and manner specified will result in a reduction in payment for that deliverable as follows:
   * 1. In term one (July 1, 2023 through June 30, 2024), Deliverable B.1.b.1):
        1. The Department shall not pay the monthly invoice if the Monthly Progress Report is not submitted for that month (Exhibit A).
        2. The Department shall not pay the monthly invoice if the Quarterly Partner Engagement Summary is not submitted with the September, December, March and June invoices (Exhibit B).
        3. The Department shall not pay the monthly invoice if the draft CHA Report is not submitted with the June invoice (Exhibit C).
        4. The Department shall reduce the monthly invoice (Exhibit F) by 5% if deliverables are not received within 15 days following the end of the month for which payment is sought.
     2. In term two (July 1, 2024 through March 31, 2025), Deliverable B.1.b.2):
        1. The Department shall not pay the monthly invoice if the Monthly Progress Report is not submitted for that month (Exhibit A).
        2. The Department shall not pay the monthly invoice if the Quarterly Partner Engagement Summary is not provided with the September, December, March and June invoices, (Exhibit B).
        3. The Department shall not pay the October invoice if the Meeting Summary Report is not provided (Exhibit D).
        4. The Department shall not pay the November invoice if the final CHA Report is not submitted (Exhibit C).
        5. The Department shall not pay the February invoice if the CHIP Report is not submitted (Exhibit E).
        6. The Department shall reduce the monthly invoice (Exhibit F) by 5% if deliverables are not received within 15 days following the end of the month for which payment is sought.
5. Service Location, Service Times
   1. Service Delivery Location: Responsibilities related to the initiative will be managed within Hillsborough County.
   2. Service Times: Providers shall ensure that project hours are convenient for the Department, community partners and community members for engagement, which may include evening and/or weekend hours in addition to daytime, weekday hours.
6. Staffing Requirement:
   1. Staffing Level: Provider must maintain an adequate administrative and organizational structure sufficient to complete the deliverables under the contract.
   2. Staffing Changes: Provider must notify the Contract Manager in writing within three days of any staffing changes that will affect Provider’s ability to complete the deliverables under the contract.
   3. Subcontractors: Subcontractors are not permitted to perform services under this contract.
7. Method of Payment
   1. Payment: This is a fixed price, fixed fee contract.
   2. Unit of Service: The Provider will be reimbursed at a rate of $5,714 per month.
   3. Invoice Requirements:
8. The provider shall request payment on a monthly basis through submission of a properly completed invoice, Exhibit F, and supporting documentation within 15 days following the end of the month for which payment is being requested.
9. Provider shall submit the final invoice for payment to the Department no more than 45 days after the contract ends or is terminated; if the provider fails to do so, all right to payment is forfeited, and the Department may not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all evaluation and financial reports due from the provider and necessary adjustments thereto have been approved by the Department.
   1. Financial Specifications:
      1. Payment under the terms of this contract shall not exceed 119,994.00, subject to the availability of funds at the price and limits listed in Section C.
   2. Supporting Documentation Requirements:
      1. Budget: As a competitively procured contract, no programmatic budget is  
         required of the provider.
      2. Quarterly Financial Report: As a competitively procured contract, no quarterly  
         financial reports are required of the provider.
10. Special Provisions:
    1. Contract Renewal: This contract may be renewed for no more than one year beyond the initial contract or for the original term of the contract, whichever is longer, and is subject to the same terms and conditions set forth in the initial contract. Renewals must be in writing, made by mutual agreement, and will be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and will be subject to the availability of funds.
    2. Monitoring by the Department: To permit persons duly authorized by the Department to inspect any records, papers, documents, facilities, goods, and services of Provider, which are relevant to this contract, and interview any clients and employees of Provider to assure the Department of satisfactory performance of the terms and conditions of this contract. The Department must be permitted access to such records only as authorized or permitted by federal law and the laws of the state of Florida. Following such inspection, the Department will deliver to Provider a list of its comments regarding the way said goods or services are being provided. Provider will rectify all noted deficiencies within the specified period set forth in the comments or provide the Department with a reasonable and acceptable justification, as determined by the Department, for not correcting the noted shortcomings. Provider’s failure to correct or justify within the time specified will result in the withholding of payments, being deemed in breach or default, or termination of this contract.

**END OF TEXT**