

**GRANT COORDINATOR SPECIFICATIONS FOR
LOCAL AND REMOTE WORK LOCATIONS:**

Lexington-Fayette County Health Department
650 Newtown Pike
Lexington, KY 40508

SERVICES FOR July 1, 2018 – June 30, 2019

1. **Purpose of Request for Proposal**

The Lexington-Fayette County Health Department seeks a grant writer in a contractor capacity. This position will generate revenue for programs and services through timely submission of researched, well-written, and documented grant proposals.

This position will plan, organize, and coordinate all grant related activities. This includes the monitoring of grant opportunities, active grant activities, and financial controls.

2. **Bidder Qualifications**

- Minimum of two years' experience researching, developing, and submitting grant proposals
- Demonstrated experience in obtaining grants from non-profits, charities, governmental, and other philanthropic organizations

Proposal from Local and Remote workers will be accepted for review; in addition Firms with qualified personnel specific to this position.

3. **Objective and Scope of Work**

- Research and identify grant opportunities that align with health department programs and services
- Communicate in a timely manner potential grant opportunities to appropriate programs
- Work with health department programs to identify and develop projects for grant opportunities
- Write effective and competitive grant proposals in order to secure funding for the health department
- Successfully understand and communicate the LFCHD mission and vision when applying for grants

- Identify all requirements of grant to ensure all necessary attachments are submitted on time
- Review completed grant proposals and applications for completeness and accuracy prior to submission
- Track and create a calendar of grant opportunities that will include timeline dates, required materials, etc.
- Prepares and submits all funding reports according to the prescribed guidelines and deadlines of each specific grant
- Work with the finance department to obtain and monitor grant related accounting
- Ensures financial grant management protocols comply with federal, state, and local laws
- Schedule and prepare for prospect and funder site visits.
- Create a monthly summary report for the Board of Health report.
- Maintain a database of grant applications that will include: grant name, organization, deadline for application, program, and other associated deadlines
- Create and update grant FAQ document to share with programs to educate them about opportunities and potential projects.
- Attend grant writing workshops and events to further develop grant writing skills
- Maintain ethical standards of fundraising as outlined in applicable policy

4. **Period of Performance**

The period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about July 1, 2018 and end on June 30, 2019. The option to amendments extending the period of performance, if any, shall be at the sole discretion of the Lexington-Fayette County Health Department.

5. **Submission of Proposal**

A pre-bid conference call will be conducted on September 18, 2:00 PM Eastern Time (US & Canada). To participate please contact Christina Nentwick at 859-288-2352 for conference call telephone number and pass code. This will be an

opportunity to ask questions regarding Health Department requirement and bid proposal.

Sealed written proposals are due October 2, 2018 by 4:00 pm, and may be dropped off or mailed to: Cara Kay, Chief Financial Officer, 650 Newtown Pike, Lexington, Kentucky 40508.

6. **Responsiveness**

All Proposals from Firms and Independent Contractors will be reviewed by the Lexington-Fayette County Health Department Chief Financial Officer to determine compliance with administrative and minimum requirements and instructions specified in this RFP.

The Lexington-Fayette County Health Department reserves the right to accept any bid or portion thereof, reject any or all bids, to waive any informalities in bids received where such acceptance, rejection, or waiver is considered to be in the best interest of the Health Department, and to reject any bids where evidence or information submitted by the bidder does not satisfy the Health Department that the bidder is qualified, capable of carrying out the requirements of the Contract Documents, or is in any manner unresponsive in the preparation of its bid.

If a proposal meets all administrative and Bidder qualification requirements and submittal instructions, Lexington-Fayette County Health Department will contact qualified bidders to schedule interviews.

7. **Contract and General Terms & Conditions**

The apparent successful bidder will be expected to enter into a contract. In no event is a bidder to submit its own standard contract terms and conditions in response to this RFP. A standard Lexington-Fayette County Health Department contract is included for review.

8. **Insurance Coverage**

The Contractor shall, at its own expense, obtain and keep in force insurance coverage which shall be maintained in full force and effect during the term of the

contract. The Contractor shall furnish evidence in the form of a Certificate of Insurance that insurance shall be provided.

9. **Notification to Bidder**

Proposals that have not been selected or awarded will be notified via email by the RFP Chief Financial Officer.

The bidder identified as the most advantageous to the Lexington-Fayette County Health Department will be selected and notified via telephone or email.

LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT
CONTRACT TO RECEIVE SERVICES

THIS AGREEMENT, made and entered into this _____ by and between the Lexington-Fayette County Health Department, 650 Newtown Pike, Lexington, Kentucky 40508 (hereinafter referred to as "Health Department") and

CONTRACTOR NAME:
ADDRESS:
TELEPHONE:
EMAIL:
ATTN:

(hereinafter referred to as "Contractor").

NOW THEREFORE, in consideration of the mutual agreements set forth herein, the parties hereto, intending to be legally bound hereby, agree as follows:

1. Contractor agrees to perform the services hereinafter described particularly as follows:
2. In consideration of the performance by _____ (Contractor) of the services herein before set forth, Health Department agrees to pay the sum of **LISTED ABOVE**, payable within thirty (30) days after the receipt of appropriate billing.
3. Health Department reserves the right to request that Contractor substantiate the sum demanded for remuneration before the Health Department is required to render payment. Payment is not due from the Health Department until the contracted services have been provided to the Department's satisfaction. "No taxes will be withheld from payments to Contractors".
4. All invoices may be approved by the Commissioner of Health or assigned designee. Responsibility to ensure that contract invoices are properly reviewed and approved shall rest with each department designee. Approval is based upon verification that the goods or services rendered and invoiced for, were appropriately received in an acceptable manner and the invoice reflects the agreed upon price per contract. In approving invoices these individuals are attesting that, to the best of their knowledge, the invoices they are approving are accurate, valid and appropriately coded with the correct cost center and expense account.
5. The Contractor's fee relative to the services rendered shall not exceed a total of _____; **without** an amendment total payments can be 20% greater

than the total contract.

6. The period within the current fiscal year in which the subject services are to be performed is from _____ TO _____.
7. Either Party may for any reason, at its option, terminate this agreement at any time provided the Contractor receives thirty (30) day notice in writing.
8. The parties to this contract intend that the relation between them created by this contract is that of independent contractors. No agent, employee, or servant of Contractor shall be deemed to be the employee, agent or servant of the Health Department. Contractor will be solely and entirely responsible for his acts and the acts of his agents, employees, servants and subcontractors during the performance of the contract.
9. Health Department shall exercise no control, direct, indirect or otherwise, over the decisions or operations of Contractor, including but not limited to the Contractor's use of any funds contemplated or granted herein, and shall have no liability for any loss or damages resulting therefrom. Contractor shall indemnify and hold harmless Health Department against all liabilities, losses, damages, claims and actions based upon or arising out of damage or injury (including death) to persons, entities or property caused by or sustained in connection with the performance of this contract or by conditions created hereby, or upon any violation of any statute, ordinance, code or regulation in connection herewith. Contractor shall pay all costs of defending any claim, including but not limited to attorneys' fees of Health Department or any of its officers, board members, or employees, incurred in connection with any claim, action or defense of the same arising from this contract.
10. Contractor shall maintain such insurance as shall be required to fully insure Contractor and Health Department against all claims of all kinds and nature for any damage to property or for personal injury (including death) made by anyone whomsoever, that may arise from operations carried on under this contract, either by Health Department or Contractor. The coverage shall be in an amount sufficient to insure Contractor and Health Department fully against any such loss, and shall name Health Department as an additional insured.
11. Contractor hereby agrees to comply and states it is in compliance with all applicable laws and regulations governing the services to be provided under the contract, including, but not limited to, Occupational Safety and Health Act (OSHA), Title VI of the Civil Rights Act of 1964, and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education and Welfare (45 CFR, Part 80) of that Title.
12. Contractor hereby states and certifies that it (or any of its employees) _____ is or ___X___ is not receiving any retirement allowance benefit from the Kentucky State

Employees Retirement System or any other retirement system supported in whole or in part by the Commonwealth of Kentucky.

13. Contractor agrees to comply with the Americans with Disabilities Act (ADA) and not discriminate against applicants, Health Department patients, or employees with disabilities.
14. Contractor certifies that no Health Department employee is a partner, shareholder, owner, officer or employee of the Contractor and that no Health Department employee will directly or indirectly receive any benefits from the Contractor and that no Health Department employee will directly or indirectly receive any benefits from the contract. Moreover, Contractor agrees to provide the Health Department the names of all family members (spouse, child, grandparent, aunt, uncle, nephew, or niece) or family members of employees of the Contractor who are Health Department employees. Failure to provide such information is a violation of the Kentucky Revised Statutes.
15. **Confidentiality, Confidentiality Agreements and Limitations on Information and Data Use.**

The Contractor agrees that it and any employee or agent acting in its behalf in providing services under this Agreement will abide by the state and federal rules and regulations governing access to and use of information and data provided by the Health Department or collected by the Contractor and will use such information or data only for those purposes expressly delineated, defined and authorized in this Agreement. In the performance of services under this Agreement, the Contractor agrees as follows:

- a. The Contractor shall cause all personnel who may have access to confidential information provided by the Health Department to enter into Health Department approved confidentiality agreements and shall maintain such confidentiality agreements on file. The Health Department reserves the right to direct the removal from contract administration, or the termination of access to Health Department provided information, for any individual covered by this Agreement who has not signed a confidentiality agreement.
- b. Any subcontractor engaged by the Contractor to fulfill the requirements of this Agreement must provide written assurances that it and its agents and employees will abide by the terms of confidentiality as set forth in this Agreement, as well as any federal or state confidentiality agreements which may govern the terms and conditions in this Agreement.
- c. Any dissemination of information about projects funded and the scope of work described in the terms and conditions of this Agreement, must first be reviewed by the Health Department's project manager and must have the Health Department's written approval before any representation, electronic or otherwise, of projects, their funding sources, use of data, or

data analyses may be posted to a web page or otherwise published.

- d. The Contractor shall permit unrestricted access on demand to personnel of the Health Department, the Office of the Attorney General, the Office of the Auditor of Public Accounts, and any representative of a government funding agency authorized to review records for audit or investigation purposes to its current policies and procedures for ensuring compliance with these confidentiality requirements, the confidentiality agreements with its personnel, and subcontractor confidentiality assurances.

HIPAA Compliance.

The Business Associate Agreement pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health Act (HITECH) its implementing regulation, the Standards of Privacy of Individual Identifiable Health Information at 45 C.F.R. Part 160 and 164, Subpart A and E ("Privacy Rule"), LFCHD is required to enter into an agreement with the Business Associate, pursuant to which the Business Associate shall comply with and appropriately safeguard Protected Health Information ("PHI") that it will use and disclose when performing functions, activities or services ("Services") for LFCHD. The Business Associate by signing the contract shall comply with the following terms in addition to other applicable contract terms and conditions relating to the safekeeping, use and disclosure of PHI. Any previous signed BAA shall auto-renew when contract is in place between Business Associate and Covered Entity.

16. **Discrimination Clause:** The Health Department is an equal opportunity employer. Contractor hereby agrees not to discriminate in regard to race, color, creed, age, sex, national origin or disability and shall comply with all applicable laws and regulations governing the services to be provided under the contract, including, but not limited to, Title VI of the Civil Rights Act of 1964 to include the Federal Executive Order No. 13166 which requires that recipients of federal funds, its contractors, agents or subcontractors, shall provide language assistance designed to ensure meaningful access to services and that all person(s) can communicate effectively when services for persons with Limited English Proficiency (LEP) are provided. In addition, the Contractor agrees to comply with all requirements imposed by or pursuant to the Regulation of the Department of Health, Education and Welfare (45 CFR, Part 80) of that Title.
17. **Licenses and Certifications:** Contractor shall maintain in current status all federal, state and local licenses and permits required for the operation of the business conducted by the contractor (includes all medical professionals).
18. **Eligibility:** The Contractor certifies that the Contractor, its agents, and subcontractors are not debarred, suspended, voluntarily excluded, or otherwise ineligible for participation in federally assisted contracts under Executive Order 12549, "Debarment and Suspension". (24 CFR 24.505)
19. **Electronic Storage/Signature:** The parties hereto agree and stipulate that the

original of this Agreement, including the signature page, may be scanned and stored in a computer database or similar device, and that any printout or other output readable by sight, the reproduction of which is shown to accurately reproduce the original of this document, may be used for any purpose just as if it were the original, including proof of the content of the original writing.

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which, when taken together, shall constitute one and the same agreement. Any electronically transmitted signature or photocopy of a signature to this Agreement shall be deemed an original signature to this Agreement and shall have the same force and effect as an original signature. For purposes of this Section, an "electronically transmitted signature" means a manually-signed original signature that is sent via the internet as a "pdf" (portable document format) attached to an e-mail message.

20. Conflict of Interest:

- (1) The Contractor warrants that, to the best of its knowledge and belief, there are no relevant facts or circumstances that could give rise to a conflict of interest and that no Health Department employee will directly or indirectly receive any benefits from the contract.
- (2). The Contractor agrees that if an actual or potential conflict of interest is discovered after the award of this contract, the Contractor shall make a full disclosure in writing within five (5) business days of discovery. This disclosure shall include a description of actions which the Contractor has taken or proposes to take, to avoid, mitigate, or neutralize the actual or potential conflict.
- (3) Failure to provide such information is a violation of the Kentucky Revised Statutes.

21. Compliance Program:

1. The Contractor has been made aware that the Health Department operates in accordance with a corporate compliance program and has on staff, a Compliance/Privacy Officer (859-899-2257) as the contact person regarding questions, complaints or reports of non-compliance with any terms or conditions of this contract or any ethical, professional or legal standard or law which impacts both parties. It is understood that should the Contractor be found to have violated the compliance policies, the Health Department can terminate this Contract upon written notice.
2. The Contractor has been informed that a copy of the Health Departments Compliance Program can be viewed online at <http://www.lexingtonhealthdepartment.org> and has been advised to review the policies of the Compliance Program.

22. This contract is made and entered into in the Commonwealth of Kentucky, and shall in all respects be interpreted, enforced, and governed by the laws of the Commonwealth of Kentucky. The language of all parts of this contract shall in all

cases be interpreted as a whole, according to its fair meaning, and not strictly for or against any of the parties hereto. Contractor consents to the exclusive jurisdiction and venue of courts located in Fayette County, Kentucky, and agrees to waive any argument of lack of personal jurisdiction or forum non-conveniens with respect to any claim or controversy arising out of or relating to this contract, any actions taken pursuant to this contract, or any other contact or communication regarding this contract.

23. If any provision of this contract, or the application thereof to any person, entity or circumstances, shall be invalid or unenforceable to any extent, the remainder of this contract, and the application of such provision to other persons, entities or circumstances, shall not be affected thereby and shall be enforced to the greatest extent permitted by law.

IN WITNESS WHEREOF, the parties executed this Contract the day, month and year above written.

Lexington-Fayette County Health Department:

Commissioner of Health

Chief Financial Officer

Human Resource Officer

***For questions regarding this contract contact – Virginia Glasper, email virginiap.glasper@ky.gov or 859-288-2365.*

Authorized Signature Date
Title: _____
Telephone #: _____
Federal Identification Number and/or Social Security #: _____
Person to contact with billing problems:

Telephone #: _____

CONTRACTOR*:
