

Appendix A. Proposal Template

The template below is provided for reference but does not need be completed and submitted as an attachment. Please use the REDCap form available at <https://redcap.link/MpxFundingApp> to submit all application materials. A Microsoft Word version of this template may be provided upon request by emailing healthresponse@phila.gov.

Applicant Profile (Online Form)

Complete each item below in the online form using the link provided.

Organization name	
Business address	
Telephone number	
Website address	
Brief narrative description of applicant	
Federal employer identification number	
Primary contact name and title	
Business address	
Telephone number	
Email address	
Organization type	<input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> Other If other, indicate type:
Registered to do business in Philadelphia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered to do business in Pennsylvania	<input type="checkbox"/> Yes <input type="checkbox"/> No
County of business formation	
State of business formation	
Number of years in business	
Primary mission of business	
Significant business experience	
Registered as a minority-owned business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered as a woman-owned business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered as a disabled-owned business	<input type="checkbox"/> Yes <input type="checkbox"/> No

Registered as a disadvantaged business
If Yes, name of certifying agency

☒ Yes

☐ No

1. Statement of Qualifications; Relevant Experience *(Upload Sections 1 and 2 as attachments).*

In addition to the guidance provided in Sections A and B below, be sure to include the following unique elements from each Track to which you are applying:

- *Track A Applicants: Providing Monkeypox Vaccination Services*
 - *History of and qualifications for operating vaccination clinics and providing vaccine in accordance with safety and other administrative guidelines (e.g., managing storage and handling, reporting vaccine inventory, ensuring medical oversight, counseling patients post-administration, securely collecting and reporting vaccination data, etc.)*
- *Track B Applicants: Collaboration to Support Monkeypox Vaccination Services*
 - *History of reaching and/or serving persons who are at high risk for monkeypox from undervaccinated demographic groups as defined in the RFP; relevant partnerships; current outreach strategies*
- *Track C Applicants: Community Engagement for Monkeypox Vaccination*
 - *History of reaching and/or serving persons who are at high risk for monkeypox from undervaccinated demographic groups as defined in the RFP; populations and areas of the city the organization currently serves; current outreach strategies*

Section A: In the space provided below, using no more than 2,000 characters (approximately 350 words), briefly summarize the Applicant's qualifications and capability to perform required services.

Qualifications for and capability to perform required services, including organizational capacity and demonstrated commitment to working with CBOs (Track A), vaccine providers (Track B), and undervaccinated populations at high risk for monkeypox (all Tracks).

Section B: In the space provided below, using no more than 1,500 characters (approximately 250 words), briefly describe relevant experience with projects similar in nature, size, and scope to that which is the subject of this RFP. For example, provide the title of the project (or projects), start date, end date, data that informed the design of the intervention, intended and final outcomes, and lessons learned.

Relevant experience

2. Proposed Scope of Work and Cost Proposal *(Upload as attachments)*

In the spaces below, describe your approach to implementing Track-appropriate services using no more than 3000 characters (approximately 500 words). Be sure to provide a response for each Track for which your organization is applying.

Track A Applicants: Providing Monkeypox Vaccination Services

Describe your approach to operating monkeypox vaccination clinics that are likely to attract at-risk persons who are part of undervaccinated populations as defined in the RFP. Include a discussion of your ability to partner with CBOs that have strong connections to these populations, anticipated venues and/or events, your ability to provide vaccination services that are flexible, low-barrier, and/or mobile, ability to securely transfer vaccine data, as well as your plans to meet overall Track A requirements as defined in the RFP and Appendix C.

Track B Applicants: Collaboration to Support Monkeypox Vaccination Services

Describe your approach and ability to collaborate with vaccine providers to host or sponsor monkeypox vaccination clinics and provide outreach and/or other related services prior to vaccination clinics. Include a discussion of additional outreach activities your organization will conduct to engage at-risk populations who are undervaccinated, ability to track and submit invoices and data, as well as your plans to meet overall Track B requirements as defined in the RFP.

Track C Applicants: Community Engagement for Monkeypox Vaccination

Describe your approach to conducting targeted outreach and education activities on monkeypox testing, vaccination, treatment, and harm reduction for at-risk persons who are undervaccinated. Include a discussion of specific engagement activities that will be used to address information needs for at-risk persons who may not seek regular healthcare services or may not be reachable through traditional or social media, ability to track and submit invoices and data, as well as your plans to meet overall Track B requirements as defined in the RFP.

Cost Proposal: Please complete the Appendix B: Budget Template and enter the total dollar amount requested for the first 3 months of Year 1 in the online form. Submit the budget as a separate attachment using the template provided. Use the online form to answer the questions below.

Total amount of funding request: \$

3. Minimum Qualifications and Proposed Subcontractors

The Applicant confirms it meets the minimum qualifications for Applicant performance as stated in this RFP.

Does Applicant confirm the above? ☐ Yes ☐ No

Does Applicant have proposed subcontractors? ☐ Yes ☐ No

If no, there is no additional information needed. If yes, please provide the name, address, and description of work that the Applicant proposed the subcontractor will provide in the space below.