

## Alaska RFA

### School-Based Health Alliance Request for Applications (RFA) in Alaska: School-Based Health Care

The national School-Based Health Alliance (SBHA) in collaboration with the Alaska Department of Health seeks applications to provide coordinated, culturally sensitive, developmentally appropriate, school-based health care in Alaska, that may include **primary care, mental/behavioral health, outreach, equipment, telehealth, mobile unit, dental health care, and health promotion/education/wellness.**

#### Eligibility to Submit Applications:

To be considered for grant funding under this application process, applicants must:

**Address the target population:** the students who attend schools where the new or expanded school-based health care to include medical or mental health services will be located.

**Offer the following School-Based Health Care model:** located in, or on the grounds of, a school facility of a school district or school board or an Indian tribe or tribal organization organized through school, community, and health provider relationships administered by a sponsoring facility providing primary, behavioral, oral, or vision care in accordance with State and local law, including laws relating to licensure and certification

#### Entities able to be awarded:

Subrecipients may include any of the following:

- a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.
- a hospital a public health department a community health center a nonprofit health or human services agency
- a school or school system
- an organization committed to working on state-level school-based health care infrastructure

In honor and recognition of government-to-government relationships and the moral and legal responsibility to honor Indian Nations, Tribal or Indigenous communities and representative organizations are strongly encouraged to apply.

We will give additional weight to applications:

That are Tribal-led or with a strong Tribal or Indigenous partnership

Serving three or more historically underserved communities or populations (with at least one identified community or population representing at least 50% of the student population)

Or serving a rural area

#### Applications will identify the following:

Providing new or expanded school-based health care medical and/or mental health services to students enrolled in the identified school (these services can be extended to families and surrounding communities with the primary focus on the students). It can also include dental services, telehealth, mobile vans, prevention services, or health education.

**New school-based health care services:** medical or mental health currently do not exist in the proposed location and are being started.

**Expanded school-based health care services:** medical or mental health services are currently operating in the proposed location, and the scope or hours are being expanded.

**Number of Awards:**

SBHA anticipates making multiple awards due to this RFA process, including partial awards. We reserve the right to eliminate the lowest-scoring application(s) or make awards at amounts less than that requested.

**Key Award Dates:**

**Submission of Applications Deadline:** April 30, 2024

**Contract Term:** June 2024 (on execution of contract) - May 30, 2025

**Contract Management/Data Reporting:** Reliable and relevant data is necessary to ensure compliance, inform trends to be monitored, evaluate results and performance, and drive service improvements. As such, the SBHA reserves the right to request/collect other key data and metrics from providers/vendors.

**Grantee Requirements:**

Monthly group virtual call (1-1.5 hours)\*

Three virtual training meetings per year\*

After submission of first reporting period, schedule grantee 1:1 meeting\*

Submit program reports in electronic format in accordance with contract

\*at least one program staff member required to attend

**Key Award Information for School-Based Health Care and State-Level School-Based Health Care Infrastructure****Applicants**

**Available Funding:** \$785,000

**Maximum Award Amount:** \$250,000 per school site

**Projected Number of Awards:** Varied Funds may support varied operational costs, including personnel and supplies, as well as one-time costs related to:

- Equipment purchases (including mobile units and telehealth infrastructure)
- Minor alteration and renovation necessary for increasing the number of school-based service site patients.
- Health centers may not use the funding to support services provided on behalf of third-party entities, including but not limited to schools or school districts.

Telehealth can be an essential tool for delivering services and resources to patients. Telehealth is defined as the use of electronic information and telecommunications technologies to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. You are encouraged to use telehealth when feasible or appropriate in your proposed service delivery plans. Additional general information on telehealth can be found at <https://telehealth.hhs.gov/>.

Equipment includes moveable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than one year, and a per-unit acquisition cost that equals or exceeds the lesser of (a) the capitalization level established by the applicant for its financial statement purposes, or (b) \$5,000. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Dental chairs and radiographic equipment are considered moveable equipment.



Permanently affixed equipment (e.g., heating, ventilation, air conditioning (HVAC), generators, signs in or on the existing building, and lighting) is considered fixed equipment and is categorized as minor alteration and renovation (not equipment).

An allowable minor alteration and renovation project must be a stand-alone project consisting of work in an existing facility required to:

Install fixed equipment

Modernize, improve, or reconfigure the interior arrangements or other physical characteristics of a facility

Repair or replace the exterior envelope

Improve accessibility such as curb cuts, ramps, or widening doorways

Address life safety requirements

**All funds must be spent entirely within the allotted time period.**

**RFA Manager:** All communication regarding the RFA must be made through the RFA Manager at [AKSBHCFunding@sbh4all.org](mailto:AKSBHCFunding@sbh4all.org).

**Questions:**

All questions must be submitted by email to the **RFA Manager** at [AKSBHCFunding@sbh4all.org](mailto:AKSBHCFunding@sbh4all.org) and include "**AK RFA Questions**" in the email's subject line by **5:00 pm AKDT, March 27, 2024**. SBHA is hosting two FAQ sessions regarding this funding to share insights, guidelines, and address questions. See the registration links below. Attendance is encouraged, but you are not required to attend the FAQ sessions.

March 29, 2024, 12:00 pm AKDT: [Register Here](#)

April 2, 2024, 8:00 am AKDT: [Register Here](#)

For more information about the school-based health care RFA and the state-level school-based health care RFA, visit the School-Based Health Alliance Request for Applications in Alaska website here: <https://www.sbh4all.org/school-based-health-alliance-school-based-health-care-request-for-applications-rfa-in-alaska/>

Applications must be submitted electronically through the submission form, with all documents attached, to be considered. Please do not complete the application on a mobile device.

The following documents must be submitted with this form:

Budget to detail requested funds - clearly describe items requested and identify specific items

Example:

Detailed and specific - erasers, pencils, pens

Not enough detail - office supplies

Budget Narrative

Work Plan

Family and Student Satisfaction Surveys (for existing sites)

Marketing & Outreach Examples

Letters of Support from school and community partners



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You may attach additional supporting documents, such as additional letters of support.

Following application submission, you will receive an email from [AKSBHCFunding@qualtrics-research.com](mailto:AKSBHCFunding@qualtrics-research.com) with a link to the authorization form.

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Page Break

Applicant Agency Information

- Applicant Agency \_\_\_\_\_
- Applicant Agency Website \_\_\_\_\_

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Applicant Agency Address

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Page Break

Funding Information

- Total Requested Funding Amount \_\_\_\_\_
- Employer Identification Number \_\_\_\_\_

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Page Break

Contractor identifies as follows:

For Reference Only.  
Applications must be submitted as instructed.  
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- Health Center
- Health Department
- School
- School District
- Non-Profit
- Corporation
- Other \_\_\_\_\_

Page Break \_\_\_\_\_

Contact Information

	Name	Title	Email	Telephone
Grantee Contact Person				
Authorizing Official				

End of Block: Applicant Information

Start of Block: Proposed (New) Scope(s) of Services

We encourage each applicant to be clear and concise. *Failure to comply with the RFA process or instructions may deem an application non-responsive and subject to rejection without further consideration.*

Page Break \_\_\_\_\_

Are you expanding school-based health care or are you new to school-based health care?

- I am expanding existing school-based health care
- I am new to school-based health care



Page Break \_\_\_\_\_

**Display This Question:**

*If Are you expanding school-based health care or are you new to school-based health care? = I am expanding existing school-based health care*

Is the proposed school based health care site a new or expanded site? *Select all that apply*

New site

Expanded care at an existing site

Page Break \_\_\_\_\_

**Display This Question:**

*If Is the proposed school based health care site a new or expanded site? Select all that apply = New site*  
*Or Are you expanding school-based health care or are you new to school-based health care? = I am new to school-based health care*

How many proposed new sites are you planning to fund?

**Display This Question:**

*If Is the proposed school based health care site a new or expanded site? Select all that apply = Expanded care at an existing site*

How many proposed existing sites are you planning to fund?

End of Block: Proposed New Scope(s) of Services

Start of Block: New Site Announcement

Tell us a little bit more about your proposed new sites!

End of Block: New Site Announcement

Start of Block: New Proposed Site Information

**Proposed New Site Contact Information**

	Name	Title	Email	Telephone
Site School Contact Person				
Other Agency Contact Person				

Page Break \_\_\_\_\_



**Proposed New Site Information**

Complete name of school you intend to work with (no abbreviations)

School Website

School Start Time

School End Time

School Address

Requested Funding Amount

Page Break

Will you be providing new services in the following areas:

- Medical
- Mental/behavioral health
- Dental/oral health
- Other \_\_\_\_\_

Page Break

*Carry Forward Selected Choices from "Will you be providing new services in the following areas:"*

Please provide the below information for proposed services, using one line for each service type.

	Operations	Will services be delivered on a mobile unit?	Will you be providing telehealth services?	Available During Summer
	Requested # of Hours Added (per week)	Yes/No	Yes/No	Yes/No
Medical				
Mental/behavioral health				
Dental/oral health				
Other				



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Page Break

Will the school-based health care program serve individuals other than students enrolled in the main school(s) served by your program? *Select all that apply*

- Students enrolled at school site
- Students from other schools
- Siblings of students
- Students' family members
- School staff
- Other community members
- None of the above
- Other, please specify \_\_\_\_\_

Page Break

Will you be adding any new staff?

- Yes
- No

**Skip To: Q128 If Will you be adding any new staff? = No**

Page Break

How many new staff are you planning to add?

Page Break





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**New Staff Position(s)**

Please include any providers or support staff who would be covered by this funding

	Total Hours Per Week	Hours Covered by Grant Per Week	Full-Time Position Salary	Service Type
	#	#	\$	Medical, Mental/Behavioral Health, Dental/Oral Health, Other
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				

Page Break \_\_\_\_\_

**Site Requirements**

Do you have written permission to provide services in the school location where the funding is proposed (ex. Access Agreement, Letter of Agreement, or Memorandum of Understanding)?

Yes

No

Page Break \_\_\_\_\_

**Display This Question:**

*If Loop all: Do you have written permission to provide services in the school location where the funding is pr... = Yes*

Please upload your Access Agreement, Letter of Agreement, or Memorandum of Understanding

Page Break \_\_\_\_\_

**Display This Question:**



*If Do you have written permission to provide services in the school location where the funding is pr... = No*

Have you started the process of obtaining written permission to provide services in the school location where the funding is proposed? ?

Yes

No

Page Break

**Display This Question:**

*If Have you started the process of obtaining written permission to provide services in the school lo... = No*

The agreement must be in place within 30 days of the funding award and demonstrate collaboration, evidence of community, and administrative support. Can you obtain an agreement within 30 days of receiving the funding award?

Yes

No

Page Break

Have you spoken with the school site about your plans?

Yes

No

*Skip To: Q134 If Have you spoken with the school site about your plans? = No*

Page Break

Please upload a Letter of Support from the school below.

**Display This Question:**

*If Have you spoken with the school site about your plans? = No*

Why not?

Page Break

Have you checked with your local governing body (ex. school district) to verify what is needed to expand or start school-based health care services?



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Yes

No

Page Break

**Data and Technology Requirements**

Are you using an Electronic Health Record (EHR)?

Yes

No

Page Break

**Display This Question:**

*If Loop all: Are you using an Electronic Health Record (EHR)? = No*

What is your plan to collect and analyze data? (150 words max)

**Display This Question:**

*If Loop all: Are you using an Electronic Health Record (EHR)? = Yes*

For Reference Only.  
Applications must be submitted as instructed.  
Do not distribute.

Please select the Electronic Health Record (EHR) system used by your program.

- eClinicalWorks
- Dentrix
- Epic Systems
- NextGen
- Allscripts
- athenaClinicals
- Other (Please Specify) \_\_\_\_\_

**Display This Question:**

*If Loop all: Are you using an Electronic Health Record (EHR)? = Yes*

Do you have the experience and capacity to collect and analyze electronic data with Electronic Health Records?

- Yes
- No

End of Block: New Proposed Site Information

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Start of Block: New Site Thank You

Thank you for telling us about your proposed new sites!

End of Block: New Site Thank You

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Start of Block: Existing Site Announcement

Tell us a little bit more about your existing sites and your proposed changes!

End of Block: Existing Site Announcement

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Start of Block: Confirming Existing Sites



Does your organization oversee any existing School-Based Health Care Programs?

- Yes
- No

Page Break \_\_\_\_\_

**Display This Question:**

*If Does your organization oversee any existing School-Based Health Care Programs? = Yes*

How many schools do your health care programs serve?

End of Block: Confirming Existing Sites

Start of Block: Existing Proposed Sites

**Proposed Existing Site Contact Information**

	Name	Title	Email	Telephone
Site School Contact Person				
Other Agency Contact Person				

Page Break \_\_\_\_\_

**Proposed Expanded Care at an Existing Site Information**

- Complete name of school you intend to work with (no abbreviations)
- School-Based Health Center (SBHC) Name, if applicable
- School Website
- School Start Time
- School End Time

School Address

Requested Funding Amount



Page Break \_\_\_\_\_

Will you be providing new services in the following areas:

- Medical
- Mental/behavioral health
- Dental/oral health
- Other \_\_\_\_\_

Page Break \_\_\_\_\_

*Carry Forward Selected Choices from "Will you be providing new services in the following areas:"*

Please provide the below information for proposed services, using one line for each service type.

	Operations	Will services be delivered on a mobile unit?	Will you be providing telehealth services?	Available During Summer
	Requested # of Hours Added (per week)	Yes/No	Yes/No	Yes/No
Medical				
Mental/behavioral health				
Dental/oral health				
Other				

Page Break \_\_\_\_\_

Will the school-based health care program serve individuals other than students enrolled in the main school(s) served by your program? *Select all that apply*



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- Students enrolled at school site
- Students from other schools
- Siblings of students
- Students' family members
- School staff
- Other community members
- None of the above
- Other, please specify \_\_\_\_\_

Page Break \_\_\_\_\_

Will you be adding any new staff?

- Yes
- No

*Skip To: Q197 If Will you be adding any new staff? = No*

Page Break \_\_\_\_\_

How many new staff are you planning to add?

For Reference Only.  
Applications must be submitted as instructed.  
Do not distribute.



**New Staff Position(s)**

Please include any providers or support staff who would be covered by this funding

	Total Hours Per Week	Hours Covered by Grant Per Week	Full-Time Position Salary	Service Type
	#	#	\$	Medical, Mental/Behavioral Health, Dental/Oral Health, Other
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				
Staff Position/Title				

Page Break

**Site Requirements**

Do you have written permission to provide services in the school location where the funding is proposed (ex. Access Agreement, Letter of Agreement, or Memorandum of Understanding)?

- Yes
- No

Page Break

**Display This Question:**

*If Loop all: Do you have written permission to provide services in the school location where the funding is pr... = Yes*

Please upload your Access Agreement, Letter of Agreement, or Memorandum of Understanding

Page Break

**Display This Question:**





*If Do you have written permission to provide services in the school location where the funding is pr... = No*

Have you started the process of obtaining written permission to provide services in the school location where the funding is proposed?

Yes

No

Page Break

**Display This Question:**

*If Have you started the process of obtaining written permission to provide services in the school lo... = No*

The agreement must be in place within 30 days of the funding award and demonstrate collaboration, evidence of community, and administrative support. Can you obtain an agreement within 30 days of receiving the funding award?

Yes

No

Page Break

Have you spoken with the school site about your plans?

Yes

No

*Skip To: Q203 If Have you spoken with the school site about your plans? = No*

Page Break

Please upload a Letter of Support from the school below.

**Display This Question:**

*If Have you spoken with the school site about your plans? = No*

Why not?

Page Break

Have you checked with your local governing body (ex. school district) to verify what is needed to expand or start school-based health care services?



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Yes

No

Page Break

**Data and Technology Requirements**

Are you using an Electronic Health Record (EHR)?

Yes

No

Page Break

**Display This Question:**

*If Loop all: Are you using an Electronic Health Record (EHR)? = No*

What is your plan to collect and analyze data? (150 words max)

**Display This Question:**

*If Loop all: Are you using an Electronic Health Record (EHR)? = Yes*

Please select the Electronic Health Record (EHR) system used in by your program.

eClinicalWorks

Dentrax

Epic Systems

NextGen

Allscripts

athenaClinicals

Other (Please Specify) \_\_\_\_\_



**Display This Question:**

*If Loop all: Are you using an Electronic Health Record (EHR)? = Yes*

Do you have the experience and capacity to collect and analyze electronic data with Electronic Health Records?

Yes

No

End of Block: Existing Proposed Sites

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Start of Block: Existing Site Thank You

Thank you for telling us about your existing sites and proposed changes!

End of Block: Existing Site Thank You

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Start of Block: Satisfaction Surveys

Do you have satisfaction surveys?

Yes

No

Page Break

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**Display This Question:**

*If Do you have satisfaction surveys? = Yes*

To whom do you provide the satisfaction surveys to? *Select all that apply*

Family/Parents/Guardians

Students

Page Break

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**Display This Question:**



*If To whom do you provide the satisfaction surveys to? Select all that apply = Family/Parents/Guardians*

Please provide an example of the family/parent/guardians satisfaction survey as an attachment.

**Display This Question:**

*If To whom do you provide the satisfaction surveys to? Select all that apply = Students*

Please provide an example of the student satisfaction survey as an attachment.

End of Block: Satisfaction Surveys

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Start of Block: Marketing and Outreach

Does your organization have marketing and outreach strategies to reach families for school-based health care services?

Yes

No

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Does your organization have marketing and outreach strategies to reach youth for school-based health care services?

Yes

No

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Page Break

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**Display This Question:**

*If Does your organization have marketing and outreach strategies to reach families for school-based... = Yes*

Please provide an example of the marketing and outreach strategies as an attachment.

**Display This Question:**

*If Does your organization have marketing and outreach strategies to reach youth for school-based hea... = Yes*

Please provide an example of the marketing and outreach strategies as an attachment.

End of Block: Marketing and Outreach

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Start of Block: Statement of Need

What are you hoping to achieve with this funding? (50 words max)

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Page Break

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How will you identify and engage peers and allies that share your organization’s vision as well as represent the communities you serve?

Page Break

Considering equity and racial justice is important in this work. How will you connect with and elevate the voice of the community?

How do the communities you serve directly inform the focus of what you propose to implement in the coming year?

**Display This Question:**

*If Are you expanding school-based health care or are you new to school-based health care? = I am expanding existing school-based health care*

How does your organization respond to and support leadership within the community you serve?

**Display This Question:**

*If Are you expanding school-based health care or are you new to school-based health care? = I am new to school-based health care*

How will your organization respond to and support leadership within the community you plan to serve?

We understand that organizations are at different stages of the learning journey around equity and racial justice. What resources/learnings could you share and/or what resources do you need to continue your journey?

Page Break

Describe community economic needs or health disparities and provide supporting data. (300 words max)

Page Break

What other needs will be addressed through the implementation of your workplan and how you will address these needs? (200 words max)

End of Block: Statement of Need

Start of Block: Work Plan

Attach a work plan with measurable objectives describing tasks to be performed, deliverables, and timelines, including a project start date. No more than two pages.

End of Block: Work Plan



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**Start of Block: Metrics**

How do you evaluate your program and what metrics do you regularly collect?

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Page Break

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**Display This Question:**

*If Are you expanding school-based health care or are you new to school-based health care? = I am expanding existing school-based health care*

What improvements have you made for youth in your existing SBHCs?

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Page Break

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**Display This Question:**

*If Are you expanding school-based health care or are you new to school-based health care? = I am new to school-based health care*

What improvements have you made for youth in your community?

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**End of Block: Metrics**

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**Start of Block: Financials and Budget**

Provide a sustainability plan detailing how services will be expanded or sustained utilizing funds outside of those provided through this contract. (300 words max)

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Page Break

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Will you bill the patient for School-Based Health Care services (example. co-pays)?

Yes

No

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Page Break

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**Display This Question:**

*If Will you bill the patient for School-Based Health Care services (example. co-pays)? = Yes*

How will co-pays be determined?

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Page Break

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Describe your plan for billing public and private insurance, including third-party reimbursement. (300 words max)



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Page Break

In addition to the identified salaries, please upload a budget detailing expenses you anticipate, including start-up costs, in-kind contributions, marketing, resources, and equipment, if applicable. For indirect costs, the rate is capped at 10%. Please provide the requested items in an Excel document.

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Page Break

**SBHC Patient Insurance/Payer Mix Revenue**

What is the breakdown of insurance coverage for proposed demographics?

Medicaid : \_\_\_\_\_

Other government programs : \_\_\_\_\_

Private insurance : \_\_\_\_\_

Uninsured Self-Pay : \_\_\_\_\_

Unknown : \_\_\_\_\_

Total : \_\_\_\_\_

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Page Break

**Revenue**

Please enter the cash and in-kind revenues your SBHC received by revenue source.

For Reference Only.  
Applications must be submitted as instructed.  
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- Corporate Donations
- State Department Grant
- Maternal and Child Health Block Grant
- County/Local Government
- Tobacco Settlement
- National Foundation
- State/Local Foundation
- Medicaid
- Child Health Insurance Plan (CHIP)
- Private Insurance
- Self-Pay
- School District
- Special Events/Fundraising
- United Way/Community Campaign
- Sponsoring Agency/Partner Funding
- Other \_\_\_\_\_

For Reference Only.  
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Carry Forward Selected Choices from "Revenue Please enter the cash and in-kind revenues your SBHC received by revenue source. "

**Revenue**

Please enter the cash and in-kind revenues your SBHC received by revenue source.

Corporate Donations : \_\_\_\_\_

State Department Grant : \_\_\_\_\_

Maternal and Child Health Block Grant : \_\_\_\_\_

County/Local Government : \_\_\_\_\_

Tobacco Settlement : \_\_\_\_\_

National Foundation : \_\_\_\_\_

State/Local Foundation : \_\_\_\_\_

Medicaid : \_\_\_\_\_

Child Health Insurance Plan (CHIP) : \_\_\_\_\_

Private Insurance : \_\_\_\_\_

Self-Pay : \_\_\_\_\_

School District : \_\_\_\_\_

Special Events/Fundraising : \_\_\_\_\_

United Way/Community Campaign : \_\_\_\_\_

Sponsoring Agency/Partner Funding : \_\_\_\_\_

Other : \_\_\_\_\_

Total : \_\_\_\_\_

Please take time to review the application to ensure that you have answered all questions, uploaded all documents, and followed all instructions.

End of Block: Financials and Budget

For Reference Only.  
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