



Oklahoma State
Department of Health
Creating a State of Health

REQUEST FOR GRANT PROPOSAL PACKAGE

Budget Period (BP) 5
2016-2017

**HOSPITAL PREPAREDNESS PROGRAM
FOR
HOSPITAL HEALTHCARE ORGANIZATIONS**

For:

Hospital Name

Operational Region

RFGP INSTRUCTIONS

In order to assure submission of a complete response to this RFGP follow the instructions below:

1. **Prior** to attempting response to the RFGP, applicants should thoroughly review the entire RFGP.
2. Submit a response to the RFGP in the form of a RFGP Package. This package shall contain response and all supporting information, attachments, and documents. All Applicants must complete this RFGP Package in its entirety to be considered responsive.
3. The "RFGP Package" shall include this entire document
 - a) RFGP Package Cover (page 1).
 - b) HPP Contact Information Sheet, with three (3) different Points of Contact.
 - c) Completed and Originally Signed Non-Collusion Certification.
 - d) Completed and Originally Signed Vendor Payee Form (VPF).
 - e) Originally Signed Signature of Acknowledgement page.
4. Submit the RFGP Package by date and time designated by Oklahoma State Department of Health (OSDH). All proposals and related documents in response to this RFGP are public record under the Freedom of Information Act and Oklahoma Open Records Act regarding public access to such documents.
5. Submission by FAX or email is not acceptable. Applicant(s) must mail the originally signed RFGP Package to the attention below:

Submit package to:

EMERGENCY PREPAREDNESS AND RESPONSE SERVICE
ATTN: JAMIE DOEPEL
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 NE 10TH STREET
OKLAHOMA CITY, OKLAHOMA 73117-1299

6. **RFGP SUBMISSIONS ARE DUE BY CLOSE OF BUSINESS (5:00 p.m. CST) on June 15, 2016**
7. Questions regarding this RFGP should be addressed to the OSDH Contract Monitor and OSDH Medical Response System Coordinator listed below, preferably by email.

Jamie Doepel, Contracts Manager
(405)271-0900
jamiexd@health.ok.gov
8. Proposals will be considered ineligible for submission and will not be reviewed if any of the following conditions occur:
 - a) Proposal was not submitted by the stated deadline.
 - b) Proposal does not include the entire and completed RFGP Package.
 - c) Proposal does not comply with all of the requirements of the RFGP process and solicitation.

HPP Contact Information Sheet

In order to be eligible for funding, you must supply contact information for someone under each of these departments within your facility, which can be contacted regarding this funding request at any time.

These three (3) contacts must be three (3) different people.

Failure to provide three (3) contacts will result in the proposal being considered NON-RESPONSIVE.

FACILITY LEGAL NAME:

FACILITY ADDRESS:

MAILING ADDRESS:

1 FACILITY SERVICES/PREPAREDNESS/SAFETY OFFICER CONTACT:

CONTACT PERSON'S NAME:

PHONE NUMBER:

EMAIL:

2 FISCAL/FINANCIAL CONTACT:

CONTACT PERSON'S NAME:

PHONE NUMBER:

EMAIL:

#3 CLINICAL/PATIENT CARE CONTACT:

CONTACT PERSON'S NAME:

PHONE NUMBER:

EMAIL:

PERSON COMPLETING RFGP:

Awardees will be required to input this information into EMResource by the end of the 1st Quarter (October 2016).



**State of Oklahoma
Oklahoma State Department of Health**

**Certification for Competitive
Bid and/or Contract
(Non-Collusion Certification)**

A certification shall be included with any competitive bid and/or contract submitted to the State for goods or services.

Solicitation or Purchase Order #: _____ (leave blank)

Supplier Legal Name: _____ (legal name of Facility)

SECTION I [74 O.S. § 85.22]:

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
 - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
 - b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
 - c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.
 - d. to any efforts or offers with state agency or political subdivision officials or others to create a sole brand acquisition or sole source acquisition in contradiction to 74 O.S. 85.45j.1.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

SECTION II [74 O.S. § 85.42]:

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

- the competitive bid attached herewith and contract, if awarded to said supplier;
OR
 The contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

Supplier Authorized Signature	Certified This Date
Printed Name	Title
Phone Number	Email
Fax Number	



**State of Oklahoma
Office of Management and Enterprise Services
Vendor Maintenance**

Vendor/Payee Form

The State of Oklahoma requires the following information for all new vendors (payees) before any payments can be processed. This information is used to establish you in the State of Oklahoma PeopleSoft vendor file for payment and purchase activities.

- Use this form if adding or updating information for a State of Oklahoma Vendor Payee requiring a PeopleSoft Vendor Identification Number.
- Do not use this form for Vendors receiving garnishment payments. Please use OMES Form OSF_GARNVEND located at: http://www.ok.gov/OSF/documents/osf_garnvend.pdf.
- Do not use this form for State employee reimbursement vendor requests. Please use OMES Form Add/Changes for Employees/Board Members located at: http://www.ok.gov/OSF/documents/ap_emp_vend.pdf.
- Vendors pending contract award to a solicitation released by the Central Purchasing Division or other Oklahoma state agency **MUST** register online with the state unless exempt per statute. Please refer to Central Purchasing Vendor Registration for additional information located at: http://www.ok.gov/DCS/Central_Purchasing/Vendor_Registration/index.html.

AGENCY SECTION (To be completed by State Agency Representative): **State Agency should E-mail completed and signed form to vendor.form@omes.ok.gov or Fax to (405) 522-3663.**

New Vendor **Registered:** Yes No **Exempt** **Explain:** _____

Change Address/Location **Address #** _____ **Location #** _____

Change Name **Add New Address**

Change Tax ID # **Other** **Explain:** _____

Agency Name Oklahoma State Department of Health

Contact Name Patricia Bagwell Phone #: 405-271-4043 Email: patriciab@health.ok.gov

1099 Reportable Status

Add: Remove:

Attention Paying Agency: Please check the **Add** box on the left if payments to this vendor/Payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the **Remove** box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:

1 - Rents 2 - Royalties 3 - Prizes & Awards

6 - Medical & Health Care 7 - Non-Employee Compensation 10 - Crop Insurance Proceeds

14 - Gross Proceeds to an Attorney

PeopleSoft (Oracle) 10-digit Vendor #: _____

VENDOR/PAYEE SECTION (To be completed by Vendor/Payee)
Please print legibly or type this information. Complete and email or fax to requesting State Agency

Name (IRS Legal Name for Business, Individual, or Government Entity) _____ Phone # _____ Fax # _____

Name (Doing Business As Name "DBA" if different than above) _____ Phone # _____ Fax # _____

Tax Identification Number (TIN) and Type: _____ Federal Employer ID (FEIN) Social Security Number (SSN)

Business Address: (To be used for 1099 Reporting)

(PO Box or Street, City, State, 9-Digit Zip Required) _____ **EFT Payment Notification E-mail** _____

_____ **EFT Payment Notification E-mail** _____

Optional Addresses – select address type as applicable:

Mailing Pricing Ordering Invoicing Remitting Returning

_____ Phone # _____ Fax # _____

(PO Box or Street, City, State, 9-Digit Zip Required) _____ E-mail Address _____

Contact Name & Title: _____

SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the State, or may result in the State having to deduct backup withholding amounts from its remittances to you.

U.S. Taxpayer Identification Number (TIN)

Federal Employer Identification Number (FEIN) _____ If none, but applied for, date applied _____

OR

U.S. Social Security Number (SSN) _____ If none, but applied for, date applied _____

Companies:

- Domestic (U.S.) Sole Proprietor Domestic (U.S.) Partnership Domestic (U.S.) Corporation Type: _____
- Domestic (U.S.) Other Explain: _____
- Foreign (Non-U.S.) Sole Proprietor* Foreign (Non-U.S.) Partnership* Foreign (Non-U.S.) Corporation* Type: _____
- Foreign (Non-U.S.) Other* Explain: _____

Individuals:

- Citizen (individual) of the United States Resident alien (individual) of the United States Non-resident alien (individual) **

* **NOTE: FOR FOREIGN VENDORS, ADDITIONAL DOCUMENTATION IS REQUIRED.** Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate Of Foreign Status. Select Form below matching entity or individual description. Please refer to IRS for additional instructions (<http://www.irs.gov/pub/irs-pdf/tw8.pdf>).

- **Form W-8BEN:** Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals). <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- **Form W-8BEN-E:** Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities). <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
- **Form W-8ECI:** Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States. <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>
- **Form W-8EXP:** Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>
- **Form W-8IMY:** Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8imy.pdf>

This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Signature of Vendor Representative or Individual Payee

Date

Title of individual signing form for company

Vendor/Payee (Same as Company Name from Page 1)

Account Codes for 1099 Reporting - By Category (TO BE COMPLETED BY AGENCY REPRESENTATIVE)

<input type="checkbox"/> 1 - RENTS 532110 Rent of Office Space 532120 Rent of Land 532130 Rent of Other Building Space 532140 Rent of Equipment and Machinery 532150 Rent of Telecommunications Equip 532160 Rent of Electronic Data Processing Equipment 532170 Rent of Electronic Data Processing Software 532190 Other Rents	<input type="checkbox"/> 2 - ROYALTIES 553170 Royalties	<input type="checkbox"/> 3 - PRIZES AND AWARDS 552140 Incentive Awards – Monetary & Material 552160 Incentive Payments – Oklahoma Horse Breeders & Owners 552170 Incentive Payments – Oklahoma Film Enhancement Rebate 553220 Indemnities, Restitution & Settlements
<input type="checkbox"/> 6 - MEDICAL & HEALTH CARE PAYMENTS 515530 Veterinary Services 515700 Offices of Physicians (except Mental Health Specialists) 515710 Offices of Physicians, Mental Health Specialists 515720 Offices of Dentists 515730 Offices of Chiropractors 515740 Offices of Optometrists 515750 Offices of Mental Health Practitioners (except Physicians) 515760 Offices of Physical, Occupational & Speech Therapists, & Audiologists 515770 Offices of Podiatrists 515780 Offices of all other Miscellaneous Health Practitioners 515790 Family Planning Centers 515800 Outpatient Mental Health & Substance Abuse Centers 515810 Other Outpatient Care Centers 515820 Medical and Diagnostic Laboratories	515830 Home Health Care Services 515840 Ambulance Services 515850 All other Ambulatory Health Care Services 515860 General Medical & Surgical Hospitals 515870 Psychiatric & Substance Abuse Hospitals 515880 Specialty Hospitals (except Psychiatric & Substance Abuse) 515890 Nursing Care Facilities 515900 Residential Mental Retardation Facilities 515910 Residential Mental Health & Substance Abuse Facilities 515920 Community Care Facilities for the Elderly 515930 Other Residential Care Facilities 537210 Laboratory Services & Supplies 551230 Medical Services to Indigent (from agencies other than DHS) 551240 Hospital Services to Indigents (from agencies other than DHS) 551250 Other Health Services to Indigents (from agencies other than DHS)	
<input type="checkbox"/> 7 - NON-EMPLOYEE COMPENSATION 515010 Office of Lawyers 515020 Offices of Notaries 515030 Other Legal Services 515060 Accounting, Tax Preparation, Bookkeeping & Payroll Services 515210 Payments for Contract Mentor Services 515220 Architectural Services 515230 Landscape Architectural Services 515240 Engineering Services 515250 Drafting Services 515260 Building Inspection Services 515270 Geophysical Surveying & Mapping Services 515280 Surveying and Mapping (except geophysical) Services 515290 Testing Laboratories 515300 Interior Design Services 515310 Industrial Design Services 515320 Graphic Design Services 515330 Other Specialized Design Services 515350 Custom Computer Programming Services 515360 Computer Systems Design Services 515370 Computer Facilities Management Services 515380 Other Computer Related Services 515400 Administrative Management & General Management Consult Services 515410 Human Resources & Executive Search Consulting Services 515420 Marketing Consulting Services 515430 Process, Physical Distribution, & Logistics Consulting Services 515440 Other Management Consulting Services 515450 Environmental Consulting Services 515460 Other Scientific & Technical Consulting Services 515470 Research & Development in the Physical, Engineering, & Life Sciences 515480 Research & Development in the Social Sciences & Humanities 515490 Advertising and Related Services 515500 Marketing Research & Public Opinion Polling 515510 Photographic Services 515520 Translation & Interpretation Services 515540 All other Professional, Scientific and Technical Services 515550 Management of Companies & Enterprises 515560 Office Administrative Services 515570 Employment Placement Services 515580 Business Support Services 515590 Document Preparation Services	515600 Telephone Call Centers 515610 Business Service Centers 515620 Collection Agencies 515630 Credit Bureaus 515640 Other Business Support Services 515650 Investigation & Security Services 515660 Educational Services 515940 Individual & Family Services 515950 Community Food, Housing & Emergency & Other Relief Services 515960 Vocational Rehabilitation Services 515970 Child Day Care Services 515980 Arts, Entertainment and Recreation 515990 Other Services (except Public Administration) 517110 Moving Expense – Employee Transfer 531150 Printing and Binding Contract 531160 Advertising 531170 Informational Services 531190 Exhibitions, Shows and Special Events 531220 Burial Charges 531330 Jury and Witness Fees 531500 Moving Expenses – General 533100 Maintenance & Repair – Other Items 533110 Maintenance & Repair of Buildings & Grounds (outside vendors) 533120 Maintenance & Repair- Equipment (outside vendors) 533130 Maintenance & Repair of Telephone Equipment (outside vendors) 533140 Maintenance & Repair of Data Processing Equipment (outside vendors) 533150 Maintenance & Repair of Data Processing Software (outside vendors) 533190 Maintenance & Repair – Employee Uniforms 545110 Land Improvements 546210 Buildings and Other Structures –Construction and Renovation 546220 Major Maintenance and Repair of Equipment 547110 Highway and Bridge Construction Expense-Contractual 547120 Maintenance and Repairs to Highways and Bridges 547210 Major Maintenance and Renovation –Bridges 552100 Stipends – Other 552120 Teacher Stipends (“Incentive” payments 552130 Oklahoma Police Corps Stipends 553160 Legal Settlements Reportable to the IRS 554190 Voter Registration Services 561140 Pollution Remediation	
<input type="checkbox"/> 14 - GROSS PROCEEDS TO AN ATTORNEY 553180 Settlements – Paid To/Thru Attorney		

Signature of Acknowledgement

Applicant acknowledges, by receipt of this instrument, document or communication that any agreement entered into or executed by the parties is subject to the sole discretion of the Oklahoma State Department of Health.

I have read and agree to the terms and conditions outlined in this contract. I understand my responsibilities to maintain compliance and completion along with the aforementioned statement.

FEI NUMBER

DUNS NUMBER

NATIONAL PROVIDER IDENTIFIER (NPI)

PRINT NAME

TITLE

SIGNATURE

DATE

****Upon award, the RFGP documents, the Applicants' response, and the Purchase Order will become a contract between the Applicant and OSDH. ****

* If a 501(c) (3) entity is formed by a federally recognized Indian tribe for the purpose of this proposal, the tribe must be fully compacted and a statement of agreement and consent to serve non-Native American populations must be approved by the full Tribal Council of the proposing tribe. **A copy of signed agreement must be included with your proposal.**