

**STATE OF IOWA
DEPARTMENT OF**

Health AND Human

SERVICES

DIVISION OF PUBLIC HEALTH

Primary Care Provider Loan Repayment Program

REQUEST FOR PROPOSAL 58824015

RFP Table of Contents

SECTION I -- GENERAL AND ADMINISTRATIVE ISSUES

- I.01 Purpose
- I.02 Contract Term and Service Obligation
- I.03 Eligibility Conditions and Requirements
- I.04 Available Funds
- I.05 Schedule of Important Events
- I.06 Inquiries
- I.07 Amendments to the RFP
- I.08 Open competition
- I.09 Withdrawal of Applications
- I.10 Resubmission of Withdrawn Applications
- I.11 Acceptance of Terms and Conditions
- I.12 Costs of Application Preparation
- I.13 Multiple Applications
- I.14 Oral Presentation
- I.15 Rejection of Applications/Cancellation of RFP
- I.16 Restrictions on Gifts and Activities
- I.17 Use of Subcontractors
- I.18 Reference Checks
- I.19 Criminal Background Checks
- I.20 Information From Other Sources
- I.21 Verification of Application Contents
- I.22 Litigation and Investigation Disclosure
- I.23 RFP Application Clarification Process
- I.24 Waivers and Variances
- I.25 Disposition of Applications
- I.26 Public Records and Requests for Confidential Treatment of Application Information
- I.27 Copyrights
- I.28 Appeal of Rejection Decision
- I.29 Appeal of Award Decision
- I.30 Definition of Contract
- I.31 Construction of RFP

SECTION 2 – PROGRAM OVERVIEW

- 2.01 Background
- 2.02 Description of Award Recipient and Employer Responsibilities
- 2.03 Funds Disbursement
- 2.04 Tax Liability

SECTION 3 -- APPLICATION CONTENT

- 3.01 Pre-Application Instructions
- 3.02 Pre-Application Forms
- 3.03 Final Application Instructions
- 3.04 Final Application Forms

SECTION 4 – APPLICATION REVIEW PROCESS AND CRITERIA

- 4.01 Overview of Review Process
- 4.02 Scoring of Applications

SECTION 5 – CONTRACT

- 5.01 Contract Conditions
- 5.02 Amendments to Contract
- 5.03 Suspension of Contract
- 5.04 Waiver of Contract
- 5.05 Breach of Contract
- 5.06 Cancellation of Contract
- 5.07 Incorporation of Documents
- 5.08 Order of Priority

SECTION 6 – ATTACHMENTS

Attachments are posted as separate documents in the Attachment section of this Funding Opportunity.

SECTION 7 – LINKS

Reference documents are available by clicking on the link provided in the website Links section of this Funding Opportunity.

SECTION I -- GENERAL AND ADMINISTRATIVE ISSUES

I.01 Purpose

The purpose of this Request for Proposal (RFP) # 58824015 is to solicit applications that will enable the Iowa Department of Health and Human Services (referred to as the Agency) to select eligible applicants to be recipients for loan repayment under the Primary Care Provider Loan Repayment Program (Primary Care Provider LRP).

The goal of the Primary Care Provider LRP is to improve access to primary health care among rural and/or underserved populations by providing educational loan repayment assistance to primary care medical, dental, and mental health practitioners for a service obligation within federally designated health professional shortage areas (HPSA) in Iowa. Iowa Code Chapter 135.107 establishes the Primary Care Provider LRP under the Iowa Department of Health and Human Services Division of Public Health.

The Agency is actively working to strengthen our capacity to address health inequities in Iowa. Health equity is defined as the attainment of the highest possible level of health for all people by achieving the environmental, social, economic and other conditions in which all people have the opportunity to attain their highest possible level of health. This program promotes health equity by expanding the primary care workforce, thereby working to ensure access to quality health care, especially in rural and underserved areas of Iowa.

I.02 Contract Term and Service Obligation

The contract term shall not exceed a four year period, determined by the service obligation criteria. The issuance of this RFP in no way constitutes a commitment by the Agency to award a contract.

Service Obligation

If eligible and awarded, healthcare practitioners (award recipients) must execute a contract and complete a minimum two year, full-time; or two-year, half-time; or four year, half-time service obligation at eligible practice site(s) located in a federally designated health professional shortage area (HPSA) for the duration of the contract term. The following service obligation requirements will be included in the contract:

Service Obligation requirements:

- A. If service obligation includes more than one practice site, **ALL** sites must meet practice site eligibility requirements (refer to RFP Section I.03B).
- B. Service credit begins when the contract period starts.

- C. Award recipients are required to provide services for a minimum of 45 weeks annually for the duration of the service obligation. Recipients have the option to take a maximum of 7 weeks time-off annually for any reason (e.g., vacation, sick leave, Continuing Medical Education). However, time-off does ***NOT*** count toward the 45 week annual requirement (45 weeks service + 7 weeks optional time off = 52 weeks per year). Requests for additional time off are considered and if approved, require a contract amendment to extend the service obligation (contract end date).
- D. Services are provided under full-time or half-time employment status. Full-time service is defined as 40 hours per week. Half-time service is defined as a minimum of 20 hours per week not to exceed 39 hours per week.
- E. At least 32 hours per week full-time (or 16 hours half-time) are spent providing patient care at practice sites.
- F. No more than 8 hours per week full-time (or 4 hours half-time) are spent in a teaching capacity or performing clinical-related administrative activities.
- G. Overtime hours do not count toward service obligation.
- H. Award recipients are allowed to change full-time or half-time employment status once per service obligation upon request to the Agency. If approved, the change will require a contract amendment and may require a change to the service obligation period/contract term.

I.03 Eligibility Conditions and Requirements

NOTICE: To be considered for an award, applicants must meet ***ALL*** Eligibility Conditions outlined in section I.03A and Eligibility Requirements outlined in section I.03B.

There will be a Pre-Application and Final Application under this RFP. **The documentation required to be submitted with the Pre-Application may take the applicant several days to weeks to obtain.** It is strongly recommended that the applicant thoroughly review the requirements and begin obtaining the documentation immediately to avoid delays and to meet the Pre-Application submission deadline. Late applications are not accepted.

The Agency will verify eligibility for every requirement listed in section I.03B during Pre-Application review (refer to RFP Section 4). Only applicants that are determined to meet all eligibility conditions and requirements in the Pre-Application will be invited to complete a Final Application. Failure to meet any eligibility condition or requirements, or provide sufficient documentation within the time-frames provided by the Agency will result in rejection of the application.

I.03A Eligibility Conditions

The following conditions automatically disqualify an applicant from being considered for an award under the Primary Care Provider LRP. Individuals who have experienced **ANY** of the following conditions **should not apply**.

Eligible applicants must **not** have:

1. A federal or state judgment or lien/s.
2. A current default on any federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, federal income tax liabilities, Federal Housing Authority Loans, etc.) even if the creditor now considers the default to be in good standing.
3. Breached a prior service obligation to the federal/state/local government or other entity, even if the service obligation was subsequently satisfied.
4. Had any federal or non-federal debt written off as uncollectible or received a waiver of any federal service or payment obligation.
5. An outstanding contractual obligation for: health care professional service to the Federal Government (e.g., an NHSC Scholarship or Loan Repayment Program obligation, or a NURSE Corps Loan Repayment Program obligation); a state loan repayment program (other than the one receiving HRSA grant funds); or other entity unless that service obligation will be completely satisfied before a Primary Care Provider LRP contract under this program has been signed.
 - a. **Certain provisions in employment contracts can create a service obligation** (e.g., an employer offers a physician a recruitment bonus in return for the physician's agreement to work at that facility for a certain period of time or pay back the bonus).
 - b. **EXCEPTION:** Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in Primary Care Provider LRP. In making awards to reservists, the Agency must inform the potential Primary Care Provider LRP participant that:
 - i. Placement opportunities may be limited by the Primary Care Provider LRP program in order to minimize the impact that a deployment would have on the vulnerable populations served by the reservist.
 - ii. Military training or service performed by reservists will not satisfy the Primary Care Provider LRP service commitment.
 - iii. If participant's military training and/or service, in combination with the participant's other absences from the service site, exceed 35 workdays per service year, the Primary Care Provider LRP service obligation must be extended to compensate for the break in service.

- iv. If the participant is a reservist and is called to active duty, the amount of time he/she is on active duty (which does not count as Primary Care Provider LRP service) must be added to the length of the original Primary Care Provider LRP obligation.

Electronic Communication Requirements

Applicant is required to maintain and provide to the Agency, upon application, a current and valid email account for electronic communications with the Agency.

Official email communication from the Agency regarding this application will be issued from iowa.grants@mail.webgrantscloud.com. Applicants are required to assure these communications are received and responded to accordingly.

1.03B Eligibility Requirements

All eligibility requirements are listed in Table I. Each eligibility requirement is listed in **Column 1** of the table and may include additional information specific to that requirement. **Column 2** lists what the applicant will need to provide to the Agency to satisfy each requirement.

TABLE I

Eligibility Requirement 1	Applicant Requirements for Eligibility Verification
<i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i>	<i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i>
<p>Applicants must be a U.S. citizen or U.S. naturalized citizen.</p> <p style="text-align: center; color: lightgray;">Intentionally left blank.</p>	<p>I.1 Verification of Citizenship</p> <p>Upload a JPEG, PNG, or PDF of one of the following original documents that is illegible, edited, or altered:</p> <ul style="list-style-type: none"> • Certified copy of the applicant’s birth certificate issued by a state or territory of the U.S. • Valid, unexpired U.S. passport or U.S. passport card • Certificate of Naturalization • Certificate of Citizenship <p>I.2 Verification of Legal Name(s)</p> <p>If a different name is listed on any of the documents submitted for this application (i.e. name change due to marriage, divorce, etc.), applicant must upload a JPEG, PNG, or PDF of one of the following original documents that is illegible, edited, or altered:</p> <ul style="list-style-type: none"> • Marriage Certificate • Divorce Decree • Court Order

Eligibility Requirement 2	Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<p>Applicants must be licensed, board eligible, or board-certified to practice in Iowa as a health care provider in an eligible discipline and specialty (if specialty is applicable).</p> <p>2.A Applicants may apply with a provisional license or certificate but must have a current, full, permanent, unencumbered, unrestricted health professional license or certificate before accepting an award.</p> <p>2.B Applicant’s license or certificate <i>MUST</i> be consistent with the professional discipline declared in this application.</p> <p>2.C Eligible Health Profession Disciplines and Specialties</p> <ul style="list-style-type: none"> • Advanced Registered Nurse Practitioner (Eligible Specialties for Nurse Practitioners - Adult, Family, Pediatrics, Psychiatry/mental health, Geriatrics, Women’s Health) • Allopathic Medicine/Osteopathic Medicine Physician. Physicians who have not completed residency training programs are <i>NOT</i> eligible for funding under the Primary Care Loan Repayment Program (Eligible Specialties for Physicians - Family Medicine/Osteopathic General Practitioners, General Internal Medicine, Pediatrics, Obstetrics/Gynecology, Geriatrics, Psychiatry) • Alcohol and Substance Abuse Counselors (Licensed/Credentialed/Certified) • Certified Nurse-Midwife • General and Pediatric Dentistry 	<p>2.1 Verification of eligible discipline</p> <p>Upload a JPEG, PNG, or PDF of professional license or certificate.</p> <p>Do <i>NOT</i> submit a copy of an original document that is illegible, edited, or altered.</p> <p>Do <i>NOT</i> submit a document that states “Not an acceptable form of verification” on the document.</p> <p>2.2 Verification of eligible specialty for Advanced Registered Nurse Practitioners, Allopathic Medicine/Osteopathic Medicine Physicians, or Physician Assistants.</p> <p>Upload a JPEG, PNG, or PDF of specialty certificate</p> <p>Do <i>NOT</i> submit a copy of an original document that is illegible, edited, or altered.</p> <p>Do <i>NOT</i> submit a document that states “Not an acceptable form of verification” on the document.</p>

Eligibility Requirement 2	Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<ul style="list-style-type: none"> • Health Service Psychologist (Clinical and Counseling) • Licensed Clinical Social Worker • Licensed Independent Social Worker • Licensed Master Social Worker • Licensed Professional Counselor • Marriage and Family Therapist • Pharmacist (Eligible pharmacists are practitioners who provide direct patient care. Pharmacists whose primary roles are dispensing medication and/or are located in retail settings are <i>NOT</i> eligible for the Primary Care Provider Loan Repayment Program) • Physician Assistant (Eligible Specialties for Physician Assistants - Adult, Family, Pediatrics, Psychiatry/mental health, Geriatrics, Women's Health) • Psychiatric Nurse Specialist • Registered Dental Hygienist • Registered Nurse 	<p style="text-align: center;">Intentionally left blank.</p>

Eligibility Requirement 3	Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<p>Applicants must have qualifying educational loans.</p> <p>3.A Applicants will have the opportunity to submit federal student loans or commercial student loans. Applicants can also submit individual, consolidated, or refinanced loans for consideration.</p> <p>3.B Qualifying educational loans are limited to the minimum undergraduate or graduate education required to obtain licensure in the profession under which you are applying.</p> <p>3.C Qualifying educational loans distributed to an educational institution must have a related transcript or signed statement included in the application.</p> <p>3.D Qualifying educational loans must correspond to the dates indicated on educational transcripts (or signed statements from educational institutions) provided by the applicant.</p> <p>3.E Qualifying educational loans are government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the education of the applicant.</p> <ul style="list-style-type: none"> Reasonable educational expenses are costs of education, exclusive of tuition, (e.g., fees, books, supplies, clinical travel, educational equipment and materials, room and board, and certification/licensing exams), which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that 	<p>3.1 Authorization to Access Student Loan Data</p> <p>Provide express written consent in the application for the Agency and the Iowa College Student Aid Commission (ICSAC) to access the National Student Loan Data System (NSLDS) in order to verify student loan information.</p> <p>3.2 Verification of qualifying INDIVIDUAL FEDERAL LOANS</p> <p>Applicants must provide accurate and complete loan information. The information you provide will be verified using loan data provided by the Iowa College Aid Commission.</p> <p>Failure to provide the required information will delay the Agency's ability to verify loans and may result in rejection of an application.</p> <div data-bbox="1262 1084 1675 1170" style="background-color: #e0e0e0; padding: 10px; text-align: center; margin-top: 20px;">Intentionally left blank.</div>

Eligibility Requirement 3	Applicant Requirements for Eligibility Verification				
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>				
<p>participant's enrollment. Debt associated with residency programs or relocation is not considered a “reasonable educational expense”.</p> <ul style="list-style-type: none"> Reasonable living expenses include the costs of room and board, transportation, and commuting costs, which do not exceed the school’s estimated standard student budget for living expenses at that school for the participant’s degree program and for the year(s) of that participant’s enrollment. Debt associated with residency programs or relocation is not considered a “reasonable living expense”. <p>3.F Ineligible loans include, but are not limited to:</p> <ul style="list-style-type: none"> Credit Card debt Loans for which the applicant incurred a service obligation which will not be satisfied prior to the start of this contract. Loans obtained after the applicant submits an application for loan repayment assistance. Loans not obtained from a government entity or commercial/commercial student loan lending institution. (Most loans made by private foundations to individuals are not eligible for repayment) Loans that have no current balance or have already been paid in full. Loans subject to cancellation (for example, Perkins Loans may require documentation to confirm no cancellation through service). Loans that have been consolidated with another person’s loans (e.g., a spouse or child). This makes the entire loan ineligible. 	<table border="1" data-bbox="1058 344 1948 847"> <tr> <td colspan="2" data-bbox="1058 344 1948 454"> <p>For each Individual Federal Loan, submit ALL of the following information:</p> </td> </tr> <tr> <td data-bbox="1058 454 1503 847"> <ul style="list-style-type: none"> Debtor Name Loan Type (e.g. Direct Subsidized, Direct Grad Plus) Loan Date Account Number Loan Identifier (e.g. token, or number for each loan) Principal Balance </td> <td data-bbox="1503 454 1948 847"> <ul style="list-style-type: none"> Outstanding Balance Interest Rate Last Disbursement Date Lender Name Servicer Name School Name </td> </tr> </table> <p>3.3 Verification of qualifying <u>CONSOLIDATED OR REFINANCED FEDERAL LOANS</u></p> <p>Applicants must provide accurate and complete loan information. The information provided in the application will be verified using loan data provided by the Iowa College Aid Commission. If a loan was consolidated or refinanced more than one time, each consolidated or refinanced loan must be listed separately on the application.</p> <p>Applicants must provide information and supporting documentation for all loans that were included in each Consolidated or Refinanced FEDERAL Loan.</p>	<p>For each Individual Federal Loan, submit ALL of the following information:</p>		<ul style="list-style-type: none"> Debtor Name Loan Type (e.g. Direct Subsidized, Direct Grad Plus) Loan Date Account Number Loan Identifier (e.g. token, or number for each loan) Principal Balance 	<ul style="list-style-type: none"> Outstanding Balance Interest Rate Last Disbursement Date Lender Name Servicer Name School Name
<p>For each Individual Federal Loan, submit ALL of the following information:</p>					
<ul style="list-style-type: none"> Debtor Name Loan Type (e.g. Direct Subsidized, Direct Grad Plus) Loan Date Account Number Loan Identifier (e.g. token, or number for each loan) Principal Balance 	<ul style="list-style-type: none"> Outstanding Balance Interest Rate Last Disbursement Date Lender Name Servicer Name School Name 				

Eligibility Requirement 3	Applicant Requirements for Eligibility Verification		
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>		
<ul style="list-style-type: none"> ● Loans that have been consolidated with any personal debt. ● ParentPlus loans (reference https://studentaid.gov/understand-aid/types/loans/plus) ● Personal lines of credit ● Personal loans ● Primary Care Loans, as they have an obligation for health professional service to the federal government. ● Residency loans ● Loans for other educational degrees that were not required to obtain licensure in the profession under which you are applying. ● If those loans were consolidated with an otherwise eligible loan, the entire loan is ineligible. <p style="text-align: center; color: gray;">Intentionally left blank.</p>	<p>Example: If you consolidated a loan twice, you must list each consolidation separately in the application. You must provide information about all of the loans included in the first consolidation and also provide information about all of the loans that were included in the second consolidation.</p> <p style="color: red;">Failure to provide the required information will delay the Agency’s ability to verify loans and may result in rejection of an application.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>For <i>EACH Consolidated or Refinanced Federal Loan</i>, submit <i>ALL</i> of the following information:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ● Debtor Name ● Consolidated Loan Type ● Consolidated Loan Date ● Consolidated Loan Account Number ● Consolidated Loan Identifier (e.g., token, sequence, or number for each loan) ● Consolidated Principal Balance ● Consolidated Outstanding Balance ● Consolidated Loan Interest Rate ● Consolidated Loan </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ● <i>ALL</i> of the following loan information for EACH loan included in a consolidated loan: <ul style="list-style-type: none"> ■ Debtor Name ■ Loan Type (e.g. Direct Subsidized, Direct Grad Plus, Consolidation) ■ Loan Date ■ Account Number ■ Loan Identifier (e.g., token, or loan number) ■ Principal Balance ■ Outstanding Balance ■ Interest Rate </td> </tr> </tbody> </table> </div>	<ul style="list-style-type: none"> ● Debtor Name ● Consolidated Loan Type ● Consolidated Loan Date ● Consolidated Loan Account Number ● Consolidated Loan Identifier (e.g., token, sequence, or number for each loan) ● Consolidated Principal Balance ● Consolidated Outstanding Balance ● Consolidated Loan Interest Rate ● Consolidated Loan 	<ul style="list-style-type: none"> ● <i>ALL</i> of the following loan information for EACH loan included in a consolidated loan: <ul style="list-style-type: none"> ■ Debtor Name ■ Loan Type (e.g. Direct Subsidized, Direct Grad Plus, Consolidation) ■ Loan Date ■ Account Number ■ Loan Identifier (e.g., token, or loan number) ■ Principal Balance ■ Outstanding Balance ■ Interest Rate
<ul style="list-style-type: none"> ● Debtor Name ● Consolidated Loan Type ● Consolidated Loan Date ● Consolidated Loan Account Number ● Consolidated Loan Identifier (e.g., token, sequence, or number for each loan) ● Consolidated Principal Balance ● Consolidated Outstanding Balance ● Consolidated Loan Interest Rate ● Consolidated Loan 	<ul style="list-style-type: none"> ● <i>ALL</i> of the following loan information for EACH loan included in a consolidated loan: <ul style="list-style-type: none"> ■ Debtor Name ■ Loan Type (e.g. Direct Subsidized, Direct Grad Plus, Consolidation) ■ Loan Date ■ Account Number ■ Loan Identifier (e.g., token, or loan number) ■ Principal Balance ■ Outstanding Balance ■ Interest Rate 		

Eligibility Requirement 3	Applicant Requirements for Eligibility Verification		
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>		
<p style="text-align: center;">Intentionally left blank.</p>	<table border="1" data-bbox="1058 344 1950 737"> <tr> <td data-bbox="1058 344 1505 737"> <ul style="list-style-type: none"> Disbursement date ● Consolidated Loan Disbursement amount ● Consolidated Loan Servicer ● Consolidated Loan Lender </td> <td data-bbox="1505 344 1950 737"> <ul style="list-style-type: none"> ■ Last Disbursement Date ■ Lender Name ■ Servicer Name ■ School Name ■ Supporting Documentation (e.g. Disbursement Report or Disclosure Statement) that includes all above information </td> </tr> </table> <p>3.4 Verification of qualifying <u>INDIVIDUAL COMMERCIAL LOANS</u></p> <p>Applicants must provide accurate and complete loan information.</p> <p>Each Individual COMMERCIAL Loan submitted for consideration MUST have supporting documentation (e.g. Disbursement Report or Disclosure Statement) included in the application. An example of a Disbursement Report and Disclosure Statement can be found in RFP Section 7 Attachments.</p> <p style="color: red;">Failure to provide the required information will delay the Agency’s ability to verify loans and may result in rejection of an application.</p>	<ul style="list-style-type: none"> Disbursement date ● Consolidated Loan Disbursement amount ● Consolidated Loan Servicer ● Consolidated Loan Lender 	<ul style="list-style-type: none"> ■ Last Disbursement Date ■ Lender Name ■ Servicer Name ■ School Name ■ Supporting Documentation (e.g. Disbursement Report or Disclosure Statement) that includes all above information
<ul style="list-style-type: none"> Disbursement date ● Consolidated Loan Disbursement amount ● Consolidated Loan Servicer ● Consolidated Loan Lender 	<ul style="list-style-type: none"> ■ Last Disbursement Date ■ Lender Name ■ Servicer Name ■ School Name ■ Supporting Documentation (e.g. Disbursement Report or Disclosure Statement) that includes all above information 		

Eligibility Requirement 3	Applicant Requirements for Eligibility Verification		
<p>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</p>	<p>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</p>		
<p>Intentionally left blank.</p>	<div data-bbox="1058 342 1948 469" style="border: 1px solid black; padding: 5px;"> <p>For EACH Individual Commercial Loan, submit the following information:</p> </div> <table border="1" data-bbox="1058 469 1948 862" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ● Debtor Name ● Loan Type ● Loan Date ● Account Number ● Loan Identifier (e.g. token, or number for each loan) ● Principal Balance ● Outstanding Balance ● Interest Rate </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> ● Last Disbursement Date ● Lender Name ● Servicer Name ● School Name ● Supporting Documentation (e.g. Disbursement Report or Disclosure Statement) that includes all of the information listed in this box </td> </tr> </tbody> </table> <p data-bbox="1058 898 1814 972">3.5 Verification of qualifying <u>CONSOLIDATED OR REFINANCED COMMERCIAL LOANS</u></p> <p data-bbox="1108 1011 1890 1040">Applicants must provide accurate and complete loan information.</p> <p data-bbox="1108 1079 1948 1268">Each Consolidated or Refinanced COMMERCIAL Loan submitted for consideration MUST have supporting documentation (e.g. Disbursement Report or Disclosure Statement) included in the application. An example of a Disbursement Report and Disclosure Statement can be found in RFP Section 7 Attachments.</p>	<ul style="list-style-type: none"> ● Debtor Name ● Loan Type ● Loan Date ● Account Number ● Loan Identifier (e.g. token, or number for each loan) ● Principal Balance ● Outstanding Balance ● Interest Rate 	<ul style="list-style-type: none"> ● Last Disbursement Date ● Lender Name ● Servicer Name ● School Name ● Supporting Documentation (e.g. Disbursement Report or Disclosure Statement) that includes all of the information listed in this box
<ul style="list-style-type: none"> ● Debtor Name ● Loan Type ● Loan Date ● Account Number ● Loan Identifier (e.g. token, or number for each loan) ● Principal Balance ● Outstanding Balance ● Interest Rate 	<ul style="list-style-type: none"> ● Last Disbursement Date ● Lender Name ● Servicer Name ● School Name ● Supporting Documentation (e.g. Disbursement Report or Disclosure Statement) that includes all of the information listed in this box 		

Eligibility Requirement 3	Applicant Requirements for Eligibility Verification		
<p>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</p>	<p>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</p>		
<p>Intentionally left blank.</p>	<p>Applicants MUST provide information and supporting documentation for all loans that were included in each Consolidated or Refinanced COMMERCIAL Loan.</p> <p>Failure to provide the required information will delay the Agency's ability to verify loans and may result in rejection of an application.</p> <div data-bbox="1058 591 1950 695" style="border: 1px solid black; padding: 5px;"> <p>For EACH Consolidated or Refinanced Commercial Loan, submit the following information.</p> </div> <table border="1" data-bbox="1058 695 1950 1369"> <tbody> <tr> <td data-bbox="1058 695 1503 1369"> <ul style="list-style-type: none"> ● Debtor Name ● Consolidated Loan Type ● Consolidated Loan Date ● Consolidated Loan Account Number ● Consolidated Loan Identifier (e.g., token, sequence, or number for each loan) ● Consolidated Principal Balance ● Consolidated Outstanding Balance ● Consolidated Loan Interest Rate ● Consolidated Loan Disbursement date ● Consolidated Loan </td> <td data-bbox="1503 695 1950 1369"> <ul style="list-style-type: none"> ● <u>ALL</u> of the following loan information for EACH loan included in a consolidated loan: <ul style="list-style-type: none"> ■ Debtor Name ■ Loan Type (e.g. Direct Subsidized, Direct Grad Plus, Consolidation) ■ Loan Date ■ Account Number ■ Loan Identifier (e.g., token, or loan number) ■ Principal Balance ■ Outstanding Balance ■ Interest Rate ■ Last Disbursement Date ■ Lender Name </td> </tr> </tbody> </table>	<ul style="list-style-type: none"> ● Debtor Name ● Consolidated Loan Type ● Consolidated Loan Date ● Consolidated Loan Account Number ● Consolidated Loan Identifier (e.g., token, sequence, or number for each loan) ● Consolidated Principal Balance ● Consolidated Outstanding Balance ● Consolidated Loan Interest Rate ● Consolidated Loan Disbursement date ● Consolidated Loan 	<ul style="list-style-type: none"> ● <u>ALL</u> of the following loan information for EACH loan included in a consolidated loan: <ul style="list-style-type: none"> ■ Debtor Name ■ Loan Type (e.g. Direct Subsidized, Direct Grad Plus, Consolidation) ■ Loan Date ■ Account Number ■ Loan Identifier (e.g., token, or loan number) ■ Principal Balance ■ Outstanding Balance ■ Interest Rate ■ Last Disbursement Date ■ Lender Name
<ul style="list-style-type: none"> ● Debtor Name ● Consolidated Loan Type ● Consolidated Loan Date ● Consolidated Loan Account Number ● Consolidated Loan Identifier (e.g., token, sequence, or number for each loan) ● Consolidated Principal Balance ● Consolidated Outstanding Balance ● Consolidated Loan Interest Rate ● Consolidated Loan Disbursement date ● Consolidated Loan 	<ul style="list-style-type: none"> ● <u>ALL</u> of the following loan information for EACH loan included in a consolidated loan: <ul style="list-style-type: none"> ■ Debtor Name ■ Loan Type (e.g. Direct Subsidized, Direct Grad Plus, Consolidation) ■ Loan Date ■ Account Number ■ Loan Identifier (e.g., token, or loan number) ■ Principal Balance ■ Outstanding Balance ■ Interest Rate ■ Last Disbursement Date ■ Lender Name 		

Eligibility Requirement 3	Applicant Requirements for Eligibility Verification	
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>	
<p>Intentionally left blank.</p>	<ul style="list-style-type: none"> • Disbursement amount • Consolidated Loan Servicer • Consolidated Loan Lender • Supporting Documentation (e.g. Disbursement Report or Disclosure Statement) that includes all above information 	<ul style="list-style-type: none"> ▪ Servicer Name ▪ School Name ▪ Supporting Documentation (e.g. Disbursement Report or Disclosure Statement) that includes all above information
Eligibility Requirement 4	Applicant Requirements for Eligibility Verification	
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>	
<p>Applicants must have qualifying education that is related to the applicant's discipline.</p> <p>Intentionally left blank.</p>	<p>Verification of qualifying education: Upload a JPEG, PNG, or PDF of an official educational transcript or signed statement from educational institution on official letterhead for <i>EACH</i> educational institution attended to obtain the minimum degree required for licensure under the applicant's discipline. Certificates or diplomas are <i>NOT</i> acceptable documentation.</p> <p>Official educational transcripts <i>MUST</i> include:</p> <ul style="list-style-type: none"> • Institution Name, • Dates of attendance, and 	

Eligibility Requirement 4	Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<p style="text-align: center;">Intentionally left blank.</p>	<ul style="list-style-type: none"> • Degree obtained <p>OR</p> <p>A signed statement from educational institution on official letterhead <i>MUST</i> include:</p> <ul style="list-style-type: none"> • Institution Name, • Dates of attendance, and • Degree obtained
<p>Column 1</p> <p style="text-align: center;">Eligibility Requirement 5</p>	<p>Column 2</p> <p style="text-align: center;">Applicant Requirements for Eligibility Verification</p>
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<p>Applicants must work at an eligible practice site.</p> <p>5.A Eligible Business Structure</p> <p>A resource to verify the business structure is on the Secretary of State’s website at https://sos.iowa.gov (Search Databases/Business Entities).</p> <ul style="list-style-type: none"> • Public entity (any state or local government) • Non-profit private entity (an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose) • For-profit health facility operated by a non-profit organization 	<p>5.1 Verification of Employment</p> <p>Submit the following information about the applicant’s place of employment:</p> <ul style="list-style-type: none"> • Employer Legal Name • Employer Address, City, State, Zip • Business Structure • Business Type • Authorized Representative Name, Email, Phone

Column 1 Eligibility Requirement 5	Column 2 Applicant Requirements for Eligibility Verification
<i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i>	<i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i>
NOTE: For-profit entities that are not under a non-profit organization are <i>NOT</i> eligible.	<div style="background-color: #e0e0e0; padding: 10px; display: inline-block;">Intentionally left blank.</div>
5.B Patient Non-discrimination Requirement <ul style="list-style-type: none"> ● Patient non-discrimination policy must indicate that the site will not discriminate on the basis of race, color, national origin, disability, age, military status, and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). Services are accessible to persons with limited English proficiency and persons with disabilities. ● Employee non-discrimination policies are <i>NOT</i> acceptable documentation. 	5.2 Verification of Employer/Practice Site <u>PATIENT</u> Non-discrimination Practices Submit a copy of patient Non-discrimination policy on official letterhead.
5.C Eligible Telemedicine Practices Requirement <ul style="list-style-type: none"> ● The originating site (location of the patient) and the distant site (location of the Primary Care Provider LRP participant) must be located in a HPSA. ● Applicants must be practicing in accordance with applicable licensure and professional standards. ● Applicants must be available, at the discretion of the approved practice site(s), to provide in-person care at the direction of each telehealth site on the application regardless of whether such sites are distant or originating. Telehealth may be 	5.3 Verification of Employer/Practice Site Telemedicine Practices In the application, indicate adherence to telemedicine policies for employer/practice site(s).

Column 1 Eligibility Requirement 5	Column 2 Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<p>conducted to or from an approved alternative setting as directed by the participant's practice site(s).</p> <ul style="list-style-type: none"> ● All service completed in an approved alternative setting is restricted to the program guidelines. ● Self-employed clinicians are NOT eligible to earn service credit for telehealth services. ● If telehealth services are provided to patients in another state, the clinician must be licensed to practice (including compacts) in both the state where the clinician is located (i.e., the distant site) and the state where the patient is physically located (i.e., the originating site). ● Telehealth services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site and the applicant at the distant site. ● Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system. 	<p style="text-align: center;">Intentionally left blank.</p>
<p>5.D Employer/Practice Site Sliding Fee Scale Practices Requirement</p>	<p>5.4 Verification of Employer/Practice Site Sliding Fee Scale Practices Submit a copy of a Sliding Fee Scale <u>and</u> Policy on official letterhead</p>

Column 1 Eligibility Requirement 5	Column 2 Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<ul style="list-style-type: none"> ● Sliding fee scale documentation <i>MUST</i> be a copy of an official document of the employer/practice site and must be identified as such. ● Sliding fee scale must be the most updated version in accordance with U.S. Department of Health and Human Services (HHS) Poverty Guidelines. <ul style="list-style-type: none"> ■ For information about the U.S. Department of Health and Human Services (HHS) Poverty Guidelines, please visit https://www.federalregister.gov/documents/2023/01/19/2023-00885/annual-update-of-the-hhs-poverty-guidelines. ● Sliding Fee Policy must indicate that: <ul style="list-style-type: none"> ■ For individuals with annual incomes at or below 100 percent of the HHS Poverty Guidelines, practice sites provide services at no charge or at a nominal charge. ■ For individuals between 100 and 200 percent of the HHS Poverty Guidelines, practice sites must provide a schedule of discounts, which must reflect a nominal charge covered by a third party (either public or private). ■ Practice sites may charge for services to the extent that payment will be made by a third party which is authorized or under legal obligation to pay the charges. ● For more information about eligible sliding fee program information, access the NHSC Site Reference Guide. 	<p style="text-align: center;">Intentionally left blank.</p>

Column 1 Eligibility Requirement 5	Column 2 Applicant Requirements for Eligibility Verification
<i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i>	<i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i>
5.E Health Insurance Acceptance Requirement Each eligible practice site must accept insurance, including Medicare, Medicaid, and the Children’s Health Insurance Program.	5.5 Verification of Employer/Practice Site Health Insurance Acceptance Requirement In the application, indicate adherence to acceptance of health insurance requirements.
5.F Professional Services Rates Requirement Each eligible practice site must charge for professional services at the usual and customary prevailing rates (free clinics are exempt from this requirement).	5.6 Verification of Employer/Practice Site Professional Services Rates Requirement In the application, indicate adherence to rates requirements.
5.G Patient Acceptance Requirement Each eligible practice site must accept all individuals regardless of their ability to pay.	5.7 Verification of Employer/Practice Site Patient Acceptance Requirement In the application, indicate adherence to patient acceptance requirements.
5.H Eligible Practice Site Types <ul style="list-style-type: none"> ● Centers for Medicare & Medicaid Services Certified Rural Health Clinics ● Community Outpatient Facilities ● Community Mental Health Facilities ● Correctional or Detention Facilities <ul style="list-style-type: none"> ■ Federal Prisons ■ State Prisons ● Critical Access Hospital affiliated with a qualified outpatient clinic 	5.8 Verification of Practice Site(s) Submit the following information for <i>EACH</i> practice site at which the applicant will be providing services to fulfill the service obligation: <ul style="list-style-type: none"> ● Practice Site Name ● Practice Site Address ● Practice Site City, State, Zip ● Practice Site County ● Practice Site Type ● FTE (what portion of time will be spent at each practice site (e.g. 0.2 FTE, 0.7 FTE))

Column 1 Eligibility Requirement 5	Column 2 Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<ul style="list-style-type: none"> ● Federally Qualified Health Centers (FQHCs), may include: <ul style="list-style-type: none"> ■ Community Health Centers ■ Migrant Health Centers ■ Homeless Programs ■ Public Housing Programs ● FQHC Look-Alikes (community-based health care providers that meet all HRSA Health Center Program requirements and are part of the Health Center Program but do not receive federal award funding) ● Free Clinics ● Immigration and Customs Enforcement Health Service Corps ● Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs to include: <ul style="list-style-type: none"> ■ Federal Indian Health Service (IHS) Clinical Practice Sites ■ Tribal/638 Health Clinics ■ Urban Indian Health Program ■ IHS and tribal hospitals ● Mobile Units ● Private Practices (Solo or Group) ● School-based Programs ● State and County Health Department Clinics ● State Mental Health Facilities <p><u>INELIGIBLE PRACTICE SITE TYPES</u></p> <ul style="list-style-type: none"> ● Homes of Patients or Providers 	<ul style="list-style-type: none"> ● Rural-Urban Status ● County-level Poverty <div style="text-align: center; background-color: #e0e0e0; padding: 10px; margin-top: 100px;"> <p>Intentionally left blank.</p> </div>

Column 1 Eligibility Requirement 5	Column 2 Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<ul style="list-style-type: none"> ● Retail Pharmacies 	<div style="border: 1px solid gray; background-color: #f0f0f0; padding: 10px; width: fit-content; margin: 0 auto;">Intentionally left blank.</div>
<p>5.1 Health Professional Shortage Area Designation Requirement</p> <ul style="list-style-type: none"> ● A HPSA is a geographic area, population group, public or nonprofit private medical facility, or other public facility determined by the Secretary of Health and Human Services to have a shortage of healthcare professionals based on criteria defined in regulation. <ul style="list-style-type: none"> ■ Primary care practitioners must work at an eligible practice site(s) located in a Primary Care HPSA ■ Mental health care practitioners must work at an eligible practice site(s) located in a Mental Health HPSA ■ Dental/Oral health care practitioners must work at an eligible practice site(s) located in a Dental Health HPSA ● ALL declared practice sites must be located in a federally-designated HPSA that corresponds to the applicant's discipline. Check HPSA designation status of a practice site or area at https://data.hrsa.gov/tools/shortage-area. 	<p>5.9 Verification of Practice Site Health Professional Shortage Area (HPSA) Designation</p> <p>Submit the following information for each practice site at which the applicant will be providing services to fulfill the service obligation:</p> <ul style="list-style-type: none"> ● HPSA Discipline ● HPSA ID ● HPSA Name ● HPSA Score

Column 1 Eligibility Requirement 5	Column 2 Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<ul style="list-style-type: none"> ■ A HPSA that is “Designated” or “Proposed for Withdrawal” is an acceptable status for eligibility. ■ A HPSA designation that is in “Withdrawn” status is <i>NOT</i> an acceptable status for eligibility. ■ HPSA designation status changes for 2023 will be published in the Federal Register sometime in June or July, 2023, and can be accessed at https://www.federalregister.gov/index/2023 under indexed Department “Health Resources and Services Administration”. ■ It is the applicant’s responsibility to maintain understanding of the status of the HPSA designation pertaining to their practice site(s). The Agency cannot execute a contract for a practice site with a HPSA designation that has been withdrawn. ● If a HPSA designation is withdrawn for any reason during the service obligation, recipients of the Primary Care Provider Loan Repayment Program will not be required to move to another site for the duration of his/her service obligation. ● Medically Underserved Areas or Populations and shortage areas designated by the state do NOT qualify. 	<p style="text-align: center;">Intentionally left blank.</p> <p style="text-align: center;">Intentionally left blank.</p>

1.04 Available Funds

The source of funding for this program is provided through the U.S. Department of Health and Human Services, Health Resources and Services Administration Program CFDA: 93.165 Grants to States for Loan Repayment (refer to Section 7 Links), and funding from the State of Iowa. The Agency anticipates up to \$350,000 available for approximately 12 awards. Actual total awards and individual contract funding levels may vary from that listed or funding may be withdrawn completely, depending on availability of funding or any other grounds determined by the Agency to be in the Agency's best interests.

Loan Repayment Award Amounts are based on the health care discipline and the term of the service obligation, see Table 2. Applicants who elect a two-year, half-time service obligation are eligible for no more than 50% of the max award.

Table 2: Eligible Health Care Discipline	Maximum Award Two-year, Full-time <i>OR</i> Four-year, Half-time Service Obligation	Maximum Award Two-year, Half-time Service Obligation
Primary care physician <ul style="list-style-type: none"> - Family Medicine (and osteopathic general practice) - General Internal Medicine - Pediatrics - Obstetrics/Gynecology - Geriatrics - Psychiatry General Practitioners General and Pediatric Dentistry	\$50,000	\$25,000

<p>Nurse Practitioners and Physician Assistants</p> <ul style="list-style-type: none"> - Adult - Family - Pediatrics - Psychiatry/mental health - Geriatrics - Women's health <p>Psychiatric Nurse Specialist Certified Nurse Midwife Health Service Psychologist (Clinical and Counseling) Pharmacist Licensed Clinical Social Worker/Licensed Independent Social Worker</p>	<p>\$40,000</p>	<p>\$20,000</p>
<p>Licensed Master Social Worker Licensed Professional Counselor Marriage and Family Therapist Registered Clinical Dental Hygienist Registered Nurse Alcohol and Substance Abuse Counselors</p>	<p>\$30,000</p>	<p>\$15,000</p>

I.05 Schedule of Important Events (All dates and times listed are local Iowa time.)

The following dates are set forth for informational purposes. The Agency reserves the right to change Date & Deadlines as needed.

Schedule of Important Events	Dates & Deadlines
RFP Pre-Application Issued <i>RFP is publicly accessible until the Pre-Application Submission Deadline on May 3, 2023 by 4:00 PM Local Time</i>	March 28, 2023
Applicant's Conference	April 4, 2023 at 9:00 AM
Written Questions and Responses	
Round I Questions Due: Responses Posted By:	April 5, 2023 April 12, 2023
Final Questions Due: Responses Posted By:	April 19, 2023 April 26, 2023
Pre-Application Submission Deadline:	May 3, 2023 by 4:00 PM Local Time
Agency Verification of Applicant Eligibility <i>Application Clarifications may occur during this timeframe.</i>	May 4 - June 14, 2023
Notification of Applicant Eligibility to Advance to Final	June 15, 2023

Schedule of Important Events	Dates & Deadlines
Application	
Final Application Issued: <i>Final Application is restricted to applicants who have met all eligibility conditions and requirements based on Pre-Application review by the Agency.</i>	June 16, 2023
Final Application Submission Deadline:	June 28, 2023 by 4:00 PM Local Time
Agency Review of Final Application and Award Determination	June 29 - July 17, 2023
Post Notice of Intent to Award	July 24, 2023

A. RFP Issued and Pre-Application Available

The Agency will post the RFP on the IowaGrants Electronic Grant Management System at www.iowagrants.gov under the Current Funding Opportunities quick link on March 28, 2023. The RFP will remain posted and publicly accessible through to the Pre-Application Submission Deadline.

B. Applicant’s Conference

An applicant’s conference will be held via Google Meets on [April 4, 2023 at 9:00 AM](#). The purpose of the conference is to discuss the RFP with prospective applicants and to allow them an opportunity to ask questions regarding the RFP. Representation or attendance at the

conference is not required. However, the conference provides the only opportunity for prospective applicants to receive answers to verbal questions. Questions asked at the conference that cannot be adequately answered during the conference may be deferred.

To attend, please join the virtual meeting at the date and time listed above at the following link*: Meeting ID meet.google.com/kzc-emqs-vxx

Phone Numbers

(US)+1 402-545-0334

PIN: 691 425 144#

*This link will also be posted in the website Links section of this Funding Opportunity and will be removed after the conference is held. Following the Applicant's conference, the link to the recorded meeting will be provided for future reference at the website Links section of this Funding Opportunity.

C. Written Questions and Responses

Written questions related to the RFP must be submitted through the IowaGrants Electronic Grant Management System at www.iowaGrants.gov no later than the dates specified in the **Schedule of Important Events** table. Applicants must be registered with the IowaGrants Electronic Grant Management System in order to submit a question (Refer to Section I.05 (D) and the 'New User Registration Instructions for IowaGrants.gov' document posted under the Attachments section of this Funding Opportunity).

Written questions submitted after the date specified for final questions in the table above will not be considered and a response will not be provided by the Agency.

To submit a question:

- Registered Users login to www.iowaGrants.gov as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on 'Ask A Question' link located at the top right-hand side of the Opportunity Details page, and enter a single question in the 'Post Question' box;

- Click the 'Save' button;
- A post question confirmation box will appear stating the question is under review.

Additional questions may be submitted by repeating the process above for each individual question. If the question or comment pertains to a specific section of the RFP, the section and page must be referenced. Verbal questions will not be accepted. Questions will not be displayed in the IowaGrants Electronic Grant Management System until written responses are posted by the Agency.

The Agency will prepare written responses to all pertinent, timely and properly submitted questions according to the [Schedule of Important Events](#). The Agency's written responses will be considered part of the RFP.

To view posted questions and responses:

- Login to www.iowaGrants.gov;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Scroll to the bottom of the Opportunity Details page, under the Questions subsection to view the posted questions and answers.

It is the responsibility of the applicant to check this Funding Opportunity on the IowaGrants Electronic Grant Management System at www.iowaGrants.gov periodically for written questions and responses to this RFP.

D. Pre-Application Creation & IowaGrants Registration

Applicants to this funding opportunity must NOT use the 'Copy Existing Application' function. **Applicants must click 'Start a New Application' for this Funding Opportunity to begin and then submit a Pre-Application.** The Pre-Application consists of multiple required forms (refer to Section 3.02). Each form contained in the Pre-Application must be completed in its entirety or the IowaGrants Electronic Grant Management System will not permit the Pre-Application to be submitted. Refer to the 'IDPH Application Instruction Guidance' as posted under the Attachment section of the Funding Opportunity.

Applicants to this RFP are individuals and must be registered as such in the IowaGrants Electronic Grant Management System. If you are already registered, you must not register a second time. To register, please follow the guidance at <https://dom.iowa.gov/iowa-grants-login>. As applicants to this RFP, the individual is the applicant and must be registered in IowaGrants using *their legal name* as the 'Organization' and

select 'Individual' for Organization Type during registration in IowaGrants. The individual applicant must start the application within the system and thus they will be identified as the primary user (Registered Applicant) for their application.

If the applicant wants to allow additional individuals of their employer entity direct access to their individual application within the IowaGrants Electronic Grant Management System, those individuals must also be registered in IowaGrants (refer to the 'New User Registration Instructions for *IowaGrants.gov*' document posted under the Attachments section of this Funding Opportunity). Individual Applicants must then submit a written request (via email) to the IDPH IowaGrants Helpdesk requesting additional registered users be added to their application.

The primary user/Registered Applicant can add additional registered users as Grantee Contacts to their application. However, if multiple users are editing the same form within a Pre-Application or Final Application at the same time, the last saved version will override any changes made by other users. The applicant is responsible for ensuring only one entire application is completed and submitted (refer to Sections I.14) in response to this RFP.

E. Pre-Applications Due

The Pre-Application will remain posted and publicly accessible through to the Pre-Application Submission Deadline at 4:00 PM Local Time on May 3, 2023. Pre-Applications submitted after the specified deadline, submitted separately from the Pre-Application, or in any manner other than through the IowaGrants Electronic Grant Management System (e.g. electronic mail to any other address, faxed, hand-delivered, mailed, shipped or courier-service delivered versions) will be rejected and will not be reviewed by the Agency or considered for an award.

It is the applicant's sole responsibility to complete and submit the Pre-Application by the specified deadline. The date and time in the IowaGrants Electronic Grant Management System shall serve as the official regulator for the submission date and time of a Pre-Application.

The due date and time requirements for submission of the Pre-Application within the IowaGrants Electronic Grant Management System are mandatory requirements and will not be subject to waiver as a minor deficiency.

Submission Confirmation Screen: After an applicant submits an application, a confirmation screen containing an Application ID number will appear on your computer screen. It is the applicant's sole responsibility to complete and submit the Pre-Application in sufficient time.

F. Release of Names of Pre-Applicants

The names of all applicants who submitted their Pre-Application by the deadline shall be released to all who have requested such notification via an email request to Mike Drottz at micheal.drottz@idph.iowa.gov on May 10, 2023. The announcement of applicants who submitted a timely application does not mean that the application has been deemed technically compliant or accepted for evaluation.

G. Agency Verification of Applicant Eligibility

See RFP Section 4 for information about the agency verification of applicant eligibility,

H. Notification of Applicant Eligibility to Advance to Final Application

Following the Agency's verification of applicant eligibility, all applicants will be notified of their eligibility to advance to the Final Application on June 15, 2023. Only Applicants that satisfy ***ALL*** eligibility conditions and requirements listed in RFP Section 1.03 will be approved to advance to the Final Application. If approved to advance to the Final Application, the applicant ***MUST NOT*** start a NEW application. Applicants must follow the instructions to access the Final Application once it has been issued in the IowaGrants Electronic Grant Management System.

I. Final Application Issued

The Agency will post the Final Application to the IowaGrants Electronic Grant Management System at www.iowaGrants.gov under the "Current Funding Opportunities" quick link on June 16, 2023. The Final Application is restricted to applicants who have met ***ALL*** eligibility conditions and requirements based on the Agency's verification of applicant eligibility.

J. Final Application Submission Deadline

Submission of the Final Application is due no later than 4:00 PM Local Time on June 28, 2023 in the IowaGrants Electronic Grant Management System. Final Applications submitted after the specified deadline, submitted separately from the Final Application, or in any manner other than through the IowaGrants Electronic Grant Management System (e.g. electronic mail to any other address, faxed, hand-delivered, mailed, shipped or courier-service delivered versions) will be rejected and will not be reviewed by the Agency or considered for an award.

It is the applicant's sole responsibility to complete and submit the Final Application by the specified deadline. The date and time in the IowaGrants Electronic Grant Management System shall serve as the official regulator for the submission date and time of a Final Application.

The due date and time requirements for submission of the Final Application within the IowaGrants Electronic Grant Management System are mandatory requirements and will **not** be subject to waiver as a minor deficiency.

Submission Confirmation Screen: **After an applicant submits an application, a confirmation screen containing an Application ID number will appear on the computer screen, please record this for your records.**

It is the applicant's sole responsibility to complete and submit the Final Application in sufficient time.

K. Agency Review of Final Application and Award Determination

See RFP Section 4 for information about the Agency's review of the Final Application and award determination.

L. Notice of Intent to Award

A Notice of Intent to Award contract(s) will be posted for 10 business days on the Agency Web page <https://hhs.iowa.gov/finance/funding-opportunities/notice-of-intent> by 4:00 PM Local Time on July 24, 2023. Applicants are solely responsible for visiting this webpage on the date stated and reviewing the Notice of Intent to Award to determine their award status.

M. Contract Negotiations and Execution of the Contract

Following the posting of the Notice of Intent to Award, the successful applicant(s) will receive a contract document via email from the Agency. The successful applicant has ten (10) working days from the date of receipt in which to negotiate and sign a contract with the Agency. If a contract has not been executed within ten (10) working days of applicant's receipt, the Agency reserves the right to cancel the award and to begin negotiations with the next highest ranked applicant or other entity deemed appropriate by the Agency. The Agency may, at its sole discretion, extend the time period for negotiations of the contract.

1.06 Inquiries

Inquiries related to the RFP shall be submitted in accordance with Section 1.05(C).

For assistance regarding IowaGrants, please contact the IowaGrants Helpdesk at iowagrants.helpdesk@idph.iowa.gov or by calling 1-866-520-8987 (available between 8:00 AM and 4:00 PM on weekdays, excluding state holidays).

Unauthorized contact regarding this RFP with other state employees may result in disqualification. In no case shall verbal communications override written communications. Only written communications are binding on the Agency. Any verbal information provided by the applicant shall not be considered part of its application. The Agency assumes no responsibility for representations made by its officers or employees prior to the execution of a legal contract, unless such representations are specifically incorporated into the RFP or the contract.

1.07 Amendments to the RFP

The Agency reserves the right to amend the RFP at any time. In the event the Agency decides to amend, add to, or delete any part of this RFP, a written amendment will be posted to the IowaGrants Electronic Grant Management System under the Attachments section of this Funding Opportunity. The applicant is advised to check this website periodically for amendments to this RFP. In the event an amendment occurs after the Funding Opportunity is closed, the Agency will email the written amendment to the individuals identified in the submitted application on the Primary Care Provider LRP applicant Information form.

1.08 Open Competition

No attempt shall be made by the applicant to induce any other person or firm to submit or not to submit an application for the purpose of restricting competition.

1.09 Withdrawal of Applications

An application created in the IowaGrants Electronic Grant Management System cannot be deleted. An application may be withdrawn by request of an applicant at any time prior to the due date and time. An applicant desiring to withdraw an application shall submit notification including the application ID, title of the application, and the applicant name via email to the IowaGrants Helpdesk at iowagrants.helpdesk@idph.iowa.gov.

After this funding opportunity closes, the Agency may withdraw applications that have not been submitted.

1.10 Resubmission of Withdrawn Applications

A withdrawn application may not be resubmitted. Applicants must start a new application and submit any time prior to the stated due date and time for the submission of Pre-Applications in order to be considered for funding.

1.11 Acceptance of Terms and Conditions

- A. An applicant's submission of an application constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting an application, an applicant agrees that it will not bring any claim or have any cause of action against the Agency or the State of Iowa based on the terms or conditions of the RFP or the procurement process.

- B. The Agency reserves the right to accept or reject any exception taken by an applicant to the terms and conditions of this RFP. Should the successful applicant take exception to the terms and conditions required by the Agency, the successful applicant's exceptions may be rejected and the Agency may elect to terminate negotiations with that applicant. However, the Agency may elect to negotiate with the successful applicant regarding contract terms which do not materially alter the substantive requirements of the RFP or the contents of the applicant's application.

1.12 Costs of Application Preparation

All costs of preparing the application are the sole responsibility of the applicant. The Agency is not responsible for any costs incurred by the applicant which are related to the preparation or submission of the application or any other activities undertaken by the applicant related in any way to this RFP.

1.13 Multiple Applications

An applicant may submit only *one* application.

1.14 Oral Presentation

Applicants may be requested to make an oral presentation of the application. The determination of need for presentations, the location, order, and schedule of the presentations is at the sole discretion of the Agency. If an oral presentation is required, applicants may clarify or elaborate on their applications, but may in no way change their original application.

1.15 Rejection of Applications/Cancellation of the RFP

- A. The Agency reserves the right to reject, in whole or in part, any or all applications, to advertise for new applications or to cancel this RFP if it is in the best interests of the Agency.

- B. Any application will be rejected outright and not evaluated for any of the following reasons:
 - 1. The applicant is not an eligible applicant as defined in section 1.03.
 - 2. An applicant submits more than one application for this funding opportunity.
 - 3. An application is submitted in a manner other than the IowaGrants Electronic Grant Management System at www.IowaGrants.gov.

- C. Any application may be rejected outright and not evaluated for any one of the following reasons:
 - 1. The applicant fails to include required information or fails to include sufficient information to determine whether an RFP requirement has been satisfied.
 - 2. The applicant fails to follow the application instructions or presents information requested by this RFP in a manner inconsistent with the instructions of the RFP.
 - 3. The applicant provides misleading or inaccurate answers.
 - 4. The applicant states that a mandatory requirement cannot be satisfied.
 - 5. The applicant's response materially changes a mandatory requirement.
 - 6. The applicant's response limits the right of the Agency.
 - 7. The applicant fails to respond to the Agency's request for information, documents, or references.
 - 8. The applicant fails to include any signature, certification, authorization, or stipulation requested by this RFP.
 - 9. The applicant initiates unauthorized contact regarding the RFP with a state employee.

1.16 Restrictions on Gifts and Activities

Iowa Code Chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this

chapter to their activities and for complying with these requirements.

In addition, Iowa Code Chapter 722 provides that it is a felony offense to bribe a public official.

1.17 Use of Subcontractors

The applicant is not permitted to subcontract for the performance of services required under the contract.

1.18 Reference Checks

The Agency reserves the right to contact any reference to assist in the evaluation of the application, to verify information contained in the application and to discuss the applicant's qualifications.

1.19 Criminal Background Checks

The Agency reserves the right to conduct criminal history and other background investigations into the applicant, its officers, directors, managerial and supervisory personnel, clerical or support personnel, and health care professional personnel retained by the applicant for duties related to the performance of the contract. Such information may be used in determining contract awards. The applicant shall cause all waivers to be executed by appropriate persons to effectuate the investigations.

1.20 Information from Other Sources

The Agency reserves the right to obtain and consider information from other sources concerning an applicant, including the applicant's product or services, personnel, and subcontractors, and the applicant's capability and performance under other Agency contracts, other state contracts and contracts with private entities. The Agency may use any of this information in evaluating an applicant's application.

1.21 Verification of Application Contents

The Agency reserves the right to verify the contents of an application submitted by an applicant. Misleading or inaccurate responses may result in rejection of the application pursuant to Section 1.15.

1.22 Litigation and Investigation Disclosure

The applicant shall disclose any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could

affect the ability of the applicant to perform the required services. Failure to disclose such matters at the time of application may result in rejection of the application or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed within 30 days in a written statement to the Agency.

1.23 RFP Application Clarification Process

The Agency may request clarification from applicants for the purpose of resolving ambiguities or questioning information presented in the application. Clarifications may occur throughout the application evaluation process. Requests for clarification will be issued to the primary user (Registered Applicant) through email from an Agency Service Contract Compliance Officer. Clarification responses shall be in writing in the format provided by the Agency and shall address only the information requested. Responses shall be submitted to the Agency within the time stipulated at the time of the request. An applicant will not be permitted to modify or amend its application if contacted by the Agency for this reason.

1.24 Waivers and Variances

The Agency reserves the right to waive or permit cure of non-material variances in the application's form and content providing such action is in the best interest of the Agency. In the event the Agency waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFP requirements or excuse the applicant from full compliance with RFP specifications or other contract requirements if the applicant is awarded the contract. The determination of materiality is in the sole discretion of the Agency.

1.25 Disposition of Applications

All application submissions become the property of the Agency. If the Agency awards funds to an applicant, the contents of all applications will be in the public domain at the conclusion of the selection process and will be open to inspection by interested parties subject to exceptions provided in Iowa Code Chapter 22 or other provision of law.

1.26 Public Records and Requests for Confidential Treatment of Application Information

The Agency's release of public records is governed by Iowa Code chapter 22. Applicants are encouraged to familiarize themselves with Chapter 22 before submitting an application in response to this RFP.

The Agency will copy and produce public records upon request as required to comply with Chapter 22 and will treat all information

submitted by an applicant as non-confidential records unless applicant requests specific parts of the application be treated as confidential at the time of the submission as set forth herein AND the information is confidential under Iowa or other applicable law.

All information submitted by an applicant will be treated as public information following the conclusion of the selection process unless the applicant properly requests that information be treated as confidential at the time the application is submitted.

Failure of the Applicant to request information be treated as confidential as specified herein shall relieve Agency personnel from any responsibility for maintaining the information in confidence. Applicants may not request confidential treatment with respect to pricing or budget information and transmittal letters. An applicant's request for confidentiality that does not comply with this section or an applicant's request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting an application as non-responsive.

A. Confidential Treatment of Information is Requested by the Applicant

An applicant requesting confidential treatment of information contained in its application shall be required to submit two copies of its application (one complete application (containing confidential information) and one redacted version (with confidential information excised) and complete and submit Form 22 with both applications; as outlined herein:

I. Complete and Submit Form 22 with both applications

APPLICANT NOTE: SUBMISSION OF THIS FORM 22 IS REQUIRED ONLY IF REQUESTING CONFIDENTIAL TREATMENT OF APPLICATION INFORMATION.

In order to request information contained in an application to be treated as confidential, the applicant must complete and submit FORM 22 with both applications. Failure of the applicant to accurately and fully complete FORM 22 with the application submission may result in the application to be considered non-responsive and not evaluated. The Form 22 is available to download from a link located in the attachments section of the standard application form titled Application Certification and Conditions (refer to section 3 of this RFP). Applicant must download Form 22 from a link within this form, complete it, and upload it into the specific field of the electronic Application Certification and Conditions form in both applications.

Form 22 will not be considered fully complete unless, for **each** confidentiality request, the applicant: (1) enumerates the specific grounds in Iowa Code chapter 22 or other applicable law that supports treatment of the material as confidential, (2) justifies why the material should be maintained in confidence, (3) explains why disclosure of the material would not be in the best interest of the public, and (4) sets forth the name, address, telephone, and e-mail for the person authorized by applicant to respond to inquiries by the Agency concerning the confidential status of such material. Requests to maintain an entire application as confidential will be rejected as non-responsive.

2. An applicant that submits an application containing confidential information must submit two copies of its application (one complete application and one redacted version of the application) for this RFP. Completed Form 22 shall be uploaded in the Application Certifications and Conditions form in **both** copies.

One copy of the application must be completed and submitted in its entirety, containing the confidential information. This is the application that will be reviewed.

The applicant must submit one copy of the application labeled “Redacted Copy” from which the confidential information had been excised. In order to do this, the applicant shall rename the copy with the word ‘Redacted’ added as the **first** word in the application title, using the exact same title as the first copy of the application. The applicant must then revise each form within the copied/redacted application removing the confidential information and inserting the word ‘redacted’ in the required fields. The confidential material must be excised from the redacted version in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the application as possible.

Both copies of the application must be submitted by the applicant by the due date and time outlined in Section 1.06 (D).

B. Public Requests

In the event the Agency receives a public request for application information marked confidential, written notice shall be given to the applicant seventy-two (72) hours prior to the release of the information to allow the applicant to seek injunctive relief pursuant to Iowa Code Section 22.8. The information marked confidential shall be treated as confidential information to the extent such information is determined confidential under Iowa Code Chapter 22 or other provisions of law by a court of competent jurisdiction. If

the Agency receives a request for information that applicant has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such material, applicant shall, at its sole expense, appear in such action and defend its request for confidentiality. If an applicant fails to do so, the Agency may release the information or material with or without providing advance notice to the applicant and with or without affording applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

Additionally, if applicant fails to comply with the request process set forth herein, if applicant's request for confidentiality is unreasonable, or if applicant rescinds its request for confidential treatment, Agency may release such information or material with or without providing advance notice to applicant and with or without affording applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

The applicant's failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed by the Agency as a waiver of any right to confidentiality which the applicant may have had.

1.27 Copyrights

By submitting an application, the applicant agrees that the Agency may release the application for the purpose of facilitating the evaluation of the application or to respond to requests for public records. By submitting the application, the applicant consents to such release and warrants and represents that such release will not violate the rights of any third party. The Agency shall have the right to use ideas or adaptations of ideas that are presented in the applications. In the event the applicant copyrights its application, the Agency may reject the application as noncompliant.

1.28 Appeal of Rejection Decision

The applicant's receipt of a rejection notice constitutes receipt of notification of the adverse decision per 441 Iowa Administrative Code Chapter 7. Applicants may appeal the adverse decision only for a timely submitted application. The appeal shall be submitted in writing within five (5) business days of the applicant's receipt of the notification of the adverse decision. The appeal shall be addressed to the contract compliance officer cited in this document Mike Drottz, Department of Public Health, and shall be submitted via email, including a read receipt verification, to michael.drottz@idph.iowa.gov. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the RFP were not followed by the Agency. In the event of an appeal, the Agency will continue working with the successful

applicant(s) pending the outcome of the appeal.

1.29 Appeal of Award Decision

The posting of the Notice of Intent to Award on the Agency webpage constitutes receipt of notification of the adverse decision per 441 Iowa Administrative Code Chapter 7. Applicants may appeal the adverse decision only for a timely submitted application. The appeal shall be submitted in writing within five (5) business days of the applicant's receipt of the notification of the adverse decision. The appeal shall be addressed to the contract compliance officer cited in this document Mike Drottz, Department of Public Health, and shall be submitted via email, including a read receipt verification, to michael.drottz@idph.iowa.gov. Appeals must clearly and fully identify all issues being contested and demonstrate what procedures in the RFP were not followed by the Agency. In the event of an appeal, the Agency will continue working with the successful applicant(s) pending the outcome of the appeal.

1.30 Definition of Contract

The full execution of a written contract by both parties shall constitute the making of a contract for services and no applicant shall acquire any legal or equitable rights relative to the contract until the contract has been fully executed by the successful applicant and the Agency.

1.31 Construction of RFP

This RFP shall be construed in light of pertinent legal requirements and the laws of the State of Iowa. Changes in applicable statutes and rules may affect the award process or the resulting contract. Applicants are responsible for ascertaining the relevant legal requirements. Any and all litigation or actions commenced in connection with this RFP shall be brought in the appropriate Iowa forum.

SECTION 2 – PROGRAM OVERVIEW

2.01 Background

The State of Iowa recognizes access to health care as one of the biggest challenges affecting rural communities. If resources are limited, community members may have unmet health needs, potentially leading to a decrease in quality of life and life expectancy. Moreover, many people living in rural Iowa are experiencing social, economic, and health-related disparities, which can create barriers to accessing quality health care services.

According to the County Health Rankings & Roadmaps 2022 Iowa Report, the ratio of population to primary care physicians, dentists, and mental health providers is higher than the national ratio:

Ratio of Population to Providers	U.S.	Iowa
Primary Care	1,310:1	1,350:1
Dental Care	1,400:1	1,440:1
Mental Health Care	350:1	570:1

If current health care utilization and delivery patterns continue, the projected needs for all physicians will escalate, especially in rural Iowa.

Goals and Objectives of the program

The goal of this program is to provide loan repayment assistance to Primary Care Provider LRP awardees. Awarded funds are applied to the principal, interest, and related expenses of outstanding Government (i.e., federal, state, or local) and commercial (i.e., private) student loans. Loan repayment assistance is limited to the minimum undergraduate or graduate education required to obtain licensure in the profession and specialty (if specialty is applicable) under which you are applying.

Objective 1: Improve access to primary health care among rural, underserved populations.

Objective 2: Expand the primary care provider workforce in rural, underserved areas of Iowa.

Objective 3: Distribute primary care providers where they are most needed.

This Primary Care Provider Loan Repayment Program is part of Iowa's effort to assure access to healthcare for underserved populations. Loan repayment is a recruitment and retention tool, assisting in access to care in underserved areas including, but not limited to, rural areas and urban underserved areas.

2.02 Description of Award Recipient and Employer Responsibilities

Successful applicants awarded funds under this RFP will be required to sign a contract with the Agency for a service obligation. Both the award recipient and the employer shall enter into the same contract with the Agency. Refer to the draft contract posted under the Attachment section of this Funding Opportunity in the IowaGrants Electronic Grant Management System.

Award Recipient Responsibilities:

1. Ensure all information in the IowaGrants Electronic Grant Management System is current.
2. Correspond with the Agency via IowaGrants Electronic Grant Management System correspondence in a timely manner or by due dates specified.
3. Refrain from consolidating or refinancing approved educational loans with any other debt.
4. After receiving an award disbursement, make payments to lender(s) for approved educational loans.
5. Continue to make regularly scheduled loan payments toward the outstanding balance(s) and remain in good standing with the lender(s) throughout the entire service obligation (i.e. your monthly payments are \$50. In August, you paid \$100 instead. You still need to pay \$50 in September and each month after).
6. Provide proof of regularly scheduled monthly loan payments of approved educational loans.
7. Maintain credentials for the professional discipline listed under practitioner information on the contract face sheet.
8. Maintain appropriate malpractice insurance for the duration of the contract period indicated on the contract face sheet.
9. Provide clinical services for the duration of the contract period indicated on the contract face sheet.
 - a. Service credit begins when the contract period starts.
 - b. Services must be provided under the professional discipline listed under practitioner information indicated on the contract face sheet.

- c. Services must be provided at approved practice site(s).
 - d. Services must be provided on either a full-time basis (40 hours per week) or half-time basis (20 hours per week not to exceed 39 hours per week), as indicated under employment status on the contract face sheet.
 - i. At least 32 hours per week full-time (or 16 hours half-time) are spent providing clinical services at practice sites.
 - ii. No more than 8 hours per week full-time (or 4 hours half-time) are spent in a teaching capacity or performing clinical-related administrative activities.
 - e. Services must be provided for a minimum of 45 weeks per year.
10. Accept reimbursement under Medicare, Medicaid and the Children's Health Insurance Program, as appropriate for his/her designated discipline.
 11. Utilize a sliding fee scale.
 12. See all patients regardless of their ability to pay.
 13. Inform the Agency via IowaGrants Electronic Grant Management System correspondence within (10) days of the following:
 - a. Employment status change.
 - i. Change in full-time to half-time (or half-time to full-time) status is allowed **one time** during the contract period.
 - ii. Change in professional discipline is **not** allowed during the contract period.
 - b. Practice site address change.
 - i. Change of practice site must have prior approval by the Agency and meet eligibility criteria in accordance with this RFP.
 - c. Contact information change.
 - d. Any other circumstance that would affect the practitioner's ability to fulfill contract obligations.
 14. Complete and submit required reports.
 15. Participate in a site visit with the Employer and the Agency, as needed.
 16. Provide documentation, as necessary, to verify compliance with the conditions of the contract.

Employer Responsibilities:

1. Assign an authorizing representative to act in connection with the application and contract, and to provide such additional information as may be required.
2. Comply with the provisions, policies, guidelines, and requirements of the program as outlined in this RFP.
3. Verify that the Practitioner has no other service obligation for the duration of the contract period.

4. Verify that the practitioner is appropriately credentialed in the healthcare discipline indicated on the contract face sheet.
5. Verify that the Practitioner does not have a restricted professional license/certificate.
6. Verify that the Practitioner is rendering services at approved practice site(s).
7. Make all attempts to employ the practitioner for the duration of the contract period indicated on the contract face sheet.
8. Provide a salary for the practitioner that is based on the prevailing rate in the area and is not supplanted by the contract award.
9. Participate in site visits with the Agency and the practitioner, as needed.
10. Provide access to any documents and other related records, as necessary, to verify compliance with the conditions of the contract.

Contract Reporting and Site Visit Requirements

Successful applicants will be required to prepare and submit reports to the Agency as outlined here and in the draft contract. **Failure to submit any required reports under this contract will result in the contractor being in Breach of Contract (refer to section 5.05 below).**

The Agency requires periodic reporting of compliance with contractual expectations and provision of service obligations. Successful applicants will be awarded a contract to be managed within the IowaGrants Electronic Grant Management System at www.iowaGrants.gov. The required reports and related information will be submitted within the Grant Tracking system. The reports, due dates, and submission requirements are subject to change at the sole discretion of the Agency.

Anticipated reports (progress and data), Surveys, and Site Visits include:

- Semi-annual Progress Reports - these reports will include details about progress towards fulfilling activities detailed in the contract.
- Lender Proof of Payment Report- this report will include details about the contractor's required payments to the lender(s) of approved educational loans.
- Provider Survey - the provider survey will be required to be completed at the start of service, the end of year, and the end of contract. The survey will include details about provider experience living and working in rural Iowa.
- Site Visit - A site visit may be required and may occur in-person or remotely. The practice site and LRP recipient must cooperate with planning for and completion of a site visit.

2.03 Funds Disbursement

1. Primary Care Provider LRP award disbursements are contingent on contract compliance and will be dispersed in 2 equal payments during year one of the service obligation. Any remaining award balance following the final disbursement shall revert to the Agency.
2. Within 60 days of receiving each award disbursement, the Practitioner must render payment of approved educational loans directly to the lender(s). Payments must be made in lump sum, and are not a substitute for regular monthly payments of educational loans.
3. Within 90 days of receiving each award disbursement, the Practitioner must submit documentation of payment to the lender(s) via the IowaGrants Electronic Grant Management System.
 - a. Proof of payment must be a copy of the most recent statement from each loan servicer showing:
 - i. servicer's name;
 - ii. health care professional name;
 - iii. account number;
 - iv. identifier (e.g., token, sequence, or number for each loan)
 - v. payment record of Primary Care Provider LRP funds; and
 - vi. current loan balance.
 - b. Proof of payment must show that 100 percent of Primary Care Provider LRP funds were dispersed toward approved educational loans.

A completed W-9 Form is mandatory for recipients of the Primary Care Provider LRP in order to be established as a payee in the State's financial system and to receive award disbursements for approved educational loans.

The W-9 Form is available via hyperlink in [RFP Section 7 – LINKS](#) and will also be available to download in the Pre-Application process. The W-9 Form collects sensitive information, therefore a completed form ***MUST NOT*** be uploaded into the IowaGrants Electronic Grant Management System. Instead, the completed form must be returned via Fax. Instructions for returning the form will be provided in IowaGrants form during the Pre-Application phase.

A completed and signed W-9 form ***MUST*** be received by the Agency via fax by the Pre-Application Submission Deadline on [May 3, 2023 by 4:00 PM Local Time](#) or the application will be rejected and will not be reviewed further by the Agency or considered for an LRP award.

2.04 Tax Liability

Loan repayment program awards are not subject to federal or state income taxes. Public Law 111-148, the Patient Protection and Affordable Care Act, makes payments under the National Health Service Corps Loan Repayment Program and certain state loan repayment programs tax exempt. The Primary Care Provider LRP is Iowa's State Loan Repayment Program. The provision is effective with respect to loan repayment grants received by an individual in taxable years beginning after December 31, 2008.

Iowa income taxes were coupled with the Internal Revenue Code as of January 31, 2005, thereby exempting Primary Care Provider LRP funds from state income taxes under the same effective dates reflected in federal legislation.

SECTION 3 -- APPLICATION CONTENT

IowaGrants Registration: The applicant must be registered in the IowaGrants Electronic Grant Management System as an individual. To register in IowaGrants please follow the guidance provided in that link <https://dom.iowa.gov/iowa-grants-login>. New Users should allow a few days for the registration to be processed. Please start gathering required documentation as soon as possible.

General Instructions for completing Application Forms in IowaGrants: For general instructions on completing application forms in IowaGrants, refer to the 'IDPH Application Instruction Guidance' as posted under the Attachment section of the Funding Opportunity.

3.01 Pre-Application Instructions

Applicants to this funding opportunity must NOT use the 'Copy Existing Application' function. **Applicants must click 'Start a New Application' for this Funding Opportunity to begin and then submit a Pre-Application.**

The Pre-Application consists of multiple required forms (refer to Section 3.02). Each form contained in the Pre-Application must be completed in its entirety or the IowaGrants Electronic Grant Management System will not permit the Pre-Application to be submitted. Refer to the 'IDPH Application Instruction Guidance' as posted under the Attachment section of the Funding Opportunity.

For additional instructions on IowaGrants Registration please refer to Section 1.05(D) for instructions.

Primary Care Provider LRP Applicant Information Form: Applicants will name/title their application and identify themselves (an individual) as the Registered Applicant. After clicking 'Save'; the applicant can re-open this form and add other users registered as 'Additional Contacts'.

The saved Primary Care Provider LRP Applicant Information Form appears as the first form in your Pre-Application.

3.02 Pre-Application Forms:

All Pre-Application forms must be completed, saved, and marked as complete before submission. Applicants should follow the instructions carefully and complete all required fields within each form. The IowaGrants Electronic Grant Management System will not allow an applicant

to save a form if any required fields are left blank.

The documentation required to be submitted with the Pre-Application may take the applicant several days to weeks to obtain. It is strongly recommended that the applicant thoroughly review RFP Section 1.03 Eligibility Conditions and Requirements, and begin obtaining the documentation immediately to avoid delays and to meet the application submission deadline. Late Pre-Applications are not accepted.

Primary Care Provider LRP Applicant Information

This form collects general information about the applicant.

Primary Care Provider LRP Attestation

This form provides the opportunity for applicants to attest to eligibility conditions listed in RFP Section 1.03A.

Primary Care Provider LRP Applicant Certification of Conditions

This form provides for the certification and assurance of the Applicant's intent and commitment to provide the services included in the application if an award is issued. This form will also identify the individual designated as the Grantee Contact with full responsibility for assignment of individuals to a resulting grant site (if applicable) in IowaGrants. Optional sections of this form include a section for the request for confidentiality in compliance with section 1.26 of this RFP and upload field for transmittal letters and other applicable communications.

The Certification and Conditions Form is **required** to be completed, electronically signed and dated by the Applicant.

- Iowa Code Section 554D.103 defines an electronic signature as “an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record.” An applicant may insert an electronically scanned signature, a digital signature, or a typed name, symbol, etc. in compliance with this definition for the electronic signature.

An applicant's submission of an application indicates the applicant's agreement to conduct this transaction by electronic means.

Eligibility Requirement 1: Citizenship Documentation

This form collects the documentation to support Requirement 1 listed in [RFP Section 1.03B](#) pertaining to U.S. citizenship status.

Eligibility Requirement 2: Health Profession Discipline and Specialty

This form collects the documentation to support Requirement 2 listed in [RFP Section 1.03B](#) pertaining to qualifying health professions.

Eligibility Requirement 3: Qualifying Educational Loans

This form collects information and documentation to support Requirement 3 listed in [RFP Section I.03B](#) pertaining to the applicant's educational loans.

Eligibility Requirement 4: Qualifying Education

This form collects the documentation to support Requirement 4 listed in [RFP Section I.03B](#) pertaining to the applicant's education.

Eligibility Requirement 5: Qualifying Practice Sites

This form collects the documentation to support Requirement 5 listed in [RFP Section I.03B](#) pertaining to the practice site(s) at which the applicant will be providing services for the duration of the required service obligation.

W-9 Form

This form collects information necessary to be established as a payee in the State's financial system in order to receive reimbursement for approved educational loans.

3.03 Final Application Instructions

Upon the Agency's approval of the Pre-Application, the applicant must complete and submit the Final Application. [Refer to section I.05 for deadlines.](#) Only Applicants that satisfy **ALL** eligibility conditions and requirements listed in RFP Section I.03 will be approved to advance to the Final Application.

Note: If an interested applicant failed to submit a Pre-Application by the deadline, they will not be able to complete a Final Application. The Final Application is a continuation of the Pre-Application. Do **NOT** start a new application at this stage in the application process.

To start the Final Application:

- Applicant will receive an email stating the Pre-Application has been approved.
- Applicant will log into the IowaGrants Electronic Grant Management System
- Click on Funding Opportunities (NOT Current Applications).
- Click on the title of this Funding Opportunity.
- When the Current Applications screen appears, click on 'Apply Final'. (Warning: Do NOT click on Copy Existing Application or Start

a New Application.)

- Applicant will then be asked to provide the application title for the Final Application in the Project Title field.
- Applicant can now Go to Application forms to see the listing of Final Application forms.

3.04 Final Application Form:

The Final Application will consist of multiple required forms available within the IowaGrants Electronic Grant Management System.

Applicants should follow the instructions in the application carefully and complete all required fields within each form. The IowaGrants Electronic Grant Management System will not allow the applicant to save a form if any required fields are left blank. Each form must be completed, saved, and marked as complete before the application can be submitted.

The information provided by the applicant in the Final Application will be reviewed, scored, and ranked in compliance with RFP Section 4 - Application Review Process and Criteria.

Primary Care Provider LRP Background and Experience: This form collects information about the applicant's experience living and/or working in rural, underserved areas:

1. Description of experience working in a rural, underserved area.
2. Description of primary care residency conducted in a rural, underserved area (if applicable).
3. Description of experience living in a rural, underserved area.
4. Indication of applicant's disadvantaged background.
5. Description of the top three challenges that healthcare practitioners face when providing services in rural, underserved areas, and how to address those challenges.

Minority Impact Statement: This form collects information about the potential impact of the project's proposed programs or policies on minority groups.

SECTION 4 – APPLICATION REVIEW PROCESS AND CRITERIA

4.01 Overview of Review Process

Pre-Application Agency Verification of Applicant Eligibility:

Pre-Applications submitted by the specified deadline will undergo Agency verification of applicant eligibility. The Agency will review information and documentation submitted by the applicant to determine compliance with the eligibility conditions and requirements listed in RFP Section I.03A and I.03B.

The Agency may, at its sole discretion, contact an applicant to clarify information or documentation related to the Pre-Application. Should the Agency request additional information or documentation during this timeframe, the applicant must respond to the request by a deadline specified by the Agency or the Pre-Application will be rejected and will not be reviewed further by the Agency or considered for an award.

Pre-Applications submitted after the specified deadline; submitted separately from the Pre-Application or in any manner other than through the IowaGrants Electronic Grant Management System (e.g. electronic mail to any other address, faxed, hand-delivered, mailed, shipped or courier-service delivered versions); or that fail to satisfy **ALL** eligibility conditions or requirements will be rejected and will not be considered for an award. The Agency will notify the applicant if the Pre-Application is rejected. The Agency reserves the right to waive minor variances at the sole discretion of the Agency.

Only Pre-Applications that satisfy **ALL** eligibility conditions and requirements listed in section I.03A and I.03B will be approved to advance to the Final Application.

Final Application Review and Scoring:

Final applications submitted by the deadline will be reviewed and scored by a review committee established by the Agency in accordance with a point system and review criteria (refer to score tool).

The total score awarded by each committee member will be averaged to arrive at the final score. Final Applications will be ranked based on the total points assigned from highest to lowest. The Agency may solicit additional input and recommendations from the review committee. In the event of tie scores and depleted funds (more applications than funding allows for), a second review may be conducted at the discretion of the Agency.

Final Applications submitted after the specified deadline, submitted separately from the Final Application, or in any manner other than through the IowaGrants Electronic Grant Management System (e.g. electronic mail to any other address, faxed, hand-delivered, mailed, shipped or courier-service delivered versions) will be rejected and will not be reviewed by the Agency or considered for an award. The Agency will notify the applicant if the Final Application is rejected.

Agency Review and Award

The Agency will consider the submitted applications (Pre-Application and Final Application), final scores, the review committee's recommendations as well as any other information received pursuant to Sections 1.18 - 1.22 of the RFP and procurement process. The Agency reserves the right not to award a contract to the applicant with the highest point average used to determine who will receive an award.

Award Status: Applicants will not be notified individually of their award status. Refer to RFP section 1.05 (L). The Agency will post a notice of intent to award (NOIA) with the following Final Application status':

- **Approved, funded:** Applicants that rank high enough to receive funding will be given this award status.
- **Approved, not funded:** Applicants that meet minimum scores, but do not rank high enough to receive funding at this time may be given this award status. In the event additional funding becomes available, applicants with this award status may receive funding by ranked order, based on scores.
- Applicants not listed on the NOIA will not receive funding.

4.02 Scoring of Applications

A maximum of 250 points may be awarded to each Final Application. A minimum average score of 150 points is required for the application to be considered for funding. Applications scoring less than the minimum average score will be rejected.

Accepted applications will be evaluated based on the following application elements:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFP objectives, particularly the ability of the applicant to serve the Iowa population(s) in greatest need of services.
- D. The applicant will be reviewed on their overall ability, as judged by the evaluation committee, to successfully complete their service

obligation. This judgment will be based upon overall proposal content and factors such as sufficient responses to narrative questions.

Unless otherwise defined for criteria below, points will be assigned for each item listed as follows:

- 5 Applicant’s application or capability is exceptional and exceeds expectations for this criterion.
- 4 Applicant’s application or capability is superior and slightly exceeds expectations for this criterion.
- 3 Applicant’s application or capability is satisfactory and meets expectations for this criterion.
- 2 Applicant’s application or capability is unsatisfactory and contains numerous deficiencies for this criterion.
- 1 Applicant’s application or capability is not acceptable or applicable for this criterion

Refer to draft Application Score Tool for additional details on the scoring for this RFP.

The maximum points to be awarded for each Final Application criteria are as follows:

Final Application Criteria Evaluation	Weight	Potential Maximum Score
Primary Care Provider LRP Applicant Information Form 1. Priority Points for Clinicians: <ul style="list-style-type: none">● Psychiatrist, psychologist, dentist, primary care physician MD/DO = 5 points● Nurse Practitioner or Physician Assistant with psychiatry or substance use specialty = 5 points● Nurse Practitioner or physician assistant = 4 points● All other eligible professions = 2 points	8	40
2. High Priority County for Health Factors & Health Outcomes <ul style="list-style-type: none">● High Priority County: Appanoose, Cass, Clarke, Clinton, Crawford, Decatur, Des Moines, Lee, Marshall, Monona,	3	15

<p>Montgomery, Pottawattamie, Union, Van Buren, Wapello, Wayne = 5 points</p> <ul style="list-style-type: none"> Dental High Priority County: Adair, Adams, Audubon, Calhoun, Cedar, Clarke, Davis, Fremont, Guthrie, Kossuth, Monona, Montgomery, Osceola, Palo Alto, Ringgold, Sac, Tama, Taylor, Van Buren, Wayne, Worth = 5 points All Other Counties = 1 point 		
<p>3. HPSA score* for primary medical care, or dental health, as applies to applicant's profession (if there is more than one HPSA score, use the highest score):</p> <ul style="list-style-type: none"> Above 20 = 5 points 16-20 = 4 points 11-15 = 3 points 6-10 = 2 points 1-5 = 1 point <p>*Facility HPSA scores are utilized, when applicable.</p> <p>HPSA Score for Mental Health Professions:</p> <ul style="list-style-type: none"> Above 21 = 5 points 19-20 = 4 points 16-19 = 3 points 10-15 = 2 points 1-9 = 1 point 	6	30
<p>4. Practice Location by Primary RUCA Codes:</p> <ul style="list-style-type: none"> Rural areas\Small town = 5 points Micropolitan area = 3 points Metropolitan area = 1 point 	5	25

<p>5. Percent of population (county) below 200% of the poverty level:</p> <ul style="list-style-type: none"> ● 41% and over = 5 points ● 31 to 40% = 4 points ● 21 to 30% = 3 points ● 11 to 20% = 2 points ● Up to 10% = 1 point <p>6. Received debt assistance before:</p> <ul style="list-style-type: none"> ● None = 5 points ● Any other type of educational debt assistance requiring a service obligation = 2 points ● Primary Care Provider LRP (formerly PRIMECARRE) = 1 	4	20
<p>Primary Care Provider LRP Background and Experience Form</p> <p>1. Indicate what experience the applicant has working or living in a rural, underserved area.</p> <ul style="list-style-type: none"> ● Experience working in a rural, underserved area \geq 5 years = 5 points ● Primary care residency conducted in a rural, underserved area = 4 points ● Living (not working) in a rural, underserved area = 3 points ● Disadvantaged background = 3 points ● No experience living or working in a rural, underserved area = 1 points <p>2. If an applicant lived or worked in a rural/underserved area, describe the experience, as applicable. Provide specific information about the location, rural characteristics, population</p>	8	40
	3	15

<p>characteristics, practice site/s, and services provided. If applicant does not have experience living or working in a rural/underserved area, describe three factors that influence your desire to do so.</p> <ul style="list-style-type: none"> With regard to working, conducting a residency, or living in a rural/underserved area, did the applicant provide the location/s and describe rural characteristics, underserved population characteristics, practice site characteristics, and services provided? <p>-OR-</p> <p>With regard to having no experience living or working in a rural/underserved area, did the applicant describe three factors that influence the desire to live or work in a rural, underserved area? = 1-5 points</p>		
<p>3. Describe the top three challenges that healthcare practitioners face when providing services in rural underserved areas = 1-5 points</p> <ul style="list-style-type: none"> Did the applicant provide three challenges that are considered a priority by the industry? Did the applicant support the stated challenges with reasoning and justification? Did the applicant provide evidence-based support of stated challenges with citations? 	3	15
<p>4. Describe how your service obligation helps to address the challenges you identified = 1-5 points</p> <ul style="list-style-type: none"> Did the applicant address each stated challenge? 	2	10

<ul style="list-style-type: none">• Did the applicant reference specific organizational plans, policies, or procedures that address each stated challenge?		
Total Maximum Points:		250

SECTION 5 – CONTRACT

5.01 Contract Conditions

Any contract awarded by the Agency shall include specific contract provisions and the Iowa Department of Health and Human Services [General Conditions Effective July 1, 2019](#) as posted on the Agency’s website under Funding Opportunities. Refer to the Attachments section on the Funding Opportunity page for the Draft Contract Template. The Draft Contract Template included is for reference only and is subject to change at the sole discretion of the Agency.

The contract terms contained in the general conditions are not intended to be a complete listing of all contract terms, but are provided only to enable applicants to better evaluate the costs associated with the RFP and the potential resulting contract. Applicants should plan to include such terms in any contract awarded as a result of the RFP. If the contract exceeds \$500,000, or if the contract together with other contracts awarded to the Contractor by the Agency exceeds \$500,000 in the aggregate, the Contractor shall be required to comply with the provisions of Iowa Code chapter 8F.

Results of the review process or changes in federal or state law may require additions or changes in final contract conditions requirements. In the event that this contract is materially affected by a change in the regulations, the Agency will advise the practitioner (successful applicant) of these changes with copies of applicable regulations or correspondence within a reasonable period of time, and may result in a contract amendment.

5.02 Amendments to Contract:

1. This contract may be amended in writing by mutual consent of the parties. All amendments to this contract must be fully executed by the parties.
2. Parties to this contract recognize that this program is regulated in large part by the federal government and this contract may be modified or amended from time to time in order to remain compliant with federal regulations as published in the Federal Register or as established in correspondence with the federal program office.
3. In the event that this contract is materially affected by a change in the regulations as referenced above, the Agency will advise the practitioner of these changes with copies of applicable regulations or correspondence within a reasonable period of time.

5.03 Suspension of Contract:

1. Suspension of the service obligation for up to one (1) year under this contract shall be considered for:
 - a. temporary, documented medical condition or personal situation.
 - b. maternity/paternity leave not to exceed three (3) months.
 - c. military service for a period not to exceed one (1) year.
2. The Practitioner shall notify the Agency in writing within thirty (30) working days of suspension of service obligation, or if prior notice is not possible, immediately thereafter.
3. The Agency may request supporting documentation for approval of suspension. If the total time away from a site exceeds 35 work days in a service year, the service obligation (contract) end date will be extended in accordance with the full-time or half-time employment status indicated on the contract face sheet.

5.04 Waiver of Contract

1. A waiver may be granted only if:
 - a. all loans listed in reach a balance of zero dollars (\$0.00) as a direct result of the Public Service Loan Forgiveness or the One-time Federal Student Loan Debt Relief Program; or
 - b. the Practitioner demonstrates that compliance with their commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable.
2. The Practitioner must submit a request for a waiver to the Agency with documentation of compelling circumstances.

5.05 Breach of Contract

1. Failure to comply with the terms and conditions described in this contract shall render the Practitioner in default status and constitutes a breach of contract.
2. Practitioner is in breach of this agreement if he or she has made a materially false statement on his or her application for this program.
3. Practitioner is in breach of this agreement if he or she fails to begin the service obligation at the Practice Site(s) by the start date of the contract.
4. Practitioner will be considered in default if he or she separates from the practice site(s) prior to completion of the obligated period for any reason regardless of the initiator of the separation, and does not meet the suspension criteria outlined in RFP Section 5.03.

5. Repayments and Liquidated Damages. Upon breach of this agreement, the Practitioner shall be required to pay to the Agency an amount equal to the sum of the following:
- a. The amount of the loan repayments paid to the participant representing any period of obligated service not completed.
 - b. \$7,500 (\$3,750 for half-time) multiplied by the number of months of obligated service not completed.
 - c. Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.
 - d. The amount the Agency is entitled to recover shall not be less than \$31,000.
 - e. The amount owed is due to be paid within one year of breach.
 - f. Should a legal action be required to enforce repayment of loan and liquidated damages for breach of this agreement, the Practitioner agrees to pay all reasonable attorney's fees, costs and expenses of such action to the Agency.

5.06 Cancellation of Contract

Contract will be canceled in the event of the Practitioner's death.

5.07 Incorporation of Documents

The RFP, any amendments and written responses to applicant questions, and the application submitted in response to the RFP form a part of the contract. The parties are obligated to perform all services described in the RFP and application unless the contract specifically directs otherwise.

5.08 Order of Priority

In the event of a conflict between the contract, the RFP and the application, the conflict shall be resolved according to the following priorities, ranked in descending order:

1. the Contract;
2. the RFP;
3. the Application.

SECTION 6 – ATTACHMENTS

The following reference documents are posted separately under the Attachment section of this Funding Opportunity.

- A – FY24 RFP 58824015 Primary Care Provider LRP
- B – New User Registration Instructions for IowaGrants.gov
- C – IHHS Application Instruction Guidance
- D – FY24 Primary Care Provider LRP Draft Contract Template
- E – FY24 Primary Care Provider LRP Draft Pre Application Review Tool
- F – FY24 Primary Care Provider LRP Draft Final Application Score Tool
- G – Form 22 Confidential Information Request

SECTION 7 – LINKS

The following reference documents are available by clicking on the link provided in the website Links section of this Funding Opportunity.

- A. Federal Student AID
<https://studentaid.gov/>
- B. FFIEC Website
<http://www.ffiec.gov/Geocode/>
- C. HRSA Data
<https://data.hrsa.gov/>
- D. Contract General Conditions

<https://hhs.iowa.gov/contract-terms>

- E. NHSC Site Reference Guide (for NHSC sliding fee scale guidance)

<https://nhsc.hrsa.gov/sites/default/files/nhsc/nhsc-sites/nhsc-site-reference-guide.pdf>

- F. Rural-Urban Commuting Area Codes <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>

- G. U.S. Department of Health & Human Services Poverty Guidelines

<https://aspe.hhs.gov/poverty-guidelines>

- H. U.S. Department of Health and Human Services, Health Resources and Services Administration Program CFDA: 93.165 Grants to States for Loan Repayment

<https://www.federalgrantswire.com/grants-for-state-loan-repayment.html#.XvYq5zFKg2w>

- I. Iowa Licenses and Permits (Iowa sites to see license, permit or registration status for personal, business and professional licenses)

<https://www.iowa.gov/business/licenses-and-permits>

- J. W-9 Form

https://drive.google.com/file/d/18P0e7eynIoO94yAFxIJ9tAWY32lZLKDa/view?usp=share_link

- K. Pre-Application Conference Virtual Meeting Link

Meeting ID

meet.google.com/kzc-emqs-vxx

Phone Numbers

(US)+1 402-545-0334

PIN: 691 425 144#

- L. Loan Disbursement Report Example

<https://drive.google.com/file/d/1HErkUpiwaTWTGGWzUnwRb5bK9HAh-wuu/view?usp=sharing>

M. Loan Disclosure Statement Example

<https://drive.google.com/file/d/19LW-cl26lCty-ukTRqLKSGMaHe7AVgLz/view?usp=sharing>