



JACKSON COUNTY PUBLIC HEALTH
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COUNTY OF JACKSON
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(970) 723-4002

INTRODUCTION

Jackson County is located in the North Central part of Colorado. We are situated between Steamboat Springs CO and Laramie WY. The 2020 census lists our population at 1379, but we have a thriving tourist population and many second homeowners.

PURPOSE AND SCOPE OF WORK

The purpose of this project is to find an individual and/or community outreach program to complete the work and deliverables for this federally funded project in a five-year grant cycle – 9/30/2024 to 9/29/2029. SAMHSA (Substance Abuse and Mental Health Services Administration) Grant focuses on youth prevention of alcohol and substance use. This project uses federal Substance Abuse Mental Health Services Administration (SAMHSA) Strategic Prevention Framework – Partnerships for Success (SPF PFS) for States discretionary federal funds to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services. This program is intended to promote substance use prevention throughout a state jurisdiction for individuals and families by building and expanding the capacity of local community prevention providers to implement evidence-based programs. Please see Exhibit B attached for the complete statement of work for this project. Some deliverables are listed below this list is not a complete list of deliverables and statement of work. See Exhibit B for complete list of deliverables

- Contractor will complete a Community Assessment Plan along with a community profile. This will be done with input from the Jackson County Community, local stakeholders, and Jackson County public health
- Contractor shall submit certificates of attendance for all required trainings
- The Contractor will submit quarterly and an annual report to CDPHE and Jackson County Public Health.
- Will complete an evaluation plan to submit to CDPHE and Jackson County Public Health to show progress of implemented programs.

PROPOSALS SHOULD INCLUDE THE FOLLOWING INFORMATION:

- Describe your knowledge and experience with youth prevention programming in your community.
- Organizations/Individuals should provide the name and qualifications of the person proposed to provide the youth prevention services to Jackson County. This is the person that will be appointed as director of this program
- Organizations/Individuals should provide the names and qualifications for each supporting member youth prevention services team and how they will be utilized by the grant and programming.
- Provide the name of your professional liability, insurance carriers and insurance limits on each policy.
- Disclose any potential conflicts of interest that you or any member of your organization may have in relation to Jackson County.
- A budget complete with a list of hourly wages and fringe benefits for yourself and other members of your organization who may provide youth prevention programming services to Jackson County, and list supporting staff rates and any other applicable billable rates and expenses, including travel to and from Walden, trainings and meetings and other mileage, travel time, photocopying and postage costs.
- Provide a minimum of three references
- All potential vendors must be registered on the System for Award Management (SAM.gov) website and provide their Unique Entity Identifier (UEI) number

REQUIRED SUBMITTALS

1. The applicant shall provide the proposal by physical delivery, mail, or by email. Additional explanatory and supplemental materials may be submitted under a separate cover, if desired.
2. Introduction/Executive Summary: Introduce organization and provide an overview of your experience and interest in this RFP.
3. Provide a description of similar work or experience with Youth Prevention Programming and Coalition Building

ADDITIONAL INFORMATION

The individual/organization chosen will not be an employee of Jackson County. The organization chosen will work in partnership with Jackson County Public Health and CDPHE

directly to complete the Statement of Work and deliverables. Subcontract will need to meet any and all federal grant and reporting requirements.

PROPOSAL SUBMITTAL DEADLINE

The deadline for submittals is Feb 7th, 2025 at 4:00pm

Please submit proposals to:

Jackson County Public Health

PO Box 872
Walden CO 80480

or via email to mclendenen@jacksoncountycogov.

Late submissions will not be considered.

SELECTION PROCESS

County Board of Commissioners and Deputy Director of Public Health will review all proposals. The proposals will be scored on the following criteria:

1. Quality and thoroughness of the proposal.
2. Applicant's experience and past performance in completing similar work for local communities.

ADDITIONAL CONDITIONS AND INFORMATION

1. **ACCEPTANCE OF PROPOSAL:** It is expressly understood that the COUNTY reserves the right to reject any or all responses to this RFP. Final selection will be based on the proposal's apparent ability to best meet the overall expectations of the County as determined solely by the County.
2. **COST OF PROPOSAL AND APPLICANT'S EXPENSES:** Expenses incurred in the preparation of proposals in response to this RFP are the Applicant's sole responsibility. The County assumes no responsibility for payment of any expenses incurred by any Applicant as part of the RFP process.
3. **LATE PROPOSALS:** Late proposals will not be considered.

4. **OPEN RECORDS ACT:** Notwithstanding any language contained in a proposal to the contrary, all proposals submitted to the County become the property of the County. Any information considered proprietary should not be included or clearly identified as confidential.
5. **OPENING OF PROPOSALS:** The County reserves the right to open Proposals received in response to this RFP, privately and unannounced, or in open public meeting, after the closing date and time.
6. **IRREGULARITIES:** The County reserves the right to waive any and all irregularities contained within a proposal.

Questions and inquiries regarding the RFP should be directed to Marcie Clendenen, Deputy Director of Public Health, 970-723-4002 or mclendenen@jacksoncountyco.gov prior to the submittal due date. The County will issue a response to all questions by email.

STATEMENT OF WORK

To Original Contract Number Click or tap here to enter text.

These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.

I. Entity Name:

II. Project Description

This project uses federal Substance Abuse Mental Health Services Administration (SAMHSA) Strategic Prevention Framework – Partnerships for Success (SPF PFS) for States discretionary federal funds to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services. This program is intended to promote substance use prevention throughout a state jurisdiction for individuals and families by building and expanding the capacity of local community prevention providers to implement evidence-based programs.

The CDPHE Colorado SPF PFS Northwest project will build upon the state's experience and established SPF-based prevention infrastructure to address the state and region through local communities for substance misuse prevention priority of alcohol by focusing on risk and protective factors and collective impact. The geographic catchment area is the far Northwest corner of Colorado, which includes Jackson, Moffat, Rio Blanco and Routt counties. This rural area has deep western heritage and is known for its diverse natural resources. Youth ages 10-19 makeup 13.3% of the Northwest Colorado population and are the focus for this project. The Northwest Colorado region has indicators suggesting high levels of substance misuse among youth and a lack of overall prevention infrastructure support for local government and community organizations to address these concerns. Overall, self-reported use of substances by youth is higher in Northwest Colorado than state-level estimates, but the data on drinking any alcohol (34.4% vs. 23.6% statewide) and binge drinking (20% vs. 12.5% statewide) in the last 30 days are particularly striking for the Northwest region. Moreover, the Colorado Violent Death Reporting system data aggregated over five years (2017-2021) demonstrate the relationship between onset of alcohol misuse and suicide death and the need to focus on prevention. For youth ages 10-18 in Colorado, 11.9% of suicide decedents had a problem with alcohol and toxicology reports indicate that alcohol was present in 11.7% of the deaths. Working with Northwest Colorado, the state and region will have a significant impact on alcohol misuse among youth by achieving two primary goals. This project aims to strengthen the capacity and infrastructure at the regional and community levels to support the prevention of alcohol misuse among youth, including capacity and infrastructure to address behavioral health disparities and deliver evidence-based programs and promising approaches that build emotional health and thereby prevent the onset of symptoms and complications from alcohol use and promote mental health. This project also aims to reduce risk factors and increase protective factors that may contribute to or limit the progression for alcohol misuse through evidence-based prevention strategies and programs.

CDPHE will benefit from this project through documented process and outcome measures, recommendations for continuous quality improvement, and enhanced capacity among staff and Grantees to align local decision making to Prevention Science. The federal funding for this project is a five-year grant cycle – 9/30/2024 to 9/29/2029.

III. Definitions

1. **CDPHE:** Colorado Department of Public Health and Environment
2. **Coalition Members:** Coalition members include all participants of the organized group engaged in the SPF Model representative of the many sectors recommended to be a part of local prevention decision-making: youth, parents, residents, public health, youth-serving organization, such as mentoring and after school programs, local education authority, community-based organization addressing prevention, local housing and human services, local community health and/or health care organization, local law enforcement, local business, and elected officials. These Coalition Members should represent the diversity of the community they represent.
3. **Community Assessment:** The Community Assessment is a process where communities use data from their Geographic Area of Focus (or larger region/state when local data is not available) that identifies gaps in prevention to reduce risk and increase protective factors that improve youth health outcomes. The Community Assessment also includes assessing available resources within the Geographic Area of Focus to implement a comprehensive Prevention Science approach. The resources assessed indicate both need and readiness or capacity to reduce risk or increase protection.
4. **Community Action Plan (CAP):** This comprehensive and community-wide action plan defines the community engagement process and Primary Prevention plan of SPF. Part 1 of this plan includes the Coalition Members engaged, existing Primary Prevention efforts within the community, the prioritization process of the data, the risk and protective factors that the community selected to address, and the selected Primary Prevention strategies and programs that the community, not the backbone agency, has decided to prioritize to reduce those risk or improve those protective factors. The plan is ideally a comprehensive prevention approach when it includes strategies and practices that cross the Socio-Ecological Model, including programs for individuals and families, policy improvements for organization and local governance, and efforts to shift the community norms to reflect the Social Development Strategy. Part 2 of this plan, sometimes called the implementation and evaluation plan, ultimately specifies the steps that the community will take to implement the action plan, capacity building, funding, and outlines how those steps will be measured for success. Part 2 of the plan addresses gaps that exist within the community and is fluid as the Coalition Members shift their implementation strategies to adjust to an ever-changing environment.
5. **Collective Impact:** A model which embraces the idea that no single organization can solve any major social problem by itself. It takes collaboration between all community

members and sectors— including government, nonprofit, education, business, youth, and families – to achieve long-term measurable change

6. **Evaluation Plan:** The evaluation plan includes a process evaluation which assesses core component or Strategic Prevention Framework (SPF) activities across Grantees, and an outcome evaluation which assesses changes in Risk and Protective Factors in state-level health outcomes.
7. **Equity:** The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.
8. **External Evaluation Entity:** CDPHE will hire an external evaluation agency to conduct cross-site evaluation of implementation across the state, as well as to provide subject matter expertise and technical assistance to improve data-driven decision-making and local evaluation planning for CAPs
9. **FTE:** Full Time Equivalent staff.
10. **Grant Cycle:** The five-year period during which organizations receive funding through the SPF PFS. The federal funding grant cycle is September 30, 2024, through September 29, 2029. The term of the initial contract (Year 1) is September 30, 2024, through September 29, 2025 and may be renewed for four (4) additional one-year periods at the sole discretion of the State. The contract term will correlate with the five-year funding/grant cycle of FFY 2024- FFY 2029. However, renewals are contingent upon funds being appropriated, budgeted, and otherwise made available, and other contractual requirements, if applicable, being satisfied. At the sole discretion of the State, the dates of the contract may be modified.
11. **Grantees:** Communities funded as sub-recipients for the SAMHSA Strategic Prevention Framework – Partnerships for Success (SPF PFS) discretionary funds.
12. **Geographic Area of Focus:** the boundaries of the community selected for intervention by the Contractor. Defined geographic boundaries support the External Evaluation Entity in identifying data sources to monitor for outcome evaluation over time.
13. **Health Equity:** Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. Behavioral health

equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.

14. **Health Disparities:** Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; disability; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”
15. **HKCS:** Health Kids Colorado Survey
16. **National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards):** A set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services of the CLAS standards. <https://thinkculturalhealth.hhs.gov/clas>
17. **Prevention Science:** Prevention Science focuses on the development of evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities. A central tenet of Prevention Science is the promotion of health equity and reduction of disparities by studying how social, economic and racial inequalities and discrimination influence healthy development and wellbeing. The application of well-tested practices, strategies and policies generated by Prevention Science can lead to substantial cost-savings by investing in upstream strategies to avoid downstream costs. An integrated delivery system of comprehensive evidence-based prevention strategies, programs, and practices that crosses many public sectors with scientifically based guidance and resources to legislative and administrative decision-makers will facilitate the integration of best practices from Prevention Science into policy.
18. **Primary Prevention:** As defined by the Centers for Disease Control's (CDC) Principles of Prevention Guide, Primary Prevention takes place BEFORE substance misuse (or other health behavior) initially occurs. It involves programs and strategies designed to reduce the factors that put people at risk for substance misuse or exposure. Or, they encourage the factors that protect or buffer people from substances.
19. **SAMHSA: Substance Abuse Mental Health Services Administration** is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. <https://www.samhsa.gov/about-us>
20. **Shared Risk and Protective Factors:** Research from the Centers of Disease Control and Prevention shows that many forms of violence and injury are connected and share many of the same risk and protective factors. These factors can put someone more or

less at risk of experiencing substance misuse, poor educational attainment, violence and injury.

21. **Strategic Prevention Framework Partnerships for Success (SPF PFS):** The SPF-PFS grant program is a foundational investment in substance use prevention in the U.S. SPF-PFS focuses on preventing substance use initiation and reducing the progression of substance use (and related problems) — by supporting the development and implementation of comprehensive, evidence-based prevention strategies — while also strengthening prevention capacity and infrastructure at the community and state levels. SPF-PFS supports: a comprehensive prevention strategy, addressing locally identified priorities, using a data-driven process, enhancing protective factors, reducing risk factors, and building capacity to implement prevention strategies.
22. **Strategic Prevention Framework (SPF):** [Strategic Prevention Framework \(PDF | 3.3 MB\)](#) (also available in [Spanish](#)) is used to guide a communities prevention planning efforts. Studies show that adherence to the principles in the Framework increases the likelihood that prevention efforts will focus on the substance use problems impacting the community, produce anticipated outcomes, reduce harmful behaviors, and keep communities healthier and safer.
23. **Substance use/misuse:** substance use/misuse among youth includes underage use of marijuana and alcohol and the misuse of prescription drugs/opioids. Additional substances may be included in the definition of substance misuse by a community if they have documented data of misuse or abuse among youth in their community, excluding tobacco
24. **Systems Change:** The process of improving the capacity of a system or group of systems to work with multiple sectors to address systemic and structural inequalities to improve the health for all people in a defined community. Applying evidence-based systems changes invests in upstream strategies, including policy and environment changes, to avoid downstream health disparities and costs.
25. **Quarters:** Based on Federal Fiscal Year (FFY) – September 30, 2024, to September 29, 2025
 - a. January 31, 2025 for the period October 1 to December 31
 - b. April 30, 2025 for the period January 1 to March 31
 - c. July 31, 2025 for the period of April 1 to June 30
 - d. October 31, 2025 for the period of July 1 to September 30

IV. Work Plan

Goal #1: Create healthy, thriving and resilient communities, free from violence and injury.

Objective #1: No later than the expiration date of this contract, start an organized group – Coalition, in which members will use Prevention Science to impact Shared Risk and Protective Factors in Primary Prevention regarding Substance use/misuse in the lives of youth in the members’ Geographic Area of Focus.

Primary Activity #1 The Contractor shall facilitate a group of Coalition Members that represent the Geographic Area of Focus using SPF to develop the Coalition Members' capacity to drive decisions that promote Prevention Science within the Coalition Members' community.

Sub- Activity #1

1. The Contractor shall provide a Project Manager/Coordinator or equivalent that is one (1) FTE.
2. The Contractor shall define the parameters of the Geographic Area of Focus to recruit Coalition Members from the area.
3. The Contractor shall facilitate diverse Coalition Members.
4. The Contractor shall provide a list of middle schools and high schools in the Contractor's Geographic Area of Focus to CDPHE for the HKCS team to encourage focused recruitment of those schools in the HKCS.
5. The Contractor shall provide professional development opportunities to support the Project Manager's ability to facilitate Coalition Member growth and sustainability to address Primary Prevention and Prevention Science.
6. The Contractor shall use group facilitation skills as well as tools, provided by CDPHE, to guide the Coalition Members through:
 - a. the SPF process and
 - b. Collective Impact
7. The Contractor shall build Coalition Members' capacity to implement Primary Prevention and Prevention Science approaches within the community.
8. The Contractor shall facilitate a minimum of one (1) Coalition Member meeting per month.
9. The Contractor shall distribute the following in advance to prepare for meetings:
 - a. community Coalition Members agendas,
 - b. community Coalition Members resources, and
 - c. community Coalition Members updates
10. The Contractor shall train Coalition Members to expand community outreach.

Primary Activity #2 The Contractor shall document an updated, comprehensive CAP using the CDPHE provided template for the current fiscal year and participate in all evaluation activities to meet federal reporting requirements.

Sub- Activity #2

1. The Contractor shall complete a Community Profile that describes the project that can be used in:
 - a. publications,
 - b. reporting to federal and state agencies,
 - c. or press releases.
2. The Contractor shall document the Primary Prevention strategies selected by Coalition Members based on the SPF process.
3. The Contractor shall document the Primary Prevention program(s) selected by Coalition Members based on the SPF process.

4. The Contractor shall document the action steps required to implement the selected Primary Prevention approaches into the CAP.
5. The Contractor shall determine, with the External Evaluation Entity, how to identify evaluation measures and outcomes for the Contractor's CAP
6. The Contractor shall document the following on the actions from the CAP using the External Evaluation Entity provided template to meet federal reporting requirements:
 - a. quarterly progress,
 - b. successes, and
 - c. challenges.
7. The Contractor shall attend all required trainings and technical assistance meetings conducted by the CDPHE team or CDPHE's identified contractors.
8. The Contractor shall submit a certificate of attendance for required trainings and all required meetings conducted by the CDPHE team or CDPHE's identified contractors.
9. The Contractor shall complete all evaluation activities to meet grant requirements.
10. The Contractor shall collect data from instruments and tools identified by the External Evaluation Entity.
11. The Contractor shall attend all evaluation activities required by the External Evaluation Entity.
12. The Contractor shall complete a community assessment that identifies:
 - a. health equity and
 - b. health disparities.
13. The Contractor shall complete the five-year strategic plan.
14. The Contractor shall implement the five-year strategic plan.
15. The Contractor shall complete the five-year evaluation plan.
16. The Contractor shall implement the five-year evaluation plan.
17. The Contractor shall participate in the data collection system to meet federal reporting requirements.
18. The Contractor shall attend the following when a Primary Prevention or Prevention Science professional opportunity is available:
 - a. trainings
 - b. conferences
19. The Contractor shall submit a certificate of attendance for all Primary Prevention or Prevention Science trainings.
20. The Contractor shall meet with CDPHE staff monthly to:
 - a. check in on CAP progress,
 - b. check in on budget, and
 - c. identify any needs.
21. The Contractor shall use data results to implement quality improvements for the project.
22. The Contractor shall include and incorporate CLAS standards when applicable through the SPF process.
23. The Contractor shall attend:
 - a. regional meetings
 - b. community visits.

Primary Activity #3 The Contractor shall document work completed on the project.

Sub- Activity #3

1. The Contractor shall complete quarterly progress reports.
 2. The Contractor shall complete an annual report.
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Standards and Requirements

1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates.
2. CDPHE will work in collaboration with the Contractor to meet federal reporting requirements.
3. The Contractor shall follow the SPF process throughout the grant cycle including the incorporation of:
 - a. cultural competency,
 - b. sustainability, and
 - c. CLAS standards.
4. CDPHE will provide the Contractor with a list of all required trainings.
5. CDPHE will provide the Contractor with a list of all evaluation activities required by the External Evaluation Entity.
6. CDPHE will provide the Contractor with the template to document implementation of specific or action steps and related evaluation measures.
7. The Contractor shall provide CDPHE with all information on any adjustments made to the CAP or overall project quarterly.
8. CDPHE will provide the Contractor with templates for:
 - a. the community assessment
 - b. strategic plan and
 - c. evaluation plan.
9. CDPHE will provide the Contractor with group facilitation skills in addition to tools to help guide the Coalition Members
10. The Contractor shall assist in all data collection efforts from the External Evaluation Entity to help with continuous program quality improvement to meet federal reporting requirements.
11. The Contractor shall use training in addition to technical assistance from the External Evaluation Entity to complete the evaluation portions of the grant.
12. The Contractor shall provide Coalition Member meetings with access to these items:
 - a. convenient location
 - b. meetings held at a convenient time that does not conflict with work and school schedules
 - c. available public transportation
 - d. childcare accessibility
 - e. interpretation needs

- f. food
 - g. accessible facilities that are inclusive for all coalition members
13. The Contractor shall reimburse Coalition Members for the Coalition Members' time and expertise if they participate outside of their employment or paid time.
 14. The Contractor shall provide language interpretation at CTC Coalition Member meetings when there are non-English speaking community members participating.
 15. The Contractor shall require staff to participate in professional development opportunities, including:
 - a. regional and grantee meetings,
 - b. trainings,
 - c. conferences with the focus on primary prevention and prevention science.
 16. CDPHE will provide the Contractor with a menu of Primary Prevention strategies across the Socio-Ecological Model for Coalition Member's implementation within the CAP.
 17. The quarterly progress reports shall include:
 - a. successes throughout the grant and
 - b. challenges throughout the grant
 18. The Contractor shall complete an annual report which includes:
 - a. a report of the successes and challenges
 - b. identified recommendations for quality improvement
 19. The Contractor shall use the External Evaluation Entity or CDPHE provided template for the annual report to meet federal reporting requirements.
 20. Deliverables shall be submitted to the CDPHE SPF PFS Northwest Co-Project Directors and Project Manager via email.

Expected Results of Activity(s)

Develop and maintain a Coalition with high-capacity groups of Coalition Members who are ready to drive decision-making throughout the community to support advancing health equity, reducing youth substance use in the Coalition Members' Geographic Area of Focus by following the SPF process.

Coalition Members lead the following:

- a. assess the specific, well-researched Shared Risk and Protective Factors (factors that increase the likelihood of a problem behavior or buffer someone from the risks of a problem behavior) among the youth in their communities
- b. select from a menu of proven or evidence-informed Primary Prevention strategies (including programs) to address the factors most relevant among their local youth
- c. identify funding for the selected strategies
- d. implement those strategies aligned to best practices
- e. evaluate the impact of chosen strategies
- f. systems change in the community through collective impact

Measurement of Expected Results

1. Implementation of the SPF process and data collection system
2. Meeting federal grant and reporting requirements
3. Quarterly progress reports of successes and challenges throughout the grant

Deliverables

Description	Completion Date
1. The Contractor shall submit name of the one (1) FTE position.	No later than six (6) months after contract execution date.
2. The Contractor shall submit a Community Profile.	No later than six (6) months after contract execution date.
3. The Contractor shall submit the CAP.	No later than 30 days after the third quarter of the federal fiscal year.
4. The Contractor shall submit certificates of attendance from all required trainings.	No later than September 29, 2025.
5. The Contractor shall submit the community assessment.	No later than September 29, 2025
6. The Contractor shall submit the evaluation plan.	No later than September 29, 2025
7. The Contractor shall submit the strategic plan.	No later than September 29, 2025
8. The Contractor shall submit quarterly progress reports.	No later than 30 days after each quarter of the federal fiscal year.
9. The Contractor shall submit an annual report.	No later than September 29, 2025.

V. Monitoring

CDPHE’s monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the identified CDPHE staff. Methods used will include a review of documentation determined by CDPHE to be reflective of performance to include progress reports and other fiscal and programmatic documentation as applicable. The Contractor’s performance will be evaluated at set intervals and communicated to the Contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

VI. Resolution of Non-Compliance

The Contractor will be notified in writing within 15 calendar days of discovery of a compliance issue. Within 30 calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and timeline for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the timeline, the Contractor must email a request to the SPF PFS Northwest Co-Project Directors and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure timelines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.