



Department of Procurement and Contract Compliance

Addendum #1

NON N41117

**Notice of Funding Availability (NOFA) for a Bilingual Health
Navigator-CHW**

Release Date:
December 6, 2024

Refer All Inquiries to: Kelly Regan kregan@wycokck.org

Department of Procurement and Contract Compliance

701 N 7th Street, Suite 649
Kansas City, KS 66101

ADDENDUM #1

Please be advised of the following changes/clarifications to subject solicitation. Please see answers to questions regarding NON N41117, Notice of Funding Availability (NOFA) for a Bilingual Health Navigator-CHW

Does the applicant need to speak Spanish?

The Community Health Worker/Navigator services that are provided by the applicant must be provided in Spanish, since that is the language spoken by 90% of the former Duchesne clinic patients.

How many Health Navigator/Community Health Worker is expected to deliver needed services?

The expectation is the equivalent of 1.5-2 FTE for a 12-month period for the full \$100,000 award. That does not have to be 1.5-2 staff full-time; it could be 3-4 staff each dedicating 50% of their time to the project.

What is the Term of the contract?

12 months

Will there be more than one awardee?

We anticipate one awardee, but we are reserving the right to award more than 1 award if it better serves the community need.

How are referrals obtained for the awardee? (Assigned or from picklist).

The awardee will be assigned clients to assist by local clinical partners

Is there a need to develop an application to keep track of referred clients? Or, is there an expectation to use an existing system?

Yes, you will need to utilize your own client management system for this award

What is the ratio of individuals served to Community Health Worker/Health Navigator

We have not set a limit. Please use a best practice from the CHW field.

What are the required deliverables and reporting requirements?

As described in the NOFA

Is there a need to have a physical office in the State?

The CHWs must serve in-person in Wyandotte County, Kansas. The headquarters for the awarded

agency(ies) do not need to be within Kansas.

SIGNATURE PAGE

Proposers are asked to acknowledge receipt of this Addendum Number One (1), by completing the information requested below and submitting this information with their proposal. Failure to do so may subject the proposer to disqualification.

ALL OTHER SPECIFICATIONS AND CONDITIONS REMAIN UNCHANGED.

RECEIPT OF THIS ADDENDUM IS HEREBY ACKNOWLEDGED

NAME/BUSINESS: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____, STATE: _____, ZIP CODE: _____

PHONE: () _____ FAX NO: _____

E-MAIL ADDRESS: _____

ATTENTION OF: _____

TITLE: _____

SIGNED: _____

DATE: _____

All questions should be directed to the Purchasing Department at (913) 573-5440