

Event Details

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000086403	Buy	RFx	1
Event Round	Version		
1	2		
Event Name			
400-26-096-CD-PCO RFQ			
Start Time		Finish Time	
12/10/2025 13:58:13 EST		01/10/2026 12:00:00 EST	

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS

Submit To: Indiana Dept of Health
IN Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States

Contact: Sean Stevens - 00400
Phone:
Email: SeStevens@health.in.gov

Event Description

RFQ # 0000086403

The Indiana Office of Primary Care (PCO) manages the State Primary Care Offices cooperative agreement grant from the Health Resources and Services Administration (HRSA). As a requirement of the cooperative agreement, the PCO must conduct a statewide Community Health Needs Assessment that identifies the communities with the greatest unmet health care needs, disparities in health outcomes, poverty, health workforce shortages, and barriers to health care access.

Deadline for submission = 1/10/2026 @ 12:00 PM EST.

See Scope for more details and specifications.

If you are viewing the event through the bidder portal, please be sure to check <https://www.in.gov/idoa/procurement/current-business-opportunities/> for additional details and documents related to this event.

Please submit completed bid paperwork and any questions to SeStevens@health.in.gov

Please note, this bid is not recommended to be submitted through the supplier portal.

General Comments

- Statewide Community Health Needs Assessment

The Indiana Office of Primary Care (PCO) manages the State Primary Care Offices cooperative agreement grant from the Health Resources and Services Administration (HRSA). As a requirement of the cooperative agreement, the PCO must conduct a statewide Community Health Needs Assessment that identifies the communities with the greatest unmet health care needs, disparities in health outcomes, poverty, health workforce shortages, and barriers to health care access.

Completion Date: 11/30/2026

The Needs Assessment should provide:

- Vendor will provide a description of the target populations in your state or territory and their unmet primary, dental, and mental health needs, including:
 - An analysis of poverty rates using generally accepted measures (e.g., the Federal poverty rate or concentrations of individuals on Medicaid);
 - An analysis of standard mortality and morbidity rates among geographic areas and/or target populations at the county and subcounty level (may include infant mortality or low-birth rates in addition to standard mortality rates, if relevant);
 - A description of unmet health needs, including updates or emerging challenges since the issuance of the previous project period from April 2019 to March 2024.;
 - A description of disparities in health outcomes (e.g., disparities based on geography, socioeconomic status, race, ethnicity, disability, primary language, health literacy, sex, gender identity, sexual orientation, etc.); and
 - Citations to verifiable demographic data to support the information provided (e.g., data from a U.S. government agency or survey).
- Vendor will provide a discussion of any relevant barriers, by service area, that the PCO will work to overcome, including:
 - A description of infrastructure challenges (e.g., access to transportation, technological barriers, water fluoridation, etc.);
 - A description of challenges target populations face (e.g., socioeconomic factors, waiting time to receive care, linguistic barriers, etc.);
 - A description of challenges health care providers face (e.g., cultural competence, insufficient availability of training, etc.); and
 - A description of the state or territory's political and/or fiscal climate, or other possible issues that may affect your ability to achieve the project's goals.

Event Details (cont.)

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000086403	Buy	RFx	2
Event Round	Version		
1	2		
Event Name			
400-26-096-CD-PCO RFQ			
Start Time	Finish Time		
12/10/2025 13:58:13 EST	01/10/2026 12:00:00 EST		

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS

Submit To: Indiana Dept of Health
IN Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States

Contact: Sean Stevens - 00400
Phone:
Email: SeStevens@health.in.gov

3. Vendor will provide a plan for ongoing collaboration with recipients or interested parties in your state or territory, including:

- Partnership with at least two external interested parties (e.g., public health organizations, agencies or associations, health care facilities, local health departments, State Health Departments, or members of communities with higher levels of need) to effectively identify health needs;
- A description of what input external interested parties will provide in the development of the Needs Assessment; and
- A plan and/or timeline for meeting with external interested parties to review and update the Needs Assessment and conduct ongoing assessments.

(The PCO will be primarily responsible for items under the plan for ongoing collaboration)

- Statewide Community Health Needs Assessment

The Indiana Office of Primary Care (PCO) manages the State Primary Care Offices cooperative agreement grant from the Health Resources and Services Administration (HRSA). As a requirement of the cooperative agreement, the PCO must conduct a statewide Community Health Needs Assessment that identifies the communities with the greatest unmet health care needs, disparities in health outcomes, poverty, health workforce shortages, and barriers to health care access.

Completion Date: 11/30/2026

The Needs Assessment should provide:

1. Vendor will provide a description of the target populations in your state or territory and their unmet primary, dental, and mental health needs, including:

- An analysis of poverty rates using generally accepted measures (e.g., the Federal poverty rate or concentrations of individuals on Medicaid);
- An analysis of standard mortality and morbidity rates among geographic areas and/or target populations at the county and subcounty level (may include infant mortality or low-birth rates in addition to standard mortality rates, if relevant);
- A description of unmet health needs, including updates or emerging challenges since the issuance of the previous project period from April 2019 to March 2024.;
- A description of disparities in health outcomes (e.g., disparities based on geography, socioeconomic status, race, ethnicity, disability, primary language, health literacy, sex, gender identity, sexual orientation, etc.); and
- Citations to verifiable demographic data to support the information provided (e.g., data from a U.S. government agency or survey).

2. Vendor will provide a discussion of any relevant barriers, by service area, that the PCO will work to overcome, including:

- A description of infrastructure challenges (e.g., access to transportation, technological barriers, water fluoridation, etc.);
- A description of challenges target populations face (e.g., socioeconomic factors, waiting time to receive care, linguistic barriers, etc.);
- A description of challenges health care providers face (e.g., cultural competence, insufficient availability of training, etc.); and
- A description of the state or territory's political and/or fiscal climate, or other possible issues that may affect your ability to achieve the project's goals.

3. Vendor will provide a plan for ongoing collaboration with recipients or interested parties in your state or territory, including:

- Partnership with at least two external interested parties (e.g., public health organizations, agencies or associations, health care facilities, local health departments, State Health Departments, or members of communities with higher levels of need) to effectively identify health needs;
- A description of what input external interested parties will provide in the development of the Needs Assessment; and
- A plan and/or timeline for meeting with external interested parties to review and update the Needs Assessment and conduct ongoing assessments.

(The PCO will be primarily responsible for items under the plan for ongoing collaboration)

Event Details (cont.)

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000086403	Buy	RFx	3
Event Round	Version		
1	2		
Event Name			
400-26-096-CD-PCO RFQ			
Start Time	Finish Time		
12/10/2025 13:58:13 EST	01/10/2026 12:00:00 EST		

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS
Submit To: Indiana Dept of Health
IN Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States
Contact: Sean Stevens - 00400
Phone:
Email: SeStevens@health.in.gov

Event Details (cont.)

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000086403	Buy	RFx	4
Event Round	Version		
1	2		
Event Name			
400-26-096-CD-PCO RFQ			
Start Time	Finish Time		
12/10/2025 13:58:13 EST	01/10/2026 12:00:00 EST		

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS
Submit To: Indiana Dept of Health
IN Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States
Contact: Sean Stevens - 00400
Phone:
Email: SeStevens@health.in.gov

Line Details

							No Bid:	<input type="checkbox"/>
Line: 1	Item ID:	Line Qty:	1	UOM: Each	Weighting: 100%	Bid Qty:	1	
Required: No	Reserve Price: No							

Description: FY26 - CONTRACT RFQ - CHRONIC DISEASE - PRIMARY CARE OFFICES

Question	UOM	Best	Worst	Weighting	Response
What is your quote/bid price?				100%	
Required: Yes	Mandatory Response: No				

Response Comments

Event Details (cont.)

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000086403	Buy	RFx	5
Event Round	Version		
1	2		
Event Name			
400-26-096-CD-PCO RFQ			
Start Time	Finish Time		
12/10/2025 13:58:13 EST	01/10/2026 12:00:00 EST		

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS
Submit To: Indiana Dept of Health
IN Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States
Contact: Sean Stevens - 00400
Phone:
Email: SeStevens@health.in.gov

Bidder Information

Firm Name:		
Name:	Signature:	Date:
Phone #:	Fax #:	
Street Address:		
City & State:	Zip Code:	
Email:		