Released by Alpine County

Term for Services: July 1, 2011 – June 30, 2013
Due Date and Time: May 13, 2011 before 4:00 p.m.

Submit To: Tobacco Control Program
Alpine County Health & Human Services
75-A Diamond Valley Road
Markleeville, CA 96120

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Alpine County Health and Human Services (ACHHS)
Request for Proposals

I. RFP OVERVIEW

A. Award Information:

1) **Request for Proposals Due:**
   Late proposals will not be considered.
2) **Anticipated total available funding:** $40,000 (FY11/12 $20,000 & FY12/13 $20,000)
3) **Estimated number of awards:** up to 6
4) **Estimated award amount:** up to $5000 per project, per year
5) **Funding period:** July 1, 2011 – June 30, 2013

B. Important Dates:

1) **Request for Proposals released on:** April 20, 2011
2) **Bidder's Conference:** The meeting will be held on April 21, 2011 at 10 a.m. at Alpine County Health & Human Services at 75 A Diamond Valley Rd., Markleeville, CA 96120. The purpose of the conference is to permit proposers an opportunity to ask questions and/or provide feedback to ACHHS staff on specifics of this RFP. While some input obtained at the meeting may be incorporated into the RFP via addenda, remarks and explanations made at the meeting may not necessarily change the provisions of the final RFP. The provisions of the final RFP are binding regardless of remarks or explanations made at the meeting.
3) **RFP Due:** May 13, 2011
4) **Board of Supervisors review the recommendations and award funding to successful proposals:** June 7, 2011

Questions regarding the Request for Proposals may be submitted in writing prior to the Bidder's Conference to:

Alpine County Health & Human Services
75-A Diamond Valley Road
Markleeville, CA 96120

All written questions thus submitted will be answered during the Bidder's Conference. Any questions regarding the technical content of this Request for Proposals that arise after the Bidder's Conference must be submitted by e-mail to: smarquardt@alpinecountyca.gov

The questions and answers will then be sent to all applicants via their e-mail contact information. Any changes to the Request for Proposals discussed during Bidder's Conference will then be provided in writing to all applicants.

C. Proposal Submission Information:

The proposer shall submit

Alpine County Health & Human Services Department
75-A Diamond Valley Rd.
Markleeville, CA 96120

Proposals may be delivered in person, by courier service, or by mail to the address indicated above. ALL PROPOSALS MUST BE SEALED AND RECEIVED BY **no later** than 4:00 P.M. on May 13, 2011, at the above office and address.

D. Proposal Review and Selection Process:

Each proposal received by the deadline will be previewed to determine technical compliance and completion. An incomplete proposal will not be submitted for the final review process. ***Requests for Proposals will be double-spaced in single page format with 12 point font size.*** Proposals shall include the following components:

E. Selection Process

1) An ACHSS Evaluation Committee will review all proposals received by the specified deadline. The Evaluation Committee will rate each proposal that passes the technical preview by evaluating each proposal for statement of need, program narrative and plan for service delivery, agency qualifications, evaluation plan and outcome measures, logic model and timeline of activities, and cost effectiveness. The ACHHS will then recommend funding awards for the top ranked proposals to the Alpine County Board of Supervisors for final approval.
2) ACHHS reserves the right to reject any and all Proposals and to waive informalities and minor irregularities in any Proposal received. Absence of the required information may render a Proposal non-responsive, resulting in rejection of the Proposal.
3) ACHHS may, during the evaluation process, request from any proposer any additional information that ACHHS deems necessary to determine the proposer's ability to perform the required services. If such information is requested, the proposer shall be permitted five (5) working days to submit the information requested.
4) ACHHS reserves the right to select the Proposal that in its sole judgment best meets the needs of ACHHS. The lowest proposed cost is not the sole criterion for recommending contract awards.
5) All agencies responding to this RFP will be notified of their selection or non selection in writing after ACHHS has completed the selection process.
6) ACHHS employees will not participate in the selection process when those employees have a relationship with a person or agency submitting a Proposal that would subject those employees to the prohibition of Section 87100 of the Government Code. Any person or agency submitting a Proposal who has such a relationship with ACHHS employee, and who may be involved in the selection process, shall advise ACHHS of the name of the ACHHS employee in the Proposal.
7) Those individuals participating in the Evaluation Review Committee will not be eligible to received funding under this RFP.
8) Any person or agency that engages in practices, which might result in unlawful activity relating to the selection process including, but not limited to kickback or other unlawful consideration paid to ACHHS employees, will be disqualified from the selection process.
9) Proposals will be scored based on the applicant's ability to adequately address the follow criteria. These criteria will be used by the Evaluation Committee in determining recommendation to ACHHS.

II. EVALUATION CRITERIA AND POINTS PER SECTION

Category	**Max. Points**
Statement of Need: • Clear description of data used to outline the nature of the problem being targeted by the proposed project, the extent of the need for proposed services, and activities for the identified population to be served • Description of the scope of the problem, and how the proposed project will address the problem in the defined target community	5
Program Narrative (10 page limit): • Description of the mission, goals, and objectives of the project • Description of the program activities, how they will meet program • Description of the target population and how it meets the funding priorities • Description of the scope of work and how it can be successfully implemented, based on the budget and funding parameters • Description of how the proposed project meets state and local funding priorities	40
Agency/Organization Description and Experience: • Project staff meet necessary qualifications/experience to carry out project activities and meet state requirements • Agency demonstrates stability and credibility regarding past performance • Agency demonstrates program and fiscal management experience • Agency demonstrates experience in delivering quality and timely services • Agency has a history of linkages with relevant organizations, such as coordination between public and private providers • Agency demonstrates a strong history of collaboration with local organizations	15
Evaluation/Reporting Requirements • Statement of compliance	15
Timeline of Activities • Statement of compliance	10
Budget and Narrative (Attachment B): • Organization/Agency fiscal management • Accurate program/project budget with appropriate line-item costs • Cost-effectiveness (e.g. cost/unit of services) • Relationship of program to organization/agency budget • Budget and Budget Narrative for each proposed funding source	15
Total	100

FUNDING OPPORTUNITY DESCRIPTION

A. Introduction

Alpine County Health & Human Services (ACHSS) is accepting proposals for Tobacco Control Services. The projects described below were identified as priorities by the Alpine County Health & Wellness Coalition. These are the only projects that will be funded in this Request for Proposal process.

B. Project Objectives and Activities Description

Project 1: Smoking Cessation Services (Target audience = youth ages 13-18)

This project is to provide smoking cessation services to youth ages 13-18 at local high schools, middle schools or other community settings which Alpine County residents attend. This project should utilize an evidence based curriculum to facilitate voluntary smoking cessation classes for the target audience. This project is required to promote the California Smokers' Helpline on all advertising, marketing and materials and submit a quarterly article for the on line newsletter to be established by the Alpine County Health & Wellness Coalition.

Optional activities for this program to include: use of mass media, social media and mobile technologies to promote quit attempts.

Project 2: Smoking Cessation Services (Target audience = adult ages 18 and older)

The project is to provide smoking cessation services to adults ages 18 and older at local libraries, churches, schools, other community locations or places of employment in Alpine County. This project should utilize an evidence based curriculum to facilitate voluntary smoking cessation classes for the target audience. This project is required to promote the California Smokers' Helpline on all advertising, marketing and materials and submit a quarterly article for the on line newsletter to be established by the Alpine County Health & Wellness Coalition.

Optional activities for this program to include: promote tobacco cessation as a norm in behavioral health, substance use disorder and correctional systems, encourage employers and labor groups to promote tobacco cessation among their employees and members, and use place based campaigns to reach concentrated, low-SES populations.

Project 3: Diabetes Prevention Services (Target audience = pre-diabetics or individuals with increased risk factors for developing diabetes.)

This project is to address the prevention of developing type 2 diabetes by: Increasing access diabetes screening, increasing access to healthy foods, increasing access to existing diabetes prevention classes, expansion of diabetes prevention services to include new locations in Alpine County, implementation of community fitness programs, and implementation of local Diabetes prevention campaign to include at least one community event. Any program receiving funding must incorporate the California Diabetes Program's "Do You cAARd" program to encourage smoking cessation services to pre-diabetic candidates and participants in their programs, other model programs established by the California Diabetes Program, http://www.caldiabetes.org/. This project is required to promote the California Smokers' Helpline on all advertising, marketing and materials and submit a quarterly article for the on line newsletter to be established by the Alpine County Health & Wellness Coalition.

Project 4: Diabetes Education Services (Target audience = individuals with diagnosed diabetes.)

This project is to address providing individuals with diabetes to increased access to healthy food, increased access to existing diabetes education classes, expansion of diabetes education classes to Alpine County locations, implementation of community cooking classes for diabetics, exercise classes for diabetics.
Any program receiving funding must incorporate the California Diabetes Program's "Do You cAARd" program to encourage smoking cessation services to pre-diabetic candidates and participants in their programs, or other model programs established by the California Diabetes Program, http://www.caldiabetes.org/. This project is required to promote the California Smokers' Helpline on all advertising, marketing and materials and submit a quarterly article for the on line newsletter to be established by the Alpine County Health & Wellness Coalition.

C. Services provided by ACHHS

Alpine County Health & Human Services Department, Shane Marquardt, Program Coordinator, will be the primary contact for this project. The Director will identify other staff to provide additional services, as needed.

D. Solicitation Caveat

The issue of this solicitation does not constitute an award commitment on the part of ACHHS, and ACHHS shall not pay for costs incurred in the preparation or submission of Proposals. ACHHS reserves the right to reject any or all Proposals or portions thereof if ACHHS determines it is in the best interest of ACHHS to do so. Failure to furnish all information requested or to follow the format requested herein, or the submission of false information, may disqualify the proposer, is the sole discretion of ACHHS. ACHHS may waive any deviation in a Proposal. ACHHS waiver of a deviation shall in no way modify the

RFP requirement nor excuse the successful proposer with full compliance with any resultant agreement requirements or obligations.

E. Time

Time and time limits stated in this RFP are of essence for this Request for Proposal.

F. Form of Agreement

No agreement with ACHHS is in effect until both parties have signed a contract. The final agreement may include the contents of the RFP, any addenda to this RFP, portions of the successful proposer's Proposal and any other modifications determined by ACHHS to be necessary prior to its execution by the parties.

The selected Agency(ies) will be required to execute an agreement with ACHHS for the services requested within 30 days of the award. If agreement on the terms and conditions that are acceptable to ACHHS cannot be achieved within that timeframe, ACHHS has the right to continue negotiations or to award the bid to another Agency and begin negotiations with that Agency.

Utilizing Attachment A, Cover Letter, Agency(ies) must identify and provide contact information in their proposal of the individual within their organization who is authorized to negotiate the terms and conditions of any agreement between Agency and ACHHS.

G. Modifications to Scope of Services

If state funds are not available to fully fund the services initially outlined in the project proposal, the scope of services may be amended by ACHHS. ACHHS may also request changes in and/or additions to the services provided by the successful proposer. Such changes, including any increase or decrease in compensation, which are mutually agreed upon by and between ACHHS and the successful proposer, shall be incorporated into the contract prior to the execution of the contract, and by written amendments thereto after execution.

H. News Releases

News releases pertaining to any award resulting from this RFP may not be made without prior written approval of the Director of ACHHS.

I. Payment Schedule

Upon receipt of satisfactory invoices, payment will be processed. The successful applicants submit quarterly invoices.

J. Statues and Rules

The terms and conditions of this RFP, and the resulting services and activities performed by the successful proposer, shall conform to all applicable statutes, rules and regulations of the federal government, the State of California and the Alpine County.

IV. PROPOSAL INFORMATION AND REQUIREMENTS

A. General Instructions

To receive consideration, proposals shall be made in accordance with the following general instructions:

1) The signature of all persons signing the proposal shall be in long hand. The completed proposal shall be without alterations or erasures. Errors may be crossed out and corrections printed in ink or typed adjacent, and must be initialed in ink by the person signing the proposal.
2) The submission of a proposal shall be an indication that the proposer has investigated and satisfied him/herself as to the conditions to be encountered, the character, quality and scope of the work to be performed, and the requirements of the ACHHS.

B. Business Address

Proposers shall furnish their business street address.

C. Corrections and Addenda

If a proposer discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the proposer shall immediately notify the Contact Person of such error in writing and request clarification or modification of the document. Modifications will be made by addenda as indicated below to all parties in receipt of this RFP.

If a proposer fails to notify the Contact Person prior to the date fixed for submission of Proposal of a known error in the RFP, or an error that reasonably should have been known, the proposer shall submit a Proposal at their own risk, and if the proposer is awarded a contract, they shall not be entitled to additional compensation or time by reason of the error or its subsequent correction.

Addenda issued by the ACHHS interpreting or changing any of the items in this RFP, including all modifications thereof, shall be incorporated in the Proposal. Any oral communication by the ACHHS designated Contact Person or any other ACHHS staff member concerning this RFP is not binding on the ACHHS and shall in no way modify this RFP or the obligations of the ACHHS or any proposers.

D. Insurance Requirements

Contractor shall obtain, and require its subcontractors to obtain, the types and amounts of insurance described below.

1) **Commercial General Liability Insurance:** Contractor shall maintain occurrence version commercial general liability insurance of equivalent form with a combined single limit of not less than $1,000,000 per occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two times the occurrence limit.
2) **Business Automobile Liability Insurance**: Contractor shall maintain business automobile liability insurance or equivalent form with a combined single limit of not

less than $100,000 property and $300,000 liability per occurrence. Such insurance shall include coverage for owned, hired, and non-owned automobiles.

3) **Workers' Compensation Insurance**: Contractor shall maintain workers' compensation insurance with statutory limits.
4) **Additional Insured:** Such insurance shall name County, its officers, employees, agents, and Contractors, as insured with respect to performance of services. Such insured status shall contain no special limitations on the scope of its protection to the above-listed Insured. All insurance shall be primary with respect to any insurance or self-insurance programs covering County, its officials, officers, employees, agents, and Contractors and shall contain standard separation of Insured provisions. Also the Contractor shall attach insured verification to contract and a copy on file with the County prior to commencement of any work.
5) **Certificates of Insurance**: Contractor shall, prior to commencement of the services, furnish to County properly executed certificates of insurance and, if requested by County, certified copies of endorsements and policies, which shall clearly evidence all insurance required in this Section. Contractor shall not allow such insurance to be canceled, expired, or be materially reduced in coverage except on 30 days' prior written notice to County.
6) **Term of Coverage**: Contractor shall maintain all insurance required by this Agreement from the time services commence until services are completed, except as may be otherwise required by this Article. Contractor shall replace any policies, certificates, and endorsements for any insurance expiring prior to completion of the services.

E. Withdrawal and Submission of Modified Proposal

A proposer may withdraw a proposal, at any time, prior to the submission deadline by submitting a written notification of withdrawal signed by the proposer or his/her authorized agent. The proposer must, in person, retrieve the original sealed submission package. Another proposal may be submitted prior to the deadline. A proposal may not be changed after the designated deadline for submission of proposals.

F. Disposition of Proposal and Proprietary Data

All materials submitted in response to this RFP become the property of ACHHS. Any and all Proposals received by ACHHS shall be subject to public disclosure and inspection, except to the extent the proposer designates trade secrets or other proprietary data to be confidential, after the Evaluation Committee has completed its deliberative process and either the proposer has been informed that they are not a vendor selected for recommendation by ACHHS to the Alpine County Board of Supervisors.

Materials designated as proprietary or confidential shall accompany the proposal and each page shall be clearly marked and readily separable from the proposal in order to facilitate public inspection of the non-confidential portion of the proposal. ACHHS will endeavor to restrict distribution of materials designated as confidential or proprietary to only those individuals involved in the review and analysis of the proposals. Proposers are cautioned that materials designated as confidential may nevertheless be subject to disclosure. Proposers are advised that ACHHS does not wish to receive confidential or proprietary

information, and proposers are not to supply such information except when it is absolutely necessary.

If any information or materials in any proposal submitted is labeled confidential or proprietary, the proposal shall include the following clause: "(legal name of proposer) shall indemnify, defend and hold harmless the Alpine County Health & Human Services, County of Alpine, their officers, agents, and employees from and against any request, action or proceeding of any nature and any damages or liability of any nature, specifically including attorneys' fees awarded under the California Public Records Act (Government Code Section 6250 et seq.) arising out or concerning or in any way involving any materials or information in this proposal that (legal name of proposer) has labeled as confidential, proprietary or otherwise not subject to disclosure as a public record."

V. Funding Proposal Guidelines

For each separate project proposed by the organization, please provide the information outlined below. The proposal shall use a 12-point font and 1-inch margins.

A. Cover Sheet

Use "Attachment A" as a Cover Sheet for the proposal.

B. Statement of Need (5 points) One page maximum

1) Provide a brief description of the program and identified needs in the county.
2) Provide a description of the scope of the problem, and how the project will address the problem in the defined target community.
3) Describe your program's relationship to similar projects in the area and how your program addresses a different need in the community.

C. Program Narrative (40 points) One page maximum

1) Describe the mission, goals, objectives and activities of your proposal (the desired effect on an individual, group or community as a result of the proposed program or project –should correspond to the stated grant outcomes).
2) Describe the target population that the project will be serving and how it meets the funding priorities.
3) Describe the scope of work and how it can be successfully implemented, based on the budget and funding parameters.
4) Describe the types of services including a description of best practice models utilized, established by the American Lung Association or a Native American based smoking cessation curriculum.

D. Agency/Organization Description and Experience (15 points)

1) Provide the name and location of site(s) where the services are to be performed, including the legal name, type of entity (school, non-profit corporation, public agency), and governance structure. Attach a current roster of the agency's Board of Directors (if applicable) that includes each Director's professional affiliation and/or stakeholder group (i.e. parent/consumer representative). If two or more agencies are involved in a joint venture or association, the Proposal must clearly delineate the respective areas of authority and responsibility of each party. All parties signing the Agreement with the ACHHS must be individually liable for the completion of the entire project even when the areas of responsibility under the terms of the joint venture or association are limited.
2) Provide information on the following personnel, their qualifications, and the amount of time devoted to the project:
    a) Individual-in-Charge
    b) Project Coordinator
    c) Project Supervisor (if different than Project Coordinator)
    d) Project Staff – state titles

3) Provide specific information on the agency's experience administering public funds and providing services specified in this RFP, preferably within Alpine County.
6) Describe your organization's/program's relationship with other organizations working to meet the same needs or providing similar services and how you plan to coordinate services to ensure services are not duplicated. Include a description of any coordination between AHHS and other public and private providers.
7) Provide information from your organization's most recent audit, including date of last audit; copy of any formal recommendation(s) resulting from audit, and agency response to the audit.

E. Evaluation/Reporting Requirements (15 points)

1) Provide a statement that you will comply with evaluation materials provided by Alpine County Tobacco Control Program.
2) Provide a statement that you will provide quarterly progress reports to ACHHS.

F. Project Timeline: (10 points)

1) Provide a statement that you will collaborate with the Alpine County Tobacco Control program on project timelines.

G. Budget and Narrative (15 points)

1) Provide a program budget with appropriate line-item costs (Attachment E). Include all expenses that will be charged to ACHHS, including but not limited to personnel costs, training, supplies, travel, etc. Failure to not clearly identify all costs associated with the proposal may be cause for rejection of the Agency's proposal.
2) Provide a brief budget narrative for each category. Clearly explain and justify the budget. Include a budget narrative that justifies all costs that will be charged to ACHHS (e.g. if supplies are budgeted, what types of supplies will be purchased.
3) Describe how the budget expenditures are consistent with the goal's outcomes, and activities proposed.

ATTACHMENT A

Alpine County
2010-2013 TOBACCO CONTROL PROGRAM RFP

GENERAL INFORMATION

Organization Name: _____

Start Date: _____ **End Date:** _____

Name of Contact Person: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Email Address:** _____

Fax: _____ **Tax ID Number:** _____

Name of Person Authorized to Sign Contracts: _____

Authorized Signature: _____ **Date:** _____

Name of Fiscal Agent: _____ **Date:** _____

TYPE OF ORGANIZATION

- ☐ Community-Based Organization
- ☐ Education
- ☐ Faith-Based Organization
- ☐ Other – Please Specify:
- ☐ School-Based Organization
- ☐ Non-Profit
- ☐ For-Profit

_____

TAX STATUS

- ☐ Tax-Exempt 501(c) 3 organization (include IRS certification)
- ☐ Public Agency
- ☐ Other – Please Specify: _____

GEOGRAPHIC AREAS SERVED BY THIS PROJECT

- ☐ Markleeville and Woodfords
- ☐ Bear Valley
- ☐ Hung A Lel Ti Community
- ☐ Kirkwood
- ☐ All of the Above

ATTACHMENT B

BUDGET AND NARRATIVE

Budget – Provide the details on your proposed budget capturing all costs, including other grants or in-kind contributions.

Organization Name: _____

Start Date: _____ End Date: _____

PERSONNEL EXPENSES

POSTIONS	SALARY	% TIME	Requested Budget Amount	In-Kind Budget Amount*	**TOTAL Budget Amount**
Total Salaries					
Total Benefits					
TOTAL PERSONNEL EXPENSES					

OPERATING EXPENSES

	Requested Budget Amount	In-Kind Budget Amount*	**TOTAL Budget Amount**
General Operating Expenses			
Office Supplies			
Educational Materials			
Travel – Training			
Media			
Consultants			
Other Expenses (Specify)			
Total Operating Expenses			

IN-KIND AND MATCH FUNDS:* not required

TOTAL BUDGET

Requested Budget Amount	**In-Kind Budget Amount**	**TOTAL Budget Amount**

Attach your FY 2011/12 Budget Narrative to this section to justify requested funds.

I. **Proposed Project Budget** that includes dollar amounts ($) for:

a. **Personnel Costs**
- Title/position and brief description of major duties.
- Existing or new position?
- Annual salary of position with benefits and % of position if not full time.
- Portion of the salary requested through this grant.

b. **Operating Expenses**

Include cost of all operating expenses, along with narrative justifications where additional clarity on purpose may be needed.

c. **Administrative Expenses**
Supply summary of needs and total amount along with the percentage of entire project budget dedicated to administrative costs.

d. **Total of in-kind funds**
Supply summary, total amount, and percentage of entire project budget for any in-kind funds to be contributed.

II. **Current Fiscal Year Organization/Agency Budget (**This is the year during which the application is being made. Numbers will be estimates for the full budget year based on actual revenue and expenditures).

III. **Estimated Organization/Agency Budget for the Next Budget Year**

IV. **Attach organization's current Fiscal Year Budget (FY 2011/12)**

ATTACHMENT C

Funding Application Checklist:

(To be completed by the applicant)

- ❒ **Cover Sheet and Appropriate Signatures (Attachment A)**
- ❒ **Statement of Needs**
- ❒ **Program Narrative (10 page limit)**
- ❒ **Agency/Organization Description and Experience**
- ❒ **Budget and Narrative (Attachment B)**

Additional Background Material to be Attached (Attachment C)

- ❒ Organizational chart
- ❒ List of members/participants with affiliation
- ❒ Proof of non-profit status of business license, if applicable
- ❒ Copy of recent CPA audit, unless exempt

Background Materials to be submitted Only by Private Non-Profit Agencies
The Agency/Organization certifies that all documents listed below are valid as of the date of this application and that current, dated copies have been submitted with this application). **Please submit only one copy of these documents, unattached to the application.**

- ❒ IRS Status Certification (e.g. 501 (c)(3)) and Articles of Incorporation
- ❒ By-Laws
- ❒ Current Board of Directors Roster (agency name on roster, dated) for private non-profit organizations only
- ❒ Proof of General Liability Insurance ($1,000,000 min. required)*
- ❒ Worker's compensation insurance—current certificate and endorsement showing 30-day cancellation notification
- ❒ A statement, signed by chief officer of organization, certifying compliance with Federal and State law prohibiting discrimination in the provision of services on the basis of color, race, religion, national origin, sex, age, or physical or mental disabilities
- ❒ Copy of licenses, permits, etc. required to legitimately operate the programs funded through this application

* Liability coverage must specify that Alpine County government is additionally insured.