



Deschutes County

## **REQUEST FOR PROPOSAL**

For

## **TOBACCO CESSATION SERVICES**

Proposals must be received no later than 4:00 p.m. PST  
Wednesday, August 31, 2022

Deschutes County Health Services  
2577 NE Courtney Drive  
Bend, Oregon 97701  
(541) 322-7663

An Equal Opportunity Employer

# Deschutes County Health Services Department

Deschutes County encompasses 3,055 square miles located in the central portion of Oregon. In the last several years, Deschutes County has been the fastest growing county in the state. As the population in the county has grown, the Deschutes County government has grown as well. Currently, there are more than 900 people employed by the county operating in facilities throughout the county.

Deschutes County is governed by the Board of County Commissioners (BOCC). The BOCC consists of three (3) elected, at-large commissioners responsible for establishing policies and setting priorities for the county. The County Administrator oversees the daily functions and activities of many of the various county departments.

Deschutes County Health Services Department provides public health and behavioral health programs and services that benefit residents countywide. The department includes more than three hundred (300) employees located at eight (8) primary sites. The annual budget for DCHS is about \$50 million. Funding for the department is primarily from federal, state and local payments and grants.

Deschutes County shall not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs" in accordance with Executive Orders No. 12549 and no. 12689, "Debarment and Suspension" (see 2 CFR Part 180). This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Subcontractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.

Deschutes County is an Equal Opportunity Employer and reserves the right to negotiate with any and all individuals or firms that submit proposals as per the requirements of the Request for Proposal (RFP). Minority Business Enterprises, Small Business Enterprises, Women Business Enterprises, and labor surplus area firms are encouraged to submit proposals.

For more information, please visit [www.deschutes.org](http://www.deschutes.org)

# DESCHUTES COUNTY HEALTH SERVICES DEPARTMENT

## REQUEST FOR PROPOSAL FOR

### TOBACCO CESSATION SERVICES

**August 2, 2022**

Deschutes County Public Health, a service area within Deschutes County Health Services as part of Deschutes County, a political subdivision of the State of Oregon, is releasing this competitive RFP to secure a pool of contractors for the provision of Tobacco Cessation Service activities.

Service activities may include (but is not limited to):

- Training of staff in evidence-based tobacco cessation programs that are not reimbursable by health plan providers but are considered allowable tobacco cessation services in accordance with Oregon Health Authority (OHA) guidelines. Specific OHA guidelines may be further defined by OHA as program services are delivered;
- Delivery of tobacco cessation groups in Deschutes County;
- Provision of Over-the-Counter Nicotine Replacement Therapy (NRT) in an evidenced-based manner following Oregon Health Authority (OHA) guidance;
- Establishment or enhancement of a referral process to the Oregon Tobacco Quitline for clients using tobacco products.

Deschutes County's decision in selecting one or more applications shall be based on the:

1. The extent with which the proposed strategies are evidenced based;
2. Demonstration for how the proposed plan will inform and build a foundation for future tobacco cessation activities (beyond June 30, 2023);
3. Delivery of work in a manner that is culturally and linguistically responsive and has the ability to reach populations that have been disproportionately impacted by tobacco use; and
4. Reasonableness of a budget and timeline for project completion.

**NOTE:** All proposals submitted in response to this RFP shall become the property of Deschutes County and may be utilized in any manner and for any purpose by Deschutes County. ***Be advised that proposals and all documents submitted in response to this RFP are subject to public disclosure as required by applicable state and/or federal laws.*** If you intend to submit any information with your proposal which you believe is confidential, proprietary or otherwise protected from public disclosure (trade secret, etc.), you must separately bind and clearly identify all such material. The cover page of the separate binding must be **red**, and the header or footer for each page must provide as follows: "Not Subject to Public Disclosure." Where authorized by law, and at its sole discretion, Deschutes County will endeavor to resist disclosure of properly identified portions of the proposals.

Candidate shall submit one (1) digital copy of the proposal by email, clearly marked with the name of the proposing candidate or agency, titled "Tobacco Cessation Services", and addressed to:

Jessica Jacks  
Prevention and Health Promotion Program Manager  
[jessica.jacks@deschutes.org](mailto:jessica.jacks@deschutes.org)

Proposals must be received no later than 4:00 p.m., on Wednesday, August 31, 2022 to be eligible for consideration. All costs associated with preparing and submitting a proposal is solely the responsibility of the proposer. This RFP does not obligate Deschutes County to select any single proposer and Deschutes County reserves the right to cancel the procurement, reject any and all proposals, to retain all proposal materials in accordance with ORS 279B.100, and to use any material included in the proposal regardless of whether it is selected.

Questions concerning the proposal and/or the proposal process may be directed to Jessica Jacks via email to [jessica.jacks@deschutes.org](mailto:jessica.jacks@deschutes.org).

## **1. INTRODUCTION**

In November 2020, Ballot Measure 108 was passed which allowed for a tax on inhalant delivery systems and inhalant forms of nicotine, such as e-cigarettes and vapor based products. The measure passage also increased the tax on cigarettes by \$2.00 per pack.

Ten percent (10%) of Measure 108 revenue to the Oregon Health Authority (OHA) were provided for state and local prevention and cessation with a focus on addressing tobacco-related health inequities. Local Public Health Authorities (LPHAs) including Deschutes County Health Services are receiving these dollars to be used between July 1, 2022 and June 30, 2023.

Deschutes County Health Services seeks one or more applicants interested in supporting many aspects of cessation such as delivery of evidence-based tobacco cessation support groups, marketing of tobacco cessation support groups, and purchase and provision of over the counter Nicotine Replacement Therapy (NRT). This also includes training and purchase of materials in order to support tobacco cessation support groups and incorporation of referral to the Oregon Tobacco Quitline.

**The purpose of this RFP is to execute a contract with more than one (1) agencies who qualify in providing Tobacco Cessation Services.**

Contingent upon approval by the Deschutes County Board of Commissioners and/or the designated procurement official, DCHS intends to award a contract to the Proponent(s) whose proposal(s) is determined to be the most responsive to the requirements of this Request for Proposal (RFP) once the grant agreement awarding the funds to Deschutes County Health Services has been approved and executed. The term of the resulting contract(s) is estimated to begin on or about **October 15, 2022** and terminate **June 30, 2023**. DCHS retains sole discretion to renew for additional terms, without a competitive bid process, subject to contractor performance and continued funding.

Proponent(s) will be expected to furnish current insurance certificates as outlined in Attachment 2 of this RFP and provide a copy of applicable certifications. In some circumstances an insurance waiver may apply, subject to applicable funding and Deschutes County Health Services approval.

## **2. SCOPE OF SERVICES**

The successful Proponent shall provide Tobacco Cessation Services within Deschutes County. Proposal shall include detail of services to be performed, project timeline, and budget.

The following costs for provision of Services may be included in budget costs:

- A. Advertising of tobacco cessation groups;
- B. Salary and benefits;
- C. Indirect costs (not to exceed 10%);
- D. Training expenses (e.g. registration fees and expenses related to travel, lodging, meal per diem);
- E. Printing and/or development of advertising materials;
- F. Graphic design and illustrator services;
- G. Translation or interpretation services;
- H. Food and materials to support provision of tobacco cessation groups as incentive;
- I. Costs of Over-the-Counter NRT (if NRT is purchased and disseminated providing a plan based on OHA guidelines that ensures that minors are not given NRT products must be included in the proposal );
- J. Other items subject to approval by designated DCHS Program Manager.

Selected Proponent(s) shall be expected to:

- A. Work closely with DCHS staff to develop and design approved Tobacco Cessation Services for final project approval. Activities shall be culturally relevant and linguistically appropriate for the target populations.
- B. Provide regular updates on activity progress and working closely with DCHS, as applicable.

- C. Where applicable, provide printed materials in both English and Spanish. Selected Proponent may either have translation services in-house or be able to outsource translation services to a vendor so that Spanish documentation is culturally and linguistically appropriate.
- D. Applicable Proponent(s) may be asked to provide recommendations on how to increase services to applicable target audiences, including but not limited to, marketing and participation prizes provided.
- E. If applicable, selected Proponent(s) may need to provide written/documented results of services in a format agreed upon between selected Proponent and DCHS.
- F. Selected Proponent(s) may need to meet with DCHS in one (1) or more work sessions.

#### **4. PERIOD OF SERVICE**

A contract is expected to be awarded for the period **October 15, 2022** and terminate **June 30, 2023**. The contract may be renewed for additional years. Should a new contract be awarded for subsequent years, DCHS reserves the right to award a new contract with the selected contractor for this service without the need for further competitive procurement, subject to approval by Deschutes County Board of Commissioners and/or the designated procurement official, DCHS, the availability of sufficient funds and satisfactory performance by the contractor.

#### **5. PAYMENT PROVISIONS AND RATES**

Consideration shall be given to the Proponent who provides Tobacco Cessation Services for the best value to Deschutes County, including but may not be limited to: services, experience, capacity, availability, staff, and facilities.

#### **6. INSTRUCTIONS AND CONDITIONS**

Proposals must be signed by the Proponent or an authorized representative. Proponents shall include a copy of a Board Resolution authorizing a representative of its organization to sign the proposal and/or subsequent contract. This RFP does not commit DCHS to award a contract or to pay any associated cost. The proposal preparation cost is solely the responsibility of the Proponent.

Proposals are not to be marked as confidential or proprietary. Proposals submitted in response to a RFP are subject to public disclosure as permitted by Oregon State regulations. Additionally, all proposals shall become the property of DCHS. DCHS reserves the right to make use of any information or ideas in the proposals submitted.

**REGARDLESS OF IDENTIFICATION OTHERWISE, INCLUDING MARKING SOME OR ALL OF THE PAGES AS “CONFIDENTIAL” OR “PROPRIETARY”, INFORMATION IN PROPOSALS SHALL BECOME PART OF THE PUBLIC RECORD AND SUBJECT TO DISCLOSURE WITHOUT FURTHER NOTICE TO THE PROPONENT.** Proposals should not include personal identifier information in resumes or other documents such as social security numbers, dates of birth, criminal clearance documents, etc. DCHS shall not in any way be liable or responsible for the disclosure of any such records.

Any proposal may be rejected if it is conditional, incomplete, or deviates from specifications in this RFP. By submitting a proposal, the Proponent agrees to meet all the requirements set forth in the RFP, unless specific exceptions are noted in Attachment 1 (Agency Summary). DCHS reserves the right to accept any part of the proposal and not be obligated in any way to accept those parts that do not meet with the approval of DCHS. DCHS reserves the right to waive, at its discretion, any procedural irregularity, immaterial defect or other impropriety not warranting rejection of the proposal. Any waiver will not excuse a Proponent from full compliance if awarded a contract. Reasons for rejecting any proposal will be supplied to the Proponent. **DCHS, in its sole discretion, reserves the right to modify or cancel this RFP in whole or in part. If modification or cancellation is determined to be in DCHS’ best interest, all Proponents will be notified in writing of the specific reasons for such modification or cancellation.**

DCHS reserves the right to seek additional proposals beyond the final submission date, if, in DCHS’ sole discretion, the proposals received do not meet with the approval of DCHS.

Proposals must be valid for a minimum of one hundred twenty (120) days from the due date of this RFP.

#### **7. TENTATIVE SCHEDULE OF EVENTS**

Proponents must follow the instructions and conditions detailed in this RFP. Proposals that do not conform may be excluded from further review.

- RFP is released.
- Proposals are due.
- Proposals are evaluated.
- Estimated date for project commencement.
- Completed project

August 2, 2022  
 August 31, 2022  
 September 1 through September 9  
 October 15, 2022  
 June 30, 2023

DCHS anticipates that it will announce the results of this RFP process on or around **September 12, 2022**. DCHS and the selected Proponent(s) will then negotiate terms and sign a legally-binding contract prior to commencement of Services. Proposals must be submitted as described above no later than 4:00 p.m. on **August 31, 2022** (“Due Date”). Proposals received after that time will be considered late and will be returned unopened.

Proposals will be opened in a manner that avoids disclosure of contents to competing proposers. Immediately following the receipt date, a list of the submitting proposers will be available by request. A register of all proposals received will be prepared and available for public inspection after a contract is awarded.

**8. WITHDRAWAL OF PROPOSALS**

Proposals may be withdrawn by written or faxed request received from the Proponent(s) prior to the Due Date. Negligence on the part of the Proponent in preparing the proposal confers no right for the withdrawal of the proposal after it has been opened. The proposal will be irrevocable until such time as DCHS specifically cancels the procurement, rejects the proposal, or awards a contract(s).

**9. ACCEPTANCE OR REJECTION PROPOSALS**

In awarding a contract, DCHS will accept and consider the proposal(s) which, in the estimation of DCHS, will best serve the interests of Deschutes County and Central Oregon. DCHS reserves the right to award one (1) or more contracts to the Proponent or Proponents whose proposal is most advantageous to Deschutes County based upon the evaluation process and evaluation criteria contained within this RFP. DCHS reserves the right to accept or reject any or all proposals. Any proposal which DCHS judges to be incomplete or nonconforming may be rejected. Any evidence of collusion between proposers may constitute a cause for rejection of any proposals so affected.

**10. SELECTION PROCESS**

The Selected Proponent(s) must be able to demonstrate:

1. Successful experience in implementing services similar to those requested in this RFP;
2. Capacity and availability to provide services;
3. Meet all insurance requirements;
4. Licensing (if applicable);
5. References;
6. Provide services in English and Spanish as appropriate.

All proposals will initially be screened by DCHS staff. All proposals submitted by the RFP due date will be subject to a standard review process. An initial review of each proposal will be conducted by DCHS staff to determine if it is complete, in the required format, and in compliance with all requirements of this RFP. Failure to meet all of these requirements may result in a rejected proposal.

Each proposal that passes the initial review will be evaluated and scored by a review panel. The process may include a panel interview with the applicant agency. The review panel will evaluate and score each proposal on the basis of a 100-point scale, using the assigned weights listed below. Proponents will be evaluated on the components that they propose to reach, with consideration for assuring that all components of the RFP are met between the awarded contracts.

<b>Evaluation Criteria</b>	<b>Point Value</b>
Provision of a work scope that is evidenced based; culturally and linguistically responsive; has the ability to reach populations that have been disproportionately impacted by tobacco use; and demonstrates ability to grow tobacco cessation services beyond the grant period of June 30, 2023;	55
Ability for entity to support a successful work scope	20
Budget	25
<b>Total</b>	<b>100 Points</b>

Narrative responses to each section of the application, any required attachments and the completed budget forms will be reviewed to determine compliance with the requested information and the feasibility and reasonableness of proposed

program design, cost, and expected outcomes. Each evaluation criterion is described in full in Section 13 Submission Package.

## **11. PROTEST OF AWARD**

After DCHS approves and selects the Proponent, DCHS will notify each Proponent of who DCHS intends to award a contract. If no written protest is filed by 4:00 p.m. on the seventh (7) day following announcement of the decision, the award will be deemed final. DCHS will not entertain protests submitted after this time period. The written protest must specify the grounds and legal authority upon which the protest is based. If a timely protest is filed, the decision of DCHS will be considered final only upon issuance of a written notice deciding the merit of the protest. The award and any written decision regarding the protest will be sent to each proposer.

Protests should be submitted to:

Erik Kropp, Acting Director  
Deschutes County Health Services  
2577 NE Courtney Drive  
Bend, OR 97701

The protest shall state the reason for the protest, citing the law, rule, regulation, or practice on which the protest is based. A written response will be sent to the protester within ten (10) working days after receipt of the written protest.

## **12. AWARD AND COMMENCEMENT OF WORK**

Recommendation for award is contingent upon successful negotiation of the contract and resolution by DCHS of any protests. The successful Proponent shall be required to sign the negotiated contract, which will be in the form and content approved by DCHS.

The final authority to award a contract rests solely with DCHS. The successful Proponent shall not be allowed to begin work under any negotiated contract until such time as the contract has been approved and executed by DCHS. The successful Proponent must agree to all terms, insurance coverage provisions, and conditions of the contract with Deschutes County.

If only one (1) proposal is received and it is deemed that such proposal meets requirements for funding, Deschutes County reserves the option to award such entity a contract on a sole-source basis. In the event no proposals are received, or proposals received do not meet requirements for funding under this RFP or designate another qualified entity or individual to operate the program on a sole-source basis.

If revisions or additional information to this RFP become necessary, DCHS will post the addenda or supplements on the Deschutes County website.

This contract shall be funded by the Oregon Health Authority, Program Element 13 from Measure 108 tobacco tax. As such, the selected Proponent will be required to furnish the insurance requirements referenced in Attachment 2 of this RFP, prior to execution of the contract:

Misrepresentation during the procurement or contracting process in order to secure the contract will disqualify a bidder or contractor from further consideration in the procurement or contracting process. Failure to comply with contract requirements once a contract has been awarded will constitute a material breach of the contract and may result in the suspension or termination of the affected contract and debarment from future Deschutes County contracting opportunities for a period not to exceed three (3) years. Other penalties may also apply.

As applicable, the selected Proponent shall also submit to DCHS prior to contract award the following documents:

- Articles of Incorporation or business license;
- Applicable Certifications and/or licenses;

## **13. SUBMISSION PACKAGE**

Applications submitted in response to this RFP must include the items and be in the order as listed below. All of the items combined comprise your completed Application pursuant to this RFP.

1. Signed Proposal Response Form-**Attachment 1 (To be submitted as soon as proposer decides they will participate in this RFP. This form shall be submitted prior to full submission package).**

2. Signed Acknowledgement of Insurance Requirements – **Attachment 2**
3. Executive Summary: Please complete as directed. **Attachment 3**
4. Proposed Work Scope and Budget. **Attachment 4**
5. Applicants ability to support the work. **Attachment 5**

It is the responsibility of the Proponent to ensure the proposal is submitted by the time and date and to the location as specified. Postmarks will not be accepted in lieu of this requirement. Therefore, use of the U.S. Mail is at the bidder's own risk. Proposals submitted to any other office will not be accepted.



Attachment 1

DESCHUTES COUNTY HEALTH SERVICES DEPARTMENT

**REQUEST FOR PROPOSAL  
FOR**

**TOBACCO CESSATION SERVICES**

**Proposal Response Form**

Submit by e-mail to: [Jessica.jacks@deschutes.org](mailto:Jessica.jacks@deschutes.org)

A signature on this form acknowledges that the proposer is hereby submitting a proposal in response to Deschutes County's RFP for TOBACCO CESSATION SERVICES. Submit this form **prior** to submitting the submission package which is due August 31, 2022.

Authorized Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

**Attachment 2 - ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS**

Contractor shall at all times maintain in force at Contractor’s expense, each insurance noted below. Insurance coverage must apply on a primary or non-contributory basis. All insurance policies, except Professional Liability, shall be written on an occurrence basis and be in effect for the term of the contract. Policies written on a “claims made” basis must be approved and authorized by Deschutes County.

**Workers Compensation** Workers Compensation insurance must be in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers’ compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Worker’s Compensation Insurance to cover claims made under Worker’s Compensation, disability benefit or any other employee benefit laws, including statutory limits in any state of operation with coverage B Employer’s Liability coverage all at the statutory limits. In the absence of statutory limits the limits of said Employers liability coverage shall not be less than \$1,000,000 each accident, disease and each employee. This insurance must be endorsed with a waiver of subrogation endorsement, waiving the insured’s right of subrogation against County.

Professional Liability insurance with an occurrence combined single limit of not less than:  
Per Occurrence limit                      Annual Aggregate limit

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> \$1,000,000 | <input checked="" type="checkbox"/> \$2,000,000 |
| <input type="checkbox"/> \$2,000,000            | <input type="checkbox"/> \$3,000,000            |
| <input type="checkbox"/> \$3,000,000            | <input type="checkbox"/> \$5,000,000            |

Professional Liability insurance covers damages caused by error, omission, or any negligent acts related to services provided under this Contract. The policy must provide extended reporting period coverage, sometimes referred to as “tail coverage” for claims made within two years after this Contract is completed.

The amounts indicated above, determined by OHA, unless OHA approves in writing are applicable to contractors who provide services under the following Service Elements: A&D 03, A&D 60, A&D 61, A&D 62, , A&D 63, A&D 64, A&D 65, A&D 66, A&D 67, A&D 71, A&D 80, A&D 81, A&D 82, A&D 83, A&D 84, MHS 01, MHS 04, MHS 05, MHS 06, MHS 07, MHS 08, MHS 09, MHS 10, MHS 12, MHS 13, MHS14, MHS 15, MHS 16, MHS 16A, MHS 20, MHS 22, MHS 24, MHS 25, MHS 26, MHS 26A, MHS 27, MHS 28, MHS 28A, MHS30, MHS 31, MHS 34, MHS 34A, MHS 35, MHS 35A, MHS 35B, MHS 36, MHS 37, MHS 38, MHS 39.

- Required by OHA                       Not required by County (one box must be checked)

Commercial General Liability insurance with a combined single limit of not less than:

- |   |   |
|---|---|
| <u>Per Single Claimant and Incident</u>         | <u>All Claimants Arising from Single Incident</u> |
| <input checked="" type="checkbox"/> \$1,000,000 | <input checked="" type="checkbox"/> \$2,000,000   |
| <input type="checkbox"/> \$2,000,000            | <input type="checkbox"/> \$3,000,000              |
| <input type="checkbox"/> \$3,000,000            | <input type="checkbox"/> \$5,000,000              |

Commercial General Liability insurance includes coverage for personal injury, bodily injury, advertising injury, property damage, premises, operations, products, completed operations and contractual liability. The insurance coverage provided for herein must be endorsed as primary and non-contributory to any insurance of County, its officers, employees or agents. Each such policy obtained by Contractor shall provide that the insurer shall defend any suit against the named insured and the additional insureds, their officers, agents, or employees, even if such suit is frivolous or fraudulent. Such insurance shall provide County with the right, but not the obligation, to engage its own attorney for the purpose of defending any legal action against County, its officers, agents, or employees, and that Contractor shall indemnify County for costs and expenses, including reasonable attorneys’ fees, incurred or arising out of the defense of such action.

The amounts indicated above, determined by OHA, unless OHA approves in writing are applicable to contractors who provide services under the following Service Elements: A&D 03, A&D 60, A&D 61, A&D 62, A&D 63, A&D 64, A&D 65, A&D 66, A&D 67, A&D 71, A&D 80, A&D 81, A&D 82, A&D 83, A&D 84, MHS 01, MHS 04, MHS 05, MHS 06, MHS 07, MHS 08, MHS 09, MHS 10, MHS 12, MHS 13, MHS 14, MHS 15, MHS 16, MHS 16A, MHS 20, MHS 22, MHS 24, MHS 25, MHS 26, MHS 26A, MHS 27, MHS 28, MHS 28A, MHS 30, MHS 31, MHS 34, MHS 34A, MHS 35, MHS 35A, MHS 35B, MHS 36, MHS 37, MHS 38, MHS 39.

- Required by County                       Not required by County (One box must be checked)

Automobile Liability insurance with a combined single limit of not less than:

Per Occurrence

- \$500,000
- \$1,000,000
- \$2,000,000

Automobile Liability insurance coverage for bodily injury and property damage resulting from operation of a motor vehicle. Commercial Automobile Liability Insurance shall provide coverage for any motor vehicle (symbol 1 on some insurance certificates) driven by or on behalf of Contractor during the course of providing services under this Contract. Commercial Automobile Liability is required for contractors that own business vehicles registered to the business. Examples include: plumbers, electricians or construction contractors. An Example of an acceptable personal automobile policy is a contractor who is a sole proprietor that does not own vehicles registered to the business.

The amount indicated above, determined by OHA, unless OHA approves in writing are applicable to contractors who provide services under the following Service Elements: A&D 61, A&D 62, A&D 63, A&D 66, A&D 71, A&D 81, A&D 82, A&D 83, MHS 04, MHS 06, MHS 09, MHS 12, MHS 13, MHS 15, MHS 16, MHS 16A, MHS 20, MHS 22, MHS 24, MHS 25, MHS 26, MHS 26A, MHS 27, MHS 28, MHS 28A, MHS 30, MHS 34, MHS 34A, MHS 36, MHS 37, MHS 39.

Required by County       Contingent upon travel reimbursement      (one box must be checked)

**Additional Insured.** The Commercial General Liability insurance and Automobile Liability insurance must include Deschutes County, the State of Oregon, their officers, employees, volunteers and agents as Additional insureds but only with respect to Contractor’s activities to be performed under this Contract. Coverage must be primary and non-contributory with any other insurance and self-insurance. The additional insured endorsement shall not include declarations that reduce any per occurrence or aggregate insurance limit.

**Notice of Cancellation or Change.** Contractor or Contractor’s insurer must provide written notice to County at least thirty (30) calendar days before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

**Certificate of Insurance Required.** Contractor shall furnish a current Certificate of Insurance to the County with the signed Contract. The certificate(s) or an attached endorsement must specify: i) all entities and Individuals who are endorsed on the policy as Additional Insured; and ii) for insurance on a “claims made” basis, the extended reporting period applicable to “tail” or continuous “claims made” coverage.

**Tail Coverage.** If any of the required insurance policies is on a “claims made” basis, such as professional liability insurance, Contractor shall maintain either “tail” coverage or continuous “claims made” liability coverage, provided the effective date of the continuous “claims made” coverage is on or before the effective date of this Contract, for a minimum of twenty-four (24) months following the later of : (i) Contractor’s completion and County ’s acceptance of all Services required under this Contract or, (ii) the expiration of all warranty periods provided under this Contract. Notwithstanding the foregoing twenty-four (24) month requirement, if Contractor elects to maintain “tail” coverage and if the maximum time period “tail” coverage reasonably available in the marketplace is less than the twenty-four (24) month period described above, then Contractor may request and OHA may grant approval of the maximum “tail” coverage period reasonably available in the marketplace. If OHA approval is granted, the Contractor shall maintain “tail” coverage for the maximum time period that “tail” coverage is reasonably available in the marketplace.

**This is a signature of acknowledgement that the Proponent shall meet all insurance requirements outlined above prior to contract execution.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

**Attachment 3 – EXECUTIVE SUMMARY** (if consortium, please fill one out for each business entity).

1. Proposers Legal Name

Firm Name	
Address	
Telephone	

2. 3. Chief Executive Contact

Name of Chief Executive	
Title	
Telephone	
E-mail Address	

4. Primary Application Contact

Name of Primary Contact	
Title	
Telephone	
E-mail Address	

5. Legal Status Information

Federal Employer Tax Identification or Social Security Number	
Oregon Tax I.D. Number	

**An unsigned proposal will be rejected**

I certify that the information provided in this proposal is true and correct to the best of my knowledge and that I have been duly authorized by applicants governing body or other authority to file this proposal. This proposal is submitted as firm and fixed offer valid for one hundred twenty (120) days of the submission date.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

**Attachment 4 – Proposed Work Scope and Budget (80 points)**

Prepare a work scope and budget that clearly describes each of the activities/services you seek to provide. Use the work scope and budget table below. A new table should be created for each new activity/service. Number each new work scope as needed.

**Activity Work Scope #1** (create additional tables as needed for additional activities/services, label them sequentially starting from number 1)

Activity Name:
Describe what the activity is intended to do:
Why is the activity needed?
Who will be served with this activity?
When will this activity occur?
How will this activity support tobacco cessation services beyond June 30, 2023?
Who will conduct or participate in this activity?
Is there any other important information to share about this activity or how it fulfills the intent of this RFP?

**Budget** (add rows as needed)

Budget Item	Cost	Description if needed to support alignment with the associated activity.
Total		

**Attachment 5 – Applicants ability to support the work (20 points)**

Please describe in one page or less your ability to successfully support this proposal