



Deschutes County

REQUEST FOR PROPOSAL

For

SURVEY FOR CLINICAL SERVICES

Proposals must be received no later than 4:00 p.m. PST
Monday, November 15, 2021

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.

The Downtown Health Centers in Bend and Redmond are Reproductive Health Clinics operated by Deschutes County Public Health, and which offer free or low-cost services, including birth control and STD services. In our effort to increase access to services for Deschutes County community members, we are seeking support in collecting representative community input on a variety of topics, including how people prefer to receive healthcare services, where community members receive reproductive health information, and what potential barriers exist in seeking reproductive healthcare.

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

DESCHUTES COUNTY HEALTH SERVICES DEPARTMENT

REQUEST FOR PROPOSAL FOR

SURVEY FOR CLINICAL SERVICES

October 15, 2021

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 contractor for online survey and research services on behalf of the Clinical Services Section.

Survey content should be culturally relevant, linguistically appropriate with provisions for the Latino population.

At a minimum, proposals shall include:

- Ability to schedule a virtual meeting for a presentation, approximately forty-five (45) minutes in duration (approximated time includes opportunity for questions and answers).
- Respondents should identify which portions of the RFP they are proposing to meet.
- Timeline of work.
- Budget including all expenses, contracting expenses, and salaries, as applicable.

Deschutes County's decision in selecting a vendor/contractor shall be based on proposed strategies, budget, work examples, and competitive 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 "Survey for Clinical Services Section / Reproductive Health Services", and addressed to:

Anne Kilty
Clinical Services Manager
anne.kilty@deschutes.org

Proposals must be received no later than 4:00 p.m., on Monday, November 15, 2021 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 Anne Kilty via email to anne.kilty@deschutes.org.

1. INTRODUCTION

The purpose of this RFP is to execute a contract with one (1) individual or agency who qualifies in providing survey research services. The contractor/vendor shall provide online survey research services, as outlined in the scope of 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 whose proposal(s) is determined to be the most responsive to the requirements of this Request for Proposal (RFP). The term of the resulting contract(s) is estimated to begin on or about December 15, 2021 and terminate June 30, 2022, with a possible one (1) year extension, subject to DCHS Department approval. 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 survey services that comply with evidence-based best practices and utilize approaches to solicit feedback from hard-to-reach community members. The following requirements and scope of services shall be incorporated into the contract. Proposal responses will be considered acceptance of these requirements unless expressly stated otherwise. Proponents must be capable of meeting or exceeding the following service level specifications:

- A. Develop a plan for online survey design, implementation, data collection, target population recruitment, response rate monitoring, and analysis.
- B. Work closely with DCHS staff to develop and design an online survey instrument for community members. Survey content should be culturally relevant and linguistically appropriate for the target populations we are trying to reach. This may include incorporating survey logic so that specific audiences are asked questions that may be most relevant to them.
- C. Program the survey online using a secure web-based platform and monitor response rates, providing regular updates on survey sample to DCHS and working closely with DCHS to increase sample size among target populations in cases where sample is insufficient for analysis. The Proponent shall be responsible for the distribution and collection of survey responses.
- D. Provide the survey in both English and Spanish. The Proponent should either have translation services in-house or be able to outsource translation services to a vendor so that the Spanish version of the survey is culturally and linguistically appropriate.
- E. Provide incentives for survey participation and manage the distribution of participant incentives, while keeping survey responses anonymous and confidential. The Proponent will be asked to provide recommendations on how to increase the survey sample, including but not limited to, marketing and participation prizes provided at contractor's expense.
- F. Utilize proven methods of increasing participation/sample size for populations of interest within Deschutes County in coordination with DCHS (this may include, but is not limited to, demographics such as age, insurance status, and race/ethnicity). Preference will be given to proponents able to showcase success with using innovative respondent recruitment strategies, such as through social media, text messaging, or paid digital mechanisms.
- G. Once the survey responses have been collected, provide tabulated survey results in an excel format, as well as provide complete raw survey data. The Proponent will provide crosstab results by demographics of interest and conduct recommended subset analyses. The Proponent will additionally provide an open-ended results report of responses, with qualitative data appended by key variables of interest.
- H. Upon completion of the online survey and finalization of results, the Proponent will meet with DCHS in a work session to review the results, taking questions and providing recommendations based on the results.

4. PERIOD OF SERVICE

A contract is expected to be awarded for the period December 15, 2021 and terminate June 30, 2022. 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 the best value to Deschutes County, including but may not be limited to: 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. | October 15, 2021 |
| • Proposals are due. | November 15, 2021 |
| • Proposals are evaluated. | November 16 through November 19 |
| • Discussions are conducted with top ranking candidates, if needed. | November 19, 2021 |
| • Contract for services is negotiated and signed. | November 22 through December 10 |
| • Contracted services commence. | December 15, 2021 |

DCHS anticipates that it will announce the results of this RFP process November 22, 2021. DCHS and the selected Proponent(s) will then negotiate terms and sign a legally-binding contract by December 14, 2021. Proposals must be submitted as described above no later than 4:00 p.m. on November 15, 2021 (“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 which, in the estimation of DCHS, will best serve the interests of Deschutes County and Central Oregon. DCHS reserves the right to award a contract to the Proponent 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. Ability to create and distribute a survey that fits within the cultures of the Central Oregon region;
4. Customer service tools;
5. Meet all insurance requirements;
6. Licensing (if applicable);
7. References;
8. Provide services in English and Spanish.

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.

Evaluation Criteria	Point Value
Ability to meet scope of services	30
Experience and qualifications, including experience working with government agencies	20
Ability to strategically reach target audience(s)	25
Schedule and cost of services	25
Total	100 Points

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:

Nahad Sadr-Azodi, Deputy 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. As such, the selected Proponent will be required to furnish the following insurance requirements, and those referenced in Attachment 2 of this RFP, prior to execution of the contract:

1. Commercial General Liability "occurrence" coverage with additional insured endorsement, naming ***Deschutes County, the State of Oregon, their officers, agents, employees and volunteers as an additional insured***, in the minimum amount of \$3,000,000 combined single limit (CSL) bodily injury & property damage each occurrence and \$5,000,000 aggregate, including personal injury, broad form property damage, products/completed operations, broad form blanket contractual and \$50,000 fire legal liability.
2. Professional Liability, in the minimum amount of \$3,000,000 combined single limit (CSL) bodily injury & property damage each occurrence and \$5,000,000 aggregate, covering damages caused by error, omission, or any negligent acts related to services provided under the contract. The policy must provide extended reporting period coverage, sometimes referred to as "tail coverage" for claims made within two years after the contract is completed.
3. Automobile Liability "occurrence" coverage with additional insured endorsement, naming ***Deschutes County, the State of Oregon, their officers, agents, employees and volunteers as an additional insured***, in the minimum amount of \$1,000,000.
2. Workers' Compensation coverage, including a Waiver of Subrogation in full compliance with Oregon statutory requirements, for all employees of Contractor and Employer's Liability in the minimum amount of \$1,000,000.

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. Narrative Section: Prepare a proposal that clearly demonstrates the ability to provide the services as outlined in this RFP. The narrative must be typed in 12 point font, one inch margins, 8½" x 11", paginated, on white paper. Narrative section is limited to fifteen (15) pages. **Attachment 4**

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**

SURVEY FOR CLINICAL SERVICES

Proposal Response Form

Submit by e-mail to: anne.kilty@deschutes.org

A signature on this form acknowledges that the proposer is hereby submitting a proposal in response to Deschutes County's RFP for SURVEY FOR CLINICAL SERVICES. Submit this form prior to submitting the submission package which is due November 15, 2021.

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 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).

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

- | | |
|---|---|
| <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 |
| <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$3,000,000 |
| <input checked="" type="checkbox"/> \$3,000,000 | <input checked="" 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 County 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 type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 |
| <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$4,000,000 |
| <input checked="" type="checkbox"/> \$3,000,000 | <input checked="" 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.

Contractor and Subcontractors. 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.

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. Briefly summarize your program design:

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 – NARRATIVE

Prepare a proposal that clearly demonstrates the ability to provide the services as outlined in this Request for Proposals (RFP). The following information shall be organized in the order listed below to facilitate fair and equal evaluation of the responses. The proposal must be typed in 12 point font, one inch margins, 8½" x 11", paginated, on white paper. Narrative section is limited to fifteen (15) pages.

Minimum Qualifications – Pass / Fail

1. Cover Letter and Qualifications of Key Personnel

A cover letter shall be provided which succinctly explains the consultant's interest in the project, as well as experience performing survey research services. The letter shall contain the name, address and phone number of the person who will serve as the consultant's principal contact with DCHS. Submit summarized resumes of all those who will be involved in completing the scope of services. Please include their experience in performing the required and necessary services or functions.

2. Methodology

Describe the preferred process, methodology, and approach for completing the scope of services. Indicate how the process and approach will accomplish the project objectives. Provide specific recommendations for how the online survey will be marketed and distributed in order to obtain sufficient sample sizes for key demographics of interest (including, but not limited to, demographics such as age and race/ethnicity).

3. Schedule

Provide a schedule to complete the scope of services. Identify all services that are expected to be provided by DCHS.

4. Experience and References

Provide at least two (2) references for completed projects of similar size and scope, completed during the past three (3) years. Include the name of the organization, a brief summary of the work performed and the name and telephone number of the responsible contact person.

5. Cost for Services

The scope of services is estimated to not exceed \$20,000 (including the cost of incentives). Each proposal shall include a fee schedule for services and shall include a not-to-exceed amount for the project. Please include fees for the scope of services including all expenses attributable to the project as well as a recommended budget for participant incentives. Provide hourly billing rate for specific team members that will be engaged in this project.