



**HEALTH
SERVICES**

INFORMAL REQUEST FOR PROPOSAL

For

Immunization Access Assessment

Date of Issue: October 1, 2024

Closing: Proposals must be received no later than 4:00 p.m. PST
October 31, 2024

Single Point of Contact (SPC): Rita Bacho, Program Manager

Deschutes County Health Services
2577 NE Courtney Drive
Bend, Oregon 97701
(541) 617-4705

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 (DCHS) 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

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DESCHUTES COUNTY HEALTH SERVICES
INFORMAL REQUEST FOR PROPOSAL
FOR
IMMUNIZATION ACCESS ASSESSMENT

Deschutes County Health Services (DCHS) is requesting informal proposals from qualified firms to explore immunization access. Details of the requested work are included in the Scope of Services.

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.***

Candidate shall submit the proposal electronically via e-mail with the subject titled "Immunization Access Assessment Proposal", and sent to:

Rita Bacho, Program Manager
Rita.Bacho@deschutes.org

Proposals must be received no later than 4:00 p.m., on **October 31, 2024** to be eligible for consideration. Any proposals received after 4:00 will not be opened and deleted. 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 shall be directed to Rita Bacho via email to Rita.Bacho@deschutes.org. All questions must be submitted no later than **October 15, 2024** directly to Rita Bacho at the email address listed above. Questions and answers will be published to the Deschutes County Health Services RFP webpage no later than end of day, **October 20, 2024**.

1. INTRODUCTION

Deschutes County Health Services (DCHS) had an opportunity to review a copy of an immunization access assessment report from another county and found the assessment relatable to what DCHS is seeing in the local community. DCHS believes there could be a benefit to performing an immunization access assessment as the county moves forward in planning vaccine clinics to ensure access in the community

The purpose of this RFP is to execute a contract with one agency/organization who qualifies to provide these 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 is determined to be the most responsive to the requirements of this Request for Proposal (RFP). Awards are also contingent on DCHS' availability of funds.

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

DCHS, Public Health immunization program aims to fully understand immunization access landscape in Deschutes County. This involves identifying gaps in vaccine access, gaining insights on mitigating these gaps, considering modifications in assurance activities to enhance access and health equity in the immunization program.

To support these goals, DCHS Public Health immunization program staff will collaborate with a contractor to explore opportunities for enhancing vaccine access, increasing vaccine coverage among eligible Deschutes County residents and identify potential methods through which DCHS can ensure the availability of immunizations for all eligible Deschutes County residents.

3. PERIOD OF SERVICE

A contract is expected to be awarded for the period **November 15, 2024** and terminate **November 14, 2025**, with the option for the County to extend or renew the Contract in increments for an additional one (1) to twelve (12) months up to a total of one (1) year. 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.

4. PAYMENT PROVISIONS AND RATES

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

5. 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.

All Proposals submitted in response to this RFP shall become the property of the County and may be utilized in any manner and for any purpose by the 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 printed in **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, the County will endeavor to resist disclosure of properly identified portions of the Proposals. 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.

6. TENTATIVE SCHEDULE OF EVENTS

The table below represents a tentative schedule of events. DCHS may modify these dates at any time, with appropriate notice. All times are Pacific Time (PT).

Solicitation is released	October 3, 2024
Questions must be submitted	October 15, 2024
Questions and responses are posted	October 20, 2024
Proposals are due	October 31, 2024
Proposals are evaluated	November 1, 2024 – November 7, 2024
Estimated date for project commencement	November 15, 2024

DCHS anticipates that it will announce the results of this RFP process on or around **November 10, 2024**. 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 **October 31, 2024** ("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.

7. 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).

8. 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.

9. 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;

All proposals will initially be screened by Deschutes County ASA Committee. 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 the ASA Committee 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 Proponents. 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
Knowledge of subject area (vaccines and assessments)	20
Previous work in the subject matter	20
Ability to work with staff schedule	20
Ability to keep the team informed	20
Budget	20
Total	100 Points

Narrative responses regarding the scope of services and the ability to provide the services, 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 12 Submission Package.

10. 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 will be required to enter into the County's standard services agreement, a template is available upon request.

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 that Proponent a contract.

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

The successful Proponent shall submit a W-9 with a valid and active tax identification number. 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;

11. 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 Cover Sheet - **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. See form for required submission date).**
2. Signed Acknowledgement of Insurance Requirements. **Attachment 2**
3. Executive Summary: Please complete as directed. **Attachment 3**
4. Proposed response and Scope of Work
5. Proposed budget

It is the responsibility of the Proponent to ensure the proposal is received 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.

COVER SHEET



HEALTH
SERVICES

REQUEST FOR PROPOSAL
FOR

Immunization Access Assessment

Proposal Response Form

Submit by e-mail to: Rita.Bacho@deschutes.org

A signature on this form acknowledges that the proposer is hereby submitting a proposal in response to Deschutes County's RFP for **Immunization Access Assessment**. Submit this form **prior** to submitting the submission package which is due **October 31, 2024**.

Authorized Signature: _____

Contact Name: _____

Title: _____

Phone: _____

Email: _____

Company Name: _____

Company Address: _____



ATTACHMENT 2
INSURANCE REQUIREMENT ACKNOWLEDGEMENT

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). 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 negligent acts related to professional 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 the contract work is completed or the facts underlying County's claim could reasonably have been discovered, whichever is later.

☒ Required by OHA ☐ 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.

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

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

Per Single Claimant and Incident

- ☒ \$1,000,000
☐ \$2,000,000
☐ \$3,000,000

All Claimants Arising from Single Incident

- ☒ \$2,000,000
☐ \$3,000,000
☐ \$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 coverages provided for herein must be endorsed as primary and non-contributory to any insurance or self-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.

The policy shall be endorsed to name ***Deschutes County, its officers, agents, employees and volunteers as an additional insured***. The additional insured endorsement shall not include declarations that reduce any per occurrence or aggregate insurance limit. The Contractor shall provide additional coverage based on any outstanding claim(s) made against policy limits to ensure that minimum insurance limits required by the County are maintained. Construction contracts may include aggregate limits that apply on a "per location" or "per project" basis. The additional insurance protection shall extend equal protection to County as to Contractor or subcontractors and shall not be limited to vicarious liability only or any similar limitation. To the extent any aspect of this Paragraph shall be deemed unenforceable, then the additional insurance protection to County shall be narrowed to the maximum amount of protection allowed by law.

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

Claims Made Policy ☐ Approved by County ☒ Not Approved by County

Additional Requirements. Contractor shall pay all deductibles and self-insured retentions. A cross-liability clause or separation of insured's condition must be included in all commercial general liability policies required by this Contract. Contractor's coverage will be primary in the event of loss.

Certificate of Insurance Required. Contractor shall furnish a current Certificate of Insurance to the County with the signed Contract. Contractor shall notify the County in writing at least 30 days in advance of any cancellation, termination, material change, or reduction of limits of the insurance coverage. The Certificate shall also state the deductible or, if applicable, the self-insured retention level. Contractor shall be responsible for any deductible or self-insured retention. If requested, complete copies of insurance policies shall be provided to the County. Any violation by Contractor of this Certificate of Insurance provision shall, at the election of County, constitute a material breach of the Contract.

Upon notification of award, Proponent shall secure and demonstrate to DCHS proof of insurance as required in this RFP. 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 C
EXECUTIVE SUMMARY**

(If consortium, please fill one out for each business entity).

1. Proposers Legal Name

Firm Name	
Address	
Telephone	

2. 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 proposer's 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: _____