

**CITY OF AUSTIN
PURCHASING OFFICE
PROPOSAL PREPARATION INSTRUCTIONS AND EVALUATION FACTORS
SOLICITATION NUMBER: MHJ0107**

PART 1: PROPOSAL FORMAT

All proposals should be submitted in the following format.

Submit one original, and three (3) electronic versions of the complete proposal.
The electronic versions must be on a flash drive in PDF format.
The electronic versions can be on disc or usb drive.

The original must be submitted on 8.5 x 11" paper, bound or in a 3-ring binder. The original proposal must be clearly labeled as "original". The original must include the original signature of the person authorized to sign on behalf of the Proposer.

Proposals shall be organized in the following format and information sequence. Use tabs to divide each part of your proposal and include a Table of Contents. Proposers should provide all details in the proposal as required in the Section 0500- Scope of Work and any additional information you deem necessary for your proposal to be evaluated.

Prefacing the proposal, the Proposer shall provide an Executive Summary of three (3) pages or less, which gives in brief, concise terms, a summation of the proposal.

Tab 1: City of Austin Purchasing Documents-Complete and submit the following documents:

1. Signed Offer Sheet
2. Section 0605-Local Business Presence Form
3. Section 0700-Reference Sheets
4. Section 0835-Non-Resident Bidder Provisions
5. Section 0900-No Goals Utilization Plan
6. Please note a Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement must be signed by the awarded contractor. An example of this agreement is included in the RFP documents.

Tab 2 - Business Organization: State full name and address of your organization and identify parent company if you are a subsidiary. Specify the branch office or other subordinate element which will perform, or assist in performing, work herein. Indicate whether you operate as a partnership, corporation, or individual. Include the State in which incorporated or licensed to operate and provide your non-profit organization status. Describe the organizational structure; provide a list of your board of directors, officers, and committees. Include an organizational chart, if applicable, in the Appendix.

Describe how human resources have been managed in the past five years, including turnover in key staff positions. Describe plans for operation of the project if there are unexpected vacancies in CHW positions.

Tab 3 – Authorized Negotiator: Include name, address, and telephone number of person in your organization authorized to negotiate Contract terms and render binding decisions on Contract matters.

Tab 4 - System Concept and Solution: Define in detail your understanding of the requirement presented in the Scope of Work of this request for proposal and your system solution. Provide all details as required in the Scope of Work and any additional information you deem necessary to evaluate your proposal.

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Tab 5 – Work Plan: Describe your technical plan for accomplishing required work. Include such time-related displays, graphs, and charts as necessary to show tasks, sub-tasks, milestones, and decision points related to the Scope of Work and your plan for accomplishment. Specifically indicate:

- A. Describe your solution for Specification 5.0 Contractor Responsibilities
- B. Please specifically describe the experience the Contractor has in delivering services to the Spanish-speaking Hispanic community and the African American Community.
- C. Please describe the organization's experience in delivering diabetes self-management education or experience with chronic disease prevention in the Hispanic Community and the African American Community.
- D. Please specifically state any experience with the Diabetes Empowerment Education Program (DEEP) curriculum.
- E. Please describe the Contractor's plan for carrying out diabetes self-management education in the Hispanic and or African American community. At a minimum series of 10 DSME classes must be delivered between contract execution and September 30th, 2017. Note: the number of series can be reduced to 6 if CHW and DEEP certification will be taking place during this contract period. Each DSME series must utilize the DEEP curriculum and consist of at least 6 classes, lasting at least 90 minutes in length each.
- F. Please indicate how DSME classes will be provided in a culturally competent manner.
- G. Please identify key partnerships with schools, faith-based agencies, community centers, clinics, and other agencies that you will work with to provide DSME classes. Please indicate the role each of these agencies will play (such as host site for classes, assistance in recruiting participants, etc.). **Chart 2a** should also be filled out to summarize Contractor's plan for delivery of the DSME classes.

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2a. Workplan Chart (Maximum length 2 pages)

Please complete one line for each proposed series of DMSE classes.

Series Number	Proposed Dates (Ex: Sat. March 9 th - April 20 th 2014 Ex: TBD, Saturdays starting in June)	Proposed Time (ex: 7pm-8:30 pm) (Ex: Evenings)	Location of Series (Ex: Cristo Rey Church)	Estimated number of people attending (Minimum=8 persons with type 2 diabetes)	New or Existing Partnership? Existing= Contractor has offered classes or services at this location before: New= proposed new partnership
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Quality Improvement Plan (maximum 3 pages)

1. Please describe how Contractor will assure that DMSE classes are delivered with a high level of quality. Please indicate how CHWs will receive ongoing training, support. Please note: CHWs must receive a minimum **of 2 hours of continuing education yearly on diabetes.** Web-based training is allowed.
2. Please describe any individuals who will not be teaching DSME education but whom are budgeted in this grant to **supervise, manage, or provide direct quality assurance for the CHWs.** Please indicate whether they are certified in DEEP, whether they are Certified Community Health Workers, or whether they have other certifications (RN, CDE, MD, etc.) which make them qualified to supervise and provide quality assurance for CHWs in the

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proposed project. Please include resumes for these individuals and job descriptions if available in the Appendix.

3. Please indicate how the Contractor will coordinate with other service providers in Travis County in order to avoid duplication of services. All CHWs budgeted in this proposal will be required to attend Monthly Learning Meetings coordinated by ATCHHSD.
4. Please indicate how Contractor will screen potential participants for eligibility in the DEEP program. Eligibility requirements are: Age 18 years and above, and participant must self-report that he/she is living with type 2 diabetes.
5. Please indicate how the Contractor will refer those participants without a medical home to appropriate health services or eligibility screening agencies.
6. Please indicate how Contractor will maintain quality control in the data management aspects of this project. This includes thorough and consistent administration the pre and post-tests and satisfaction surveys. All original hard copies of evaluation forms collected from this project must be submitted to ATCHHSD on a monthly basis.
7. Please indicate how Contractor will maintain all personally identifiable health information (class lists, pre and post-tests, etc.) private and secure.

Tab 6 - Prior Experience: Describe only relevant corporate experience and individual experience for personnel who will be actively engaged in the project. Do not include corporate experience unless personnel assigned to this project actively participated. Do not include experience prior to 2005. Supply the project title, year, and reference name, title, present address, and phone number of principal person for whom prior projects were accomplished.

- A. Describe in detail experience to demonstrate minimum of five (5) years working in Austin, Texas to establish healthy communities.
- B. Describe in detail experience to demonstrate five (5) years' experience evaluating health education and promotion communication.
- C. Describe in detail experience related to development of evaluation plans, reports, and/or peer reviewed articles of evaluation research. Provide examples.
- D. Please describe Contractor's experience in collaborating with other health and human services providers and organizations in Travis County.

Tab 7 - Personnel: Include names and qualifications of all professional personnel who will be assigned to this project, including whether the individual is fluent in the Spanish language if applicable. State the primary work assigned to each person and the percentage of time each person will devote to this work. Identify key persons by name and title. Provide all resumes.

- A. Please describe the individuals who will be conducting the DSME education and their qualifications including Spanish proficiency if applicable. If these individuals are trained in DEEP or Certified CHWs, please include copies of DEEP training certificates and DSHS CHW certification in this proposal in the Appendix. If these individuals are not certified yet but are in the process of getting certified, or if certification is planned during the first few months of this contract, please indicate this.

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2b. Educator Qualifications Chart (Maximum 1 page)

Please complete this chart for each individual who will be providing DSME education in this proposal. Please note, individuals teaching the DEEP curriculum must be Certified Community Health Workers.

<u>Name of Educator/ Community Health Worker</u>	<u>Estimated number hours/week budgeted to this proposal</u>	<u>Date of CHW certification</u>	<u>Other certifications or credentials held</u>	<u>Date of DEEP training</u>	<u>Agency providing the DEEP training</u>	<u>Spanish Proficiency</u>

Tab 8 - Price Proposal: Information described in the following subsections is required from each Proposer. Your method of costing may or may not be used but should be described. A firm fixed price or not-to-exceed Contract is contemplated, with progress payments as mutually determined to be appropriate. In the proposal, provide a price chart similar to the one listed below. The prices listed in the table shall be inclusive of all fees, including travel, if required. No fees will be paid separately. Include a breakdown of each cost (administrative fees, hourly rates, etc.).

Use of Funds:

Funds are awarded for the purpose specifically defined in the Solicitation and must not be used to supplant local, state, or federal funds. Funds may be used for personnel, fringe benefits, office supplies, staff travel, and other direct costs. Funds may be used for the following project-related expenses:

- A. Personnel costs
- B. Office and administrative supplies
- C. Travel related to the project
- D. Other costs, such as tuition for the CHW 160 hour certification program or travel and tuition for the DEEP training

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- E. Funds may not be used for direct patient care, laboratory services, medical supplies, food (except for use in cooking demonstrations), purchase of equipment, purchase of incentive items for class participants, research projects, grant writing, or administrative staff performing unrelated senior management functions, or lobbying for or against any legislation.

TRAVEL EXPENSES (if required):

All travel lodging expenses in connection with the Contract for which reimbursement may be claimed by the Contractor under the terms of the Solicitation will be reviewed against the City's Travel Policy as published and maintained by the City's Controller's Office and the Current United States General Services Administration Domestic Per Diem Rates (the "Rates") as published and maintained on the Internet at:

http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC

No amounts in excess of the Travel Policy or Rates shall be paid. All invoices must be accompanied by copies of detailed receipts (e.g. hotel bills, airline tickets). No reimbursement will be made for expenses not actually incurred. Airline fares in excess of coach or economy will not be reimbursed. Mileage charges may not exceed the amount permitted as a deduction in any year under the Internal Revenue Code or Regulations.

A. **EXCEPTIONS:**

Be advised that exceptions to any portion of the Solicitation may jeopardize acceptance of the Proposal. The failure to identify exceptions or proposed changes with a full explanation will constitute acceptance by the Proposer of the Solicitation as proposed by the City. The City reserves the right to reject a Proposal containing exceptions, additions, qualifications or conditions not called for in the Solicitation.

B. **PROPOSAL PREPARATION COSTS:**

All costs directly or indirectly related to preparation of a response to the RFP or any oral presentation required to supplement and/or clarify a proposal which may be required by the City shall be the sole responsibility of the Proposer.

PART 2: - Proposal Acceptance Period: All proposals are valid for a period of one hundred and eighty (180) calendar days subsequent to the RFP closing date unless a longer acceptance period is offered in the proposal

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PART 3 - Proprietary Information: All material submitted to the City becomes public property and is subject to the Texas Open Records Act upon receipt. If a Proposer does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

PART 4- EVALUATION FACTORS AND AWARD

A. **Competitive Selection:** This procurement will comply with applicable City Policy. The successful Proposer will be selected by the City on a rational basis. Evaluation factors outlined in Paragraph B below shall be applied to all eligible, responsive Proposers in comparing proposals and selecting the Best Offeror. Award of a Contract may be made without discussion with Proposers after proposals are received. Proposals should, therefore, be submitted on the most favorable terms.

B. **Evaluation Factors:**

I. Proposals will be evaluated by an evaluation team consisting of ATCHHSD staff with knowledge of chronic disease and/or public health utilizing standardized scoring instruments.

II. **Evaluation Criteria**

The proposal sections will be weighted as follows:

- A. Part 1: Contractor background and experience: 40 points
 - B. Part 2: Work Plan: 35 points
 - C. Part 3: Budget: 15 points
 - D. Part 4: Local business presence: 10 points
- Total: 100 points.**