



Solicitation Information
9 Feb 04

RFP # B03387

TITLE: Evaluation and Quality Management Consulting

Submission Deadline: 2 March 04 @ 2:20 PM

PRE-BID/ PROPOSAL CONFERENCE: Yes Date: 17 Feb 04 Time: 2:30 PM Mandatory:No Location: Dept. of Administration / Division of Purchases (2 nd fl),One Capitol Hill, Providence, RI
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Questions concerning this solicitation may also be e-mailed to the Division of Purchases at questions@purchasing.ri.gov no later than February 16, 2004 at 12:00 Noon (EST). Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No
BOND REQUIRED: No

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

Vendors must register on-line at the State Purchasing Website at www.purchasing.ri.gov.

NOTE TO VENDORS:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

SECTION 1 - INTRODUCTION

The Rhode Island Department of Administration/Office of Purchases, on behalf of the Rhode Island Department of Health (HEALTH) is soliciting proposals from qualified firms to assist HEALTH in two areas of evaluation consultant services, 1) the evaluation of HIV Prevention Programs, and 2) quality management of the Ryan White Title II programs including HIV case management, as described elsewhere herein, and in accordance with the terms of this Request and the State's General Conditions of Purchase (available at www.purchasing.ri.gov).

Respondents may apply for one or both of the consultant services categories.

Agencies currently funded by HEALTH to deliver Ryan White Title II Care services, HIV case management and/or HIV prevention services are not eligible for this request for proposals.

This is a Request for Proposals, not a Invitation for Bid: responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Office of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the

Office of Purchases at the time of opening for any cause will be determined to be late and will not be considered. The official time clock is located in the reception area of the Division of Purchases, Department of Administration, One Capitol Hill, Providence, RI.

- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the selected vendor(s).*
- It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.
- All proposals should include the offeror's FEIN or Social Security number as evidenced by a W9, downloadable from the Division of Purchases website at www.purchasing.state.ri.us.
- The purchase of services under an award made pursuant to this Request will be contingent on the availability of funds.

NOTICE

THERE MAY BE ADDITIONAL ADDENDA TO THIS BID/RFP AT ANY TIME BEFORE THE OPENING DATE AND TIME.

THE DIVISION OF PURCHASES WILL NOT BE NOTIFYING BY MAIL OF ANY SUCH ADDENDA.

IT IS THE **VENDOR'S RESPONSIBILITY** TO **CHECK** AND **DOWNLOAD** ANY AND ALL ADDENDA.

AN ADDENDUM TO A BID/RFP IS LISTED AS THE BID NUMBER WITH AN **"A"** AND THE NUMBER OF THE ADDENDUM FOLLOWING; FOR EXAMPLE **3025A1** INDICATES ADDENDUM #1 HAS BEEN ISSUED FOR BID 3025. **3025A2** INDICATES ADDENDUM #2 HAS BEEN ISSUED.

YOU MUST CLICK ON **ALL** OF THESE LISTINGS TO BET THE **COMPLETE** PACKAGE.

SECTION 2 - BACKGROUND AND PURPOSE

BACKGROUND, PURPOSE AND RESULTS:

I. Background

Category 1: HIV Prevention Evaluation

Rhode Island's HIV prevention efforts start in 1994 with the establishment of a community-planning group, the Rhode Island HIV Prevention Community Planning Group (RICPG). The RICPG is based on a community involvement prevention model. The group has designed a needs assessment in consultation with behavioral scientists from university research programs to identify unmet needs. Armed with this information, the RICPG was able to set priorities and make recommendations for the best prevention interventions for Rhode Island. The **HIV Prevention Plan** with the RICPGs findings is published each year to guide the community in planning HIV prevention services. Each year the **HIV Prevention Plan** is revised to reflect the current course of the HIV epidemic, paying particular scrutiny to the behaviors that place people at risk for HIV infections. The 2004 Plan is available at the HEALTH web site (<http://www.healthri.org/disease/communicable/hivprevention2004.pdf>).

HEALTH currently funds thirteen (13) community based organizations, 2 Minority Supplemental Initiatives, one Counseling Testing and Referral Services (CTS) contract, one capacity building initiative, one writing/marketing contract and has a Memorandum of Understanding (MOU) with the Department of Corrections for HIV prevention services. Risk behavior and populations targeted by these organizations are based on the RICPG priorities and identified needs in the **HIV Prevention Plan**.

Since community-based prevention programs have such a vital role to play in prevention, the Office of HIV & AIDS implemented a capacity building program to assist local agencies in developing an HIV agenda for their organization. REACH (Relating, Exchanging and Capacity Building for HIV Prevention Programs) is a capacity building model created to respond to unmet needs the RICPG identified in its community planning process. Since 1997, over 800 staff from 50 agencies participated in a variety of organizational development, leadership and/or grantsmanship programs through Project REACH. These efforts have resulted in additional funding from the Centers for Disease Control & Prevention for minority initiatives and placed many local agencies in a good position for future prevention funding.

Since April 2001, the Office of HIV & AIDS has had the services of an evaluator procured through an RFP process. This three-year contract comes to an end on March 31, 2004. This RFP is being issued to procure the services of an evaluator to continue the process

already begun with funded vendors and HEALTH staff.

Category 2: Ryan White Quality Management Including HIV Case Management

The Ryan White CARE (Comprehensive AIDS Resources Emergency) Act (also called the HIV CARE Act) (Public Law 101-381) was signed on August 18, 1990. This legislation was reauthorized in May 1996 as the Ryan White CARE Act Amendments of 1996 (Public Law 104-146). CARE Act funding has supported services for persons infected with the Human Immunodeficiency Virus (HIV) including those who have clinically defined Acquired Immune Deficiency Syndrome (AIDS). The Health Resources and Services Administration (HRSA) is the federal agency that is the grants management unit for the HIV CARE Act. The CARE Act is intended to help communities and States to increase the availability of primary health care and support services, in order to reduce utilization of more costly inpatient care, increase access to care for underserved populations and improve the quality of life of those affected by the epidemic.

The CARE Act directs assistance through the following channels:

Title I. Eligible Metropolitan Areas (EMAs) with the largest numbers of reported cases of AIDS, to meet emergency service needs of people living with HIV disease.

Title II. All States, the District of Columbia, Puerto Rico, and eligible U.S. Territories to improve the quality, availability and organization of health care and support services for individuals living with HIV disease and their families

Title III. Public and private nonprofit entities to support outpatient early intervention HIV services for persons living with HIV disease (PLWH)

Title IV. Public and private nonprofit entities for projects to coordinate services to, and provide enhanced access to research for, children, youth, women, and families with HIV/AIDS.

Part F. Special Projects of National Significance to support the development of innovative models of HIV/AIDS care that are designed to be replicable and have a strong evaluation component; AIDS Education and Training Centers (AETC) to conduct education and training for health care providers; and the HIV/AIDS Dental Reimbursement Program to assist accredited dental schools and post-doctoral dental programs with uncompensated costs incurred in providing oral health treatment to HIV-positive individuals.

HEALTH is seeking quality management consultant services under Title II only. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to improving the quality of care and services and ultimately the quality of life for people living with HIV and AIDS. This commitment is made evident by the variety and depth of the efforts that HIV/AIDS Bureau undertakes to address the quality of care, treatment, and training across all programs administered by the Ryan White CARE Act. This commitment has been further deepened by the 2000 Reauthorization of the CARE Act, which directs the programs under the CARE Act to develop and implement quality management programs. HEALTH has assumed the same basic philosophic base for quality management of Ryan

White Title II Care and Support Services contracted services and HIV case management services.

II. Purpose

Category 1: HIV Prevention Evaluation

The Centers for Diseases Control and Prevention (CDC) has required state health departments receiving HIV Prevention funding from the CDC, to engage in an evaluation process. The Department of Health (HEALTH), Office of HIV & AIDS is committed to long-term outcome evaluation and impact assessment of funded HIV prevention programs. Currently funded programs have made steps towards program accountability with process and outcome evaluation plans using the Logic Model. However the capacity for delivering the scope and rigor for such evaluation efforts is not so well developed by the current vendors that they could continue to conduct evaluation without technical assistance. It is anticipated that components of outcome evaluation will include vigorous methods to assess whether the interventions will contribute to the long-term impact of HIV rates. In addition in 2004, the Office of HIV & AIDS will be issuing a new RFP for prevention services than might bring new community based organizations into the picture. The capacity of HEALTH to accomplish more sophisticated evaluation depends on the technical assistance available from CDC and purchased evaluative services.

HIV prevention evaluation funding became available through the Centers for Disease Control and Prevention (CDC) in 2000. The evaluation of CDC-funded health department HIV prevention programs must be conducted using the guidance set forth by the CDC. This guidance is available on the CDC web site at

<http://www.cdc.gov/hiv/pubs/guidelines.htm#evaluation>

Evaluating CDC-funded Health Department HIV Prevention Programs. Interested offerors are advised to prepare their proposal utilizing the CDC guidance.

The evaluation consultant services includes the following:

- continue to provide evaluation and quality management support and training to currently funded vendors and HEALTH staff,
- continue to sub-contact with the existing web based reporting system developer,
- continue to update HEALTH on changes in the CDC evaluation and HRSA quality management guidance,
- continue to prepare reports and documents to be included in the Cooperative Agreement and Year End Report to the CDC and HRSA,
- continue to conduct surveys and provide evaluation support to the community planning process, provision of care and Bridge committees
- assess the need for and conduct evaluation and quality management with funded vendors starting in 2004 and
- continue to provide on-going evaluation and quality management assessment and support to funded programs.

Category 2: Ryan White Quality Management Including HIV Case Management

HEALTH funded Ryan White Title II CARE Act projects are required to establish quality management programs to:

- assess the extent to which HIV health services are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV disease and related opportunistic infections; and
- develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

HEALTH uses the HRSA working definition of quality:

quality is the degree to which a health or social service meets or exceeds established professional standards and user expectations.

In order to continuously improve the Ryan White Title II care to Rhode Islanders with HIV and AIDS, quality management needs to consider the service delivery process, personnel and resources availability, and program outcomes. The overall purpose of a quality management program is to ensure that:

- Services adhere to PHS guidelines and established clinical practice including Medicaid standards for case management;
- Program improvement includes supportive services linked to access and adherence to medical care; and
- Demographic, clinical and utilization data are used to evaluate and address characteristics of the local epidemic.

A Ryan White Title II quality management program in Rhode Island will include the following:

- a systematic process with identified leadership, accountability, and
- data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks.

Quality management programs should also focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement and be adaptive to change. The process is continuous and should fit within the framework of agency programmatic quality assurance and quality improvement activities, such as JCAHO and Medicaid. Data collected as part of this process should be fed back into the quality management process to assure that goals are accomplished and improved outcomes are realized.

CONTRACT TERMS

The initial period of this contract will be a twelve-month period beginning *approximately* April 1, 2004 and ending approximately March 31, 2005. There is a possibility of renewal for four consecutive 12-month periods pending vendor's performance and continued funding (maximum 5 year contract term). If supplemental funding is awarded for this service, contracts may be increased to include additional activities within the original scope of work. A total of \$320,000/year is available for the Office of HIV & AIDS Evaluation Consultant Services. Approximately \$112,000 is available for HIV Prevention Evaluation Services and \$210,000 is available for Quality Management Consulting Services for a twelve month period. This agreement will be reviewed annually and continuation will be based on the quality of vendor performance and funding availability.

III. RESULTS

The successful applicant(s) will be expected to have the following:

- knowledge of Rhode Island community-based agencies;
- knowledge of HIV prevention and HIV case management service provider organizations;
- expertise in evaluating a variety of prevention initiatives (i.e. outreach, peer programs, group interventions, public awareness) and familiar with Ryan White quality management requirements;
- expertise in quality management;
- knowledge of Ryan White CARE Act and its requirements;
- expertise in working with a variety of populations (minorities, incarcerated, high-risk youth/adults, men who have sex with men, injecting drug users);
- knowledge of the community planning process and provision of care groups with an underlining understanding of the importance of community involvement;
- knowledge of the guidance set forth by the CDC: **Evaluating CDC-Funded Health Department HIV Prevention Programs** available at <http://www.cdc.gov/hiv/pubs/guidelines.htm#evaluation> and
- knowledge of the guidance set forth by HRSA: **Quality Management: Technical Assistance Manual** available at <ftp://ftp.hrsa.gov/hab/QM2003.pdf>.

Goals, Objectives and Activities

The applicant must list goals, objectives and activities for each component listed above congruent with the aforementioned Background/Purpose and Tasks listed below. These goals and activities are best presented in a timeline listing year one goals, objectives and activities. Remember these components are ongoing and must be maintained each subsequent year. All goals, objectives and activities must be specific, measurable, and specify time to be completed during a twelve month period.

In addition, there are time limits for some projects. For example, the HIV Prevention

evaluation plan is due to HEALTH in July of every year and the Ryan White Title II quality assurance measures have reporting requirements throughout the year (refer to **Quality Management: Technical Assistance Manual** available at the HRSA web site (<ftp://ftp.hrsa.gov/hab/OM2003.pdf>) for details). A series of steps must be taken beforehand to insure any projects timely completion. When listing goals, objectives and activities describe how your organization will integrate and utilize existing community resources and other national resources. A yearly calendar outlining activities and anticipated milestones must be included in the timeline portion of this RFP.

Applicants must include how their proposal will address the HIV/AIDS related objectives outlined in Healthy People 2010 and communities of color. Healthy People 2010 is available at <http://www.health.gov/healthypeople>.

HIV Prevention Evaluation and Ryan White Quality Management Plan

HEALTH has very specific guidelines for the evaluation of HIV Prevention programs funded by the CDC and quality management of Ryan White Title programs funded by HRSA. The following are requirements for this RFP:

- All applicants must use the Logic Model (Consider using the worksheets located in Appendix A: The Logic Model). The Logic Model will address and depict the methods by which short term, intermediate, long range and impact objectives correspond to the goals and objectives. This model will prove to be the evaluation foundation for the proposal. **If you do not complete this form your proposal will not meet the basic requirements for review and will be disqualified.**
- The applicant must list how each of the goals, objectives and specific activities will be measured. **These must be time measured and as specific as possible.** Applicants are expected to write both process and outcome monitoring objectives.
- Applicants are expected to review and incorporate **Evaluating CDC-funded Health Departments HIV Prevention Programs** available at the CDC web site (<http://www.cdc.gov/hiv/pubs/guidelines.htm#evaluation>)
- Applicants are expected to review and incorporate **Quality Management: Technical Assistance Manual** available at the HRSA web site (<ftp://ftp.hrsa.gov/hab/OM2003.pdf>)

SECTION 3 –SCOPE OF WORK

I. TASKS

Category 1: HIV Prevention Evaluation

The contractor will provide HIV prevention evaluation consultant services to organizations and HEALTH staff funded by the Office of HIV & AIDS. The evaluation of HIV prevention programs must be conducted using the guidance set forth by the CDC. This guidance is

available on the CDC web site (<http://www.cdc.gov/hiv/pubs/guidelines.htm#evaluation>):
Evaluating CDC-funded Health Department HIV Prevention Programs.

The HIV Prevention Evaluation Services needed are as follows:

1. Monitor and evaluate the HIV Prevention Community Planning process.
2. Document the linkages between the Comprehensive Plan, CDC funding application and resource allocation.
3. Continue process monitoring web base data collect on HIV prevention funded interventions in Rhode Island consistent with CDC Evaluation Guidance reporting requirements and Rhode Island-specific data needs. The HIV prevention web base sites is located at <http://rihivprevention.org/> This site was designed and is hosted by Expert Health Data Systems, Inc., a subcontractor with the current HIV prevention evaluation consultant.
4. Monitor outcomes of at least 20% of the funded Health Education/Risk Reduction Individual and Group-Level HIV prevention interventions.
5. Conduct administrative activities, training and technical support with HEALTH staff and funded vendor trainings in order to meet CDC HIV prevention evaluation guidance requirements.

Category 2: Ryan White Quality Management Including HIV Case Management

The Ryan White Title II Quality Management consultant will provide services according to the guidelines outline by HRSA in the **Quality Management: Technical Assistance Manual**. The quality management consultant services are to assure that projects funded by Ryan White Title II through HEALTH are in compliance with HRSA quality management requirements. Quality Management Consultant Services include the following tasks:

1. Collaborate with two already established groups responsible for leadership and support for Ryan White Title II service: the Provision of Care and the Bridge Committee (a joint committee of POC and the Rhode Island Community Planning Group for HIV Prevention). The consultant will be expected to work with the committees through HEALTH staff and the committee coordinator.
2. Establish a Quality Management Plan for Ryan White Title II services for HEALTH.
3. Conduct a needs assessment with baseline performance measures.
4. Analyze the base line data collected through the needs assessment process and identify areas for improvement.
5. Provide technical assistance for the development of project specific Continuous Quality Improvement (CQI) plan for HEALTH funded Ryan White Title II vendors.
6. Follow up and monitor progress with HEALTH funded Ryan White Title II vendors on their CQI plan.

7. Develop and implement training and capacity building regarding CQI needs of the HEALTH funded Ryan White Title II vendors.
8. Update and conduct yearly assessments and follow up with HEALTH funded Ryan White Title II vendors on their CQI plan.
9. Prepare and distribute a yearly report on the Quality Management activities for HEALTH.

II. DELIVERABLES:

Category 1: HIV Prevention Evaluation

1. A monthly contact report will be rendered to the HEALTH project officer no later than ten (10) days after the close of each month. This report will provide:
 - contact logs of interactions (telephone and face to face) with vendors and HEALTH staff;
 - documentation of assessments, technical assistance, capacity building, and/or training rendered with attendance logs and participant evaluation forms;
 - draft copies of all materials, work products, methodology and training developed;
 - progress on work plan objectives written for this proposal;
 - a brief narrative detailing problems, concerns and/or developing issues.
2. Progress report presentation to the Rhode Island HIV Prevention Community Planning Group (RICPG) at least twice a year. The on-site presentation must be delivered during a regularly scheduled RICPG meeting. The progress reports will be presented in a manner that meets the varied skill levels and experiences of the RICPG membership (i.e. youth and lay community members).
3. Prepare a yearly written report for HEALTH to be included in the year-end report to the CDC in April. This report will include all data analysis and associated narratives. All program data is the property of HEALTH and cannot be used outside the objectives of this proposal without the written permission of HEALTH.
4. Monthly expenditure reports will be rendered to HEALTH on the 10th of each month. Expenditures must be documented with copies of invoices and submitted on budget forms provided by HEALTH.
5. Produce and deliver final copies of materials associated with the contract (such as methodology, tools, and work products and training curriculum) to HEALTH supervisory staff.
6. Develop, implement and monitor outcome evaluation based on CDC requirements of HIV prevention program within the five-year contract period.
7. Produce a design and an evaluation implementation plan of the community planning

process in Rhode Island.

8. Evaluate linkages between the comprehensive plan, CDC funding application and individual and group level HIV prevention interventions.
9. Produce a Rhode Island version of the CDC Evaluation Manual, complete with web based reporting information, reporting forms and evaluation back ground information for HIV prevention program staff.

Category 2: Ryan White Quality Management Including HIV Case Management

1. A monthly contact report will be rendered to the HEALTH project officer no later than ten (10) days after the close of each month. This report will provide:
 - HRSA required data reports;
 - progress on work plan objectives written for this proposal;
 - a brief narrative detailing problems, concerns and/or developing issues.
2. Progress report presentation to the Rhode Island Provision of Care Committee (POC) and Bridge Committee at least quarterly. The on-site presentation must be delivered during a regularly scheduled POC and Bridge Committee meeting. The progress reports will be presented in a manner that meets the varied skill levels and experiences of the membership (i.e. youth and lay community members).
3. Prepare a yearly written report for HEALTH to be included in the year-end report to the HRSA in January. This report will include all data reports and associated narratives. All program data is the property of HEALTH and cannot be used outside the objectives of this proposal without the written permission of HEALTH.
4. Monthly expenditure reports will be rendered to HEALTH on the 10th of each month. Expenditures must be documented with copies of invoices and submitted on budget forms provided by HEALTH.
5. Produce and deliver final copies of materials associated with the contract (such as training manuals, tools, and work products and training curriculum) to HEALTH supervisory staff.
6. Develop, implement and monitor quality management services based on HRSA requirements for Ryan White Title II services within the five-year contract period.
7. Produce a quality management implementation plan for Ryan White Title II services.

III. CONTRACTOR RESPONSIBILITIES

Category 1: HIV Prevention Evaluation

- Maintain a professional and unbiased relationship with all contract vendors and HEALTH staff.
- Collect, manage and analyze all evaluation data.
- Prepare presentations and written reports on the evaluative process and outcomes for community groups and HEALTH.
- Provide all office space, equipment, utilities and supplies necessary for the management of the HIV Prevention Evaluation Consultant Services.
- Continue to support the existing web based reporting systems through Expert Health Data Systems, Inc., a subcontractor with the current HIV prevention evaluation consultant.
- Make all final drafts of materials, tools, methodologies and work products available to other prevention programs on request.

Category 2: Ryan White Quality Management Including HIV Case Management

- Maintain a professional and unbiased relationship with all contract vendors and HEALTH staff.
- Collect, manage and analyze all needs assessment data.
- Prepare presentations and written reports on the quality management process for community groups and HEALTH.
- Provide all office space, equipment, utilities and supplies necessary for the management of the Quality Management Consultant Services.
- Make all final drafts of materials, tools, methodologies and work products available to other quality management programs on request.

SECTION 4 – PROPOSAL QUESTIONS & SUBMISSION

See page 1 of this solicitation for information concerning the acceptance of vendor e-mailed questions and the pre-proposal meeting.

Questions concerning this solicitation may be e-mailed to the Division of Purchases at no later than the date & time listed on the cover sheet of this solicitation. **Send your questions in a Microsoft Word format.** Please reference the RFP/LOI # on all correspondence. Questions received, if any, will be posted and answered on the internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. For computer technical assistance, call the helpdesk at (401 – 222-2142, ext: 134.

Interested offerors may submit proposals to provide the services covered by this Request on or before the date & time listed on the cover sheet of this solicitation. Proposals received after this time and date will not be considered.

Proposals should include the following:

1. A completed and signed three-page RIVIP Bidder Certification Cover Form, available at www.purchasing.ri.gov

FOR **EACH** CATEGORY, THE FOLLOWING MUST BE SUBMITTED

2. A Cost Proposal reflecting the hourly rate, or other fee structure, proposed for this scope of services, including completion of the ~~Cost Proposal Summary~~ form, enclosed, and
3. A *separate* Technical Proposal describing the qualifications and background of the applicant and experience with similar programs, as well as the work plan or approach proposed for this requirement.
4. A completed and signed W-9 (taxpayer identification number and certification). Form is downloadable at www.purchasing.state.ri.us.

The Technical Proposal must contain the following sections:

1. Executive Summary (Limited to 2 pages):

The Executive Summary is intended to highlight the contents of the Technical Proposal and to provide State evaluators with a broad understanding of the offeror's technical approach and ability.

2. Offeror's Organization and Staffing (Limited to 4 pages):

A description of staffing, including an organizational chart highlighting the persons or units(s) responsible for this project should be demonstrated.

This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each, as well as resumes, curricula vitae, or statements of prior experience and qualifications.

3. Work plan/Approach Proposed (Limited to 10 pages):

This section will describe the offeror's understanding of the State's requirement, including the result(s) intended and desired, the approach and/or methodology to be employed, and a timetable for accomplishing the results proposed. The description of the work plan must discuss and justify the approach proposed for each task, and the technical issues that will or may be confronted by the project. The work plan description shall include a detailed proposed project schedule (by task and subtask), a list of tasks,

activities, and/or milestones that will be employed to administer the project, the assignment of staff members and concentration of effort for each, and the attributable deliverables for each. The work plan needs to include a detailed first year plan with an outline for years 2-5.

Specifically, the work plan should include the following:

- Goals and specific, measurable process and outcome objectives with time lines. Process and outcome monitoring objectives based on the logic model are required.
- Activities associated with each objective with timelines, staffing and tasks/milestones to be completed.
- A yearly calendar of tasks and milestones to guide HEALTH and community partners.
- A proposed evaluation plan that is consistent with the process and outcome monitoring objectives and include examples of documents to be used for evaluation.
- A description of how culturally and linguistically appropriate services to racial and ethnic minority populations will be delivered. Racial and ethnic minority populations are identified by OMB Directive as “African-Americans, Native Americans, Latinos/Hispanics and Asian Americans.”

Please include information pertaining to the following:

1. The projected number of racial and ethnic minority clients to be reached by the offeror.
2. The agency’s history of accessing and the proposed outreach to racial and ethnic minority populations.
3. A description of how racial and ethnic minority population will be given consideration in the selection and recruitment of administrative and services delivery staff.
If racial and ethnic minority populations are not identified as a population for your project, please provide a paragraph explaining the reasons why specific outreach to these populations are not appropriate for your project.

4. Previous Experience and Background (Limited to 3 pages):

This section shall include the following information:

- A comprehensive listing of similar projects undertaken and/or similar clients served, including a brief description of the projects,
- A description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position, and

- The offeror's status as a Minority Business Enterprise (MBE), certified by the Rhode Island Department of Economic Development, and/or a subcontracting plan which addresses the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, call the MBE Officer at (401) 222-6253.

Proposals (an original plus **six** copies) must be typed using a font size not less than 12. They should be mailed or hand-delivered in a sealed envelope marked "RFP B03387 **Evaluation and Quality Management Consulting Services**" to:

By Courier:	By Mail:
RI Department of Administration Division of Purchases, 2 nd Floor One Capitol Hill Providence RI 02908-5855	RI Department of Administration Division of Purchases, 2 nd Floor P.O. Box 6528 Providence RI 02940-6528

NOTE: Proposals received after the due date and time listed on the cover sheet of this solicitation will not be considered. Proposals misdirected to other State locations or which are otherwise not present in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases.

SECTION 5 – EVALUATION AND SELECTION

The State will commission a Technical Review Sub-committee, which will evaluate and score all proposals, using the following criteria.

- | | |
|---------------|--|
| 0 - 20 Points | Applicant's ability to clearly articulate goals , objectives and activities for committee coordination, technical writing, and/or capacity building. |
| 0 – 15 points | Applicant's capacity as an organization (including personnel) to execute objectives and subsequent activities detailed in this proposal. |
| 0 – 10 points | Clearly articulated work plan, that is organized and illustrates methodologies used in executing the tasks, specifies a project schedule, assignment of staff and concentration of staff effort |

- 0 - 10 points **A clearly developed and accurate evaluation plan**, detailing process and outcome monitoring of the objectives and activities based on the Logic Model, and include process and outcome monitoring objective measures.

- 0- 10 points **Applicant's past and present experience with effectively and efficiently administering similar programs** (based on information and data provided within the context of this request specifically illustrating successful process and outcomes as well as specific letters of reference from relevant/appropriate sources).

- 0-5 points **Applicant's grasp and understanding of the present project at hand**, the necessity to maintain some elements as constant, and evidence that those changes proposed are innovative improvements to the programs future success.

- 0-5 points **Applicant's conformance to the RFP** and the extent to which they followed the specifications.

- 0-5 points Applicant's ability to illustrate and reveal understanding of the **specific products** (e.g., a comprehensive HIV prevention plan, etc.) that are integral to this proposal.

- 0-20 points **Cost** (Calculated as lowest responsive cost proposal divided by this cost proposal X 20 points).

The applicant must receive a minimum score of 60 of the 80 points on the Technical Proposal prior to any consideration being given to the Cost Proposal.

Notwithstanding the foregoing, the State reserves the right to accept or reject any or all options, bids, proposals, to award in whole or in part, and to award on the basis of cost alone and to act in its best interest..

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The Technical Review Sub-Committee will present written findings, including the results of all evaluations, to the State's Architect/Engineer and Consultant Services Selection Committee, which will recommend up to three finalists to the Director of the Department of Administration, who will make the final selection for this requirement. *When a final decision has been made, there will be an announcement on the Division of Purchases website.*

COST PROPOSAL SUMMARY

OFFEROR: _____

[NOTE: At least two format options exist, one based on TASK, the other based on STAFF]

Option 1 - TASK

TASK	COMPLETION DATE	STAFF HOURS	TOTAL
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
PROJECT TOTAL:			\$ _____

Option 2 - STAFF

STAFF

Fully-absorbed hourly rates for all staff members proposed for this work, and the concentration of hours for each (use additional sheets, if necessary):

NAME	TITLE	HOURS	HOURLY RATE	TOTAL
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL STAFF:			\$ _____	

REIMBURSIBLE EXPENSES

_____	\$ _____
_____	\$ _____
TOTAL EXPENSES	\$ _____
PROJECT TOTAL:	\$ _____

Appendix A: The Logic Model

**Handout 5: Logic Model Worksheet
for Planned Implementation and Outcomes**

Write SMART process and outcome objectives in your logic model. You do not need to answer these questions in order.

Problem Statement: What factors put the population at risk (e.g., knowledge, attitudes, beliefs, behaviors, skills and environmental conditions)?

Inputs: What resources (e.g., money, staff, curricula, and materials) will be used in the intervention?

Activities: What services will the intervention provide to accomplish its objectives (e.g., outreach, materials distribution, counseling sessions, workshops, and trainings)?

Outputs: What will be the direct products or deliverables of the intervention (e.g., intervention sessions completed, people reached, and materials distributed)? Please write these as SMART Process Objectives.

Immediate Outcomes: What will be the immediate results (e.g., changes in knowledge, attitudes, beliefs, and skills) of the intervention? Please write these as SMART Outcome Objectives.

Intermediate Outcomes: What results (e.g., changes in behaviors and environmental conditions) are expected to occur some time after the intervention is completed? Please write these as SMART Outcome Objectives.

Impacts: What are the expected long-term results (e.g., changes in HIV infection, morbidity and mortality) from this intervention (and other interventions) over time?

Logic Model Worksheet for Planned Implementation and Outcome

Instructions: Write evaluation questions and describe how you would use the evaluation findings to improve your intervention.

1) Write 3-5 priority evaluation questions (i.e., consider usefulness and feasibility)

2) Discuss how you might use these evaluation findings to improve the intervention

Adapted from CDC's *Monitoring and Evaluating Outcomes to Improve HIV Prevention Interventions*, 2003 Training Sessions.