



REQUEST FOR PROPOSALS  
FOR  
COVID DISPARITIES PARTNERS  
PROJECT  
23RFP008

May 22, 2023

280 South Decatur Boulevard  
Las Vegas, Nevada 89107

## TABLE OF CONTENTS

I.	INTRODUCTION	
A.	Purpose.....	1
B.	Entity Information.....	1
C.	Anticipated Funding .....	1
D.	Anticipated Contract Type.....	1
E.	Anticipated Contract Term .....	1
F.	Subcontracting .....	1
G.	Ethics in Procurement.....	1
II.	SCOPE OF SERVICES	
A.	Project Description .....	2
B.	Required Partner Tasks and Associated Activities .....	2
C.	Health District Tasks and Associated Activities.....	3
D.	Partner Key Deliverables and Reporting Requirements.....	3
III.	TIMETABLE AND PROVISIONS	
A.	Timetable.....	4
B.	Authorized Contact.....	4
C.	Questions .....	4
D.	Deadline to Submit Proposals.....	4
E.	Proposal Submission.....	4
F.	Late Proposals.....	4
IV.	REQUIREMENTS	
A.	Proposer Qualifications .....	5
B.	Proposal Preparation and Submission.....	5
C.	Proposer Representations and Certifications .....	6
D.	General Conditions .....	7
V.	EVALUATION AND SELECTION	
A.	Evaluation Criteria.....	8
B.	Clarification, Site Visits, Interviews and Presentations.....	8
C.	Selection .....	8
ATTACHMENTS		
A - Proposal Form		
B - Budget Template		
C - Profile Questionnaire		

## **SECTION I - INTRODUCTION**

### **A. Purpose**

The Southern Nevada Health District (“Health District”) requests proposals from qualified and experienced community-based organizations and/or healthcare providers to develop and/or expand community partnerships, to improve existing and/or develop new resources and services to reduce COVID-19, and to address other health disparities among underserved populations in rural areas in Clark County (“Project”).

### **B. Entity Information**

The Health District was created in 1962 when the State Legislature combined the health departments of the county and several adjoining cities. The Health District is one of the largest local public health organizations in the United States, serving more than 2.3 million residents and safeguarding the public health of more than 40 million visitors to Las Vegas annually.

The mission of the Health District is, “To assess, protect, and promote the health, the environment, and the well-being of southern Nevada communities, residents, and visitors.”

The Health District is governed by the Southern Nevada District Board of Health (Board). The Board is vested with jurisdiction over all public health matters within Clark County, Nevada.

### **C. Anticipated Funding**

1. Any contract awarded under this RFP will be funded through a federal grant award received from the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Federal Award Identification Number 6 NH75OT000057-01-03, CFDA 93.391, project title, SNHD COVID-19 Health Disparities, grant award date December 29, 2022.
2. Any awarded contract will be subject to the availability of funding and shall be immediately terminated if any funding budgeted for the contract is withdrawn, limited, or impaired.

### **D. Anticipated Contract Type**

Any awarded contract will be a “requirements” contract for the services specified and effective for the period stated.

### **E. Anticipated Contract Term**

Any awarded contract will cover the Project period currently estimated to be August 1, 2023 through May 31, 2024.

### **F. Subcontracting**

Subcontracting must be preapproved by the Health District.

### **G. Ethics in Procurement**

It is unlawful for any Proposer to offer, or any employee of the Health District or their immediate family to solicit or accept a gratuity in connection with the solicitation, award, or administration of any Health District contract or purchase order.

## SECTION II - SCOPE OF SERVICES

### A. Project Description

The Health District seeks to partner with up to four (4) community-based organizations or healthcare providers (“Partners”) that serve vulnerable populations in rural areas in Clark County to lessen the adverse effects of COVID-19 and to assist Clark County residents by improving health outcomes associated with the pandemic, addressing health inequities overall, and connecting community members to programs that contribute to overall health improvements. Activities may include but are not limited to assisting those without healthcare to find healthcare providers, mental health services, and other needed resources such as transportation, housing support, food assistance programs, and substance abuse services.

The Project aims to improve access to healthcare services, increase rates of healthcare insurance coverage, increase vaccination coverage, and engage in efforts to improve health behaviors such as chronic disease prevention efforts, and overall to improve the communities.

The Project may take place at the selected Partners’ facilities and within the community at outreach events and non-traditional locations in Clark County where vulnerable populations may gather.

The maximum amount that may be requested/awarded to each Partner will be \$250,000.

Healthcare provider activities must be aligned with [CDC recommendations for rural health](#) as applicable. The Health District strongly encourages utilization of the [CDC Covid-19 Response Health Equity Strategy](#) to conduct Project activities.

### B. Required Partner Tasks and Associated Activities

1. Provide accurate Health District- and CDC- approved COVID-19 messaging and information related to testing, treatment, and vaccination to their communities.
2. Conduct and/or participate in events reaching populations that are at-risk for poor health outcomes from COVID-19.
3. Develop and implement an assessment and referral process for those seeking assistance by:
  - a. Directly linking clients to healthcare, mental health, or substance abuse providers.
  - b. Referring clients to food assistance programs, housing support programs, and transportation services.
  - c. Providing clients educational materials and other resources.
4. Attend monthly meetings with Health District staff to discuss Project progress, successes, and challenges.
5. CDC recommendations for rural health activities may include but are not limited to:
  - a. Screen clients for high blood pressure and make blood pressure control a quality improvement goal. High blood pressure is a leading risk factor for heart disease and stroke.
  - b. Promote smoking cessation. Cigarette smoking is the leading cause of preventable disease and death in the United States and is the most significant risk factor for chronic lower respiratory disease.
  - c. Encourage physical activity and healthy eating to reduce obesity. Obesity has been linked to a variety of serious chronic illnesses, including diabetes, heart disease, cancer, and arthritis.

- d. Increase cancer prevention and early detection. Rural healthcare providers should participate in the state-level comprehensive control coalitions. Comprehensive cancer control programs focus on cancer prevention, education, screening, access to care, support for cancer survivors, and overall good health.
  - e. Encourage physical activity and healthy eating to reduce obesity. Obesity has been linked to a variety of serious chronic illnesses, including diabetes, heart disease, cancer, and arthritis.
  - f. Identify additional support for families who have children with mental, behavioral, or developmental disorders. Children with these issues would benefit from increased access to mental and behavioral healthcare; programs that support parents and caregivers; and increased opportunities to learn, play, and socialize. Because children with these disorders in rural areas more often experience financial difficulties, poor parental mental health, and a lack of neighborhood resources, these children may need additional support.
  - g. Promote motor vehicle safety. Rural healthcare providers should encourage patients to always wear a seat belt and counsel parents and childcare providers to use age- and size-appropriate car seats, booster seats, and seat belts on every trip.
  - h. Engage in safer prescribing of opioids for pain. Healthcare providers should follow the CDC guideline when prescribing opioids for chronic pain, educating patients on the risks and benefits of opioids, and using nonpharmacologic therapies to provide greater benefit.
  - i. To broadly address COVID-19 health disparities using a holistic, all-of-response approach.
6. Other Partner tasks and associated activities may include but are not limited to:
- a. Distribute COVID-19 antigen test kits provided by the Health District.
  - b. Provide the Health District new and ongoing lists of community resources and/or community events available in their service areas.
  - c. Provide space for the Health District outreach team if needed.

### **C. Health District Tasks and Associated Activities**

- 1. Provide information and guidance on COVID-19 and other communicable diseases.
- 2. Provide guidance and recommendations for activities associated with Project activities.
- 3. Provide COVID-19 antigen test kits for community distribution.
- 4. Provide training and resources to selected Partners as it becomes available.
- 5. Attend monthly meetings with selected Partners.

### **D. Partner Key Deliverables and Reporting Requirements**

- 1. Meet with Health District staff monthly or as needed to report Project progress.
- 2. Disseminate COVID-19 and other communicable disease educational material consistent with the Health District and CDC messaging.
- 3. Submit monthly written status reports of Project activities and tasks including services offered, referrals provided, community events attended, and COVID-19 antigen test kits distributed.
- 4. Submit monthly invoices for Project purchases and costs.
- 5. Track and report monthly outcomes of the clients served including races and ethnicities, resident zip codes, outcomes of activities, and number of clients served.
- 6. Track and provide a written report of all educational materials distributed.

## SECTION III - TIMETABLE AND PROVISIONS

### A. Timetable

RFP Issuance.....	May 22, 2023
Deadline to Submit Questions .....	May 30, 2023
Deadline to Disseminate Questions and Answers .....	June 1, 2023
Deadline to Submit Proposals.....	June 15, 2023
Evaluation Completed/Recommended Award Notification .....	June 19, 2023
Anticipated Contract Start Date .....	August 1, 2023

### B. Authorized Contact

All questions about this RFP from RFP Issuance to Award Notification shall be directed to the Authorized Contact, **Kevin Bratcher** at [procurement@snhd.org](mailto:procurement@snhd.org). No other person has the authority to respond to questions about this RFP unless expressly authorized by the Authorized Contact. **Proposers that do not adhere to this requirement may be disqualified.**

### C. Questions

Written questions about this RFP must be submitted via email to [procurement@snhd.org](mailto:procurement@snhd.org) by **2:00 p.m. on May 30, 2023**. All written questions and answers will be posted to [the Health District Public Notices website](#) by **5:00 p.m. on June 1, 2023**.

### D. Deadline to Submit Proposals

Proposals are due by **2:00 p.m. on June 15, 2023**.

### E. Proposal Submission

Email your proposal as two attachments (reference Section IV.B Proposal Preparation and Submission) to [procurement@snhd.org](mailto:procurement@snhd.org). Indicate “23RFP008 COVID Disparities Partners Project” in the subject line. Mailed, hand-carried or faxed proposals, or hyperlinks to proposals will be not accepted.

### F. Late Proposals

Proposals submitted after **2:00 p.m. on June 15, 2023** will be rejected as late.

## SECTION IV - REQUIREMENTS

### A. Proposer Qualifications

To be eligible to submit a proposal, Proposer must:

1. Have a valid Nevada business license or if not required per NRS evidence of valid exemption.
2. Have an active sam.gov registration.
3. Demonstrate through provided financial records (annual budget and financial statements) that it has the resources and capability to meet the RFP requirements.
4. Have been regularly and continuously for at least three (3) years providing services like those outlined in Section II - Scope of Services to vulnerable populations in rural areas in Clark County.

### B. Proposal Preparation and Submission

Complete and submit the following as **one PDF proposal document**:

#### **TAB 1 – Cover Letter, Required Documents and Statements**

1. Submit a cover letter on Proposer's letterhead signed by a legally authorized representative including Proposer's name, address, phone number, email address, website URL; the RFP number and name; and a brief statement of interest.
2. Complete and submit Attachment A - Proposal Form.
3. Complete and submit Attachment C - Profile Questionnaire.
4. Provide a copy of Proposer's valid Nevada business license or evidence of valid exemption.
5. Provide a copy of Proposer's active sam.gov registration.
6. Provide an affirmative statement that Proposer is not excluded or debarred from doing business with any local, state, or federal government agency.
7. Provide an affirmative statement that Proposer, officers, and affiliates are independent of and not related to the Health District or its operations.
8. Provide an affirmative statement that no conflict of interest exists between Proposer, officers, and affiliates and the Health District or its operations.
9. Provide a statement disclosing or denying any interest, financial or otherwise, that any employee or official of the Health District or of its governing or advisory boards may have in the Proposer or in the Project.
10. Provide a disclosure of all litigation, mediation, arbitration, or other alternate dispute resolution procedures involving Proposer, officers, and affiliates in the past five (5) years.
11. Provide a disclosure of all complaints filed with any state regulatory bodies or professional organizations against Proposer, officers, and affiliates.
12. Provide a list of exceptions to any RFP specifications or requirements and the proposed alternatives. The Health District reserves its right to reject any proposed alternative.

## **TAB 2 – Corporate Background and Experience**

1. Describe and provide examples of your demonstrated experience providing services like those outlined in Section II - Scope of Services to vulnerable populations in rural areas in Clark County.
2. Provide a minimum of three (3) references of similar projects performed in the past five (5) years that demonstrate the Proposer's ability to meet the RFP requirements. Include dates of contracts and points of contact (name, address, telephone number and e-mail).
3. Describe the Proposer's labor skill set and provide resumes of key personnel who will be assigned to the Project.

## **TAB 3 – Methodology and Services Approach**

1. Detail proposed strategies, activities, and timeline for completing the RFP scope of services.
2. Detail the proposed Project deliverables.
3. Describe direct, tangible results of your proposed activities.

## **TAB 4 – Budget (use Excel workbook provided)**

1. Provide a detailed budget including only the following: (1) personnel; (2) operating; (3) equipment; (4) training; (5) other expenses; and (6) indirect (auto calculated at 10% of the sum of budget categories 1-6).
2. Complete and submit Attachment B - Budget Template (Excel workbook provided) as a separate Excel file. Indicate "None" for any budget category not requested.
3. Provide as a separate PDF file a copy of your firm's most recent annual budget.
4. Provide as a separate PDF file a copy of your firm's most recent **complete** financial statements applicable to your business type (e.g., balance sheet, income statement, statement of cash flows, etc., statement of financial position, statement of activities, etc.) including the related audit report, if financial statements were audited.

## **C. Proposer Representations and Certifications**

1. Proposer has read and understands the RFP documents, makes its proposal in accordance therewith, and agrees with and will abide by the RFP terms and conditions.
2. Proposer has not communicated about this RFP or its proposal with anyone associated with the Health District in any capacity other than the RFP Authorized Contact.
3. Proposer's proposal was derived independently and without collusion.
4. Proposer shall comply with all applicable federal, state, and local laws, regulations and ordinances whether explicitly stated, including but not limited to the Federal Civil Rights Act of 1964, the Equal Employment Opportunity Act, and the Disabilities Act of 1990, and regulations issued pursuant to those acts.



## **D. General Conditions**

### **1. Interpretation or Correction of RFP (Documents)**

- a. Proposer shall promptly email the Authorized Contact about any error, inconsistency, or ambiguity in and/or to request clarification or interpretation of this RFP by the Deadline to Submit Questions, except as related to addenda issued after this date.
- b. Changes to this RFP will be only by written addenda issued by the Authorized Contact or designee. Addenda will be posted to [the Health District Public Notices website](#). Proposer shall be responsible for ensuring that its proposal reflects all addenda.

### **2. Responsive Proposal**

A responsive proposal is one that conforms in all material respects to the RFP. The Health District can waive any technicality, irregularity, or informality in determining responsiveness.

### **3. Responsible Proposal**

A responsible proposer is one who has the capability in all respects to perform fully the contract requirements, and the experience, integrity, perseverance, reliability, facilities, and equipment that will assure good faith performance, and who submits a responsive proposal.

### **4. Rejection and Cancellation**

The Health District reserves its right to reject any proposal that does not conform to the RFP requirements and to reissue or cancel this RFP for any reason or no reason.

### **5. Modification or Withdrawal of Proposal**

Proposer may modify or withdraw its proposal by submitting a written request to the Authorized Contact prior to the Deadline to Submit Proposals.

### **6. Proposal Costs**

The Health District will not reimburse any costs incurred to prepare or submit a proposal.

### **7. No Guaranteed Contract**

This RFP neither creates an offer to contract nor commits the Health District to contract.

### **8. Limited Contract**

The Health District reserves its right to contract for less than the services specified herein.

### **9. Exclusivity**

Nothing in this RFP or any resulting contract precludes the Health District from obtaining services like those specified herein from other sources.

### **10. Public Records**

Pursuant to NRS 239.010, et seq., documents provided to the Health District become public records. Proposals must not be marked “confidential” or “proprietary.” The Health District will provide proposals even if marked “confidential” or “proprietary” pursuant to a public records request in compliance with state laws and mandates. The Health District will not be liable for disclosure of any documents provided to the Health District.

## SECTION V - EVALUATION AND SELECTION

Proposals submitted by the Deadline to Submit Proposals will be reviewed for responsiveness to the RFP requirements. Responsive proposals will be evaluated per the following Evaluation Criteria. The Health District reserves its right to consider any other factors when evaluating proposals and Proposers if doing so is in the Health District's best interests.

### A. Evaluation Criteria

Criteria Description	Maximum Score
Ability to meet requirements as outlined in Section II Scope of Services.	20
Proposed methodology and approach to meeting the RFP requirements.	30
Demonstrated ability and experience providing services like those outlined in Section II Scope of Services, and References.	40
Proposed budget	10

### B. Clarification, Site Visits, Interviews, and Presentations

1. The Health District reserves its right as it deems necessary or appropriate to contact Proposers to clarify proposals or to obtain additional information, and/or to conduct site visits and/or interviews, and/or to request that Proposers make presentations.
2. The Health District reserves its right to base its decision solely on written proposals, irrespective of any other interactions with Proposers as referenced in paragraph B.1.

### C. Selection

1. The proposal selected for award, if any, will be the one that is most beneficial regarding Proposer's experience, qualifications and capabilities and price, and/or that best meets the Health District's needs.
2. If the Health District is unable to finalize a satisfactory contract with the selected Proposer within a reasonable time, the Health District shall formally terminate discussions with the selected Proposer and at its sole discretion begin discussions with another Proposer or cancel and reissue the RFP.
3. Any award/contract will be presented to the Board for approval if applicable.

**ATTACHMENT A**  
**Proposal Form**

Provide the following information. Indicate “None” as applicable.

The undersigned, as an authorized representative of the company named below, having examined this Request for Proposals and any related documents, hereby offers to furnish all labor, materials, tools, supplies, equipment, and services necessary to comply with the specifications, terms and conditions set forth herein.

Company name:	
Company address:	
Company website:	
Ownership type (i.e., partnership, corporation):	
Company officers’ names, titles, and number of years each has providing services to vulnerable populations:	
Number of years in business:	
Number of employees:	
Federal tax ID number:	
Nevada business license number:	
Sam.gov unique entity identifier (UEI):	
Dun & Bradstreet D-U-N-S number:	
Does the proposal include exceptions to any RFP specifications/requirements?	Yes ____ No ____

Signer acknowledges receipt of addenda issued/posted to [the Health District Public Notices website](#):

Addendum No. \_\_\_\_\_ Issue Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Issue Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Issue Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Issue Date \_\_\_\_\_

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

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

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

## ATTACHMENT B Budget Template

Provide a detailed budget including only the following: (1) personnel; (2) operating; (3) equipment; (4) training; (5) other expenses; and (6) indirect (auto calculated at 10% of the sum of budget categories 1-6). Use the Budget Template (separate Excel workbook provided).

	A	B	C	D	E	F	G
1	Proposer Name:						
2	Attachment B - Budget Template						
3							
4	Total Personnel Costs		including fringe Total:				\$0
5							
6	List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.						
						Percent of Months worked	Amount
7	Position	Annual Salary	Fringe Rate	% of Time	Months	Annual	Requested
8		\$0.00	42.500%	10.000%	12	100.00%	\$0
9		\$0.00	42.500%	10.000%	12	100.00%	\$0
10		\$0.00	42.500%	10.000%	12	100.00%	\$0
11		\$0.00	42.500%	10.000%	12	100.00%	\$0
12		\$0.00	42.500%	10.000%	12	100.00%	\$0
13		\$0.00	42.500%	10.000%	12	100.00%	\$0
14		\$0.00	42.500%	10.000%	12	100.00%	\$0
15		\$0.00	42.500%	10.000%	12	100.00%	\$0
	*Insert details to describe position duties as it relates to the funding (specific program objectives)						
16							

ILLUSTRATION ONLY  
Use Budget Template  
(Excel Workbook Provided)

## Attachment C

### Profile Questionnaire

This questionnaire will be used to determine an organization's financial and management strength.

#### 1. Provide your organization's information:

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

Address (street,city,state,zip+4): \_\_\_\_\_

State incorporated: \_\_\_\_\_ Date incorporated: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Congressional Dist: \_\_\_\_\_

SAM.gov UEI: \_\_\_\_\_ EIN (Tax ID): \_\_\_\_\_

SAM.gov expiration date: \_\_\_\_\_

Is contractor owned or controlled by a parent company? If yes, provide the following:

Parent Entity Legal Name: \_\_\_\_\_

Address (street,city,state,zip+4): \_\_\_\_\_

SAM.gov UEI: \_\_\_\_\_ EIN (Tax ID): \_\_\_\_\_

SAM.gov expiration date: \_\_\_\_\_

#### 2. Organization Type (check one):

<input type="checkbox"/> Federal Government	<input type="checkbox"/> Individual
<input type="checkbox"/> State Government	<input type="checkbox"/> Corporation
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> University
<input type="checkbox"/> Foundation	<input type="checkbox"/> Other: _____

#### 3. Organization Classification (check all that apply):

<input type="checkbox"/> Large Business	<input type="checkbox"/> Veteran Owned Business
<input type="checkbox"/> Small Business	<input type="checkbox"/> Veteran Owned Business Disabled Veteran
<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Individual
<input type="checkbox"/> Woman-Owned Business	<input type="checkbox"/> Other: _____

#### 4. Fiscal Year: Begin (Mo/Yr) \_\_\_\_\_ End (Mo/Yr) \_\_\_\_\_

#### 5. Does your organization have experience working under Federal assistance awards, cooperative agreements or contracts?

☐ No ☐ Yes - Number of Years: \_\_\_\_\_

#### 6. Does your organization have an accounting system that provides for (check all that apply):

☐ Proper segregation of direct costs from indirect costs?

☐ Identification and accumulation of direct costs by contract?

☐ Accumulation of costs under general ledger control?

☐ A timekeeping system that identifies employees' labor by intermediate or final cost objectives?

☐ Exclusions from costs charged to government contracts of amounts which are unallowable under FAR 31, contract cost principles and procedures, or other contract provisions?

#### 7. Does your organization have formal, written policies that address (check all that apply):

<input type="checkbox"/> Pay rates/benefits	<input type="checkbox"/> Property/Inventory	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Time and effort reporting	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Conflict of interest
<input type="checkbox"/> Leave	<input type="checkbox"/> Travel	

**8. a) In the last three years, has your organization:**

Been unable or failed to complete a contract scope of work, or complete a contract per the agreed-upon schedule due to working capital or cash flow constraints?

\_\_\_ Yes \_\_\_ No

Failed to meet a contract milestone or completion date?

\_\_\_ Yes \_\_\_ No

Had a contract terminated for default?

\_\_\_ Yes \_\_\_ No

**b) Has your organization ever:**

Been involved in any bankruptcy or reorganization proceedings?

\_\_\_ Yes \_\_\_ No

Been debarred or suspended from contracting with a government agency or excluded from or ineligible to participate in any federal assistance programs or activities?

\_\_\_ Yes \_\_\_ No

**9. Accounting and Audit Requirements:**

a) Does your organization have a negotiated Federal Facilities and Administrative rate (indirect)?

\_\_\_ Yes \_\_\_ No

If yes, provide a copy of your organization's current rate agreement.

b) Is your organization required to comply with 2 CFR 200 Subpart F audit requirements?

\_\_\_ Yes \_\_\_ No

If yes, provide your organization's last single audit report.

If yes, provide the EIN under which your organization's last single audit report was filed in the Federal Audit Clearinghouse ([facdissem.census.gov](https://facdissem.census.gov)): \_\_\_\_\_

c) Provide your organization's most recent financial statements.

If financial statements are audited, also provide related audit report.

d) Has your firm received any audit findings, or have any material weaknesses been identified in the two preceding years?

\_\_\_ Yes \_\_\_ No

**10. Provide additional information or expand on required responses (indicate item #) as applicable:**

I, as the authorized official of my organization, by signing below, certify that all of the responses provided herein are complete, true and accurate. I further acknowledge that my organization will be fully responsible for and assumes all risks for any work performed and/or expenses incurred prior to execution of an agreement.

\_\_\_\_\_  
Authorized Official Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Authorized Official Name and Title

\_\_\_\_\_  
Authorized Official Email

\_\_\_\_\_  
Authorized Official Phone