



REQUEST FOR PROPOSALS
FOR
COVID-19 OUTREACH AND
EDUCATION SERVICES
REISSUED
SNHD-22RFP002

AUGUST 6, 2021

280 S. DECATUR BLVD.
LAS VEGAS, NEVADA 89107

TABLE OF CONTENTS

I.	INTRODUCTION	
A.	Purpose.....	1
B.	Entity Information.....	1
C.	Anticipated Contract Term and Funding	1
D.	Ethics in Procurement.....	1
II.	SCOPE OF SERVICES	2
A.	Project Summary.....	2
B.	Project Approach	3
C.	Project Purpose	3
D.	Project Outcomes.....	3
E.	Project Activities.....	3
F.	Project Deliverables	4
G.	Project Indicators	4
III.	TIMETABLE & PROVISIONS	
A.	Timetable	5
B.	Authorized Contact.....	5
C.	Questions	5
D.	Deadline to Submit Proposals.....	5
E.	Proposal Submission.....	5
F.	Late Proposals.....	5
IV.	REQUIREMENTS	
A.	Proposer Requirements	6
B.	Proposal Requirements	6
1.	Cover Letter.....	6
2.	Organizational Mission, Populations Served and Past Experience.....	6
3.	Project Plan – Approach and Activities	6
4.	Outputs and Outcomes	7
5.	Budget	7
6.	Managing Grant Funds.....	7
7.	Conflict of Interest Statement	7
8.	Exceptions	7
C.	Proposer Representations.....	8
D.	General Conditions	8
V.	EVALUATION & SELECTION	
A.	Evaluation Criteria.....	10
B.	Clarification, Site Visits, Interviews and Presentations.....	10
C.	Selection	11

ATTACHMENTS

Attachment A - Proposal Form

Attachment B - Budget Template (Separate Excel Workbook)

SECTION I: INTRODUCTION

A. Purpose:

The Southern Nevada Health District (“Health District”) is requesting proposals from faith-based and community-based organizations to provide COVID-19 services including but not limited to outreach, education and coordination of testing to populations at higher risk, underserved, and disproportionately affected (“Project”).

Successful Proposers will have demonstrated experience implementing coordinated and holistic outreach and education services built on culturally, linguistically, and locally tailored strategies and best practices, particularly to reduce COVID-19 risk.

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 2.2 million residents and safeguarding the public health of more than 42 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 Contract Term and Funding:

1. A two-year contract term for a two-year performance period with no need for renewal is anticipated subject to the availability of funding.
2. Any resulting contracts will be subject to the availability of funding and shall be terminated immediately if funding budgeted for this Request for Proposals (RFP) or any resulting contracts is withdrawn, limited, or impaired.
3. The total amount funding will be awarded at the start of the Project period. The maximum amount that can be requested is \$100,000 per year, or \$200,000 for the two-year Project period.

D. Ethics in Procurement:

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

SECTION II: SCOPE OF SERVICES

A. Project Summary

1. Coronavirus Disease 2019 (COVID-19) has disproportionately affected southern Nevada populations at higher risk and that are medically underserved, including racial and ethnic minority groups, and people living in rural communities who have a higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection, and who might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19.
2. To reduce the burden of COVID-19 among southern Nevada populations disproportionately affected, it is imperative that state, local, US territorial, and freely associated state health departments (or their bona fide agents) work collaboratively and develop key partnerships with those who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Key participants strongly encouraged to submit a proposal may include:
 - a. Community-based organizations (CBO)
 - b. Civic organizations
 - c. Tribes and tribal organizations
 - d. Asian American and Pacific Islander (AAPI) Serving Institutions
 - e. Faith-based organizations
 - f. Non-governmental organizations
 - g. Community leaders
 - h. Local businesses and business community networks and organizations (e.g., employers, local chambers of commerce, small business community groups)
 - i. Health-related organizations (e.g., pharmacies, testing centers, community health centers)
3. To reach southern Nevada populations at higher risk, underserved, and disproportionately affected, including racial and ethnic minority groups and people living in rural communities, it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically and locally tailored strategies and best practices to reduce COVID-19 risk. Additionally, a coordinated and holistic approach is essential to building and sustaining trust, ensuring equitable access to COVID-19 related services and advancing health equity to address COVID-19 related health disparities among populations at higher risk, underserved, and disproportionately affected.

B. Project Approach

1. A predetermined logic model has not been determined. It is expected that funds from this grant will be used to strengthen public health infrastructure, preparedness and response capabilities and services in local communities to address COVID-19 related health disparities and advance health equity in underserved and disproportionately affected southern Nevada populations through testing, contact tracing and other mitigation strategies.
2. Proposers must define the populations disproportionately affected by COVID-19 within their respective jurisdictions, describe how they will reach these populations, and describe their experience working with communities that are underserved and at higher risk for COVID-19 disparities and health inequities.

C. Project Purpose

Address COVID-19-related health disparities and advance health equity by expanding local capacity and services to prevent and control COVID-19 infection (or transmission) among southern Nevada populations at higher risk, underserved, and disproportionately affected including racial and ethnic minority groups and people living in rural communities.

D. Project Outcomes:

1. Reduced COVID-19 related health disparities.
2. Improved and increased testing and contact tracing among southern Nevada populations at higher risk, underserved, and disproportionately affected including racial and ethnic minority groups and people living in rural communities.
3. Improved local capacity to provide services, prevent and control COVID-19 infection (or transmission) among southern Nevada populations at higher risk, underserved, and disproportionately affected including racial and ethnic minority groups and people living in rural communities.

E. Project Activities:

1. Hire and train trusted community-level spokespersons (e.g., teachers, community health workers, faith leaders, radio DJs, local shop owners, barbers) to communicate the burdens of influenza and COVID-19 and the importance of influenza and COVID-19 vaccination through local media outlets, social media, faith-based venues, community events, and other community-based, culturally appropriate venues.
2. Develop or adapt and implement social media campaign strategies to mitigate and address influenza vaccine and COVID-19 vaccine misinformation and disinformation.
3. Develop and tailor education and outreach materials and/or leverage materials from the program and other recipients and CBOs involved in the program.
4. Connect vaccination providers with places of worship, community organizations, recreation programs, food banks and pantries, schools, colleges and universities, grocery stores, salons and barber shops, major employers, elder housing facilities and other key community institutions to set up temporary and/or mobile influenza and COVID-19 vaccination sites, especially in communities experiencing disparities.

5. Work with vaccination service providers to expand the types of health professionals (e.g., community health workers, patient navigators, patient advocates) and administrative staff (e.g., receptionists) engaged in promoting vaccination and increasing referrals of individuals to influenza and COVID-19 vaccination sites.
6. Provide technology literacy training to support increased understanding of virtual technologies commonly utilized to schedule vaccination appointments (e.g., how-to guides and events on using Zoom and other virtual meeting technologies).
7. Collaborate with state and local health departments, particularly state immunization programs, on mobile influenza and COVID-19 vaccination clinics, education campaigns and other vaccination activities in communities experiencing disparities.

F. Project Deliverables

Successful contractors will be expected to complete the following activities/deliverables:

1. Provide monthly progress reports on basic activity metrics (Project Indicators).
2. Participate in regularly scheduled conference calls with other contractors and subject matter experts to share progress on activities and discuss lessons learned.
3. Share sample materials and communication products.
4. Submit a final narrative report to describe stakeholder collaboration, successes, challenges, lessons learned and event and activity metrics (e.g., number of website visitors, hotline callers, virtual event participants).

G. Project Indicators:

Project indicators include, but or not limited to:

1. Number and types of local leaders and community members trained.
2. Number and sub-populations reached by community-level spokespersons.
3. Percentage of trained community-level spokespersons showing increased competence in implementing training objectives.
4. Number and types of audience-tested and culturally appropriate messages promoting COVID-19 vaccination.
5. Number and types of people reached by social media messaging promoting COVID-19 vaccination.
6. Number and types of events/campaigns held to promote COVID-19 vaccination.
7. Number and types of people reached by events/campaigns promoting COVID-19 vaccination.
8. Number of referred vaccination recipients.
9. Number of referred individuals versus actual vaccination recipients.
10. Number of vaccination venues supported.
11. Number of individuals reached by activities (e.g., number of individuals attending listening sessions, number of communications campaigns launched).

SECTION III: TIMETABLE AND PROVISIONS

A. Timetable:

RFP Issuance.....	August 6, 2021
Deadline to Submit Questions	August 16, 2021
Deadline to Disseminate Questions and Answers	August 20, 2021
Deadline to Submit Proposals.....	September 3, 2021
Evaluation Completed/Award Notification	September 2021
Board of Health Consent to Award.....	October-November 2021
Contract Start Date.....	October-November 2021

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. No other person has the authority to respond to questions about this RFP, unless expressly authorized by the Authorized Contact. **Proposers who 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 by **12:00 PM PDT on August 16, 2021**. All written questions and answers submitted by the Deadline to Submit Questions will be posted to the [Health District Public Notices](#) website by **4:00 PM PDT on August 20, 2021**. (See addenda receipt acknowledgment, Attachment A - Proposal Form.)

D. Deadline to Submit Proposals:

Proposals are due by **12:00 PM PDT on September 3, 2021**.

E. Proposal Submission:

Email one (1) Adobe (PDF) document with the subject “SNHD-22RFP002 COVID-19 Outreach and Education Reissued” to procurement@snhd.org. Mailed, hand-carried or faxed proposals will not be accepted.

F. Late Proposals:

Proposals submitted after **12:00 PM PDT on September 3, 2021** will be rejected as late.

SECTION IV: REQUIREMENTS

A. Proposer Requirements:

To be eligible to submit a proposal, Proposer must:

1. Have a valid Nevada business license (unless not required per NRS). Enter the number on Attachment A - Proposal Form and provide a copy.
2. Have an active D-U-N-S number. Enter the number and entity name on Attachment A - Proposal Form.
3. Have an active sam.gov registration prior to contract execution. Provide a copy of the entity registration.
4. Demonstrate through financial records (see requirements B.5.i-ii) that it has the resources and capability to meet the RFP requirements.

B. Proposal Requirements:

To be eligible for evaluation, a proposal must include:

1. Cover Letter

The proposal must include a cover letter (**in letter format**) containing:

- a. RFP number, subject and issue date;
- b. Proposer's name, address, telephone number, email address, and website, if available;
- c. A concise statement of interest including why Proposer should be considered most qualified
- d. Complete and submit (following the Cover Letter) Attachment A - Proposal Form.

2. Organizational Mission, Populations Served and Past Experience

- a. Provide Project title, problem statement and objectives.
- b. Describe demographics and health characteristics of at-risk populations in the community.
- c. Describe and provide examples of demonstrated experience in engaging community stakeholders in the development of community-driven, culturally appropriate initiatives.
- d. Describe and provide examples of demonstrated experience or progress in providing science-based information to at-risk populations.

3. Project Plan – Approach and Activities

- a. Detail proposed strategies, activities, and timeline for completing work.
- b. Describe how your organization will engage the community throughout all aspects of the Project.
- c. Describe how and with whom your organization will collaborate to achieve Project objectives.

4. Outputs and Outcomes

- a. Detail deliverables specific to the proposed Project.
- b. Estimate the number of individuals who will be reached by the proposed activities.
- c. Describe populations that will be reached (e.g., race/ethnicity, age, special needs) that will be reached by the proposed activities.
- d. Describe direct, tangible results of activities.
- e. Describe changes anticipated to occur in people or conditions as a result of the activities and outputs by the end of the Project term.
- f. Project outputs and outcomes may be new efforts or demonstrated expansion of current/existing efforts your organization is already implementing in the community.

5. Budget

- a. Provide a detailed one-year budget not less than \$100,000 if requesting only one year of funding, or two-year budget not more than \$200,000 if requesting two years of funding. Proposers may request a maximum of \$200,000 for the two-year Project period. Proposers may request funding only for: (1) Salaries and Wages; (2) Fringe Benefits; (3) Equipment; (4) Supplies; (5) Travel - Mileage; and (6) Indirect Costs (limited to 10% of the sum of budget categories 1-5). Submit budget per requirement B.5.b.
- b. **Complete and submit Attachment B - Budget Template** (provided Excel file) in its entirety including required narrative and/or justifications as applicable. Indicate “None” for any budget category not requested. Save or print the Excel file as a PDF and incorporate it into the PDF proposal document. Do not submit the Excel file separately.
- c. Provide a copy of your organization's:
 - i. Most recent annual budget; and
 - ii. Most recent complete financial statements applicable to your organization type (i.e., balance sheet, income statement, etc.; statement of financial position, statement of activities, etc.), or most recent audit report including audited financial statements.

6. Managing Grant Funds

Describe your experience and provide examples of federal grant funding your organization is managing or has managed.

7. Conflict of Interest Statement

Provide a statement disclosing or denying any interest, financial or otherwise, that any employee or official of the Health District or the appropriate Advisory Board may have in the proposing organization or the proposed Project.

8. Exceptions

State exceptions to any RFP specifications or requirements and propose alternatives if applicable. The Health District reserves the right to accept or reject any proposed alternative.

C. Proposer Representations:

Proposer is expected to examine all RFP documents including addenda as applicable. Failure to do so will be at Proposer's risk. By submitting a bid, Proposer represents that:

1. Proposer has read and understands the RFP documents and asserts that its proposal is made in accordance therewith.
2. Proposer acknowledges receipt of addenda via Attachment A - Proposal Form.
3. Proposer shall comply with all applicable federal, state and local laws whether explicitly stated, including the Federal Civil Rights Act of 1964, the Equal Employment Opportunity Act, and regulations issued pursuant to those acts.
4. Proposer certifies the proposed budget was derived independently and without collusion.

D. General Conditions:

1. Interpretation or Correction of Solicitation Documents:

- a. Proposer shall promptly notify the Authorized Contact in writing of any ambiguity, inconsistency or error, which it may discover in the solicitation documents and/or to request clarification or interpretation of the solicitation documents by the Deadline to Submit Questions (except for 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. Proposers shall be responsible for ensuring that their proposals reflect all addenda. (See addenda receipt acknowledgment, Attachment A - Proposal Form.)
- c. Protests based on omissions or errors in the solicitation documents or on solicitation content will be disallowed if not made known as specified herein.

2. Responsive Proposal: A responsive proposal is one that conforms in all material respects to the RFP. The Health District reserves the right to waive any technicality, irregularity or informality in determining a proposal's responsiveness.

3. Rejection and Cancellation: The Health District reserves the right to reject any proposal that does not conform to the RFP requirements and to reissue or cancel this RFP for any reason.

4. 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.

5. Proposal Costs: The Health District will not reimburse Proposer for any costs incurred to prepare or submit a proposal.

6. No Guaranteed Contract: This RFP neither creates an offer to contract nor commits the Health District to award a contract.

7. **Limited Contract:** The Health District reserves the right to contract for less than all the services specified herein.
8. **Exclusivity:** Nothing in this RFP or any resulting contracts precludes the Health District from obtaining services like those specified herein from other sources.
9. **Public Records:** The Health District is subject to the Nevada Public Records Act. Pursuant to NRS 239.010, et seq., documents provided to the Health District are presumed to be public records open to inspection and copying by any person. Proposals must contain sufficient information to be evaluated without reference to any confidential or proprietary information. Any proposal marked “confidential” or “proprietary,” or that contains materials so marked, may be returned to Proposer and/or not considered for award. The Health District will produce documents provided by any Proposer, even if marked “confidential” or “proprietary,” pursuant to a public records request. The Health District will not be liable for disclosure of any Proposer’s documents or information provided to the Health District.

SECTION V: EVALUATION & SELECTION

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

A. Evaluation Criteria:

Category	Criteria	Maximum Points
1. Organizational Mission, Populations Served and Past Experience	<ul style="list-style-type: none"> a. Project title, problem statement and objectives. b. Description of demographics and relevant health characteristics of at-risk populations in the community. c. Demonstrated experience in engaging community stakeholders in the development of community-driven, culturally appropriate initiatives. d. Demonstrated experience or progress in providing science-based information to at-risk populations. 	20
2. Well-defined Community Engagement Approach and Activities (Project Plan)	<ul style="list-style-type: none"> a. Feasibility of proposed Project Plan. b. Detailed proposed strategies, activities, and timeline for completing work. c. Description of how your organization will engage the community through all aspects of the Project. d. Description of how and with whom your organization will collaborate to achieve Project objectives. 	30
3. Clear outputs, outcomes, and impact	<ul style="list-style-type: none"> a. Detailed deliverables specific to the proposed project. b. Estimated number of individuals who will be reached by the proposed activities. c. Description of populations that will be reached. d. Description of direct, tangible results of activities. e. Description of changes anticipated to occur in people or conditions as a result of the implemented activities and outputs by the end of the Project term. 	30
4. Budget	<ul style="list-style-type: none"> a. Detailed budget and supporting narrative (Complete Budget Template - Attachment B) 	20
Total Maximum Points Possible		100

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

1. The Health District reserves the 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 the right to base its decisions solely on written proposals, irrespective of any other interactions with Proposers as referenced in paragraph B.1.

C. Selection:

1. Proposals selected for award, if any, will be those that are most beneficial regarding experience, qualifications and capabilities and budget, and/or that best meet the needs of the Health District.
2. If the Health District is unable to finalize a satisfactory contract with any selected Proposer within a reasonable time, the Health District shall formally terminate discussions with that Proposer and, at its sole discretion, begin discussions with other Proposers or cancel and reissue the RFP.
3. Awards/contracts will be presented to the Board for consent.

**Attachment A
Proposal Form**

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

Company Name: _____

Signature: _____ Date: _____

Printed Name and Title: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Federal Tax ID Number: _____

Business License Number: _____

D-U-N-S Number: _____ Entity Name: _____

Proposal must state any exception to any RFP specification/requirement and the proposed alternative.

Does proposal include any exception? Yes No

The signer of this form acknowledges receipt of the following RFP addenda per Section IV.D.1.b:

Addendum No. _____ Issue Date _____

Addendum No. _____ Issue Date _____

Addendum No. _____ Issue Date _____

Addendum No. _____ Issue Date _____

Addendum No. _____ Issue Date _____

Or, no RFP addenda were issued (posted to [website](#)). Signed Date _____

**Attachment B
Budget Template
(Separate Excel Workbook)**

Provide a detailed one-year budget not less than \$100,000 if requesting only one year of funding, or two-year budget not more than \$200,000 if requesting two years of funding. Proposers may request a maximum of \$200,000 for the two-year Project period. Proposers may request funding only for: (1) Salaries and Wages; (2) Fringe Benefits; (3) Equipment; (4) Supplies; (5) Travel - Mileage; and (6) Indirect Costs (limited to 10% of the sum of budget categories 1-5). **Use the Budget Template (separate Excel workbook) provided.**

Attachment B
Budget Template

Project Title: _____

BUDGET NARRATIVE SUMMARY

The Total Requested amounts flow from each tab.

Budget Item	Budget Category	Total Requested
1	Salaries and Wages	\$ -
2	Fringe Benefits	\$ -
3	Equipment	\$ -
4	Supplies	\$ -
5	Travel - Mileage	\$ -
6	Indirect Costs	\$ -
Total Budget		\$ -

**Illustration Only
Use the Budget Template
(Separate Excel File)**