



REQUEST FOR PROPOSALS  
FOR  
COVID-19 DETECTION & MITIGATION  
IN HOMELESS SERVICE SITES

SNHD-22RFP007

May 20, 2022

280 South Decatur Boulevard  
Las Vegas, Nevada 89107

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## **SECTION I: INTRODUCTION**

### **A. Purpose**

The Southern Nevada Health District's (Health District) Division of Disease Surveillance and Control requests proposals from qualified Proposers for the detection and mitigation of COVID-19 in homeless service sites and encampments.

### **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. Funding**

If a contract is awarded under this Request for Proposals (RFP), it will be funded through a Federal grant award received from the Department of Health and Human Services, Centers for Disease Control and Prevention, Federal Award Identification Number 6 NU50CK000560-03-03, CFDA 93.323, Project Title, Detection and Mitigation of COVID-19 in Homeless Service Sites and Other Congregate Living Facilities, Grant award date October 25, 2021. Any awarded contract will be subject to the availability of funding and shall be immediately terminated if funding budgeted for the contract is withdrawn, limited, or impaired.

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

Any awarded contract will be a "requirements" contract for the goods and services specified and effective for the period stated. Any quantities stated are estimates only and are not guaranteed to be purchased under any awarded contract.

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

The Health District anticipates that any awarded contract will be for one (1) year with one (1) optional one (1) year extension. The Health District reserves the right to determine the length of the contract term prior to awarding any contract.

### **F. Subcontracting**

Subcontracting will not be permitted under any awarded contract.

### **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 contract or purchase order issued by the Health District.

## **SECTION II: SCOPE OF SERVICES**

### **A. Project Description**

The Health District's Acute Communicable Disease and Control Program will partner with a community-based organization (CBO) that has current applicable experience and that works with agencies serving people experiencing homelessness and/or that works directly with people experiencing homelessness and populations in encampments. The selected CBO will be responsible for coordinating resources and developing strategies and support relationships to mitigate COVID-19. Required activities will include but not be limited to assessing current COVID-19 testing practices of homeless shelters/service sites. The selected CBO in collaboration with homeless shelters/service sites will be responsible for the development and implementation of a screening plan for COVID-19 and other communicable diseases.

This Project will take place primarily at the selected CBO facility and at homeless shelters and encampments located in Clark County, Nevada.

The intention of this RFP is to assess the current capacity of the homeless service providers as it relates to COVID-19 testing and mitigation and strengthen detection and prevention of COVID-19. For the purposes of this RFP, the term "homeless service sites" may include emergency night shelters, day shelters, meal service sites, transitional housing, permanent supportive housing sites, and other sites that provide services to people experiencing homelessness. The term "encampment" is defined as an outdoor location not intended for human habitation where at least one person is residing and may also include locations where people experiencing unsheltered homelessness gather during the day.

### **B. CBO Tasks and Associated Activities**

1. Establish and hire a full time Homeless Shelter and Encampment COVID-19 Mitigation Coordinator (Coordinator) to lead activities related to COVID-19 mitigation affecting populations experiencing homelessness.
2. Assess the needs of Clark County homeless shelters/service sites for personal protective equipment (PPE), supplies, testing capacity, sanitizers, disinfectants, providing wrap around services, prevention and COVID-19 mitigation protocols and strategies.
3. Collaborate with the Health District to strengthen screening and testing strategies in homeless shelters/service sites and develop tools for assessment, screening, data sharing and reporting.
4. Collaborate with the Health District to develop and implement a regular testing and screening program with local homeless shelters/service sites.
5. Coordinate and collaborate the development and implementation of strategies to assist in the detection and mitigation of COVID-19 in populations experiencing homelessness.
6. Develop formalized tracking mechanisms such as a directory list that includes all stakeholders including but not limited to Clark County homeless shelters/service sites representatives, Health District staff, outreach partners serving the homeless population and health care providers to engage in discussions and information sharing regarding COVID-19 updates, infectious disease mitigation strategies and implementation of prevention activities.

7. Monitor, account for the activities of and support the Coordinator to successfully achieve the following activities:
- a. Assess the current COVID-19 testing practices of homeless shelters/service sites.
  - b. Develop and implement screening and education plans in collaboration with homeless shelters/service sites.
  - c. Coordinate, facilitate and attend quarterly meetings and engage with homeless shelters/service sites and Clark County stakeholders on topics of infectious disease mitigation strategies and implementation of prevention activities.
  - d. Partner with Health District staff to develop and implement an education plan to share Nevada Administrative Code (NAC) NAC.441.A reporting requirements and educate facility points of contacts.
  - e. Support and educate homeless shelters/service sites on communicable disease reporting by assisting or facilitating the development of a strategy or standard operating procedure (SOP) for homeless shelters/service sites to timely report cases of infectious disease and outbreaks of illnesses to the Health District.
  - f. Distribute materials related to NAC.441.A reporting requirements to homeless shelters/ service sites and educate the facilities on proper methods of reporting.
  - g. Partner with the Health District to develop a data sharing process in which the Health District will provide or make available aggregate reports of COVID-19 and other related infectious diseases affecting populations experiencing homelessness.
  - h. Develop a strategy to ensure compliance for homeless shelters/service sites that provide COVID-19 testing to report to the Health District and to assist the Health District with contact tracing and outbreak investigations, and to coordinate implementation of the strategy with Health District Contact Tracing Supervisor.
  - i. Develop, print, and distribute toolkits and other guidance documents intended to improve infection control practices to homeless shelters/service sites.
  - j. Assess homeless shelters'/service sites' need for cleaning and sanitation supplies.
  - k. Purchase and distribute sanitation and cleaning supplies to at least ten (10) homeless shelters/service sites.
  - l. Partner with the Health District to develop a standardized SOP for use by homeless shelters/service sites to communicate with the Health District's Division of Disease Surveillance (DSC) related to reporting of outbreaks, coordination of response, and guidelines for disease transmission mitigation.
  - m. Provide regular (monthly, quarterly, or as needed) onsite and remote support to homeless shelters/service sites staff to implement and sustain appropriate infection control measures and mitigation strategies.
  - n. Purchase and distribute cleaning and sanitation supplies (and other items needed to achieve Project objectives) to homeless shelters/service sites and submit the monthly invoices for these purchases to the Health District.

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

1. Provide iPads, laptops, and printers to the selected CBO to distribute to partnering homeless shelters/service sites to facilitate efficient testing, screening, communications, reporting and tracking processes of infectious diseases including COVID-19.
2. Draft and implement a protocol for a coordinated strike team response for cluster or outbreak investigations and testing associated with homeless shelters.
3. Train and provide communicable disease reporting information and resources to the selected COB/Coordinator, Health District contact tracing teams and lead investigators to provide effective and timely investigations and contact tracing in homeless shelters.
4. Attend quarterly meetings between Liaison and Health District Disease Surveillance and Control Point of Contact to provide guidance and support to outbreak response.

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

1. CBO and Coordinator will utilize the Health District's DSC data collection methods and adhere to HIPPA/DATA security standards.
2. Coordinator will meet monthly or as needed with Health District's Contact Tracer Supervisor to report progress of objectives, activities, and tasks.
3. CBO will submit to DSC monthly written reports on status of activities and tasks indicated in the Scope of Services.
4. CBO will submit to DSC monthly written reports of all data collected from assessments, surveys, interviews, and other data collecting tools.
5. CBO will submit to the Health District for review, prior to use or distribution, all plans, SOP's, assessment tool, materials and other documents intended to be shared with or distributed to community agencies or populations. CBO will be responsible for the printing and distribution of materials.
6. CBO will track and report to DSC all electronic equipment and supplies distributed to homeless shelters/service sites.

## SECTION III: TIMETABLE AND PROVISIONS

### A. Timetable

RFP Issuance.....	May 20, 2022
Deadline to Submit Questions .....	May 31, 2022
Deadline to Disseminate Questions and Answers .....	June 2, 2022
Deadline to Submit Proposals.....	June 21, 2022
Evaluation Completed/Award Notification .....	June 30, 2022

### 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 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](mailto:procurement@snhd.org) by **2:00 p.m. Daylight Savings Time (DST) on May 31, 2022**. All written questions and answers will be posted to the [Health District Public Notices](#) website by **5:00 p.m. DST on June 2, 2022**.

### D. Deadline to Submit Proposals

Proposals are due by **2:00 p.m. DST on June 21, 2022**.

### E. Proposal Submission

Email **one (1) Adobe PDF document** (an email attachment) with the subject “**SNHD-22RFP007 COVID-19 Detection & Mitigation in Homeless Service Sites**” to [procurement@snhd.org](mailto:procurement@snhd.org). Mailed, hand-carried or faxed proposals, or hyperlinks to proposals will be not accepted.

### F. Late Proposals

Proposals submitted after **2:00 p.m. DST on June 21, 2022** will be rejected as late.

## SECTION IV: REQUIREMENTS

### A. Proposer Qualifications

To be eligible to submit a proposal, Proposer (Proposer's firm) must:

1. Have a valid Nevada business license (unless not required per NRS). Provide a copy.
2. Have an active sam.gov registration. Provide a copy.
3. Demonstrate through required financial records that it has the resources and capability to meet the RFP requirements.
4. Have been regularly and continuously working with agencies serving people experiencing homelessness and/or working directly with people experiencing homelessness and populations in encampments for at least three (3) years.
5. Possess all permits, licenses, and credentials necessary to provide the RFP scope of services.

### B. Proposal Preparation and Submission

Complete and submit **one PDF proposal document** in the following sections. **Do not submit separate documents or attachments.**

#### TAB 1 – Transmittal Letter

1. Transmittal letter must be printed on company letterhead, signed by an individual authorized to legally bind the Proposer's firm, and include the following:
  - a. A statement disclosing all pending, resolved, or completed litigations, mediation, arbitration or other alternate dispute resolution procedures involving the Proposer in the past five (5) years.
  - b. 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 Proposer's firm or the proposed Project.
  - c. Exceptions to any RFP specifications/requirements and the proposed alternatives. The Health District reserves the right to reject any proposed alternative.
2. Complete and submit Attachment A - Proposal Firm.

#### TAB 2 – Corporate Background and Experience

1. Describe and provide examples of demonstrated experience working with agencies serving people experiencing homelessness and/or working directly with people experiencing homelessness and populations in encampments.
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 this Project.



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

1. Detail proposed strategies, activities, and timeline for completing RFP scope of services.
2. Describe how your organization will work with agencies serving people experiencing homelessness, people experiencing homelessness and populations in encampments throughout all aspects of the Project.
3. Detail the proposed Project deliverables.
4. Describe direct, tangible results of the proposed activities.

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

1. Provide a detailed budget including only the following: (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).
2. Complete and submit Attachment B - Budget Template (Excel workbook provided) in its entirety including applicable required narrative and justification. Indicate “None” for any budget category not requested. Incorporate the Excel spreadsheet into the PDF proposal document (do not submit as a separate file).
3. Complete and submit Attachment C - Profile Questionnaire.
4. Provide a copy of your firm's most recent annual budget.
5. Provide a copy of your firm’s most recent **complete** financial statements including the related audit report, if audited financial statements.

### **C. Proposer Representations**

1. Proposer has read and understands the RFP documents including addenda and asserts that its proposal is made in accordance therewith.
2. 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.
3. Proposer certifies its proposal 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 if 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 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 or no 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 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 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 contract precludes the Health District from obtaining services like those specified herein from other sources.

9. Public Records:

Pursuant to NRS 239.010, et seq., documents provided to the Health District are presumed to be public records. The Health District will produce documents provided by any Proposer, 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 or information provided by any Proposer to the Health District.

## SECTION V: EVALUATION & 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 the 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.	10
Proposed methodology and approach.	20
Ability and experience working with existing homeless services providers in Clark County; knowledge of and experience with existing coalitions or organizations that work with populations experiencing homelessness; ability to provide assessments and implement new strategies in a homeless shelter environment.	30
Ability to utilize laptops and iPad technology to help distribute and train shelter staff on utilizing for testing/reporting practices in collaboration with the Health District; ability to be onsite at shelters as needed or required (non-remote work will be included).	20
Ability to purchase and distribute PPE, sanitizers, disinfectants to distribute to homeless services providers.	10
Proposed Budget	10

### 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 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 proposal that is most beneficial regarding Proposer's experience, qualifications and capabilities and budget, 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. Awards/contracts will be presented to the Board for consent if applicable.

## 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. Provide responses to the following questions and requested information. Indicate "None" as applicable.

Question	Response
Company name:	
Company headquarters address:	
Company website:	
Ownership type (i.e., partnership, corporation):	
Company officers' names, titles and number of years working with agencies and/or populations experiencing homelessness:	
Number of years in business:	
Number of employees:	
Federal tax ID number:	
Business license number/Issuing agency:	
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 the following addenda. Indicate "N/A" if no addenda were issued:

Addendum No. _____	Issue Date _____
Addendum No. _____	Issue Date _____
Addendum No. _____	Issue Date _____

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Attachment B Budget Template

Provide a detailed budget including only the following: (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

Proposer: \_\_\_\_\_

#### 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 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 District:	
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):

Federal Government	Individual
State Government	Corporation
Non-Profit Organization	University
Foundation	Other: _____

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

Large Business	Veteran-Owned Business
Small Business	Veteran-Owned Business Disabled
Small Disadvantaged Business	Veteran Individual
Woman-Owned Business	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):

Pay rates/benefits	Property/Inventory
Time and effort reporting	Purchasing
Leave	Travel
Discrimination	Conflict of interest

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

Been unable or failed to complete a contract scope of work, or been unable or failed to 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 or otherwise excluded from or ineligible for participation in 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)? If yes, provide a copy of your organization's current rate agreement.	Yes	No
b) Is your organization required to comply with 2 CFR 200 Subpart F audit requirements? 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): _____	Yes	No
c) Provide your organization's most recent financial statements. If financial statements are audited, also provide related audit report.		

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

I am the authorized business official of this organization, and by signing below I certify that all of the preceding responses on this profile are complete, true and accurate. I further acknowledge that any work begun and/or expenses incurred prior to execution of an agreement are my organization's risk.

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

\_\_\_\_\_  
Organization Legal Name

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

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

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

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