



REQUEST FOR PROPOSALS
FOR
COVID-19 Health Disparity Assessment
and Healthcare Equity Models
23RFP001

July 12, 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 to obtain baseline data and assess the burden of healthcare disparities among marginalized population groups to establish healthcare equity models.

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 requirement, it will be funded through a federal grant 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, Grant award date October 25, 2021. Any awarded contract will be subject to the availability of funding and shall be terminated immediately if funding budgeted for the contract is withdrawn, limited, or impaired.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 the Project period. 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 Health District contract or purchase order.

SECTION II: SCOPE OF SERVICES

A. Project Description

Disparities in the disease outcomes by racial/ethnic status are long-standing concerns in the United States. The COVID-19 pandemic exacerbated these disparities and exposed marginalized populations to a greater risk of both hospitalizations and in-hospital mortality. An assessment of the burden of healthcare disparities among these marginalized populations is critical to better address these potential health inequalities for the COVID-19 pandemic and future surges in Clark County, Nevada. The Health District's Office of Epidemiology (OOE) will partner with a contractor that has current applicable experience to obtain baseline and comparison data to establish healthcare equity models. The following Project objectives are necessary to better understand these healthcare disparities:

1. Quantify risk factors related to COVID-19 hospitalizations and mortality among minority groups in Clark County, Nevada.
2. Develop strategies to mitigate risk factors for both hospitalization and in-hospital mortality among minority populations.
3. Assess the hospital resource utilization, including length of hospital stay, and associated healthcare costs.
4. Identify social and demographic factors that impact healthcare utilization.

All contract deliverables will occur in Clark County, Nevada to ensure close collaboration with the Health District and its community partners. The successful contractor will have to provide its staff local office space and any equipment necessary to enable the required close collaboration.

B. Contractor Tasks and Associated Activities

1. The successful contractor, in collaboration with OOE staff, will assess the county-wide burden of healthcare disparities among marginalized population groups, and develop strategies to improve healthcare inequities in Clark County, Nevada.
 - a. Quantify risk factors related to COVID-19 hospitalizations and mortality among minority groups.
 - b. Determine if there is an association between risk factors and in-hospital mortality among minority populations.
 - c. Compare clinical characteristics of survivors and non-survivors across racial groups.
 - d. Assess hospital resource utilization, including length of hospital stay, intensity of hospital procedures, and associated health care costs.
 - e. Determine social and demographic predictors of healthcare utilization.
2. The successful contractor will meet monthly with OOE staff during the Project, which is anticipated to occur from November 2022 to October 2023, to ensure both parties are aligned with expectations, objectives, and deliverables.
3. The successful contractor will also provide a monthly report of the Project to OOE.

C. Health District Tasks and Associated Activities

1. Help the successful contractor to establish baselines and measurable goals to identify hard-to-reach populations across Clark County, Nevada.
2. Review graphics, logo, links, and content to provide specifications of hard-to-reach populations across Clark County, Nevada.
3. Meet monthly with the successful contractor during the Project, which is anticipated to occur from November 2022 to October 2023, to ensure both parties are aligned with expectations, objectives, and deliverables.
4. Give final approval of the baseline and comparison data report prior to distribution.

D. Key Deliverables and Reporting Requirements

The successful contractor and OOE will:

1. Produce monthly financial reports.
2. Produce quarterly progress reports.
3. Produce a report of the health disparity measures.
4. Present monthly health disparity assessment findings to community based organizations, health equity coalitions, hospitals and healthcare facilities, local health departments, and the state health department.

SECTION III: TIMETABLE AND PROVISIONS

A. Timetable

RFP Issuance.....	July 12, 2022
Deadline to Submit Questions	July 26, 2022
Deadline to Disseminate Questions and Answers	July 29, 2022
Deadline to Submit Proposals.....	August 23, 2022
Evaluation Completed/Award Notification	August 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. 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 **2:00 p.m. Daylight Savings Time (DST) on July 26, 2022**. All written questions and answers will be posted to the [Health District Public Notices](#) website by **5:00 p.m. DST on July 29, 2022**.

D. Deadline to Submit Proposals

Proposals are due by **2:00 p.m. DST on August 23, 2022**.

E. Proposal Submission

Email **one (1) Adobe PDF document** (an email attachment) with the subject and named “**23RFP001 COVID-19 Health Disparity Assessment and Healthcare Equity Models**” to 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 August 23, 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 or NRS.
2. Have an active sam.gov registration. Provide a copy.
3. Demonstrate that it has the financial resources and capability to meet the RFP requirements.
4. Have been regularly and continuously obtaining baseline data, conducting health disparity assessments, and establishing healthcare equity models for at least three (3) years.
5. Possess all permits, licenses, and credentials necessary to meet the RFP requirements.

B. Proposal Preparation and Submission

Complete, prepare and submit **one PDF proposal document** in the following sections:

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 Form.

TAB 2 – Corporate Background and Experience

1. Describe and provide examples of demonstrated experience obtaining baseline data, conducting health disparity assessments, and establishing healthcare equity models.
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 – Proposed Plan and Methodology

1. Detail your proposed strategies, activities, and timeline for completing RFP scope of services.

2. Describe how you will obtain baseline data, conduct health disparity assessments, and establish healthcare equity models.
3. Detail the proposed Project deliverables.
4. Describe direct, tangible results you expect from 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 Attachment B 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
Work plan, methodology, and timeline for completing work	25%
Expertise in developing resources and tools for the Project	25%
Experience in facilitating virtual and in-person meetings, including synthesizing discussion and decisions into written summaries	20%
Description of how work plan will fit into the existing structure of the local healthcare system and contribute to achieve the Project objectives	10%
Extent to which the budget is justified	10%
Feasibility of proposed work plan	5%
Knowledge of risk factors and the targeted population	5%

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 address:	
Company website:	
Ownership type (i.e., partnership, corporation):	
Company officers’ names, titles and number of years obtaining baseline data, conducting health disparity assessments, and establishing healthcare equity models:	
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 _____
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		\$ -

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:	<hr/>		
Address (street,city,state,zip+4):	<hr/>		
State incorporated:	<hr/>	Date incorporated:	<hr/>
Number of employees:	<hr/>	Congressional District:	<hr/>
SAM.gov UEI:	<hr/>	EIN (Tax ID):	<hr/>
SAM.gov expiration date:	<hr/>		
Is contractor owned or controlled by a parent company? If yes, provide the following:			
Parent Entity Legal Name:	<hr/>		
Address (street,city,state,zip+4):	<hr/>		
SAM.gov UEI:	<hr/>	EIN (Tax ID):	<hr/>
SAM.gov expiration date:	<hr/>		

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)? 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): _____
- 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