



REQUEST FOR PROPOSALS
FOR
MONKEYPOX RESPONSE EFFORTS
23RFP003

October 7, 2022

280 South Decatur Boulevard
Las Vegas, Nevada 89107

TABLE OF CONTENTS

I.	INTRODUCTION	
A.	Purpose.....	1
B.	Entity Information.....	1
C.	Funding	1
D.	Anticipated Contract Type.....	1
E.	Anticipated Contract Term	1
F.	Subcontracting	1
G.	Ethics in Procurement.....	1
II.	SCOPE OF SERVICES	2
A.	Project Description	2
B.	CBO Tasks and Associated Activities	2
C.	Other CBO Tasks and Associated Activities	2
D.	Health District Tasks and Associated Activities	3
E.	Key Deliverables and Reporting Requirements	3
III.	TIMETABLE & 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	4
B.	Proposal Preparation and Submission.....	4
C.	Proposer Representations.....	5
D.	General Conditions	5
V.	EVALUATION & SELECTION	
A.	Evaluation Criteria.....	7
B.	Clarification, Site Visits, Interviews and Presentations.....	7
C.	Selection	7

ATTACHMENTS

- Attachment A - Proposal Form
- Attachment B - Budget Template
- Attachment C - Profile Questionnaire

SECTION I: INTRODUCTION

A. Purpose

The Southern Nevada Health District's (Health District) Division of Disease Surveillance and Control requests proposals from community-based organizations (CBOs) to provide services to enhance monkeypox response efforts in Clark County.

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 (CDC), Federal Award Identification Number 6 NU50CK000560-02-04, CFDA 93.323, Project Title, Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Expansion, Grant award date January 14, 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 the Project (performance) period specified herein. 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

1. The Health District's Acute Communicable Disease and Control Program will partner with three to five CBOs to enhance monkeypox response efforts in Clark County. The Health District is seeking partners to support increased outreach, education, testing, and access to prevention and care for monkeypox in community settings. Activities may include but are not limited to administering vaccinations, conducting risk assessments, screening, testing, providing education, and providing space or referrals for monkeypox related services.
2. The Project may take place at CBO facilities and/or in the community at outreach events and other nontraditional locations where at-risk populations may be within Clark County.
3. The Project (performance) period will be from contract execution through July 31, 2023. The Health District may consider adjusting individual Project periods based on each CBO's current monkeypox activities as applicable.
4. The maximum amount that may be awarded to each CBO will be \$150,000.

B. CBO Tasks and Associated Activities

1. Provide accurate Health District- and CDC- approved messaging and information about monkeypox virus to community.
2. Conduct and/or participate in events to reach populations that are at risk for monkeypox.
3. Develop and implement a screening or assessments for people seeking information about monkeypox and provide either:
 - a. Direct services, such as a physical exam, vaccination, or testing, or
 - b. Referrals and resources for needed service
4. Facilitate and encourage testing for monkeypox, HIV, and other sexually transmitted infections in every sexually active adult and adolescent in whom monkeypox is suspected.
5. Attend monthly meetings with the Health District to discuss progress, successes, challenges specific to the Project scope of work.
6. Participate in monkeypox community partner meetings to facilitate coordination and planning.

C. Other CBO Tasks and Associated Activities

1. Administer Jynneos vaccines to eligible clients following all CDC and Nevada State requirements.
2. Provide physical exams for symptomatic clients and test clients with symptoms consistent with monkeypox infection.
3. Provide space for the Health District's outreach team to provide vaccinations, testing or assessments.

D. Health District Tasks and Associated Activities

1. If CBO is a healthcare provider, provide guidance to clinicians on diagnosing and treating monkeypox, including severe manifestations of monkeypox.
2. Facilitate easy and quick access to monkeypox medical countermeasures across jurisdictions.
3. Provide guidance to clinicians on diagnosing and treating monkeypox, including severe manifestations of monkeypox.
4. Provide guidance and recommendations for activities associated with approved scope of work activities.
5. Provide vaccine to eligible CBOs approved by the state as inventory allows.
6. Provide training and resources to CBOs as it becomes available.
7. Attend monthly meetings with all awarded CBOs.
8. Arrange Post Exposure Prophylaxis (PEP) for people who have been exposed to monkeypox virus.

E. Key Deliverables and Reporting Requirements

1. CBOs will meet monthly with the Health District or as needed to report progress of objectives, activities, and tasks.
2. CBOs will disseminate monkeypox educational material consistent with CDC messaging. (<https://www.cdc.gov/poxvirus/monkeypox/resources/print.html>).
3. CBOs will submit to the Health District monthly written reports on the status of activities and tasks.
 - a. Examples of these reports include number of vaccines administered, number of events participated in, and distribution of education materials.
4. CBOs will report to the Health District all data collected from assessments and other data collecting tools.
5. CBOs will report to the Health District anyone suspected of having monkeypox virus and adhere to all reporting requirements in NAC 441.A.
6. CBOs will report to the Health District all people reporting exposure to monkeypox virus.
7. CBOs will submit to the Health District monthly invoices including purchases and costs associated with the Project (awards). CBOs will track and provide written reports of the distribution of all educational materials.

SECTION III: TIMETABLE AND PROVISIONS

A. Timetable

RFP Issuance.....	October 7, 2022
Deadline to Submit Questions	October 17, 2022
Deadline to Disseminate Questions and Answers	October 20, 2022
Deadline to Submit Proposals.....	November 3, 2022
Evaluation Completed/Award Notification	November 10, 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. on October 17, 2022**. All written questions and answers will be posted to the [Health District Public Notices](#) website by **5:00 p.m. on October 20, 2022**.

D. Deadline to Submit Proposals

Proposals are due by **2:00 p.m. on November 3, 2022**.

E. Proposal Submission

Email your proposal as two attachments (reference Section IV.B Proposal Preparation and Submission) with the subject “**23RFP003 Monkeypox Response Efforts**” 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. on November 3, 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 evidence of valid exemption (include in proposal PDF).
2. Have an active sam.gov registration. Provide a copy (include in proposal PDF).
3. Demonstrate through required financial records that it has the resources and capability to meet the RFP requirements.
4. Have been regularly and continuously providing outreach, education, testing, and access to prevention and care activities in community settings 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** including Nevada business license or exemption (A.1) and sam.gov registration (A.2) and TAB 1 through TAB 3 as follows:

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.
3. Complete and submit Attachment C - Profile Questionnaire.

TAB 2 – Corporate Background and Experience

1. Describe and provide examples of demonstrated experience providing outreach, education, testing, and access to prevention and care activities in community settings.
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 RFP scope of services.
2. Describe how your organization will provide outreach, education, testing, and access to prevention and care activities for monkeypox in community settings.
3. Detail the proposed Project deliverables.
4. Describe direct, tangible results of the 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 a copy of your firm's most recent annual budget (as a separate PDF file).
4. Provide a copy of your firm’s most recent **complete** financial statements including the related audit report, if audited financial statements (as a separate PDF file).

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.	20
Proposed methodology and approach.	30
Demonstrated ability and experience providing outreach, education, testing, and access to prevention and care activities in community settings (including references).	40
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 providing outreach, education, testing, and access to prevention and care activities in community settings:	
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 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) 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	<u>List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.</u>						
7	<u>Position</u>	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
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
16	*Insert details to describe position duties as it relates to the funding (specific program objectives)						

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