



## **SOUTHWEST DISTRICT HEALTH**

**Western Idaho Community Crisis Center  
Region 3 in Canyon County Center Operator**

**REQUEST FOR PROPOSAL  
SWDH-2023-03**

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## RFP ADMINISTRATIVE INFORMATION

RFP Title:	Western Idaho Community Crisis Center Operation
RFP Project Description:	<p>Southwest District Health (SWDH) is seeking proposals for operation of a Behavioral Health Community Crisis Center located at 524 Cleveland Blvd., Caldwell, Idaho.</p> <p>Region 3 geographic boundaries include Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties.</p> <p>The operations provider is expected to provide/deliver telehealth and remote stabilization services to rural and remote areas of the Region.</p>
RFP Lead:	<p>Christina Straub, Program Specialist  Southwest District Health  13307 Miami Lane, Caldwell, ID 83607  Email: Christina.straub@phd3.idaho.gov  Fax: 208-455-5302</p>
<p>Submitting Sealed Proposal:</p> <p>Submitting Manually:  <b>MANUAL PROPOSALS MUST BE RECEIVED AT THE PHYSICAL ADDRESS DESIGNATED FOR COURIER SERVICE AND TIME/DATE STAMPED BY THE DIVISION OF PURCHASING PRIOR TO THE CLOSING DATE AND TIME.</b></p>	<p>Address for Courier:  Southwest District Health  13307 Miami Lane  Caldwell, Idaho 83607</p>
Deadline to Receive Questions:	Thursday, March 23, 2023, 11:59:50 P.M. Mountain Time
Pre-proposal Conference:	Thursday, March 16, 2023, 1:30-2:00 P.M. Mountain Time
RFP Closing Date:	Friday, March 31, 2023, 11:59:59 P.M. Mountain Time
Initial Term of Contract and Renewals:	Four (4) years. Upon mutual, written agreement, the Contract may be renewed, extended, or amended. The anticipated total Contract term is four (4) years.

# 1 OVERVIEW

## 1.1. Purpose

To establish a subcontract with a vendor to operate the Western Idaho Community Crisis Center (WICCC) located at 524 Cleveland Blvd, Caldwell, Idaho for adults in need of mental health or co-occurring substance use disorder crisis services throughout the six-county region. Region 3 geographic boundaries include Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties. It is also expected the vendor have capacity to provide/deliver telehealth and remote stabilization services to rural and frontier areas of the Region. WICCC is open twenty-four/seven (24/7), three hundred sixty-five (365) days per year, to assist adults in crisis to become stabilized and then connected to community resources that can help them effectively deal with their situations and avoid further crisis.

## 1.2. Definitions

Minkoff Model: Stage-wise treatment and intervention services based on the Dr. Kenneth Minkoff, M.D. model to address co-occurring psychiatric and substance use disorders.

- Acute Stabilization – safe sobering up and stabilization of acute psychiatric symptoms.
- Motivational Enhancement – individualized motivational strategies to help individuals who have made no commitment to change.
- Active Treatment – for individuals who need to learn and practice skills to manage their substance and mental health symptoms.
- Relapse Prevention – specific skills training on participation in self-help recovery programs, as well as specialized self-help programs like Dual Recovery Anonymous.
- Rehabilitation and Recovery – developing new skills and capabilities based on strengths, and on developing improved self-esteem, pride, dignity, and sense of purpose in the context of the continued presence of mental health and substance use disorders.

National Guidelines for Crisis Care: Essential elements within a no-wrong-door integrated crisis system (SAMHSA):

- Regional Crisis Call Center: Regional 24/7 clinically staffed hub/ crisis call center that provides crisis intervention capabilities (telephonic, text, and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer air traffic control (ATC) – quality coordination of crisis care in real-time;
- Crisis Mobile Team Response: Mobile crisis teams available to reach any person in the service of his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; and
- Crisis Receiving and Stabilization Facilities: Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

Project Manager: The person appointed by the District to administer the Contract on behalf of the District. “Project Manager” includes, except as otherwise provided in the Contract, an authorized representative of the Project Manager acting within the scope of his or her authority. The District may change the designated Project Manager from time to time by providing notice to the Subcontractor as provided in the Contract.

### **1.3. Background Information**

Idahoans experiencing a behavioral health crisis often are incarcerated, hospitalized, or treated in hospital emergency departments because an appropriate level of care to meet their needs is unavailable. Hospital emergency departments, jails and law enforcement agencies in Idaho have become the default providers of crisis intervention to Idaho citizens with behavioral health disorders resulting in extensive resources expended on behavioral health crisis services.

In 2014, the Idaho Legislature established the Behavioral Health Community Crisis Act, Idaho Code Title 39, Chapter 91. Since that time, seven (7) Behavioral Health Community Crisis Centers (BHCCC) have been established in every region of the state and are located as follows: Region 1: Coeur d'Alene; Region 2: Moscow; Region 3: Caldwell; Region 4 Boise; Region 5: Twin Falls; Region 6: Pocatello; and Region 7: Idaho Falls.

The BHCCCs are voluntary. Working with families, healthcare organizations, law enforcement and other community partners, these centers are a resource for individuals who are willing to seek services. These BHCCCs help individuals in crisis get the assistance they need without going to the emergency room or being taken to jail. Eligibility for the BHCCC to include: 1) be at least eighteen (18) years of age; 2) demonstrated impairment and or symptoms(s) consistent with a DSM-V diagnosable condition; 3) be medically stable; and 4) be in need of frequent observation on an ongoing basis for up to 23 hours and 59 minutes.

BHCCCs incorporate Principles of Recovery into practice to ensure mental health services are being delivered in a way that supports recovery and resiliency.

The local BHCCC will need to continue to leverage local partnerships through sub recipient contracts and/or agreements to assist in the ongoing operation and service needs of those served (for example: donated meals, laundry services, etc.). The hope of the District is that the BHCCC will continue to be an active participant with the Advisory Committee and local partners, and work collaboratively to decrease recidivism to the crisis center, emergency departments, and jails.

The District is seeking a subcontractor to continue to operate the Region 3 BHCCC in Canyon County, WICCC. The District provides the facility. The facility accommodates space for 20-beds or more. The facility is located in downtown Caldwell, on a public transit route, and in close proximity to Interstate 84.

### **1.4. Resulting Contract**

If the District awards a contract from this Solicitation, it will do so by issuing a Contract document from the District's Procurement system, which will be an acceptance of the successful offer. The Contract will be comprised of that contract document; this RFP, including any incorporated documents; the successful Proposal, including any clarifications requested by the District; and an artifact formalizing any requirements agreed upon through contract discussions or negotiations, if applicable.

## SCOPE OF WORK

Scope of Work Section(s) I, XI, XII, XIII, XVI, XVII and XVIII are mandatory requirements and will be included in the resulting subcontract but **do not** require a response, except to affirmatively indicate a willingness to comply with each mandatory requirement.

### I. General Requirement

A. District Responsibilities – Southwest District Health (District) will:

1. Oversee the WICCC to ensure compliance with Idaho Administrative Code (IDAPA) 16.07.30, Behavioral Health Community Crisis Centers and Idaho Code Title 39 Chapter 91, Behavioral Health Community Crisis Centers Act; application of the model, associated rules and patient safety. The District will perform annual audits, on-site visits, and ongoing monitoring of the WICCC as necessary to fulfill its oversight responsibility.
2. Assist the Subcontractor with accessing Idaho Department of Health and Welfare services such as behavioral health, Medicaid, food stamps, child support, Navigation services, etc.
3. Assist the Subcontractor with communication to Idaho Department of Health and Welfare to provide Health Insurance Portability and Accountability Act (HIPAA) compliant electronic health record (EHR) access through the Web Infrastructure for Treatment Services (WITS) to capture data, report client data, and provide training, documentation, and help desk support for WITS. See Attachment 6, Web Infrastructures for Treatment Services, for information pertaining to WITS.

B. Subcontractor's responsibilities – The Subcontractor shall:

1. Comply with all provisions of state and federal laws, rules, regulations, policies, standards and guidelines as indicated, amended or modified that govern performance of the services. This includes, but is not limited to:
  - a) Idaho Code Title 39 Chapter 91, Behavioral Health Community Crisis Centers;
  - b) The Idaho Department of Health and Welfare's HIPAA Business Associate Agreement; and
  - c) Idaho Open Meeting Law as established in Idaho Code §§ 74-201 through 74-208.
2. Ensure the WICCC continues to operate and maintain current levels of service through the potential transition of vendors.
3. Ensure that all service provisions are delivered by persons who meet licensure and or certification qualifications, as appropriate within their field of study, and provide evidence of licensure, certification, and any other applicable qualifications.
4. Utilize the Idaho Department of Health and Welfare's EHR (WITS) to capture all client related treatment history and maintain additional needed data from the intervention.

5. Participate on the Advisory Committee to guide the organization, implementation, and operation of the WICCC.
6. Incorporate peer recovery support services as part of the overall crisis service delivery system.
7. Ensure services to be provided are non-discriminatory. The Subcontractor shall not refuse services to any person because of race, color, religion or because of inability to pay.
8. Report to the District's Project Manager any facts regarding irregular activities or practices that may conflict with federal or state rules and regulations discovered during the performance of activities under the contract.
9. Ensure all sub-recipients and their employees meet all contract requirements. If the Subcontractor utilizes any entity other than their own entity to provide any of the services required, the relationship is considered that of a subcontractor-sub-recipient for purposes of this contract. The Subcontractor shall for each sub-recipient:
  - a) Complete and submit the Idaho Department of Health and Welfare's Acceptance of Subcontract form, provided upon request, prior to the sub-recipient performing any contracted service.
  - b) Shall supply to the District a copy of the sub-recipient agreement between subcontractor and sub-recipient/affiliate outlining their designated services.
10. Ensure that the crisis center has contracted/affiliate agreements with the other necessary ancillary psychiatric crisis services that are a part of the full continuum of crisis psychiatric services as outlined in figure 1. The WICCC will need to have an operational flow process that allows access during the crisis and post discharge to provide comprehensive services to clients.
11. Develop and maintain Policies and Procedures that address items identified in the Scope of Work and within sub-recipient services.

**Use this proposal outline as part of your response to the RFP by restating each section number and then providing your response. Identify it as Scope of Work.**

**Evaluators will be scoring your proposal based on the methodologies proposed and the completeness of the response to each item listed below. Where appropriate, responses to E and ME sections should describe, in detail, your organization's qualification and experience (rather than simply restating the question or confirming compliance without additional supporting information); as well as how your organization plans to meet Scope of Work requirements detailed in this RFP. The proposal should address methodologies, pertinent timelines, personnel, activities, and other pertinent information in order to implement the Scope of Work successfully to achieve full compliance with all tasks and deliverables. Offerors must identify any information or resources needed from the District in order to perform any of the work.**

**All sections of the Scope of Work are required subcontract services. Failure to provide a response to a requirement may result in receiving a score of zero (0) for that portion of the proposal.**

**II. (E) Implementation and Readiness Review Provide a detailed description of how you will meet the requirements in this section.**

- A. The Subcontractor shall operate the WICCC and implement services as outlined in this contract within ninety (90) days of the execution date of the subcontract.
- B. The Subcontractor shall pass a review prior to the implementation of services. The following tasks and completion dates will be included as part of the Review and shall be due by the following timeframes:
  - 1. Startup cost budget (as identified in the Cost and Billing matrix) due no later than thirty (30) calendar days after the execution date of the subcontract.
  - 2. Equipment and Supplies (purchase items) no later than forty-five (45) calendar days prior to the anticipated service implementation date;
  - 3. Ancillary services (purchase or negotiate donations) no later than forty-five (45) calendar days prior to the anticipated service implementation date;
  - 4. Work Force (hire and train personnel) within thirty (30) calendar days prior to the anticipated service implementation date;
  - 5. Policies and procedures (facility, operations, staff requirements, quality assurance, clinical supervision, etc.) within forty-five (45) calendar days prior to the anticipated service implementation date;
  - 6. Staff trained to use WITS no later than fifteen (15) calendar days prior to the anticipated service implementation date;
  - 7. Cultural Competency Plan completed no later than forty-five (45) calendar days prior to anticipated service implementation date; and
  - 8. Demonstrate ability to collect and report on performance and quality measures as defined by the District within sixty (60) calendar days prior to anticipated service implementation date.
  - 9. Demonstrate ability to bill standard public and commercial insurance types (i.e., capture full member name, DOB, Member ID, Person Code, and Group # and keep a record of insurance card images on file).

**III. (E) Operation Services Provide a detailed description on how you will meet the following requirements:**

- A. The Subcontractor shall provide, operate, and manage a voluntary outpatient facility (WICCC) as follows:
  - 1. Hours:
    - a) Operate twenty-four (24) hours a day, seven (7) days a week and three hundred sixty-five (365) days a year, telephonically, face-to-face and available for provider-client consultation via video conferencing with crisis center staff.
    - b) Not provide services to a client for more than twenty-three (23) hours and fifty-nine (59) minutes in a single episode of care.
  - 2. Security: Provide security twenty-four (24) hours per day through a contracted security



company, law enforcement officers, or hired security staff.

3. Facility Description:

- a) Be a voluntary outpatient facility.
- b) Americans with Disabilities Act (ADA) Compliant.
- c) At a minimum, provide bed space for ten (10) male/female beds for a total of twenty (20) beds.
- d) Maintain lobby space with chairs and tables.
- e) Provide telehealth crisis center access in rural and frontier areas of the region.
- f) Provide confidential office space for medical, case management and behavioral health interventions.
- g) Have available:
  - i Plastic eating utensils and cups;
  - ii Coffee, water and other beverages, as available;
  - iii Non-perishable, self-prepared snack items such as cup of soup, granola bars, cheese and crackers, peanut butter sandwiches, pudding cups or other similar items; and
  - iv Limited daily transportation to community partner places of business such as the Department of Labor, Social Security Administration, Federally Qualified Health Centers, Recovery Center, and the Public Health District.
- h) Have available, on an "as needed" basis:
  - i.Sweat pants, scrubs, tee shirts, sweatshirts, etc.;
  - ii.Personal care products;
  - iii.A means of securing personal possessions including: Medication, valuables, clothing, weapons, etc.

**IV. (E) Assessment and Evaluation Services Provide a detailed description of how you will meet the following requirements:**

- A. The Subcontractor shall provide services to adults in a behavioral health crisis for no more than twenty-three (23) hours and fifty-nine (59) minutes per single episode of care.
- B. The Subcontractor shall document in the WITS system the reason for denying services to those applying for services.
- C. Intake Eligibility Assessment
  1. The Subcontractor shall provide an Intake Eligibility Assessment by licensed staff. The intake eligibility assessment must be completed within thirty (30) minutes of application for services and must include a written/signed consent, client rights/responsibilities, and information about the crisis center's grievance/complaint policy. The intake eligibility assessment shall

determine if a person is in a behavioral health crisis and whether or not they require a higher level of care (e.g., inpatient, emergency room or urgent care services). The intake eligibility assessment must be documented in WITS. The eligibility assessment intake must be possible by telephone or other telehealth method when the client is not physically onsite.

2. Medical Assessment

a) The Subcontractor shall provide a medical assessment by a licensed medical staff (e.g., EMT, RN). The medical assessment shall further evaluate the client for immediate medical needs. The medical assessment shall also determine current medical needs and collect a health history. The medical assessment must be documented in WITS.

3. Risk Assessment

a) The Subcontractor shall provide a risk assessment by a licensed professional and document in WITS.

4. Behavioral Health Assessment

a) The Subcontractor shall complete a behavioral health assessment on each client and document in WITS. The behavioral health assessment shall be used to develop the plan of care, intervention services and referral services to ensure the appropriate continuum of care is identified for each client. The behavioral health assessment shall include:

i Presenting problem,

ii Treatment history at a minimum will include:

(a) Hospitalizations

(b) Emergency room visits

(c) Outpatient treatment

(d) Medications

iii Substance abuse history, and

iv Recommendations.

b) An updated behavioral health assessment may be used on clients who were assessed within the last three (3) months (e.g., presenting problem, treatment history).

**V. (E) Plan of Care Provide a detailed description of how you will meet the following requirements:**

A. The Subcontractor shall complete a plan of care based on findings from the medical and behavioral health assessments for all clients admitted to the WICCC for services. The plan of care shall be individualized, person-centered, strengths-based, collaborative, family and community focused, culturally competent, utilize natural supports, tie into the local continuum of care resources, and be outcomes-based. The plan of care shall be documented in WITS.

B. The Subcontractor shall utilize ongoing observation, assessment and evaluation to make changes to services while at the WICCC. This information, along with the client's benefits and resources, shall be used to make referrals to ongoing care and services.

**VI. (E) Intervention Services Provide a detailed description of how you will meet the following requirements:**

- A. The Subcontractor shall provide stage-wise treatment and intervention services based on the Dr. Kenneth Minkoff, M.D. model to address co-occurring psychiatric and substance use disorders.
  - 1. Acute Stabilization – safe sobering up and stabilization of acute psychiatric symptoms.
  - 2. Motivational Enhancement – individualized motivational strategies to help individuals who have made no commitment to change.
  - 3. Active Treatment – for individuals who need to learn and practice skills to manage their substance and mental health symptoms.
  - 4. Relapse Prevention – specific skills training on participation in self-help recovery programs, as well as specialized self-help programs like Dual Recovery Anonymous.
  - 5. Rehabilitation and Recovery – developing new skills and capabilities based on strengths, and on developing improved self-esteem, pride, dignity, and sense of purpose in the context of the continued presence of mental health and substance use disorders.
- B. The Subcontractor shall provide services in the least restrictive manner and shall not utilize seclusion or restraints as part of its intervention services.
- C. If an individual requires care in an involuntary inpatient setting, the Subcontractor shall coordinate transportation to an appropriate setting.
- D. If an individual requires a more restrictive setting, then arrangements will be made to assist the individual to move to a more restrictive setting. The Contractor shall notify law enforcement to provide transportation if the individual needs an involuntary inpatient setting.
- E. The Subcontractor shall document, in WITS, interventions rendered and client response.
- F. The Subcontractor shall incorporate the recovery model, to include the use of certified Peer Support Specialists and/or Recovery Coaches.

**VII. (E) Referral Services Provide a detailed description of how you will meet the following requirement:**

In the spirit of operating as part of the larger regional healthcare system, the Subcontractor shall make referrals based on identified functional areas of impairment (medical, behavioral health signs and symptoms, vocational, financial, housing, family, social activities of daily living, transportation, legal, and substance use). This information shall be documented in WITS.

**VIII. (E) Aftercare Plan Provide a detailed description of how you will meet the following requirement:**

- A. The Subcontractor shall provide a written aftercare plan for each client prior to leaving the WICCC. The aftercare plan shall include, at a minimum, connection to a peer, Recovery Support Specialist or healthcare provider and at a maximum, referral to emergency care. This aftercare plan shall be documented in WITS. The aftercare plan should include services that are accessible within seven (7) days.
- B. The Subcontractor will attempt to identify a collateral contact for each client, and whenever

possible, include the contact(s) in the aftercare plan.

- C. The Subcontractor shall make one attempt to follow-up with all clients and/or collateral contact within 24 hours and two additional attempts to follow-up within 30 days to assess clients' follow through with the aftercare plan and document the follow-up encounter (e.g., followed through with aftercare plan, sought care at an emergency department, was incarcerated, etc.).
  - 1. The Subcontractor will document clients' follow-up of their aftercare in WITS and include, as applicable:
    - a) Whether the client kept his/her initial appointment
    - b) Document any barriers or challenges to completing the aftercare plan

## **IX. Staffing**

A. The Subcontractor shall:

- 1. Ensure that staff assessing for mental health and substance use disorders and conducting nursing assessments have the training, skills, and current professional licensure to accurately diagnose clients.
- 2. Have a clinical supervisor to provide direction and guidance of all clinicians doing integrated mental health and substance use disorders assessments.
- 3. Ensure assessments are completed by licensed medical professionals and licensed mental professionals.

B. Staff seeking to provide peer services that receive an unconditional denial from the Department of Health and Welfare's Criminal History Unit may apply for a Division of Behavioral Health Background Check Waiver.

## **X. Cultural Competence**

A. The Subcontractor shall develop and implement a Cultural Competency Plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services with specific focus on Native Americans' and Hispanics' needs. The Subcontractor shall finalize the Cultural Competency Plan and submit it no later than forty-five (45) calendar days prior to the anticipated service implementation date.

## **XI. Bilingual/Multicultural**

A. The Subcontractor shall ensure bilingual/multicultural staff are available at the WICCC. Bilingual/multicultural staff shall, at a minimum, speak English and Spanish and any other language spoken by at least five percent (5%) of the population within the service area.

## **XII. (E) Outcome Measures and Data *Provide a detailed description, including methodologies for capturing and analyzing data, of how you will meet the following requirements:***

- A. The Subcontractor shall use, at a minimum, the following benchmarks to measure the effectiveness and efficiencies of the WICCC.
- 1. The number of crisis center admissions that self-report going to a crisis center as an alternative to seeking other forms of emergency care (e.g., hospital, ER, urgent care).

2. The number of individuals assessed at the WICCC and referred to a higher level of care (e.g., hospital, ER, urgent care) or law enforcement.
3. Post discharge from crisis center status:
  - a) Referral to outpatient care
  - b) Referral to social services (e.g., Recovery Center, clergy)
- B. The Subcontractor shall periodically complete a unit cost analysis. The unit cost analysis will be defined by the Subcontractor in cooperation with the District.
- C. The Subcontractor shall compile and report data on a quarterly basis. A report of findings shall be written by the District and sent to the Advisory Board and Subcontractor.

**XIII. (E) Community Engagement *Provide a detailed description of efforts to engage community partners, build formal and informal relationships or partnerships, including, in-kind donations or support***

- A. The Subcontractor shall:
  1. Engage community partners with a shared goal of improving community mental health.
  2. Identify opportunities to form formal and informal relationships or partnerships that support the patients' broader healthcare needs.
  3. Pursue opportunities for in-kind donations or support that can help control costs associated with the operations of the crisis center.

**XIV. (E) Quality Assurance *Provide a detailed description, including methodologies for analyzing and reporting surveys, of how you will meet the following requirements:***

- A. The Subcontractor shall:
  1. Maintain a quality improvement plan that documents the process to be used in ensuring the quality of services provided.
  2. Meet regularly, or as needed with the Idaho Department of Health and Welfare staff to discuss individual case, treatment recommendations and service responsibilities.
  3. Upon discharge, offer each client a satisfaction survey that includes questions related to the quality of service, the outcomes of services and their perception of additional needs not addressed by the WICCC.
  4. Provide an opportunity for stakeholders to evaluate service performance and the need for additional training or collaboration each time they interact with the WICCC. Subcontractor shall establish a feedback mechanism for stakeholders, preferably in a written format using a set of standard metrics or at the least either verbally or in writing through the use of a suggestion box at the facility or via email. Stakeholders may include ancillary service vendors, law enforcement, hospitals, government entities, private and commercial health insurers, and others who interact with the WICCC.

5. Distribute annual surveys to ancillary service vendors, hospitals, law enforcement, and other organizations affiliated with the WICCC. Questions on this survey shall address the quality of services, the outcomes of services, and the organization's perception of additional needs not addressed at the WICCC.

**XV. Records and Documentation**

- A. The Subcontractor shall use WITS to document all delivered services in the individual's record and maintain the record at the Subcontractor's location. Records shall include, at a minimum:
  1. Intake Eligibility Assessment,
  2. Plan of Care,
  3. Intervention services provided,
  4. Referral services, and
  5. Aftercare plan to include documentation of follow-up actions.
- B. The Subcontractor shall collect data in an alternate system as needed for reporting.
- C. The Subcontractor shall work with the District to develop complete and accurate reports, as some data will be collected and analyzed by the District.

**XVI. Transition of Services**

- A. The Subcontractor shall develop a Transition Plan that describes the process for ensuring a smooth transition of project services and transfer of project materials, documentation and data either to the District or to another subcontractor upon termination or expiration of the subcontract. The Transition Plan shall be negotiated with the District upon contract termination or ninety (90) calendar days prior to expiration of the subcontract, whichever comes first. The District reserves the right to request a Transition Plan during the effective dates of the subcontract.

**XVII. Faith-based Organization:** If you are a faith-based organization, describe how you will:

- A. Segregate subcontract funds in a separate account;
- B. Serve all participants without regard to religion, religious belief, refusal to hold a religious belief, or refusal to actively participate in a religious practice;
- C. Ensure that participation in religious activities, including worship, scripture study, prayer or proselytization, is only on a voluntary basis;
- D. Notify participants of the religious nature of the organization, their right to be served without religious discrimination, their right not to take part in inherently religious activities, their right to request an alternative provider and the process for doing so;
- E. Ensure that subcontract funds are not expended on inherently religious activities; and
- F. Comply with applicable terms of 42 CFR Parts 54 and 54a, and 45 CFR 260 and 1050.

## 2. QUESTIONS

### 2.1. Questions

2.1.1. Questions or other correspondence must be submitted in writing to the RFP Lead (see contact information in the RFP Administrative Information, page 1). QUESTIONS MUST BE RECEIVED BY THURSDAY, MARCH 23, 2023, AT 11:59:59 P.M. MOUNTAIN TIME ON THE DATE LISTED IN THE RFP ADMINISTRATIVE INFORMATION.

### 2.2. Vendor Proposed Modifications and Exceptions to Requirements, Terms, and Conditions

2.2.1. Vendors are strongly encouraged to submit any proposed modifications to the requirements, terms, or conditions of the RFP prior to the deadline to submit questions. Questions regarding these requirements must contain the following:

- The rationale for the specific requirement being unacceptable to the party submitting the question (define the deficiency).

2.2.2. The District has sole discretion to determine if the modifications or exceptions submitted by an Offeror would result in a material change or otherwise threaten the integrity of the procurement process.

2.2.3. Except as otherwise provided within the Solicitation, the District will not consider modifications or exceptions to the requirements, terms, or conditions which are proposed after the RFP Closing Date.

## 2 INSTRUCTIONS FOR SUBMISSION OF PROPOSAL

### 3.1. General Instructions

3.1.1. Proposals may be submitted electronically or manually, as detailed below. Except as otherwise addressed in this solicitation, all submission materials must be submitted at the same time (in a single package or electronic submission). If multiple submissions are received, only the latest timely submission will be considered.

3.1.2. Alternate proposals are not allowed.

3.1.3. All electronic files (whether submitted electronically or manually) must be in Microsoft Word, Adobe PDF, or Excel format; the only exception is for financials, brochures or other information only available in an alternate format.

### 3.2. Electronic Submission

3.2.1. Electronically submitted Proposals must be submitted via email to the RFP lead, information can be found listed on Page 1.

### 3.3. Manual Submission

3.3.1. The Proposal must be addressed to the RFP Lead, sealed, and identified as “RFP Number, RFP Title.” Include your company name on the outside of the package.

## 3 PROPOSAL FORMAT

These instructions describe the format to be used when submitting a Proposal. The format is designed to ensure a complete submission of information necessary for an equitable analysis and evaluation of submitted Proposals. There is no intent to limit the content of Proposals.

### 4.1. Table of Contents

Include a table of contents in the Technical Proposal identifying the contents of each section, including page numbers of major Sections.

### 4.2. Format

4.2.1. **Technical Proposal** – A detailed explanation of goods/services to be provided (scope of work)

4.2.2. **Cost Proposal** – Breakdown of costs (materials, personnel, etc.)

4.2.3. **W9** – A current W9 tax form is required

4.2.4. **Additional Documents** – Any additional information, documents, brochures, etc.



## **4 PROPOSAL REVIEW AND AWARD**

### **5.1. Overview**

The objective of the District in soliciting and evaluating Proposals is to ensure the selection of a firm or individual that will produce the best possible results for the funds expended.

5.1.1. All Proposals will be reviewed first to ensure that they meet the Mandatory Submission Requirements of the RFP. Any Proposal(s) not meeting the Mandatory Submission Requirements will be found non-responsive.

### **5.2. Technical Proposal**

5.2.1. The Technical Proposal will be reviewed first on a “pass” or “fail” basis to determine compliance with those requirements listed in the RFP. All Proposals which are determined by the District, in its sole discretion, to be responsive in this regard will continue in the evaluation process outlined in this Section.

### **5.3. Cost Proposal**

5.3.1. The Cost Proposal will be evaluated for the effective and efficient delivery of quality goods/services.

### **5.4. Award**

Award of Contract will be made to the responsive Offeror whose Proposal best meets the District’s need.