

REQUEST FOR QUOTATIONS

**Mini-awards: to mitigate the negative impact of
commercial tobacco on vulnerable populations**

LANE COUNTY HEALTH & HUMAN SERVICES

April, 2024 through January 31, 2025

Quotation Submission Deadline: Noon, 4/12/2024

Release date: on or about 3/4/2024

**Submit Responses via email to:
collette.christian@lanecountyor.gov**

REQUEST FOR QUOTATIONS– Mini Awards to Mitigate the Negative Impacts of Commercial Tobacco on Vulnerable Populations

Project Scope/Funding/Term/Deadline:

Solicited Services: Lane County will be in receipt of tobacco tax funding, allocated by the State, to be awarded via a series of small contracts to community-based or other organizations/services providers designed to address the negative impacts of commercial tobacco usage. The County seeks small programs/projects that will impact the negative influences, either directly or indirectly, of commercial tobacco usages/products. Our emphasis is on providing services to traditionally underserved or historically targeted (by commercial tobacco) communities. Our goal is to fund projects that can support families and youth, connect with hard-to-reach individuals, and improve equitable health outcomes.

The attached Frequently Asked Questions (FAQ) sheet includes some project ideas, contributed by the County's Tobacco Prevention staff.

Please note that an individual or organization may both individually apply for an award and also apply for an award in conjunction with another organization. Please refer to the FAQs.

Funding: This is an indeterminate pricing solicitation, but the intention is to fund several small projects at a cost of \$10,000 each. Respondents may apply for less funding, to meet their project needs. Funding will be allocated by the State of Oregon to Lane County, from tobacco tax receipts.

Term: The contract for this project will run from contract issuance, early in 2023, for a period not to exceed one year. Agencies may apply for shorter term projects.

Deadline: To be considered, quotes must be received by Noon, 4/12/2024 via emailed submission to: collette.christian@lanecountyor.gov Quotations received after the closing date of Noon on 4/12/2024 will not be accepted for consideration.

Submission Requirements/Information:

1. Applicants must provide information requested in the section titled "Required Information".
2. Quotes must include all documentation to be considered.
3. The department retains the right to reject any quote not in compliance with the Request or all prescribed Request procedures and requirements and may, for good cause, reject any or all quotes when it is in the public interest to do so. The department further retains the right to request additional information from any respondent during the evaluation process to clarify the respondent's response to any requirement.
4. This process is an intermediate procurement per ORS2139B.0130 and will not exceed \$150,000.
5. Lane County reserves the right to add interviews to this process or to make a decision based on the information received.

6. Any contract awarded under this solicitation will be subject Lane County's standard contract conditions available at:
[HHS Purchasing, Subcontracting and RFPs - Lane County](#)
7. This process will follow Lane County's standard bidding procedures located at:
[HHS Purchasing, Subcontracting and RFPs - Lane County](#)

Quote Format and Required Information:

Please note that: all proposals must primarily serve population in Lane County and address some direct or indirect cause or result of commercial tobacco on health. Priority will be given to applicants that adhere to both of the criteria while also focusing on populations that have been historically underserved or disproportionately affected by commercial tobacco.

SERVICES SOLICITED: As noted above, the request is for projects/proposals that mitigate the negative impact of commercial tobacco on vulnerable/underserved populations. These projects may be educational, may involve community events, art or other creative activities that attract community attention, public awareness or media campaigns. Please refer to the detailed, but not comprehensive, suggestions set forth in the accompanying FAQ.

REQUIRED COMPETENCY: Please ensure that the response indicates the competency and/or experience required to provide the services proposed. For example, if a media campaign is envisioned, has your agency successfully conducted such a campaign in the past? Will you subcontract with a local service to achieve that goal?

RESPONSE FORMAT:

1. Briefly describe the proposed program, the sectors to be served by the program (highlighting any marginalized, traditionally underserved groups or communities historically targeted by commercial tobacco), including the geographic area(s) to be served.
2. Explain if your organization provided similar services/programming in the past, were the services successful and by means of what metrics did you confirm their efficacy?
3. How does or would the proposed program dovetail with the goals or your organization?
4. If evidence-based practices are employed, please describe and explain how they are integrated into the proposed services/program.
5. is the anticipated impact on commercial tobacco is likely to be direct or indirect, based upon past experience, if applicable.
6. Please provide a statement of annual, or the time period of this proposal, costs to the County for the offered services, either on an hourly basis, a set fee per month or other methodology, within the anticipated maximum ballpark award of \$10,000. Request may be for less funding.
7. Please provide complete contact information for the responsible staff member with whom the County would contract for these services.
8. Please return scanned/signed copies of the Statements and Certifications included as Attachment 1.
9. Please be prepared to provide two references, if needed as part of a supplementary process.
10. A courtesy copy of the scoring questions follows Attachment 1, as Attachment 2.

SELECTION PROCEDURE: The Health & Human services Program Services Coordinator will review each proposal for sufficiency and refer the proposals to at least two Public Health staff for rating. Proposals not scoring at least 70% based on the scoring criteria will not be considered for contracting. Proposals will be rank ordered by score. It is anticipated that eight or more contracts will be issued, to the higher/est scoring

proposers/agencies. The county retains the right to engage in a supplemental process, either interviews, reference checks or supplemental questions, in order to ensure that contracts are awarded not just to the best proposers, but also to ensure the proposals provider for a range of approaches, possibly geographic and/or equitable balance in the awards.

QUESTIONS?: The County prefers to receive written questions, no later than 5 days prior to the closing date of April, 12, 2024, as it must ensure that all respondents receive the resulting FAQ no later than 72 hours prior to the closing date. |

RESPONSES: Interested individuals should respond by Noon p.m., April 12, 2024, to: collette.christian@lanecountyor.gov .

Appropriate accommodations can be made upon notice of individuals with disabilities who wish to respond. Lane County is an Equal Opportunity Employer. Minority-Owned, Woman-Owned and Emerging Small Businesses are encouraged to apply.

All information must be submitted in order for the quotation submission to be evaluated.

Proposal and Certification Form (**Attachment 1**)

Attachment 1 Proposal and Certification Form

RESPONDENT STATEMENTS AND CERTIFICATIONS

(CONTRACT FORM D-2, 2020 EDITION)

NOTE: this form is for use with RFQ and RFP responses only. For Bids, use Contract Form D-1.

Respondent's Name: _____

RFQ Title: _____

RESPONDENT STATEMENTS

Respondent's Offer. Respondent offers to provide the required goods or services in accordance with the requirements of the Request for Quotes (RFQ) stated above as stated in the enclosed response. The undersigned Respondent declares that Respondent has carefully examined the above- named RFQ, and that, if an award is made, Respondent will execute a contract with the County to furnish the goods or services required under the RFQ response submitted with this form. Respondent attests that the information provided is true and accurate to the best of the personal knowledge of the person signing this document, and that the person signing has the authority to represent the individual or organization in whose name the response is submitted.

Respondent's Acceptance of Terms and Conditions. By execution of this form, the undersigned Respondent accepts all terms and conditions of the RFQ except as modified in writing in its response. Respondent agrees that the offer made herein will remain irrevocable for a period of 60 days from the date responses are due.

Respondent's Acknowledgement of Public Records Law. By execution of this Form, the undersigned Respondent acknowledges that its entire response is subject to Oregon Public Records Law (ORS 192.410–

192.505), and may be disclosed in its entirety to any person or organization making a records request, except for such information as may be exempt from disclosure under the law. Respondent agrees that all information included in this bid that is claimed to be exempt from disclosure has been clearly identified either in the Respondent Statement, or in an itemization attached hereto. Respondent further acknowledges its responsibility to defend and indemnify the County for any costs associated with establishing a claimed exemption.

ADDENDA

Respondent has received and considered, in the accompanying response, the terms of the following addenda, if any: _____

CERTIFICATIONS

By signing this Respondent's Certification form, Respondent certifies that:

1. **Certification of Resident Bidder Status.** Respondent is_ is not_ (check one) a resident bidder, as defined in ORS 2139A.120.
2. **Certification of Non-Discrimination.** Respondent has not discriminated and will not discriminate against a subcontractor in awarding a subcontract because the subcontractor is a disadvantaged business enterprise, minority-owned business, woman-owned business, a business that a service-disabled veteran owns, or an emerging small business that is certified under ORS200.055.
3. **Certification of Non-Collusion.** This bid is made without connection or agreement with any individual, firm, partnership, corporation, or other entity making a bid for the same services, and is in all respects fair and free from collusion or collaboration with any other Respondent.
4. **Certification of Compliance with Tax Laws.** Respondent has, to the best of Respondent's knowledge, complied with Oregon tax laws in the period prior to the submission of this bid, including:
 - a. All tax laws of the State of Oregon, including but not limited to ORS 305.620 and ORS chapters 316, 3113, and 318,
 - b. Any tax provisions imposed by a political subdivision of this state that applied to Respondent or its property, goods, services, operations, receipts, income, performance of or compensation for any work performed, and
 - c. Any rules, regulations, charter provisions, or ordinances that implemented or enforced any of the foregoing tax laws or provisions.

The undersigned, by signature here, acknowledges, accepts, and certifies to the statements and certifications as stated above.

RESPONDENT

Authorized signature

Respondent's legal name

Name of authorized signer

Address

Title

Date

Federal Tax ID number

CONTACT INFORMATION FOR THIS SUBMISSION

Contact name

Telephone number

Email address

ATTACHMENT 2

TPEP Mini Award Quotation Evaluation (SCORING) - April, 2024

Selection Committee member, please read and rate each proposal on the following criteria. Please assign a point value between 0 and 5 for each of the criteria(ion), with “0” representing the most negative rating and “ 5” representing the best. Partial responses should receive less than 5 points.

Please note that a respondent must score sufficiently high (70%, or in this case at least 53 points) to be considered for contracting of these services.

Program Services Coordinator – lease indicate if you have initiated references for this vendor:

_____ (yes/no)

Does the proposal indicate:

Points Awarded

PROGRAM DESCRIPTION/SCOPE OF SERVICES

1) *Does the proposal provide a program description that is aimed at service groups or communities that are marginalized, traditionally underserved, or historically targeted by Big Tobacco and/or in geographic location of need?*

0 1 2 3 4 5

2) *Does the proposal indicate the organization has successfully provided similar services/programming in the past? Does it contain metrics that seem appropriate and accurately reflect the success of the program?*

0 1 2 3 4 5

Maximum number of points = 15 X 3 ____

3) *Does the proposal clearly indicate how the program dovetails with the broader goals of the proposing organization?*

0 1 2 3 4 5
Maximum number of points = 10 X 2 ___

4) Does the proposal include the use of evidence-based practices?

0 1 2 3 4 5
Maximum number of points = 10 X 2 ___

5) Does the proposal anticipate the impact of the program or services being direct or indirect?

0 1 2 3 4 5
Maximum number of points = 15 X 3 ___

6) Are the quoted costs reasonable and within the projected award of \$10,000 or less.

0 1 2 3 4 5
Maximum number of points = 15 X 3 ___

7) Please rank order this request, in case the available funding is not sufficient to fund all valid proposals.
The number of points for this item will be unknown, until the number of responses is provided

0 1 2 3 4 5

Maximum number of points = 10 (for first place, decrease by 8 points, as you move down the rank) First, second, third. . . – indicate the rank here: _

TOTAL POINTS AVAILABLE (75)

TOTAL POINTS SCORED: _____

ORGANIZATION: _____

REVIEWER NAME: _____

DATE: _____