



REQUEST FOR STATEMENTS OF QUALIFICATIONS

December 5, 2014

The Little Traverse Bay Bands of Odawa Indians (LTBB), a federally Recognized Indian Tribe, invites your firm to submit a Statement of Qualifications to become eligible for a possible interview for an Epidemiologist's Services for services for January 2015 through September 2019.

Included with this letter are:

- 1.) Provisions governing RFQ.
- 2.) A list of materials and information which should be included in your Statement of Qualifications.
- 3.) A general description of the preliminary scope of work.
- 4.) A schedule of dates and requirements for the selection schedule.

For Contractors that are selected for an interview, more detailed information will be provided at that time.

The selection process will be conducted in accordance with standard Qualifications-Based Selection criteria and procedures. You may call QBS at (517) 332 – 2066 or e-mail questions to mail@acecmi.org and reference "QBS" about the standard selection procedure or you may go to www.qbs-mi.org, or you may contact Mandy Szocinski at 231- 242-1439.

Thank you for your interest.

Sincerely,

Mandy Szocinski
Accounting

I. STATEMENT OF QUALIFICATIONS

- A. **Two copies** of Qualification submittals must be received by Mandy Szocinski in the Accounting Department by **January 9, 2015** no later than 4:30 pm prevailing local time. Qualification submittals received after the deadline will not be considered.
- B. Submissions will be accepted in the following three methods:
 1. In person: Office #233 of the Accounting Department, 7500 Odawa Circle, Harbor Springs, MI
 2. By E-Mail: mszocinski@ltbbodawa-nsn.gov
 3. U.S. Mail: Little Traverse Bay Bands of Odawa Indians
Attn: Mandy Szocinski
7500 Odawa Circle
Harbor Springs, MI 49740
- C. All complete submittals will be reviewed for determination of eligibility for interview **January 12, 2015**.
- D. Contractors that are selected for an interview, interviews will take place **January 12, 2015 through January 15, 2015**.
- E. Final evaluation and selection will be made by 4:30pm **January 16, 2015**.

II. SCOPE OF WORK

Little Traverse Bay Bands of Odawa Indians (LTTB) is the recipient of a Significant Prevention Resulting in New Generations (SPRING) grant which is a Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework Partnership for Success (SPF PFS) Substance Abuse Prevention Grant under the guidance of the Health Director. Under this grant LTBB will use Epidemiology methods to collect, analyze, describe and disseminate data to address the National Outcome Measures and other benchmarks relevant to the prevention of substance abuse at the community level. The Epidemiologist will oversee the updating of a data infrastructure for use in describing the needs, strengths and capacities of a community and in monitoring trends in tobacco, alcohol and other drug use in the community over time. This is a five year projected award, however, subsequent years after year one, are upon approval of available funding that is awarded for each individual year. LTBB desires a five (5) year commitment from an Epidemiologist, with understanding that each year is contingent upon yearly awarded funding.

- A. Play a lead role in updating and keeping the community needs assessment current to accurately identify consumption patterns among community youth and adults, consequences to the community as a result of consumption, current infrastructure supporting prevention efforts and gaps in resources and services. Multiple data sources will be used, such as available secondary data, key informant interviews or youth/adult surveys.
- B. Serve on the Tribal Epidemiological Outcomes Workgroup (TEOW) Chair and attend at least one TEOW meeting per year.
- C. Participate in at least one Advisory Council meeting annual and provide monthly conference calls with SPRING staff regarding major SPF-related activities.
- D. Participate in Tribal-level and SAMHSA-level meetings via conference call as necessary and relevant.
- E. Attend the required annual SAMHSA grantee meeting with the Project Coordinator. Estimated costs for the travel associated with the training to be included within the contract.
- F. Provide no less than one site visit annually.
- G. Assist in identification of appropriate National Outcome Measures (NOMs) and training needs.
- H. Develop epidemiological survey methodology and submit survey methodology to the IRB for approval.
- I. Enter all SPRING Community Survey data into a database for analysis and submit data analysis on an annual basis, at least 3 months prior to the end of each contract year to the SPRING Project Director.
- J. Assess, analyze and measure epidemiological data, including the SPRING Community Survey and establish an infrastructure system, including the survey database.

- K. Assist with and train staff on all aspects of entering, cleaning, analyzing and interpreting the data at the community level.
- L. Assist in updating SPRING's epidemiological profile.
- M. Present epidemiological findings/summaries to the Advisory Council.
- N. Compile and submit full epidemiological report outlining the epidemiological trends during SPRING's ten-year existence, due 3 months prior to the end of the project end-date [Year 5].
- O. Submit monthly invoices not to exceed the annual approved contract and will include monthly statements of service.
- P. Expected Level of Effort:
 - Year 1 and 5 will require more time based on the development of the survey and final reports
 - Year 1: 9 months/12 months at 1FTE
 - Year 2: .80 FTE
 - Year 3: 80 FTE
 - Year 4: .80 FTE
 - Year 5: 1 FTE

III. QUALIFICATIONS, SKILLS AND KNOWLEDGE REQUIREMENTS

- A. Graduate degree from an accredited college or university with major course work in epidemiology or a related area, or an equivalent combination of professional level training and experience.
 - a. PhD preferred
 - b. Masters required
- B. Experience working with Tribal populations required.
- C. Training experience in epidemiology methodology.
- D. Experience in epidemiology methodology.
- E. Experience working in the public health area.
- F. Experience in collecting, analyzing and disseminating data
- G. Experience in research and evaluation studies
- H. Excellent skills in writing and communicating research findings to a variety of audiences
- I. Experience as epidemiologist for SPF SIG Grants

IV. PREFERENCES FOR CONTRACTOR

- A. Native American Preference shall apply.
 - 1. Citizens of the Little Traverse Bay Bands of Odawa Indians,
 - 2. Citizens of Other Federally Recognized Tribes, as certified by the Bureau of Indian Affairs
- B. Special consideration shall also be given to firms proven to be minority owned and/or classified as small business, see item 4 of "Bid Package" submittal for documentation needed.

V. INSURANCE REQUIREMENTS

The Contractor must obtain and agree to maintain during the term of the Contract, the following insurance coverage that apply, as required by law. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan.

- A. The Contractor shall carry Worker's Compensation and Employer's Liability Insurance Coverage.
- B. The Contractor shall be responsible for insuring all its vehicles, equipment, and all materials which it may use during contract period. LTBB shall not be responsible for any loss or damage to the Contractor's vehicles, equipment, and materials.
- C. The Contractor shall procure and maintain during the term of the contract Professional or Commercial General Liability Insurance on an "occurrence basis" with limits of liability of not less than \$1,000,000 per



occurrence combined single limit, for Personal injury, Bodily injury and Property Damage. Coverage shall include the following extensions: 1.) Contractual Liability; 2.) Products and Completed Operations Coverage; 3.) Independent Contractors Coverage; and 4.) Broad Form General Liability Extensions or equivalent.

- D. The Contractor shall maintain Vehicle Liability Coverage and Michigan No-Fault coverage including all owned, non-owned, and hired vehicles, of not less than \$1,000,000 per occurrence combined single limit.
- E. If any of the above coverage expires during the term of the contract, the Contractor's insurer shall deliver renewal certification and/or policies to: Little Traverse Bay Bands of Odawa Indians, Accounting Contracts Personnel, and 7500 Odawa Circle, Harbor Springs, Michigan 49740.

VI. CONTRACT AWARD

The LTBB Health Director, Grant Compliance Officer, Contracts Personnel and the LTBB Significant Prevention Resulting in New Generations (SPRING) Grant Advisory Team will conduct interviews and reference checks.

The LTBB Health Director, the LTBB SPRING Grant Team, Grant Compliance Officer and the LTBB Accounting Contracts Personnel will evaluate the final candidate interviews and make a decision to award the contract to most qualified, responsive, responsible bidder having proven experience in Independent Grant Evaluation Services for Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework Partnership for Success (SPF PFS) Substance Abuse Prevention Grants as described above. Native American Preference shall apply.

LTBB may make a determination that the rejection of all submittals is in the best interest of LTBB.

LTBB will not pay for any information herein requested, nor is it liable for any costs incurred by the Contractor for submittals.

VII. STATEMENT OF QUALIFICATIONS SUBMITTAL

Statement of Qualifications must be submitted response in the form of a proposal along with that supplemental documentation which is required to meet the following criteria that includes the following sections **in the order indicated below, and in tabbed format:**

TRANSMITTAL LETTER – This letter is to be a brief letter, addressed to Mandy Szocinski, Accounting, which provides the following information:

1. Name and address of the contractor.
2. Name, Title, and telephone number of the contact person for the contractor.
3. A statement that the bid is in response to this invitation.
4. The signature, typed name and title of the individual who is authorized to commit the contractor to a contract.

QUALIFICATIONS

1. Complete list of capabilities and services provided by you or your firm.
2. Resumes of the staff proposed for the project, and the principles of the firm.
 - a. Address All areas in Sections III.
 - b. If Section IV applies – provide documentation.
3. A list of references, local references preferred.
4. Sample reports and work products.
5. A brief history of the contractor and/or firm.
6. A description of similar projects undertaken by you or your firm, noting the project manager and who performed the actual project work.

7. A copy of the certificate of Professional Liability Insurance; General Liability Insurance; and Workman's Compensation Insurance (if applicable).
8. A list of all relevant projects undertaken in the last 5 years, along with the dollar value of the projects.
9. A list of sub-contractors used by you or your firm.
10. Any previous experience with the Little Traverse Bay Bands of Odawa Indians in particular or Native American Tribal Governments in general - Required.
11. A summary of any pending or settled legal actions dealing with this type of project.
12. Documentation Required for Preferences Listed in Section IV—All things being equal, the following types of firms would receive special consideration, in the award of this contract:
 - Indian Owned— Indian owned is defined as, at least 51% Indian owned & controlled by person(s) of certified (federally recognized) Native American heritage; SBA or Tribal certification required.
 - Minority Owned— Minority owned is a firm that is at least 51% owned and controlled by a minority and so documented; SBA 8-a certification required.
 - Small Business— Small business for this purpose is firm doing less than \$2 million annually as verified by gross receipts, SBA certification required.
13. The total fixed flat rate, all inclusive price cost of the services for the Contract term as noted in Section II of this request for years one through five (1-5). Please indicate Cost for each year individually.
 - a. Total fixed cost to include fee for services.
 - b. Total fixed cost to include all travel expense.
 - c. Total fixed cost to include all expenses required for completion of contractual obligations.

SCORING

Page 5 of this Request for Qualifications contains the Criteria Evaluation Sheet which will be scored in the following manner:

A scale of 1-5, with 5 being highest, in each of sections 1 through 10 below multiplied by predetermined weight of each section listed above.

Section 11 is total from Reference Check Worksheet from on page 7 (possible total of 60 points) an average of all reference provided.

Section 12 – yes = 5 points, no = 0 points multiplied by the predetermined weight listed above.

A maximum total of 1050 points may be awarded to a firm, if the maximum of 5 points are awarded in each section and the maximum of 60 points (an average of points from each reference provided) are awarded on the reference check.

Qualifications – Based Selection Criteria Evaluation Sheet

CATEGORIES	RATING	WEIGHT	TOTAL
1) Related project experience			
• Experience working in public health	_____	x 5	= _____
• Experience working with Tribal populations	_____	x 10	= _____
• Training in epidemiology methodology	_____	x 10	= _____
• Experience in epidemiology methodology.	_____	x 10	= _____
• Experience in collecting, analyzing and disseminating data	_____	x 5	= _____
• Experience in research and evaluation studies	_____	x 10	= _____
• Experience in writing and communicating research findings	_____	x 10	= _____
2) Ability and capacity to perform the work			
• Key personnel assigned to this project	_____	x 10	= _____
• Education			
✓ PhD	_____	x 10	= _____
✓ Masters	_____	x 5	= _____
3) Grasp of the project requirements			
• Training evaluation methodology	_____	x 10	= _____
• Collecting, analyzing and disseminating data	_____	x 10	= _____
• Working with workgroups and community	_____	x 10	= _____
• Reports, research, evaluation studies	_____	x 10	= _____
4) Method to be used to fulfill the required services	_____	x 10	= _____
5) Management approach for technical requirements. Examples of prior projects:			
• Methods	_____	x 10	= _____
• Reports & reporting forms	_____	x 10	= _____
• Cost Controls	_____	x 4	= _____
6) Use of consultants that may work on the project			
• Discuss in-house resources			
• Outside sources	_____	x 4	= _____
7) Time schedule planned for this project			
• Availability	_____	x 5	= _____
• Proximity	_____	x 5	= _____
8) Experience and methods used for:			
• Budgeting and financial controls			
• Determining fee and compensation	_____	x 5	= _____
9) Fees	_____	x 5	= _____
10) Complete package of submittal	_____	x 10	= _____
11) Reference Check Work sheet	_____	x 1	= _____
12) Native, Minority, Small Business Preference	_____	x 5	= _____

GRAND TOTAL = _____



THE REFERENCE CHECK WORKSHEET

Questions to be Asked:	5	4	3	2	1
	Exe.	Good	Avg.	Fair	Poor
1. What was your project?					
2. How were the firm's reporting?					
3. Did the firm perform the work adequately?					
4. What did they do for you? (specify)					
5. Who was the staff person assigned to work with you on this project? _____ Were you satisfied with his/her work?					
6. Was the project started as scheduled?					
7. Was the project completed as planned?					
8. Were the budget, cost control and financial administration within the planned controls and limitations?					
9. Did the firm work well as a team as it related to the project?					
10. Did the firms personnel work well with the committee/boards and staff on all of the project's specific requirements?					
11. What is your overall evaluation of the firm based on your experience?					
12. Was the cost for services reasonable?					

GRAND TOTAL _____

(This forms total is based on references provided in firm's Letters of Qualification or through networking with other owners who have worked with the firm.)

A similar form is provided to each reference and this forms total is based on an average of those totals and then transferred to the evaluation criteria form.

