



REQUEST FOR STATEMENTS OF QUALIFICATIONS

February 10, 2010

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 Independent Grant Evaluation Services for services for 2010.

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 Ragland at 231- 242-1439.

Thank you for your interest.

Sincerely,

Mandy Ragland
Accounting

I. STATEMENT OF QUALIFICATIONS

- A. Qualification submittals must be received by Mandy Ragland in the Accounting Department by **March 11, 2010** no later than 5:00pm 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: mragland@lfbodawa-nsn.gov
 - 3. U.S. Mail: Little Traverse Bay Bands of Odawa Indians
Attn: Mandy Ragland
7500 Odawa Circle
Harbor Springs, MI 49740
- C. All complete submittals will be reviewed for determination of eligibility for interview **March 12, 2010**.
- D. Contractors that are selected for an interview, interviews will take place **March 15, 2010 through March 18, 2010**.
- E. Final evaluation and selection will be made by 4:30pm **March 19, 2010**.

II. PRELIMINARY 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 State Incentive Grant (SPF SIG) Substance Abuse Prevention Grant under the guidance of the Director of the LTTB Substance Abuse/Mental Health Department. The Evaluator will oversee the development of a plan to evaluate implementation and monitor success of the Strategic Prevention Framework within the community and to guide the community-based practitioners in developing evaluation plans for monitoring the implementation and performance of evidence-based programs (EBPs).

- A. Work with the Project Director to develop an evaluation plan to address the process and outcome measures outlined by SAMHSA and to identify other benchmarks as may be appropriate to specific project implementation steps.
- B. Educate members of the Advisory Council of the importance of evaluation and the steps required for process and outcome monitoring and request their input as to potential outcome measures.
- C. Work with the epidemiologist to identify appropriate measures for use in outcome evaluation, including the National Outcome Measures and other benchmarks for community prevention. Measures may include use of archival data or periodic surveys.
- D. Work with the Advisory Council, the Epidemiology Workgroup and the Evidence-Based Practices Workgroup to ensure the inclusion of evaluation strategies in the comprehensive Strategic Plan.
- E. Train community-based personnel regarding the steps in evaluation and assist them in devising an evaluation plan to monitor implementation and effects of EBPs. Also assist in determining modifications if evaluation indicates EBPs are not having the desired effects.
- F. Assist in the five (5) step SPF SIG process and assist SPRING in interpreting any changes suggested by data analysis in each step of Assessment, Capacity, Planning, Implementation and Evaluation.
- G. Participate in and provide recommendations to the three required SPF SIG groups as required by project/requested by the Project Director: SPRING Advisory Group, Epidemiology Workgroup, and Evidence Based Practices Workgroup.
- H. Assist in mobilizing community capacity building and identify barriers, gaps in service delivery and readiness to act.
- I. Attend two required grant Evaluator meetings in Washington, DC per year.

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. Training and experience in evaluation methodology.
- C. Experience working in the public health area.
- D. Experience in collecting, analyzing and disseminating data
- E. Experience in research and evaluation studies
- F. Excellent skills in writing and communicating research findings to a variety of audiences
- G. Experience Evaluating SPF SIG Grants

IV. PREFERENCES FOR CONTRACTOR

- A. Native American Preference for Hiring shall apply.
 - 1. Citizens of the Little Traverse Bay Bands of Odawa Indians,
 - 2. Other North American Indians, who meet the “Degree of North American Indian Blood” means the total degree of North American Indian blood of all tribes recognized by the United States Federal Government or by the Canadian Federal Government plus the degree of North American Indian blood derived from non-federally recognized tribes that are able to be certified by the Bureau of Indian Affairs.
- B. Knowledge of and experience working with Anishinabe Cultures.

V. STATEMENT OF QUALIFICATIONS

Your Statement of Qualifications along with that supplemental documentation which is required to meet the following criteria:

- 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 General Liability Insurance; Workman’s Compensation Insurance; and Professional Liability Insurance.
- 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.
- 11. A summary of any pending or settled legal actions dealing with this type of project.
- 12. Native American Preference.

Responses must be in the order indicated above, and in tabbed format.

VI. INSURANCE REQUIREMENTS

The Contractor must meet and agree to maintain during the term of the Contract, the following insurance coverage. 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, as required by law.
- B. The Contractor shall be responsible for insuring all its vehicles, equipment, tools and all materials which it may use at the work site during term of contract. LTBB shall not be responsible for any loss or damage to the Contractor's vehicles, equipment, tools and materials.
- C. The Contractor shall procure and maintain during the term of the contract 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. The Contractor shall procure and maintain during the term of the contract Professional Liability (Errors and Omissions Coverage) Insurance on an "occurrence basis" with limits of liability of not less than \$1,000,000 per occurrence.
- F. 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.

VII. CONTRACT AWARD

The LTBB Substance Abuse/Mental Health Director along with the LTBB Significant Prevention Resulting in New Generations (SPRING) Grant Advisory Team will conduct interviews and reference checks.

The LTBB Substance Abuse/Mental Health Director, the LTBB SPRING Grant Team, 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 State Incentive Grant (SPF SIG) 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.

SUBMITTALS

Contractors must submit response in the form of a proposal that includes the following sections:

- A. TRANSMITTAL LETTER – This letter is to be a brief letter, addressed to Mandy Ragland, Accounting, which provides the following information:
 1. Name and address of firm.
 2. Name, Title, and telephone number of the contact person for the firm.
 3. A statement that the submittal is in response to this request.
 4. The signature, typed name and title of the individual who is authorized to commit the firm to the bid.

- B. SUBMITTAL
 1. The information listed in Section V of this request **in the order indicated above, and in tabbed format is a must.**
 - a. Information indicated in Sections III and IV of this request with supporting documentation should be addressed in appropriate tabs of Section V of this request.
 2. The total fixed flat rate, all inclusive price cost of the services for the Contract term as noted in Section II of this request.
 - 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.
 3. A copy of the Certificates of Insurance for the Contract term as noted in Section VI of this request.

SCORING

Page 6 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 6 (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 1010 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 evaluating SPF SIG grants	_____	x 10	= _____
• Training and experience in evaluation 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 and evaluations:			
• Evaluations	_____	x 10	= _____
• Reports & reporting forms	_____	x 10	= _____
• Cost Controls	_____	x 5	= _____
6) Use of consultants that may work on the project			
• Discuss in-house resources			
• Outside sources	_____	x 5	= _____
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 American Preference	_____	x 5	= _____

GRAND TOTAL = _____

THE REFERENCE CHECK WORKSHEET

	5	4	3	2	1
Questions to be Asked:	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.