**State** of Nebraska, Department of Health and Human Services, Division of Public Health-Office of Women’s Health Initiatives

## REQUEST FOR INFORMATION

|  |  |
| --- | --- |
| SOLICITATION NUMBER | RELEASE DATE |
| RFI 4366 | September 22, 2021 |
| OPENING DATE AND TIME | PROCUREMENT CONTACT |
| October 27, 2021, 2:00 p.m. Central Time | René Botts & Holly Glasgow |

This form is part of the specification package and must be signed in an indelible method and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

|  |
| --- |
| SCOPE OF SERVICE |

The State of Nebraska (State), Department of Health and Human Services, Division of Public Health-Office of Women’s Health Initiatives, is issuing this Request for Information RFI 4366 for the purpose of gathering information on cultural centers’ and community based organizations’ readiness to provide tools and resources that improve health outcomes to women within the Northwest quadrant of Lincoln.

Written questions are due no later than October 6, 2021, and should be submitted via e-mail to [DHHS.RFPquestions@nebraska.gov](mailto:DHHS.RFPquestions@nebraska.gov)

Respondent should submit one (1) original of the entire RFI response. RFI responses should be submitted by the RFI due date and time.

Sealed RFI responses should be received in Department of Health and Human Services, Central Procurement Services, by the date and time of the RFI opening indicated above.

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1. SCOPE OF THE REQUEST FOR INFORMATION

The State of Nebraska, Department of Health and Human Services, Division of Public Health-Office of Women’s Health Initiative is issuing this Request for Information, RFI 4366 for the purpose of gathering information on cultural centers’ and community based organizations’ readiness to provide tools and resources that improve health outcomes for women within the Northwest quadrant of Lincoln.

**ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT:** <https://das.nebraska.gov/materiel/bidopps.html>

* 1. SCHEDULE OF EVENTS

The State expects to adhere to the tentative schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

|  |  |  |
| --- | --- | --- |
| **ACTIVITY** | | **DATE/TIME** |
| 1 | Release Request for Information | September 22, 2021 |
| 2 | Last day to submit written questions | October 6, 2021 |
| 3 | State responds to written questions through Request for Information “Addendum” and/or “Amendment” to be posted to the internet at: <https://das.nebraska.gov/materiel/bidopps.html> | October 14, 2021 |
| 4 | RFI opening WebEx Link:  Meeting link:  <https://sonvideo.webex.com/sonvideo/j.php?MTID=m1aece896664defa4a69d60b2bea47d89>  Meeting number:  2480 474 9569  Password:  4366    Join by video system:  Dial 24804749569@sonvideo.webex.com  You can also dial 173.243.2.68 and enter your meeting number  Join by phone:  +1-408-418-9388 United States Toll  Access code: 2480 474 9569 | October 27, 2021  2:00 PM  Central Time |
| 5 | Conduct oral interviews/presentations and/or demonstrations (if required) | To Be Determined |

1. RFI RESPONSE PROCEDURES
   1. OFFICE AND CONTACT PERSON

Responsibilities related to this Request for Information reside with the Department of Health and Human Services. The point of contact for the RFI is as follows:

Name: René Botts & Holly Glasgow

Agency: Department of Health and Human Services

Address: 301 Centennial Mall South, 5th Floor

Lincoln, NE 68509

Telephone: 402-471-6082

E-Mail: [DHHS.RFPquestions@nebraska.gov](mailto:DHHS.RFPquestions@nebraska.gov)

* 1. GENERAL INFORMATION

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by vendors in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the Request for Proposal. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by respondents in any RFP.

* 1. COMMUNICATION WITH STATE STAFF

From the date the Request for Information is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential respondents and individuals employed by the State should be restricted to written communication with the staff designated above as the point of contact for this Request for Information.

The following exceptions to these restrictions are permitted:

* + 1. Written communication with the person(s) designated as the point(s) of contact for this Request for Information;
    2. contacts made pursuant to any pre-existing contracts or obligations; and
    3. State-requested presentations, key personnel interviews, clarification sessions, or discussions.

Violations of these conditions may be considered sufficient cause to reject a respondent’s response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

* 1. WRITTEN QUESTIONS AND ANSWERS

Any explanation desired by a respondent regarding the meaning or interpretation of any Request for Information provision should be submitted in writing to the Department of Health and Human Services and clearly marked “RFI Number 4366; cultural centers’ and community based organizations’ readiness to provide tools and resources that improve health outcomes for women within the Northwest quadrant of Lincoln Questions”. It is preferred that questions be sent via e-mail to DHHS.RFPquestions@nebraska.gov

It is recommended that respondents submit questions sequentially numbered, include the RFI reference and page number using the following format.

|  |  |  |  |
| --- | --- | --- | --- |
| Question Number | RFI Section Reference | RFI Page Number | Question |
|  |  |  |  |

Written answers will be provided through an addendum to be posted on the Internet at <https://das.nebraska.gov/materiel/bidopps.html> on or before the date shown in the Schedule of Events.

* 1. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The Review Committee(s) may conclude that oral interviews/presentations and/or demonstrations are required. All respondents may not have an opportunity to interview/present and/or give demonstrations. The presentation process will allow the respondents to demonstrate their RFI offering, explaining and/or clarifying any unusual or significant elements related to their response.

* 1. SUBMISSION OF RESPONSE

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original of the entire RFI response should be submitted. RFI responses should be submitted electronically via ShareFile by the RFI due date and time.

* + 1. **Electronic responses must be submitted via ShareFile using the proposal submission link.**

Note to respondents: Not all browsers are compatible with ShareFile. Currently Chrome, Internet Explorer and Firefox are compatible. After the respondent clicks the proposal submission link, the respondent will be prompted to enter contact information including an e-mail address. By entering an e-mail address, the respondent should receive a confirmation email confirming the successful upload directly from ShareFile.

Proposal submission link:

<https://nebraska.sharefile.com/r-rcb427cd26ec34116ad2e922a4d4779d9>

* + - 1. The response and any proprietary information should be uploaded as separate and distinct files.
         1. If duplicated proposals are submitted, the State will retain only the most recently submitted response.
         2. It is the respondent’s responsibility to allow time for electronic uploading. All file uploads must be completed by the Opening date and time per the Schedule of Events.
      2. ELECTRONIC PROPOSAL FILE NAMES

The respondent should clearly identify the uploaded RFI proposal files. To assist in identification the bidder should use the following naming convention:

* + - * 1. RFI 4366, Company Name, Description of Service
        2. If multiple files are submitted for one RFP proposal, add number of files to file names: RFI 4366, Company Name, File 1 of 2.

Proposal responses should include the completed Form A, “Contact Information””. The RFI number should be included in all correspondence.

* 1. PROPRIETARY INFORMATION

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data become public information upon opening the response. If the respondent wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska’s public record statutes. All proprietary information the respondent wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Respondent may not mark their entire Request for Information as proprietary. Failure of the respondent to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other respondent and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, respondents submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State’s definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

* 1. REQUEST FOR INFORMATION OPENING

The sealed responses will be publicly opened and the responding entities announced on the date, time, and location shown in the Schedule of Events. Responses will be available for viewing by those present after the opening. Respondents may also contact the state to schedule an appointment for viewing RFI responses.

1. PROJECT DESCRIPTION AND SCOPE OF WORK

The Department of Health and Human Services-Division of Public Health wishes to engage in a collaborative partnership with the cultural centers and/or community based organizations in Lincoln to provide tools and resources that will help improve health outcomes (such as increased physical activity, lower biometric measures and improved nutrition) for women and their families in the Northwest quadrant of the City. The overall goal is to decrease health disparities.

The respondent should provide the following information in response to this Request for Information.

* 1. PURPOSE AND BACKGROUND

The purpose of the Request for Information (RFI) is to collect information on the Lincoln cultural centers’ and community based organizations’readiness to provide a multi-intervention approach to increase physical activity, preventive screening (including breast, cervical and colon) and to provide healthy support centered on improving health outcomes (such as increased physical activity, lower biometric measures and improved nutrition) for women and their families in the Northwest quadrant of Lincoln.

Over the last three decades there has been suburbanization of those living in poverty, with 42 census tracts having 10% of residents living in poverty. Within the catchment area of the project, approximately 15-25% of children have BMI at or above the 95% percentile for age and height. Access to healthy foods has substantial influence on individual health. The catchment area has the lowest access to healthy foods based on a survey of grocery stores combined with vehicle ownership. The catchment area also has the dubious honor of having the highest smoking rates in the city, 24-29%.

* 1. CURRENT ENVIRONMENT

There are five (5) community cultural centers and a number of community based organizations serving in the Northwest quadrant of Lincoln. These organizations promote cultural values among the members of its community by providing culturally appropriate activities.

This project will provide a multi-intervention approach and will focus on women and their families in the Northwest quadrant of Lincoln. The cultural centers and/or community based organizations will implement a process for engaging 100-200 women and their families in a 12-week activity program (Walk and Talk toolkit), conducting initial risk assessments, monitoring of biometric measures and navigating access to healthcare for preventive screening and abnormal pre biometrics, as appropriate. DHHS will remain a collaborative partner to the awardee. DHHS will remain involved after the award is made, providing technical and programmatic assistance as needed and/or requested. DHHS intends to actively support the awardee to ensure the maximum positive impact to the community.

* 1. SCOPE OF WORK
     1. Describe your current capacity to implement the Walk and Talk toolkit a 12-week physical activity program that utilizes established walking groups while providing small group education. Use this link to see available resources: <https://dhhs.ne.gov/Pages/EWM-CDC-Support-Documents.aspx>
     2. Behavior change components include 1-1 goal setting, accountability and connecting clients to other clients for peer support and sustainability beyond health coaching sessions.
     3. Describe process used to recruit families for programs offered by your agency.
     4. Describe your ability to provide day-to-day implementation and oversight of the project.
     5. Describe your ability to engage other community organizations/partners in this project.
     6. Describe your ability and experience to conduct outreach in order to educate local providers, community organizations, community members and the targeted population about the project.
     7. Describe your ability and experience to conduct risk assessments that help individuals identify and understand their health risks (age, sex, family health history, lifestyle, etc.) and monitor health status (check weight, check blood pressure, check cholesterol levels and measure body mass index (BMI) over time. Use this link to see available resources: <https://dhhs.ne.gov/Pages/EWM-CDC-Support-Documents.aspx>
     8. Describe your experience in monitoring biometric measures such as weight, body fat and blood pressure.
     9. Describe your experience in educating and helping women and their families understand health risks.
     10. Describe your ability to assist individuals to navigate access to healthcare for preventive screening to receive well-woman visits, inclusive of breast and cervical cancer screening, and abnormal pre-biometrics as appropriate, such as elevated blood pressure.
     11. Describe ability to leverage partnerships with faith based organizations, community businesses, local police, educators, community service agencies, Community Health Endowment, healthcare providers within communities, DHHS Public Health to implement this 12 week walking intervention.
     12. Describe process used to monitor and ensure that activities will meet DHHS guidance and all other applicable law, specifically monitoring budgets and expenses ensuring that they are reasonable and allowable for this project.

# Form ARespondent Contact Sheet

Request for Information Number 4366

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the respondent’s name and address, and the specific persons who are responsible for preparation of the respondent’s response.

|  |  |
| --- | --- |
| Preparation of Response Contact Information | |
| Respondent Name: |  |
| Respondent Address: |  |
| Contact Person & Title: |  |
| E-mail Address: |  |
| Telephone Number (Office): |  |
| Telephone Number (Cellular): |  |
| Fax Number: |  |

Each respondent shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the respondent’s response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

|  |  |
| --- | --- |
| Communication with the State Contact Information | |
| Respondent Name: |  |
| Respondent Address: |  |
| Contact Person & Title: |  |
| E-mail Address: |  |
| Telephone Number (Office): |  |
| Telephone Number (Cellular): |  |
| Fax Number: |  |