



STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

MANDATORY USE CONTRACT FOR: ACCESS TO HIV CARE NEEDS ASSESSMENT

CONTRACT NUMBER: CSP902113

EFFECTIVE DATES: 11/2/12 TO 6/30/13

* Renewal through 9/30/13

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP902113 that opened on 9/21/12. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Health as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

Questions regarding this and/or the Services Contract may be directed to:

Ross Leider, CPPB
ross.leider@das.ohio.gov

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

www.ohio.gov/procure

* Indicates renewal through 09/30/13

ATTACHMENT TEN
COST SUMMARY FORM

RFP TITLE: ACCESS TO HIV CARE NEEDS ASSESSMENT
 CSP902113

UNSPSC CATEGORY CODE: 80100000

BUDGET: \$100,000

OAKS ID Number: 23376

Description	Cost
<p>I. The Contractor will be responsible for providing the following Deliverables no later than January 1, 2013:</p> <ul style="list-style-type: none"> A. Developing an appropriate and sound methodology for evaluating factors that enhance or detract from clients accessing and remaining in HIV care. B. Preparing and submitting an IRB application which describes the methodology. C. Choosing survey participants according to the ODH HCS-approved inclusion criteria. D. Including, but not limiting to, face-to-face, telephone and electronic interviews, and focus groups. E. Using a sound sampling method approved by ODH. F. Proposing/developing quantitative and, optionally, qualitative data collection tools, to be approved by ODH. ODH prefers the use of validated and reliable testing instruments. <ul style="list-style-type: none"> 1. Electronic data and, if applicable, transcripts shall be submitted to ODH in an electronic format that maintains confidentiality of participants. 2. Submit preliminary and progress report summaries with each monthly invoice. Electronic data transcripts shall be delivered to ODH in an electronic format that maintains confidentiality of participants. G. Conducting the assessment using the approved methodology and data collection tools. ODH must pre-approve the method of obtaining consent to share information and participate in the program evaluation activity 	<p>\$ 60,000</p>
<p>II. The Contractor will provide data analysis and in-depth reports no later than March 31, 2013:</p> <ul style="list-style-type: none"> A. A 10-page or less executive summary. B. A CD-Rom with all data and reports, including de-identified raw data. C. One (1) report for each of the three (3) entities: FQHCs, ODH-funded CM agencies and HCPs, with an Infectious Disease HCP subset, if there is a variance. D. Separate analyses of factors impacting each of the following subpopulations: <ul style="list-style-type: none"> 1. Tier 1 (Tested Confidentially). 2. Tier 4 (Partners of HIV+). 3. Tier 8 MSM (40-65). 4. Tier 9 MSM of Color (18-40). 5. Tier 10 Transgender (M-F or F-M). 6. Tier 11 Substance Abusers ((e.g. Crystal Meth, alcohol, heroin, etc.). 7. Part B regional differences (map of regions will be provided by ODH). E. A written evaluation containing both a literature review and original data on factors enhancing client access to HIV care and enhancing client retention in HIV care. F. Make ODH requested changes to reports as needed. 	<p>\$ 15,000</p>
<p>III. Web-based production on findings must be completed no later than May 30, 2013.</p> <ul style="list-style-type: none"> A. A CD-Rom containing the web-based/computer-based multi-media presentation B. Prepare and submit to ODH all approvable CEU applications for nurses, medical providers, and social workers. Blank forms will be provided by ODH. C. Provide preliminary script and slides for approval prior to producing a web-based/computer-based multi-media presentation. An interactive presentation is preferred, and should include an evaluative component. D. Working with the ODH Media department, produce an online/computer-based educational presentation approvable for continuing education credits for nurses, medical providers and social workers. This presentation must be able to work within or link with the Ohio Train system. 	<p>\$ 8,000</p>

IV. As necessary, report to the Ohio Department of Health's Contract Manager, currently Ms. Susan DiCocco, 246 North High Street, Columbus, OH 43215, Phone number (614) 466-6374; FAX Number (614) 728-4622	\$ 2,000
V. Total Not-to-Exceed Cost	\$ 85,000

All costs are in U.S. Dollars.

The State is not responsible for any costs not identified.

There will be no additional reimbursement for travel or other related expenses.

CONTRACTOR INDEX

* CONTRACTOR AND TERMS: CONTRACT NO: CSP902113-1(09/30/13)

152684
Collaborative Research, LLC.
17606 Milburn Avenue
Cleveland, OH 44135

TERMS: Net 30 Days

Remit to Address:

152684
Collaborative Research, LLC
20 Inwood Manor
San Antonio, TX 78248

* CONTRACTOR'S CONTACT: Ms. Casey Hoffman

Telephone (573)590-3495
Fax (866) 607-3942
Email casey@collaborativeresearch.us

* Change the renewal date and point of contact information.

SUMMARY OF ADMENDMENTS

ADMENDMENT NUMBER	EFFECTIVE DATE	DESCRIPTION
2	9/30/13	Acknowledge expiration date of 9/30/13.
1	7/1/13	Contract renewal for the period of 7/1/13 through 9/30/13 and change the point of contact information.