



REQUEST FOR PROPOSAL

RFP NUMBER: CSP908716
INDEX NUMBER: DOH042
UNSPSC CATEGORY: 85100000, 80100000

The State of Ohio, through the Department of Administrative Services, Office of Procurement Services, on behalf of the Ohio Department of Health, is requesting Proposals for:

MODERNIZING OHIO'S STATE HEALTH ASSESSMENT AND IMPROVEMENT PLAN

OBJECTIVE: The Ohio Department of Health seeks an experienced contractor, consultant, or consulting firm to organize, lead, facilitate, and mentor stakeholders through a collaborative, iterative planning process leading to the development of a State Health Assessment (SHA) and State Health Improvement Plan (SHIP) that meets Public Health Accreditation Board Standards and Measures and addresses the recommendations outlined in the recent Health Policy Institute of Ohio report, Improving Population Health Planning in Ohio.

RFP ISSUED: February 9, 2016
INQUIRY PERIOD BEGINS: February 9, 2016
INQUIRY PERIOD ENDS: February 22, 2016 at 8:00 AM
PROPOSAL DUE DATE: February 29, 2016 by 1:00 PM

Proposals received after the due date and time will not be evaluated.

Submit Sealed Proposals to:

Department of Administrative Services
Office of Procurement Services
Attn: Bid Desk
4200 Surface Road
Columbus, OH 43228-1395

Note: Please review the [Proposal Instructions](#) on our Web site.

The Offeror must submit this cover page (signed) with its Technical Proposal.

Offeror Name and Address: _____ _____ _____ _____ E-Mail Address: _____ Phone Number: () _____ - _____ Ext. _____	Name/Title: _____ _____ Signature: _____ By submitting a response to this RFP, and signing above, Offeror acknowledges, understands and agrees to comply with the RFP requirements and confirms all the instructions and links have been read and understood.
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TABLE OF CONTENTS

	<u>Section Number</u>
Cover Page (to be signed by Offeror) and Schedule of Events	Cover (Page 1)
Glossary of Terms	Page 2
Executive Summary	1.0
Evaluation of Proposals	2.0
Cost Summary	3.0
Award of the Contract	4.0
Links to Instructions, Forms, Terms and Conditions, Special Provisions and Additional Resources	5.0
Guide for Proposal Submission	6.0

RFP GLOSSARY OF TERMS

AA:	Affirmative Action
Contractor:	Vendor after Award
CSP:	Competitive Sealed Proposal
DAS:	Department of Administrative Services
EOD:	Equal Opportunity Division
FEI:	Federal Employer Identification
HPIO:	Health Policy Institute of Ohio
Mandatory:	Must, Will, Shall
OAC:	Ohio Administrative Code
OAKS:	Ohio Administrative Knowledge System (Ohio's Accounting System)
OBG:	Ohio Business Gateway
ODH:	Ohio Department of Health
Offeror:	Vendor Submitting Proposal
OPS:	Office of Procurement Services
ORC:	Ohio Revised Code
PHAB:	Public Health Accreditation Board
RFP:	Request for Proposal
SHA:	State Health Assessment
SHIP:	State Health Improvement Plan
SOS:	Secretary of State
UNSPSC:	The United Nations Standard Products and Services Code

1.0 EXECUTIVE SUMMARY

- 1.1 INTRODUCTION This is a Request for Competitive Sealed Proposals (RFP) under Section 125.071 of the Ohio Revised Code (ORC) and Section 123:5-1-08 of the Ohio Administrative Code (OAC). The Department of Administrative Services (DAS), Office of Procurement Services, on behalf of the Ohio Department of Health (the Agency), is soliciting competitive sealed proposals (Proposals) for Modernizing Ohio's State Health Assessment and Improvement Plan. If a suitable offer is made in response to this RFP, the State of Ohio (State), through DAS, may enter into a contract (the Contract) to have the selected Offeror (the Contractor) perform all or part of the Project (the Work). This RFP provides details on what is required to submit a Proposal for the Work, how the State will evaluate the Proposals, and what will be required of the Contractor in performing the Work.

This RFP gives the dates on page 1 for the various events in the submission process. While these dates are subject to change, prospective Offerors must be prepared to meet them as they currently stand.

- 1.2 CONTRACT PERIOD Once awarded, the term of the Contract will be from the award date through December 31, 2016. The State may solely renew all or part of this Contract at the discretion of DAS for a period of one month and subject to the satisfactory performance of the Contractor and the needs of the Agency. Any other renewals will be by mutual agreement between the Contractor and DAS for any number of times and for any period of time. The cumulative time of all mutual renewals may not exceed two (2) years and are subject to and contingent upon the discretionary decision of the Ohio General Assembly to appropriate funds for this Contract in each new biennium.
- 1.3 BACKGROUND The Ohio Department of Health is accredited by the Public Health Accreditation Board (PHAB) and is required to complete a State Health Assessment (SHA) and State Health Improvement Plan (SHIP) as part of its ongoing accreditation efforts. The requirement includes the obligation to produce ongoing updates to the SHA and SHIP to continue accreditation.

In 2015, in preparation for updates to the SHA and SHIP, the Office of Health Transformation, Ohio Department of Medicaid and the Ohio Department of Health convened a group of stakeholders to develop recommendations on "Improving Population Health Planning in Ohio". All recommendations are available in this report (See Section 5.4, Additional Resources). ODH plans to join other statewide partners to implement the recommendations from the Improving Population Health Planning in Ohio report.

- 1.3.1 Project Objective. The Ohio Department of Health seeks an experienced contractor, consultant, vendor or consulting firm to organize, lead, facilitate, and mentor stakeholders through a collaborative, iterative planning process leading to the development of a State Health Assessment (SHA) and State Health Improvement Plan (SHIP) that meets Public Health Accreditation Board Standards and Measures and addresses the recommendations outlined in Improving Population Health Planning in Ohio.

- 1.3.2 Stakeholders. SHA/SHIP Steering Committee consists of senior leadership team members from the Governor's Office of Health Transformation and the departments of Medicaid, Health, Mental Health & Addiction Services, Aging, Job & Family Services, and Veterans Services. Additional state agencies and personnel will be added as needed.

SHA/SHIP Advisory Committee consists of the team members from the Population Health Planning Advisory Group and the Population Health Infrastructure Subgroup convened as part of the above-referenced Improving Population Health Planning in Ohio report.

1.4 SCOPE OF WORK

1.4.1 Provide a State of Ohio Health Assessment.

1. Access and review health data sets provided by various sources and identified by the SHA Steering Committee. Conduct an environmental scan of other assessments and plans that may be used in the SHA for primary or secondary data.

Present all existing data sets to both the Steering Committee and SHA Advisory Committee for review by creating a crosswalk which illustrates the overlaps and differences between the existing data sources and assessments (i.e., commonalities and differences between the Ohio Medicaid Assessment Survey and other commonly used surveys, such as the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), National Survey of Children's Health (NSCH), and the Ohio Youth Environments Survey (OHYES)).

Conduct a data gap analysis to improve the SHA and create a work plan to gather any needed data, as agreed upon by the SHA Steering Committee.

2. Engage a State Health Assessment Advisory Committee in a review of conceptual frameworks that should be considered. Build a consensus around a framework to guide the SHA/SHIP.

3. Facilitate stakeholder participation.
 - a. Facilitate advisory committee and other stakeholder focus groups. Awarded Contractor shall be responsible for securing meeting locations and all location costs.
 - i. Host regional focus group meetings with stakeholders in attendance (groups of approximately 30).
 - ii. Regional stakeholder meetings must include key partners beyond health (i.e., law enforcement, transportation, advocacy groups, etc.).
 - b. Collect and analyze key qualitative data metrics through community focus group meetings.
 - c. Present data to the SHA Advisory Committee in a format in which stakeholders can reference and draw conclusions.
 4. Conduct an environmental scan to review and assess current and existing health priorities of local health departments and hospitals. Identify community level priorities across the state. Assess commonalities across the state/region and present the findings to the SHA Advisory Committee.
 5. Identify and use the appropriate planning model for the SHA. Examples of models recommended by PHAB include Mobilizing for Action through Planning and Partnerships (MAPP), Association for Community Health Improvement (ACHI) Toolkit or the Catholic Health Association of the United States (CHA) Assessment Guide.
 6. Facilitate a process to prioritize health issues. Provide a manageable list for development of the SHA, data analysis and tracking. Identify and select common prioritization criteria to select metrics that are comprehensive enough to reflect a broad view of health determinants, yet concise enough to be presented in an actionable format.
 - a. Contributing causes of the health challenges to consider include, but are not limited to those factors identified by PHAB in *PHAB Standards & Measures*, Measure 1.1.2S.
 - b. Health status disparities, health equity and high-risk populations must be addressed.
 7. Collect, present, and analyze data for indicators of benchmarks, trends and/or comparisons to other states or the US overall.
 8. Identify a communication strategy and dissemination mechanism for the SHA data process for gathering and reviewing feedback.
 9. Develop a method to present the SHA data in a format that can be easily used by both local health departments and hospitals in their community needs assessment.
 10. SHA shall meet all PHAB standards and incorporate the recommendations that have been outlined in the *Improving Population Health Planning in Ohio* report. All processes must be documented and meet the guidelines set forth by PHAB.
 11. Provide an implementation plan for successful implementation of the SHA at state and local levels.
 12. Provide a first draft of the SHA document for review and approval by SHA Steering Committee by June 15, 2016. Comments from the steering committee provided no later than two (2) weeks after draft submission.
 13. Provide a final draft of the SHA document for review and approval by the SHA Steering Committee by July 15, 2016.
- 1.4.2 Provide a State of Ohio Health Improvement Plan.
1. Identify existing statewide plans for the SHIP Advisory Committee to consider for potential priorities, metrics, and objectives.
 2. Engage SHIP Advisory Committee in an iterative process to identify and prioritize each of the following:
 - a. Alignment with the data identified in the SHA process.
 - b. Priorities identified by local communities through the Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP)/ Community Health Needs Assessment (CHNA) processes.
 - c. Alignment with national priorities.
 - d. Relevance to all stages of the life course.
 - e. Actions which produce improved results on a strategic set of health outcomes.
 3. Review and identify best practices nationwide from states that have shown improved health outcomes.

4. Identify and facilitate additional work teams for priority areas as they are identified. Teams shall draft and participate in the development of objectives and evidence-based strategies for priorities identified by the SHIP Advisory Committee.
 5. SHIP must :
 - a. Identify measureable objectives for each priority.
 - b. Include objectives in a framework for monitoring, outcome metrics, and data sources.
 - c. Include evaluation and reporting timelines.
 - d. Include a description of resource needs and capacity to conduct evidence-based strategies to support the objective.
 - e. Identify policy changes needed.
 - f. Identify individuals/organizations responsible for implementation of the objectives/strategies.
 - g. Include linkage of the objectives/strategies of local and national priorities.
 - h. Meet the requirements of the State Innovation Model Population Health Planning Guide (see Section 5.4 Additional Resources).
 6. Identify methods to track and evaluate progress toward SHIP objectives in a public facing location such as the Network of Care.
 7. Identify evidence-based strategies that link primary care with community-based population health activities and address upstream social determinants of health.
 - a. Identify prioritization criteria to select strategies.
 - b. Assist stakeholders in the process of applying criteria to identified strategies for SHIP priorities and objectives.
 8. Identify metrics for each of the priority areas that local partners can track and report.
 9. Provide a first draft of the SHIP document for review and approval by the SHIP Steering Committee by October 15, 2016. Comments from the steering committee provided no later than two (2) weeks after draft submission.
 10. Provide a final draft of the SHIP document for review and approval by the SHIP Steering Committee by November 29, 2016.
 11. SHIP shall meet all PHAB standards and incorporate the recommendations that have been outlined in the *Improving Population Health Planning in Ohio* report. All processes must be documented and meet the guidelines set forth by PHAB.
 12. Provide a plan to encourage adoption of priorities into specific agency work by December 15, 2016.
- 1.4.3 Deliverables.
1. Development and submission of a SHA document due by July 15, 2016.
 2. Development and submission of a SHIP document due by November 29, 2016.
 3. Development and submission of successful adoption plan of SHA and SHIP priorities by December 15, 2016.
- 1.4.4 Work Plan. Offeror's Work Plan shall describe, in detail, how it will accomplish all items noted for the SHA and SHIP. In addition, the Work Plan shall include a proposed timeline for each project.
- 1.4.4 Contractor Qualifications
1. Experience and expertise in population health planning, strategic planning in public health, and evidence-based research and program design.
 2. Direct familiarity with Ohio's population health systems and infrastructure.
 3. Experience and expertise in engaging stakeholders, organizing and working with a diverse group to develop action plans on public health issues.
 4. Experience working with health data sets and conducting gap analysis to identify project opportunities.

- 1.5 CONFIDENTIAL, PROPRIETARY OR TRADE SECRET INFORMATION DAS procures goods and services through a RFP in a transparent manner and in accordance with the laws of the State of Ohio. All proposals provided to DAS in response to this RFP become records of DAS and as such, will be open to inspection by the public after award unless exempt from disclosure under the Ohio Revised Code or another provision of law. Refer to section 5.1.6 in the Instructions.
- 1.6 REGISTRY OF OFFERORS DAS will prepare a registry of Proposals containing the name and address of each Offeror. The registry will be on the Office of Procurement Services Web site and available for public inspection after the Proposals are received.
- 1.7 PROPOSAL SUBMITTAL Offeror must submit both a "Technical Proposal" and a "Cost Proposal" as a part of its Proposal package. These are two separate components which shall be submitted in separate sealed envelopes/packages, clearly identified on the exterior as either "Technical Proposal" or "Cost Proposal" with CSP908716 and due date on each. Offeror must submit this signed cover page with its technical Proposal. Offeror shall mark the correct CSP number on all envelopes/packages. Refer to section 5.1.6 in the Instructions for further detail.
- 1.8 NUMBER OF PROPOSALS TO SUBMIT Offeror must submit one (1) original, completed and signed in blue ink, and three (3) copies for a total of four (4) Proposal packages.

2.0 EVALUATION OF PROPOSALS

- 2.1 MANDATORY REQUIREMENTS Not applicable.
- 2.2 PROPOSAL EVALUATION CRITERIA If the Offeror provides sufficient information to DAS in its Proposal, demonstrating it meets the Mandatory Requirements, the Offeror's Proposal will be included in the next step of the evaluation process which involves the scoring of the Proposal Technical Requirements (Table 2), followed by the scoring of the Cost Proposals. In the Proposal evaluation step, DAS rates the Proposals based on the following listed criteria and the weight assigned to each criterion. The possible points allowed in this RFP are distributed as indicated in the Table 1 - Scoring Breakdown.

2.3 TABLE 1 - SCORING BREAKDOWN

Criteria	Maximum Allowable Points
Proposal Technical Requirements	1000 Points
Proposal Cost	100 Points
Total	1100 Points

- 2.4 SCORE RATINGS The scale below (0-5) will be used to rate each proposal on the criteria listed in the Technical Proposal Evaluation table.

DOES NOT MEET 0 POINTS	WEAK 1 POINT	WEAK TO MEETS 2 POINTS	MEETS 3 POINTS	MEETS TO STRONG 4 POINTS	STRONG 5 POINTS
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DAS will score the Proposals by multiplying the score received in each category by its assigned weight and adding all categories together for the Offeror's Total Technical Score in Table 3. Representative numerical values are defined as follows:

DOES NOT MEET (0 pts.): Response does not comply substantially with requirements or is not provided.

WEAK (1 pt.): Response was poor related to meeting the objectives.

WEAK TO MEETS (2 pts.): Response indicates the objectives will not be completely met or at a level that will be below average.

MEETS (3 pts.): Response generally meets the objectives (or expectations).

MEETS TO STRONG (4 pts.): Response indicates the objectives will be exceeded.

STRONG (5 pts.): Response significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

2.5 TABLE 3 - TECHNICAL PROPOSAL EVALUATION

Criterion	Weight	Rating (0 to 5)	Extended Score
Vendor Qualifications			
1. Experience and expertise in population health planning, strategic planning in public health, and evidence-based research and program design.	10		
2. Direct familiarity with Ohio's population health systems and infrastructure.	10		
3. Experience and expertise in engaging stakeholders, organizing and working with a diverse group to develop action plans on public health issues.	10		
4. Experience working with health data sets and conducting gap analysis to identify project opportunities.	10		
Work Plan. Offeror's Work Plan shall describe, in detail, how it will accomplish the following:			
STATE OF OHIO HEALTH ASSESSMENT			
1. Data Collection and analysis	15		
2. Facilitation and communication	15		
3. Assessment development	30		
STATE OF OHIO HEALTH IMPROVEMENT PLAN			
1. Data Collection and analysis	30		
2. Facilitation and communication	30		
3. Assessment development	40		

Total Technical Score: _____

2.6 PRESENTATIONS AND INTERVIEWS DAS may require top Offerors to be interviewed. Such interviews will provide an Offeror with an opportunity to present its Proposal and to ensure a mutual understanding of the Proposal's content. This will also allow DAS and the Agency an opportunity to test or probe the professionalism, qualifications, skills, and work knowledge of the proposed candidates. The interviews will be scheduled at the convenience and discretion of DAS and the Agency. DAS or the Agency may record any presentations and interviews. The one (1) to three (3) highest scoring Offerors; but no more than the top three (3) may be required to participate. Interviews will be scheduled to be held in Columbus, Ohio at the vendor's expense, if applicable.

In this RFP, DAS asks for responses and submissions from Offerors, most of which represent components of the above criteria. While each criterion represents only a part of the total basis for a decision to award the Contract to an Offeror, a failure by an Offeror to make a required submission or meet a mandatory requirement will normally result in a rejection of that Offeror's Proposal. The value assigned above to each criterion is only a value used to determine which Proposal is the most advantageous to the State in relation to the other Proposals that DAS received.

Once the technical merits of a Proposal are evaluated, the costs of that Proposal will be considered. It is within DAS' discretion to wait to factor in a Proposal's cost until after the conclusion of any interviews, presentations, demonstrations or discussions. Also, before evaluating the technical merits of the Proposals, DAS may do an initial review of costs to determine if any Proposals should be rejected because of excessive cost. DAS may reconsider the excessiveness of any Proposal's cost at any time in the evaluation process.

- 2.7 COST PROPOSAL POINTS DAS will use the information the Offeror submits on the Cost Summary Form to calculate Cost Proposal Points. DAS will calculate the Offeror's Cost Proposal points after the Offeror's total technical points are determined, using the following method:

Cost points = (lowest Offeror's cost/Offeror's cost) x Maximum Allowable Cost Points as indicated in the "Scoring Breakdown" table. "Cost" = Total Project Cost identified in the Cost Summary section of Offeror's Proposal. In this method, the lowest cost proposed will receive the maximum allowable points.

The number of points assigned to the cost evaluation will be prorated, with the lowest accepted Cost Proposal given the maximum number of points possible for this criterion. Other acceptable Cost Proposals will be scored as the ratio of the lowest Cost Proposal to the Proposal being scored, multiplied by the maximum number of points possible for this criterion.

An example for calculating cost points, where Maximum Allowable Cost Points Value = 60 points, is the scenario where Offeror X has proposed a cost of \$100.00. Offeror Y has proposed a cost of \$110.00 and Offeror Z has proposed a cost of \$120.00. Offeror X, having the lowest cost, would get the maximum 60 cost points. Offeror Y's cost points would be calculated as \$100.00 (Offeror X's cost) divided by \$110.00 (Offeror Y's cost) equals 0.909 times 60 maximum points, or a total of 54.5 points. Offeror Z's cost points would be calculated as \$100.00 (Offeror X's cost) divided by \$120.00 (Offeror Z's cost) equals 0.833 times 60 maximum points, or a total of 50 points.

Cost Score: _____

- 2.8 FINAL STAGES OF EVALUATION The Offeror with the highest point total from all phases of the evaluation (Technical Points + Cost Points) will be recommended for the next phase of the evaluation.

Technical Score: _____ + Cost Score: _____ = Total Score: _____

If DAS finds that one or more Proposals should be given further consideration, DAS may select one or more of the highest-ranking Proposals to move to the next phase. DAS may alternatively choose to bypass any or all subsequent phases and make an award based solely on the Proposal evaluation phase.

- 2.9 REJECTION OF PROPOSALS DAS may reject any Proposal that is not in the required format, does not address all the requirements of this RFP, or that DAS believes is excessive in price or otherwise not in the interest of the State to consider or to accept. In addition, DAS may cancel this RFP, reject all the Proposals, and seek to do the Work through a new RFP or by other means.

3.0 COST SUMMARY

3.1 SUBMISSION The Cost Summary shall be submitted with the Proposal (under separate cover labeled as the Cost Proposal). All prices, costs, and conditions outlined in the Proposal shall remain fixed and valid for acceptance for 120 days, starting on the due date for Proposals. No price change shall be effective without prior written consent from DAS, Office of Procurement Services.

The Offeror's total cost for the entire Work must be represented as the Total Project Cost. All costs for furnishing the services must be included in the Cost Proposal.

3.2 THE OFFEROR'S FEE STRUCTURE The Contractor will be paid as proposed on the Cost Summary after the Agency approves the receipt of product(s)/services and continued completion of all deliverables. All costs must be in U.S. Dollars.

3.3 REIMBURSABLE EXPENSES None; there will be no additional reimbursement for travel or other related expenses. The State will not be responsible for any costs not identified.

3.4 BILL TO ADDRESS
Accounts Payable
Ohio Department of Health
246 North High Street
Columbus, OH 43215

Modernizing Ohio's State Health Assessment and Improvement Plan
CSP908716
UNSPSC CATEGORY CODE: 85100000. 80100000
BUDGET: \$300,000.00 for the total project

OFFEROR: _____

Description	Cost
State of Ohio Health Assessment	\$
State of Ohio Health Improvement Plan	\$
Total Project Cost	\$

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

4.0 AWARD OF THE CONTRACT

- 4.1 CONTRACT AWARD DAS intends to award the Contract based on the schedule in the RFP, if DAS decides the Work is in the best interests of the State and has not changed the award date.

DAS expects the Contractor to commence the Work upon receipt of a state issued purchase order. If DAS awards a Contract pursuant to this RFP and the Contractor is unable or unwilling to commence the Work, DAS reserves the right to cancel the Contract and return to the original RFP process and evaluate any remaining Offeror's Proposals reasonably susceptible of being selected for award of the Contract. The evaluation process will resume with the next highest ranking, viable Proposal.

- 4.2 CONTRACT If this RFP results in a Contract award, the Contract will consist of this RFP including the Terms and Conditions, all forms, written addenda to this RFP, the Contractor's accepted Proposal and written authorized addenda to the Contractor's Proposal. It will also include any materials incorporated by reference in the above documents and any purchase orders and amendments issued under the Contract. The general terms and conditions for the Contract are contained in the following link:

<https://procure.ohio.gov/Zip/5.3%20Terms%20and%20Conditions.pdf>

If there are conflicting provisions between the documents that make up the Contract, the order of precedence for the documents is as follows:

1. The one-page Contract Signature Page, Form 5.2.2
2. The RFP, as addended, including the Terms and Conditions;
3. The documents and materials incorporated by reference in the RFP;
4. The Executive Order. EO2011-12K incorporated by reference in the RFP;
5. The Contractor's Proposal, as amended, clarified, and accepted by the State; and
6. The documents and materials incorporated by reference in the Contractor's Proposal.

Notwithstanding the order listed above, amendments issued after the Contract is executed may expressly change the provisions of the Contract. If they do so expressly, then the most recent amendment will take precedence over anything else that is part of the Contract.

- 4.3 ECONOMIC PRICE ADJUSTMENT The Contract prices(s) will remain firm throughout the initial term of the Contract. Thereafter, prior to Contract renewal, the Contractor may submit a request to adjust their price(s) to be effective on the effective date of the Contract's renewal. No price adjustment will be permitted prior to the effective date; on purchase orders that are already being processed; or on purchase orders that have been filled.

Price increases must be supported by a general price increase in the cost of the materials/services rendered due to documented increases in the cost of related materials/services. Detailed documentation, to include a comparison list of the Contract items and proposed price adjustments must be submitted to support the requested adjustment. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding adjustment, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the adjusted costs in such areas as raw materials, freight, fuel or labor, etc.

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the Contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the Contract pricing will be returned to the pricing in effect prior to the temporary decrease. Failure to comply with this provision will be considered as a default and will be subject to the Suspension and Termination section contained herein.

- 4.4 SPECIAL PROVISIONS Not applicable.

5.0 LINKS To be applicable to all Proposals and subsequent award(s), including sections named below.

5.1 Instructions

- 5.1.1 Proposal Instructions
- 5.1.2 Inquiries
- 5.1.3 Protests
- 5.1.4 Addenda to the RFP
- 5.1.5 Proposal Submittal
- 5.1.6 Confidential, Proprietary or Trade Secret Information
- 5.1.7 Waiver of Defects
- 5.1.8 Multiple or Alternate Proposals
- 5.1.9 Addenda to Proposals
- 5.1.10 Proposal Format
- 5.1.11 Evaluation of Proposals
- 5.1.12 Proposal Format and Documentation Required

5.2 Forms

- 5.2.1 Offeror Required Information
- 5.2.2 Contract Signature Page
- 5.2.3 Offeror Profile
- 5.2.4 Offeror Prior Projects
- 5.2.5 Offeror's Candidate References
- 5.2.6 Offeror's Candidate Education, Training, Experience
- 5.2.7 Offeror Performance Form
- 5.2.8 Contractor/Subcontractor Affirmation and Disclosure

5.3 Terms and Conditions

- 5.3.1 Performance and Payment
- 5.3.2 Work and Contract Administration
- 5.3.3 Ownership & Handling of Intellectual Property & Confidential Information
- 5.3.4 Representations, Warranties and Liabilities
- 5.3.5 Acceptance and Maintenance
- 5.3.6 Construction
- 5.3.7 Law & Courts

5.4 ADDITIONAL RESOURCES

- EOD Reporting <http://eodreporting.oit.ohio.gov/searchEODReporting.aspx>
- Office of Budget and Management <http://www.obm.ohio.gov/>
- Office of Procurement Services <http://procure.ohio.gov/proc/index.asp>
- Ohio Shared Services <http://www.ohiosharedservices.ohio.gov>
- Ohio Business Gateway <http://business.ohio.gov/>
- Ohio Secretary of State <http://www.sos.state.oh.us/SOS/Businesses.aspx>
- Health Policy Institute of Ohio Report: Improving population health planning in Ohio
http://www.healthpolicyohio.org/wp-content/uploads/2016/01/SIMreport_Final_01112016.pdf
- [State Innovation Model Population Health Planning Guide](#)

All links are subject to change in accordance with State of Ohio laws, Ohio Revised Code, Ohio Administrative Code, Executive Orders or any other updates issued by the State of Ohio, Department of Administrative Services, and the Office of Procurement Services. It is the Offeror's responsibility to read and be aware of any changes, corrections, updates or deletions to any information included in the link(s) above.

- 6.0 Guide for Proposal Submission This guide outlines steps for submission of a Proposal in response to the advertised Request for Proposal. This guide does not contain the complete instructions for preparing and submitting a Proposal and anything stated herein shall not be considered a term or condition of the Contract. The complete instructions can be found in section 5.1.1, Proposal Instructions.
- 6.1 _____ Read the entire document, including all Web site links. Note critical items such as: Mandatory Requirements; goods or services required, submittal date and time; number of copies to submit; contract requirements; reporting requirements; minimum qualifications; read and understand the terms and conditions.
- 6.2 _____ Take advantage of the “question and answer” period specified in the schedule of events. Questions must be submitted on-line in the Inquiry Process as explained in the Instructions. See section 5.1.1, Proposal Instructions.
- 6.3 _____ Follow the format required in the RFP Instructions when preparing the response in chronological order. Provide point-by-point responses to all sections in a clear and concise manner. See section 5.1.12, Proposal Format & Documentation Required.
- 6.4 _____ Use the forms provided; i.e. Signed RFP Cover Page, Offeror Required Information, Contract Signature Page, Offeror Profile and Prior Projects, Key Personnel forms, Disclosure Form, and Cost Summary Form, See section 5.2, Forms.
- 6.5 _____ Provide complete answers/descriptions. Do not assume the State or any evaluation committee member will know what the Offeror’s capabilities are or what items/services the Offeror can provide, even if previously contracted with the State. The Proposals are evaluated based solely on the information and materials provided in the Offeror’s response.
- 6.6 _____ Check the State’s Web site for RFP addenda. It is the responsibility of the Offeror to be aware of additional information posted on the Web.
- 6.7 _____ The following documents may be submitted with the Proposal or within five (5) business days of request from the Office of Procurement Services: Affirmative Action and proof of insurance. No award will be made without this documentation. Offeror’s Proposal may be eliminated from further consideration upon failure to submit within the specified time frame
- 6.8 _____ If not a current vendor of the State of Ohio, the Offeror will download both the W-9 and Vendor Information Form and submit to Ohio Shared Services (OSS) at vendor@ohio.gov. See section 5.4, Additional Resources.
- 6.9 _____ Review and read the RFP Document again to make sure that you have addressed all requirements. Read and understand Supplements, if applicable. Offeror’s original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and used to score the response.
- 6.10 _____ Offeror’s response must be submitted on time. Late Proposals are never accepted. Make sure the response is labeled on the exterior of the envelope/package with the RFP# and due date, and whether the packet is for the Technical Proposal or the Cost Proposal. Do not place the Cost Proposal in the Technical Proposal.