



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

OPTIONAL USE CONTRACT FOR: Sudden Infant Death Program: Provision of Mandated Reporting and Bereavement Support

CONTRACT NUMBER: CSP900813

EFFECTIVE DATES: 10/01/12 TO 06/30/15
* Renewal through 06/30/17

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP900813 that opened on 07/18/12. 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.state.oh.us

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

www.ohio.gov/procure

ATTACHMENT TEN
COST SUMMARY FORM

TITLE: "Sudden Infant Death Program: Provision of Mandated Reporting and Bereavement Support"

RFP NUMBER: CSP900813

UNSPSC CATEGORY CODE: 80100000

OAKS ID Number: 18095	Description	Cost			
		Dates of Service 10/1/12 - 9/30/13	Dates of Service 10/1/13 – 9/30/14	Dates of Service 10/1/14 - 6/30/15	*Dates of Service 7/1/15 - 6/30/17
1.	The Contractor shall collaborate with the Ohio Coroners' Association and ODH in preparing and disseminating an annual statewide mailing to all coroners. The mailing will inform coroners of the mandatory reporting established by ORC 313.121; the required forms; and the process for reporting deaths to the contractor.	\$1,430	\$1,430	\$1,430	\$1,430
2.	The Contractor shall collaborate with ODH in preparing and disseminating an annual statewide mailing to all local health departments. The mailing will inform the health departments of the mandatory responsibilities established by ORC 313.121; the process for notification of deaths; bereavement and home visit guidelines; and the process for providing to the contractor feed-back/home visit reports.	\$1,430	\$1,430	\$1,430	\$1,430
3.	The Contractor shall, for each initial report of infant death received, notify the local health department with jurisdiction for the infant's parents' residence; receive feed-back/home visit reports from the local health departments; and maintain the information in a data base.	\$6,190	\$6,190	\$6,190	\$6,190
4. A.	The Contractor shall provide three, 3-hour trainings targeting public health nurses, social workers, hospital personnel, first responders, caregivers and other professionals working with infants and families. The trainings will be provided free of charge for participants in three locations across the state. The training agenda will include SIDS and sleep-related deaths; racial disparities; bereavement and how to respond to families after an infant death; home visit protocol, and risk reduction and safe sleep guidelines. The Contractor will be responsible for advertising the trainings to the target audience. The location of the trainings, registration announcements, training agenda and materials must be approved by ODH.	\$14,300	\$14,300	\$14,300	\$14,300
*B.	The contractor will produce a webinar of the training which will be posted to the contractor's website and to ODH's website. The contractor will be responsible for advertising the trainings and the webinar to the target audience.	N/A	N/A	N/A	*\$2,800
5.	The Contractor shall provide technical assistance to the local health departments regarding mandatory responsibilities to offer bereavement support; provide current educational resource materials on SIDS, sleep-related deaths, and bereavement; and contact non-compliant local health departments by letter, telephone or e-mail if feed-back/home visit report is not received within 45 days.	\$8,360	\$8,360	\$8,360	\$8,360
6.	The Contractor shall provide technical assistance to coroners regarding the mandatory responsibilities to report sudden and unexpected infant deaths, including contacting non-compliant coroners by letter, telephone or e-mail to increase compliance.	\$2,930	\$2,930	\$2,930	\$2,930

*Add column for Dates of Service 7/1/15 – 6/30/17 and add item number 4. B. description and cost.

Description	Cost			
	Dates of Service 10/1/12 - 9/30/13	Dates of Service 10/1/13 – 9/30/14	Dates of Service 10/1/14 – 6/30/15	*Dates of Service 7/1/15 – 6/30/17
7. The Contractor shall maintain current resource materials on SIDS, sleep-related deaths and bereavement, including a listing of peer support groups, telephone numbers for bereavement support services across the state; and shall make these materials and information available to local health departments. Materials and information shall be made available on a public-accessible website. The costs associated with making the items available on a public-accessible website (servers, domain registration, etc.) are the responsibility of the Offeror and should be accounted for in its cost proposal.	\$13,200	\$13,200	\$13,200	\$13,200
8. The Contractor shall collaborate with ODH to update and revise the Guide to the Sudden Infant Death Home Visit. The revisions shall reflect the most recent American Academy of Pediatrics recommendations for the reduction of risk of SIDS and other sleep-related deaths; as well as an emphasis on the local health department role in the provision of bereavement support. The updated Guide will be posted to the contractor and ODH Web sites, and will be announced by e-mail to all local health departments.	\$2,800	\$2,800	\$2,700	\$2,700
9. The Contractor shall maintain throughout the contract period an affiliation with the state SIDS organizations such as SIDS Alliance, and national SIDS organizations such as First Candle and CJ Foundation for SIDS.	\$1,560	\$1,560	\$1,560	\$1,560
10. The Contractor shall provide ODH a quarterly summary report of activities including the receipt and timeliness of initial reports of infant deaths; referrals to local health departments; the receipt and timeliness of feed-back/home visit reports; receipt and timeliness of final diagnosis reports; technical assistance provided; trainings provided and activities to increase compliance. The first quarterly report shall be delivered to ODH by January 1, 2013.	\$1,950	\$1,950	\$1,950	\$1,950
11. The Contractor shall provide ODH a similar quarterly summary report by April 1, 2013.	\$1,950	\$1,950	\$1,950	\$1,950
12. The Contractor shall provide ODH a similar quarterly summary report by July 1, 2013.	\$1,950	\$1,950	\$1,950	\$1,950
13. The Contractor shall provide ODH a similar quarterly summary report by October 1, 2013.	\$1,950	\$1,950	\$1,950	\$1,950

*Add column for Dates of Service 7/1/15 – 6/30/17.

Description	Cost			
	Dates of Service 10/1/12 - 9/30/13	Dates of Service 10/1/13 - 9/30/14	Dates of Service 10/1/14 - 6/30/15	*Dates of Service 7/1/15 - 6/30/17
14. The Contractor shall collaborate with ODH to transition project responsibilities at the end of the project period if the contract is not renewed.	0	0	100	\$100
15. Other – Please Specify	0	0	0	0
16. Total Not-to-Exceed Cost	\$60,000	\$60,000	\$60,000	*\$62,800

All costs are in U.S. Dollars.
 There will be no additional reimbursement for travel or other related expenses.

*Add column for Dates of Service 7/1/15 – 6/30/17 and change the Total Not-to-Exceed to from \$60,000 to \$62,800.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

CONTRACT NO: CSP900813-1(06/30/15)

10705
*Baby 1st Network
421 Graham Road
Suite H
Cuyahoga Falls, OH 44221

TERMS: Net 30 Days

Remit to Address:

10705
*Baby 1st Network
421 Graham Road
Suite H
Cuyahoga Falls, OH 44221

CONTRACTOR'S CONTACT: Ms. Leslie Redd

Telephone (330) 929-9911
Fax (303) 929-0593
*Email leslie.redd@baby1stnetwork.org

*Change company name and point of contact email.

SUMMARY OF AMENDMENTS

Amendment Number	Effective Date	Description
*3	11/08/16	Change company name and point of contact email.
2	12/02/15	Acknowledge new Dates of Service column, add line item 4.B. description and cost and change the Total Not-to-Exceed Cost from \$60,000 to \$62,800.
1	07/01/15	Acknowledge contract renewal from 07/01/15 through 06/30/17.

*Add amendment number 3 to change the company name and point of contact email.