2017

Request for Proposals (RFP)

Fetal Infant Mortality Review (FIMR)

RFP# 17-006

Deadline for Responses: 2:00 p.m. – 07/18/2017
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SECTION 1: RFP TIMETABLE

06/06/2017 – 07/18/2017  RFP packets are available on CSC website: www.cscpbc.org/openprop

06/26/2017  Deadline for submission of questions regarding RFP

06/30/2017  Final posting of questions and answers and/or clarification or addenda to RFP (if any) on CSC website www.cscpbc.org/openprop

07/18/2017  RESPONSE DEADLINE – All RFP Proposals are due by 2:00 PM at:
BIDS@cscpbc.org
Subject: RFP #17-006
Proposal(s) opened publicly beginning at 2:30 PM

07/18/2017  Stage 1: CSC technical review of Proposal(s); verifies required documentation submitted

07/19/2017-08/10/2017  Stage 2A: Evaluation of responses

08/11/2017  Notification by email to Proposer(s) selected for interviews, if needed, and list of those selected for interviews posted on CSC website: www.cscpbc.org/proposal-outcomes

08/17/2017  Stage 2B: Interviews at CSC offices, if needed, are conducted with Proposer(s) selected through Stage 2A review process

08/21/2017  Notification by email to Proposers selected/not selected for further contract discussions and list of those selected for further contract discussions posted on CSC website: www.cscpbc.org/proposal-outcomes

08/21/2017-09/18/2017  Stage 3: Contract discussion and finalization

09/28/2017  Recommendation(s) submitted to the Council for approval, if needed

09/29/2017  Notice of Intent to award contracts posted on CSC website www.cscpbc.org/proposal-outcomes

10/01/17  Contract Period Begins

CSC reserves the right to adjust the timetable and any adjustments will be made available on the CSC website.
SECTION 2: INTRODUCTION

2.1 WHAT WE ARE SEEKING

The Children’s Services Council of Palm Beach County (CSC) is seeking a nonprofit, for profit, educational institution or government organization to lead, manage and coordinate all aspects of the Fetal Infant Mortality Review (FIMR) project with emphasis on the development of a collaborative platform to review and share pertinent Infant Mortality/Birth Outcome data and information with the community. The funding allocated for this RFP is up to $200,000 annually.

FIMR is a program dedicated to the review and analysis of data and information surrounding the contributing factors of fetal and infant deaths in the community. FIMR cases are reviewed for the purpose of recognizing trends, identifying barriers and developing strategies to enhance the social, behavioral, environmental, and structural processes in the service delivery system.

FIMR is a national model that was first introduced in 1990 as a collaborative effort between the American College of Obstetricians and Gynecologists (ACOG) and the Federal Maternal and Child Health Bureau (MCHB). Florida adopted the FIMR model in 1992. Florida FIMR projects are organized under Florida Statutes 383.2162. Confidentiality of all information is strictly maintained. All cases brought before the review team are de-identified of patient, provider or institutional information. There are currently over 200 FIMR programs in the country.

Infant mortality (the death of a baby before his or her first birthday) is an important indicator of the health and well-being of a community. Although great strides have been made in reducing the infant mortality rate, Palm Beach County still experiences a significant infant mortality disparity between its black and white populations.

In 2015, the Palm Beach County white infant mortality rate was 3.2 per 1,000 live births. The black infant mortality rate was 9.1, which is almost 3 times higher than the white infant mortality rate. The disparity trend continues for fetal deaths. The fetal death rate for whites was 4.8 per 1000 live births and the black fetal death rate was almost three times greater at 11.2. In Palm Beach County, these disparate rates have long been problematic and difficult to impact.

The selected agency will be required to enter into a sub-contract with the Florida Department of Health, Palm Beach County (FDOH- Palm Beach County). This agency is authorized under Florida statues to abstract, obtain and disseminate confidential case information required for the FIMR process. Utilizing a collaborative approach, the lead and sub-contracted agency will provide data that accurately depicts the FIMR landscape of Palm Beach County.

The selected agency will ensure model fidelity through the utilization of the FIMR “Cycle of Improvement” and adhere to the National Fetal Infant Mortality Review (NFIMR) guidelines. Please refer to the guidelines in the document entitled here: Fetal and Infant Mortality Review: A Guide for Communities (2nd edition).
This diagram depicts the cycle of improvement that is anticipated when a FIMR project is implemented within the community.

2.2 THE COUNCIL

Children’s Services Council of Palm Beach County (“Council” or “CSC”), a special district created by Palm Beach County voters in 1986, and reauthorized in 2014, provides leadership, funding and research on behalf of the county’s children so they grow up healthy, safe and strong.

2.3 OVERVIEW OF CHILDREN’S SERVICES COUNCIL

The Council has four goals: Children are born healthy; children are safe from abuse and neglect, children are ready to enter kindergarten and children have access to quality afterschool and summer programming. The Council strategically focuses its investments in programs and services that support the physical, social-emotional and psychological development of children in order to reach our goals and reduce racial and ethnic disparities.

Supported by a blend of federal, state and local funding, our programs and systems are designed to achieve our goals by providing seamless, efficient, and accountable prevention and early intervention services to Palm Beach County’s children and families. These systems include:

- **Healthy Beginnings**, which provides comprehensive, integrated direct services to expectant families, infants, and young children (ages 0 - 5 years).
- **Strong Minds and QIS**, which provides services to increase the quality of child care and afterschool providers.
- **BRIDGES**, which is a neighborhood-based strategy to achieve CSC’s goals at a population level. BRIDGES address such issues as adult literacy, father involvement, maternal depression, teen pregnancy prevention, cyclical poverty and child development.

The Council believes that by offering families the right approach – and combinations of programs and services – at the right time, in the right place, we will achieve our goals. By strengthening the system of care, which is built upon sound research and strong data, we can achieve our child outcomes.

For additional information regarding CSC, please visit [www.cscpbc.org/openprop](http://www.cscpbc.org/openprop).
2.4 TERM OF CONTRACT
The successful Proposal will be awarded a contract, with the term of contract being from October 1, 2017 – September 30, 2018 and will be eligible for annual renewal at the option of both parties.

SECTION 3: FETAL INFANT MORTALITY (FIMR) REQUEST FOR PROPOSALS
3.1 SCOPE OF SERVICES
The selected agency will lead, facilitate and manage the core components of the FIMR program in an effort to learn more about why fetal and infant deaths occur and how the information obtained can be utilized to transform and improve the birth outcomes in the community. Services available through FIMR are designed to act as a mechanism to improve health care systems and the quality of care for families.

These agencies will then be required to develop substantive relationships with health and social service entities impacted and invested in the goal of improving birth outcomes and reducing infant mortality. Partnerships should include but are not limited to: Healthy Beginnings system of care, local social services providers, chambers of commerce, churches, BRIDGES (CSC’s place based strategy) as well as the business and medical community.

The FIMR program consists of four core components:

1) **Abstraction**: The FDOH- Palm Beach County will provide the case abstractor for this program. The abstractor will gather, compile and report on pertinent information to include medical, health and social service encounters.

2) **Case Review Team**: The information gathered by the abstractor is then presented to the Case Review Team (CRT). The FIMR process includes a comprehensive review and analyses of de-identified information about a fetal/infant death and the contributing factors.

3) **Community Action Group**: The Community Action Group (CAG) is comprised of a multidisciplinary team. The CAG is responsible for turning CRT’s recommendations into action. The CAG designs and crafts strategies to increase awareness and educate the public on needed community change to reduce fetal/infant mortality.

4) **Changes in Community Systems**: The FIMR model relies heavily on feedback and the assessment of recommendations for the purpose of processes improvement and verification of community impact.

3.2 LINKAGES & PARTNERSHIPS
Community-based mortality reviews are an integral component of the community's response to fetal and infant mortality. The FIMR work underpins sustainable change through the development of a cohesive community approach. It is anticipated that by addressing the factors and issues that affect infant
mortality, communities will be empowered to improve service provision, effect policy, and influence future community planning.

3.3 PROJECT GOALS/ PROGRAM IMPLEMENTATION

The major goal of a FIMR project is to enhance the health and well-being of women, infants and families by improving resources and service delivery systems. The data gathered through the FIMR process will be utilized to develop tools and strategies that help communities build safeguards against future losses, which will consequently improve the birth outcomes in the community.

FIMR Coordinator:

The selected agency will have a FIMR Coordinator, who will be responsible for providing, managing and coordinating all duties required for the facilitation of a successful and robust CRT and CAG. The coordinating entity will work collaboratively with the FDOH- Palm Beach County abstractor, providing oversight and guidance to ensure FIMR requirements are fulfilled.

Palm Beach County has many programs, groups and/or initiatives that have been charged with examining disparities in birth outcomes as well as the underlying causes that impact infant mortality. In an effort to ensure a unified approach to address these issues, the FIMR coordinator will be responsible for convening meetings (minimally held on a quarterly basis), to provide a platform to discuss strategies, project goals, related data and community components related to fetal/infant mortality. It is anticipated that this collaborative approach will aid in the development of a broader understanding of the maternal and early childhood needs within the community.

The purpose of the collaborative meetings would be two-fold:

1) Increase awareness of the work being done by various groups/programs around disparities, birth outcomes and infant mortality in Palm Beach County; and
2) Develop an infant mortality collaborative framework to share and develop appropriate strategies for awareness and education for the community.

The maternal interview is a critical component for the FIMR process, providing important data and feedback to the case review team. Maternal interviews may be conducted by the case abstractor or FIMR coordinator. Historically, the FIMR project has been challenged to engage women and their families in the interview process. The FIMR Coordinator would be required to develop and or re-develop strategies to increase the number of interviews of women/families who have suffered a loss. The interviews provide a retrospective voice for families to share their stories and express their concerns related to their birth outcome(s).

Many families that experience a loss do not have knowledge of or access to appropriate grief or bereavement resources. The FIMR Coordinator will conduct due diligence to determine the types of services available and identify where there are gaps so they can be addressed and result in better referral and support services for the families.

Additionally, the FIMR Coordinator will dedicate significant time to bringing the recommendations and actionable items from the CAG to fruition. The coordinator will work with the CAG to determine if the needs of the community are changing over time and make decisions on which interventions should be altered or added to improve community indicators. The coordinator will interface with Children’s Services Council of Palm Beach County Request for Proposals 17-006 FIMR
Council, Healthy Start Coalition and other early childhood systems of care to share CRT and CAG findings, information, and implementation.

On an annual basis, the FIMR Coordinator will be responsible for compiling and synthesizing the data and information gathered through the FIMR process for the purpose of developing an annual report, which will be distributed throughout Palm Beach County.

**Data Gathering and Case Abstraction**

The selected agency will be required to enter into a contract with the FDOH- Palm Beach County to provide the data gathering and abstraction function for the FIMR Project. In Palm Beach County, the case abstractor for the FIMR program must be a staff person from FDOH- Palm Beach County to be in compliance with Florida law\(^1\). In an effort to maximize resources and reduce duplication, this position will likely support both the FDOH- Palm Beach County, Child Abuse Death Review (CADR) and the Children’s Services Council supported FIMR program.

Using an established case selection criterion such as the Perinatal Periods of Risk (PPOR), the FIMR Coordinator and Abstractor will select cases to be abstracted for each meeting. The number of cases and the selection schedule will be documented at the start of each contract year.

The Abstractor will gather data from a variety of sources to develop the quantitative and qualitative profile for the cases being reviewed. Data may be abstracted from maternal/family interviews, birth and death certificates, autopsy reports, hospital records, prenatal, pediatric well baby and sick baby visits as well as others services such as Women, Infants and Children (WIC) and Healthy Start and Healthy Beginnings services.

This dual purposed position will have a distinct vantage point, with the ability to provide navigation and guidance over these two important bodies of work (FIMR and CADR). Through this broader lens, the Abstractor will be able to better provide guidance and direction to the CRT and CAG, that depend heavily on the Abstractor for accurate linkage to the cases being discussed.

The FIMR Coordinator will work collaboratively with the Abstractor to review and analyze data to better understand patterns, trends and findings that can be broadly shared. The specific data findings from the CRT are recorded in the Baby Abstracting System and Information Network (BASINET) or an alternate data system. The data system is then able to provide reports on the information entered that assists the CRT in making recommendation to the CAG.

**Case Review Team:**

The selected agency is responsible for the recruitment and engagement of volunteer participants for the CRT. The CRT may have up to 15 participants who meet monthly to examine circumstances surrounding a fetal or infant loss. The team conducts a comprehensive review and analysis of case abstracted data/information to identify issues of concern related to fetal and infant deaths.

A concerted effort will be made to include membership from a broad spectrum of service providers.

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\(^1\) Healthy Start Coalitions are also permitted to access medical record and sensitive data. As the Coalition in Palm Beach County does not have employees, FDOH- Palm Beach County must be used for the data abstraction.
A robust CRT is comprised of a multidisciplinary team of professionals, inclusive of clinical and non-clinical stakeholders. Some disciplines that may be represented are: nurses, obstetricians, pediatricians, Medical Examiner’s Office, case Managers, WIC/SNAP, Department of Children and Families, community residents and other health and social service agencies.

The FIMR Coordinator is responsible for facilitation of CRT meetings to ensure all participants have clarity on meeting purpose and expectations. Confidentiality is critical to the FIMR framework. Case information is de-identified to preserve the privacy of all families involved in the process. All Community Review Team members sign a pledge of confidentiality that prohibits them from discussing specifics outside the meeting. The CRT, then reviews and deliberates on each case presented for the purpose of making recommendations to the Community Action Group (CAG) on their findings.

**Community Action Group:**
The FIMR Coordinator is responsible for convening and facilitating regularly scheduled CAG meetings. The CAG may have up to 20 members. During the meetings the CAG reviews recommendations and information gathered to develop a plan of action to inform the community and implement change.

The ideal member composition for a robust and action-oriented CAG may include broad representation from a variety of stakeholders such as medical providers, school districts, social service agencies, resident/consumers, sorority/fraternal organizations, business community, mental health organizations as well as, provider agencies who have a community perspective and want to create change for the families they serve.

These community-based mortality reviews are an integral component of the community's response to fetal and infant mortality. It is anticipated that by addressing the factors and issues that affect infant mortality, communities will be empowered to reorient or enhance services, influence policy, and direct planning efforts. The coordinator in collaboration with the members of the CAG will work to enhance the credibility and visibility of issues identified by the group to help ensure sustainable change.

**Changes in Community Systems:**
The FIMR Cycle of Improvement requires that the process include an active feedback mechanism to allow for community change and adjustment to recommendations. The Coordinator will utilize data, FIMR results and community response as well as other sources to determine effectiveness and impact of recommended changes. This continuous review and feedback of action steps enable FIMR to determine which implemented actions are successful and which may require further attention.

**3.4 MINIMUM REQUIREMENTS**
The selected agency must currently employ or be willing to employ a FIMR Coordinator with the recommended following credentials: A Bachelor’s degree in Public Health, Public Administration, Social Work or related field with experience in the health care field (pediatric, obstetric, public health or related fields). The successful candidate should demonstrate many of the following skills/competencies: an understanding of the structure and functions of county and community health and related systems; knowledge of continuous quality improvement as it relates to community development; experience with data analysis; organizational and interpersonal skills; experience working with diverse populations and facilitating complex, multi-organization meetings. An equivalent combination of education and experience may substitute for the minimum requirements listed.
The selected agency must obtain a letter of support/commitment from FDOH- Palm Beach County. Please contact Dr. Alina Alonso, Director of the Florida Department of Health, Palm Beach County (FDOH- Palm Beach County), at alina.alonso@flhealth.gov to obtain a letter of support.

The agency must then be able to enter into a contract for the provision of FIMR case abstraction services and be willing to monitor said contract for compliance.

SECTION 4: RFP PROCESS

All Proposals are to be signed by an official/individual who is legally authorized to bind the Proposer to the proposed activity.

4.1 LIMITATIONS ON CONTACTING CSC PERSONNEL

This Request for Proposals is issued by the Children’s Services Council of Palm Beach County. The contact person listed below is the sole point of contact for this RFP:

    Jennifer Hardy, Operations Associate
    Jennifer.Hardy@cscpbc.org

    All contact shall be by email only

Proposers are prohibited from contacting CSC personnel or Council members regarding this solicitation other than the person identified above. Any occurrence of a violation may result in the disqualification of the Proposer.

During the RFP period, Proposer(s) must not submit any forms of marketing or promotional materials that would raise the Proposer’s profile or give the Proposer an advantage or benefit not enjoyed by other prospective Proposers.

4.2 PROPOSER DISQUALIFICATION

Failure to have performed any contractual obligations with CSC in a manner satisfactory to CSC will be sufficient cause for disqualification. To be disqualified as a Proposer under this provision, the Proposer must have:

    • Previously failed to satisfactorily perform in a contract with CSC, been notified by CSC of unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of CSC; or
    • Had a contract terminated by CSC, by any other county or state agency, or by any Children’s Services Council for cause.

4.3 INQUIRIES

All inquiries requesting clarification regarding this RFP must be made in writing and emailed to the identified contact person by June 26, 2017. Copies of responses to all inquiries that require clarifications and/or addenda to the RFP will be made available no later than 5:00 PM, June 30, 2017 on CSC’s website.
4.4 ACCEPTANCE OF PROPOSALS
All responses must be received by CSC, via email, no later than July 18, 2017 by 2:00 PM. Sign, scan and all attach required document(s) in PDF format to email and send to:

BIDS@cscpbc.org
Subject: RFP 17-006

No changes, modifications or additions to the responses submitted will be accepted by, or binding on CSC after the deadline for submissions has passed.

ALL EMAIL COMMUNICATIONS ARE DATE AND TIME STAMPED BY CSC’S EMAIL SERVER. BIDS RECEIVED AFTER THE DEADLINE DATE AND/OR TIME WILL BE REJECTED AND WILL NOT BE OPENED BY CSC.

CSC reserves the right to reject any and all responses or to waive minor irregularities when doing so would be in the best interest of CSC. A **minor irregularity** is defined as a variation from the RFP terms and conditions that do not affect the price of the application, or do not give the Proposer an advantage or benefit not enjoyed by other prospective Proposers, or do not adversely impact the interest of CSC.

4.5 NOTICE OF SELECTED PROPOSER(S) FOR INTERVIEW(S)
CSC will post a list of selected Proposer(s) for interview(s), if necessary, on August 11, 2017 by 5:00 PM on the CSC website: www.cscpbc.org/proposal-outcomes.

4.6 PROCEDURE FOR CONDUCTING INTERVIEW(S)
After completion of the scoring process based on the review criteria, CSC will determine which, if any, Proposers meet the minimum requirements deemed necessary by CSC for interviews. Assuming that such minimum requirements have been met, CSC will require face-to-face, phone, or Skype interviews from one or more Proposers.

4.7 NOTICE OF SELECTED PROPOSER(S) FOR CONTRACT(S) DISCUSSION(S)
CSC will post a list of qualified Proposer(s) for contract discussions by 5:00 PM on August 21, 2017 on CSC’s website: www.cscpbc.org/proposal-outcomes.

THE CHILDREN’S SERVICES COUNCIL RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS OR INFORMALLY NEGOTIATE CERTAIN PROVISIONS OF THE FINAL AGREEMENT WITH A QUALIFIED PROPOSER.

4.8 CONTRACT DISCUSSION(S)
CSC will meet with the approved Provider to review conditions of award of contract. The contract will be effective on or about October 1, 2017.
SECTION 5: RFP RESPONSE

5.1 INSTRUCTIONS FOR SUBMITTING RESPONSE TO RFP

All responses must be submitted on the RFP forms included in Section 6 (forms available on CSC’s website www.cscpbc.org/openprop) Reference file name: RFP#17-006Forms. All responses are to be signed by an official who is legally authorized to bind the Proposer to the proposed activity.

IMPORTANT: All responses must be received via email no later than 2:00PM on July 18, 2017 per the deadline in the RFP. Proposers will receive an auto-generated confirmation email acknowledging receipt of the Proposal. Do not respond to this email. This receipt does not verify that CSC has received a complete Proposal – that will be determined after opening all Proposals at the time set forth in this RFP.

CSC is not responsible for the email reputation of the Proposer’s email account which may cause delays or undeliverable messages if your server has been blacklisted. To check your sender score, please utilize an email reputation service or use a service like http://www.senderbase.org/ to confirm that you have a good email reputation. CSC’s email server has the capacity to accept large files but in some cases the Proposer’s email server may delay sending email based on the size of attachments. Please ensure you allow ample time for transmission of files. CSC will not be responsible for emails received after the deadline. Proposals received after the deadline will not be considered.

5.2 INCOMPLETE RESPONSES

Failure to respond to any item, including providing requested information, or failure to follow these instructions shall be considered submission of an incomplete response and may result in disqualification from further consideration.

5.3 RESPONSE FORMAT

The typewritten portion of your response is to be submitted on the RFP forms included in Section 6. The forms are available for download on CSC’s website: www.cscpbc.org/openprop Reference file name: RFP #17-006Forms.

5.4 RESPONSE REVIEW AND SELECTION CRITERIA

Proposer selection will be based upon the following criteria prior to application during review and scoring process:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) General knowledge, understanding and/or experience in providing services outlined in Scope of Services</td>
<td>40</td>
</tr>
<tr>
<td>2) Capacity to provide the required services</td>
<td>30</td>
</tr>
<tr>
<td>3) Engagement of Community Based Organizations /Data Analysis</td>
<td>20</td>
</tr>
<tr>
<td>4) Budget</td>
<td>10</td>
</tr>
<tr>
<td>Total Possible Points</td>
<td>100</td>
</tr>
</tbody>
</table>

5.5 COMPLIANCE WITH SECTION 287.133, FLORIDA STATUTES

In accordance with Section 287.133, Florida Statutes, persons and affiliates who have been placed on the convicted vendor list may not submit responses, contract with, or perform work (as a contractor,
supplier, subcontractor or consultant) with CSC in excess of the threshold amount provided in Section 287.017, Florida Statutes, for Category Two for a period of thirty-six (36) months from the date of being placed on the convicted vendor list. Any response received from a person, entity or affiliate who has been placed on the convicted vendor list shall be rejected by CSC as unresponsive and shall not be further evaluated.

5.6 INSURANCE REQUIREMENTS
The successful Proposer(s) shall comply with the following insurance requirements:

• Insurance

  i. Commercial General Liability, Required $1,000,000 per occurrence.
  ii. Workers’ Compensation Insurance limits per Chapter 440 of Florida Statute. Required if Proposer has employees engaged in the performance of work under this Agreement.

The Proposer shall furnish a Certificate of Insurance, naming the Council as an additional insured with respect to the Commercial General Liability of at least $1,000,000 as stated above.

• Waiver of Subrogation

  In the event of loss, damage or injury to the Proposer and/or the Proposer’s property, the Proposer shall look solely to any insurance in its favor without making any claim against the Council. The Proposer hereby waives any right of subrogation against the Council, for loss, damage, or injury within the scope of the Proposer’s Insurance, and on behalf of itself and its insurer, waives all such claims against the Council.
SECTION 6: SUBMITTAL DOCUMENTS

The following documents can be downloaded from CSC’s website at:

www.cscpbc.org/openprop

Reference file name: RFP #17-006 Forms

Responses should be in Arial or Calibri minimum size 11 font and should be assembled in the following manner:

☐ Cover Page – Complete this entire document, sign, scan and include with response. **Must be signed.**

☐ Questionnaire – Complete this entire document and include with response.

☐ Professional References - List two professional references, **other than Children’s Services Council of Palm Beach County’s staff**, that can address the work previously performed by the Proposer preferably within the past 5 years. For each reference, please specify:
   a. Name, address, telephone number, email
   b. Project start date and duration
   c. Scope and cost of project
   d. Role in project
   e. Outcome of project

☐ Letter of support/commitment from FDOH- Palm Beach County - Please contact Dr. Alina Alonso, Director of the Florida Department of Health, Palm Beach County (FDOH- Palm Beach County), at alina.alonso@flhealth.gov to obtain a letter of support.

☐ Budget – Develop a proposed budget on the provided form (narrative to explain, as needed)

☐ Conflict of Interest Disclosure Form – Complete this document, sign, scan and include with response. **This document must include a signature.**
RFP FORMS

REMINDER
DEADLINE FOR SUBMISSION IS
07/18/2017

BIDS@cscpbc.org
Subject: RFP # 17-006

REPLIES RECEIVED AFTER 2:00 PM
ON 07/18/2017
WILL NOT BE CONSIDERED
Submit this RFP response to: BIDS@cscpbc.org
Subject: RFP #17-006

**RFP Title:** Fetal Infant Mortality Review

**NAME OF FIRM, ENTITY, ORGANIZATION:**

**NAME OF CONTACT PERSON:**

**TITLE:**

**PHONE NUMBER:**

**FAX NUMBER:**

**EMAIL:**

**MAILING ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**

**HEADQUARTERS ADDRESS** (If different than mailing address):

**FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):**

**STATE OF FLORIDA BUSINESS LICENSE NUMBER** (If Applicable):

**DO NOT include Social Security number with this application; CSC will obtain if/when contracted.**

**ORGANIZATION STRUCTURE** (Please check one):

- Corporation
- LLC
- Partnership
- Proprietorship
- Joint Venture
- Other

If Corporation or LLC, please provide the following:

(A) Date of incorporation/formation

(B) State or Country of incorporation/formation

I certify that this Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all terms and conditions of this RFP and certify that I am authorized to sign this Proposal and that this Proposal is in compliance with all requirements of the Request for Qualifications, including but not limited to, certification requirements.

**REQUIRED SIGNATURE**

________________________________________________________________________________________   _________________________________

 Authorized Signature (Manual)                             (Authorized Signature (Print or Type)                    Title (Print or Type)

COMPLETE & PRINT FORMS; SIGN THE COVER PAGE; SCAN INTO PDF FORMAT AND EMAIL TO CSC BY 2:00 PM ON DUE DATE
QUESTIONNAIRE

The following Questionnaire shall be completed and submitted with the Request for Proposal. Proposer guarantees the truth and accuracy of all statements and answers herein contained.

Page Limit – 25 pages (single space and 11 font size) – To include questionnaire answers; all other forms not counted in page limit

1) Proposer General Knowledge/ Experience

a. Provide your agency’s mission statement. Describe how the work of the Fetal Infant Mortality Review is consistent with your mission and supports the work of your organization.

b. How many years have you/your organization/company been in business? What is your agency turnover rate and how has the level of attrition impacted your work/projects? What steps have you taken to mitigate turnover to ensure seamless service provision of projects that impact the community?

c. Understanding that the work of the FIMR involves a “Cycle of Improvement” and will require time for change, what will your FIMR team do to ensure sustainability of the work being accomplished?

d. Describe your agency’s experience, motivation, capacity, and resources to lead and manage a FIMR project. Include the years of experience your agency has in providing services to the community, working with diverse populations and any notable community impact that has resulted from these efforts.

e. Describe your approach to engagement of volunteer participants for the FIMR components: What methods will you use to assure member engagement, consistency of participation and group understanding about the resources in the community?
2) Proposer Agency Capacity to Provide the Service
   a. Describe your staffing structure to successfully fulfill this scope of work. How will the FIMR project be nested within your organization? How many staff will be involved in this project and what roles will they play?
   
   b. Have you ever failed to complete work awarded to you? If so, where and why?
   
   c. What is your understanding of the social determinants of health and how they impact birth-outcomes? How do you propose to orient new FIMR participants in understanding the medical and social implications associated with prematurity and low birth weight and its correlation to infant mortality?
   
   d. Describe your agency’s approach and process to develop an Infant Mortality/Birth Disparities collaborative within Palm Beach County. What challenges do you anticipate? How would you leverage existing Infant Mortality efforts to ensure a productive and robust collaborative structure?

3) Engagement of Community Organizations and Data Analysis
   a. Describe how your organization will use disaggregated data to examine and evaluate key indicators of infant mortality.
   
   b. In review of Data Table 2014-2015, give an example of what type of CAG initiative could be developed to increase awareness about 1) Equity/Social Determinants of Health and 2) maternal risk factor of obesity in black women.
   
   c. The FIMR abstractor will have the ability to choose specific “types of cases” to help the team develop a cohort for more intense examination. In review of the Data Table 2014-2015, specifically tab 2 “Select Causes of Infant Death”, what types of cases would you abstract for further review and why?
d. Describe your agency’s experience in helping to form/coordinate a network/collaborative. Describe how your agency proposes to build and strengthen collaborative relationships and partnerships with a variety of service providers, and stakeholders for this project.

4) **Budget**

a. How did you determine your budget taking into consideration that the selected agency will subcontract with FDOH- Palm Beach County?

b. A completed budget form is required. (The Budget Form template is available for download at www.cscpbc.org/openprop. Reference file name: RFP #17-006 Forms)
### PROFESSIONAL REFERENCES

In addition to the letter of support/commitment from FDOH- Palm Beach County, list two references, other than CSC, that can address the work performed by the Proposer in the past five years. For each reference, please specify:

- a. Name, address, telephone number
- b. Project start date and duration
- c. Scope and cost of project or program
- d. Role in project or program
- e. Outcome of project or program, if applicable

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**CONFLICT OF INTEREST DISCLOSURE**

The Proposer certifies that this price is made independently and free from collusion. Proposer shall disclose below, to the best of its knowledge, any CSC Council member, employee, or any spouse, son, daughter, stepson, stepdaughter, or parent of any such Council member or CSC employee, who is an officer or director of, or has a material interest in, the Proposer’s business. For purposes hereof, a person has a material interest if he or she directly or indirectly owns more than five percent (5%) of the total assets or capital stock of any business entity, or if he or she otherwise stands to personally gain if the contract is awarded to this vendor.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment.

**LIST NAME(S) AND RELATIONSHIPS (IF APPLICABLE)**

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**REQUIRED SIGNATURE**

________________________________________
(Proposer’s Signature)