

CUYAHOGA COUNTY  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

**REQUEST FOR QUOTATIONS  
VIDEOGRAPHY SERVICES/PROJECT DEVELOPMENT**

**Project overview**

The Cuyahoga County Board of Health (CCBH) seeks a qualified contractor to provide videography services for a local collaborative in Cuyahoga County, Ohio known as Health Improvement Partnership-Cuyahoga (HIP-Cuyahoga).

Duties will include pre-production activities to include conceptual development, storyboarding, scriptwriting, talent casting, crew selection, and securing of filming locations; filming all project elements; and all post-production activities to include editing, reviewing with client at prescribed intervals, and delivering a finished version in various formats as needed.

Total cost for the project cannot exceed \$12,000.

**Duration of services**

The Cuyahoga County Board of Health is seeking services commencing the first quarter of 2017 with the potential to continue through December 2017.

**Scope of work**

The contractor will be expected to work collaboratively with HIP-Cuyahoga representatives in all phases of production, as described above, to be certain that all parties are in agreement throughout the project's duration.

The consultant should also be explicit in explaining, both in written and verbal form, how they intend to accomplish the scope of work, including the ways in which the production team will interact with the HIP-Cuyahoga representatives (e.g. face-to-face meetings, webinars, conference calls, emails).

**Deliverables**

- All pre and post-production services as necessary and agreed upon
- Monthly invoices for work performed
- Obtaining pre-authorization prior to generating expenditures

### **Subject background**

HIP-Cuyahoga is a diverse and committed group of people who share a strong and intentional commitment to address health inequities with aspirations that everyone in Cuyahoga County receives a fair chance to reach his or her fullest health potential. Here is a link to the HIP-Cuyahoga website for more information (<http://hipcuyahoga.org/>).

The Cuyahoga County Board of Health serves as the backbone organization, providing strategic guidance, management of day-to-day operations and coordination of communications and evaluation for HIP-Cuyahoga. There is a Communications workgroup that supports HIP-Cuyahoga. We would like to identify a contractor who can help support the creation of a series of videos which creatively and clearly describe HIP-Cuyahoga, the problem(s) the problems it is working to address, why it matters, and what solutions it is employing to address priority issues impacting the health of those who live, learn, work and play in Cuyahoga County.

We are particularly interested in identifying a contractor who has experience with developing a compelling story around the complex issues the partnership is addressing. Our story will need to: highlight data which depict the stark differences in opportunities for people to be healthy, and in health outcomes based on place and race; demonstrate the breadth of our diverse partnerships; and bring community voice into our story.

### **Information requested from contractor**

The following items listed below must be included with all quotes, for quotes to be considered.

- Business establishment date and years of experience performing work of this nature
- Identify how deliverables will be met
- List skills and qualifications
- One to two paragraphs telling us why you or your company is the best fit for this job
- Pricing document - provide your budget proposal for this project. Include your daily or hourly rates for filming and editing, number of days or hours you anticipate needing, and an estimate for daily equipment rental for this job.
- Samples of work and at least three references (CCBH form attached)

### **Information about the selection of the contractor**

Proposals will be reviewed by a team of individuals to determine if the proposal adequately addresses the elements of the RFQ. Based on this review, prospective contractors may be asked to engage a subset of the Collaborative membership (e.g. the Steering Committee and/or members of the Communications workgroup) via a conference call as part of the selection process.

### **Insurance requirements**

During the full term of the contractual agreement, the contractor shall have in effect and maintain such insurance as defined herein. Where applicable, to be determined by the Board's Administrative Counsel, the applicable insurance shall name the Board and its employees as a co-insured or additional insured.

This insurance shall protect the contractor, the Board and its employees and any subcontractor performing work covered by the contractual agreement against: 1) general auto liability claims; 2) professional liability claims; 3) personal injury claims; 4) accidental death claims; 5) property damage claims; 6) economic loss claims; 7) general liability claims; and such other types of claims including but not limited to D&O, employee dishonesty, workers compensation claims which may arise from operations under the contractual agreement whether such operations be by the contractor or by any subcontractor or by anyone directly or indirectly employed by either of them.

An exact copy of such insurance policy or policies and any declarations pages shall be made available to the contracting authority for review at or before the time of execution of the contract. Such insurance shall include coverages for general liability, professional liability (where deemed necessary), workers compensation, D&O coverage and employee dishonesty (if deemed applicable) in such reasonable and adequate amounts as shall be determined by the Administrative Counsel at the time of negotiation of the contract.

### **Submission of quotes**

Quotation documents are due by Friday, February 17, 2017.

**EXTENDED to Monday, February 20, 2017.**

Documents may be mailed or emailed to the following:

Cuyahoga County Board of Health  
Attention: Martha Halko  
5550 Venture Drive  
Parma, Ohio 44130  
(216) 201-2001 ext.1504  
mhalko@ccbh.net

## CONTRACTOR REFERENCE SHEET

**INSTRUCTIONS:**

List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.

**ORGANIZATION'S NAME:****CONTACT PERSON'S NAME:****ORGANIZATION'S FULL ADDRESS:****CONTACT PERSON'S TELEPHONE NUMBER:****DATE SERVICE(S) PROVIDED:****SPECIFY THE SERVICES PROVIDED:****ORGANIZATION'S NAME:****CONTACT PERSON'S NAME:****ORGANIZATION'S FULL ADDRESS:****CONTACT PERSON'S TELEPHONE NUMBER:****DATE SERVICE(S) PROVIDED:****SPECIFY THE SERVICES PROVIDED:****ORGANIZATION'S NAME:****CONTACT PERSON'S NAME:****ORGANIZATION'S FULL ADDRESS:****CONTACT PERSON'S TELEPHONE NUMBER:****DATE SERVICE(S) PROVIDED:****SPECIFY THE SERVICES PROVIDED:**