

CUYAHOGA COUNTY BOARD OF HEALTH

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REQUEST FOR QUOTATIONS FOR FUNCTIONAL NEEDS COORDINATOR FOR THE CUYAHOGA COUNTY BOARD OF HEALTH

Background

The Cuyahoga County Board of Health (CCBH) seeks a qualified contractor to coordinate emergency preparedness planning with a specific focus on persons with access and functional needs (hereinafter referred to PAFN).

Access-based needs requires ensuring that resources are accessible to all individuals, such as social services, accommodations, information, transportation, medications to maintain health, and so on. *Function-based needs* refer to restrictions or limitations an individual may have that require assistance before, during, and/or after a disaster or public health emergency.

(<http://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>)

The contractor should have familiarity (and ideally, existing working relationships) with the major stakeholders and service agencies that assist persons with access and functional needs within Cuyahoga County and the surrounding Northeast Ohio area.

Duration of Services

The Cuyahoga County Board of Health is seeking services commencing March 1, 2017 through May 31, 2019.

Scope of Work

The contractor will be expected to:

1. Establish and or maintain relationships (including participation in meetings) with organizations/agencies providing services for those with functional and access needs (per the FEMA functional definition people who experience functional problems with communication, maintaining independence, medical care, supervision and transportation).
2. Maintain up to date contact information of organizations/agencies serving persons with functional and access needs in Cuyahoga County
3. Work with agencies/organizations that, as part of their mission, deliver services to persons with functional and access needs, to develop plans to coordinate services provided by first responders and other groups active during disasters.

5550 Venture Drive ♦ Parma, Ohio 44130

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4. Attend regional and/or national meetings of similar groups to exchange ideas.
5. Attend trainings and exercises related to functional and access needs coordination and planning.
6. Work with local Community Emergency Response Teams (CERT) and Medical Reserve Corps (MRC) to increase awareness of those with functional and access needs.
7. Update the Persons with Functional and Access Needs Guidance document, which is part of Cuyahoga County Emergency Operations Plan.

Deliverables

- Provide documentation of meeting attendance and participation. (Agenda, minutes and sign in sheet)
- Provide documentation of training attendance. (Course outline, objectives and certificate of attendance)
- Obtain pre-authorization prior to generating expenditures including attendance or participating in any aspects of training or exercises. If involved in any way with an exercise, the event must be HSEEP-compliant.
- Provide monthly invoices including time and effort log for pre-authorized work performed, including plan updates, meetings, trainings, and exercises as appropriate.
- Participate in the NEOMMRS Functional Needs Workgroup Meetings
- Participate in the Cuyahoga County COAD meetings and workgroups, as an advocate for PAFN.
- Participate in exercises involving PAFN.
- By June 30, 2017 review and update the Cuyahoga County EOP, PAFN Guidance base plan.
- Attend the meetings with PAFN stakeholder groups to inform PAFN plan updates.
- Complete the following milestones within the designated timeframes:

(Q1) March – June 2017 –Conduct a review and update of the PAFN Guidance – Base Plan

(Q2) July – September 2017 – Review and update of a minimum of 5 supporting attachments to the guidance document. (e.g. Considerations for people who are blind, Considerations for people who are deaf, Considerations for people with mobility issues, etc).

(Q3) October – December 2017- Review and update of a minimum of 5 supporting attachments (not part of the previous update) to the guidance document.

(Q4) January – March 2018 - Review and update of a minimum of 5 supporting attachments (not part of the 2 previous updates) to the guidance document.

(Q5) March – June 2018 – Conduct a review and update of the PAFN Guidance – Base Plan

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(Q6) July – September 2018 - Review and update of a minimum of 5 supporting attachments to the guidance document. (e.g. Considerations for people who are blind, Considerations for people who are deaf, Considerations for people with mobility issues, etc).

(Q7) October – December 2018 - Review and update of a minimum of 5 supporting attachments (not part of the previous update) to the guidance document.

(Q8) January – May 2019 - Review and update of a minimum of 5 supporting attachments (not part of the 2 previous updates) to the guidance document.

Information Requested

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

1. Business establishment date and years of experience performing work of this nature
2. Three references (CCBH form attached)
3. Identify how deliverables will be met.
4. List skills and qualifications
5. Pricing document and hourly rate (note: total should not exceed \$10,000)
6. Description of your approach to obtaining pre-authorization prior to generating expenditures.

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.

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Submission of Quotes

Quotation documents are due by Friday, February 17, 2017 at 11:00 am.

Documents may be mailed or emailed to the following:

Cuyahoga County Board of Health
Attention: Chris Kippes
5550 Venture Drive
Parma, Ohio 44130
(216) 201-2001 ext.1600
ckippes@ccbh.net

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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:
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