

# REQUEST FOR PROPOSAL



## DEVELOPMENT OF DISTRICT HARM REDUCTION MOBILE OUTREACH STRATEGY

Reference No.: RFP 2023-10

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# REQUEST FOR PROPOSALS

## 1. INTRODUCTION

The Timiskaming Drug and Alcohol Strategy (TDAS) has observed an increasing need for comprehensive and responsive harm reduction outreach that meets local needs. Timiskaming Health Unit, on behalf of the TDAS, is seeking a consultant who will develop a mobile harm reduction outreach strategy that expands geographic coverage and service hours for harm reduction (currently 8:30-4:30, Monday-Friday) for the TDAS catchment.

### 1.1 Background

The TDAS catchment area in Northeastern Ontario covers 14,146 square kilometers. This area includes most of the District of Timiskaming, the municipality of Temagami and the following townships: Ben Nevis, Bisley, Clifford, Pontiac, Clement and Scholes. The TDAS catchment area does not include the following Timiskaming District townships: Childerhose, Douglas, Doyle, Fripp, Geikie, Hillary, McArthur, McKeown, Musgrove, Pharand and Reynolds. As of 2021, Timiskaming has a population density of 2.3 people per square kilometer, which is quite sparse compared to an urban area such as Toronto, which has a population density of 4,334 people per square kilometer.

This area is designated as a 'sparsely populated urban-rural mix' as it consists of a wide variety of community sizes. The largest community is Temiskaming Shores with a population of 9,634 people followed by Kirkland Lake with a population of 7,750. The next largest communities by size are considerably smaller: Englehart with a population of 1,442 and Cobalt, which consists of 989 people<sup>1</sup>.

The Temiskaming Drug and Alcohol Strategy is a joint effort of partner agencies aimed to better understand the local context of substance use and reduce its associated harms. TDAS builds collective impact through a common agenda, shared measurement, mutually reinforcing activities, and continuous communications among community partners and the backbone agency. The four-pillar framework consists of prevention, harm reduction, treatment, and community safety. Advising the drug and alcohol strategy is the People with Lived and Living Experience Advisory Committee. This advisory group shares their wisdom and knowledge through information and feedback on local situation and needs and guides the implementation of the strategy. The Timiskaming Drug and Alcohol Strategy can be found online at [www.tdas.ca](http://www.tdas.ca).

Backbone support for TDAS is provided by Timiskaming Health Unit (THU), who will be carrying out contracting related to this Request for Proposals.

Many different community agencies offer a variety of local harm reduction services, for example, Community Health Centres, Family Health teams, Canadian Mental Health Association (CMHA), Salvation Army, local Public Health, and women's shelters. Harm reduction initiatives include naloxone distribution, distribution of harm reduction supplies, sexual health programming, STI and BBI testing, drug testing, sharps disposals, peer outreach, and anti-stigma work. Services are designed to reach and support people who use drugs, people who are underhoused, and people who engage in other risk-taking behaviours.

Despite the breadth of services and collaboration of community agencies, services in Timiskaming are limited in geographic reach and hours of service. TDAS acknowledges the disparities our district faces and is aiming to support a sustainable, shared outreach model that bridges the gaps in service provision.

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<sup>1</sup> Timiskaming Health Unit (2023). Timiskaming health stats: Sociodemographic report for the Timiskaming Health Unit area (draft).

## 1.2 Purpose

TDAS is looking to develop a collaborative, person-centered, evidence-informed, and sustainable mobile harm reduction outreach model. This includes multi-agency provision of harm reduction services, distribution of harm reduction supplies, and drug testing services. Additionally, an outreach model should include a mechanism for STI/BBI follow-up, referral to the By-Name List, and referral pathways that meet the needs of clients.

TDAS requires the services of a consultant/firm to develop a district-wide outreach strategy that will guide our future work and will include:

- Determining best practice models
- Creating a model that is sustainable (\$15,000/year and staff time in kind; potential for additional funding and staff time pending partner agency involvement) and that suits our rural geography and population needs
- Closely working with TDAS's Harm Reduction pillar and PWLLE Advisory Committee to inform the outreach strategy
- Clear, evidence-informed deliverables and outcomes
- Logic model
- A variety of components that, together, allow us to address gaps in service hours and location.

## 1.3 Definitions

In this RFP the following definitions shall apply:

**"THU"** means the Timiskaming Health Unit;

**"Health Unit"** means the Timiskaming Health Unit;

**"HR"** means Harm Reduction;

**"Contract"** means a formal written contract between the Timiskaming Health Unit and a Preferred Proponent to undertake the Services;

**"Evaluation Team"** means the team appointed by the Health Unit;

**"Preferred Proponent(s)"** means the Proponent(s) selected by the Evaluation Team to enter into negotiations for a Contract;

**"Proponent"** means an entity that submits a Proposal;

**"Proposal"** means a proposal submitted in response to this RFP;

**"RFP"** means this Request for Proposals;

**"Services"** has the meaning set out in Schedule A;

**"Site"** means the place or places where the Services are to be performed; and

**"Statement of Departures"** means Schedule C-1 to the form of Proposal attached as Schedule C.

## 1.4 Deliverables

In consultation with TDAS, the consultant will:

1. Gather data and best practices related to outreach strategies
2. Develop a regional strategy to reach harm reduction clients and ensure strategic geographic distribution. Develop strategy as suggested by TDAS and the PWLLE Advisory Committee, and other partnering agencies to meet the unique needs of the target population.

TDAS will:

1. Provide all the background information needed to support strategy development
2. Provide support and direction
3. Compensate project budget allocation for all RFP deliverables at a rate not to exceed \$18,000

## 1.5 Timeline

The following are the main activities and specific deadlines that must be met by successful consultant/firm for the project to be awarded.

Activities	Anticipated Completion Date
RFP submissions received by THU/TDAS	November 20, 2023
Review of RFP submissions by THU/TDAS	
Successful submission is selected and consultant/firm is notified	November 27, 2023
Initial meeting with THU/TDAS to develop common understanding of the project and deliverables	Week of November 27 or December 4, 2023
Regular updates/meetings scheduled	Every week (dates TBD)
<b>Implementation Strategy and Materials</b>	
Final Mobile Outreach model proposal delivered by consultant	February 16, 2024

## 1.6 Budget

The total budget for RFP deliverables is \$18,000.

## 1.7 Proposal Requirements

- Review background material and associated documents prepared by THU/TDAS.
- Teleconference with THU/TDAS prior to project initiation to ensure common understanding of project scope, deliverables and timelines. Provide THU/TDAS with documentation of common understanding of project for mutual sign-off before initiation of project.
- Consult throughout the project by means of virtual conferencing and electronic communication (specify frequency and date of consultation in proposal).
- Complete deliverables as agreed upon within the timelines.
- Advise THU/TDAS of barriers or obstacles to meeting agreed-upon timelines and provide notification when changes to deliverables or timelines are being requested.
- Provide THU/TDAS with draft version of deliverables for review and approval prior to proceeding with further work.

## 2.0 INSTRUCTIONS TO PROPONENTS

### 2.1 Submission of Proposals

This is an open and competitive process.

**Proposals in PDF format must be submitted by 4:00pm on Monday, November 20, 2023 to:**

Shujian Liu  
Coordinator, Timiskaming Drug and Alcohol Strategy.  
[lius@timiskaminghu.com](mailto:lius@timiskaminghu.com)

Proposals will be evaluated immediately thereafter. Candidates may be contacted to arrange an interview on November 15, 2023 and the selected candidate will be asked to attend a videoconference meeting with TDAS members during the week of November 20, 2023.

## **2.2 Length/content**

Proposals should not exceed 10 pages, single-spaced, 1-inch margins, and 12-point font (excluding references and appendices).

### **All proposals should include:**

- Executive Summary: Include an outline of your proposal, including time and cost to complete the work.
- Project: Describe your approach, including at least a general narrative work plan outlining resources (yours and ours), phases, timelines, costs, and deliverables.
- Provide a detailed budget itemizing all costs and reference these specific items in all invoicing.
- Appendices: In addition to any other appendices you choose to add, include client references and client work samples.

## **2.3 Questions and Inquiries**

Prospective bidders may contact the project coordinator about this project. Questions should be submitted in writing via e-mail, no later than 9 a.m. November 8. Responses to questions will be emailed to all prospective proponents who have requested a package, or who have made TDAS aware that they are planning to respond to the RFP. All inquiries related to the status of this RFP, including whether or not a Contract has been awarded, should be directed to the TDAS Representative.

Shujian Liu  
Coordinator, Timiskaming Drug and Alcohol Strategy  
[lius@timiskaminghu.com](mailto:lius@timiskaminghu.com)

## **3.0 PROPOSAL SUBMISSION FORM AND CONTENTS**

### **3.1 Form of Proposal**

Proponents should complete the form of Proposal attached as Schedule A, including Schedules A-1 to A-5. Proponents are encouraged to respond to the items listed in Schedules A-1 to A-5 in the order listed. Proponents are encouraged to use the forms provided and attach additional pages as necessary.

### **3.2 Signature**

The legal name of the person or firm submitting the Proposal should be inserted in Schedule A. The Proposal should be signed by a person authorized to sign on behalf of the Proponent.

- a) If the Proponent is a corporation, then the full name of the corporation should be included, together with the names of authorized signatories. The Proposal should be executed by all of the authorized signatories or by one or more of them provided that a copy of the corporate resolution authorizing those persons to execute the Proposal on behalf of the corporation is submitted.
- b) If the Proponent is a partnership or joint venture, then the name of the partnership or joint venture and the name of each partner or joint venturer should be included, and each partner or joint venturer should sign personally (or, if one or more person(s) have signing authority for the partnership or joint venture, the partnership or joint venture should provide evidence to the satisfaction of the Health Unit that the person(s) signing have signing authority for the partnership or joint venture). If a partner or joint venturer is a corporation then such corporation should sign as indicated in subsection (a) above.

- c) If the Proponent is an individual, including a sole proprietorship, the name of the individual should be included.

#### **4.0 EVALUATION AND SELECTION**

##### **4.1 Evaluation Team**

The evaluation of Proposals will be undertaken on behalf of THU/TDAS by an Evaluation Team. The Evaluation Team may consult with others including TDAS members, third party consultants and references, as the Evaluation Team may in its discretion decide is required. The Evaluation Team will give a written recommendation for the selection of a Preferred Proponent or Preferred Proponents to the THU/TDAS project team.

##### **4.2 Evaluation Criteria**

The Evaluation Team will compare and evaluate all Proposals to determine the Proponent's strength and ability to provide the Services in order to determine the Proposal which is most advantageous to THU/TDAS, using the following criteria:

- a) **Experience, Reputation and Resources:** The Evaluation Team will consider the Proponent's responses to items in A-2 of Schedule A including supplementary information.
- b) **Technical:** The Evaluation Team will consider the Proponent's responses to items (i) to (vii) in A-3 and Schedule A-4 of Schedule A.
- c) **Financial:** The Evaluation Team will consider the Proponent's response to A-5 of Schedule A.
- d) **Statement of Departures:** The Evaluation Team will consider the Proponent's response to A-1 of Schedule A. The Evaluation Team will not be limited to the criteria referred to above, and the Evaluation Team may consider other criteria that the team identifies as relevant during the evaluation process. The Evaluation Team may apply the evaluation criteria on a comparative basis, evaluating the Proposals by comparing one Proponent's Proposal to another Proponent's Proposal. All criteria considered will be applied evenly and fairly to all Proposals.

##### **4.3 Discrepancies in Proponent's Financial Proposal**

If there are any obvious discrepancies, errors or omissions in A-5 of a Proposal (Proponent's Financial Proposal), then the Health Unit shall be entitled to make obvious corrections, but only if, and to the extent, the corrections are apparent from the Proposal as submitted, and in particular:

- a) If there is a discrepancy between a unit price and the extended total, then the unit prices shall be deemed to be correct, and corresponding corrections will be made to the extended totals;
- b) If a unit price has been given but the corresponding extended total has been omitted, then the extended total will be calculated from the unit price and the estimated quantity;
- c) If an extended total has been given but the corresponding unit price has been omitted, then the unit price will be calculated from the extended total and the estimated quantity.

##### **4.4 Litigation**

In addition to any other provision of this RFP, the Health Unit may, in its absolute discretion, reject a Proposal if the Proponent, or any officer or director of the Proponent submitting the Proposal, is or has been engaged directly or indirectly in a legal action against the Health Unit, its elected or appointed officers, representatives or employees in relation to any matter.

In determining whether or not to reject a Proposal under this section, the Health Unit will consider whether the litigation is likely to affect the Proponent's ability to work with the Health Unit, and whether the Health Unit's experience with the Proponent indicates that there is a risk the Health Unit

will incur increased staff and legal costs in the administration of the Contract if it is awarded to the Proponent.

#### **4.5 Additional Information**

The Evaluation Team may, at its discretion, request clarifications or additional information from a Proponent with respect to any Proposal, and the Evaluation Team may make such requests only to selected Proponents. The Evaluation Team may consider such clarifications or additional information in evaluating a Proposal.

#### **4.6 Interviews**

The Evaluation Team may, at its discretion, invite some or all of the Proponents to appear before the Evaluation Team to provide clarifications of their Proposals. In such event, the Evaluation Team will be entitled to consider the answers received in evaluating Proposals.

#### **4.7 Multiple Preferred Proponents and Changes to the Proponent Team**

The Health Unit reserves the right and discretion to divide up the Services, either by scope, geographic area, or other basis as the Health Unit may decide, and to select one or more Preferred Proponents to enter into discussions with the Health Unit for one or more Contracts to perform a portion or portions of the Services. If the Health Unit exercises its discretion to divide up the Services, the Health Unit will do so reasonably having regard for the RFP and the basis of Proposals. Likewise, the Health Unit reserves the right to ask for changes in the members comprising the Proponent Team as it deems beneficial to the overall composition of the Team and without any obligation to justify its preference.

In addition to any other provision of this RFP, Proposals may be evaluated on the basis of advantages and disadvantages to the Health Unit that might result or be achieved from the Health Unit dividing up the Services and entering into one or more Contracts with one or more Proponents.

#### **4.8 Negotiation of Contract and Award**

If the Health Unit selects a Preferred Proponent or Preferred Proponents, then it may:

- a) Enter into a Contract with the Preferred Proponent(s); or
- b) Enter into discussions with the Preferred Proponent(s) to clarify any outstanding issues and attempt to finalize the terms of the Contract(s), including financial terms. If discussions are successful, the Health Unit and the Preferred Proponent(s) will finalize the Contract(s); or
- c) if at any time the Health Unit reasonably forms the opinion that a mutually acceptable agreement is not likely to be reached within a reasonable time, give the Preferred Proponent(s) written notice to terminate discussions, in which event the Health Unit may then either open discussions with another Proponent or terminate this RFP and retain or obtain the Services in some other manner.

### **5.0 GENERAL CONDITIONS**

#### **5.1 No Health Unit Obligation**

This RFP does not commit the Health Unit in any way to select a Preferred Proponent, or to proceed to negotiations for a Contract, or to award any Contract, and the Health Unit reserves the complete right to at any time reject all Proposals, and to terminate this RFP process.

#### **5.2 Proponent's Expenses**

Proponents are solely responsible for their own expenses in preparing, and submitting Proposals, and for any meetings, negotiations or discussions with the Health Unit or its representatives relating to or arising from this RFP. The Health Unit and its representatives, agents, and advisors will not be liable to any Proponent for any claims, whether for costs, expenses, losses or damages, or loss of anticipated profits, or for any other matter whatsoever, incurred by the Proponent in preparing and submitting a



Proposal, or participating in negotiations for a Contract, or other activity related to or arising out of this RFP.

### **5.3 No Contract**

By submitting a Proposal and participating in the process as outlined in this RFP, Proponents expressly agree that no contract of any kind is formed under, or arises from, this RFP, prior to the signing of a formal written Contract.

### **5.4 Conflict of Interest**

A Proponent shall disclose in its Proposal any actual or potential conflicts of interest and existing business relationships it may have with the Health Unit, its elected or appointed officials or employees. The Health Unit may rely on such disclosure.

### **5.5 Solicitation of Board of Health and Health Unit Staff**

Proponents and their agents will not contact any member of the Board of Health or Health Unit staff with respect to this RFP, other than the Health Unit Representative named in section 2.3, at any time prior to the award of a contract or the termination of this RFP.

### **5.6 Confidentiality**

All submissions become the property of the Health Unit and will not be returned to the Proponent. All submissions will be held in confidence by the Health Unit unless otherwise required by law. Proponents should be aware the Health Unit is a “public body” defined by and subject to the *Freedom of Information and Protection of Privacy Act* of Ontario. To avoid disqualification, all bidders are expected to ensure the confidentiality of this proposal.

### **5.7 Property of the Owner**

By submitting this quote, you agree that artwork and products produced in the course of this project and end result shall be and remain the sole and exclusive property of the Timiskaming Health Unit and Timiskaming Drug and Alcohol Strategy Partners. All submissions become the property of the Health Unit and will not be returned to the Proponent. By submitting this RFP, you agree to provide artwork in an electronic format at a resolution suitable for use in future print advertising, posters, brochures, presentations, etc. by the TDAS partners.

### **5.8 Reports**

Written and graphic documentation is to be provided in paper, electronic format and standardized Microsoft Office format, including text, spreadsheets, graphs, slides used in presentations, etc. The Proponent is to have the ability to communicate with Health Unit staff through email and the internet. Presentations will be provided in a format clearly explained in the Proponent’s future proposal. With the exception of material expressly protected by copyright, any information submitted to the Project team becomes the property of the Health Unit.

### **5.9 Licensing**

Upon award, the Firm/Consultant will be responsible for a strict adherence to all Federal, Provincial, and Municipal codes and by-laws and must obtain all permits and licenses as applicable.

### **5.10 Safety Codes and Regulations**

Upon award, the Firm/Consultant must adhere to all safety rules, regulations, and labour codes in effect in all jurisdictions where the work is to be performed, as well as all COVID-19 related public health restrictions.

#### **5.11 Insurance/WSIB**

The Firm/Consultant agrees to indemnify and save harmless the Timiskaming Health Unit (hereafter 'The Health Unit') for any claim demand arising out of the performance by the Firm/Consultant of the contract. The Firm/Consultant agrees to maintain comprehensive liability insurance covering all operations and liability assumed under the contract, and to provide the Health Unit with a certificate to this effect. The Firm/Consultant agrees to have a limit of liability of not less than \$500,000 inclusive for any one occurrence.



Services de santé du  
**TIMISKAMING**  
Health Unit



**TIMISKAMING**  
**DRUG AND ALCOHOL STRATEGY**  
**STRATÉGIE CONTRE LES DROGUES ET**  
**L'ALCOOL DU TIMISKAMING**

## **SCHEDULE A**

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### **FORM OF PROPOSAL**

- |    |                |   |
|----|----------------|---|
| 1. | Schedule "A"   | Form of Proposal;                               |
| 2. | Schedule "A-1" | Statement of Departures;                        |
| 3. | Schedule "A-2" | Proponent's Experience, Reputation & Resources; |
| 4. | Schedule "A-3" | Proponent's Technical Proposal (Service);       |
| 5. | Schedule "A-4" | Proponent's Technical Proposal (Schedule); and  |
| 6. | Schedule "A-5" | Proponent's Financial Proposal.                 |

# SCHEDULE A

## FORM OF PROPOSAL

**RFP Project Title:** TIMISKAMING ACTIVE SCHOOL TRAVEL COMMUNICATIONS REFRESH & DEVELOPMENT OF REGIONAL COMMUNICATION STRATEGY

**RFP Reference No.:** RFP 2023-10

**Legal Name of Proponent:** \_\_\_\_\_

**Contact Person and Title:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

TO:

*Shujian Liu*

Timiskaming Health Unit

247 Whitewood Avenue, Unit 43

Temiskaming Shores, ON P0J 1P0

[lius@timiskaminghu.com](mailto:lius@timiskaminghu.com)

Dear Sir:

- 1.0 **I/We, the undersigned duly authorized representative(s) of the Proponent**, having received and carefully reviewed all of the Proposal documents, including the RFP and any issued addenda, and having full knowledge of the proposal requirements, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions attendant to performing the Services, submit this Proposal in response to the RFP 2021-05.
- 2.0 **I/We confirm** that the following appendices are attached to and form part of this Proposal:
  - Schedule A-1 – Statement of Departures;
  - Schedule A-2 – Proponent’s Experience, Reputation and Resources;
  - Schedule A-3 – Proponent’s Technical Proposal (Services);
  - Schedule A-4 – Proponent’s Technical Proposal (Schedule); and
  - Schedule A-5 – Proponent’s Financial Proposal
- 3.0 **I/We confirm** that this Proposal is accurate and true to best of my/our knowledge.
- 4.0 **I/We confirm** that, if I/we am/are awarded the Agreement, I/we will at all times be the “prime Consultant” as provided by the Workplace Safety and Insurance Act (Ontario) with respect to the Services. I/we further confirm that if I/we become aware that another Consultant at the place(s) of the Services has been designated as the “prime Consultant”, I/we will notify the Health Unit immediately, and I/we will indemnify and hold the Health Unit harmless against any claims, demands, losses, damages, costs, liabilities or expenses suffered by the Health Unit in connection with any failure to so notify the Health Unit.

**This Proposal** is submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**I/We have the authority to bind the Proponent.**

\_\_\_\_\_  
(Name of Proponent)

\_\_\_\_\_  
(Name of Proponent)

\_\_\_\_\_  
(Signature of Authorized Signing Officer)

\_\_\_\_\_  
(Signature of Authorized Signing Officer)

\_\_\_\_\_  
(Print Name and Position of Authorized  
Signing Officer)

\_\_\_\_\_  
(Print Name and Position of Authorized  
Signing Officer)

**SCHEDULE A-1**  
**STATEMENT OF DEPARTURES**

1. I/We have reviewed the RFP and if requested by the Health Unit, I/We would be prepared to enter into that Contract, amended by the following departures (list departures, if any):

<b>Section</b>	<b>Departure / Alternative</b>

2. The Timiskaming Health Unit requires that the successful Proponent have the following in place **before commencing the Services**:

- a) Workplace Safety and Insurance Board (WSIB) coverage in good standing and further, if an “Owner Operator” is involved, personal operator protection (P.O.P.) will be provided,  
Workplace Safety and Insurance Board Registration Number \_\_\_\_\_;
- b) A Safety Program that meets the WSIB standards;
- c) Insurance coverage for the amounts required in the proposed Contract as a \$500,000 minimum, naming the Health Unit as additional insured;
- d) Province of Ontario business license; and
- e) The company name indicated above is registered with the Registrar of Companies in the Province of Ontario, Canada, Incorporation Number \_\_\_\_\_.

As of the date of this Proposal, we advise that we have the ability to meet all of the above requirements, **except as follows** (list, if any):

<b>Section</b>	<b>Departure / Alternative</b>

3. I/We offer the following alternates to improve the Services described in the RFP (list, if any):

<b>Section</b>	<b>Departure / Alternative</b>

## SCHEDULE A-2

### PROPONENT'S EXPERIENCE, REPUTATION AND RESOURCES

Proponents should provide information on the following (use the spaces provided and attach additional pages, if necessary):

- (i) Location of branches, background, stability, structure of the Proponent;
  
- (ii) Proponent's relevant experience and qualifications in delivering Services similar to those required by the RFP;
  
- (iii) Proponent's demonstrated ability to provide the Services;
  
- (iv) Proponent's equipment servicing resources, capability and capacity, as relevant;

Proponents should also provide information on the background and experience of key personnel proposed to undertake the Services (complete the chart below for all personnel proposed to undertake the Services):

#### Key Personnel

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Responsibility: \_\_\_\_\_

**References**

Proponent to provide three references of recent successful performance where the requirements were similar to the Health Unit’s requirements as set out in the RFP. The Health Unit reserves the right to request site visits and demonstrations of existing Proponent operations.

The Health Unit reserves the right to contact any person(s), agency(ies) or firm(s) not listed as part of an independent review.

<b>Reference #1</b>	
Name of client’s organization:	
Reference Contact Information:	Name:
	Phone Number:
	Email Address:
How long has the organization been a client of the Proponent?	
Describe the size and scope of the referenced project.	
Describe the nature of the work performed.	
Provide the start and end dates of the project duration, and any relevant comments.	
Information on any significant obstacles encountered and resolved for this type of service.	

<b>Reference #2</b>	
Name of client’s organization:	
Reference Contact Information:	Name:
	Phone Number:
	Email Address:
How long has the organization been a client of the Proponent?	
Describe the size and scope of the referenced project.	
Describe the nature of the work performed.	
Provide the start and end dates of the project duration, and any relevant comments.	
Information on any significant obstacles encountered and resolved for this type of service.	



<b>Reference #3</b>	
Name of client's organization:	
Reference Contact Information:	Name:
	Phone Number:
	Email Address:
How long has the organization been a client of the Proponent?	
Describe the size and scope of the referenced project.	
Describe the nature of the work performed.	
Provide the start and end dates of the project duration, and any relevant comments.	
Information on any significant obstacles encountered and resolved for this type of service.	

**Sub-Contractors**

Proponents should also provide information on the background and experience of Sub-Contractors or Consultants proposed to undertake a portion of the Services (complete the chart below for all Sub-Contractors proposed to undertake the Services, if any):

<b>DESCRIPTION OF SERVICES</b>	<b>SUB-CONTRACTOR'S OR CONSULTANT'S NAME</b>	<b>YEARS</b>	<b>TELEPHONE NUMBER</b>

## **SCHEDULE A-3**

### **PROPONENT'S TECHNICAL PROPOSAL (SERVICES)**

Proponents should provide the following (use the spaces provided and attach additional pages, if necessary):

- (i) a narrative that illustrates an understanding of the Health Unit's requirements and Services;
- (ii) a description of the general approach and methodology that the Proponent would take in performing the Services including specifications and requirements;
- (iii) a narrative that illustrates how the Proponent will complete the scope of Services, manage the Services, and accomplish required objectives within the Health Unit's schedule;
- (iv) describe how the Proponent would undertake the tasks defined in this RFP and satisfy its obligations, duties and responsibilities for the Project;
- (v) describe the Proponent's organizational structure for the Project and the relationships between all functions in the organization including the proposed interface with the Project team. Identify the professionals who will be directly responsible for signing-off and accepting relevant liabilities for each part of the project. Provide a description of the work to be performed by the Proponent's own resources, and work which will be performed by sub-contracted organizations;
- (vi) the Proponent team will identify the Consultant responsible for performing the duties and obligations as defined in the RFP. Describe his/her authority to represent all members of the Proponent's team and his/her responsibilities in discharging the obligations of an agreement between the Proponent and the Timiskaming Health Unit. Provide suitable information in support of the ability of the Project Manager to properly manage this project; and,
- (vii) provide a staffing plan indicating names and qualifications of principal personnel within each area of required work as identified in the RFP.

**SCHEDULE A-4**  
**PROPONENT'S TECHNICAL PROPOSAL (SCHEDULE)**

Proponents should provide an estimated schedule, indicating a commitment to perform the contract within the time specified (complete the chart below with major item descriptions and time).

MILESTONE DATES \_\_\_\_\_

ACTIVITY	SCHEDULE IN WEEKS											
	1	2	3	4	5	6	7	8	9	10	11	12

**SCHEDULE A-5**  
**PROPONENT'S FINANCIAL PROPOSAL**

Indicate the Proponent's proposed fee (excluding HST), and the basis of calculation as follows (as applicable):

- (i) monthly fee;
- (ii) hourly rates for all team members if payment is to be made on an hourly basis; or
- (iii) lump sum fee.

N.B. Include a detailed fee proposal for the project including disbursements. These hourly rates will be included in the contract charge out schedule in the agreement.

**Schedule of Rates:**

Item No.	Description	Estimated Quantity of Hours	Hourly Rate	Total Price
	<b>Labour:</b>			
	<b>Materials:</b>			

	<b>TOTAL PROPOSAL PRICE (excluding taxes):</b>			

**Additional Expenses:**

The proposed Contract attached as Schedule "A" to the RFP provides that expenses are to be included within the fee, other than the expenses listed in the Contract as disbursements. Details of disbursements are to be shown in the chart above. Please indicate any expenses that would be payable in addition to the proposed fee and proposed disbursements set out above.

**Payment Terms:**

A cash discount of \_\_\_\_\_% will be allowed if account is paid within \_\_\_\_\_ days, or the \_\_\_\_\_ day of the month following, or net 30 days, on a best effort basis.