

COUNTY OF DELAWARE
ADDENDUM # 1
FACILITATE A COMMUNITY ENGAGEMENT CAMPAIGN

The Delaware County Health Department is soliciting proposals for Facilitate a Community Engagement Campaign.

Bid proposals will be received electronically via PennBid Program (<https://pennbid.bonfirehub.com>) by the Department of Central Purchasing on **Sunday, November 3, 2024 @ 11:59 p.m.** Responses will be opened and read on **Monday, November 4, 2024, at 10:00 a.m.**

*****BID QUESTION, CLARIFICATIONS AND ANSWERS*****

QUESTIONS HAVE BEEN ANSWERED BELOW. BOTH QUESTIONS AND ANSWERS HAVE BEEN GROUPED TOGETHER FOR A MORE SUCCINCT ANSWERS.

QUESTIONS ABOUT THE CONTRACT BUDGET AND PROPOSAL PRICING STRUCTURE

- The RFP mentions a budget of \$100k and that the contractor should be flexible because the campaign budget and needs are expected to evolve. There is also a mention of not exceeding \$140k. Does this mean that the contractor should budget for \$100k in the proposal, but be prepared to add elements to the outreach activities if the budget were to go up to \$140k? Or is the additional \$40,000 to be used for other related services not provided by the selected contractor?
- On page 2 of the RFP, can you further clarify if the overall budget is \$100,000 or \$140,000?
- Should our cost estimates include other direct costs beyond our professional fees, such as printing, mailing, and costs of facilities for hosting in-person meetings?

ANSWER:

As noted in page 1 of the RFP: "Because the available budget and campaign needs are expected to evolve, the contractor will be engaged in a flexible contract through the end of the grant period (July 31, 2025). The proposal for services must include a pricing structure that is conducive to an evolving project plan."

The RFP should be applied for with total costs of approximately \$100,000 but NOT exceeding \$140,000 to include all costs including but not limited to printing, mailing, language translation and interpretation, participant incentives, and space rental. Our grant currently includes \$100,000 for this campaign as well as discretion to increase or decrease that amount modestly. The campaign requires flexibility and close and frequent communication with DCHD to define the evolving campaign. Your billable professional service time will vary depending on the implementation of the campaign. If vendors or services that will be used may increase in costs, a strong recommendation is made to apply for less than \$140,000 to ensure you are within the awarded maximum amount.

QUESTIONS ABOUT PAST AND FUTURE CAMPAIGNS

- Is this campaign finite in its scope or will it ideally be designed as a springboard into additional awareness campaigns, once the MHU is in service?
- Does this campaign 'ladder up" to or concurrently support any other campaigns or strategies being undertaken by the DCHD?
- Has DCHD conducted similar campaigns in the past? Will information about challenges in these campaigns, as well as strategies that were successful, be made available to the selected contractor?

ANSWER

The Delaware County Health Department was formed in April 2022. The department has not conducted similar campaigns in the past. The department has conducted community surveys and a community health assessment with diverse focus groups. Once the contractor is under contract, DCHD can share the results from these initiatives as well as the “lessons learned.” The department has also undertaken successful ad hoc efforts to develop partnerships and build trust in the community.

The Community Engagement campaign described in the RFP is intended to build on this foundation of 2 ½ years of DCHD’s operation and to achieve the goals delineated on pages 1-2 of the RFP. While we believe this campaign will be a springboard, the campaign will help determine DHCD’s next steps.

QUESTIONS ABOUT THE CAMPAIGN

- Will DCHD provide a prioritized list of the state legislators that they would like considered for individual outreach, based on a need to be flexible in how the contract is implemented?
- What existing relationships does DCHD have with key “service partners” and other community stakeholders in the targeted communities? In other words, what is Ground Zero for existing relationships with grassroots leaders within the targeted areas?
- What kinds of research does DCHD have for us to work from in order to make a campaign recommendation (instead of spending on research up front)?
- Is there flexibility in the sequence of the outreach strategy? For example, if we prioritized grant target areas but then started conversations first with grassroots leaders and influencers and service partners? Or conducted those in tandem with legislators?
- Is the expectation that the contractor who is selected will leverage only conversations and discussions with service partners, community partners, community leaders and legislators to achieve:
 - building partnerships
 - identifying community needs
 - creating community trust and awareness
- around the developing DCHD mobile health program and their existing public health offerings?
- Or are those outcomes separate but related and can alternate marketing tactics be used to achieve each (if woven into the overarching goal). See examples below:
 - building partnerships (ex: direct outreach and conversations)
 - identifying community needs (ex: research and social listening)
 - creating community trust and awareness (ex: direct mail campaign)
- What DCHD resources and team are available in support of the selected contractor's work to deliver this campaign? For instance: social media team, corporate communications team and resources, administrative (contact lists, etc.).
- Will the relationships described in the RFP be developed "from scratch" by the contractor or are there warm relationships already in place?

ANSWER

The Delaware County Health Department will provide introductions to community leaders and legislators and guidance about people and organizations to prioritize. It is possible to conduct conversations with grassroots leaders, influencers, service partners, and state legislators in parallel, but separate sessions. The RFP includes a

Proposed Tiered Outreach Strategy on page 4 (emphasis added). We are open to adjusting the order of the campaign. Please include your rationale in your proposal.

DCHD will share our resources including contact lists, results of past community surveys/assessments and epidemiological and demographic data to help shape the campaign strategy. The department can also provide some staff support for participant recruitment via social media and corporate communications. That said, we anticipate that each campaign conversation will elicit suggestions about other community members and organizations to engage in the campaign. You will grow your campaign leads and DCHD's contact lists and grassroots network as you engage in the campaign's conversations.

If you believe direct mail might be helpful in advancing this campaign, please include it in your proposal along with your rationale.

QUESTIONS ABOUT GOALS, METRICS AND DEFINITIONS

- How does DCHD define community engagement? How are you defining success? What metrics are used to measure trust and how it is increased?
- Can more information be provided about this goal?: "Refine and redefine DCHD public health and mobile service programming/strategy including the training, qualifications, and/or characteristics of the mobile health program staff."
- Q27. What are the metrics or milestones that DCHD will use to determine if the campaign goals are successfully met?

For the purposes of this proposal, please consider the content of the RFP to reflect our definition of community engagement.

DCHD hopes that the community engagement discussions will offer participants an opportunity to identify qualitative aspects of what they want and don't want in their public health encounters. We are not seeking information about clinical credentials and the like. Rather, we are seeking information that would help build a DCHD mobile health program that community members – especially from the most vulnerable populations – would be willing to use and would provide them with a positive experience.

DCHD expects quantitative and qualitative measures of the campaign. These include but are not limited to the number of events conducted, number of individuals and organizations participating, number of participants and organizations added to contact database, and number and quality of partnership commitments. The RFP requires collection of participant feedback. Participant feedback offers an important opportunity to gather both qualitative and quantitative measures of success. Beyond this guidance, DCHD welcomes your recommendations for measures of success and ways to capture that information. We encourage you to include these recommendations in your proposal.

QUESTIONS ABOUT CAMPAIGN DELIVERABLES AND REPORTING

- The RFP mentions the contractor providing weekly reports to DCHD. Is there any flexibility to move to monthly reporting once we get past the initial stage of the contract?

ANSWER

Given the dynamic and evolving nature of the campaign, DCHD believes that regular reporting is essential. However, we are open to discussing the nature of that reporting and support a pragmatic approach. This might include brief weekly reports supplemented by more formal and detailed monthly reports. You are welcome to include a suggested reporting structure in your proposal along with your rationale.

- Is a "phase 2" strategy and roadmap an expected deliverable in this campaign?

ANSWER

No. But, as noted on page 6 of the RFP: "Proposals may include other deliverables and/or considerations that could help reach DCHD's campaign goals and enhance the success of this campaign." We welcome and appreciate your recommendations for additional deliverables. If you include them in your proposal, please include your rationale.

QUESTIONS ABOUT LANGUAGE TRANSLATION AND INTERPRETATION

- In order to develop linguistically appropriate messaging, does DCHD anticipate translation of materials? Can you specify how many/which languages would be preferred?
- Does DCHD have translators and interpreters already available, or should those services be billed into the proposal?

ANSWER

If possible, we would appreciate seeing these services built into the proposal, but DCHD does have a contracted written translation service we can use. We pay per document, per language. At a minimum, we would like outreach documents to be available in English and Spanish. Our next priority languages are French, followed by Mandarin/Chinese and Haitian Creole. We do not anticipate that a large volume of written material will be needed to support this campaign.

As the outreach strategy evolves, we will need to work with community organizations and County resources to determine the best way to support conversations with non-English speakers. A Spanish interpreter will be needed for some sessions. Interpretation of additional languages may be needed.

QUESTIONS ABOUT THE TIMELINE

- Is there a specific time on November 3rd that the proposal needs to be submitted by?

ANSWER

Proposals must be submitted by midnight on November 3.

- What is the anticipated start date?
- When does DCHD anticipate notifying the selected vendor of being approved by the County Council for the project? What is the anticipated start date?

ANSWER

The selection committee aims to make a prompt selection. The selected vendor may be asked to make modest revisions to their proposal and will be expected to complete and submit a dossier of administrative documents and sign a contract. Once the dossier is complete, it will be queued for review and approval by the County Council. The project will start immediately after Council approval. The period between proposal submission and Council approval varies significantly.

OTHER QUESTIONS

- Is there an identified point of contact (individual or committee) that will collaborate with the selected vendor, attend regular meetings, etc.?

ANSWER

The selected vendor will work closely with DCHD Federal Grants Project Manager, who will coordinate with the DCHD Interim Director, the Population Health Division Administrator, and other staff and senior leaders as needed. The selected vendor will meet regularly with members of the DCHD team. Whenever possible, DCHD team members will attend and participate in community engagement discussions.

- Can incentives be provided to small group discussion participants?

ANSWER

Yes. You may include this in your proposal.

- Is there a proposal outline you would like us to follow? Is there a page limit?

ANSWER

Please use your discretion in structuring your proposal. Be sure to respond to all aspects of the RFP.

- We are an out-of-state firm. Is there a desire to hire a firm headquartered in Pennsylvania or are out-of-state firms equally considered?

ANSWER

We are happy to consider out-of-state firms that are able to address the in-person work described in the RFP.

- How many references would you like?

ANSWER

References are not required but sharing contacts for past public health work is desirable. The RFP requires Organization Historical Support documentation.