**STATE OF MAINE**

**Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*



**RFQ# 2020072**

**COVID Response Services**

|  |  |
| --- | --- |
| **RFQ****Coordinator** | **Name:** Debra Downer **Title:** Deputy Director, DHHS Contract Management**Contact Information:** debra.downer@maine.gov  |
| **Quote****Submission** | **Submission Deadline:** November 20, 2020, no later than 2:00 p.m., local time*Quotes must be submitted electronically to the RFQ Coordinator at:* debra.downer@maine.gov |

**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020072

**COVID Response Services**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking COVID Response Services as defined in this Request for Quote (RFQ) document. This document provides instructions for submitting quotes, the procedure and criteria by which the awarded Respondent will be selected and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Respondent.

1. **General Provisions**
2. From the time the RFQ is issued until award notification is made, all contact with the State regarding the RFQ must be made through the RFQ Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFQ. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
3. Issuance of the RFQ does not commit the Department to issue an award or to pay expenses incurred by a Respondent in the preparation of a response to the RFQ.
4. Following announcement of an award decision, all submissions in response to this RFQ will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. §§ 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.).
5. All applicable laws, whether or not herein contained, are included by this reference. It is the Respondent’s responsibility to determine the applicability and requirements of any such laws and to abide by them.
6. **Contract Term**

The Department is seeking quote(s) to provide COVID Response Services for the anticipated period defined in the table below. Please note that the dates below are estimates and may be adjusted, as necessary, in order to comply with all procedural requirements associated the contracting process. The actual contract start date will be established by a completed and approved contract.

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Period of Performance | 11/30/2020 | 11/30/2021 |

1. **Number of Awards**

The Department anticipates making one (1) award as a result of this RFQ process. The Department reserves the right to make multiple awards based on the need.

**PART II SCOPE OF SERVICES TO BE PROVIDED**

The Department of Health and Human Services (Department) is seeking quotes to support Case Investigation and Contact Tracing Services in response to the COVID pandemic in the State by providing immediate staffing of up to forty-nine (49) FTEs. The number of FTEs may be increased if the Department determines the need for additional Case Investigation and Contact Tracing Services is necessary.

1. **Service Delivery**
2. Perform all administrative functions related to:
	1. Recruiting, hiring, and onboarding staff, ensuring accountability, management, and disciplinary actions;
	2. Managing all payroll taxes, workers compensation, and benefits for hired staff, including providing health insurance.
3. Develop and implement recruitment strategies to identify, attract, and hire talent.
4. Advertise vacant positions, or soon-to-be vacant positions, within five (5) business days of notification of an impending or immediate vacancy (whichever comes first).
5. Develop and implement staff retention strategies that will promote low turnover rates, high productivity, and positive morale.
6. Develop and implement a staff disciplinary process. This process must be reviewed by the Department in writing prior to implementation. The Department must be involved in all disciplinary discussions, written or verbal, regarding or involving any staff, as it pertains to the contracted scope of service, unless directed otherwise by the Department.
7. Verify and provide the Department with the resumes of all candidates for vacant positions that meet the minimum qualifications for the position and have current and valid licenses/certificates required for the position.
	1. Provide all such resumes to the Department no later than three (3) business days of receipt.
8. Ensure that the Department participates in selecting and interviewing the top two (2) candidates. The Awarded Bidder shall submit the salary range and salary increase schedule for the desired applicant to the Department, in writing, for approval. The final decision on making a job offer must be made by the Department in writing.
9. Comply with all Department background check requirements outlined in the [Department’s contract, Rider D.](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Rider%20D%20Additional%20Requirement%20DHHS%20Boilerplate%20for%20State%20Services.pdf)
10. Ensure staff participate in initial in-person training. Work with the Department to train staff according to the Department’s training program.
	1. Initial training will likely be held in person in Augusta, with appropriate physical distancing and required masking.
11. Ensure staff positions identified with work location of 286 Water Street, Augusta, Maine report daily to the specified location.
12. Ensure staff positions with the ability to work remotely have good internet connection and the ability to hold confidential conversations.
13. Ensure all staff complies with all [Department workforce policies](https://www.maine.gov/dhhs/employee-policies).
14. Ensure all staff comply with State of Maine, Office of Information Technology [Security Policy](https://www.maine.gov/oit/policies/SecurityPolicy.pdf).
15. Ensure staff work hours align with Department’s current operating hours: Sunday to Saturday (seven (7) days a week), 8 a.m. to 5 p.m., including some State Holidays and administrative days. Alternate work schedules will need approval of the Department.
	1. All staff hours will be dedicated to Department related activities.
	2. All awarded Bidder requested reports or presentations prepared by staff must be approved by the Department before being released to the awarded Bidder.
	3. Working from a remote location shall align with Department guidance and only be allowed with permission of the Department’s leadership. The Division of Disease Surveillance has many activities and positions that cannot be performed remotely.
16. Ensure staff who travel as part of his/her assignment are reimbursed in accordance with the [State’s travel policy](https://www.maine.gov/osc/travel).

Invoice the Department for the allowable travel costs. The invoice shall include details regarding the miles traveled, receipts for expenses, and any other necessary documentation.

1. Adhere to requests for a detailed audit related to travel records within five (5) business days.
2. All travel must be pre-approved by the Department.
3. Ensure staff notifies the Department directly and immediately when they are expected to be absent or late.
4. Submit monthly time validation reports for each staff member specifying the hours and location worked, monthly progress reports for each staff member, and other reports as determined by the Department.
5. **Staff Requirements and Qualifications**
	1. Provide up to four (4) Full-time Equivalent (FTE) Case Investigation Regional Coordinators, thirty (30) FTE Case Investigators, and four (4) FTE Surveillance Epidemiologist, with a minimum of:
6. A Master’s degree in public health with relevant course work in Epidemiology, microbiology, and statistics; or
7. A Bachelor’s degree in a health or science related field and a minimum of two (2) years of relevant work experience.
8. Experience using computer-based statistical packages, including SAS.
9. Knowledge of infectious diseases.
	1. Provide four (4) FTE Contact Tracing Management staff:
		1. One (1) FTE Senior Manager, with a minimum of:
			1. A Master’s degree in Epidemiology or closely related field; or
			2. A Bachelor’s degree in Epidemiology or closely related field and four (4) years professional experience in epidemiology. Equivalent related experience may be substituted for education on a year-for-year basis.
			3. Two (2) years of supervisory experience.
			4. Computer skills including Microsoft Office.
10. One (1) FTE Logistics Coordinator and two (2) FTE Shift Supervisors, with a minimum of:
11. Bachelor’s degree, preferably in public health or related field;
12. Strong experience with word processing software, email and internet use, spreadsheets, and data entry.
13. Six (6) months of supervisory experience.
14. Provide up to one (1) FTE Informatics Epidemiologist, one (1) FTE Informatics Electronic Case Report Coordinator, and two (2) FTE Informatics Project Coordinators, with a minimum of:
	* 1. A Master’s degree in public health Informatics, biostatistics or a related field and two (2) years relevant work experience; or
		2. A Bachelor’s degree and four (4) years of combined training, and/or experience in data analysis or Informatics.
		3. Two (2) years relevant work experience and training in data manipulation and visualization software such as Alteryx, Excel, GIS, SAS, SQL, R, Tableau, etc.
		4. Knowledge of infectious diseases.
15. Provide up to one (1) FTE Grants Manager, with a minimum of:
	1. A Master’s degree in Public Health or management and two (2) years professional experience; or
	2. A Bachelor’s degree in Public Health or related field and four (4) years professional experience.
	3. Preferred – U.S. CDC grant writing or grant management experience.
16. Provide up to one (1) FTE Financial Manager, with a minimum of:
	1. A Master’s degree in finance, accounting, economics or business administration and two (2) years professional experience; or
	2. Bachelor’s degree in finance, accounting, economics or business administration and four (4) years’ experience in finances.
	3. Preferred – State of Maine or governmental financial experience with grant funding.
17. One (1) FTE Logistics Grant Coordinator, with a minimum of:
18. Bachelor’s degree, preferably in public health or related field;
19. Strong experience with word processing software, email and internet use, spreadsheets, and data entry.
20. Six (6) months of supervisory experience.
21. **Case Investigation and Contact Tracing Services**
22. Provide Case Investigation Services by:
	1. Conducting thorough and complete Case, Cluster, and Outbreak Investigations.
	2. Recommending Public Health Interventions in coordination with the Department, and in accordance with [10-144 C.M.R. Ch. 258](https://www.maine.gov/sos/cec/rules/10/144/144c258.doc).
	3. Providing immediate response to and investigate reports of COVID-19 using systematic and proven epidemiological methods and techniques, including but not limited to providing:
		1. Immediate response to all Disease Reports and Disease Consultations distributed, Sunday through Saturday (seven (7) days a week), 8:00 a.m. to 5:00 p.m. including some State holidays and administrative days.
		2. Timely response per Infectious Disease Program Standard Operating Procedures provided by the Department; and
		3. Services after normal local business hours, as requested by the Department.
	4. Providing Disease Consultation to the broader health care community (i.e. all health care professionals and health-related institutions and agencies) primarily, and other agencies and institutions as requested by the Department to ensure that:
		1. Disease Investigations are documented according to Disease Investigation Protocols and/or Outbreak Standard Operating Procedures provided by the Department; and
		2. Outbreak Investigations are documented according to Disease Investigation Protocols and/or Outbreak Standard Operating Procedures provided by the Department.
	5. Using and integrating Health Information Systems (HIS), as directed by the Department, that enhance public health practice and policy, including the use of Maine’s National Electronic Disease Surveillance System (NEDSS) Base System (NBS).
		1. Ensure Case Investigation Regional Coordinators:

Coordinate weekly check-ins with regional team members; and

Participate in weekly calls with other Regional Coordinators.

1. Provide Surveillance Epidemiology services, at 286 Water Street, Augusta Maine, by:
	* 1. Participating in the COVID Epi-On-Call rotation schedule.
			1. Reviewing incoming lab data and assigning cases out for investigation
			2. Closing completed cases and ensuring complete documentation
			3. Reviewing incoming consults and assigning out for follow-up
		2. Monitoring, cleaning, and analyzing Infectious Disease Surveillance data, preparing reports, and distributing data in a standardized way, including responding to data requests.
		3. Contributing to Infectious Disease Surveillance performance improvement, Outbreak preparedness, and response planning, including updating Outbreak procedures as needed within the Infectious Disease Epidemiology Program.
		4. Acting as a liaison between the investigation team and the contact tracing team.
2. Provide Contact tracing management services by ensuring:
3. A Senior Manager is available at 286 Water Street, Augusta, Maine to:
	1. Lead the contact tracing team and supervisor shift supervisors, monitors, enrollers, and the logistics coordinator.
	2. Manage federal grant deliverables.
	3. Provide data analysis and reports.
	4. Act as the primary contact with the Sara Alert team at MITRE.
4. A Logistics coordinator:
	1. Develops schedules ensuring seven (7) days a week coverage.
	2. Assists with the development of training materials.
	3. Trains new staff in protocols, policies, and use of Sara Alert.
	4. Provides technical support for the Sara Alert system.
	5. Reviews and updates quality improvement and performance metrics.
5. Shift supervisors:
	* 1. Provide support for the enroller and monitor teams.
		2. Assists with complex enrollment situations.
		3. Reviews and updates quality improvement and performance metrics.
		4. Trains new staff in protocols, policies, and use of Sara Alert.
6. Provide Informatics Epidemiology services at 286 Water Street, Augusta, Maine by:
	1. Ensuring accuracy of COVID-19 data by:
		1. Performing data analysis using statistical software.
		2. Monitoring, cleaning, and analyzing Infectious Disease Surveillance data, preparing reports, and distributing data in a standardized way, including responding to data requests.
		3. Contributing to Electronic Laboratory Report implementation, Syndromic Surveillance, and development of Electronic Surveillance Systems.
		4. Ensure data streams and data visualizations for the website are up to date and accurate
		5. Responding to data requests
7. Provide Informatics Coordination services at 286 Water Street, Augusta, Maine through:
	1. Electronic Case Reporting Coordination by:
		1. Recruiting organizations to report electronically.
		2. Onboarding facilities to the RCKMS platform.
		3. Performing validation on incoming messages.
		4. Finalizing facility transition to production messages.
	2. Informatics Project Coordination by:
		1. Tracking all project details within the JIRA system.
		2. Ensuring staff are meeting necessary timelines.
		3. Coordinating routine meetings with Informatics Team.
		4. Supporting informatics grant writing and performance measure reporting.
8. Provide Grant Coordination services through:
9. Grant Management at 286 Water Street, Augusta, Maine by:

Ensuring all federal grant requirements are timely met.

Entering required data into federal REDCap system.

Coordinating routine meetings of the governance team.

Participating in federal grant calls and meetings.

Coordinating grant writing and performance metrics.

Ensuring grants are reviewed prior to submission.

* + - * 1. Financial Management at 286 Water Street, Augusta, Maine by:
		1. Monitoring expenditures and ensure invoices are processed.
		2. Working with contract management team on amendments and new contracts as needed.
		3. Tracking finances by category and grant.
		4. Helping prepare grant budgets and amendments and State paperwork as needed.
		5. Coordinating fiscal team meetings.
1. Logistics coordination by:
	1. Developing schedules to ensure seven (7) day a week coverage.
	2. Ensuring proper equipment and supplies are available to staff.
	3. Tracking resources.
	4. Reviewing and updating quality improvement and performance metrics.
2. **Performance Measures**
3. Perform all services under the contract resulting from this RFQ by achieving all Performance Measures listed within **Table 1**.
	1. Submit data to support the performance measure as indicated within the performance measure data source column of **Table 1**.
	2. Provide additional supportive documentation as indicated within **Table 1**, for Department validation of the summary data submitted within the Performance Measures Report as requested by the Department.

|  |
| --- |
| **Table 1****Mandatory Performance Measures** |
|
| **Performance Measure** | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| **a.** | Ninety percent (90%) of the Department current Resources are successfully transitioned to the awarded Bidder within the first month of the initial contract period. | Weekly for the first month of the initial contract period. | Current Resources Transition Report  |
| **b.** | Ninety-five percent (95%) of resumes for potential new Resources will be provided to the Department no later than three (3) business days of the date the posted position closes. | Monthly as hiring occurs | Resume Report compiled from the date the posted position is closed. |
| **c.** | Ninety-five percent (95%) of the results of each background check shall be made available to the Department within five (5) business days of completion of the check. | Monthly as staff vacancies occur | Background Check Report compiled with data from “received-date” stamped, completed background checks and the documented date each Background Check report was submitted to the Department. |

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports listed in **Table 2**:

|  |
| --- |
| **Table 2 – Required Reports** |
| **Name of Report** | **Description** |
| **a.** | Current Resources Transition Report | Status of current contracted Resources until they have all transitioned to the awarded Bidder. |
| **b.** | Vacancy Report | Identifies the date a position became vacant, the date the position was filled, and the number of lapsed days in between. |
| **c.** | Resume Report | Identifies the date the posed position closed, the date resumes were provided to the Department, and the number of lapsed days in between. |
| **d.** | Turnover Report | Identifies the Resource turnover rate. Lists each Resource by Office/Unit, name, position, date hired, and departed date. |
| **e.** | Discipline Report | Identifies all disciplinary issues and actions taken on each Resource.  |
| **f.** | Background Check Report | Identifies the dates background checks were received by the awarded Bidder and the date the background checks were provided to the Department.  |

# Submit all the required reports to the Department in accordance with the timelines established in **Table 3**:

|  |
| --- |
| **Table 3 – Required Reports Timelines** |
| **Name of Report**  | **Period Captured by Report**  | **Due Date:**  |
| **a.** | Current Resources Transition Report | Weekly for the first month of the initial contract period. | Monday of the following week |
| **b.** | Vacancy Report | Monthly and Prior Quarter | 15th day of the following month and 15th day of the month following the close of the quarter  |
| **c.** | Resume Report | Monthly and Prior Quarter | 15th day of the following month and 15th day of the month following the close of the quarter  |
| **d.** | Turn-over Report | Monthly and Prior Quarter | 15th day of the following month and 15th day of the month following the close of the quarter  |
| **e.** | Discipline Report | Monthly and Prior Quarter | 15th day of the following month and 15th day of the month following the close of the quarter  |
| **f.** | Background Check Report | Monthly and Prior Quarter | 15th day of the following month and 15th day of the month following the close of the quarter  |

## PART IV QUOTE SUBMISSION REQUIRMENTS

* 1. **Quotes Due:** Quotes must be received no later than 2:00 p.m. local time, on the date listed on the cover page of the RFQ. E-mails containing original quote submissions, or any additional or revised quote files, received after the 2:00 p.m. deadline will be rejected without exception.
		1. Respondents are to insert the following into the subject line of their e-mail quote submission: **“RFQ# 2020072 Quote Submission – [Respondent’s Name]”**
1. **Quote Format and Contents**
	1. **Quote Cover Page**

Respondents must complete **Appendix A** (Quote Cover Page). It is critical that the cover page show the specific information requested, including Respondent address(es) and other details listed. The Quote Cover Page must be dated and signed by a person authorized to enter into contracts on behalf of the Respondent.

* 1. **Debarment, Performance and Non-Collusion Certification**

Respondents must complete **Appendix B** (Debarment, Performance and Non-Collusion Certification Form). The Debarment, Performance and Non-Collusion Certification Form must be dated and signed by a person authorized to enter into contracts on behalf of the Respondent.

Respondents must provide a response to the question in **Appendix C**.

1. **Cost Proposal**

Respondents must fill out **Appendix D** (Cost Proposal), following the instructions detailed here and in the form. Failure to provide the requested information will result in the exclusion of the quote from consideration.

## PART V QUOTE EVALUATION AND SELECTION

1. **Evaluation and Award Selection**

The evaluation and award of the submitted quotes shall be accomplished as detailed below:

* + 1. State of Maine RFQ documents are evaluated on a Best Value basis.
		2. The award(s) will be determined based on the Respondent(s) who propose the lowest cost.
		3. The State reserves the right to not make an award to the lowest quote Respondent when that Respondent has had documented poor performance and/or a contract terminated for poor performance or not renewed within the last five (5) years.
		4. At the discretion of the Department, if a Respondent’s submission is deemed to not conform to the specifications listed in the RFQ, or otherwise not conform to the requirements of the RFQ, then that Respondent’s submission may not be considered for the award.
		5. The Department’s subject matter experts will judge the merits of the quotes received in accordance with the eligibility criteria defined in the RFQ.
1. **Negotiations**
	1. The Department reserves the right to negotiate with the awarded Respondent to finalize a contract at the same rate and services as presented in the selected quote. Such negotiations may not significantly vary the content, nature or requirements of the quote or the RFQ to an extent that may affect the cost of services requested. The Department reserves the right to terminate negotiations with a selected Respondent who submits a proposed contract significantly different from the quote submitted in response to the RFQ.
	2. In the event that an acceptable contract cannot be negotiated with the highest ranked Respondent, the Department may withdraw its award and negotiate with the next-highest ranked Respondent, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFQ, at its sole discretion.

**C. Appeal of Contract Awards**

Any person aggrieved by the award decision that results from the RFQ may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in [5 M.R.S.A. § 1825-E](http://www.mainelegislature.org/legis/statutes/5/title5sec1825-E.html) and [18-554 Code of Maine Rules Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of conditional contract award.

# **PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

## Contract Document

* + - 1. The awarded Respondent will be required to execute a contract in the form of a State of Maine contract with appropriate riders as determined by the issuing department.

Forms and contract documents commonly used by the Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

* + - 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered.
			2. The State recognizes that the actual contract effective date depends upon completion of the RFQ process, date of Notice of Contract Award(s), length of contract negotiation, and preparation and approval by the State Procurement Review Committee.
			3. In providing services and performing under the contract, the awarded Respondent (s) shall act as an independent provider and not as an agent of the State of Maine.

## Standard State Contract Provisions

Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Respondent in the finalization of the contract.

* + - 1. Payments and Other Provisions

The State anticipates paying the awarded Respondent on the basis of net thirty (30) payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from this RFQ.

**APPENDIX A**

**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020072

## COVID Response Services

**QUOTE - COVER PAGE**

|  |  |
| --- | --- |
| **Respondent’s Organization Name:** |  |
| **Chief Executive - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Headquarters Street Address:** |  |
| **Headquarters City/State/Zip:** |  |
| ***(Provide information requested below if different from above)*** |
| **Lead Point of Contact for Quote - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Headquarters Street Address:** |  |
| **Headquarters City/State/Zip:** |  |

* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Respondent’s quote.
* No attempt has been made, or will be made, by the Respondent to induce any other person or firm to submit or not to submit a quote.
* The above-named organization is the legal entity entering into the resulting agreement with the Department should they be awarded a contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

To the best of my knowledge, all information provided in the enclosed quote, both programmatic and financial, is complete and accurate at the time of submission.

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020072

## COVID Response Services

**DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION**

|  |  |
| --- | --- |
| **Respondent’s Organization Name:** |  |

By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this quote:

1. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.
2. Have not within three years of submitting the quote for this contract been convicted of or had a civil judgment rendered against them for:
	1. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.
	2. Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
	3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
	4. Have not within a three (3) year period preceding this quote had one or more federal, state or local government transactions terminated for cause or default.
3. Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this quote is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.

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| --- |
| **Organization Name:** |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX C**

**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020072

## COVID Response Services

|  |  |
| --- | --- |
| 1. **Does the Respondent have the full capacity to meet the Department’s need for immediate staffing as outlined in Part II, B. of this RFQ?**

Indicate if the Respondent intends on utilizing a subcontractor and identify the subcontracting organization: | Yes [ ]  No [ ]  |
|  |
| **Case Investigation Services** |
| 1. Can the Respondent provide up to four (4) Full-time Equivalent (FTE) Case Investigation Regional Coordinators? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| 1. Can the Respondent provide up to thirty (30) FTE Case Investigators? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| **Surveillance Epidemiology Services** |
| 1. Can the Respondent provide up to four (4) FTE Surveillance Epidemiologists? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| **Contact Tracing Management Services**  |
| 1. Can the Respondent provide up to one (1) FTE Contact Tracing Senior Manager? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| 1. Can the Respondent provide up to one (1) FTE Contact Tracing Logistics Coordinator? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |

**APPENDIX C (continued)**

|  |  |
| --- | --- |
| 1. Can the Respondent provide up to two (2) FTE Contact Tracing Shift Supervisors? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| **Informatics Epidemiology Services** |
| 1. Can the Respondent provide up to one (1) FTE Informatics Epidemiologist? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| **Informatics Coordination Services** |
| 1. Can the Respondent provide up one (1) FTE Informatics Electronic Case Report Coordinator? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| 1. Can the Respondent provide up two (2) FTE Informatics Project Coordinators? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| **Grant Coordination Services** |
| 1. Can the Respondent provide up one (1) FTE Grants Manager? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| 1. Can the Respondent provide up one (1) FTE Financial Manager? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |
| 1. Can the Respondent provide up One (1) FTE Logistics Grant Coordinator? If no, describe the capacity if any.
 | Yes [ ]  No [ ]  |
|  |

**APPENDIX D**

**State of Maine - Department of Health and Human Services**

*Maine Center for Disease Control and Prevention*

## RFQ# 2020072

## COVID Response Services

**COST PROPOSAL**

|  |  |
| --- | --- |
| **Respondent’s Organization Name:** |  |

The Respondent must complete and submit the proposed annual cost per FTE. The Department understands that Respondents may not be able to provide the full capacity as requested by this RFQ. Provide a cost for only those positions to which the Respondent anticipates being able to immediately fulfill.

**The cost proposal template may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

