



## NOTICE OF SOLICITATION

Serial # - PH RFQ 09-012

REQUEST FOR QUOTES FOR: **COMMUNITY MOBILIZATION COORDINATOR**

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protest concerning this request for bids must be filed with the Procurement Consultant in accordance with Section MC1-905 of the Code.

### **Requirements to Apply:**

Submit a letter of interest detailing qualifications, proposed budget, and all attachments **no later than 2:00pm September 19, 2008** to:

Cheryl Rentscheler  
Procurement Officer  
Maricopa County Department of Public Health  
4041 N. Central Avenue, #1400  
Phoenix, Arizona 85012  
(602) 506-6886 phone  
(602) 506-6885 fax

**In order to be considered for this solicitation the documents enumerated above must be in the possession of Cheryl Rentscheler no later than 2:00 p.m. on September 19, 2008**

**NO RESPONSE**

Contractors not responding to this bid are asked to complete this document and return it to Maricopa County Department of Public Health, 4041 N. Central Avenue, #1400, Phoenix, AZ 85012 or fax to 602/506-6885.

**MARK OUTSIDE ENVELOPE:**

**“PH RFQ 09-012”**

Responses must be received **BY 2:00 P.M., September 19, 2008**. Contractors failing to submit a bid, or this document, may be subject to removal from the Maricopa County Materials Management Contractor List.

**PH RFQ 09-012 TITLE: COMMUNITY MOBILIZATION COORDINATOR**

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CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

REASON FOR NO BID:

- \_\_\_\_\_ Insufficient time
- \_\_\_\_\_ Do not handle product/service
- \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE:**

The Maricopa County Department of Public Health (MCDPH), Family Health Partnerships program, on behalf of the Alliance for Innovations in Health Care, is soliciting the services of community-based organizations to employ part-time Community Mobilization Coordinators(Coordinator). The Alliance is a coalition that is working to improve birth outcomes among disparate groups in the South Phoenix Village area with particular attention to the African American population and the Maryvale area with attention to the African American, Hispanic and other immigrant populations. Each target area will be subdivided into smaller manageable areas enabling more complete coverage. Volunteer residents will gather and disseminate health care information. For additional information on the research study entitled, Prenatal Care and Satisfaction and Resilience Factors in Maryvale and South Phoenix, Arizona, completed by the Alliance, go to [www.maricopa.gov/public\\_health/epi/mch.asp](http://www.maricopa.gov/public_health/epi/mch.asp)

These coordinators will utilize the Asset Based Community Development (ABCD) Institute's philosophy and methods to mobilize representatives from the African American faith based organizations other African Americans in the general community, Hispanic and immigrant populations in an effort to improve the health of women of childbearing age.

There is a total of \$20,000 available for each organization for the project period of October 1, 2008 to November 30, 2009. This amount includes contracting with a community mobilizer, and incentives for programs and Resident Leaders.

**SCOPE OF WORK:**

The Coordinator will be responsible for identifying, coordinating and facilitating the activities of a group of community residents to encourage healthy lifestyles. This will be done by surveying individual community residents to assess their strengths and interests. Community members will be 'matched' based on common interests and skills, thereby empowering community members to build on their current strengths resulting in a healthier community.

The Coordinators must have at least a high school or GED degree and must have work or volunteer experience. They also must have excellent "people" skills, good written/verbal communication skills, basic skills in Microsoft computer programs (Word and Excel), and be able to organize a group of people around common issues. Contractor must be able to demonstrate cultural competency. Coordinator and her/his supervisor must be willing to receive training in the ABCD concepts. Each Coordinator will reside Within their project area and utilize ABCD concepts.

Specific activities will include, but not be limited to the following:

They will:

1. identify their own assets and those within their community.
2. identify at least ten Resident Helpers who have potential to develop leadership skills, who have knowledge of and caring for the community in which they live.
3. assist the ten Resident Helpers to survey residents about maternal and

- child health interests and tally the results.
4. help the Resident Helpers and women in the neighborhood to identify the assets they have, personal, family and community
  5. schedule interest specific meetings
  6. map the MCH interests in the community, such as pregnant women, diet and nutrition, individual and community assets
  7. train neighborhood women and provide information as needed
  8. collect resident helper reports and send them to the Alliance director and their project coordinator
  9. insure that the Resident Helpers have education on specific community interests, resources and literature to give out.
  10. attend and participate as designated: Health in a New Key meetings and meetings sponsored by The Alliance for Innovations in Health Care or meetings called by the Alliance director.

Promotoras or Community Health Workers will be compensated upon specified deliverables. We anticipate that this work might take approximately 10 hours per week.

Ten Resident Helpers will be recruited for each project to:

1. survey their neighborhoods and document activities and information
2. identify women with specific MCH interests: diet and nutrition, pregnancy, childbirth, etc.
3. recruit women of child bearing age to attend classes about Maternal and Child Health issues
4. insure that at least one woman from their neighborhood will attend each scheduled class

These women will be compensated through incentives upon completing specified deliverables.

This method should insure that at least 10 participants will attend each interest specific class. Attendance incentives will be provided to the attendees.

### **REQUIREMENTS TO APPLY:**

Please submit a proposal (no more than 3 pages, 12 pt. font size, singled spaced) addressing the following points:

- Brief history of the applying organization.
- Brief history of the maternal and child health (MCH) services or community development activities provided by your organization and any history of contracting with Maricopa County Department of Public Health (no more than three paragraphs)
- Identify if you will be utilizing current staff? If utilizing current staff, describe this person's qualifications for this position and include this person's resume. Identify who will be supervising the Community Mobilization Coordinator and briefly describe that person's qualifications as they relate to this solicitation.
- Describe your familiarity with the Asset Based Community Development (ABCD) Institute's concepts. How would you support and integrate these concepts into the duties/activities of the Community Mobilization Coordinator?
- Ability to provide work space for the Community Coordinator that includes a desk, phone and computer

**QUALIFICATIONS & SELECTION CRITERIA:**

The following qualifications are listed in the order of importance:

- Community-based and/or a nonprofit organization
- Working knowledge of Maternal and Child Health issues
- Working knowledge of the ABCD concepts
- Ability of organization and proposed Community Coordinator to meet with The Alliance director prior to receiving the award

**COMPENSATION:**

Each project will have an allocation of up to \$20,000 to cover the period of October 1, 2008 through November 30, 2009. That sum will pay for stipends for Coordinator, incentives for the Resident Helpers, attendance incentives, and project materials. Compensation includes attendance at required trainings and meetings.

Deliverables:

- Agency support
- Attending training for ABCD and MCH issues
- Attending leadership training
- Attendance at Alliance or Health in a New Key meetings
- Delivering a project report at designated meetings
- Conducting leadership, ABCD and survey training for the Resident Helpers
- Mapping the target area dividing it into manageable segments
- Obtaining 1 Resident Helper for each of these areas
- Each Resident Helper to survey their target area
- Collating the surveys by areas of health interests
- Schedule health interest meetings
- Attendance of at least one resident from each of the identified target areas
- Bonus incentives for creating ongoing interest groups with a minimum attendance of 5 at each group meeting

Maricopa County reserves the right to accept or reject, in whole or in part, all applicants submitted and/or to cancel this announcement. Any contract awarded shall be based upon the applicant most advantageous to Maricopa County at the discretion of Maricopa County.

**SPECIAL TERMS AND CONDITIONS:**

**CONTRACT LENGTH:**

This Request for Quotes is for awarding a fixed term contract to cover a 14 month period from October 1, 2008 through November 30, 2009.

**OPTION TO EXTEND:**

At this point in time, there are no plans for contract extensions. If an extension of Contract period becomes available, conditions and expectations must be mutually acceptable to the County and the Contractor and signed by both parties in writing.

ATTACHMENT A

COMMUNITY MOBILIZATION COORDINATOR PRICING SHEET

BIDDER NAME: \_\_\_\_\_
F.I.D./VENDOR #: \_\_\_\_\_
BIDDER ADDRESS: \_\_\_\_\_
P.O. ADDRESS: \_\_\_\_\_
BIDDER PHONE #: \_\_\_\_\_
BIDDER FAX #: \_\_\_\_\_
COMPANY WEB SITE: \_\_\_\_\_
COMPANY CONTACT (REP): \_\_\_\_\_
E-MAIL ADDRESS (REP): \_\_\_\_\_

PAYMENT TERMS: BIDDER IS REQUIRED TO SELECT ONE OF THE FOLLOWING.
TERMS WILL BE CONSIDERED IN DETERMINING LOW BID.
FAILURE TO CHOOSE A TERM WILL RESULT IN A DEFAULT TO NET 30.

BIDDER MUST INITIAL THE SELECTION BELOW.

- NET 10 \_\_\_\_\_
NET 15 \_\_\_\_\_
NET 20 \_\_\_\_\_
NET 30 \_\_\_\_\_
NET 45 \_\_\_\_\_
NET 60 \_\_\_\_\_
NET 90 \_\_\_\_\_
2% 10 DAYS NET 30 \_\_\_\_\_
1% 10 DAYS NET 30 \_\_\_\_\_
2% 30 DAYS NET 31 \_\_\_\_\_
1% 30 DAYS NET 31 \_\_\_\_\_
5% 30 DAYS NET 31 \_\_\_\_\_

COMPENSATION/FEEES: TOTAL BUDGET
COMMUNITY MOBILZATION COORDINATOR \$ \_\_\_\_\_
(as defined herein) (fill in & attach line item budget)

Respondent's signature (below) indicates understanding and agreement with the compensation/fees rate which they have indicated above and as shown on attached line item budget that shall accompany this page.

Signature (REQUIRED) Date

ATTACHMENT B

**CONTRACTOR REFERENCES**

FIRM SUBMITTING RFQ: \_\_\_\_\_

1. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

2. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

3. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

ATTACHMENT C

**AGREEMENT**

The Contractors hereby certify that they have read, understand and agree that acceptance by Maricopa County of the Contractor’s offer by the issuance of a Purchase Order or Contract will create a binding Contract. Further, they agree to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement.

**BY SIGNING THIS AGREEMENT THE SUBMITTING INDIVIDUAL CERTIFIES THAT THEY HAVE REVIEWED THE ADMINISTRATIVE INFORMATION AND CONTRACTUAL TERMS AND CONDITIONS LOCATED AT <http://www.maricopa.gov/materials>. AND AGREE TO BE CONTRACTUALLY BOUND TO THEM.**

MINORITY/ WOMEN-OWNED SMALL BUSINESSES (check appropriate item):

- Disadvantaged Business Enterprise (DBE)
- Women-Owned Business Enterprise (WBE)
- Minority Business Enterprise (MBE)
- Small Business Enterprise (SBE)

\_\_\_\_\_  
FIRM SUBMITTING RFQ

\_\_\_\_\_  
FEDERAL TAX ID NUMBER

\_\_\_\_\_  
PRINTED NAME AND TITLE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE                      FAX #

\_\_\_\_\_  
CITY                      STATE                      ZIP

\_\_\_\_\_  
DATE

WEB SITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BY: \_\_\_\_\_  
CHERYL RENTSCHER, PROCUREMENT OFFICER  
MARICOPA COUNTY DEPT. OF PUBLIC HEALTH

\_\_\_\_\_  
DATE

BY: \_\_\_\_\_  
WES BAYSINGER, DIRECTOR  
MARICOPA COUNTY MATERIALS MANAGEMENT

\_\_\_\_\_  
DATE

APPROVED AS TO FORM:

\_\_\_\_\_  
COUNTY ATTORNEY

\_\_\_\_\_  
DATE

## EXHIBIT 1

### VENDOR REGISTRATION PROCEDURES

#### On-line Vendor Registration at Maricopa County is available NOW!

**On November 22, 2004, Maricopa County changed its vendor registration process.** Paper forms will no longer be accepted. Vendor registrations will only be accepted through the active website. Register at <http://www.maricopa.gov/materials/>

The new process will give you full control over your organizational information. Please be advised however that you are now directly responsible for the presence and accuracy of your company's information.

**Vendors currently registered in our system who have changes to their information or have not registered online must establish a new account via the above web site link. Materials Management will no longer post changes to existing vendor records.**

**Procurement vendors:** Be sure to select those commodity codes that best represent the commodities and or services provided by your organization. Non-procurement registrants may ignore the commodity portion.

Registration is **FREE**. You may use any computer with web access for registration, record updating and maintenance.

If you have any questions, email us at [VendorReg@mail.maricopa.gov](mailto:VendorReg@mail.maricopa.gov).