WEENEEBAYKO AREA HEALTH AUTHORITY (WAHA)

Weeneebayko Area Health Authority
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Request for Proposal

Project Management Consulting Services for

First Nations Centre of Excellence in Epidemiology Project

WAHA – RFP # 2016-05-13

Closing: June 6, 2016

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Request for Proposal

PURPOSE

The Weeneebayko Area Health Authority ("WAHA") invites qualified vendors to submit proposals for project management support for the development of the First Nations Centre of Excellence in Epidemiology.   The following type supports are required:

- Project Manager
    - To help lead overall project and ensure tasks are kept on track
    - Facilitate meetings
- Information/Data Systems Coordinator
    - To support information and data activities
- Privacy Analyst
    - To review and provide feedback in to data sharing agreements
- Epidemiologist
    - To assist with indicators and data analysis

WAHA and its northern First Nation partners will develop an integrated data collection system, which will provide access to timely, comprehensive, high quality health-related data. This data, currently unavailable at the local level, will aid in detecting emerging issues, assessing trends in health-related conditions, determinants and population health status. It will also inform First Nations planning, programming and policy-making while respecting ownership, control, access and possession principles (OCAP).

The community partners named below (FNCEE Steering Committee) have agreed to work together to support the movement towards the long term vision of the First Nations Centre for Excellence in Epidemiology (FNCEE) thereby working to enhance the evidence-based decision making capacity of the region.

1. Weeneebayko Area Health Authority
2. Sioux Lookout First Nation Health Authority
3. Kenora Chiefs Advisory- An Alliance of 8 First Nations in Northwestern Ontario
4. Mamaweswen, North Shore Tribal Council
5. Fort Frances Tribal Area Health Services
6. Shibogama Health Authority
7. Wabun Tribal Council
8. Ministry of Health and Long Term Care, Public Health Planning and Liaison Branch
9. Northeast Local Health Integration Network

The FNCEE Steering Committee has a long-term vision to support the implementation of a grassroots driven center of epidemiologic excellence for First Nations communities across Northern Ontario. The proposed framework is centered on a long-term relationship to work together to achieve mutual goals and deliverables. It is expected that this collaborative can leverage each other's strengths and support each other to close gap areas in order to collect and utilize valuable data to inform future planning.

The collaborative will be a forum to support each other towards achieving local community goals and may assist with providing a platform to share best practices and brainstorm solutions from a population perspective. The collaborative governance model will be structured to advance the partners' efforts while at the same time supporting individual systems of local governance. The collaborative will not interfere with individual community plans and initiatives that are currently happening, or initiatives that will happen in the future.

It is also felt this integrated collaborative is timely from a provincial perspective with the pending implementation of the Patients First Strategy.

> *According to the 2015 Health Quality Ontario report, population health outcomes vary across our communities. To close these gaps, the health system needs more consistent and meaningful collaboration and coordination between public health, the rest of the health care system and LHINs. While many important public health functions — do not overlap with health care planning or delivery, others — such as surveillance of reportable infectious diseases, documentation of immunizations, smoking cessation programs and other health promotion initiatives — do. Where the system's and public health's interests overlap, public health would benefit from more in-depth knowledge of the population's health status available through LHINs as well as the LHINs' ability to distribute health resources to address health inequities. (pg. 19)*

The First Nations Center for Epidemiologic Excellence (FNCEE) will be designed to achieve the following outcomes:

- Improve availability of, and access to, high quality data for better decisions from planning to point of care delivery within First Nations Communities across Northern Ontario:
    - In collaboration with community partners, develop a guiding framework for data sharing based on the collection, use and dissemination of data;
        - Partners will share existing templates utilized for data sharing so that existing knowledge can be leveraged
        - The partners will identify what information will be shared among the partners
    - Leverage existing data initiatives that are occurring within partner communities in order to enhance regional capacity and respect ownership, control, access and possession of individual community data;
        - First Nations Client Registry
        - Nightingale implementation for primary care and community-based data collection
        - Practice Solutions implementation for primary care and community-based data collection etc.
    - Contribute information to help support timely research and evaluation of interventions occurring at the grassroots level;
    - Utilize data to test new service delivery models in order to inform localized planning efforts;
    - With community partners identify opportunities where funders can invest in data and infrastructure that is interoperable with provincial and community systems;
    - Develop and implement a surveillance and information framework for community partners that is relevant at the community and regional levels;
    - Increase support to First Nations data collection and analysis to better inform decision-making.

The collaborative will look to further engage with the LHINs and the respective public health units to support sustainability efforts beyond the two-year initiative. In addition, the collaborative will reach out to Health Canada to ensure effective linkages exist to maximize capacities.

The Preferred vendor will be required to enter into an agreement ("Agreement"). The Agreement will be signed on or around June 13, 2016, and no obligation on the part the WAHA shall arise until such time as the Agreement is signed (provided that the terms of the RFP shall apply between the WAHA and each compliant Vendor). The term of the Agreement is intended to be for a period of 18 months approximately to complete all necessary project activities but may be extended depending upon recommendation and funding availability.

Vendors are requested to acknowledge receipt of **WAHA RFP# 2016-05-13**. Please refer to *Appendix A – Receipt Confirmation for Details.*

This solicitation provides detailed information for vendors who have the necessary qualifications and experience to fulfill the requirements outlined in this request.

Please read the outline carefully.

PROJECT OVERVIEW:

In order to work towards our (FNCEE Steering Committee) long-term vision, a foundational structure will need to be built among the partners. Below is a list of proposed activities to be completed over the two-year time horizon. The vendor will work with the steering committee to implement the below activities

Overall Project Management

Initiate project management approach to complete the identified deliverables highlighted below:

1. ***Governance Structure to be Developed***
   - Assist the steering committee with the development of a governance structure that will support self-sufficiency of the partner organizations to develop and implement a surveillance and information framework for First Nations Health (FNH).
     - The framework will be compatible and integrated with First Nations surveillance strategies that are relevant at the community and regional levels.
2. ***Asset Mapping (IT and data infrastructure)***
   - The vendor will engage in an asset mapping exercise to identify data and IT infrastructure amongst the partners
     - This process will help identify what Electronic Medical Record (EMR) and Health Information Systems (HIS) are being utilized across the system partners and highlight what capacities these systems have
     - The IT specialist can identify possible synergies among the systems used in order to establish a common way for collecting indicators from different systems
     - The data coordinator will map what information is currently being collected in all partner communities
     - The data coordinator will highlight how the information is being used and who the information is being sent to
     - The data coordinator will identify common indicators that are being collected by all parties that we can benchmark as a collaborative

3. Identification of Common Data Sets
- The vendor will work with the steering committee on the establishment of common data sources with a common data set to improve data integrity/quality for surveillance and indicator monitoring and reporting
    - The collaborative will work with an epidemiologist to help lay out processes and systems for surveillance across the partners
    - Identify key indicators for surveillance and health status reporting to inform programs and activities for all partner organizations

4. Data Collection
- Develop common processes for data collection
    - Providing training on data related process to build capacity (if required)
    - For example, all partners will collect birth date information in this format: Year, month, date

5. Data Sharing
- Development of data sharing agreement/s that is supported among the partners
    - Collect and utilize existing data sharing agreements to use as a guide from the partners

6. Communications
- Development of the communication plan
    - Highlight how information will be shared across all partners
    - Support sharing of information to individual communities to help them keep informed

7. Sustainability
- Development of the sustainability plan (beyond the 18 month period)
    - Identification of next steps beyond the two-year initiative
    - Collaborations with the LHINs and Public Health Units to leverage the capacity built in the system

RFP REQUIREMENTS

Currently, the FNCEE partner communities are collecting data using a variety of paper and electronic based systems but do not have data analysts or appropriate data analytics supports to evaluate the data. This project would enable FNCEE partners to develop standardized data collection methods and common indicators for evaluation and surveillance; the data collected would be evaluated by an epidemiologist to assist FNCEE community partners with identifying health planning priorities at the local and regional levels.

Not having access to appropriate data and analysis poses the following issues for partners:
- Inability to establish baseline data to help assess future performance
- Inability to accurately respond to proposal submissions and increase access to resources because the majority of information shared would be anecdotal in nature and not factual
- Inability to provide an accurate picture of health status for the First Nation communities involved

Pre project status:
- no previous coordination among the partners
- no consistency in data collection systems
- no common data set and indicators among the partners
- no governance or data sharing framework currently exist
- all data is collected independently

Post project status:
- governance structure is in place supporting collaboration among the partners

- common data sharing agreement is in place allowing data sharing among the partners to produce surveillance and health status reports
- Identification of a common data set among the partners allowing us to report on similar information
- A collaborative is established that allows for networking to support future health improvement initiatives

The rationale for the establishment of the FNCEE includes the following:
- Using local data to drive development of targeted programs
- Research/Epidemiology – need for validity of data and support to analyze information for priority planning
- Surveillance that is continuous and ongoing, measuring changes over time
- Deliver community health assessments
- Support community-based participatory research
- Partner organizations have raw data available, but support is needed to analyze the data that is generated. For example, WAHA has employed information systems for hospital-based records and primary care management but support is needed to analyze the data that is generated.
- A model that has the flexibility to allow for unique differences in each community is vital to the success of the joint initiative
- As WAHA and community partners look at PH initiatives, recognition is given that effective programming requires baseline data
- WAHA and the community partners would structure data sharing agreements to ensure ownership, control, access, and possession of the data generated at a community-specific level

This collaborative partnership is envisioned to be a longer-term relationship designed to work towards the objectives as identified below. ***In the beginning, the partners will focus on achievement of the short-term objectives.*** The sustainability plan will highlight a strategy to tackle medium and more long-term deliverables.

<u>Short-Term Objectives</u>
- Demonstrate commitment to work together on the governance of such a system and support one another in achieving our mutual and individual objectives
  - Result: Collaborative governance system created that respects local systems of governance
- Look at resources that are needed for sustainability across community partners and structure a plan to obtain the needed resources
  - Result: Asset map developed outlining current infrastructure among the partners
- Identify what data exists currently across the community partners
  - Result: Data mapping (understanding of what data exists currently across the region)
  - Engage in an asset mapping exercise to highlight infrastructures that are in place for data collection across the partners
  - Support engagement and data comparability across communities
- Drive shared innovation and best practices that will position partners to be leaders in data and analysis
  - Result: Identification of shared capacity that can be distributed across the partners
  - Help focus limited resources so that they have the largest impact for community benefit

- Identify different areas of expertise to leverage economy of skills in order to enhance capacity across the system

Medium-Term Objectives

- Assess local health status
    - Result: Access to local data, to help inform macro level planning
    - Enhance community capacity to support analysis of existing data
- Improve data quality and collection by providing customized reports to health care users
    - Result: Working towards the harmonization and standardization of data capture
    - Sites are collecting similar types of data
- Share knowledge and expertise across the organizations involved to support each other
    - Result: Support self-sufficiency – care and control of information at the localized level
    - Building health analytics capacity for the partners to respond to regional needs
    - Leverage Public hospital data to help provide a full picture for population health status

Long-Term Objectives

- Demonstrate the ability to work within and outside the Region with other FN, provincial and Federal partners
    - Result: Governance and data sharing systems in place
- Create structures in partner communities that help with early detection based on ongoing surveillance
    - Result: On-going surveillance systems could help drive research questions for further investigation at individual community levels
- Support for public health program prioritization and evaluation
    - Result: The data analytics will help identify the areas of interventions WAHA and its partners can focus on and having access to the required data will assist in measuring successes and impact
- Building capacity for each region so that sustainability is supported and more achievable
    - Result: Sustainability structures are in place for each community partner

The initiative will also leverage and develop:

- New ways of collaborating - broader partner engagement; broader community involvement
- New ways of understanding - new understanding of each jurisdiction's health systems, health priorities and potential areas to integrate/adapt to better meet Aboriginal health care needs
- New ways of doing business - collaborative approach between governments and Aboriginal organizations in health planning, service delivery (i.e., service agreements, MOUs, formal FN/I board participation

As mentioned, the envisioned collaboration is focused on developing a long-term relationship that extends beyond a two-year time horizon. The relationship will continually support a system of standardized data collection, surveillance, reporting to communities and research that is relevant. The overall system will be structured around OCAP principles to ensure integrity of the data, protection of privacy, control of and utilization of information.

KEY PERFORMANCE INDICATORS:

Over the project time horizon, the following "key performance indicators" will be worked on and the project consultancy team will assist the steering committee with:

1. An overall **work plan** will be established and agreed to by the partners for implementation
   a. Outlining actions to achieve each key deliverable
   b. Hiring of appropriate consultants (following broader public sector guidelines for procurement)
      ➢ *Indicator: Development and endorsement of an overall work plan to guide the work of the collaborative*
2. Development of a **governance structure** to support partner efforts
   a. Outlining how we will work together
   b. How we will make decisions
      ➢ *Indicator: Governance structure is laid out and endorsed among the partners*
3. Completion of an **asset mapping exercise**
   a. IT infrastructure (hardware and software systems that support data collection)
      i. Description of existing systems in place across the partners
         ➢ *Indicator: IT infrastructure capacity is laid out and gaps are identified across the system*
   b. Data infrastructure
      i. What data is currently collected?
      ii. How the data is collected?
      iii. The frequency of data collection
      iv. Where information is sent (reporting)
         ➢ *Indicator: Data infrastructure is mapped highlighting areas of common data collection and opportunities for harmonization of some key indicators for comparison across the partners*
   c. Policy and procedures
      i. Identification of any policies and procedures that can be shared among the partners to support project efforts
         ➢ *Indicator: Relevant policies and procedures are shared among the parties. Draft policies are developed to support project implementation.*
   d. Training
      i. Identification of any training initiatives that might support the collaborative and advance capacity across the partners
         ➢ *Indicator: Relevant training is identified that can be shared among the partners. A plan is developed to access the training.*
4. Development of a **communications plan** that supports community engagement
   a. Relevant stakeholders are identified (audiences)
   b. Key messaging is developed based audience targeted
   c. Partner communication objectives are outlined
   d. Communication methods are outlined to achieve the objectives
      ➢ *Indicator: A communications plan is in place and endorsed for implementation*
5. Development of a **sustainability plan** that supports partnership beyond the 2 year time commitment
   a. Identify key elements for sustainability
      i. Political support

- ➢ Community leadership
- ➢ Government partners
  ii. Funding sustainability
     - ➢ Identification of potential funding sources to continue the work
  iii. Partnerships
     - ➢ Identification of other partners who might advance efforts of capacity building
     - ➢ What agencies, organizations, or individuals need to be involved?
  iv. Organizational capacities
     - ➢ Identification of partner contributions beyond the life of the funded project
  v. Program evaluation outcomes
     - ➢ Identification of how we will track progress and know we have succeeded?
  vi. Communications
  vii. Program adaptability
     - ➢ What resources will be needed and how could you obtain these resources?
  viii. Strategic planning
     - ➢ How we plan to monitor our progress on sustainability moving forward?
     - ➢ Identify who is responsible for evaluating and documenting progress?
     - ➢ Identify when we will assess our progress?
     - ➢ Identify when we will set new goals?

YEAR ONE DELIVERABLES FOR THE OVERALL PROJECT

Objectives	Specific Activities / actions to accomplish objectives	Date	Lead

Initiate project management approach	Review, Select and Hire a Project Manager (PM) and relevant team members to work with steering committee
	    o Information/Data Systems Coordinator
	    o Privacy Analyst
	    o Epi
		Week 1 - 6
		Week 6 -10
			WAHA
			Partners

	Identify known project risks and outline mitigation strategies with community partners	Week 3 - 7	PM
	Develop detailed project schedule (work plan) Action items identified • Timeframes • Responsibilities • Budget management (assistance with monitoring)	Week 3 - 8	PM
	Monitor and control project and report to steering committee partners	Week 10 - 52	PM
Establishment of the governance structure to support self-sufficiency of the partner organizations	Project Manager to work with the steering committee on defining the Project governance structure: • Shared vision and purpose • Stakeholder identification	Week 8 - 40	PM WAHA Partners Privacy Analyst

Objectives	Specific Activities / actions to accomplish objectives	Date	Lead

to develop and implement a surveillance and information framework for FNH. The framework will be compatible and integrated with First Nations surveillance strategies that are relevant at the community and regional levels.	• Decision-making
	• Authorities (delegation of)
	   o Who has the authorities for what
	   o Accountabilities
	   o Organizational alignment
	• Roles and responsibilities
	   o Code of conduct
	• Conflict resolution
	• Risk management
	• Privacy and confidentiality
	• Cultural integration (ethics)
	   o OCAP integration
	• Performance management framework
	   o Evaluation
	• Reporting and communication to stakeholders		

	PM to take the lead on drafting the governance structure, based on feedback from steering group, and receive endorsement by collaborative members to finalize	week 36 - 40	PM WAHA Partners

Development of data sharing agreement	• Integration and respect of governance structure into the agreement
	• Ask partners to share any sample data sharing agreements they have currently so that we can use it as a guide
	• Draft template to begin discussions among partners
	   o Identify pieces of information to share (ex. Name, DOB, HIN # etc.)
	   o Frequency of sharing the information
	   o Identify how we will share the information among the partners
	   o Where the data will be housed
	   o Privacy and confidentiality parameters
	   o Data safeguards
	   o Dissemination strategies (use of information, method of sharing)
	   o How data will be collected
	   o Retention of information
	   o Termination
	   o Amending and notification procedures
	   o OCAP principles etc.
		Week 15 - 52	PM
			Partners
			Privacy Analyst

Engage in asset mapping exercise to identify data infrastructure amongst the partners	Assign the Data Coordinator to identify the following: • Map current information being collected in all partner communities • Highlight how information is used (planning, funder reporting etc.) • Identify how the information is collection (electronic or paper) • Identify who the information is being shared with (and	Week 8 - 36	Information/ Data Systems Coordinator

Objectives	Specific Activities / actions to accomplish objectives	Date	Lead
	frequency) • Identify common systems of reporting information among the partners		
Engage in asset mapping exercise to identify IT infrastructure amongst the partners	Assign the Data Coordinator to identify the following: • Identify physician EMR's being utilized (ex. Practice Solutions and Nightingale, etc.) • Identification of Hospital Information Systems in the region partners • Community Patient Information system (CCAC use) • Look for integration opportunities among the electronic systems utilized in the partners o Looking for opportunities to consolidate information when possible • Identify opportunities through the e-health blueprint that can be utilized to obtain data among the partners (existing, or upcoming)	Week 8 - 36	Information/ Data Systems Coordinator
Year 1 reporting	Review and assessment of progress to date	Week 48 - 52	WAHA/PM
	Monitor and control project and report to committees as per governance	Week 1 - 52	PM

YEAR TWO DELIVERABLES

Objectives	Specific Activities/actions to accomplish objectives	Date	Lead
Establishment of common data sources with a common data set to aid in improving data integrity/quality for surveillance	Establish common data set: • Review asset maps to determine common information collected among the partners (ie Name, DOB, HIN, Status # etc.) • Identify strategies of how to link the data among the partners (collection) • Identification of the data output formats for export in order to consolidate information into a common database for analysis • Explore opportunities for a data portal among the partners (log in capabilities for each partner) • Development of criteria to extract the data based upon defined reporting requirements	Week 1 - 15	Information/ Data Systems Coordinator Epi
	Assess data quality and integrity • Look for opportunities of data cleaning • Field validation (DOB, HIN # etc) • Validating the content of the core data reported • Identify opportunities for policy and procedure integration for data entry at the source (data entry	Week 10 - 20	Information/ Data Systems Coordinator Epi Partners PM

Objectives	Specific Activities/actions to accomplish objectives	Date	Lead
	standards across the partners)		
Identify key indicators for surveillance and health status reporting to inform programs and activities for all partner organizations	Develop key indicators for status and surveillance	Week 19 - 25	Epi Information/ Data Systems Coordinator

Development of the communication plan	• Develop communication plan
	Audience overview
	    o Who
	• Key messages development
	    o What information
	• Communication mediums identified
	    o How (radio, print, social media etc.)
	• Development of dissemination plan
	    o When and where
		Week 2-52	PM Partners

Development of the sustainability plan	Develop sustainability Plan that supports governance structure • Identification of potential funding sources – budget criteria • Identification of community partner resources that can be leveraged • Infrastructure requirements (ex. Data warehouse) • Communications • Human resource requirements • Next steps towards long-term vision • Alignment with community, federal and provincial partners • Evaluation criteria (benchmarking of success)	Week 30 - 50	PM Partners MOH-LTC LHIN PHU's HC Epi
Year 2 reporting	Review and assessment of progress to date	Week 48 - 52	WAHA/PM
	Project Close out	Week 52	PM

INSTRUCTIONS TO VENDORS

The following information provides details of the Request for Proposal process that will be followed.

Request for Proposal Contacts

Any questions regarding the request for proposal must be directed to one of the following individuals:

Name	Caroline Lidstone-Jones	Robert Gagnon
Job Title	Chief Quality Officer, Executive Team	Quality Coordinator
Email	Caroline.lidstone-jones@waha.ca	Robert.gagnon@waha.ca

All communication concerning this Request for Proposal shall be in **by May 25, 2016**. Please send all written communications via email as attachments in either PDF or Microsoft Word. Answers to the questions will be provided by **May 27, 2016**.

COST OF PROPOSAL

All costs directly or indirectly incurred by the Vendor in responding to this Request for Proposal shall be at the sole cost of the Vendor. No proposal development costs will be covered by WAHA.

SUBMISSION OF PROPOSAL (DUE DATES)

Proposals shall be submitted in electronic (PDF or MS Word) format at or before the closing date and time:

June 6, 2016, *at 4:00 P.M*., EST to the following email addresses:

- Chief Quality Officer: Caroline.lidstone-jones@waha.ca
- With a cc to Robert Gagnon (Quality Coordinator): Robert.gagnon@waha.ca
- With a cc to Peter McKenzie (Purchasing): Peter.mckenzie@waha.ca

Outline of Key Dates:

Receipt of Confirmation	May 20, 2016
Questions to be submitted in writing	May 25, 2016
Q&A provided to vendors	May 27, 2016
RFP Submission Deadline	June 6, 2016
Oral Presentation	time negotiated if required to support selection
Anticipated Agreement Start Date	June 13, 2016

Vendors are solely responsible for ensuring their Proposal is received on time. Proposals received after the closing date and time shall not be accepted or considered.

TERMS AND CONDITIONS OF REQUEST FOR PROPOSAL

Each Vendor, by submitting a Proposal, represents that the Vendor has carefully read, understands and accepts the terms and conditions and specifications of the Request for Proposal in full.

Award of the contract resulting from this RFP will be based upon the most responsive Vendor whose offer will be the most advantageous to the project in terms of meeting budgetary constraints, functionality, time constraints and other factors as specified elsewhere in this RFP.

WAHA reserves the right to:
- Reject any or all offers and discontinue this RFP process without obligation or liability to any potential Vendor.
- Accept other than the lowest priced offer dependent upon qualifications, experience and cultural awareness of the region.

"Unfair Advantage" means any conduct, direct or indirect, by a vendor that may result in gaining an unfair advantage over other vendors, including but not limited to:

1. Possessing, or having access to, information in the preparation of its Proposal that is confidential to the WAHA and which is not available to other vendors;
2. Communicating with any person with a view to influencing, or being conferred preferred treatment in, the RFP process; or
3. Engaging in conduct that compromises or could be seen to compromise the integrity of the RFP process and result in any unfairness.

WAHA board members and WAHA employees are not eligible to apply for this RFP. Please refer to ***Appendix B – Unfair Advantage and Conflict of Interest Statement*** for signature.

"Intellectual Property" The vendor accepts that WAHA owns the intellectual property created and may edit, copy, add to, take from, adapt, alter and translate the products of the Services.

"Confidentiality and Privacy" Any WAHA Confidential Information provided by WAHA to the vendor shall remain the property of WAHA. The vendor will be responsible for adhering to all privacy and confidentiality guidelines as identified in the *Personal Health Information Protection Act*.

PROPOSAL CONTENT

Proposals should not be longer than **(10 - 15)** pages in length (excluding requested attachments) and should include, but not be limited to the following components:

- Project management approach and deliverables outlined (lead contact person identified) – please note we are looking for a single project coordinator to complete the deliverables identified above
    - Please summarize your project coordination experience
    - Create a Work plan that outlines potential timeframes (based on days) for completion of the activities identified in the RFP
- Detailed and Itemized Pricing (for each component of the project)
    - # of days required overall and cost breakdown per major action item and outline HST
        - Please note, WAHA is looking to compensate the project coordinator via an hourly basis
        - Please specify an hourly rate in the proposal (based on 7.5 hrs/day)
        - Please specify the number of days required to complete the work specified
- Travel supports
    - If travel is required to the region, it will be booked directly through WAHA (flights)
    - Travel expenses will be covered according to WAHA business travel policies and procedures
- Appendices
    - Provide references, samples of previous work that are relevant to the project or pertains to project coordination experience
    - Corporate/Business overview ***(Please refer to Appendix C)***

OTHER REQUIREMENTS:

All desired deliverables need to be completed **no later** than **March 31, 2018**. The vendor proposal must identify how the work will be completed by the required timeframes.

Consultant must be willing to travel when requested. Travel arrangements will be made through WAHA when needed. All travel reimbursement will be based on WAHA business travel guidelines.

EVALUATION OF RFP AND SELECTION OF VENDOR

Evaluation Process & Criteria

Any award to be made pursuant to this RFP will be based upon the proposal with appropriate consideration given to operational, technical (timing), cost, and management requirements. Evaluation of offers will be based upon the Vendor's responsiveness to the RFP and the total price quoted for all items covered by the RFP.

The following elements will be the considerations in evaluating all submitted proposals and in the selection of a Vendor:

Mandatory Requirements:
1. Completion of all required information requests outlined in the RFP.
2. The extent to which Vendor's proposed methodology fulfills WAHA's stated requirements as set out in this RFP.
3. An assessment of the Vendor's ability to deliver the indicated service in accordance with the times specifications and requirements set out in this RFP.
4. Ability to meet overall designated time frames and deliverables.

Pricing:
5. Overall cost of the proposal. Year one and Year two breakdown.
   a. Identification of human resources required
      i. Hourly wage breakdown per staff
   b. Include all required expenses in the budget (plus HST breakdown)
   c. Travel and accommodation expenses (will be booked centrally through WAHA)
      i. Taxi fees will be reimbursed based on the submission of receipts and the filling out of a WAHA business expense form

References:
6. Ability to provide at least two relevant work references. Please provide names and contact information for follow-up.

General Requirements:
7. The Vendor's stability, experiences, and record of past performance in delivering such services.
   a. Previous Public health experience (particularly in First Nation communities)
   b. Experience working with First Nations communities (particularly Northern Ontario FN)
   c. Project management experience
   d. Ability to work within tight deadlines in order to meet required deliverables in a timely fashion
   e. Report writing skills
   f. Proposal writing skills
   g. Ability to work with multiple stakeholders (First Nation communities, government)
   h. Previous experience working within an isolated area is an asset

Stage	Description	Points
I	Mandatory Requirements	20
II	General Requirements	40
III	Risk Mitigation	10
IV	Pricing	30
V	Reference Verification	(Pass/Fail)
	Total	**100**

WAHA may, at their discretion and without explanation to the prospective Vendors, at any time choose to discontinue this RFP without obligation to such prospective Vendors.

AWARD

WAHA reserves the right in its sole discretion to negotiate modifications to any proposal received without becoming obligated to offer to negotiate with any other Vendor(s). WAHA reserves the right to reject all proposals received.

Schedule – A

Receipt Confirmation

To   Weeneebayko Area Health Authority
Attention:
P.O. Box 34, 19 Hospital Drive
Moose Factory, Ontario
P0L 1W0
Email : caroline.lidstone-jones@waha.ca   **and**   **Robert.gagnon@waha.ca**

Re: **RFP No.**

       WAHA RFP# 2016-05-13

Vendors are requested to acknowledge receipt of *WAHA RFP# 2016-05-13* and their intent to submit a Proposal by sending this Schedule – A

Receipt Confirmation by email to the attention of the RFP Coordinators as identified up above.

I hereby acknowledge receipt of the above-noted RFP.

[Please check your answer]

I / We   DO ☐   DO NOT ☐   Intend to submit a Proposal to this RFP.

Representative's contact information:

Business Name	Representative's Signature
Address	Name (Please Print)
City, Province, Postal Code	Title
Phone	Date
Email	

Schedule – B

Unfair Advantage and Conflict of Interest Statement

Prior to completing this Schedule, the Vendor is advised to review the definitions of Unfair Advantage and Conflict of Interest set out in the RFP (Terms and Conditions of RFP). In the event that the boxes below are left blank, the Vendor shall be deemed to declare that:

(a)   It has had no Unfair Advantage in preparing its Proposal; and

(b)   There is no foreseeable actual or potential Conflict of Interest in performing the contractual obligations contemplated in the RFP.

If either or both of the statements below apply, check the appropriate box:

☐   The Vendor declares that there is an actual or potential Unfair Advantage relating to the preparation of its Proposal.

☐   The Vendor declares that there is an actual or potential Conflict of Interest in performing the contractual obligations contemplated in the RFP.

In the event the Vendor declares an actual or potential Unfair Advantage and/or an actual or potential Conflict of Interest (by marking either of the boxes above), the Vendor shall provide all relevant detailed information below.

The Vendor agrees to provide any additional information which may be requested by the RFP Coordinator, in the form prescribed by the RFP Coordinator.

Where, in its sole discretion, the WAHA concludes that an Unfair Advantage and/or Conflict of Interest arises, it may, in addition to any other remedy available to it at law or in equity, disqualify the Vendor's Proposal, or terminate any Agreement awarded to the Vendor under the RFP.

Signature of Witness	Signature of Vendor representative
Name of Witness	Name and Title
Date:	Date:
	I have authority to bind the Vendor

Schedule C – Corporate Overview

Please list any assumptions made when answering the questions below.

Vendor Name:

Item	Vendor Response
Indicate whether incorporated, partnership, sole proprietorship or other	
Private company/public company	
Canadian head office location and registered office	
Corporate head office location (if different then above)	
Brief overview of the company background	
Organizational chart, if applicable	
Canadian sales revenue, if applicable for the RFP	
Worldwide sales revenue, if applicable for the RFP	
Number of years in business	
Number of years in Canada	
Has your company or division been involved in a merger or acquisition in the past five years?	

Financial Information

RFP Section Ref #	Requirement Item	Vendor Response

Proposal content	detailed budget	[Vendor to list all attached items]
		
		 • Detailed budget breakdown
		     o Itemizing estimated # of hours to complete work
		     o Hourly rate per consultant listed in the proposal