

TECHNICAL PROPOSAL PACKET
DH-19-0021

Bid Opening Date/Time: May 17, 2019 2:00pm CT

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:				
Address:				
City:		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>			
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:		Title:		
Phone:		Alternate Phone:		
Email:				
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with prospective contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See bid solicitation for additional information.</i>				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this bid solicitation, a prospective contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the prospective contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By signing and submitting a response to this Bid Solicitation, a prospective contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.				

An official authorized to bind the prospective contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a requirement of this bid solicitation **will cause the proposal to be disqualified.**

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

RESTRICTION OF BOYCOTT OF ISRAEL CERTIFICATION

Pursuant to Arkansas Code Annotated § 25-1-503, a public entity **shall not** enter into a contract valued at \$1,000 or greater with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the contractor agrees and certifies that they do not boycott Israel and will not boycott Israel during the remaining aggregate term of the contract.

If a company does boycott Israel, see Arkansas Code Annotated § 25-1-503.

Bid Number/Contract Number	DH-19-0021
Description of product or service	Tobacco Prevention and Cessation Program Media Campaign
Contractor name	

Contractor Signature: _____
Signature must be hand written, in ink.

Date: _____

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

	MAXIMUM RAW SCORE AVAILABLE
E.1 Company Staffing Capabilities & Experience	
1. Provide, as an attachment to this application packet, a detailed organization chart showing all positions within your organization <i>(All applicants who provide a chart will receive the maximum score)</i>	5 points
2. Document a minimum of three (3) years' advertising experience in the public health industry or a health related field with projects of similar size and scope. Provide the organizations with which you have worked including a contact person name, phone number and email address.	5 points
3. Document a minimum of three years' experience with CMS, Google Analytics, and Google Tag Manager. Provide time frames, project names and project scope from which the experience was gained.	5 points
4. Describe how your firm will use the project management tool, Microsoft SharePoint, to effectively manage the ADH OHC Account. Provide your firms experience with project management and any value added services you may provide to assist ADH OHC with the TPCP campaign.	5 points
5. Provide a list of all key personnel who will be assigned to the ADH OHC account, including the individual assigned as the Dedicated ADH OHC Account Executive. Provide name, position held, and experience level	5 points
E.2 Reporting	
1. Describe the methods used for developing a detailed post-buy analysis for all campaigns. Provide an example report or any previous reports produced for projects of a similar size and scope.	5 points
2. Provide examples of monthly financial reporting used to effectively track expenditures and budget. Reports should include programmatic details, a summary of hourly rates, and typical markup rates for third party costs.	5 points
3. Describe the methods used to provide measureable results and outcomes for campaigns. Provide a plan for conducting and implementing campaign evaluation strategies as a measure of success.	5 points
4. Describe the reporting methods used to keep the ADH OHC informed on project status, timelines and all current work being done by staff assigned to the ADH OHC account.	5 points
5. Describe any value-added reporting your firm may provide and what benefits would be derived from these reports.	5 points

E.3 Creative	
1. Describe the internal processes and staff utilized when working to develop new campaign concepts from beginning to end.	5 points
2. Describe the evidence or theory-based approaches used to develop campaign creative for effective social marketing of public health topics.	5 points
3. Describe the strategies used to ensure materials developed have a message and concept that resonates with target audiences and achieves ADH OHC objectives.	5 points
4. Describe the methods (and subcontractors or external partners) used to conduct creative testing of any new advertising materials, including rationales as to how or why testing is conducted using the methods described above.	5 points
5. Describe any value-added processes or innovative methods employed by your firm to ensure that the ADH OHC TPCP Campaign achieves the best outcomes possible for the dollars spent.	5 points
E.4 Media Planning & Buying	
1. Demonstrate with a sample quarterly buy plan, how you will maximize use of the most effective media outlets which are determined to reach the target populations. Include at least three (3) current, preferably health-related, case studies that exemplify work similar to that described in this RFP. Each study should identify the client and years of service, contain a statement about the scope of work, and provide insight into how the campaign was developed and implemented. Case studies should also detail how surveys (or other performance indicators) were used to measure health behavior change issues or the success of each program.	5 points
2. Describe the approaches used to place paid and earned media on social, digital, electronic, print, grassroots, out of home, and other channels to maximize exposure to target audiences and the value of media purchased under the allocated budget. List any subcontractors or external partnerships needed for placing on each of the channels listed above. Provide a detailed explanation of earned placement opportunities.	5 points
3. Describe the collaboration with partners and the approaches used to develop, coordinate and execute earned media activities, including public service announcements, feature stories, special news releases, special events, news conferences, media interviews, talking points and media kits.	5 points
4. Describe the methods used to research and identify effective ways to reach the target audience and make recommendations for the most economical use of funds.	5 points
5. Describe how your firm intends to collaborate with the ADH OHC and other ADH media contractors to maximize campaign impact and prevent any duplication. Describe any internal administrative processes you have used in similar campaigns to achieve these outcomes.	5 points

Attachment A
DH-19-0021
Applicant Certifications

Certification of Non-Acceptance of Tobacco Funds

I certify, by my signature below, that the company I represent has not received in the past five (5) years funding from or have an affiliation (membership, ownership, contractual or other) with any organization that has any interest in the production, manufacture, marketing, distribution, sale or continued use of tobacco, including subsidiaries, foundations or other related parties of such organizations. This restriction shall apply throughout the entire term of the contract.

Signature of Authorized Individual

Name of Company

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: ☐ Yes ☐ No SUBCONTRACTOR NAME: _____

TAXPAYER ID NAME: _____ IS THIS FOR: ☐ Goods? ☐ Services? ☐ Both?

YOUR LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

☐ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

☐ None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____
Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____