

REQUEST FOR PROPOSALS
RFP/DPHSS-2012-004

TOBACCO FREE GUAM (TFG)
Quitline and Online Tobacco Cessation Services

Deadline for Submission: January 20, 2011

ISSUED BY:



PUBLIC HEALTH DIVISION
Bureau of Community Health Services
Tobacco Prevention & Control Program

**TOBACCO FREE GUAM (TFG)
Quitline and Online Tobacco Cessation Services**

REQUEST FOR PROPOSAL RFP/DPHSS-2012-004

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A. GENERAL INFORMATION

1. AUTHORITY

CDC Grant Award No. 3U58DP1951-0251 and 3U58DP1951-03W1

2. TYPE OF SERVICES OR PROGRAMS

To establish and operate an island wide toll-free Telephone Based and Internet Based Tobacco Cessation Quitline Service at no cost to consumers.

3. PURPOSE OF REQUEST FOR PROPOSALS

To operate a single toll-free, telephone-based and internet based, Quitline System for the Island of Guam called the TFG Cessation Quitline that will provide screening, counseling, information, educational and support materials, Pharmacotherapy NRT (Nicotine Replacement Therapy) and referrals for tobacco cessation assistance based on the individuals' readiness to quit at no charge to eligible participants. Provide comprehensive, intensive counseling, Pharmacotherapy (NRT) and follow-up support for callers and online participants who are ready to quit or are contemplating a cessation attempt or are at greater risk from tobacco use. The island-wide telephone-based and internet based tobacco cessation resources will be available at no charge to all users.

4. CONTRACTING ENTITY

Government of Guam
Department of Public Health and Social Services (DPHSS)
Division of Public Health, Bureau of Community Health Services
Tobacco Prevention & Control Program

5. CONTRACT PERIOD

The contract period for the first year will commence April 1, 2012 and end March 31, 2013, once all required signatures are secured. The contract may be renewed for two (2) additional terms of twelve (12) months, subject to the availability of funds.

6. TYPE OF CONTRACT

Cost-reimbursement Cost Contract (2 GAR Div. 4, §3119(e)(3)).

7. ISSUING CONTRACT OFFICER

JAMES W. GILLAN
Director
Department of Public Health and Social Services
123 Chalan Kareta
Mangilao, GU 96913
Tel. Number (671) 735-7101/2
Fax. Number (671) 734-5910

8. CERTIFYING OFFICER

JANINE F. PAESTE
Administrative Services Officer
Department of Public Health and Social Services
123 Chalan Kareta
Mangilao, GU 96913
Tel. Number (671) 735-7107
Fax. Number (671) 734-5910

9. CONTRACT MANAGERS

ROSELIE V. ZABALA, M.S.W. Health Services Administrator Bureau of Community Health Services	CERINA Y. MARIANO Program Coordinator IV Guam Comprehensive Cancer Control Program
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ELIZABETH GUERRERO
Program Coordinator III
Tobacco Prevention & Control Program

Department of Public Health and Social Services
123 Chalan Kareta
Mangilao, GU 96913
Tel. Number (671) 735-7304 / 335 / 303
Fax. Number (671) 735-7500

B. INSTRUCTIONS TO BIDDERS

The bidder shall follow all instructions contained in this RFP packet according to the format provided.

1. **Cover Letter.** A cover letter shall accompany the response to the RFP identifying it as the official response to the DPHSS, Tobacco Free Guam (TFG) Quitline RFP, citing the date of publication of the RFP, the RFP number and published program name. The cover letter shall contain assurances of the following:
 - a. The organization understands the requirements and provisions of the “Request for Proposal” and any changes thereto, and is willing and able to provide the services specified in the RFP.
 - b. The organization accepts responsibility to be in compliance with all applicable rules, regulations, statutes, and laws pertaining to the program, inclusive of procurement rules and regulations and compliance requirements as stipulated by the Government, DPHSS, TFG Quitline.

- c. The organization retains and shall retain the financial capability to provide the required services of this program.
 - d. The organization is legally qualified to contract with the Government of Guam.
 - e. The organization has not filed for, nor is in the process of filing for bankruptcy.
 - f. The organization has not retained a person to solicit or secure a territorial contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies for the purpose of securing business.
 - g. The organization ensures that its employees who directly provide the services which are the subject of this agreement and whose occupational titles are listed in the Wage Determination issued by the U.S. Department of Labor as made applicable to Guam by 5 GCA §5801, now receive or will receive wages and benefits accordingly. The organization will comply with the Federal regulations on Wage Determination and will be solely responsible for submitting Standard Form 98, if positions are not listed on the current Wage Determination List.
 - h. The organization ensures compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 P.L. 104-191 and the federal “Standards for Privacy of Individually Identifiable Health Information” promulgated thereunder at 45 CFR Parts 160 and 164.
 - i. The organization ensures compliance relative to preventing the inappropriate disclosure and misappropriation of social security numbers. (Ref. Article 7, Title 5 GCA, Chapter 32)
 - j. The organization shall adhere to Public Law 28-98, relative to prohibiting convicted sex offenders from being employed in the Government of Guam or by Government contractors.
2. **Required Signature.** The authorized official of the submitting organization shall sign all copies of the cover letter to the proposal. If the bidder is an entity other than a sole proprietor, the entity shall designate an official to act on behalf of the entity in submitting its proposal. The designation shall be made as a resolution and memorialized in minutes, as may be appropriate. A copy of the resolution or minutes shall be attached to the cover letter.

3. **Submission:**

- a. Proposals shall be type written, be complete and technically accurate at the time of submission. Proposals shall be submitted on standard white paper and be clipped, stapled, or bound and submitted in a sealed envelope. The proposal, excluding budget narrative, appendices and forms shall be provided on "8.5 x 11" paper, single-spaced and single sided. Pages shall be numbered. Type font shall be Times New Roman and size shall be no smaller than 12 point.
- b. **Proposals received by fax machine or email will not be accepted.** Proposals shall be mailed or delivered to DPHSS. Mailed proposals shall be received on or before the deadline. If delivered, ensure that the envelope containing the proposal is date-stamped by the DPHSS (Bureau of Community Health Services or Tobacco Prevention & Control Program personnel).

Mail To:

**GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
BUREAU OF COMMUNITY HEALTH SERVICES
Attention: Tobacco Prevention & Control Program
123 Chalan Kareta
Mangilao, Guam 96913**

Deliver To:

**GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
BUREAU OF COMMUNITY HEALTH SERVICES
Attention: Tobacco Prevention & Control Program
Second Floor, Room 230
123 Chalan Kareta
Mangilao, Guam 96913**

- c. Envelopes shall be sealed and labeled indicating the following:

<p style="text-align: center;">REQUEST FOR PROPOSAL TO BE OPENED BY AUTHORIZED PERSONS ONLY RFP/DPHSS-2012-004 Tobacco Free Guam Cessation Quitline April 1, 2012 – March 31, 2013</p> <p>Submission Date: _____ Submission Time: _____ Received By: _____ Bureau of Community Health Services Personnel</p>
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4. **Deadline:**

- a. **An original and five (5) copies** of the proposals shall be submitted or received through the United States Postal Services system **no later than 4:00 p.m., (Guam Time) on January 20, 2012** at the Division of Public Health, Bureau of Community Health Services, Tobacco Prevention & Control Program, located in Room 230, Second Floor, DPHSS, Mangilao.

DPHSS, TFG SHALL NOT CONSIDER PROPOSALS RECEIVED AFTER THE DATE AND TIME SPECIFIED.

C. CONTRACTING INFORMATION AND PROPOSAL PROCESS

Pursuant to 2 GAR Div. 4 §3114, Competitive Selection Procedures for Services Specified in §2112 (Authority to Contract for Certain Services and Approval of Contracts), the Director, DPHSS has determined in writing prior to announcing the RFP that services required meet all requirements of this section.

1. **Contracting Information:**

- a. **Type of Contract.** The Director, DPHSS, has determined in writing that services required under this RFP meet all requirements of a Cost-Reimbursement Cost Contract under 2 GAR Div. 4 §3119(e)(3), and shall be used for this award. This contract provides that the contractor shall be reimbursed for the allowable cost incurred in performing the contract, but shall not receive a fee.
- b. **Term of Contract.** The contract period for the first year will commence April 1, 2012 and end March 31, 2013, once all required signatures are secured. The contract may be renewed for two (2) additional terms of twelve (12) months, subject to availability of funds.
- c. **Modification and Termination of Contracts for Supplies and Services.** Pursuant to 5 Guam Code Annotated (GCA), Div. 1, Article 6, §5350(d), modification of changes in the scope of services is permitted provided that any variations are supported by a written determination that states the circumstances justifying such variation and provided that notice of any such material variation be stated in the RFP.

d. **Debarment or Suspension:**

- (1) Violation of the terms and conditions contained in this RFP or any resultant contract, at any time before or after the award, shall be grounds for action by the DPHSS which may include, but is not limited to, the following:
 - a) Rejection of a bidder's proposal;
 - b) Suspension of the bidder from further bidding with the DPHSS for the period of time relative to the seriousness of the violation, such period to be within the sole discretion of the State.
- (2) Causes for debarment or suspension of an bidder pursuant to 5 GCA, Article 9, §5426 includes:
 - (a) Violation of the ethical standards set forth in 5 GCA, Article 11, Part B, §5628 through 5633; and
 - (b) Filing a frivolous or fraudulent petition, protest or appeal under §5425 (e), §5426 (f) or of §5427 (e) of 5 GCA, Article 9.

2. **Proposal Process:**

- a. **Schedule of Events.** The agency expects to adhere to the **tentative procurement** schedule shown below. It should be noted, however, that **some dates are approximate and are subject to change.**

ACTIVITY		DATE/TIME
1	Release Request for Proposal	January 2012
2	Distribution of RFP packet	January 2012
3	State Responds to Written Questions Through Request for Proposal Addendum and/or Amendment. Deadline for submission of Written Questions	January 2012 January 13, 2012
4	Deadline for submission of Proposals	January 20, 2012 no later than 4:00 p.m. Guam Time
5	Evaluation Process: A) Proposal Opening Location: Tobacco Prevention & Control Program Guam Department of Public Health and Social Services 123 Chalan Kareta Mangilao, GU 96913 B) Review for Conformance of Mandatory Requirements C) Rating Period	January 23, 2012 January 24-26, 2012
7	Notification of Top Qualified Bidders	February 2012
8	Negotiation of Contract	February 2012
9	Contract Award	February 2012 – March 2012
10	Contractor Start Date	April 1, 2012

- b. **Clarification of Specifications.** Discrepancies, omissions, or doubts as to the meaning of the specifications of the contracting entity for interpretation, should be communicated in writing to the **Department of Public Health and Social Services** and clearly marked: **“RFP Number RFP/DPHSS-2012-004; TFG Cessation Quitline Questions.”** It is preferred that questions are sent via email to:

roselie.zabala@dphss.guam.gov,
cerina.mariano@dphss.guam.gov
elizabeth.guerrero@dphss.guam.gov.

Or via facsimile to 1-671-735-7500 and must include a cover sheet clearly indicating that the transmission is to the attention of Roselie V. Zabala, MSW, Cerina Mariano, and Elizabeth Guerrero, showing the total number of pages transmitted, and clearly marked “RFP Number RFP/DPHSS-2012-004; TFG Cessation Quitline Questions”.

Bidders should act promptly and allow sufficient time for a reply to reach them before the submission of their proposal. Interpretation, if required, shall be in the form of a modification to the specifications and forwarded to all prospective bidders, and its receipt acknowledged by the bidder on the proposal form.

Detailed notes of oral interviews/presentations and/or demonstrations may be recorded and supplemental information (such as briefing charts, et cetera) may be accepted. Additional written information gathered in this manner shall not constitute replacement of proposal contents.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the bidder and will not be compensated by the State.

- c. **Receipt and Handling.** Proposals and modifications shall be time-stamped upon receipt and held in a secure place until the established due date. Proposals shall not be opened publicly nor disclosed to unauthorized persons, but shall be opened in the presence of two (2) or more RFP Evaluation Committee members.
- d. **Confidentiality of Trade Secrets and Nondisclosure of Data.** Any bidder may designate those portions of the proposals that contain trade secrets or other proprietary data that may remain confidential. If the bidder selected for award has requested in writing the nondisclosure of trade secrets and other proprietary data so identified, the Director, DPHSS or designee, shall examine the request in the proposals to determine its validity prior to entering negotiations. If the parties do not agree as to the disclosure of data in the contract, the Director, DPHSS or designee shall

inform the bidder in writing what portion of the proposal shall be disclosed and that, unless the bidder withdraws the proposals or protests under 5 GCA, Chapter 5, Article 9 (Legal and Contractual Remedies) of the Guam Procurement Act, the proposal shall be so disclosed.

- e. **Evaluation.** Proposals shall be evaluated only on the basis of evaluation factors stated in the RFP. The DPHSS reserves the right to reject any or all proposals, wholly or in part, or to award to multiple bidders in whole or in part. Additionally, the DPHSS reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State.
- f. **Non-Obligation of the DPHSS.** This RFP does not obligate the DPHSS, TFG to award a contract for services or supplies.

3. **Evaluation Process:**

- a. **Criteria.** Each Proposal will be evaluated by members of the RFP Evaluation Committee. This committee will consist of staff with the appropriate expertise to conduct such proposal evaluations. Names of the members of the RFP Evaluation Committee(s) will not become public information.

Prior to award, bidders are advised that only the contact individuals can clarify issues or render any opinion regarding this Request for Proposal. No individual member of the State, employee of the DPHSS or member of the RFP Evaluation Committee(s) is empowered to make binding statements regarding this Request for Proposal.

The criteria for determining a responsible bidder shall include but not be limited to:

- (1) The ability, capacity and skill of the bidder to deliver and implement the system or project that meets the requirements of this Request for Proposal;
- (2) The character, integrity, reputation, judgment, experience and efficiency of the bidder;
- (3) Whether the bidder can perform the contract within the specified time frame;
- (4) The quality of bidder performance on prior contracts;
- (5) Such other information that may be secured and that has a bearing on the decision to award the contract; and
- (6) Cost.

- b. **Disclosure of Information.** Discussions shall not disclose any information derived from proposals submitted by other bidders, and the

DPHSS shall not disclose any information contained in any proposals until after award of the proposed contract has been made. The proposal of the bidder awarded the contract shall be open to public inspection except as otherwise provided in the contract.

- c. **Inspection of Facilities.** The DPHSS shall have the right to inspect the proposed offices and facilities to be utilized in this program during the evaluation period to determine their suitability.
- d. **Reference Checks.** The DPHSS reserves the right to check any reference(s), regardless of the source of the reference information, including but not limited to, those that are identified by the bidder in the proposal, those indicated through the explicitly specified contacts, those that are identified during the review of the proposal, or those that result from communication with other entities involved with similar projects.

Information to be requested and evaluated from references may include, but is not limited to, some or all of the following: project description and background, job performed, functional and technical abilities, communication skills and timeliness, cost and schedule estimates and accuracy, problems (poor quality deliverables, contract disputes, work stoppages, et cetera), overall performance, and whether or not the reference would rehire the firm or individual. Only top scoring bidders may receive reference checks and negative references may eliminate bidders from consideration for award.

- e. **Modification or Withdrawal and Rejection of Proposals.** Proposals may be modified or withdrawn by the bidder at any time prior to the conclusion of discussions by written notification to the Director, DPHSS or designee.

4. **Proposal Evaluation Factors:**

To be considered eligible for award, a minimum score of seventy (70) points shall be obtained by the bidder. No credit for extraneous materials or additional information to that requested shall be given by the RFP Review Committee.

- a. **30 points max** - The plan for performing the required services addresses the requirements of the RFP. The bidder submitted all the required information and attachments and responded to all questions and items in the RFP, including scope of services in the Service Delivery Plan.
- b. **20 points max** - The organization is able to perform the services as reflected by technical training and education, general experience, specific experience in providing the required services, professional history and the qualifications and abilities of personnel proposed to be assigned to

perform the services (include joint ventures, associations, professional subcontracts, etc.).

- c. **30 points max** - Past experience/performance of similar work with government agencies or private entities indicates organization's ability to maintain performance of required services. Organization's past record of upholding contractual agreements indicates its stability to provide continual quality services, including Audit Reports and the latest Program Reports, if available. Includes such factors as financial management ability, control of costs, quality of work, and ability to meet schedules/contractual requirements.
- d. **20 points max** - The personnel, equipment, and facilities to perform the services are available or will be made available at the time of contracting.

5. **Selection Process:**

- a. After conclusion of validation of qualifications, evaluation, and discussion, the Director, DPHSS or designee shall select, in the order of their respective qualification ranking, no fewer than three (3) acceptable bidders (or such lesser number if less than three (3) acceptable proposals were received) deemed to be the best qualified to provide the required services. The acceptable bidders shall be ranked in order of the number of points received during the evaluation process. The best qualified bidder is the one receiving the highest number of points.
- b. The bidder determined to be best qualified shall be required to submit a proposed program budget in the format provided by the DPHSS, TFG, an inventory listing of non-expendable property to be used by the program and minutes or resolution from the Board of Directors' meeting, or equivalent, authorizing their designated official to act on behalf of the organization to negotiate and enter to an agreement. The date specified for the submission of the proposed program budget, inventory listing and minutes or resolution of the Board of Directors' meeting, or equivalent, shall be specified by the Director, DPHSS, or his designee and shall be prior to the commencement of negotiations.
- c. The Director, DPHSS or designee shall negotiate a contract with the best qualified bidder for the required services at compensation determined in writing to be fair and reasonable, after taking into account the estimated value of the required services, and the scope, complexity, and nature of such services.
- d. If compensation, contract requirements, and contract documents are agreed upon with the best qualified bidder, the contract shall be awarded to that bidder.

6. **Failure to Negotiate Contract with Best Qualified Bidder:**

- a. If compensation, contract requirements, or contract documents cannot be agreed upon with the best qualified bidder, a written record stating the reasons therefore shall be placed in the file and the Director, DPHSS or designee shall advise such bidder of the termination of negotiations which shall be confirmed by written notice within three (3) days.
- b. Upon failure to negotiate a contract with the best qualified bidder, the Director, DPHSS or designee may enter into negotiations with the next most qualified bidder. If compensation, contract requirements, and contract documents can be agreed upon, then the contract shall be awarded to that bidder. If negotiations again fail, negotiations shall be terminated as provided above and commence with the next qualified bidder.

7. **Notice of Award:**

- a. Written notice of award shall be public information and made a part of the contract file.
- b. The award of any contract, based on the proposal received in response to this RFP, is contingent upon the DPHSS, TFG receiving adequate funding from the Centers for Disease Control and Prevention, Atlanta Georgia.

8. **Right to Protest and Be Heard.** Any actual or prospective bidder who may be aggrieved in connection with the method of source selection, solicitation or award of a contract, may protest to the Director, DPHSS, in accordance with the provisions of 5 GCA, Article 9 and as otherwise provided for by law, rule or regulation.

D. REQUIRED FORMS

- a. Bidder's Profile
- b. A list of the names and addresses of any person who has held more than ten percent (10%) of the outstanding interest or shares in the organization at any time during the current contract (5 GCA, Article 3, Part D, §5233).
 - (1) The affidavit shall contain the number of shares or the percentage of all assets of the organization that were held by each such person during the twelve (12) month period.
 - (2) The affidavit shall contain the name and address of any person who has received or is entitled to receive a commission, gratuity or other compensation for procuring or assisting in obtaining business

related to this proposal and shall also contain the amounts of any such commission, gratuity or other compensation.

- c. A non-collusion affidavit certifying that the proposal is genuine and that all statements in the affidavit and proposal are true.
- d. An affidavit of the bidders' intent to apply for a Vendor's Number with the Guam Department of Administration and a Business License with the Guam Department of Revenue and Taxation upon Notification of Award.

BIDDER'S PROFILE FOR RFP/DPHSS-2012-004

1.	Proposal for:	TOBACCO FREE GUAM CESSATION QUITLINE RFP/DPHSS-2012-004 April 1, 2012 – March 31, 2013
2.	Name of Organization:	
	Address:	
	Office Telephone Number:	
	Fax Number:	
	E-mail Address:	
3.	Type of Organization. Indicate status, check one:	<input type="checkbox"/> Governmental Unit established by law <input type="checkbox"/> Private Non-Profit Corporation <input type="checkbox"/> Proprietary Agency <input type="checkbox"/> Private for Profit <input type="checkbox"/> Other; Specify _____
4.	Location of the organization's principal place of business or central office.	
5.	Location of proposed place of business, if different from above.	
6.	Date of Incorporation, as applicable.	
7.	Number of years in business:	
8.	Average number of employees over a period of twelve (12) months:	
9a.	Name of proposed Program Director:	
9b.	Name of proposed alternate Person in Charge:	
9c.	Title of Person in 9b:	
10a.	Name of proposed Program Manager who shall be responsible for the daily operations of the program:	
10b.	Contact Number:	

E. BACKGROUND INFORMATION

1. Bidder's Professional History:

- a. Briefly describe the history of your organization and its mission as it relates to providing Quitline Services, including incorporation date, if applicable, and principal sources of financial support.
- b. List past experience/s with Quitline Services administered by your organization and significant accomplishments.
- c. List all government and/or state Quitline contracts awarded in the previous three (3) years by title and contract amounts.

2. Bidder's Financial Condition:

- a. If your organization was awarded a government and/or state contracts, list citations in the areas of procurement, questioned costs or material weaknesses identified by the Government and/or State through a program audit, including the status or resolution of each listed.
- b. If your organization was awarded a government and/or state contract, list occurrences in which your organization failed to submit timely audits and reasons for such failure to submit.
- c. List organization's defaults of material and financial obligations over Five Thousand Dollars (\$5,000.00). Indicate any liens or levies attached to your organization's property or earnings as a result of such obligations, and the status and resolution of each obligation.
- d. Tax-exempt organizations shall attach a copy of their latest Annual Information Return including Form 990, schedules and supporting documents (Ref. 26 CFR Part 301 §6104 (d)).
- e. For new bidders, provide a copy of your organization's latest Audit Report, and if not available, state reason.

3. Bidder's Staffing. Describe your organization's proposed staffing for the Quitline Services. Attach a proposed organizational chart and position description of all appropriate positions.

- a. The contractor must develop a staffing plan that will provide live call or online response by trained behavioral health specialists to individuals seeking cessation support especially for Levels 2 and 3. Preferably a staff with bachelor's or master's degrees in social work, psychology, or other behavioral health fields with a minimum of two years of counseling

experience. Also, the contractor shall have access to personnel with expertise in medicine and behavioral counseling to answer questions and provide technical assistance.

F. SCOPE OF WORK: PROGRAM SPECIFICATIONS

The Department of Public Health and Social Services provides the basic health and social services to the people of Guam and is the lead tobacco control agency responsible for implementing the state based tobacco control prevention program. The mission of the Department is to assist the people of Guam in achieving and maintaining their highest level of independence and self-sufficiency in health and social welfare.

The Tobacco Prevention & Control Program under the Bureau of Community Health Services is responsible for managing and coordinating the State Based Tobacco Control Program known as the “Tobacco Free Guam Program” (TFG). The Program is funded to promote tobacco control policy change and program development in four goal areas:

- Prevent initiation among youth and young adults
- Eliminate exposure to secondhand smoke
- Promote quitting among adults and youth
- Identify and eliminate tobacco-related disparities

The adverse health effects from cigarette smoking account for an estimated 443,000 deaths, or nearly one of every five deaths, each year in the United States, inclusive of approximately 49,000 who die from exposure.¹ To put it into perspective, deaths as a result of cigarette smoking out number the combined total deaths from HIV, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders.^{2,3} To compound this tragedy we find that for every person who dies from a smoking-related disease, 20 more people suffer with at least one serious illness from smoking.⁴ Smoking causes an estimated 90% of all lung cancer deaths in men and 80% of all lung cancer deaths in women.⁵

On Guam, there are approximately 25.8% or 26% of adults, 18 years and older who are current smokers (CDC, Behavioral Risk Factor Surveillance Survey [BRFSS] 2010) in comparison to the national average of 17.3%. There are more adult males on island who smoked at 30.3% than females at 21.2%. However, the rate of adult female smokers on

¹ Centers for Disease Control and Prevention. [Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004](#). Morbidity and Mortality Weekly Report 2008;57(45):1226–8 [accessed 2011 Mar 11].

² Centers for Disease Control and Prevention. [Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004](#). Morbidity and Mortality Weekly Report 2008;57(45):1226–8 [accessed 2011 Mar 11].

³ Mokdad AH, Marks JS, Stroup DF, Gerberding JL. [Actual Causes of Death in the United States](#). JAMA: Journal of the American Medical Association 2004;291(10):1238–45 [cited 2011 Mar 11].

⁴ Centers for Disease Control and Prevention. [Cigarette Smoking-Attributable Morbidity—United States, 2000](#). Morbidity and Mortality Weekly Report 2003;52(35):842–4 [accessed 2011 Mar 11].

⁵ U.S. Department of Health and Human Services. [The Health Consequences of Smoking: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004 [accessed 2011 Mar 11].

Guam was much higher than that of both adult males & females nationally which was 18.5% & 15.8% respectively (CDC, BRFSS 2010). Those 45-54 years had the highest proportion smoking at 29.8% followed by those 35-44 years at 25.2%. Adults with a household income of \$15,000 - \$24,999 per year had the highest smoking rates at 26.2%, followed by those with income between \$25,000 and \$34,999.

According to the GDOE 2007 Youth Risk Behavior Survey it was found that approximately 26% of in-school male youths on Guam were smokers and 22% were female. Those that were referred to local government or private organization youth facilities showed a much higher smoking prevalence rate of about 50%.

The financial burden of cigarette smoking is more than \$193 billion (i.e., \$97 billion in lost productivity plus \$96 billion in health care expenditures) in the United States (1).⁶

More U.S. adults have quit smoking. In Guam, there are 69.3% current smokers who would like to quit smoking (BRFSS 2010, DPHSS). Youth rates show that those in-school were 81.9% more likely to try quitting. For the youth in government or private organization facilities, they were slightly less likely to make a quit attempt at 77.7% (government) and 68.5% (private organization) respectively. Increasing demands by smokers for and use of evidence-based cessation treatments for both adult and youth, represents an extra ordinary opportunity to extend lives and reduce healthcare costs and burden.

Helping smokers quit is an overwhelming task. However, research now supports telephone-based cessation counseling as a means of greatly increasing the likelihood that a smoker will quit for good. Quitlines provide a broad range of cessation support services primarily through the use of a telephone, and is expanding through internet based web applications and texting. Services range from a single reactive coaching session provided at the time a caller or online participant reaches the Quitline to multiple proactive counseling calls or online interactive quitting plans, originating from the service provider over time. A strong evidence base supports Quitlines' efficacy and effectiveness. Quitlines also provide cessation materials and referrals to local resources.

In 2004, Guam did not have the infrastructure to support a state-managed Quitline. The TFG program utilized the free, telephone counseling service provided by the National Cancer Institute (NCI)'s Cancer Information Service toll-free Quitline services accessed through the national quitline network 1-800-QUIT-NOW. The Centers for Disease Control (CDC), through a supplemental award to build the capacity for a Quitline service in the island of Guam, provided funding for this campaign. In 2006, the American Legacy Foundation provided a grant to support the establishment of the TFG Cessation Quitline.

⁶ Centers for Disease Control and Prevention. [Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004](#). *Morbidity and Mortality Weekly Report* 2008;57(45):1226–8 [accessed 2011 Mar 11].

Since then the American Legacy Foundation and the Centers for Disease Control and Prevention (CDC) have provided grant funding to continue the TFG Cessation Quitline.

The Scope of Work to be completed will be to establish and implement the Guam TFG Cessation Quitline, a telephone based resource and internet-based interactive quitting service for the island at no cost, to provide general information, educational resources as appropriate and screening, counseling, support materials, referral for tobacco cessation assistance and provision of Pharmacology (NRTs) based on the individuals' readiness to quit. **Both quitline and online services must be up and running within 30 days of the effective date of the contract.**

Services to be delivered: The Quitline will include a combination of reactive and proactive services on three levels:

- Level 1: Establish a convenient system to accept calls from across the island of Guam and to provide information to all callers, smokers, and non-smokers, on tobacco dependence and its treatment, the dangers of secondhand smoke and other tobacco-related health information.
- Level 2: Follow an evidence-based counseling protocol to assist all tobacco users in quitting by providing screening and assessment of readiness to quit, behavioral counseling and advice, client education materials, information on the use and provision of FDA approved tobacco cessation pharmaceuticals based on recommendations of the U.S. Public Health Service and referral for comprehensive follow-up support or to community-based services, whichever is most appropriate. For callers who are ready to quit, the service includes thorough counseling to develop a personalized quit plan, information and provision of pharmaceutical aids.
- Level 3: Provide comprehensive follow-up phone counseling up to five (5) proactive follow-ups. Follow-up calls will be made at 3, 6 and 12 months to verify status.

The Online component will include, but not be limited to a combination of personalized and interactive features that:

- Produce a personalized homepage with appropriate content and tools based on the quit status of the participant.
- Provide an interactive tool that builds a personalized Quit Plan with input from the participant and/or quit coach. The personalized Quit Plan should include key behaviors recommended for a successful quit.
- Provide an interactive tool that contains essential practice lessons for quitting, that is available at the participant's convenience.

- Provide an interactive tracking tool for the user that reflects his/her quit status, by monitoring patterns such as, smoking urges, number of days or time quit, money saved and number of smoke-free breaths taken.
- Provide follow up e-counseling and reminders to participants at no more than 3, 6 and 12 month intervals.
- Provide a forum for users/participants to ‘discuss’ their experiences and challenges in quitting or staying quit.

THE FOLLOWING PERFORMANCE STANDARDS FOR THE TOBACCO FREE GUAM CESSATION QUITLINE SHALL BE ADDRESSED IN THIS PROPOSAL:

1. **Staffing Capability**

Provide personnel, facilities, and equipment necessary to accommodate the national quitline network number 1-800-QUIT-NOW, as well as the online web application. Both the telephone & internet based systems must have the capacity to handle multiple, simultaneous in-coming and out-going calls, as well as website inquiries. Office space must accommodate administrative, counseling and support staff, and confidential records as well as sufficient telephone lines, telephones and computer hardware.

Services must be offered at least in English and contractor must have the capability to provide other multi-lingual services as needed. To ensure the telephone based system meets the needs of the island’s disabled population, a TDD line must be available to provide services to the hearing impaired and the contractor must have or be able to develop at least one client education material in Braille for the visually impaired.

2. **Hours of Operation**

The contractor will develop a system of infrastructure to provide for at least fifteen (15) to twenty (20) hours of telephone based operation, preferably from 12am to 5pm and 9pm to 12am, seven (7) days a week, Guam time. Recorded information and callback capacity is required for the remaining hours.

During non-operational hours, provide recorded motivational messages and quit tips as well as 24-hour voice mail.

Peak times for calls must be continuously monitored, and hours of live staffing shall be modified accordingly to meet peak volume times. Volume must be assessed during live hours of coverage, hours outside of live coverage, and as needed in collaboration with media events.

Telephone based operation is not required for Guam Federal and Local Holidays; however, coverage is expected during Guam's New Year's Day.

The contractor will make the online resource available twenty-four (24) hours a day, seven (7) days a week. In the event the website is unavailable due to technical reasons, the contractor will expedite repairs to get the site up and running with the shortest down time as possible. The contractor will provide notices via email or air-mail to online participants of the website's status. In addition, during any down time of the website the contractor will also make attempts to contact the participants with coaching reminders and follow-ups, via email or air-mail.

3. Call / Online Volumes and Standards

It is difficult to estimate the number of monthly calls or website visits that will be received. The system is required to have enough personnel to meet a wide range of volume during the first six months of operation. Depending on the extent and reach of media events, the call / online volume is expected to increase. If the volume changes dramatically during the first six months, the contractor will negotiate appropriate alternate volume adjustments.

4. Registration, Data and Reporting Services

The contractor must have a computerized tracking system with full capacity to document all Quitline activity and to accurately and discretely tabulate individuals, services provided, demographics of the callers and online participants, and referrals. The system must be able to produce reports on cost per call/website registration, amount and types of services per participant, call/online visit patterns by time of day, day of week and month. Repeat callers/online participants must be able to be easily identified and tracked through the contractor's system.

The **Minimal Data Set (MDS)** of intake assessment questions established and recommended by the North American Quitline Consortium must be used for data collection on all callers and online participants. In general, participants' characteristics to be tracked include consumption level, intention to quit, past quit attempts, healthcare provider advice to quit, and type of health insurance provider.

Demographic information on participants includes age, gender, ethnic or racial preference relevant to Guam's population; level of completed education, number of children under age 18 in the home, and whether there are other smokers in the home. Type of media and source of referral that led the participant to use the Quitline will also be collected.

The contractor must also be able to collect data that monitors and measures the performance of the contractor in terms of responsiveness to customer needs (to

include surveys of participant satisfaction), information on length of wait-time for callers, and accuracy of counseling information given by the staff, as well as their professional demeanor and level of courtesy during all calls or website interactions.

The Contractor must submit monthly call and website volume reports as well as quarterly and annual reports to the TFG Program to track use of the Quitline, as well as participation levels and progress. A computerized tracking system to document Quitline activity must be able to accurately and discretely tabulate individuals, services provided, for caller and online participant demographics and other characteristics including all referrals into and out of the system. The system must be able to produce reports on the types and amounts of services provided per caller, call patterns by time of day, day of week and month, and estimates of costs by types of services provided.

The Contractor must also be able to collect data that measures the performance of the contractor in terms of waiting time for callers, volume of calls received during times when a live answer is not available, abandonment rates, and accuracy of counseling information given by the staff.

The Contractor will send a monthly report attached to the monthly invoice to the TFG Program and submit an electronic copy of the monthly report as well. Quarterly reports and an Annual Summary of standardized reports that provide aggregate data by village must also be submitted in the same manner.

Contractor will work with the TFG Program or a designated evaluator to facilitate follow-up research evaluation, upon the availability of funds, to determine quit rates and customer satisfaction. This may involve data use agreements for the purpose of HIPAA compliance, and may involve the contractor's seeking the client's permission to participate in a follow-up study.

The TFG Program is the owner of the client database. Client data from the TFG Quitline may not be used by the contractor for any purpose other than the provision of Quitline services without prior written approval of the TFG Program.

Required data elements for monthly reports to include current month and contract year-to-date:

Call and Online Data:

- Total incoming calls and website visits
- Live response rate
- Average speed answer
- Call and Online Messages left
- Number of callers and website visitors registered for services by type of participant (tobacco user, proxy and provider)
- First time callers/website visitors vs. Repeat callers/website visitors

- Other calls (calls not resulting in registered client) and website visits, general public/info, prank, wrong number, etc.)
- Tobacco users by stage of readiness to quit
- Tobacco users by type of tobacco
- Pregnancy status (pregnant, breastfeeding, planning pregnancy)
- Tobacco users by race
- Tobacco users by ethnicity
- Tobacco users by gender
- Tobacco users by age
- Tobacco users by education
- Tobacco users by language
- “How heard about” responses
- Enrollment by village
- Caller/online participant type by village
- How heard about by village
- Callers/online participant by health plan
- Provider advice to quit
- Smoking policy in home
- Total services provided in current month (current month’s registrants)
- Services provided to tobacco users in current month
- Services provided to providers in current month
- Services provided to proxy callers or website visitors in current month

Services provided to clients during month, regardless of registration date

- 1-call intervention: registered, completed, attempt letter, materials only
- 5-call intervention: registered, completed 1st, 2nd, 3rd, 4th, 5th calls, attempt letter, ad-hoc call
- 5-e-coach intervention: registered, completed, 1st, 2nd, 3rd, 4th, 5th online reminders/follow-up messages
- Quit kits sent to registrants (number by type)

On a weekly and monthly basis, reports for both quitline and online participants must also include:

- race by village
- gender by village
- ethnicity by village
- caller/online participant type by village
- call volume/website visit summary by time of day and day of the week

5. **Program Reporting Requirements.** The Service Provider shall submit the following information required by the Government. This section shall be modified in writing at any time due to changes in Federal statutes or regulations, a material change in local law, organization, policy or state agency operation.

- a. **Monthly Reports.** Monthly Reports with transmittal page signed by the authorized official of the organization shall be complete, accurate and received by the DPHSS, TFG no later than ten (10) working days after the end of each reporting month, with the exception of the December Reports that are due no later than five (5) working days after the end of the month.
- b. **Quarterly Reports.** Quarterly Reports shall be complete, accurate and received by the DPHSS, TFG no later than five (5) working days after the end of the quarter.
- c. **Yearly Reports.** Yearly Reports shall be complete, accurate and received by the DPHSS, TFG no later than five (5) working days after the end of the contract year.

6. Service Delivery Protocol

The Quitline and Online service will deliver the following components using a research-based protocol that is consistent and systematic:

- a. Screen all callers and online inquiries, and provide general information to those requesting it, including providing information to non-smoking callers who are calling on behalf of friends or relatives who smoke.
- b. Assess caller and online inquirer's tobacco use history and readiness to quit using tobacco based on the five (5) A's of Cessation Counseling as outlined in the Public Health Service's Treating Tobacco Use and Dependence (see <http://www.surgeongeneral.gov/tobacco>)
- c. For callers and online participants ready to quit:
 - 1) provide an intermediate counseling intervention, assess needs and wants and assign a counselor accordingly
 - 2) review, and based on the U.S. Public Health Service, provide recommendations on the use of pharmacological cessation aids, and refer callers to their physicians or other health care professionals as needed
 - 3) refer to community-based cessation programs
 - 4) mail self-help materials
 - 5) offer an opportunity to receive up to five (5) proactive follow-up behavioral counseling sessions based on the registrant's need for the service.
 - i. The Contractor will provide comprehensive proactive counseling support initiated by the Quitline specialists to callers and online participants who are ready to quit and agree to counseling. The counseling will be based on protocols that research in randomized clinical trials have demonstrated to be effective in providing support and

assistance in helping people successfully quit tobacco use and prevent relapse.

- ii. The Contractor must strive to assure that callers and online participants enrolled in the intensive program are assigned with a counselor who will follow-up with them through each of their subsequent sessions. In the event of staff turnover, illness, client availability for the sessions, or other event that would prohibit the same counselor from following up with the caller or online participant, they should be informed of the circumstances and offered an alternative.
 - iii. The Contractor must strive to schedule the proactive follow-up counseling sessions by making appointments with the caller at a specific date and time, or communicate with online participants to schedule a specific date and range of time within which the session might be scheduled.
 - iv. For all eligible registrants (18 years and above contemplating to quit smoking in the next 30 days regardless of insurance coverage) the counselor will screen for contraindications for FDA approved pharmacotherapy as appropriate. Pharmacotherapy must be provided no more than two (2) weeks at a time, to assure that the full four (4) week course of treatment is not provided up front, but is contingent upon the participant's continued involvement in the counseling program
- d. Cooperation with an external evaluator to document and evaluate the effectiveness of the TFG Quitline using the minimum data set developed by the North American Quitline Consortium (NAQC).
- e. For callers and online participants who are not interested in receiving follow up calls or e-coach reminders, offer encouragement to call the Quitline or return to the website again.
- f. For tobacco users who are not ready to quit tobacco use, provide:
- 1) appropriate motivational messages to promote effective quitting
 - 2) send self-help or other appropriate materials via air-mail or e-mail
- g. Protocols for all counseling interventions, both initial and follow-up, must be based on research showing effectiveness in inducing behavior change utilizing motivational interviewing and a cognitive-behavioral approach to treating tobacco use and shown to be effective in preparing people to stop using tobacco and remain tobacco free after quitting.

7. Referral Database and Feedback

The contractor will work with the TFG Program to operate and maintain an electronic monthly updated, referral resource database of available cessation services other than the Quitline. The cessation resource information must be in a format that is compatible with Windows XP Office (e.g. Excel, Access, Word, etc.)

The database must provide sufficient information to match callers / online participants to resources by location, type of cessation service, time services are available, any costs associated with participation or materials, and specialized services for target populations.

8. Support Materials

The contractor will develop or use existing cessation support materials that address self-help cessation techniques for tobacco users. Tailored materials must be made available for spit tobacco users, chewing tobacco with betel nuts, pregnant women, and other callers in different ethnic groups.

a. Materials should meet low literacy level needs, utilize pictures and graphics extensively and be available in English at a minimum. Materials may be required in additional languages if call / online volume or other analysis by either the contractor or the TFG Program indicates the need. Information on secondhand smoke and other tobacco-related educational materials will also be appropriately mailed to callers / online participants.

b. These materials must meet the approval of the TFG program. Once approved, the packet and other materials used under this contract will credit the TFG Program and will include the DPHSS logo and should properly acknowledge the funding source/s of the client support materials.

9. Quitline Media Campaigns

The TFG Program will coordinate the development and implementation of the media campaign to promote the Quitline to the general public through print and broadcast media which includes news releases and media events. The contractor will agree to work with the TFG Program in promoting the services of the Quitline.

The contractor will provide sufficient staffing in order to meet increased demand. The contractor will collaborate with the TFG to assure effective coordination of media promotion and Quitline services.

10. Promotion to Healthcare Systems

The TFG program will be responsible for promoting the Quitline throughout the healthcare delivery system. The contractor will collaborate with the TFG Program in updating and utilizing packaged cessation materials disseminated to healthcare providers to use with their clients. The contractor will collaborate with the TFG Program to assure effective coordination of promotion to healthcare professionals regarding the quitline services.

11. Quality Assurance, Quality Improvement

The contractor must follow a comprehensive quality improvement plan. The quality improvement plan must describe the procedures, standards, and measures to be used to ensure quality. It must also discuss how the organization's performance in the various areas of quality assurance is to be reported, how the reported data should be interpreted, and how that information will be used not only to maintain the quality of services, but to improve them as well.

12. Surveillance and Evaluation

The contractor must collect sufficient data and provide data analysis to implement a quality assurance and evaluation plan. This plan must address the operation and staffing of the Quitline. The plan must also include collaboration with TFG or a designated evaluation contractor to facilitate an evaluator contacting callers / online participants to assess caller satisfaction and the quality and effectiveness of the services and referrals. Monthly call / online volume reports as well as quarterly reports, and an annual summary report, including Quitline usage and trends and a brief narrative analysis, must be provided by the contractor.

The client database will be provided to the TFG Program monthly and quarterly. The contractor and TFG Program will develop a secure, confidential, efficient means of transferring the database as needed in order to conduct evaluation.

G. CLARIFICATION OF LANGUAGE

- a. The terms "respondent," "bidder," "proposer," and "applicant" are used synonymously in this document. "Must," "shall," and "will" denote mandatory compliance of a requirement in this document. The term "TFG" is used synonymously with the Tobacco Free Guam, the terms "state" and "Government" are used synonymously with the Territory of Guam and the Department of Public Health and Social Services, the term "program" is used synonymously with the Tobacco Free Guam Cessation Quitline and the Tobacco Prevention & Control Program of the DPHSS.
- b. The term "participant" as it relates to this contract shall mean a caller or online visitor/registrant. The term "quit" as it relates to this contract shall be fully defined

by 3, 6, and 12 month follow-up when the client is contacted to determine smoking/tobacco use status within the past week. This shall be divided by the total of individuals who have received at least one counseling session to determine quit rates. The inability to follow-up or locate an individual is not considered a "quit" for the purpose of the proposal or the contract reporting requirements. **Any reference to “quit rates” in the proposal shall be calculated by treatment type, and use an intent-to-treat analysis.** Quit rates utilizing other types of analyses may be included in addition to the intent-to-treat analysis rates; however, the applicant must clearly articulate how the rates were calculated.

- c. "Demographic information" shall mean information including, but not limited to: age, gender, race and ethnicity relevant to Guam’s population, citizenship, health status, including pregnancy status, village/community and educational attainment and any other characteristics not necessarily identifiable to any single person but necessary or useful for the statistical study of the population served or intended to be served by the quitline.
- d. "Personal Information" shall mean information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, telephone numbers, social security numbers, driver's license numbers, other identifying numbers, and any financial identifiers.
- e. “Registered for Services” Definition:

Tobacco User & Tobacco User Self Help (materials only)	<ul style="list-style-type: none"> • Current users (adult 18 years of age and above and youth 11 years of age to 17 years) of a tobacco product • Recent quitters of a tobacco product • Requested services • Assessed for Stage of Readiness to quit
Provider	<ul style="list-style-type: none"> • Healthcare or community professionals • Wanting information about Quitline services • Wanting information about making referrals to the Quitline • Wanting patient consult • Can request and be sent a quit kit • Not assessed for Stage of Readiness to quit
Proxy	<ul style="list-style-type: none"> • Friends or family members of a user or recent quitter of a tobacco product • Wanting information about helping their friend/relative quit the tobacco product • Can request and be sent a quit kit • Not assessed for Stage of Readiness to quit

- f. “Other Calls / Website Inquiries Handled” Definition:

General Public	<ul style="list-style-type: none"> • Request brief information about the Quitline or other related tobacco issue • Can request and be sent a quick read Quitline kit • Not assessed for Stage of Readiness to quit
Hang up	<ul style="list-style-type: none"> • Callers who contact the Quitline and do not leave any information
Out of state	<ul style="list-style-type: none"> • Caller or website visitor from a state other than the state for whom services are provided
Prank	<ul style="list-style-type: none"> • Caller making practical jokes or playing prank
Voicemail unable to reach	<ul style="list-style-type: none"> • Caller who left voicemails but was not reached after three call attempts by Registration
Wrong Number	<ul style="list-style-type: none"> • Caller who misdialed; not intending to contact Quitline

- g. “Ad hoc calls” refers to reactive calls from participants who are enrolled in the proactive, intensive counseling (up to 5-Call) program and call in for support between scheduled calls, in response to an attempt letter, or call in after completion of the program.
- h. “Proactive counseling calls” refers to calls initiated by Quitline Specialists to participants who have enrolled in the intensive, follow-up counseling (up to 5-Call) program. Counseling calls are telephone-based interventions utilizing protocols that research in randomized clinical trials has demonstrated to be effective in providing support and assistance in helping people successfully quit tobacco use and prevent relapse.
- i. “Quitline Specialists” refers to employees of the contractor that are trained behavioral health specialists, preferably staff with bachelor’s or master’s degrees in social work, psychology, or other behavioral health fields with a minimum of two years of counseling experience. Quitline Specialists have received specialized training in effective tobacco dependence treatment interventions and counseling protocols.

H. SPECIAL TERMS AND CONDITIONS: This section shall be modified in writing at any time due to changes in Federal statutes or regulations, a material change in local law, organization, policy or state agency operation.

- a. The Government shall assume without a specific written designation that all elements of the proposal are a matter of public record.
- b. The bidder agrees to accept appointment as Service Provider to the DPHSS, TFG, providing its best efforts in its performance of duties in a responsible manner, in accordance with all applicable laws, rules, regulations and policies of both the United States Government and the Government of Guam.
- c. The Service Provider shall not assign or subcontract the Agreement, or any sum becoming due the Service Provider under the provisions of the Agreement, without the prior written consent of the Government.

- d. The Service Provider shall save and hold harmless the Government, its officers, agents, representatives, successors and assigns and other government agencies from any and all suits or actions of every nature and kind, which may be brought for or on account of any injury, death, or damage arising or growing out of the acts or omissions of the Service Provider, Service Provider's officers, agents, servants or employees under the Agreement.
- e. The Service Provider shall comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 P.L. 104-191 and the federal "Standards for Privacy of Individually Identifiable Health Information" promulgated thereunder at 45 CFR Parts 160 and 164.
- f. **Social Security Number Confidentiality Act.** The Service Provider shall ensure compliance relative to preventing the inappropriate disclosure and misappropriation of social security numbers. (Ref. Article 7, Title 5 GCA, Chapter 32)
- g. **Equal Employment Opportunity.** The Service Provider shall be an equal opportunity employer. The Contractor shall not discriminate on the basis of race, religion, color, sex, sexual preference, age, national origin or disability. The Service Provider shall ensure that employees are treated equally during employment without regard to their race, religion, color, sex, sexual preference, age, national origin or disability.
- h. **Financial Management System.** The Service Provider shall ensure the organization possesses a financial management system that meets the standards of the Common Rule for Uniform Administrative Requirements for Grants and Cooperative Agreements With State and Local Governments in financial reporting, accounting records, internal control, budget control, allowable cost, source documentation and cash management.
- i. **Procurement Procedures and Records.** The Service Provider shall ensure Federal and local procurement laws and regulations are complied with in accordance with 45 CFR Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements. All equipment and other non-expendable property acquired through this Agreement shall be the property of the Government.

I. GENERAL SUBMISSION REQUIREMENTS

A. Management Proposal Specifications

The proposal shall detail the respondent's familiarity and experience with this type of service contract and demonstrated ability to serve the TFG Cessation needs for services associated with these activities. The respondent shall detail its familiarity and ability to provide quality service, meeting industry and government guidelines. (Includes Total Description of Experience, Business Operations Requirements, Staffing Qualifications, Data Collection and Reporting, Quality Assurance and Quality Improvement, and Workplan and Timeline.)

B. Technical Proposal Specifications

(Includes Total Description of Counseling System, Scientific Capacity-Protocols, Support Materials, Quitline Promotions and Evaluation and Research.)

C. Submission of Service Fee Schedule

(The Bidders determined to be best qualified will be notified to submit to DPHSS at a time specified by DPHSS and prior to commencement of negotiations, their fee to perform the required services.)

- a. The price-per-call, price-per-online registration, price-per-course of NRT treatment, and program development for personnel, supervision, administrative costs, quit kits or other materials, postage and handling, data collection and required reports, referral database, language and system capability, or other costs associated with the provision of services under this contract.
- b. TFG program shall not pay for attempt calls, website hits, or pay one price, up front, for an “enrolled” caller or website registrant. Reimbursement shall only be provided for each call or online registration after it has actually been completed.
- c. TFG program shall not pay for inquiries from the general public, out-of-state calls, hang-ups, voicemail, letters, email or calls made in an attempt to reach participants.
- d. Reimbursement for pharmacotherapy shall be provided based on the number of each type, dose, or duration provided to eligible participants (18 years and older) each month. Pharmacotherapy prices shall be provided for each of the durations listed in the price proposal.
- e. Program Development includes the cost of creating, updating, and maintaining the database as well as costs associated with protocol revisions.
- f. TFG shall not guarantee a minimum number of calls or website visits per month, or a minimum monthly reimbursement amount.

A fully disclosed and detailed budget narrative, including a cost analysis, shall be included with the pricing proposal to support the reasonableness of the proposal. Fees for services not included in this request for proposals shall not be the responsibility of the TFG program. Include a narrative description of the amount and dose of pharmacotherapy provided for each of the durations.

The fees shall include the services and requirements described in this request for proposals. The Bidder shall include a statement certifying that all services properly requested shall be performed as required.

D. Budget Certifying Statements

The Applicant shall submit a statement certifying that the total bid price will include services and requirements, as described in this request for proposal, for the term of the contract period.

E. Financial Interest

Financial interest in project is limited to the project itself. A proposal shall not be considered for award if the price in the proposal was not arrived at independently without collusion, consultation, communication or agreement as to any matter relating to such prices with any other bidder or with a competitor. In addition, the bidder is prohibited from making multiple proposals in a different form, i.e., as a prime bidder and as a subcontractor to another prime bidder.

F. Invoicing

A properly completed invoice must be submitted within 30 days of the end of the month in which services were delivered and include the following items:

- Name, address and FEI number of the contractor
- Invoice date
- Period covered by invoice
- Purchase order number
- Any other data, reports, information or documentation required by other conditions of the contract.
- Details of the services provided and be in accordance with the terms and conditions of this agreement.

The Invoice shall be submitted to:

TOBACCO PREVENTION & CONTROL PROGRAM
ATTN: COORDINATOR
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
123 CHALAN KARETA
MANGILAO, GU 96913

----- NOTHING FOLLOWS -----