|  |  |
| --- | --- |
| **ISSUED BY:** | NorthCare Network  1230 Wilson Street  Marquette, MI 49855 |
| **PROJECT TITLE:** | Request for Quotation (RFQ)  Community Based Prevention Programming: Communities That Care Coalitions |
| **RFQ ISSUE DATE:** | April 28, 2025 |
| **RFQ DUE DATE:** | May 30, 2025 |
| **QUESTIONS:** | Any questions must be submitted no later than May 15, 2025 at noon, to:  [contracts@northcarenetwork.org](mailto:contracts@northcarenetwork.org) |
| **SUBMIT TO:** | [contracts@northcarenetwork.org](mailto:contracts@northcarenetwork.org) |

# PART I - GENERAL INFORMATION

### PURPOSE

The purpose of this Request for Quotation (RFQ) is to solicit quotes from qualified Organizations to host a Communities That Care (CTC) Coalition Coordinator in Fiscal Year 2026. The selected Organization will provide community-based prevention services focused on environmental promotion and education, by following the CTC model. The selected Organization will employ a coordinator, for up to 20 hours a week, or a 0.5 FTE. These services aim to address elevated risk factors and enhance protective factors as part of the Behavioral Health Continuum of Care Model. Organizations with demonstrated expertise in providing substance use disorder prevention services are encouraged to submit their quotations**.** Coalitions in the following counties: Baraga, Chippewa, Gogebic, Luce, and Ontonagon are eligible for the Michigan Partnership for Advancing Coalitions, Partnership for Success funding. This grant allows for CTC Coalition Coordinators to work up to 25 hours a week, or 0.625 FTE, with a minimum of 20 hours, or 0.5 FTE.

NorthCare Network is one of ten regional Prepaid Inpatient Health Plans (PIHP) for the State of Michigan serving the fifteen-county region of the Upper Peninsula. NorthCare provides a comprehensive array of specialty mental health and substance use disorder services and supports for adults with serious mental illnesses, children and adolescents with serious emotional disturbances, persons with intellectual/developmental disabilities, and persons with substance use disorders.  NorthCare manages its responsibilities in a manner that promotes maximum value, efficiency and effectiveness consistent with state and federal statute and applicable waiver standards.

### CONTRACT PERIOD

The contract period for this RFQ is **October 1, 2025** through **September 30, 2026.**

### GENERAL REQUIREMENTS

The following minimum requirements must be met to by the Organization to be considered:

* 1. Currently possess [LARA Community Change, Alternatives, Information, and Training](https://www.michigan.gov/lara/0,4601,7-154-89334_63294-540229--,00.html) (CAIT) Prevention License as required and must follow all licensing requirements.
  2. Prevention staff performing multiple prevention strategies must have prevention credentials or a registered development plan with the Michigan Certification Board for Addiction Professionals ([MCBAP](https://www.mcbap.com/)) as well as dedicate resources to support these plans. In addition, staff providing only one prevention strategy must attend the six-hour face-to-face or virtual Prevention Ethics course within twelve (12) months of hire.
  3. May be a private, public or private non-profit agency. Public and private non-profit agencies must have a governing board that is representative of the community and clients served and meet on a regularly scheduled basis.
  4. Provide the necessary administrative support for the operation of prevention programs proposed, including a financial system that meets generally accepted accounting principles and computer equipment/software needed to electronically submit data.
  5. Identify involvement in collaborative efforts to attract other sources of funding that will enhance local prevention programming.
  6. Respond to opportunities to encourage local implementation of *the* [*Michigan Profile for Healthy Youth Survey*](https://www.michigan.gov/mde/0,4615,7-140-74638_74639_29233_44681---,00.html) (MiPhy). The MiPhy is an essential element of prevention programming as a consistent local data source on risk and protective factors most predictive of alcohol, tobacco, other drug use and violence.
  7. Must follow and be in adherence with the Communities That Care coalition model.
  8. Complete a sustainability plan for the proposed projects and outline the Organization’s plan to continue the services should grant funding no longer be available. This should include alternative funding sources and the impact on service delivery.
  9. If a sustainability plan is not currently in place, please outline a timeline for the development of a plan to sustain these services in future years.

**\*Note: These services are grant funded and timelines for funding can change or be discontinued at any time.**

### REPORTING REQUIREMENTS

The selected agencies/programs will be required to supply or enter statistical and financial data on the forms developed by NorthCare Network as scheduled.

* 1. Encounter data will be entered into the state’s data collection system, currently the Michigan Prevention Data System ([MPDS](https://mpds.sudpds.com/)), by the 5th of the month following service delivery. If the data entry timeline cannot be met a request for an extension must be submitted in writing to:

[preventionservices@northcarenetwork.org](mailto:preventionservices@northcarenetwork.org).

* 1. Financial reporting includes yearly budget submission, periodic budget amendments and monthly Financial Status Reports for reimbursement.
  2. A quarterly Work Plan Progress Report is to be submitted to the SUD Prevention Services Coordinator at preventionservices@northcarenetwork.org for the purpose of monitoring and evaluating the Organization's progress in completing the contracted activities, ensuring they are on track with their commitments.

Additional Reporting Requirements for MI-PAC coalitions includes:

* Quarterly Progress reports submitted via Qualtrics to MDHHS,
* Participation in the Coalition Learning Community, and
* Other requirements may be required by MDHHS.

### BUDGET

### The Organization will need to submit a budget for the project along with all requested budget documents. This budget is subject to inclusion in the contract if the bid is accepted.

### INFORMATION

* 1. Quotations shall be prepared simply, economically, and according to the format established.
  2. News releases pertaining to the RFQ will not be made without prior NorthCare Network approval.
  3. Response to the RFQ does not guarantee approval. Final awards are based on the NorthCare Governing Board approval.

### INDEPENDENT PRICE DETERMINATION

By submitting this quotation, the Organization certifies and in the case of joint quotation, each party certifies that the prices included have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition. The individual signing the cover sheet certifies that he/she is the person responsible or authorized by the Organization to set costs being offered.

### QUOTATIONS

Quotations must be sent **electronically.** The quotation will remain valid for at least ninety (90) days.

### Quotations must be sent by the deadline to: contracts@northcarenetwork.org

### ACCEPTANCE OF QUOTATION CONTENT

The contents of the quotation of the successful Organization may become contractual obligations if a contract ensues. The failure of the successful Organization to accept these obligations may result in cancellation of the award.

1. **SCHEDULE OF ACTIVITIES**

All quotations will be subject to the schedule of activities outlined below:

RFQ emailed/available to prospective bidders                                  04/28/2025

Any questions regarding the RFQ deadline                                       05/15/2025

Submission deadline                                                                          05/30/2025

NorthCare Review Deadline                                                               07/25/2025

NorthCare Governing Board Final Selection/Approval                      09/10/2025

Recipient Notification of Final Decision                                             09/12/2025

Start of Contract Period                                                                     10/01/2025

End of Contract Period                                                                       09/30/2026

All Required Reporting Due                                                                10/15/2026

### NEGOTIATIONS

Negotiations may be undertaken with potential Organization whose quotations prove them to be qualified, responsible and capable of performing the work. NorthCare reserves the right to consider quotations or negotiate modifications including indirect rates at any time before the award is made and reserves the right to reject any and all quotations received**.** This RFQis made for information and planning purposes only.

### REVISIONS

In the event it becomes necessary to revise any part of this RFQ NorthCare Network will supply an updated copy and additional time for completion.

1. **SAMPLE CONTRACT**

A sample contract is provided as supplemental information to this RFQ and may change dependent on MDHHS requirements.

# PART II - RFQ REQUIREMENTS

### COVER SHEET FOR QUOTATION

Please complete all sections of this form.

### PLAN

This document must be completed for EACH coalition. The Plan for Service Delivery should include:

1. Long term goals with measurable outcomes
2. Briefly describe what progress has and has not been made regarding action items in the current action plan
3. List of active members by workgroup (active members are those participating in coalition work beyond meetings on a regular basis NOT events)
4. A plan for monitoring effectiveness of coalition efforts as well as the progress of the action plan
5. Information on the Phase the community is working in the Communities That Care process, and the milestones and benchmarks the community will be working on in the upcoming Fiscal Year.

Attach a current Community Action Plan that outlines the community profile, community data summary, what steps the coalition is taking and how those steps will impact the desired outcomes on one or more of the identified substance use prevention priorities:

* 1. Reduce underage drinking, prescription, and over-the-counter drug misuse, including opiates, underage marijuana use, Youth Access to Tobacco

If there is not a current Community Action Plan, include a summary of where the coalition is in the data collection phase and/or creating of the Action Plan.

### SUSTAINABILITY PLAN

This section should be completed and outline the Organization’s plans to continue the services should grant funding no longer be available. This should include alternative funding sources and the impact on service delivery.

If a sustainability plan is not currently in place, please outline a timeline for the development of a plan to sustain these services in future years.

### BUDGET

This form is designed to offer general information of the requested cost of the quotation per coalition and the total per agency. The form should include:

* Completed budget per county, and
* Completed budget for the total Organization amount

Complete the Attachment: Budget Summary and Detail. Complete one tab per coalition.

If the indirect cost rate is used, submit a copy of the rate calculations with a detailed explanation of calculations or submit the approved federally negotiated indirect cost rate, if applicable. Indirect costs MUST be 15% or less. Indirect Cost allocations must be calculated in accordance with 2 CFR Part 200

Subpart E.

1. **STAFF & CREDENTIALS (if applicable)**

This should include staffing plans and staff to fill required positions. If specific individuals are not known, the Organization can outline positions and how many FTEs.

1. **ATTACHED DOCUMENTS TO BE INCLUDED**

* Community Action Plan
* Budget Summary and Detail
* Liability Insurance
* License(s) for locations (if applicable)

# PART III - CRITERIA FOR SELECTION

### REVIEW

All quotations received will be reviewed in detail by **July 25, 2025**, by SUD Services Director, the SUD Prevention Coordinator and the identified selection panel at NorthCare Network for the purpose of selecting the contractor. All components of the NorthCare Procurement Process will be followed. It is anticipated that all bidders will be notified on or before **September 12, 2025**.

1. **REQUIRED COMPONENTS** Cover Sheet

Plan and attached Community Action Plan

Sustainability Plan

Budget General Information

Budget Summary and Detail

Staff and Credentials

Liability Insurance

License(s) for locations (if applicable)

### SCORING

The Reviewer’s Checklist template used by the NorthCare Network selection panel is included for your information.

**Cover Sheet**

|  |
| --- |
| Project Name: Click or tap here to enter text. |
| Provider/Organization Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Telephone Number: Click or tap here to enter text. |
| Location(s): Click or tap here to enter text. |
|  |
| LARA License Number(s): Click or tap here to enter text. |
| Federal ID Number: Click or tap here to enter text. |

|  |
| --- |
| Type of Applicant:  Federal  State  Municipal  Non-Profit Organization  For-Profit Organization  Individual  Other (please explain): Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name and Title of Contact Person Regarding this Quotation:  Click or tap here to enter text. Click or tap here to enter text. | |
| Contact Email:  Click or tap here to enter text. | Contact Telephone:  Click or tap here to enter text. |
| Name and Title of Authorized Signer for Contracting:  Click or tap here to enter text. Click or tap here to enter text. | |
| Authorized Signers Email Address:  Click or tap here to enter text. | |

|  |  |
| --- | --- |
| Name of Authorized Representative: | Title: |
| Signature: | Date: |

## **PLAN FOR SERVICE DELIVERY**

## **PROJECT INFORMATION**

|  |
| --- |
| Summary of Service: |
| ***This Should include:***   1. Long term goals with measurable outcomes 2. Progress that has and has not been made regarding action items in the current action plan 3. List of active members by workgroup (active members are those participating in coalition work beyond meetings on a regular basis NOT events) 4. A plan for monitoring effectiveness of coalition efforts as well as the progress of the action plan 5. Information on the Phase the community is working in the Communities That Care process, and the Milestones and Benchmarks the community will be working on in the upcoming Fiscal Year. |
|  |

## **Submit Community Action Plan as an Attachment.**

## **SUSTAINABILITY PLAN**

|  |
| --- |
| Sustainability Plan: |
| ***This Should include:***   1. Alternative funding sources 2. Impact on service delivery |
|  |

**PROPOSED BUDGET**

|  |  |
| --- | --- |
| **County/Coalition name** | **Total** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Organization Amount: |  |

**All requested budgets must be submitted with this RFQ.**

**Submit Budget Summary and Detail as an Attachment.**

**STAFFING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualified Staff:** | **Title** | **Credentials:** | **Expiration Date:** | **NPI Number:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**REVIEWER’S CHECKLIST   
FY 2026 RFQ**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant: |  | Reviewer: |  | Total Score: | of 400 |

|  |  |  |
| --- | --- | --- |
| REQUIRED COMPONENTS | Total points |  |
| MINUS 50 POINTS FOR EACH MISSING COMPONENT | Deductions |  |
|  | Allowable | 400 |
| Cover Sheet | | /50 |
| Plan/Description Summary includes:   * Long term goals with measurable outcomes * Progress that has and has not been made regarding action items in the current action plan * List of active members by workgroup (active members are those participating in coalition work beyond meetings on a regular basis NOT events) * A plan for monitoring effectiveness of coalition efforts as well as the progress of the action plan * Information on the Phase the community is working in the Communities That Care process, and the Milestones and Benchmarks the community will be working on in the upcoming Fiscal Year. | | /50 |
| Plan includes an attached Community Action Plan which includes:   * Community profile * Community data summary * What steps the coalition is taking and how those steps will impact the desired outcomes on one or more of the identified substance use prevention priorities: * Reduce underage drinking, prescription, and over-the-counter drug misuse, including opiates, underage marijuana use, Youth Access to Tobacco   If there is not a current Community Action Plan, a summary of where the coalition is in the data collection phase and/or creating of the Action Plan. | | /50 |
| Sustainability Plan includes:   * Plan   **or**   * Timeline for plan development,   **And:**   * Identification of alternative funding sources and impact on service delivery | | /50 |
| Proposed Budget Includes:   * All Coalitions the Organization plans to host * Numbers match Budget Summary and Detail | | /50 |
| Budget Summary and Detail is:   * Complete * Accurate and * Submitted with RFQ | | /50 |
| Staffing includes:   * staffing plans and staff to fill required positions. If specific individuals are not known, the Organization can outline positions and how many FTEs. | | /50 |
| Submitted a complete packet including all attachments by deadline | | /50 |
| Comments: | | |

**ATTACHMENTS:**

* Community Action Plan
* Budget Summary and Detail
* Liability Insurance
* License(s) for locations (if applicable)