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| **ISSUED BY:** | NorthCare Network  1230 Wilson Street  Marquette, MI 49855 |
| **PROJECT TITLE:** | Request for Quotation (RFQ)  Gambling Disorder Awareness Media Campaign |
| **RFQ ISSUE DATE:** | Monday, July 21, 2025 |
| **RFQ DUE DATE:** | Friday, August 29, 2025 |
| **QUESTIONS:** | Any questions must be submitted no later than Friday, August 15, 2025, 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 identify a qualified media organization capable of executing a comprehensive media campaign. The objective of the Gambling Disorder Awareness campaign is to enhance public awareness regarding the risks associated with Problem Gambling and promote the Michigan Problem Gambling Hotline, a resource provided by the Michigan Department of Health and Human Services (MDHHS).

The selected media organization should effectively utilize multiple media platforms, including social media, radio, and television, ensuring coverage across all 15 counties of Michigan's Upper Peninsula.

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 **November 1, 2025,** through **September 30, 2026**.

### GENERAL REQUIREMENTS

The following minimum requirements must be met to be to be considered:

* Multiplatform Media Creation: Possess the tools and qualified personnel to produce media content suitable for various platforms, including social media, radio, and television.
* Tracking and Analytics System: Implement a robust system to monitor media distribution and engagement, including tracking where the media is displayed and analyzing user interactions.
* Provide the necessary administrative support for the development and airtime of the comprehensive media campaign, including a financial system that meets generally accepted accounting principles and computer equipment/software needed to electronically submit data.

### REPORTING REQUIREMENTS

The media organization that is awarded this contract will be required to provide quarterly reports to NorthCare Network which identifies the following:

* Progress of any new media being made (if applicable)
* Progress on impressions made per media platform per county

Reports will vary based on the services to be provided. All efforts will be made to have reporting documentation available at the time of award. Final report requirements are dependent upon MDHHS reporting requirements.

The selected organization will be required to supply statistical and financial data on the forms developed by NorthCare Network as scheduled.

### BUDGET

### The organization will need to submit a budget for the project along with all requested costing 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 RFQwill not be made without prior NorthCare Network approval.
  3. Response to the RFQdoes 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. 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                                  07/21/2025

Any questions regarding the RFQ deadline                                       08/15 /2025

Submission deadline                                                                          08/29 /2025

NorthCare Review Deadline                                                               09/19/2025

NorthCare Governing Board Final Selection/Approval                      10/15/2025

Recipient Notification of Final Decision                                             10/17/2025

Start of Contract Period                                                                     11/01/2025

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 quotationis 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

1. Overview of Campaign
2. Samples of Prior Work, this can include links, scripts, or media files. This may be an attachment as well.
3. Identifies target populations.
   1. The target population must include residents in the fifteen counties of the Upper Peninsula of Michigan focusing on young adults. The counties include: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft.
4. Identifies the media platforms to be used (targeted display ads, streaming/connected TV, radio, Facebook, Instagram, TikTok, etc.)
   1. Identifies projected impressions, or other applicable measurable impacts of, for each media platform.
5. Confirmation that all 15 counties in the Upper Peninsula will be impacted.
6. Identifies how NorthCare Network will be able to obtain campaign data (example of reporting dashboard if applicable)
7. Inclusion of Gambling Hotline for MDHHS
8. **TIMELINE**

Specifically identifies each phase of campaign with timeline (submission of creative edits, resubmission of final edits to NorthCare Network, launch of campaign, etc.)

1. **STAFFING**

Members of campaign team to be involved in the project, including names, titles, and contact information.

1. **BUDGET**

Proposed Budget to be included in the RFQ, this amount should include development and airtime.

MDHHS communications reflect a final anticipated amount of $68,000, for FY2026’s Gambling Awareness Campaign. Submissions should be based upon this amount: as such, Agreements for this award will reflect ‘the lesser of $55,000 or the final MDHHS approved funding amount.’

1. **ATTACHED DOCUMENTS TO BE INCLUDED**

* Liability Insurance

# PART III - CRITERIA FOR SELECTION

### REVIEW

All quotations received will be reviewed in detail by **September 19, 2025**, by SUD Services Director, 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 **October 17, 2025**.

1. **REQUIRED COMPONENTS** Cover Sheet

Plan

Timeline

Staffing

Budget

Liability Insurance

### SCORING

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

**COVER SHEET**

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| Project Name: Click or tap here to enter text. |
| 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) (if applicable): Click or tap here to enter text. |
| Federal ID Number: Click or tap here to enter text. |

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

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| 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. | |

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

## **PLAN FOR SERVICE DELIVERY**

## **Project Information**

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| Summary of Service: |
| ***This Should include:*** *overview of campaign, target populations, population geographic area, identification of media platforms, and Samples of prior work (this can be an attachment or added to this section)* |
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## **Implementation Plan**

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| Implementation Plan: |
| ***This Should include:*** *projected impressions, measurable impacts, how NorthCare will be able to obtain campaign data, inclusion of MDHHS Hotline* |
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**TIMELINE**

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| **Task** | **Anticipated Completion Date** |
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**STAFFING**

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| --- | --- | --- | --- |
| **Name:** | **Title:** | **Contact Information** | **Campaign Role:** |
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**PROPOSED BUDGET**

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| **Service:** | **Amount:** |
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| Other: |  |

**REVIEWER’S CHECKLIST   
FY 2025 RFQ**

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| Applicant: |  | Reviewer: |  | Total Score: | of 200 |

|  |  |  |
| --- | --- | --- |
| REQUIRED COMPONENTS | Total points |  |
| MINUS 50 POINTS FOR EACH MISSING COMPONENT | Deductions |  |
|  | Allowable | 200 |
| Cover Sheet | | /15 |
| Plan/Description Summary includes:   * *overview of campaign,* * *target populations,* * *population geographic area,* * *identification of media platforms, and* * *Samples of prior work* | | /15 |
| Plan/Description Implementation Plan includes:   * *projected impressions,* * *measurable impacts,* * *how NorthCare will be able to obtain campaign data,* * *inclusion of MDHHS Hotline* | | /50 |
| Timeline includes:   * Identified each phase of the campaign | | /20 |
| Staffing of Campaign Team, including:   * Names * Title * Contact Info * Role | | /25 |
| Proposed Budget includes:   * Identified Service and Project Amount * Within the provided amount * Development and Airtime | | /25 |
| Submitted a complete packet including all attachments by deadline | | /50 |
| Comments: | | |

**ATTACHMENTS:**

* Liability Insurance