

**NORTHCARE NETWORK
REQUEST FOR QUOTATION
School Based Prevention Programming**

ISSUED BY:	NorthCare Network 1230 Wilson Street Marquette, MI 49855
PROJECT TITLE:	Request for Quotation (RFQ) School Based Prevention Programming
RFQ ISSUE DATE:	May 1, 2026
RFQ DUE DATE:	May 29, 2026
QUESTIONS:	Any questions must be submitted no later than May 15, 2026 to: contracts@northcarenetwork.org
SUBMIT TO:	contracts@northcarenetwork.org

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PART I- GENERAL INFORMATION FOR THE CONTRACTOR

1. PURPOSE

The purpose of this Request for Quotation (RFQ) is to solicit quotations from qualified Organizations to provide middle school youth throughout the Upper Peninsula counties with universal, school-based prevention programming in FY2027. The selected Organizations will provide universal, school-based prevention programming such as Botvin LifeSkills Training, Prime for Life, Catch My Breath and/or InDepth. 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 (SUD) prevention services are encouraged to submit their quotations.

In addition to substance use disorder prevention, RFQ responses may include school-based Gambling Prevention education through the implementation of the Stacked Deck curriculum in conjunction with Botvin LifeSkills Training.

Organizations may elect to implement:

- The entire Stacked Deck curriculum within high school Botvin LifeSkills programming, and/or
- Lessons 1, 2, 4, and 5 of Stacked Deck for grades 7 and 8, as appropriate.

Participation in Gambling Prevention programming is optional and is intended to support Organizations seeking to leverage a Gambling Prevention Grant. Organizations may choose to propose Botvin LifeSkills Training alone or in combination with the Stacked Deck curriculum based on local need, capacity, and funding availability. Organizations interested in delivering school-based services must ensure that recent data collection has been conducted in the county where services are to be provided. Funding is available to complete surveys in counties lacking recent data due to the absence of a coalition. The required survey instrument is the Bach Harrison survey, accessible at [Bach Harrison LLC](#).

NorthCare Network is committed to funding programs that directly advance the prevention priorities established in our organizational SUD strategic plan, which align with MDHHS's primary statewide goals. All funded activities, including but not limited to those proposed in response to this RFQ must clearly demonstrate how they support progress toward the following regional strategic objectives:

- Reducing underage drinking
- Reducing marijuana use among youth and young adults
- Reducing stimulant use among youth
- Reducing opioid prescription abuse, including non-medical misuse
- Reducing youth access to tobacco and decreasing youth vaping
- Increasing SUD prevention services for adults ages 55 and older

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

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responsibilities in a manner that promotes maximum value, efficiency and effectiveness consistent with state and federal statute and applicable waiver standards.

2. CONTRACT PERIOD

The contract period for this RFQ is October 1, 2026 through September 30, 2027.

3. GENERAL REQUIREMENTS

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

- A. Currently possess LARA Community Change, Alternatives, Information, and Training (CAIT) Prevention License as required and must follow all licensing requirements.
- B. Prevention staff performing multiple prevention strategies must have prevention credentials or a registered development plan with the Michigan Certification Board for Addiction Professionals (MCBAP) 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.
- C. 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.
- D. 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.
- E. Identify involvement in collaborative efforts to attract other sources of funding that will enhance local prevention programming.
- F. Respond to opportunities to encourage local implementation of the Michigan Profile for Healthy Youth Survey (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.
- G. 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.

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.

4. REPORTING REQUIREMENTS

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

- A. Encounter data will be entered into the state's data collection system, currently the Michigan

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Prevention Data System (MPDS) 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

- B. Financial reporting includes yearly budget submission, periodic budget amendments and monthly Financial Status Reports for reimbursement.
- C. 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.

5. 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.

6. INFORMATION

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

7. 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.

8. 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

9. 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.

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10. SCHEDULE OF ACTIVITIES

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

RFQ emailed/available to prospective bidders	May 1, 2026
RFQ FAQ/Review Session	May 13, 2026
Any questions regarding the RFQ deadline	May 15, 2026
Submission deadline	May 29, 2026
NorthCare Review Deadline	July 17, 2026
NorthCare Governing Board Final Selection/Approval	September 16, 2026
Recipient Notification of Final Decision	September 18, 2026
Start of Contract Period	October 1, 2026
End of Contract Period	September 30, 2027
All Required Reporting Due	October 30, 2027

11. RFQ FAQ/REVIEW SESSION

The RFP FAQ/Review session will be held on Wednesday, May 13, 2026 at 9:00 AM (Eastern Time) via Microsoft Teams. Organizations are encouraged to attend but are not required.

Meeting Link: <https://teams.microsoft.com/meet/294503761558201?p=jrdSNmuCBajFbfZz9U>

Meeting ID: 294 503 761 558 201

Passcode: xB2Xp3Nb

12. 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 proposal/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 Quotation is made for information and planning purposes only.

13. 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.

14. SAMPLE CONTRACT

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

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PART II- RFQ REQUIREMENTS

1. COVER SHEET FOR PROPOSAL

Please complete all sections of this form.

2. PLAN

The plan must include a logic model based off local data to show the need for the school-based service in the county/community. If recent data is not available, utilizing regional or statewide data may be used. Specific information on prevention programs should include implementation information including factors that may impact the implementation such as referrals, advertising and promotion or lack of MOUs. A list the MOUs in place for program delivery (please include copies at time of submission).

Plans may also describe optional Gambling Prevention programming, including the integration of the Stacked Deck curriculum with Botvin LifeSkills Training, where applicable. Organizations proposing this option should identify the target grade levels and describe how implementation supports local prevention priorities and available Gambling Prevention Grant funding.

3. 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.

4. BUDGET

This form is designed to offer general information of the proposed cost of the quotation per county and the total per Organization. The form should include:

- Requested Budget per county, and
- Requested Budget by total Organization amount

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

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 cost MUST be 15% or less. Indirect Cost allocations must be calculated in accordance with 2 CFR Part 200 Subpart E.

5. PREVENTION FTE DETAIL

Includes information regarding planned program services for each staff person and the calculation of their full time equivalent

6. 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.

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7. ATTACHED DOCUMENTS TO BE INCLUDED

- MOU's for proposed school-based programming
- Budget Summary and Detail
- Prevention FTE Detail
- Liability Insurance
- License(s) for locations (if applicable)

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PART III- CRITERIA FOR SELECTION

1. REVIEW

All quotations received will be reviewed in detail by **July 17, 2026**, by the SUD Prevention Services Coordinator, the SUD Services Director, 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 **Friday, September 18, 2026**.

2. REQUIRED COMPONENTS

Proposal Cover Sheet
Plan
MOU's for proposed school-based programming
Sustainability Plan
Logic Model
Budget General Information
Budget Summary and Detail
Prevention FTE Detail
Staff and Credentials
Liability Insurance
License(s) for locations (if applicable)

3. SCORING

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

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Cover Sheet

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): Click or tap here to enter text.
Federal ID Number: Click or tap here to enter text.

Type of Applicant: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Municipal <input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> For-Profit Organization <input type="checkbox"/> Individual <input type="checkbox"/> Other (please explain): _Click or tap here to enter text.
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Name and Title of Contact Person Regarding this Proposal: 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.	
Authorized Signers Email Address: Click or tap here to enter text.	

Name of Authorized Representative:	Title:
Signature:	Date:

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Logic Model

Overall Goal	Consequence (Primary Problem)	Intervening Variables	Objective	Activity/Immediate Outcome	Long-Term Outcome	County(s) served
What problem behavior is being addressed?	How do we know this is a problem? Include local data to support the problem behavior	Identify the Risk Factor	What intervention/strategy will be used to address the problem behavior?	What will the intervention/strategy change?	How much change will the intervention/strategy impact the data? Include where the data will be found to support the change	
EXAMPLE: Reduce underage drinking	Past 30-day alcohol use for: Students (6th, 8th, 10th & 12th grades) 18.09% average percent Communities That Care Youth Survey (2018/2019/2020)	Low perceived risk of harm.	Education/Information Dissemination: Provide evidence-based school programs to increase knowledge of brain science and youth addiction.	Increase perception of harm	Past 30-day alcohol use for: Students (6th, 8th, 10th & 12th grades) 17% Communities That Care Youth Survey 2026	[List of counties, schools, and grades where this activity will take place in]

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PROPOSED BUDGET

<u>County</u>	<u>Budget Total</u>
Other:	
Total Organization Amount:	

**All requested Budget paperwork must be submitted with this RFQ.
Submit Budget Summary and Detail as an Attachment.**

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REVIEWER'S CHECKLIST
FY 2027 RFQ

Applicant: _____ Reviewer: _____ Total Score: _____ of 450

REQUIRED COMPONENTS	Total points
MINUS 50 POINTS FOR EACH MISSING COMPONENT	Deductions
	Allowable 450
Cover Sheet	/50
Logic model	/50
Plan includes: <ul style="list-style-type: none"> • Factors that may impact the implementation such as referrals, advertising and promotion or lack of MOUs. • List the MOUs in place for program delivery (copies included with submission). 	/50
Sustainability Plan includes: <ul style="list-style-type: none"> • Plan or • Timeline for plan development, And: • Identification of alternative funding sources and impact on service delivery 	/50
Proposed Budgets & Rates: Includes all: <ul style="list-style-type: none"> • Proposed Budget per county, and total Organization amount • Numbers match Budget Summary and Detail 	/50
Budget Summary and Detail Document is: <ul style="list-style-type: none"> • Complete • Accurate and • Submitted with RFQ 	/50
FTE Detail is: <ul style="list-style-type: none"> • Complete • Accurate and • Submitted with RFQ 	/50
Staffing includes: <ul style="list-style-type: none"> • 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:	

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ATTACHMENTS:

- MOU's for proposed school-based programming
- Budget Summary and Detail
- Prevention FTE Detail
- Liability Insurance
- License(s) for locations (if applicable)