

CUYAHOGA COUNTY
.....
B O A R D O F H E A L T H
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

REQUEST FOR QUOTATIONS

**2025-02 ADVANCING COMMUNITY HEALTH IMPROVEMENT
PLANNING FOR THE CUYAHOGA COUNTY BOARD OF HEALTH**

Date Issued: June 9, 2025

Due Date: No later than 10:30 AM on Tuesday, June 17, 2025

Return Proposals to: Nichelle Shaw, Population Health Supervisor
Cuyahoga County Board of Health
5550 Venture Drive
Parma, Ohio 44130
(216) 201-2001 ext.1506
nshaw@ccbh.net

Vendors may submit their quotes via email or mail. Only quotes submitted by the due date and time will be considered.

Purpose

The Cuyahoga County Board of Health (CCBH) and the Cleveland Department of Public Health (CDPH) seek a qualified consultant(s) to assist with completing their collaborative and community-engaged Community Health Needs Assessment, and to provide three (two in-person and one virtual) group prioritization sessions to select our city and county's top health needs and/or issues.

Background

The mission of CCBH is to work in partnership with the community to protect and improve the health and well-being of everyone in Cuyahoga County. CCBH envisions creating the conditions in which all people who live, learn, work and play in Cuyahoga County have the opportunity to be healthy. CCBH strives to achieve this by promoting its values health equity, integrity, partnership and innovation. Additionally, CCBH seeks to work collaboratively with community residents and other partners to improve health outcomes, by providing valuable information about the county's health status and needs, and by identifying and prioritizing the current emergent health concerns to be addressed.

Roderick Harris, DrPH Health Commissioner

5550 Venture Drive ♦ Parma, Ohio 44130 ♦ Direct: 216.201.2000 ♦ Fax: 216.676.1311 ♦ www.ccbh.net

CCBH seeks a qualified consultant(s) with knowledge/experience with the Mobilizing for Action through Planning and Partnership (MAPP) 2.0 Framework, the Public Health Accreditation Board (PHAB) and the State of Ohio's Health Improvement Planning (<http://codes.ohio.gov/orc/3701.981>) requirements. The preferred consultant(s) will have a history of working with public health districts, to assist the Cuyahoga County and Cleveland teams with 1) coordinating the health needs prioritization process, 2) finalizing analysis of community health data, and 3) creating the Community Health Needs Assessment (CHNA) report. To date, qualitative key stakeholder interviews, two community surveys, and a working draft of the CHNA have been completed. A final CHNA will serve as the foundation for CCBH and CDPH's Community Health Improvement Plan, which will help meet PHAB requirements. CCBH and CDPH will also be convening a Health Equity Task Force (a diverse group representing community members and a variety of sectors) to provide equity framing, as well as, feedback and guidance on the next phases of our health improvement planning process. The Board expects that the selected consultant will utilize feedback from the Health Equity Taskforce and applicable strategies from the MAPP 2.0 framework to assist the team with this work.

Duration of Services

Services will commence upon the successful execution of the contract with consultant or consultant group (anticipated to occur by mid-July 2025). The contract will end no later than January 31, 2026.

Specifications/Scope of Work

The contractor will be expected to work with the Core Team (representing CCBH and CDPH) in integrating the MAPP 2.0 Framework to the extent possible, with the following:

- 1) Completing additional primary and secondary data analysis for the Cuyahoga County Community Health Needs Assessment.
- 2) Revising the current working draft of the Cuyahoga County Community Health Needs Assessment report (for example, updates to the existing draft to include additional context, equity framing, reorganization, and layout/ design).
- 3) Developing and facilitating three, two-hour group prioritization sessions that include diverse representation from Cleveland and Cuyahoga County (two in-person sessions with community members, and one virtual session with partner organizations), identify and prioritize Cuyahoga County's top health needs and/or issues.
- 4) Completing the final Cuyahoga County Community Health Needs Assessment report that meets agency, State of Ohio, and PHAB requirements.

The contractor's proposal to complete the scope of work should contain distinct costs broken down as an hourly rate (in U.S. dollars) for each type of service

provided to meet the scope of work. The total cost should not exceed \$50,000.

CCBH, our county's health department will be working collaboratively with CDPH, the City of Cleveland's health department. CCBH's and CDPH's jurisdictions include a very diverse population comprised of various workforces, businesses, and community stakeholders. As such, both organizations have a compelling interest in providing equitable contracting opportunities to a wide range of vendors/suppliers through its solicitation of quotes for this project. If applicable, interested vendors are encouraged to submit documentation demonstrating that their agency is diverse-owned [i.e., Minority-owned; Woman-owned; Lesbian, Gay, Bisexual, Transgender-owned; Veteran-owned; Locally-owned (Cuyahoga County); Service-disabled Veteran-owned; a Small Disadvantaged Business; and/or a Historically Underutilized Business].

Deliverables

- Successful completion of the work indicated in the Specifications/Scope of Work section
- Pre-authorization prior to generating expenditures
- Monthly invoices for work performed
- Regular meetings with the Core Team to discuss progress

Additional Information

- The contractor will be required to complete all activities outlined in the Specifications/Scope of Work section.
- Any needed changes to the agreed upon Specifications/Scope of Work will require approval from authorized CCBH staff.

Insurance Requirements

1. General Liability. The Contractor shall carry comprehensive general liability insurance, occurrence version, in an amount of \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000.
2. Professional Liability. The Contractor shall carry professional liability insurance, occurrence version, providing single limit coverage in an amount of \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000.
3. Workers' Compensation. The Contractor shall provide evidence of proper and current worker's compensation coverage at the time of execution of the contract and at any other time upon further request of the Board.
4. Additional Insured. The Board shall be named as an additional insured for all coverage required under (1) and (2) hereinabove.
5. Employee Dishonesty. It is recommended that the Contractor provide coverage against employee dishonesty, in an amount approved by the Board. In the event that the Contractor elects not to provide coverage for employee dishonesty, the Contractor shall assume all risk for losses arising from employee dishonesty and the Board shall not make any payments to cover losses incurred as a result of employee dishonesty.
6. Evidence of Coverage. At the time of execution of this contract, the Contractor shall provide the Board with a certificate of insurance evidencing each type of coverage required or provided under this section, and shall provide the Board notice of cancellation or non-renewal of any such coverage within thirty (30) days of the time the Contractor receives such notice.

Quote Submission Requirements

The following items listed below must be included with quotes, for quotes to be considered.

1. Business establishment date and years of experience performing work of this nature
2. Three references (CCBH form attached)

3. Identify how the items listed under the Specifications/Scope of Work will be met
4. List skills and qualifications
5. Pricing document

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

REFERENCE SHEET

INSTRUCTIONS: List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.

ORGANIZATION'S NAME:

CONTACT PERSON'S NAME:

ORGANIZATION'S FULL ADDRESS:

CONTACT PERSON'S TELEPHONE NUMBER:

DATE SERVICE(S) PROVIDED:

SPECIFY THE SERVICES PROVIDED:

ORGANIZATION'S NAME:

CONTACT PERSON'S NAME:

ORGANIZATION'S FULL ADDRESS:

CONTACT PERSON'S TELEPHONE NUMBER:

DATE SERVICE(S) PROVIDED:

SPECIFY THE SERVICES PROVIDED:

ORGANIZATION'S NAME:

CONTACT PERSON'S NAME:

ORGANIZATION'S FULL ADDRESS:

CONTACT PERSON'S TELEPHONE NUMBER:

DATE SERVICE(S) PROVIDED:

SPECIFY THE SERVICES PROVIDED:

EVALUATION CRITERIA		
1	Timeline: Ability to meet the timeline needed to complete the project. Did the applicant provide adequate details to demonstrate that the required timeline will be met?	Disqualified if unable to meet timeline 20 points
2	Specifications/Scope of Work: Ability to provide the specified scope of work. Did the applicant provide adequate details of their plan to meet the objectives specified in the Scope of Work?	30 points
3	Initial and Ongoing Costs: Ability to meet Scope of Work specification within the allotted budget. Did the applicant provide a detailed hourly budget that is at or below the total cost of services specified in the RFQ?	20 points
4	Experience Providing Specified Service: Ability to demonstrate previous experience providing the requested Scope of Work. Did the applicant provide adequate evidence of their previous experiences performing the objectives specified in the Scope of Work?	20 points
5	Preferred Vendor Status: Ability to demonstrate ownership by preferred vendor class. Did the applicant provide evidence to demonstrate that their business is Minority-owned; Woman-owned; Lesbian, Gay, Bisexual, Transgender-owned; Veteran-owned; Locally-owned (Cuyahoga County); Service-disabled Veteran-owned; a Small Disadvantaged Business; and/or a Historically Underutilized Business.	10 points
	TOTAL	100 points