

Request for Proposals



Supplemental Resources For Health Education

Mississippi Department of Education
Office of Healthy Schools
P. O. Box 771
Central High School Building, Suite 230
Jackson, MS 39205-0771

Contact:
Shane McNeill
(601) 359-1737

1.0 Introduction

The Mississippi Department of Education (MDE), through the Office of Healthy Schools, is soliciting written proposals from potential health education service providers and vendors for supplemental resources in support of the MS Healthy Students Act. **THIS SOLICITATION WILL NOT RESULT IN A CONTRACT WITH THE MISSISSIPPI DEPARTMENT OF EDUCATION.** MDE will use the evaluation criteria specified in section 11.0 on pages 6 and 7 to review such proposals and will establish a list of Approved Supplemental Resource Providers (ASRP). The list will be maintained by MDE and will be provided to Mississippi public school districts for their use in complying with the MS Healthy Students Act.

2.0 Project Overview

In recognition of the childhood obesity epidemic in Mississippi, the 2007 Mississippi Legislature passed the MS Healthy Students Act to require public schools to provide increased amounts of physical activity and health education instruction for K-12 students. The Act mandates 45 minutes per week of health education instruction in Grades K-8. In an effort to assist school districts in complying with the Act, MDE is identifying eligible supplemental resource providers (SRP) for districts to ensure consistency and effectiveness within the state. School districts may select the ASRP from a list of providers approved by the state. **These supplemental resources will be available in Mississippi beginning with the 2007-08 school year.**

Supplemental resources will include the following components to guide children to develop the skills and knowledge needed to adopt and maintain a healthy lifestyle:

- Curriculum
- Training
- Equipment

These resources must be of high quality, research-based and specifically designed to meet the state standards for health education

3.0 Scope of Work

3.1 Specifications

Below are the minimum specifications for ASRPs for the State of Mississippi. The programs must comply with all requirements in this section to be evaluated for placement on the approved list of providers. **All programs/services selected must possess the following characteristics:**

- Aligned with state standards for Comprehensive Health;
- Aligned with the 2006 MS Frameworks for Comprehensive Health;
- Sequentially planned;
- Age appropriate;

- Effectiveness;
- Monitoring of student progress;
- Sound financial and organizational capacity; and
- Resource for Local School Wellness Policy

3.2 Eligible Applicants

An eligible applicant is defined as a non-profit entity, a for-profit entity, educational entity, or governmental entity. Entities eligible to apply to provide supplemental resource products/services may include, but are not limited to:

- Private companies
- Non-profit entities
- Institutions of Higher Learning (IHL)
- Educational organizations/entities
- Federal, state and local governmental entities

4.0 Management Responsibilities

Personnel and Administration

MDE will designate one representative who will act as the primary contact for this office. The representative will be responsible for conferring with any and all parties necessary to resolve unanticipated issues or requirements that might occur during the course of the RFP. If you have any questions, please contact:

Shane McNeill, Bureau Director
Mississippi Department of Education
Office of Healthy Schools
P. O. Box 771, Suite 230
Jackson, MS 39201-0771
Phone: (601) 359-1737
Email: psmcneill@mde.k12.ms.us

5.0 Format and Procedures for Delivery of Proposal

5.1 Minimum Requirements

The proposal shall consist of five parts:

Part I – Proposal Cover Page (Attachment A) shall serve as the cover page of the offeror's proposal. The offeror shall complete and attach the form to the proposal in response to the RFP.

Part II – Basic Program Information (Attachment B) shall be completed as indicated.

Part III – Indicators of Quality (Attachment C) shall include an overview of the programs which will allow MDE to determine the quality of services provided.

Part IV – Cost (Attachment D) shall provide all costs associated with the program (curriculum, training and/or equipment) or provide a specific description of the pricing structure.

Part V – Assurances and Signature Form (Attachment E) read and sign where indicated.

5.2 Formatting Requirements

This RFP must be single-spaced using Arial 12 and may be downloaded from the Office of Healthy Schools' website at www.healthyschoolsms.org at OHS News. The RFP may be e-mailed upon request.

5.3 Procedures for Delivery of Proposals

One (1) original and five (5) copies of the proposal must be received.
Please send to:

Mississippi Department of Education
ATTN: Mr. Shane McNeill
359 North West Street, Suite 230
Jackson, MS 39201

Upon receipt, the sealed proposals will be opened and recorded in Suite 230 of Central High School. The offeror is responsible for ensuring the proposal is delivered by the required time and **assumes all risks of delivery. Proposals received after the due date and time will NOT be considered.**

Incomplete proposals will not be accepted and will not be returned for revisions. No faxed or emailed copies will be accepted. The proposal must be signed by an authorized official to bind the offeror to the proposal provisions.

6.0 Acceptance of Proposals

The MDE reserves the right, in its sole discretion, to waive minor irregularities in proposals. A minor irregularity is a variation from the proposal that does not affect the proposal, or gives one offeror an advantage or benefit not enjoyed by other offerors, or adversely impacts the interests of the MDE.

7.0 Rejection of Proposals

Proposals may be rejected for reasons that include, but are not limited to, the following:

1. The proposal contains unauthorized amendments to requirements as outlined herein.
2. The proposal is conditional.
3. The proposal is incomplete or contains irregularities that make the proposal indefinite or ambiguous.
4. The proposal is not signed by an authorized representative of the applicant.
5. The proposal contains false or misleading statements or references.
6. The offeror is determined to be non-responsible.
7. The proposal ultimately fails to meet the announced requirements of the State in some material aspect.
8. The proposal price is clearly unreasonable.
9. The proposal is not responsive (i.e., does not conform in all material respects to the RFP).
10. The supply or service item offered in the proposal is unacceptable by reason of its failure to meet the requirements of the specifications or permissible alternates or other acceptability criteria set forth in the RFP.

8.0 Disposition of Proposals

All proposals become the property of the MDE.

9.0 Conditions of Solicitation

The release of the RFP does not constitute an acceptance of any offer. MDE reserves the right to accept, reject, or negotiate any or all offers on the basis of the evaluation criteria contained within this document.

The offeror shall assure compliance with the following conditions of solicitation:

1. Any proposal submitted in response to the RFP shall be in writing.
2. MDE will not be liable for any costs associated with the preparation of proposals or negotiations of contract incurred by any party.
3. The inclusion on the approved list of SRPs is contingent upon the following:
 - a) favorable evaluation of the proposals by the Peer Review Committee;
 - b) successful negotiation of any changes to the proposal as required by MDE; and
 - c) State Board of Education approval of SRP list.
4. Likewise, MDE also reserves the right to accept any proposal as submitted for inclusion on the approved list of SRPs without substantive negotiation of offered terms, services, or prices. Therefore, all parties are advised to propose their most favorable terms initially. Discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being selected for the approved list for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements, but proposals may be accepted without such discussions.
5. Parties will be required to assume full responsibility for all specified services and may subcontract only as specified in the RFP.

6. Offerors may designate those portions of the proposal, which contain trade secrets or other proprietary data, which remain confidential in accordance with Sections 25-61-9 and 79-23-1 of the MS Code.
7. MDE reserves the right to cancel this solicitation in writing when it is determined to be in the best interest of the State.
8. Any proposal received after the time and date set for receipt of proposals is late. Any withdrawal or modification of a proposal received after the time and date set for receipt of proposals at the place designated for receipt is late. No late proposal or late modification will be considered.
9. The offeror represents as a part of such offeror's bid or proposal that such has/has not (circle applicable word or words) retained any person or agency on a percentage, commission, or other contingent arrangement for inclusion on the approved list of SRPs.
10. The offeror represents that it has not retained a person to solicit or secure inclusion on the approved list of SSPs for a commission, percentage, brokerage, or contingent fee, except as disclosed in the contractor's bid or proposal.
11. The offeror represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities.
12. Offerors shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal, by identifying the amendment number and date in the space provided for this purpose on the proposal, or by letter. The acknowledgment must be received by MDE by the time and at the place specified for receipt of proposals.
13. The offeror certifies that the prices submitted in response to the solicitation have been arrived at independently and without (for the purpose of restricting competition) any consultation, communication, or agreement with any other bidder or competitor relating to those prices, the intention to submit a proposal, or the methods or factors used to calculate the price proposal.

10.0 Criteria for Evaluation of Proposals

A Review Committee authorized by the MDE will evaluate proposals using the selection criteria indicated below. The Review Committee will recommend the proposals to be placed on the list of Approved Supplemental Resource Providers. To be included on the approved list of Mississippi Supplemental Resource Providers, a proposal must score a minimum of 85 points.

Evaluation of proposals will be based upon the following criteria. Maximum points for each criteria are as follows:

MAXIMUM POINTS

I. Project Description

A. Evidence of Effectiveness	20
B. Aligned with State Academic Standards/Districts' Instructional Programs	30
C. Monitoring of Student Progress	20
D. Financial and Organizational Capacity	5

II. Cost 25

The MDE reserves the right to reject any and all proposals and to negotiate with the best proposed offer to address issues other than those described in the proposal.

11.0 Time Line:

The Office of Healthy Schools will review proposals submitted in January, April, July, and October.

12.0 Responsibilities of an Approved Provider

Approved supplemental resource providers are required to do the following:

- Ensure that the instruction provided and the content used by the supplemental resource provider are consistent with those of the LEA and State and are aligned with the Mississippi Curriculum Frameworks.
- Ensure that the instruction provided and the content used by the supplemental resource provider are aligned with the state standards for health education
- Ensure that supplemental resource instruction and content are secular, neutral, and non-ideological.
- Comply with all applicable federal, state, and local health, safety, and civil rights laws.

13.0 Procedures for Removal from SRP Approved List

- Any deviation or failure to perform specified criteria under Section 13.0, page 7 will constitute removal from the Approved List of Supplemental Resources Providers.

Proposal Cover Page

Supplemental Resources for Health Education

VENDOR INFORMATION

Name and Title _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

SUBMISSION COVER SHEET AND CONFIGURATION SUMMARY

By my signature below, I hereby represent that I am authorized to and do bind the offeror to the provisions of the attached proposal. The undersigned offers and agrees to perform the specified personal and professional services in accordance with provisions set forth in the Request for Proposals. Furthermore, the undersigned fully understands and assures compliance with the Conditions of Solicitation and Standard Terms and Conditions contained in the RFP. The undersigned is fully aware of the evaluation criteria to be utilized in vendor selection for approval. I further certify that _____ is an authorized dealer in good standing of the products/services included in the proposal submitted in response to the RFP.

Authorized Signature

Date

CONFIGURATION SUMMARY

Vendor must provide a summary of the products, services and equipment offered in this proposal using 100 words or less.

Send To:

**Mississippi Department of Education
Office of Healthy Schools
359 North West Street, Suite 230
Jackson, MS 39201**

ATTENTION: Mr. Shane McNeill

I. BASIC PROGRAM INFORMATION

1. Program Name	
2. Federal EIN or Social Security Number	
3. Content Strands Covered	
4. Date SRP Formed	Please list the date (month, year) in which you first delivered supplemental resource products/training/equipment to schools.
5. Grade Levels	Please list the specific grade levels of your program(s).
6. Service Area	Please list the district(s) and school(s) in which you are currently provide products, training, and equipment. District(s): School(s):
7. Geographic Setting	Check the setting(s) in which you have provided services to schools in the past. <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban Check the setting(s) in which you are prepared to provide services to schools in the future. <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban
8. Type of Organization	Check the category that best describes your organization. <input type="checkbox"/> For profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Institution of Higher Learning <input type="checkbox"/> Educational Entity <input type="checkbox"/> Other (describe) _____
9. Mode of Instructional Delivery	Please describe the methods by which your program delivers instruction to students (i.e., classroom instruction, on-line/Web-based, etc.).

<p>10. Provider Contact Information</p>	<p>Contact Person's Name: _____ Street Address: _____ City: _____ State: _____ ZIP: _____ Phone: () _____ Fax: () _____ Email: _____ Web site: _____ Hours of operation: _____</p>
<p>11. Program Description</p>	<p>Provide a very brief (3 sentences maximum) description of your program's offerings that schools could use in their compliance with the MS Healthy Students Act.</p> <p>Please also indicate which keywords best match your program's offerings:</p> <p>Classroom Instruction _____ Classroom Activities _____ Training _____ Equipment _____</p> <p>Please provide a sample of program's offerings (e.g. curriculum, training agenda, sample assessment)</p> <p>You may suggest additional keywords that might be included in a searchable database of providers:</p> <p>_____ _____ _____</p>

II. INDICATORS OF QUALITY

The following measures will allow the Mississippi Department of Education to determine the quality of services you provide. Directions: Shaded upper box is a description of what is required; the lower box contains questions to be answered.

A. Evidence of Effectiveness *(Limit 2 pages)*

The proposal will be evaluated based on the extent to which you are able to clearly and specifically show your program's evidence of effectiveness to at least two or more of the indicators listed below. Please cite all sources of evidence.

If yours is a newly developed program, you will not have a record of effectiveness to draw upon. We will weigh heavily the indicators in Part B.

Offerors must provide evidence of effectiveness that fall into at least two or more of the categories below in order to be approved.

1. Provide evidence that your program has a positive impact on students' ability to gain information to develop positive attitudes, behaviors and skills necessary to make health-enhancing decisions that are age and developmentally and apply skills responsibly for a lifetime (Cite available research studies).
2. Provide letters of reference from previous clients (schools, districts, students, teachers, etc.) offering testimonial information on the positive impact of your program. Provide contact information, start and end dates of service provided, and school and school district name for each reference. (Submit a minimum of 5 letters and a maximum of 10.)
3. Provide additional evidence of improved outcomes, such as student attendance, retention/promotion rates, graduation rates, and/or student behavior/discipline. (Cite available research studies).

B. Connection to State Academic Standards and Districts Instructional Programs *(Limit 1 page)*

The proposal will be evaluated based on the extent to which you are able to clearly and specifically describe your program's connection to the Mississippi Curriculum Frameworks for Comprehensive Health and district(s) instructional program(s). Your description should address both of the following indicators.

1. Describe your program's connection to specific competencies in the Mississippi Curriculum Frameworks for Comprehensive Health. Please cite the specific competencies your program addresses.
2. Describe your program's connection with the instructional program(s) of the Mississippi school district(s).

C. Monitoring of Student Progress (*Limit 1 page*)

The proposal will be evaluated based on the extent to which you clearly describe the specific programs and practices you use to diagnose a student's needs, prescribe an instructional program to meet that student's needs, and evaluate and monitor student's progress towards clearly identified goals. Your description should address all three of the following indicators.

1. Describe the specific process you use to assess/diagnose student needs, identify skill or knowledge gaps, and prescribe an instructional program based on the student's individual needs.
2. Describe the specific process you use to evaluate, monitor, and track student progress on a continuous and regular basis.
3. Describe how you develop a timetable for each student's achievement gain that includes clear goals for the student.

D. Financial and Organizational Capacity (*Limit 1 page*)

The proposal will be evaluated based on the extent to which you offer strong evidence of your capacity to deliver quality services over time to the identified population.

You may use the following as sources of evidence:

- ✓ Copies of business license or formal documentation of legal status with respect to conducting business in the state if applicable
- ✓ Contracts, warranties, or guaranties for services provided
- ✓ Proof of liability insurance (company name and policy number, or a copy of the policy cover page)
- ✓ A description of how the provider currently receives funds (i.e., grants, fees-for-service, etc.)
- ✓ Audited financial statements
- ✓ Credit ratings from an independent rating agency
- ✓ Business plans or profiles that might include: goals, timelines, and expected outcomes; detailed action steps; descriptions of financial and staff resources; organizational budgets that account for revenues and expenses and cash flow activity; and outlines of roles and responsibilities of staff within the organization
- ✓ Descriptions of an experienced management team (e.g., CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who help set direction and maintain a leadership system
- ✓ Samples or descriptions of formal contracts, data collection, accounting, and communications processes and systems

Description should address No. 1 below (financial stability) and at least one additional indicator from this category.

1. Submit evidence demonstrating that your organization is financially sound. Your evidence may include: a description of how you currently receive funds (i.e. grants, fees-for-service, etc.); audited financial statements; credit ratings from an independent rating agency; organizational budgets that account for revenues, expenses and cash flow activity; and/or proof of liability insurance. (Include company name and policy number, or a copy of the policy cover page).

2. Submit evidence demonstrating that your organization has a sound management structure. Your evidence may include: business plans or profiles; descriptions of an experienced management team (e.g., CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who are involved in setting direction and maintaining a leadership system that enables your students reach high standards.
3. Submit evidence demonstrating that your organization possesses adequate organizational resources to meet consumer demand. Your evidence may include: business plans or profiles, descriptions of financial and staff resources.
4. Do you issue contracts, warranties, or guarantees for services provided? If yes, please describe this process and submit a sample document.
5. Do you maintain formal contracts, data collection, accounting, and communications processes and systems? If yes, please describe these systems.
6. Submit copies of business license or formal documentation of legal status with respect to conducting business in the state.

ASSURANCES AND SIGNATURE FORM

In submitting this application to be included on the Mississippi Department of Education’s Approved Supplemental Resource Services Provider List, I certify that:

1. The organization will comply with applicable federal, state, and local laws.
2. The organization is fiscally sound and will be able to complete services to Mississippi public schools
3. The organization will ensure that the instruction and content used are consistent with the instruction provided and content used by the local educational agency and are aligned with the Mississippi Curriculum Frameworks for Comprehensive Health.

The undersigned hereby certifies that I am an individual authorized to act on behalf of the organization in submitting this application and assurances. I certify that all of the information provided herein is true and accurate, to the best of my knowledge. I understand that the discovery of deliberately misrepresented information contained herein may constitute grounds for denying the applicant’s request for approval to be placed on the list of Approved Supplemental Resource Providers or for removal from the same list.

Typed Name of Organization

Printed Name of Authorized Representative

Signature of Authorized Representative

Typed Title

Date Signed