

Michigan Department of Health and Human Services

Review of MDHHS Budget

Request for Proposals

Issued By

Michigan Public Health Institute



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Section 1.0 Introduction

1.1 General Information

The Michigan Public Health Institute (MPHI) is soliciting competitive, responsive proposals from experienced and financially sound organizations to identify savings and inefficiencies across the Michigan Department of Health and Human Services budget and to advise and inform leadership in making decisions to realize budget savings and address these inefficiencies through specific strategies and initiatives.

1.2 Agencies

- 1.2.1 MPHI is a Michigan non-profit 501(c)(3) Corporation authorized under Public Act 264 of 1989 as a cooperative venture of the State of Michigan Department of Health and Human Services (MDHHS), the University of Michigan, Michigan State University, and Wayne State University, to plan, promote, and coordinate all facets of health care services. MPHI currently administers a number of business and information technology initiatives on behalf of its clients.
- 1.2.2 MDHHS is the largest agency in the state of Michigan, with ~14,000 employees and a ~\$25B budget, representing ~45% of all expenditures of the state of Michigan. MDHHS' scope and mandate is broad, and includes Medicaid, child welfare, public assistance, and public health. MDHHS' budget, however, does not provide significant room for flexibility, and MDHHS has only limited ability to strategically invest in specific initiatives or priorities.

Section 2.0 Objective

MDHHS is seeking to enter into an agreement with a qualified resource to assist in developing a plan to identify savings and inefficiencies across the departmental budget. This resource would serve as a consultant to MDHHS by providing necessary and relevant information that would advise and inform MDHHS' leadership in making decisions to realize budget savings and address inefficiencies. This project requires expertise in large departmental budgeting, operational drivers of cost (e.g., information technology, finance, other administrative functions) as well as relevant content expertise in Medicaid, child welfare, public assistance, and public health. The goal of this effort is to identify areas of potential savings, as well as specific initiatives and clear implementation plans to realize those savings through appropriate budget processes, policy reforms, or operational changes.

Section 3.0 Scope of Work

3.1 Business Requirements

- 3.1.1 Understand MDHHS' current areas of strategic focus to ensure that divestment and investment decisions are consistent with MDHHS' short- and long-term priorities.

- 3.1.2 Conduct interviews with key stakeholders throughout MDHHS to better understand existing priorities and potential barriers to realizing savings that draw on past learnings from similar efforts.
- 3.1.3 Evaluate and map-out MDHHS' data infrastructure to ensure that the contractor is leveraging all relevant sources of data (e.g., operational, financial, claims) in its diagnostic analysis and go-forward recommendations
- 3.1.4 Conduct a diagnostic analysis that identifies areas of potential savings, as well as initiatives to realize those savings, across MDHHS, including in:
 - 3.1.4.1 **Medicaid:** Contractor's analysis must cover major areas of Medicaid spend, including managed care contracting, pharmaceutical spending, long-term supports and services, acute care reimbursement, behavioral health, and initiatives that address social determinants of health.
 - 3.1.4.2 **Overall program review:** Contractor must evaluate the largest areas of programmatic spend and identify areas of that spend that are ineffective or inconsistent with MDHHS' strategic priorities. Contractor's analysis may also include identification of opportunities to consolidate duplicative programs. This analysis must take into account various federal match rates throughout MDHHS and determine if programmatic investments are sufficiently leveraging available federal match opportunities.
 - 3.1.4.3 **Information Technology (IT) spending:** Contractor must identify opportunities to increase the value of IT spending. Opportunities may include – but should not be limited to – better IT vendor management, improved procurement practices, more efficient project delivery governance, and strengthened internal talent strategy.
 - 3.1.4.4 **Other (non-IT) operational spending:** Contractor must evaluate particularly high-cost areas of non-IT spend and opportunities for savings. These opportunities may include – but should not be limited to – claims processing, contact centers, HR overhead, and staff augmentation.
- 3.1.5 Benchmark MDHHS' spend in key areas against peers in either the public sector (e.g., other state Medicaid agencies) or the private sector (e.g., private health insurance companies).
- 3.1.6 Assist in assuring that MDHHS is obtaining the highest federal match to support the required next steps.
- 3.1.7 Build out a set of initiatives that MDHHS can undertake that leverage the insights from the diagnostic analysis to achieve significant savings that can be reinvested for departmental priorities. In each of the categories referenced in section 3.1.4, as the contractor identifies specific initiatives to realize savings, the contractor must explain: (a) the expected cost to implement the initiative; and (b) the anticipated timeline to achieve savings.

- 3.1.8 Explore the political and operational viability of these initiatives with senior leaders within MDHHS to arrive at a final prioritized list of initiatives and a clearly articulated framework that explains how initiatives were prioritized, which were rejected, and why.
- 3.1.9 Recommend and ensure effective implementation of a governance structure that includes:
 - 3.1.9.1 Identification of a key owner for each recommended initiative.
 - 3.1.9.2 A detailed implementation plan of how to realize each area of savings (e.g., month-by-month timelines for successful implementation, financial investments required, communications plan, etc.).
 - 3.1.9.3 Identification of key risks to successful implementation and a risk-mitigation strategy.
 - 3.1.9.4 A detailed plan of how senior leadership should monitor/oversee progress over the next 18-24 months.
 - 3.1.9.5 A set of performance measures (e.g., dashboard) that MDHHS' senior leadership can use to monitor progress of the implementation over time.

3.2 Project Deliverables

- 3.2.1 Specific Deliverables
 - 3.2.1.1 A Work Breakdown Structure (WBS) for all activities related to the project including milestones and projected completion dates. The WBS will due within 10 business days of the project start date.
 - 3.2.1.2 A benchmarking analysis of MDHHS costs in key categories against relevant peers (public and private sector).
 - 3.2.1.3 A diagnostic analysis of key areas of spend (e.g., Medicaid, prescription drugs, Long Term Services and Supports, IT) and a prioritization of which areas provide the greatest opportunity for savings.
 - 3.2.1.4 A prioritized list of initiatives that MDHHS can undertake to realize savings, including a robust prioritization framework that identifies costs of each initiative, probability of success, and potential value-capture for MDHHS.
 - 3.2.1.5 An implementation plan for each initiative consistent with the scope of work described above (e.g., month-by-month timeline, risk assessment and mitigation strategy, identified owner within MDHHS).
 - 3.2.1.6 Short-term recommendations that explain what changes MDHHS should make to its Fiscal Year 2020 budget to begin realizing savings as quickly as possible.
 - 3.2.1.7 A recommendation for governance plan to guide savings efforts going forward.

3.2.1.8 A performance management toolkit (e.g., dashboard) to help senior leadership guide savings efforts over time.

3.2.1.9 Recommendations for what actions MDHHS should take to ensure that it is receiving maximum federal match for the recommended initiatives.

3.2.2 General Deliverables

3.2.2.1 All deliverables must meet MDHHS-approved format and content requirements.

3.2.2.2 Each deliverable will be reviewed by MDHHS and will require formal, written approval from MDHHS before acceptance of the deliverable. The contractor will allow for a minimum of ten business days following receipt, per deliverable, for MDHHS to review each deliverable and document its findings, except as otherwise specified. Based on the review findings, MDHHS may accept the deliverable, reject portions of the deliverable, reject the complete deliverable, or require that revisions be made. The contractor will make all changes directed by MDHHS. Unless otherwise agreed to by MDHHS in writing, the contractor must submit replacement portions or a complete revised version of the deliverable within five business days following receipt of MDHHS comments. MDHHS will have an additional five business days for review whenever replacement portions or a complete revised version of a deliverable are resubmitted.

3.2.2.3 The contractor must employ an internal quality control process to ensure that all deliverables, documents, and calculations are complete, accurate, easy to understand, and of high quality. The contractor must provide deliverables that, at a minimum, are responsive to the specific requirements, organized into a logical order, contain no spelling or grammatical errors, are formatted uniformly, and contain accurate information and correct calculations. The contractor will retain all draft and marked-up documents and checklists utilized in reviewing documents for reference through the duration of the project and project acceptance.

3.2.2.4 The contractor must document and deliver to MDHHS its responses to MDHHS' comments and requests for revisions or clarification of deliverable contents.

3.2.2.5 At MDHHS' request, the contractor will conduct a walk-through of selected deliverables. The walk-through will consist of an overview of the deliverables, explanation of the organization of the deliverables, presentation of critical issues related to the deliverables, and other information as requested by MDHHS.

3.2.2.6 In the event that any due date for a deliverable falls on a day that is not a business day, then the due date will be automatically extended to the next business day, unless otherwise directed by MDHHS.

3.2.2.7 All due dates or timelines that reference a period of days will be measured in calendar days, months, and quarters unless specifically stated as business days or otherwise. All

times stated in the contract will be considered to be in Eastern Time, adjusted for Daylight Saving Time as appropriate, unless specifically stated otherwise.

- 3.2.2.8 No deliverable, report, data, procedure, or system created by the contractor for MDHHS that is necessary to fulfill the contractor's responsibilities under the contract will be considered proprietary.
- 3.2.2.9 Any document, deliverable, or other item delivered to MDHHS for review and approval will require written approval by MDHHS before the contractor may consider that document, deliverable, or other item approved.

Section 4.0 Contractor Requirements

4.1 Organization Experience and Qualifications

- 4.1.1 Interested contractors should articulate their qualifications and comment specifically on:
 - 4.1.1.1 Prior experience in doing similar budget evaluation work with similarly situated and sized private or public sector entities.
 - 4.1.1.2 Specific expertise in the operational levers that are central to MDHHS' work (e.g., information technology, spending, IT vendor management, procurement and practice).
 - 4.1.1.3 Specific expertise in the policy areas that are MDHHS' focus, including Medicaid, child welfare, public assistance, and public health.
 - 4.1.1.4 Experience in guiding effective implementation of recommendations, particularly with other state agencies of comparable size.
 - 4.1.1.5 Other areas the vendor sees as relevant to successfully completing this effort.

4.2 Project Personnel

- 4.2.1 Key Personnel
 - 4.2.1.1 The contractor must propose sufficient key personnel to perform the work within the time constraints of the project.
 - 4.2.1.2 The proposal must include a table of proposed key personnel, their roles in the project, and their qualifications to perform the work. Resumes of proposed key personnel must be included as appendices to the proposal.
 - 4.2.1.3 Proposed key personnel must include one Senior Project Manager to plan, organize, lead, and control the project efficiently and effectively. Minimum qualifications for the Project Manager are:

- 4.2.1.3.1 Bachelor's Degree in appropriate field of study or equivalent work experience.
 - 4.2.1.3.2 Demonstrated experience working with multiple business stakeholders in a complex government environment.
 - 4.2.1.3.3 Proven ability to drive for results and accountability to business needs.
 - 4.2.1.3.4 Proven ability to document risks, develop mitigation plans, manage scope, and create and implement a communication plan.
 - 4.2.1.3.5 Proven ability to collaborate across multiple departments with dissimilar functions and goals in order to achieve common business objectives and increase efficiency and effectiveness.
 - 4.2.1.3.6 Decisiveness in resolving business problems, making decisions, and identifying priorities.
- 4.2.1.4 The contractor will obtain written approval from MDHHS for individuals proposed for assignment to key personnel positions.
- 4.2.1.5 The contractor must not change individuals in key personnel positions without prior written approval of MDHHS. The contractor will supply MDHHS with the name(s), resume(s), and references for any proposed replacement whenever there is a change to key personnel. Any individual replacing key personnel must have qualifications that are equivalent to or exceed the stated qualifications for the position, unless otherwise approved in writing by MDHHS.
- 4.2.1.6 The contractor must maintain appropriate staffing levels throughout the term of the contract.
- 4.2.2 Personnel Availability
- 4.2.2.1 Key personnel may work remotely for this project. However, the contractor must ensure that key personnel assigned to the contract will be available onsite when deemed necessary by MDHHS.
 - 4.2.2.2 The contractor's key personnel must be available for all regularly scheduled meetings between the contractor and MDHHS. Meetings may take place telephonically or in-person. MDHHS reserves the right to require in-person meetings as deemed warranted.
 - 4.2.2.3 The contractor must ensure that the staff attending all meetings between MDHHS and the contractor have the authority to represent and commit the contractor regarding work planning, problem resolution, and program development.

4.2.2.4 At MDHHS' direction, the contractor must make its key personnel assigned to the contract available to attend meetings as subject matter experts with stakeholders, both within the State government and with external or private stakeholders.

4.2.2.5 The contractor will respond to all telephone calls, voicemails, and emails from MDHHS within one business day of receipt by the contractor.

4.3 General Requirements

4.3.1 The contractor may subcontract to complete any portion of the work. However, if the contractor chooses to subcontract, they must provide – in writing – a description of which specific portions of the scope of work and deliverables are being completed by a subcontractor. In this case, the contractor will be required to submit names of all key personnel and organizational information for the subcontractor as articulated in Sections 4.1 and 4.2.

4.3.2 Contractors may bid in one of four ways:

4.3.2.1 Contractor can propose to fulfill all work described in the Scope of Work.

4.3.2.2 Contractor can propose to *only* perform the analysis in the Scope of Work related to Medicaid (this would exclude sections 3.4.1.2 – 3.4.1.4).

4.3.2.3 Contractor can propose to *only* perform the analysis for this RFP related to *non-Medicaid* functions (this would exclude section 3.4.1.1).

4.3.2.4 Contractor cannot perform all analysis in section 3.1.4 but proposes to subcontract for the portions of the work that it cannot perform with a qualified subcontractor.

4.3.3 Contractors bidding to perform both Medicaid and non-Medicaid related analysis should provide separate estimates for these elements of the Scope of Work.

4.3.4 The contractor may be privy to internal policy discussions, contractual issues, price negotiations, confidential medical information, MDHHS financial information, and advance knowledge of legislation. The contractor must consider and treat any such information as confidential and must not disclose it to any third party without the written consent of MDHHS.

4.3.5 The contractor will work cooperatively with key MPHI and MDHHS staff and, if applicable, the staff of other contractors during the contract period to ensure the success of the work. MPHI may, in its sole discretion, use other contractors to perform activities related to the work that are not contained in the contract.

4.3.6 The contractor will maintain complete and detailed records of all meetings, presentations, project artifacts, and any other interactions or deliverables related to the project described in the contract. The contractor will make such records available to MPHI and MDHHS upon request throughout the term of the contract.

4.4 Communication Requirements

4.4.1 Communication with MDHHS

4.4.1.1 The contractor will enable all contractor staff to exchange documents and electronic files with MDHHS staff in compatible formats. MDHHS currently uses Microsoft Office 365. If the contractor uses a compatible program that is not Microsoft Office 365, then the contractor will ensure that all documents or files delivered to MDHHS are completely transferrable and reviewable, without error, on MDHHS' systems.

4.4.2 Communication with Clients, Providers, and Other Entities

4.4.2.1 The contractor will not engage in any non-routine communication with any client, any provider, the media, any other MDHHS contractor, or the public without the prior written consent of MDHHS.

4.5 Conflict of Interest

4.5.1 All persons or companies who were directly or indirectly involved in preparing the RFP will be deemed to be in a conflict of interest and ineligible to bid.

4.5.2 If the contractor becomes aware of a conflict of interest relating to this contract, the contractor will inform MDHHS within one business day.

4.5.3 If the contractor has a conflict of interest at any point during the term of the contract, MDHHS may, in its sole discretion, terminate the contractor for cause.

4.6 Reporting Requirements

4.6.1 The contractor will provide monthly status reports in the format directed by MDHHS and containing the information requested by MDHHS. Each status report must include, at a minimum, an overall percentage of deliverables completed, as well as the percentage of deliverables completed during the month.

Section 5.0 Invoicing, and Project Duration

5.1 Compensation

5.1.1 MPHI will pay the contractor upon MDHHS' acceptance of each deliverable as described below:

5.1.1.1 Monthly status reports as described in Section 4.6.

5.2 Invoicing

5.2.1 The contractor will invoice MPHI on a monthly basis as described in Appendix B - MPHI Vendor Agreement Template.

5.2.2 The invoice will contain the cost for each deliverable as a percentage of deliverable completed during the invoice month, if that percentage of the deliverable was accepted by MDHHS during the month that the invoice covers and was received by MDHHS' required due date.

5.2.3 MPHI will remit payment to the contractor as described in Appendix B.

5.3 Project Duration

5.3.1 The project start date will be June 24, 2019. The end date has not been determined.

5.3.2 It is anticipated that the project work will cross state fiscal years. The contractor will be required to sign an agreement for the remainder of fiscal year 2019 and another agreement for the remainder of the work to be performed in fiscal year 2020. State of Michigan fiscal years are from October 1 through September 30.

Section 6.0 Evaluation Methodology

6.1 Evaluation Committee

6.1.1 An Evaluation Committee will be established using measures to ensure the integrity of the evaluation process. These measures include the following:

6.1.1.1 Selecting committee members who do not have a conflict of interest regarding this solicitation.

6.1.1.2 Facilitating the independent review of proposals.

6.1.1.3 Ensuring the fair and impartial treatment of all proposals.

6.1.2 The objective of the Evaluation Committee is to conduct reviews of the proposals that have been submitted, to hold frank and detailed discussions among themselves, and to recommend a consultant for a contract award.

6.1.3 The Evaluation Committee will conduct a comprehensive, thorough, complete, and impartial evaluation of each proposal received.

6.2 Evaluation Process

6.2.1 The evaluation of proposals will result in a recommendation for award of the contract. The contract will be awarded to the responsive and responsible contractor who offers the best value, as determined by the Evaluation Committee. In determining best value, the Evaluation Committee will consider:

6.2.1.1 Demonstrated experience.

6.2.1.2 Quality of proposal and approach.

6.2.1.3 Experience of proposed personnel.

6.2.1.4 Cost.

6.2.2 MPHI will evaluate proposals to determine if each consultant met all mandatory experience and qualification requirements. The mandatory experience requirements are scored on a Met/Not Met basis and only those proposals that meet all mandatory requirements will be considered.

6.2.3 The proposals that pass the Met/Not Met review will then be evaluated by the Evaluation Committee and rated for potential award. Rating will be based on the evaluator's assessment of the proposal, including whether all critical elements described in the solicitation have been addressed, the capabilities of the consultant, the qualifications of the resources proposed, and any other aspect determined relevant by MDHHS. Rating will be conducted according to the table below.

<i>Rating</i>	<i>Explanation</i>
1	Consultant demonstrates minimal compliance with the requirement.
2	Consultant demonstrates acceptable compliance with the requirement.
3	Consultant demonstrates exceptional compliance with the requirement.

6.2.4 The Evaluation Committee will rank the proposals from the highest to the lowest rating and then select the top scores to evaluate the price and consider for award.

6.2.5 The Evaluation Committee may consider prior performance with MDHHS and/or MPHI in making its award decision.

6.2.6 The Evaluation Committee may enter into negotiations with one or more consultants on price, terms, technical requirements, or other deliverables.

6.2.7 The Evaluation Committee may, if it deems necessary, request that a consultant provide a clarifying written response, engage in discussion, or make an oral presentation. The Evaluation

Committee may adjust its scoring based on the results of such activities. However, proposals may be reviewed and determinations made without such activities. Consultants should be aware that the opportunity for further explanation might not occur; therefore, it is important that proposal submissions are complete.

6.3 Evaluation Criteria

6.3.1 The evaluation criteria to be used in evaluating proposals and recommending an award from this solicitation are as follows:

Mandatory Requirements	Met / Not Met
The response includes a statement that the consultant is not debarred, suspended, or otherwise prohibited from professional practice by any Federal, State, or Local Agency.	
The response, not including appendices, title page, and table of contents, does not exceed 20 pages.	
Evaluation Criteria	Possible Ratings
Contractor’s demonstrated experience in performing similar projects in other contexts.	1, 2, or 3
The quality of the contractor’s technical approach in accomplishing MDHHS’ objective as outlined in the scope of work.	1, 2, or 3
Contractor’s key personnel are well qualified to perform the activities described in the scope of work.	1, 2, or 3

6.4 Compliance

6.4.1 It is the contractor’s responsibility to assure that the proposal is complete in accordance with the direction provided within all solicitation documents. Failure of a contractor to provide any required information and/or failure to follow the response format set forth in this RFP may result in disqualification of the proposal.

Section 7.0 Sole Point of Contact

The sole point of contact for this request for proposals is:

Kristi Bente
 Business Analyst Manager
 Michigan Public Health Institute
 2465 Woodlake Circle, Suite 180
 Okemos, MI 48864
kbente@mphi.org

Section 8.0 Schedule of Activities

8.1 Key Activities

The schedule of key activities for this request for proposals is as follows:

Activity	Date
Questions Deadline	Wednesday, May 15, 2019
Respond to Questions and Answers	Friday, May 17, 2019
Proposal Submission Deadline	Friday, May 24, 2019
Selection and Notification of Award	Friday, June 3, 2019
Start Date (Estimated)	June 24, 2019
MPHI reserves the right to revise the dates in this schedule.	

8.2 Questions

8.2.1 Questions regarding this request for proposals must be received by MPHI before 5:00 pm Eastern Daylight Time on Wednesday, May 15, 2019. Questions must be submitted by email to kbente@mphi.org.

8.2.2 Inquiries received by MPHI by the Questions Deadline will be responded to by MPHI via email and posted on <https://www.mphi.org/2019/05/10/request-for-proposal/>. Questions received after the Questions Deadline will not be included in MPHI's response.

8.3 Proposal Submission Deadline

8.3.1 Proposals must be received before 5:00 pm Eastern Daylight Time on Friday, May 24, 2019. It is the responsibility of the consultant to ensure that MPHI receives the complete proposal on or before the proposal submission deadline.

8.3.2 Proposals received after the proposal submission deadline will not be considered.

8.4 Consultants' Presentations

Consultants that submit timely bids and pass the mandatory requirements review may be invited to make a presentation during the response evaluation process. MDHHS prefers that these presentations take place in-person, on-site at MPHI.

8.5 Disclaimer on Information in Solicitation

All statistical and fiscal information contained within this solicitation and its appendices and any amendments and modifications thereto reflect the best and most accurate information available to MPHI at the time of solicitation preparation. No inaccuracies in such data will constitute a basis for legal recovery of damages or protests, either real or punitive, except to the extent that any such inaccuracy was a result of intentional misrepresentation by MPHI.

8.6 Proposal and Pre-Contract Costs

MPHI is not liable for any costs incurred by consultants prior to issuance of a legally executed contract or procurement document. No property interest of any nature shall occur until a contract is awarded and signed by all concerned parties.

8.7 Cancellation

MPHI reserves the right to cancel this entire request for proposals or individual phases at any time, without penalty.

Section 9.0 Proposals

9.1 Solicitation Compliance / Proposal Rejection

9.1.1 Failure of a consultant to comply with or meet all requirements or respond to any additional requests for information may result in the consultant's proposal being disqualified or determined not acceptable. MPHI reserves the right to reject any or all proposals for non-compliance, to waive informalities and minor irregularities in proposals received, and to accept any portion of a proposal or complete proposals if deemed in the best interest of MDHHS. Such disqualification or determination may occur at any point following the proposal submission deadline.

9.2 General Instructions

9.2.1 Consultants must adhere to the content required for proposal responses. The consultant's proposal response and attachments will:

9.2.1.1 Present writing that is responsive, succinct, self-explanatory, and well-organized on pages that are consecutively numbered and in a consistent numbering format.

9.2.1.2 Be concise but provide complete responses.

9.2.1.3 Present attachments that are labeled with wording related to the requirement or topic covered within the attachment.

9.3 Complete Proposal

9.3.1 **Proposals must not exceed twenty pages in length.** A title page and table of contents will not be counted towards proposal length. Required appendices will not be counted towards proposal length.

9.3.2 A complete proposal shall include the following:

9.3.2.1 Table of Contents

9.3.2.2 Executive Summary

- 9.3.2.2.1 The Executive Summary must be factual and should succinctly cover the core aspects of the consultant's staffing, methodologies, and approaches to fulfill the scope of work within the solicitation.

9.3.2.3 Proposal

- 9.3.2.3.1 The proposal must consist of the consultant's full and complete response to the scope of work.
- 9.3.2.3.2 The proposal must include descriptions of consultant's areas of expertise and experience in providing this type of work.
- 9.3.2.3.3 The proposal must include a summary table of proposed key personnel, their roles in the project, and their qualifications to perform the work.

9.3.2.4 Resumes Appendix

- 9.3.2.4.1 This appendix must include the resumes of all key personnel proposed for the project.

9.3.2.5 Experience and References Appendix

- 9.3.2.5.1 This appendix must include descriptions and dates of at least three similar projects.
- 9.3.2.5.2 This appendix must include the names and contact information for at least three references.

9.3.2.6 Cost Proposal Appendix

- 9.3.2.6.1 The Cost Proposal must include the consultant's fixed price proposal for the scope of work.
- 9.3.2.6.2 The Cost Proposal must include the completed Cost Summary provided in Appendix A.
- 9.3.2.6.3 The Cost Proposal must include the conditions, procedures, approvals, and rates for out-of-scope work

9.3.2.7 Financial Information Appendix

- 9.3.2.7.1 Financial Information must include a Financial Summary that demonstrates the consultant has the financial strength to maintain a contract resulting from this solicitation.

- 9.3.2.7.2 Financial Information must also include one of the following:
 - 9.3.2.7.2.1 An audited financial statement.
 - 9.3.2.7.2.2 A financial statement reviewed by a certified public accountant.
 - 9.3.2.7.2.3 A third-party prepared financial statement if an audited or reviewed financial statement is not available.
- 9.3.2.7.3 **Financial information will be held in confidence by MPHI and only used to evaluate a consultant's financial strength.**

9.4 Proposal Submission

Proposals must be submitted via email to kbente@mphi.org as either Word or .pdf documents. Proposals submitted in hard copy will not be considered.

9.5 Modification or Withdrawal of Proposals

Proposals may not be modified after the submission date. Consultants may withdraw from consideration at any time during the selection process.

9.6 Binding Offer

A proposal submitted in response to this solicitation is a binding offer.

Section 10.0 Award and Contract

10.1 Notice of Intent to Award

The winning consultant will be notified via e-mail and the award will be published on <https://www.mphi.org/2019/05/10/request-for-proposals/>.

10.2 Contract Terms and Conditions

The contracting document resulting from this solicitation will be substantially similar to the sample contract included with this solicitation as Appendix A.

By submitting a proposal, the consultant confirms its willingness to enter into a contract that contains terms and conditions substantially similar to the sample contract and the requirements of this solicitation.

10.3 News Releases

News releases pertaining to this solicitation or intent to award shall not be made prior to the execution of the contract or without prior written approval by MPHI.