REQUEST FOR PROPOSAL
(“RFP”)
(RFP-2027-001)
for
Community Needs Assessment

Release Date: 9/30/2026

Revised: 10/20/2026

Proposals Due: 11/13/2026 ~~10/30/2026~~ by no later than 12:00 P.M. Central Standard Time

*** Proposals not received by deadline will be rejected and returned unopened.**

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003 - BACKGROUND

The Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a The Center for Health Care Services (“CENTER”) is a multi-facility community mental health and intellectual disability center created under the authority of Section 534.001 of the Texas Health and Safety Code by its sponsoring agencies, Bexar County and the Bexar County Hospital District d/b/a University Health. The CENTER has been providing services to Bexar County residents experiencing mental health, intellectual developmental disabilities and/or substance use issues for over sixty (60) years and is the Texas Health and Human Services designated Local Mental Health Authority for Bexar County, Texas. The CENTER is considered a quasi-governmental entity, a political subdivision of the state of Texas, but is not a Texas state agency. The CENTER’S administrative offices are located at 6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas 78213.

004 - SCOPE OF SERVICES

The Center for Health Care Services ("CHCS", "Center") is seeking proposals from qualified Respondents to provide professional writing and consulting services to produce a Community Needs Assessment (CNA) that will aid in the strategic planning and development of programs aimed at improving the health of our communities and meeting the needs of the population that we serve, our staff, and community stakeholders. The qualified Contractor will be responsible for the coordination, research, and development of a fully completed and comprehensive CNA with a focus on data gathering and analysis. It is expected that the Contractor shall have access to resources through which to gather and manipulate data such as GIS (Geographic Information System) and any other technologies to assist in obtaining relevant and up-to-date data.

The purpose of the CNA is to evaluate the perspectives and opinions of the target service area, community partners, and stakeholders, as well as residents of Bexar County currently receiving services, to create an informed strategic plan with a deep understanding of the needs of the community served. Locations are made accessible to all those seeking services and the population being served as driven by the findings of the CNA. Service expansion is also driven by findings of the CNA. CHCS is a Certified Community Behavioral Health Center (CCBHC), and as such, uses the CNA to assess the accessibility of services and clinic locations as needed by the population of focus. The CNA should address the prevalence of and need for mental, behavioral, and physical health care in Bexar County. This data should be further extrapolated by demographic, socio-economic status, and beyond to provide deeper understandings and visual representations of the diverse, and at times underserved, populations of Bexar County.

I. GENERAL REQUIREMENTS

A. The Contractor shall possess proven expertise in analysis of:
   1. Administrative data;
   2. Use of publicly available datasets;
   3. Measurement tool development;
   4. Quantitative and qualitative data collection and analysis;
   5. Synthesis of various data sources into concise recommendations;
   6. Clear communication of complex data findings; and
   7. Data visualization tools such as Tableau or Power BI.

B. Desired qualifications of the Contractor shall include:
   1. Strong knowledge & insight with existing community data and needs assessments;
   2. Strong communication skills with ability to work within complex teams;
   3. Demonstrated ability to access, analyze, and interpret publicly available datasets;
   4. Demonstrated ability to gather stakeholders to garner a broad range of community voices;
   5. Demonstrated ability to analyze and synthesize large sets of deidentified quantitative and qualitative data into clear findings;
   6. Demonstrated ability to design and conduct effective data collection including but not limited to databases, surveys, interviews, focus groups, Delphi panels;
   7. Demonstrated cultural competency;
   8. Experience developing formulas/processes to weigh various data points to rank findings;
   9. Experience working with the CHCS target service area (Bexar County/San Antonio, Texas) community data;
   10. Experience working in or conducting projects within CHCS' impact areas; and
   11. Demonstration of CHCS Core Values: Community, Accountability, Resilience, and Excellence in all aspects of work.

II. COMMUNITY NEEDS ASSESSMENT

The key functions of such a Community Needs Assessment (CNA) include:

A. Write and perform data analysis that is easily understood by multiple audiences including lay audiences.

B. CHCS seeks to understand the most prevalent needs within the following populations of focus:
   1. Behavioral Health challenges for people across the lifespan;
   2. Substance Use Disorders for people across the lifespan;
   3. Primary Care for people across the lifespan;
   4. People with Co-Occurring Disorders (i.e., mental health, substance use, primary care/medical needs);
   5. People involved with the justice/reintegration system;
   6. Caregivers of people receiving services;
   7. Veteran's Services;
   8. Intellectual & Developmental Disabilities;
   9. Underserved & underrepresented populations (including refugees, immigrant status, LGBTQ+); and
   10. Domestic Violence Victims/Survivors.

C. Collection and data analysis of relevant research to support the Certified Community Behavioral Health Clinic (CCBHC) including specific certification criteria and standards.
D. Provide a list of the top needs/priorities of the community served identified by qualitative and quantitative data collection.
E. Recommendations and possible solutions to address the identified needs/priorities of the community served.
F. The Respondent will be responsible for the assessment methodology, collecting quantitative and qualitative demographic data from multiple relevant sources, content layout, design, and research integrity of all sources of data and will include at least the following content areas, among others, to be determined by CHCS and recommendations of the Respondent.

DEMOGRAPHICS OF POPULATIONS (WITHIN BEXAR COUNTY AND CHCS)

1. Culture/Ethnicity
2. Race
3. Age
4. Gender/Gender Identity
5. Sexual Identity
6. Languages spoken
7. Primary language spoken
8. Literacy levels
9. Disability status
10. Pregnancy status
11. Parenting status
12. Concentrations of population
13. Growth in population in past years
14. Projected population growth
15. Veteran data
16. Socioeconomic variables including but not limited to:
    a. Income (impact of inflation, disposal income);
    b. Educational attainment;
    c. Crime/incarceration rates (Including individuals incarcerated with a Mental Health Disorder);
    d. Employment and Unemployment trends/status;
    e. Labor force / job opportunities;
    f. Transportation (Availability and mode);
    g. Housing Status (Homelessness);
    h. Food Insecurity (Food Desserts/Maps);
    i. Public Utility Access;
    j. Child Care Access/Costs; and
    k. Technology Access (Internet, Smart Phone, etc.).
17. The demographic make-up of adults and children with (geographic location, racial and ethnic composition):
    a. Mental health conditions;
    b. Substance use challenges;
    c. Co-occurring mental health and substance use;
    d. Intellectual and Developmental Disabilities;
    e. Physical health treatment needs; and
    f. Domestic violence reports.
18. Chronic conditions and prevalence related to gender, age, and race/ethnicity (Treatment Needs):
    a. Diabetes;
    b. Obesity;
    c. Asthma;
    d. Hepatitis;
    e. Alzheimer's;
    f. HIV;
    g. STDs/STIs;
    h. Hypertension;
    i. Hyperlipidemia;
    j. Heart disease;
    k. Substance Use;
    l. Alcohol Use;
    m. Cannabis Use;
    n. Opioids Use;
    o. Tobacco/Nicotine Use;
    p. Cocaine Use;

q. Methamphetamine Use.
19. Causes of Death:
    a. Heart Disease;
    b. Malignant Neoplasm (Cancerous Tumor);
    c. Chronic Lower and Respiratory;
    d. Unintentional Injury;
    e. Diabetes;
    f. Intentional Overdose;
    g. Unintentional Overdose;
    h. Indirectly Related to Substance Use (i.e., accidents, medical);
    i. Suicide;
    j. Victim of Violence; or
    k. Other.
20. Food insecurity.
21. Individuals who have and have not seen a primary care doctor in the past 12 months.
22. Incarceration Rates (Including individuals incarcerated with a Mental Health Disorder).
23. Insurance Status:
    a. Underinsured Population across the lifespan;
    b. Uninsured Population across the lifespan;
    c. Medicaid/Medicare;
    d. Private/Commercial Insurance; or
    e. Government/Federally Insured.
24. CHCS consumer or family member of CHCS consumer.
25. Other.

ACCESS TO CARE

1. Underserved areas (Treatment Needs).
2. Availability and/or shortage of healthcare providers and workforce (Staffing Needs).
3. Health literacy barriers.
4. Transportation barriers.
5. Language barriers.
6. Social Determinants of Health (Non-Medical Drivers of Health).
7. Health Behaviors (tobacco use, alcohol and drug use, sexual activity).
8. Accessibility of services (clinic locations, clinic hours, scheduling appointments, wait-times for services, transportation barriers).
9. Availability of Interpreter/Communication Services (sign language, language interpreter).
10. Identification of staffing shortages (Licensed clinicians, Psychiatrists, PCP, etc..).
11. Rate of uninsured.
12. Rate of underinsured.
13. Technology Needs/Lack of (i.e., Internet and Smart phone access).
14. Preference/Desire for Telehealth Needs/Lack (i.e., access to telehealth services/ Telehealth service providers).
15. Need for specialized services (i.e., treatment of sexual trauma, neurological testing, developmental testing and assessment, eating disorders [anorexia/bulimia]).
16. Service gaps and unmet behavioral and primary health care and substance use disorder needs in the community (i.e., current prevalence rates or incidence data) for the population(s) of focus identified.
17. Service utilization for behavioral health care.
18. Service utilization for primary care health services.
19. Barriers affecting service accessibility (i.e., locations, hours of operation for CHCS clinics).
20. Psychological and other barriers identified throughout the research process.
21. Employment/unemployment.
22. Housing stability/resources.
23. Income/Financial Barriers.
24. Quality of care.
25. Attitudes/Perceptions of care in relation to systems of care.
26. Other barriers/needs to access of care in the community.
27. Need for specialized Substance Use Disorder services (i.e., detox services, youth, harm reduction, residential, Peer, outpatient, virtual, sober living).

POPULATION OF FOCUS & METHODOLOGY

1. Meaningful community input, voice and perspective from key stakeholders and groups, including but not limited to:
    a. People receiving CHCS services;

b. Family members of people receiving services from CHCS;
c. People residing in the CHCS service area;
d. Social service organizations;
e. Healthcare providers operating in the service area;
f. Courts, Veteran Groups, Housing programs, Long Term Care;
g. Organizations partnered/contracted with CHCS;
h. Funding Sources of CHCS;
i. Speakers of other languages, specific focus on Spanish-Speaking community;
j. Other entities with perspective into the target service area and population.

2. Meaningful Input Methodology (Participant data collection) including but not limited to:
   a. Target service area:
      i. Asynchronous Telephone Survey; and
      ii. Online/Digital Survey;
         1. Made accessible via computer and mobile devices utilizing website, URL address, QR code or similar methods available.
      iii. Print Based Survey.
   b. Face to Face Data Collection:
      i. Focus Groups held with:
         1. Members of the community in the target service area;
            a. A minimum of two (2) focus groups must be completed in Spanish.
         2. People receiving services at CHCS;
            a. A minimum of two (2) focus groups must be completed in Spanish.
         3. Leadership and key stakeholders at CHCS;
         4. Peer support service providers at CHCS.
      ii. One-to-one interviews held with:
         1. Members of the community in the target service area;
         2. People receiving services at CHCS;
         3. Peer support service providers at CHCS;
         4. Identified community partner/stakeholders.
      iii. "Secret Shopper" Survey to assess:
         1. The availability of Interpreter/Communication Services (sign language, language interpreter);
         2. Accessibility of services (clinic locations, clinic hours, scheduling appointments, wait times for services, etc.);
         3. A minimum of two (2) Outpatient Clinic sites and CHCS' Intake Line.
   c. Community needs prioritization list
      i. Including potential solutions and/or recommendations to address prioritized community needs

3. Significant Participant Feedback Thresholds
   a. To establish and ensure meaningful input from the community served meets the minimum number statistically significant for participant feedback of the following data collection methodologies:
      i. Population of the target service area
      ii. Persons/family of persons receiving services from CHCS
      iii. Focus groups

COMMUNITY STAKEHOLDER COLLABORATION

1. Describe other behavioral health care services currently available, resources in the community that could be used to address the needs of adults, children and their families with mental health conditions, substance use challenges, and intellectual or developmental disabilities, including assessments of their availability and accessibility:
   a. These resources would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.
2. CHCS service linkages/partnerships/stakeholders.
3. Transition from child to adult services (i.e., children with Serious Mental Illness (SMI), Intellectual and Developmental Disability (IDD), Autism spectrum and other behavioral health needs).

OTHER DELIVERABLES

1. Formatted tables, charts, visuals, graphs, heat maps and other appropriate visualization approaches illustrating major findings of the population of focus. At a minimum, data visualizations including but not limited to the following should be present:
   a. Culture/Ethnicity;
   b. Race;
   c. Age;

   d. Gender/Gender Identity;
   e. Sexual Identity;
   f. Languages spoken;
   g. Primary language spoken;
   h. Literacy levels;
   i. Concentrations of population;
   j. Growth in population in the past;
   k. Projected population growth as it relates to behavioral health trends;
   l. Veteran Data;
   m. Domestic violence trends;
   n. Socioeconomic status;
   o. Demographic make-up of adults and children with (geographic location, and racial and ethnic composition) as listed in demographics section.
2. Chronic conditions and prevalence related to gender, age and race/ethnicity.
3. Description incorporating a racial equity lens, showing how needs are experienced by varying racial groups.
4. Description of barriers including service accessibility (hours of operation, transportation), psychological barriers, and other barriers identified throughout the research process.
5. Description articulating availability of funding so that prevalent needs are understood considering existing resources to address those needs.
6. Development of accurate comparisons to the state and national baseline of health measures utilizing the most current validated data.
7. Attendance at all meetings, either face-to-face, or by telephone, or other electronic means with designated CHCS staff as necessary in a timely manner.
8. Participation as needed in presentations to external/internal stakeholders.
9. Correlations between substance use and mental health.
10. Correlations and composite profiles of the underserved populations.
11. Breakout boxes to support narrative and visual analysis.
12. Utilization of data obtained throughout the needs assessment process to address the identified health needs of our service area.
13. A summarized list of the most prevalent needs across Bexar County identified by qualitative and quantitative data collection.
14. A summary/abstract containing key takeaways for staff to reference (an extension one page document for internal purposes - “A CNA at a Glance”).
15. Possible solutions and recommendations to address the identified needs of the service area.
16. A completed CNA available in English and Spanish languages provided electronically and in printed format.
17. Final report to include a CCBHC Compliance/Alignment Matrix showing CNA Finding, Data/Evidence, Identified Gap, and the Recommendation.

005 - ASSURANCES

The RESPONDENT assures the following (signature required):

1. That all addenda and attachments to the RFP as distributed by CENTER have been received.
2. No attempt will be made by the RESPONDENT to induce any person or firm to submit or not to submit a Proposal, unless so described in the RFP document.
3. The RESPONDENT does not discriminate in its services or employment practices on the basis of race, color, religion, sex, sexual orientation, national origin, disability, veteran status, or age.
4. That no employee of CENTER or Health and Human Services Commission ("HHSC") and no member of CENTER'S Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the RESPONDENT is unable to make the affirmation, then the Proposal must disclose any knowledge of such interests.
5. RESPONDENT accepts the terms, conditions, criteria, and requirements set forth in the RFP.
6. RESPONDENT accepts CENTER'S right to cancel the RFP at any time prior to contract award.
7. RESPONDENT accepts CENTER'S right to alter the timetables for procurement as set forth in the RFP.
8. The Proposal submitted by the RESPONDENT has arrived at independently without consultation, communication, or agreement with another party for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the Proposal submitted by the RESPONDENT has not been knowingly disclosed by the RESPONDENT to any other RESPONDENT prior to the notice of intent to award.
10. No claim will be made to CENTER for payment to cover costs incurred in the preparation of the submission of the Proposal or any other associated costs.
11. CENTER has the right to complete background checks and to verify information submitted by a RESPONDENT.
12. The individual signing this document, and the contract, is authorized to legally bind the RESPONDENT.
13. The address submitted by the RESPONDENT to be used for all notices sent by CENTER is current and correct.
14. All cost and pricing information is reflected in the Proposal documents or attachments.
15. That the RESPONDENT is not currently held in abeyance or barred from the award of a federal or state contract.
16. That the RESPONDENT is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Tax Code, Title 2, Subchapter F, Chapter 171, Subchapter H and Title 34 of the Texas Administrative Code, Part 1 Chapter 3, Subchapters A and F.
17. RESPONENT shall disclose whether any of the directors or personnel of RESPONDENT has either been an employee or a trustee of CENTER within the past two (2) years preceding the date of submission of the Proposal. This requirement applies to all personnel, whether or not they are identified as key personnel. If such employment has existed, or term of office served as trustee, the RESPONDENT shall state in an attached writing the nature and time of the affiliations as defined.
18. RESPONDENT shall identify in an attached writing any trustee or employee of CENTER who has a financial interest in RESPONDENT or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable. Moreover, RESPONENT shall state in an attached writing whether any of its directors or personnel knowingly has had a personal relationship with employees or officers of CENTER within the past two (2) years that may interfere with fair competition.
19. No current or former employee or officer of a federal, state, or local governmental agency, and/or the CENTER directly or indirectly aided or attempted to aid in the procurement of RESPONDENT'S services.
20. RESPONDENT shall disclose in an attached writing the name of every CENTER key person with whom RESPONDENT is doing business or has done business during the 365 day period immediately prior to the date on which the Proposal is due; failure to include such a disclosure will be a binding representation by RESPONDENT that the natural person executing the Proposal has no knowledge of any CENTER key persons with whom RESPONDENT is doing business or has done business during the 365 day period prior to the immediate date on which the Proposal is due.
21. Under Section 231.006 of the Texas Family Code, the vendor or RESPONDENT certifies that the individual or business entity named in this Proposal is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated, and payment may be withheld if this certification is inaccurate.
22. RESPONDENT has no conflict of interest and meets the standards of conduct requirements pursuant to Texas Administrative Code Section 412.54(c).
23. That all information provided in the Proposal is true and correct.

Company Name: _____

Contact Person: _____

Address: _____

Telephone: _____

Signature: _____

_____ _____

Printed Name of Signing Authority Date

006 - TERM OF CONTRACT

The anticipated term for a contract awarded in response to this RFP is one (1) year. The CENTER may terminate a contract at any time if funds are restricted, withdrawn, not approved or for unsatisfactory service.

007 - PRE-SUBMITTAL CONFERENCE

A Pre-Submittal Conference will be held at the Center for Health Care Services, located at 6800 Park Ten Blvd. Suite 200-S, 2nd Floor, San Antonio, Texas 78213 at 10:00 A.M. Central Standard Time (CST), on October 8, 2026.

This meeting place is accessible to disabled persons. The Center for Health Care Services is wheelchair accessible. The accessible entrance is located at 6800 Park Ten Blvd. Suite 200-S. Accessible parking spaces are located at 6800 Park Ten Blvd. Suite 200-S. RESPONDENTS that are unable to attend in person may participate by Conference Call. RESPONDENTS may call the toll-free number listed below and enter access code to participate in the day of the conference.

Dial-In Toll Telephone Number: 210-714-4201
Dial-In Toll-Free Telephone Number: 1-800-717-4201
Access Code: 18015 #

RESPONDENTS are encouraged to prepare and submit their questions in writing in advance of the Pre-Submittal Conference in order to expedite the proceedings.

RESPONDENTS may submit their questions pertaining to this RFP to Eric De La Torre, Contract Administrator, by email to edelatorre@chcsbc.org, please carbon copy Contracts@chcsbc.org, before October 16, 2026, at 12:00 P.M. Central Standard Time (CST). Please refrain from contacting the CENTER'S Board of Trustees members during the search process and direct all inquiries to the contact person listed above. Only those written questions received prior to October 16, 2026, at 12:00 P.M. Central Standard Time (CST) deadline will be addressed.

Any oral response given at the Pre-Submittal Conference that is not confirmed in writing and posted with this solicitation shall not be official or binding on the CENTER. Only written responses shall be official and all other forms of communication with any officer, employee or agent of the CENTER shall not be binding on the CENTER. RESPONDENTS are encouraged to resubmit their questions in writing to the CENTER Staff identified in the Restrictions on Communication section, after the conclusion of the Pre-Submittal Conference.

008 - PROPOSAL REQUIREMENTS

RESPONDENT'S Proposal shall include the following items in the following sequence, noted with the appropriate heading as indicated below. Submitted Proposals should include information in sufficient detail to address the RESPONDENT'S ability to perform the services being requested and provide the CENTER with enough information to properly evaluate Proposals.

RESPONDENTS must submit a hard copy Proposal. Submit one (1) original signed in ink, five (5) hard copies, and one USB containing a copy of the entire Proposal in Microsoft Word or PDF format. **Any information deemed to be confidential by RESPONDENT should be clearly noted on the page(s) where the confidential information is contained**.

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EXECUTIVE SUMMARY. The summary shall include a statement of the work to be accomplished, how RESPONDENT proposes to accomplish and perform each specific service and unique problems perceived by RESPONDENT and their solutions.

ASSURANCES. RESPONDENT must complete, sign in ink and submit the Assurances Page found in this RFP under Section 005 – Assurances.

GENERAL INFORMATION FORM. Use the Form found in this RFP as Attachment A, Part One.

EXPERIENCE, BACKGROUND & QUALIFICATIONS. Use the Form found in this RFP as Attachment A, Part Two.

PROPOSED PLAN. Use the Form found in this RFP as Attachment A, Part Three.

PRICING SCHEDULE. Use the Pricing Schedule that is found in this RFP as Attachment B.

PROOF OF INSURABILITY. RESPONDENT shall submit a copy of their current insurance certificate.

SIGNATURE PAGE. RESPONDENT must complete, sign and submit the Signature Page found in this RFP as Attachment C. The Signature Page must be signed by a person, or persons, authorized to bind the entity, or entities, submitting the Proposal. Proposals signed by a person other than an officer of a corporate RESPONDENT or partner of partnership RESPONDENT shall be accompanied by evidence of authority.

CONFLICT OF INTEREST STATEMENT. RESPONDENT must complete, sign and submit the Conflict of Interest Statement found in this RFP as Attachment D. RESPONDENT shall select only *one* applicable scenario.

PROPOSAL CHECKLIST. Complete and submit the Proposal Checklist found in this RFP as Attachment E.

The RESPONDENT must indicate whether or not it will be subcontracting a portion(s) of services contained in this RFP's Scope of Services. If so, indicate the name of the subcontractor and the portion of the work, which will be subcontracted. Provide the subcontractor's qualifications that meet the requirements of the Scope of Services. The CENTER reserves the right to refuse the selection of any subcontractor(s) by the potential CONTRACTOR for reasonable cause.

009 - SUBMISSION OF PROPOSAL

Please complete all questions in the order they are presented in this Request for Proposal ("RFP"). Include all questions and question numbers in your responses. Any additional comments or information may be provided at the end of your answers to all Proposal questions. If a question does not apply to the RESPONDENT, simply and clearly document "N/A". Scoring and evaluation is based on completed questions. Unanswered questions will be considered omissions. The CENTER reserves the right to review only complete Proposals. The CENTER reserves the right to hold subsequent face-to-face or telephone interviews for clarification and/or negotiation purposes. Interviews will not be solicited for the purpose of completing incomplete Proposals. Multiple omissions and/or incomplete responses may result in disqualification.

Instructions for Submitting Proposals

RESPONDENT shall submit one (1) original signed in ink, five (5) hard copies, and one (1) USB drive which contains the Proposal in Microsoft Word or PDF format in a sealed package clearly marked with the project name, "**Community Needs Assessment, RFP 2027-001**" on the front of the package by **no later than 12:00 P.M. CST on November 13, 2026, ~~October 30, 2026.~~** Responses may be delivered by regular mail, special carrier, or hand delivery to the CENTER'S administrative offices at 6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas, 78213. **Submission of Proposals by telephone, facsimile transmission or e-mail will not be accepted. Untimely Proposals will be rejected and/or returned unopened. Any mail delays or other matters causing late receipt are irrelevant and will not excuse late submission. The time as kept by the CENTER shall be the official time and shall control. Therefore, RESPONDENTS should strive for early submission to avoid the possibility of rejection for late arrival. The CENTER will not be responsible in the event that the U.S. Postal Service or any other carrier system fails to deliver the Proposal to the CENTER by the given deadline above**. **Proposals may be withdrawn at any time prior to actual contract award.** The CENTER reserves the right to reject any and all Proposals, to waive technicalities, and to accept any advantages deemed beneficial to the CENTER and its consumers. It is the CENTER'S intent to evaluate Proposals, and/or services in order to achieve the best value for CENTER employees and operations. Each RESPONDENT which submits a complete Proposal but is not awarded a contract will be notified in writing that the Proposal is no longer being considered. Any information contained in the Proposal that is deemed to be proprietary in nature must clearly be so designated in the Proposal. Such information may be subject to disclosure under the Public Information Act on opinions from the Texas Attorney General's office.

Modified Proposals. Proposals may be modified provided such modifications are received prior to the due date for submission of Proposals and submitted in the same manner as the original Proposal. For hard copy Proposals, provide a cover letter with the Proposal, indicating it is a modified Proposal, and that the original Proposal is being withdrawn.

Correct Legal Name. RESPONDENTS who submit Proposals to this RFP shall correctly state the true and correct name of the individual, proprietorship, corporation, and/or partnership (clearly identifying the responsible general partner and all other partners who would be associated with the contract, if any). No nicknames, abbreviations (unless part of the legal title), shortened or short-hand, or local "handles" will be accepted in lieu of the full, true and correct legal name of the entity. These names shall comport exactly with the corporate and franchise records of the Texas Secretary of State and Texas Comptroller of Public Accounts. Individuals and proprietorships, if operating under anything other than an individual name, shall match with exact Assumed Name filings. Corporate RESPONDENTS and limited liability company RESPONDENTS

shall include the 11-digit Comptroller's Taxpayer Number on the General Information Form found in this RFP as Attachment A.

If an entity is found to have incorrectly or incompletely stated its name or failed to fully reveal its identity on the General Information Form, the Sr. Director of Compliance & Systems Support shall have the discretion, at any point in the contracting process, to suspend consideration of the Proposal.

Firm Offer. All provisions in RESPONDENT'S Proposal, including any estimated or projected costs, shall remain valid for one hundred and fifty (150) days following the deadline for submissions or, if a Proposal is accepted, throughout the entire term of the contract.

Confidential or Proprietary Information. The entire response to this Request for Proposal shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code. If the RESPONDENT believes information contained therein is legally excepted from disclosure under the Texas Public Information Act, the RESPONDENT should conspicuously (via bolding, highlighting and/or enlarged font) mark those portions of its response as confidential or proprietary and submit such information under seal. Such information may still be subject to disclosure under the Public Information Act depending on determinations of the Texas Attorney General's office.

Cost of Proposal. Any cost or expense incurred by the RESPONDENT that is associated with the preparation of the Proposal, the Pre-Submittal conference, if any, or during any phase of the selection process, shall be borne solely by RESPONDENT.

010 - RESTRICTIONS ON COMMUNICATION

RESPONDENTS are prohibited from communicating with: 1) CENTER Board of Trustees regarding the RFP or Proposals from the time the RFP has been released until the contract is posted as an agenda item; and 2) CENTER employees from the time the RFP has been released until the contract is awarded. These restrictions extend to "thank you" letters, phone calls, emails and any contact that results in the direct or indirect discussion of the RFP and/or Proposal submitted by RESPONDENT. **Violation of this provision by RESPONDENT and/or its agent may lead to disqualification of RESPONDENT'S Proposal from consideration**.

Exceptions to the Restrictions on Communication with CENTER employees include:

RESPONDENTS may submit written questions concerning this RFP to the staff listed below until 12:00 P.M. Central Standard Time (CST) on October 16, 2026. Questions received after the stated deadline will not be answered. All questions shall be sent by e-mail to:

Eric De La Torre
Contract Administrator
The Center for Health Care Services
edelatorre@chcsbc.org **(Carbon Copy Contracts@chcsbc.org)**

Questions submitted and the CENTER'S responses will be posted to the CENTER'S website.

CENTER reserves the right to contact any RESPONDENT to negotiate if such is deemed desirable by CENTER. Such negotiations, initiated by CENTER staff, shall not be considered a violation by RESPONDENT of this section.

011 - EVALUATION OF CRITERIA

The CENTER will conduct a comprehensive, fair, and impartial evaluation of all Proposals received in response to this RFP. The CENTER may appoint a selection committee to perform the evaluation. Each Proposal will be analyzed to determine overall responsiveness and qualifications under the RFP. Criteria to be evaluated may include the items listed below. The CENTER may also request additional information from RESPONDENTS at any time prior to final approval of a selected RESPONDENT. The CENTER reserves the right to select one, or more, or none of the RESPONDENTS to provide services. Final approval of a selected RESPONDENT is subject to the action of the CENTER'S Board of Trustees. It should be understood that while the total score is a significant factor, the CENTER reserves the right to consider other factors in making a final selection.

Evaluation criteria:

- Experience, Background, Qualifications – 35 points

- Proposed Plan – 40 points
- Price Schedule – 15 points
- Local Business – 5 points

  5 evaluation points will be awarded for a business with a headquarters or office located within Bexar County.

- Veteran-Owned Small Business (VOSB) – 5 points

  5 evaluation points will be awarded for a small business that is owned and operated by veterans and certified as VetHUB-vendor by the Texas Comptroller.

012 - AWARD OF CONTRACT AND RESERVATION OF RIGHTS

The CENTER reserves the right to award one, more than one or no contract(s) in response to this RFP.

The contract, if awarded, will be awarded to the RESPONDENT(S) whose Proposal(s) is deemed most advantageous to CENTER, as determined by the selection committee, upon approval of the CENTER'S Board of Trustees.

The CENTER may accept any Proposal in whole or in part. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFP on the part of CENTER. However, final selection of a RESPONDENT is subject to CENTER'S Board of Trustees approval.

The CENTER reserves the right to accept one or more Proposals or reject any or all Proposals received in response to this RFP, and to waive informalities and irregularities in the Proposals received. CENTER also reserves the right to terminate this RFP, and reissue a subsequent solicitation, and/or remedy technical errors in the RFP process.

The CENTER reserves the right to reject, for any reason and at its sole discretion, in total or in part, any and/or all Proposals, regardless of comparability of price, terms or any other matter, to waive any formalities, and to negotiate on the basis of the Proposals received for the most favorable terms and best service for the CENTER. If a RESPONDENT is selected, the RESPONDENT will be required to execute a contract. If CENTER funding is materially decreased during the contract term, the contract may be amended and/or terminated.

No work shall commence until CENTER signs the contract document(s) and RESPONDENT provides the necessary evidence of insurance as required in this RFP and the contract. Contract documents are not binding on CENTER until approved by the CENTER'S General Counsel. In the event the parties cannot negotiate and execute a contract within the time specified, CENTER reserves the right to terminate negotiations with the selected RESPONDENT and commence negotiations with another RESPONDENT.

This RFP does not commit the CENTER to enter into a contract, award any services related to this RFP, nor does it obligate the CENTER to pay any costs incurred in preparation or submission of a Proposal or in anticipation of a contract.

If selected, RESPONDENT will be required to comply with the Insurance and Indemnification Requirements established herein.

If selected, RESPONDENT shall, at its own expense, conduct criminal background checks on all personnel and subcontractors assigned to provide services on CENTER property. The background checks must satisfy the requirements of the CENTER'S licensing and regulatory agencies. Proof that such checks have been conducted will be provided by the CONTRACTOR to the CENTER upon request.

The successful RESPONDENT must be able to formally invoice the CENTER for services rendered. Invoices shall be issued on a time and material basis for services rendered. The CENTER will pay invoices within thirty (30) days of receipt (commercial credit) only after services have been performed. The CENTER is a tax-exempt entity.

Independent Contractor. RESPONDENT agrees and understands that, if selected, it and all persons designated by it to provide services in connection with a contract, are and shall be deemed to be independent CONTRACTORS, responsible for their respective acts or omissions, and that CENTER shall in no way be responsible for CONTRACTOR'S actions, and that none of the parties hereto will have authority to bind the others or to hold out to third parties, that it has such authority.

013 - SCHEDULE OF EVENTS

Following is a list of **projected dates/times** with respect to this RFP:

RFP Release Date:	September 30, 2026
Pre-Submittal Conference	10:00 A.M. CST on October 8 2026
Final Questions Accepted:	12:00 P.M. CST on October 16, 2026
Proposal Due:	12:00 P.M. CST on November 13, 2026 ~~October 30, 2026~~

014 - INSURANCE REQUIREMENTS

If selected to provide the services described in this RFP, RESPONDENT shall be required to comply with the insurance requirements set forth below. The insurance requirements are non-negotiable and should be adhered to; however, if the RESPONDENT proposes other insurance limits, the CENTER reserves the right to waive or reduce the requirements and to accept any advantages deemed beneficial to the CENTER and its consumers. It is the CENTER'S intent to evaluate Proposals, in order to achieve the best value for CENTER employees and operations.

INSURANCE

Prior to the commencement of any work under this contract, RESPONDENT shall furnish copies of all required endorsements and completed Certificate(s) of Insurance to the CENTER'S Contracting & Procurement Division, which shall be clearly labeled "**Community Needs Assessment"** in the Description of Operations block of the Certificate. The Certificate(s) shall be completed by an agent and signed by a person authorized by that insurer to bind coverage on its behalf. The CENTER will not accept a Memorandum of Insurance or Binder as proof of insurance. The Certificate(s) must have the agent's signature and phone number, and be mailed, with copies of all applicable endorsements, directly from the insurer's authorized representative to the CENTER. The CENTER shall have no duty to pay or perform under this contract until such certificate and endorsements have been received and approved by the CENTER'S Contracting & Procurement Division. No officer or employee, other than the CENTER'S Sr. Director of Compliance & Systems Support, shall have authority to waive this requirement.

The CENTER reserves the right to review the insurance requirements of this Article during the effective period of this contract and any extension or renewal hereof and to modify insurance coverage and their limits when deemed necessary and prudent by CENTER'S Sr. Director of Compliance & Systems Support based upon changes in statutory law, court decisions, or circumstances surrounding this contract. In no instance will CENTER allow modification whereby CENTER may incur increased risk.

A RESPONDENT'S financial integrity is of interest to the CENTER; therefore, subject to RESPONDENT'S right to maintain reasonable deductibles in such amounts as are approved by the CENTER, RESPONDENT shall obtain and maintain in full force and effect for the duration of this contract, and any extension hereof, at RESPONDENT'S sole expense, insurance coverage written on an occurrence basis, unless otherwise indicated, by companies authorized to do business in the State of Texas and with an A.M Best's rating of no less than A- (VII), in the following types and for an amount not less than the amount listed below:

TYPE	AMOUNTS
1. Workers' Compensation	Statutory Limits
2. Employers' Liability	$500,000/$500,000/$500,000
3. Broad form Commercial General Liability Insurance to include coverage for the following: a. Premises operations b. Independent CONTRACTORs c. Products/completed operations d. Personal Injury e. Contractual Liability f. Damage to property rented by you	For Bodily Injury and Property Damage of $1,000,000 per occurrence; $2,000,000 General Aggregate, or its equivalent in Umbrella or Excess Liability Coverage f. $100,000
4. Business Automobile Liability a. Owned/leased vehicles b. Non-owned vehicles c. Hired Vehicles	Combined Single Limit for Bodily Injury and Property Damage of $1,000,000 per occurrence

If applicable, RESPONDENT agrees to require, by written contract, that all subcontractors providing goods or services hereunder obtain the same insurance coverage required of RESPONDENT herein and provide a Certificate of Insurance and endorsement that names the RESPONDENT and the Center of Health Care Services as additional insured. RESPONDENT shall provide the CENTER with said certificate and endorsement prior to the commencement of any work by the subcontractor. This provision may be modified by CENTER'S Sr. Director of Compliance & Systems Support, when deemed necessary and prudent, based upon changes in statutory law, court decisions, or circumstances surrounding this contract. Such modification may be enacted by letter signed by CENTER'S Sr. Director of Compliance & Systems Support, which shall become a part of the contract for all purposes.

As they apply to the limits required by the CENTER, the CENTER shall be entitled, upon request and without expense, to receive copies of the policies, declaration page, and all endorsements thereto and may require the deletion, revision, or modification of particular policy terms, conditions, limitations, or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any such policies). RESPONDENT shall be required to comply with any such requests and shall submit a copy of the replacement Certificate of Insurance to CENTER at the address provided below within ten (10) days of the requested change. RESPONDENT shall pay any costs incurred resulting from said changes.

The Center for Health Care Services
Attn: Contracting & Procurement Division
6800 Park Ten Blvd.
Suite 200-S
San Antonio, Texas 78213

RESPONDENT agrees that with respect to the above required insurance, all insurance policies are to contain or be endorsed to contain the following provisions:

- Name the CENTER, its Board of Trustees, employees, and volunteers as additional insured by endorsement, as respects operations and activities of, or on behalf of, the named insured performed under contract with the CENTER, with the exception of the workers' compensation and professional liability policies;

- Provide for an endorsement that the "other insurance" clause shall not apply to the Center for Health Care Services where the CENTER is an additional insured shown on the policy;

- Workers' compensation, employers' liability, general liability and automobile liability policies will provide a waiver of subrogation in favor of the CENTER;

- Provide advance written notice directly to CENTER of any suspension, cancellation, non-renewal or material change in coverage, and not less than ten (10) calendar days advance notice for nonpayment of premium.

Within five (5) calendar days of a suspension, cancellation or non-renewal of coverage, RESPONDENT shall provide a replacement Certificate of Insurance and applicable endorsements to CENTER. CENTER shall have the option to suspend RESPONDENT'S performance should there be a lapse in coverage at any time during a contract. Failure to provide and to maintain the required insurance shall constitute a material breach of a contract.

In addition to any other remedies the CENTER may have upon RESPONDENT'S failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the CENTER shall have the right to order RESPONDENT to stop work, and/or withhold any payment(s) which become due to RESPONDENT until RESPONDENT demonstrates compliance with the requirements hereof.

Nothing herein contained shall be construed as limiting in any way the extent to which RESPONDENT may be held responsible for payments of damages to persons or property resulting from RESPONDENT'S or its subcontractors' performance of the work covered under a contract.

It is agreed that RESPONDENT'S insurance shall be deemed primary and non-contributory with respect to any insurance or self-insurance carried by the CENTER for liability arising out of operations under a contract.

It is understood and agreed that the insurance required is in addition to and separate from any other obligation contained in a contract and that no claim or action by or on behalf of the CENTER shall be limited to insurance coverage provided.

RESPONDENT and any subcontractors are responsible for all damage to their own equipment and/or property.

INDEMNIFICATION REQUIREMENTS

If selected to provide the services described in this RFP, RESPONDENT shall be required to comply with the Indemnification requirements set forth below. The Indemnification is non-negotiable and should be adhered to; however, if the RESPONDENT proposes modifications to the Indemnification language, the CENTER reserves the right to accept or reject the revised Indemnification. It is the CENTER'S intent to evaluate Proposals, in order to achieve the best value for CENTER employees and operations.

INDEMNIFICATION

RESPONDENT covenants and agrees to FULLY INDEMNIFY, DEFEND and HOLD HARMLESS, the CENTER and the employees, officers, trustees, volunteers and representatives of the CENTER, individually and collectively, from and against any and all costs, claims, liens, damages, losses, expenses, fees, fines, penalties, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including but not limited to, personal or bodily injury, death and property damage, made upon the CENTER directly or indirectly arising out of, resulting from or related to RESPONDENT'S activities under a contract, including any acts or omissions of RESPONDENT, any agent, officer, trustees, representative, employee, RESPONDENT or subcontractor of RESPONDENT, and their respective officers, agents employees, directors and representatives while in the exercise of the rights or performance of the duties under a contract. The indemnity provided for in this paragraph shall not apply to any liability resulting from the negligence of CENTER, its officers or employees, in instances where such negligence causes personal injury, death, or property damage. IN THE EVENT RESPONDENT AND CENTER ARE FOUND JOINTLY LIABLE BY A COURT OF COMPETENT JURISDICTION, LIABILITY SHALL BE APPORTIONED COMPARATIVELY IN ACCORDANCE WITH THE LAWS FOR THE STATE OF TEXAS, WITHOUT, HOWEVER, WAIVING ANY GOVERNMENTAL IMMUNITY AVAILABLE TO THE CENTER UNDER TEXAS LAW AND WITHOUT WAIVING ANY DEFENSES OF THE PARTIES UNDER TEXAS LAW.

The provisions of this indemnity are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to any other person or entity. RESPONDENT shall advise the CENTER in writing within twenty-four (24) hours of any claim or demand against the CENTER or RESPONDENT known to RESPONDENT related to or arising out of RESPONDENT'S activities under a contract and shall see to the investigation and defense of such claim or demand at RESPONDENT'S cost. The CENTER shall have the right, at its option and at its own expense, to participate in such defense without relieving RESPONDENT of any of its obligations under this paragraph.

RFP ATTACHMENT A, PART ONE

GENERAL INFORMATION FORM

1. **Respondent Information:** Provide the following information regarding the Respondent.
Please tell us about your Business. If your Business is affiliated with a large firm that includes multiple teams around the country, please tell us about your local team/operation.

Respondent Name: _____
(NOTE: Give exact legal name as it will appear on the contract, if awarded.)

Doing Business As: (other business name, if applicable):_____

Business Address: _____

City: _____State: _____Zip Code: _____

Telephone No.:_____ Fax No.:_____

Website address:_____

Year established: _____

Provide the number of years in business under present name: _____

Social Security Number or Federal Employer Identification Number: _____

Texas Comptroller's Taxpayer Number, if applicable: _____
(NOTE: This 11-digit number is sometimes referred to as the Comptroller's TIN or TID.)

UEI Number: _____

Is Business a certified VetHUB? ☐Yes ☐No (If yes, attach all applicable current certifications.)

Business Structure: Check the box that indicates the business structure of the Respondent.

☐ Individual or Sole Proprietorship If checked, list Assumed Name, if any: _____
☐ Partnership
☐ Corporation If checked, check one: ☐ For-Profit ☐ Nonprofit
Also, check one: ☐ Domestic ☐ Foreign
☐ Other If checked, list business structure: _____

List the name and business address of each person or legal entity, which has a 10% or more ownership or control interest in the Business (attach additional pages as necessary).

_____

_____

Printed Name of Contract Signatory: _____

Job Title: _____

(NOTE: This RFP solicits Proposals to provide services under a contract which has been identified as "High Profile". Therefore, Respondent must provide the name of person that will sign the contract for the Respondent, if awarded.)

2. Provide any other names under which Respondent has operated within the last 10 years and length of time under for each:

_____

_____

Provide address of office from which this project would be managed:

Address: _____

City: _____State: _____Zip Code: _____

Telephone No._____ Fax No: _____

Annual Gross Revenue: ☐ $100K or less ☐ $101K–$500K ☐ $501K–900K ☐ $901K–$2.5M ☐ $2.5M or more

Total Number of Employees: _____

Total Number of Current Clients/Customers: _____

3. **Contact Information:** List the one person who the CENTER may contact concerning your Proposal or setting dates for meetings.

Name: _____ Title: _____

Address: _____

City: _____State: _____Zip Code: _____

Telephone No._____ Fax No: _____

Email: _____

4. Does Respondent anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months?

☐ Yes ☐ No

List the name and business address of each person or legal entity, which has a 10% or more ownership or control interest in the Business (attach additional pages as necessary).

_____

_____

5. Is Respondent authorized and/or licensed to do business in Texas?

☐ Yes ☐ No If "Yes", list authorizations/licenses.

_____

_____

6. Where is the Respondent's corporate headquarters located? _____

7. **Local/County Operation**: Does the Respondent have an office located in San Antonio, Texas?

☐ Yes ☐ No If "Yes", respond to a and b below:

a. How long has the Respondent conducted business from its San Antonio office?

Years _____ Months_____

b. State the number of full-time employees at the San Antonio office.

If "No", indicate if Respondent has an office located within Bexar County, Texas:

☐ Yes ☐ No If "Yes", respond to c and d below:

c. How long has the Respondent conducted business from its Bexar County office?

Years _____ Months_____

d. State the number of full-time employees at the Bexar County office. _____

e. If RESPONDENT has a operation location in the San Antonio/Bexar County are, list address below:

_____

8. **Debarment/Suspension Information**: Has the Respondent or any of its principals been debarred or suspended from contracting with any public entity?

☐ Yes ☐ No If "Yes", identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

_____

_____

Are there any proceedings relating to the Business' responsibility, debarment, suspension, voluntary exclusion or qualification to receive a public contract? ☐ Yes ☐ No

If "Yes", state the name of the individual, organization contracted with and reason for proceedings.

_____

_____

9. **Surety Information**: Has the Respondent ever had a bond or surety canceled or forfeited?

☐ Yes ☐ No If "Yes", state the name of the bonding company, date, amount of bond and reason for such cancellation or forfeiture.

_____

_____

10. **Bankruptcy Information**: Has the Respondent ever been declared bankrupt or filed for protection from creditors under state or federal proceedings?

☐ Yes ☐ No If "Yes", state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

_____

_____

11. **Disciplinary Action:** Has the Respondent ever received any disciplinary action, or any pending disciplinary action, from any regulatory bodies or professional organizations?

☐ Yes ☐ No If "Yes", state the name of the regulatory body or professional organization, date and reason for disciplinary or impending disciplinary action.

_____

_____

12. **Previous Contracts:**

a. Has the Respondent ever failed to complete any contract awarded?

☐ Yes ☐ No If "Yes", state the name of the organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

_____

_____

b. Has any officer or partner proposed for this assignment ever been an officer or partner of some other organization that failed to complete a contract?

☐ Yes ☐ No If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

_____

_____

c. Has any officer or partner proposed for this assignment ever failed to complete a contract handled in his or her own name?

☐ Yes ☐ No If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

_____

_____

Have liquidated damages or penalty provisions been assessed against the Business for failure to complete the work on time or for any other reason? ☐ Yes ☐ No

13. Is RESPONDENT, or its employee(s), currently employed/contracted by CENTER?
☐ Yes ☐ No

Has RESPONDENT, or its employee(s), been employed/contracted by CENTER in the past two (2) years?
☐ Yes ☐ No

If yes to either question, whom and in what role(s) was the person(s) employed/contracted by CENTER? List name, CENTER title, dates of employment/contract and current title:

_____

_____

14. **Background Checks:** Has the Respondent completed criminal history background checks on all current employees?
☐ Yes ☐ No

REFERENCES

Provide three (3) references that Respondent has provided services related to the RFP Scope of Services within the past three (3) years. References should not be current CENTER employees. The contact person named should be familiar with the day-to-day management of the contract and be willing to respond to questions regarding the type, level, and quality of service provided. **Upon submission, references are considered proprietary and confidential information.**

Reference No. 1:

Firm/Company Name _____

Contact Name: _____ Title: _____

Address: _____

City: _____State: _____Zip Code: _____

Telephone No._____ Email: _____

Date and Type of Service(s) Provided: _____

_____

Reference No. 2:

Firm/Company Name _____

Contact Name: _____ Title: _____

Address: _____

City: _____State: _____Zip Code: _____

Telephone No._____ Email: _____

Date and Type of Service(s) Provided: _____

_____

Reference No. 3:

Firm/Company Name _____

Contact Name: _____ Title: _____

Address: _____

City: _____State: _____Zip Code: _____

Telephone No._____ Email: _____

Date and Type of Service(s) Provided: _____

_____

RFP ATTACHMENT A, PART TWO

EXPERIENCE, BACKGROUND, QUALIFICATIONS

Prepare and submit narrative responses to address the following items. If Respondent is proposing as a team or joint venture, provide the same information for each member of the team or joint venture.

1. Describe Respondent's company history, evidencing its strengths and stability, including number of years in business, licensing information (if applicable), number of years providing the type of service included in this RFP, number of customers in Texas and areas covered in Texas.

2. Describe Respondent's experience relevant to the Scope of Services requested by this RFP. List and describe relevant projects of similar size and scope performed over the past four (4) years.

3. Describe Respondent's specific experience with clients, especially large organizations with multiple locations. If Respondent has provided services for CHCS in the past, identify the name of the contract and service provided.

4. Describe Respondent's level of knowledge and expertise as it relates to quantitative and qualitative data management and collection, synthesis of large datasets, and communication of complex data findings.

5. Describe the role, if any, that Generated AI software will have in collecting and analyzing data.

6. Describe any experience developing formulas or processes to rank/prioritize data findings based on various data components.

7. List other resources, including total number of employees, number and location of offices, number and types of equipment available to support this project.

8. State the primary work assignment and the percentage of time key personnel will devote to the project if awarded the contract.

9. Please feel free to include any additional skills, experiences, qualifications, and/or other relevant information about the Respondent's qualifications.

10. List all licenses, credentials, certifications, and/or accreditations the Respondent currently holds.

RFP ATTACHMENT A, PART THREE

PROPOSED PLAN

Prepare and submit the following items. All questions must be answered.

1. Describe how Respondent would conduct the CNA. Provide a work plan for conduction of the CNA. The work plan should include, but not limited to, steps in the process of producing the CNA, responsible parties, due dates, expected outcomes, and content areas, among other information the Respondent deems appropriate. The work plan layout should also demonstrate the Respondent's ability to display complex information in a readable and visually amenable format. The plan should convey how the end product, the CNA, will be produced within an 8 to 10 month time period.

2. Describe the layout of the assessment including descriptive details of visual content (charts, graphs, graphics, etc.), projected table of contents and brief explanation of the type of content to be included in the narrative sections. Include tools/technology that are planned to be used to produce visual representations.

3. Writing Sample: Include a writing sample that demonstrates Respondent's ability to collect and present data, verbally analyze data, and effectively use cited sources to support research findings. Writing samples can be redacted to protect the anonymity of owners, if using originally written sources owned by others. The writing sample shall be no longer than two (2) pages in length.

4. Describe marketing strategies that may be utilized to maximize participation including focus groups initiatives and survey responses.

RFP ATTACHMENT B

PRICE SCHEDULE

The proposal should include all fees to provide services listed in this RFP. Include a project budget (financial proposal), including a budget narrative that details each line-item expense.

NOTE: The CENTER does not pay sales or use tax and such taxes cannot be passed on to the CENTER in any form.

RFP ATTACHMENT C

SIGNATURE PAGE

I, individually and on behalf of the business named above, do by my signature below certify that the information provided in this Proposal is true and correct and I am authorized to bind the RESPONDENT contractually. I understand that if the information provided herein contains any false statements or any misrepresentations: 1) The CENTER will have the grounds to terminate any or all contracts which the CENTER has or may have with the business; 2) The CENTER may disqualify the business named above from consideration for contracts and may remove the business from the CENTER'S bidders list; or/and 3) The CENTER may have grounds for initiating legal action under federal, state, or local law.

_____	_____
Print Name	Title
_____	_____
Signature of Owner (Owner, CEO, President, Majority Stockholder or Designated Representative)	Date

RFP ATTACHMENT D

CONFLICT OF INTEREST STATEMENT

Select and sign only <u>one</u> scenario below.

☐ If no actual or potential Conflict(s) of Interest are known:

I, _____, on behalf of _____,
Name of Contract Signatory RESPONDENT Name
(hereinafter, "CONTRACTOR"), as the duly authorized representative, hereby declare that to the best of my knowledge, there is no direct, indirect or potential conflict(s) of interest related to the subject matter of this Contract. If any such conflict arises in the performance of this contract, CONTRACTOR will within two (2) business days disclose it to the relevant parties and submit an updated Conflict of Interest Disclosure Statement to the CENTER within those two (2) business days.

_____ _____
Signature of Owner (Owner, CEO, President Majority Stockholder, or Designated Representative) Date

☐ If actual or potential Conflict(s) of Interest are known to exist or are anticipated:

I, _____, on behalf of _____,
Name of Contract Signatory RESPONDENT Name
(hereinafter, "CONTRACTOR"), as the duly authorized representative, have identified the following actual or potential Conflict(s) of Interest, known to exist or anticipated, whereby CONTRACTOR, or any other family member of CONTRACTOR within second degree of blood or marriage, may have with any entity or individual affiliated with the CENTER. Conflict(s) of Interest may include, but are not limited to, scenarios of potential financial gain, nepotism, possible hinderance of completion of CENTER-contracted services, etc.

Affiliated Entity or Individual	Services Covered by Agreement	Effective Term of Agreement

If changes occur to the above disclosed list of agreements, CONTRACTOR shall submit an updated Conflict of Interest Disclosure Statement within two (2) business days of becoming aware of such change.

_____ _____
Signature of Owner (Owner, CEO, President Majority Stockholder, or Designated Representative) Date

RFP ATTACHMENT E

PROPOSAL CHECKLIST

Use this checklist to ensure that all required documents have been included in the Proposal and appear in the correct order.

Document	Initial to Indicate Document is Attached to Proposal
Table of Contents	
Executive Summary	
Assurances	
General Information and References RFP Attachment A, Part One	
Experience, Background & Qualifications RFP Attachment A, Part Two	
Proposed Plan RFP Attachment A, Part Three	
Price Schedule RFP Attachment B	
Proof of Insurability - Submit Copy of Current Certificate of Insurance	
*Signature Page RFP Attachment C	
*Conflict of Interest Statement RFP Attachment D	
Proposal Checklist RFP Attachment E	
One (1) original signed in ink, five (5) hard copies and one (1) USB with entire Proposal in Microsoft Word format or PDF format	

***Documents marked with an asterisk on this checklist require a signature. Be sure they are signed prior to submittal of Proposal.**