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| **University of Wisconsin - Madison** | |
| **REQUEST FOR PROPOSAL**  **PROPOSAL NUMBER: WIHN415**  **Award Period: September 30, 2020- September 29, 2021**  **ISSUE DATE: 6/15/2020**  **DUE DATE: 7/31/2020**  **5:00 PM CST/CDT (electronic time stamp)** | **AGENT:** Wisconsin Voices for Recovery  **Questions regarding this proposal** – **see Section 2.6**  **See Sections 2.2 and 2.3 for Submittal Instructions and Proposal Response Format** |
|  |
| **Wisconsin Voices for Recovery**  **ED2Recovery+** | |
| **Summary of Project:**  Wisconsin Voices for Recovery (WIVFR), at the Department of Family Medicine and Community Health (DFMCH), will continue to oversee the ED2 Recovery+ program through regrant awards to organizations who will offer peer support services by recovery coaches or certified peer support specialists. These services are currently occurring in several hospital sites statewide offering referrals, support, and follow up for treatment and recovery to individuals that have experienced an opioid or stimulant overdose. Recovery coaches and certified peer support specialists may also offer services outside of emergency department settings including destinations where an individual may have experienced and opioid or stimulant overdose including and not limited to EMT services, first responders, public health departments, probation and parole offices, law enforcement, and treatment and/or recovery centers.This statewide peer support network will function as a portion of the State Opioid Response. The ultimate goal of the program is to unite treatment systems to promote peer support services that will:  (1) Decrease the number of overdose fatalities in Wisconsin  (2) Increase treatment and recovery support service utilization of the target population  (3) Reduce Emergency Department admissions due to overdoses  (4) Provide peer support services in community settings  (5)Be a sustainable and collaborative peer support network | |

In signing this proposal, we have read and fully understand and agree to all terms, conditions and specifications and acknowledge that the UW-Madison Department of Family Medicine and Community Health proposal document on file shall be the controlling document for any resulting contract. We certify that we have not, either directly or indirectly, entered into any contract or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other proposer, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposals to any other proposer or competitor; that the above stated statement is accurate under penalty of perjury. I certify that the information I have provided in this proposal is true and I understand that any false, misleading or missing information may disqualify the proposal.

By submitting a proposal, the proposer certifies that no relationship exists between the proposer and the University that interferes with fair competition or is a Conflict of Interest, and no relationship exists between such proposer and another person or firm that constitutes a Conflict of Interest. Further, proposer certifies that no employee of the University whose duties relate to this request for proposal assisted the proposer in preparing the proposal in any way other than in his or her official capacity and scope of employment.

The Proposer certifies by submission of the proposal that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

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| --- |
| COMPANY/ORGANIZATION NAME: |
| COMPANY/ORGANIZATION STREET ADDRESS: |
| COMPANY/ORGANIZATION CITY, STATE & ZIP: |
| SIGNATURE: DATE : |
| TYPE OR PRINT NAME: |
| TITLE: |
| TELEPHONE NUMBER: ( ) FAX NUMBER: ( ) |
| EMAIL ADDRESS: |
| EIN NUMBER: |

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# Section #1: General Information

### 1.1 Organization of this Solicitation Document

This document is divided into five (5) main sections. The sections also refer to “Attachments” when such organization assists in making this document more fluid. The five (5) main sections are:

**Section 1** General Information (generally states the intent of the solicitation and submittal instructions)

**Section 2** Preparing and Submitting a Proposal.

**Section 3** Terms and Conditions of Contract (contains performance clauses that will become part of any awarded contract).

**Section 4** Requirements and Specifications (technical and other specifications for the proposal).

**Section 5** Evaluation and Award of Contract(s) (contains details of the evaluation process).

### 1.2 Purpose

The University of Wisconsin-Madison, hereinafter referred to as the “University”, is requesting proposals for the Department of Family Medicine and Community Health/Wisconsin Voices for Recovery hereinafter referred to as “Department”, for the purchase of peer support in the form of hospital-based recovery coaching and peer support to address opioid and stimulant overdoses in Wisconsin.

**Scope**

The University of Wisconsin-Madison Department of Family Medicine and Community Health and Wisconsin Voices for Recovery is seeking qualified non-profit 501 (c)(3) organizations or those who qualify as a state, local for tribal government to participate in the Hospital-based Recovery Coaching Network (ED2Recovery+), which is a part of the State Opioid Response. Qualified applicants will use funds to employee Recovery Coaches and/or Wisconsin Certified Peer Support Specialists to provide peer support to individuals with an opioid or stimulant use disorder referred from Emergency Departments, first responders, the legal system and other community settings. Funds will also be used to purchase liability insurance, develop or update a Recovery Resource map based on the region of operation (may be more than 1 county), develop Stakeholder-Peer Advisory Committees (SPACs), and for direct peer support provision.

### 1.3 Required Qualifications

In order to be considered for this contract award, applying organizations must meet all of the following requirements:

1. Recipients of this funding must be a public or non-profit 501 (c) (3) organization, or qualify as a state, local or tribal government located in the state of Wisconsin and must assure adherence to state and federal law and SOR Grant requirements.
2. Include peers in management, service delivery, Board of Directors and/or advisory capacity
3. Have liability insurance\* or include purchase of liability insurance as part of the use of grant funds

\*Portion of award can be used to purchase liability insurance for award period; **must include documentation that insurance is quoted and agent will be setting up insurance prior to initiation of service delivery**

### 1.4 Scored Competencies

* Program Oversight and Infrastructure
* Recovery Guiding Principles and Values
* Ethical Practices
* Peer Leadership Development Practices
* Management and Support Systems

### 1.5 Contract Award Information

The total amount of funding that will be distributed per organization will depend on the quality, scope, and budget justifications of the submitted applications. We anticipate the minimum award to be $35,000. Multiple awards will be awarded.

### 1.6 Definitions

The following definitions are used throughout this document:

**Contractor** means successful proposer awarded a contract.

**Department** means UW Madison Division of Continuing Studies/Wisconsin Voices of Recovery

**Proposer** means a firm submitting a Proposal in response to this Request for Proposal.

**RFP** means Request for Proposal.

**State** means State of Wisconsin.

**University** and **UW** both mean University of Wisconsin-Madison.

**RCO** means Recovery Community Organization or non-profit organization that supports individuals in or seeking recovery; does **not** have to be a registered ARCO member with Faces and Voices of Recovery

**RC** means Recovery Coach

**CPSS** means Certified Peer Support Specialist

**Peer Support Provider** refers to both Recovery Coaches and Certified Peer Support Specialists

**ED** means Emergency Department

### 1.7 Reasonable Accommodations

The University will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request.

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# Section #2: Preparing and Submitting a Proposal

### 2.1 Applicable Dates

|  |  |
| --- | --- |
| **Event** | **Date** |
| RFP issued | 6/15/20 |
| Written questions due | 7/02/20 at 4:00 PM |
| Proposer Conference Call | 7/08/20 at 4:00 PM |
| Proposal Due Date (Local Madison Time) | **7/31/20- before 5:00 PM CST/CDT** |
| Award notification (Approximately) | 9/01/20- before 5:00 PM CST/CDT |
| Contract Term Begins | 9/30/20 |

For Proposer Conference Call, Please use call-in info:

1-888-291-0312

passcode: 5269469#

### 2.2 Submittal Instructions

NUMBER OF COPIES TO BE SUBMITTED:

**One (1)** **copy attached emailed to** [ed2recovery@fammed.wisc.edu](mailto:ed2recovery@fammed.wisc.edu)Proposals must be received and date/time stamped prior to 5:00 p.m. CST/CDT on the stated proposal due date. Proposals not so date/time stamped shall be considered late. **Late proposals will not be accepted under any circumstances.**

**RETAIN A COPY OF YOUR BID RESPONSE FOR YOUR FILES**

Submitting a proposal to any e-mail address other than [ed2recovery@fammed.wisc.edu](mailto:ed2recovery@fammed.wisc.edu)will not be accepted. Proof of transmission doesn't constitute proof of receipt. All attachments and Letters of Commitment must be submitted as a PDF with signatures.

### 2.3 Proposal Response Format

Proposals should be typed using 10-12-point font. The response should be organized and presented in the following order. Each section should be clearly marked. The contents within each section should reference the section or attachment number assigned in the RFP. Failure to submit as indicated may disqualify your proposal. **Proposal should not exceed 8 typed pages** (not including any letter(s) of commitment). Failure to submit proposal in order stated in Proposal Response Format (2.3) may result in immediate disqualification for consideration.

Section 1: Project Narrative

Section 2: Justification

Section 3: Project Budget

Section 4: Letter(s) of Commitment

Section 5: Stakeholder Involvement Plan

Section 6: Sustainability Plan

**RETAIN A COPY OF YOUR PROPOSAL RESPONSE FOR YOUR FILES**

### 2.4 Incurring Costs

The State of Wisconsin is not liable for any cost incurred by proposers in replying to this RFP.

### 2.5 Optional Proposer Conference

A Proposer’s Conference Call will be held at 4:00p.m. on Wednesday July 8th 2020 to respond to questions and to provide any additional instruction to Proposer’s on the submission of their proposal.

**Call-in information is provided in section 2.1.** If you think you need accommodations, contact Agent.

### 2.6 Clarifications and/or Revisions through Designated Contact

All communications and/or questions in regard to this request **must** be submitted in writing by **July 2nd, 2020** and must reference the proposal number. Phone calls will not be accepted. Proposers are encouraged e-mail written questions to [ed2recovery@fammed.wisc.edu](mailto:ed2recovery@fammed.wisc.edu) The subject line of the email must state “RFP-WIHN415 question”. Questions will be compiled and answered on the July 8th 4pm phone call. No questions will be accepted after July 8th.

If a Proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, they have **five (5)** business days **after the RFP issue date and time** to notify, in writing, the Agent at the address shown below of such error and request modification or clarification of the RFP document.

ADMINISTRATIVE:

Wisconsin Voices for Recovery

UW Madison Department of Family Medicine and Community Health

1100 Delaplaine Ct. 3rd floor #3836

Madison, WI 53715-1218

E-mail: [ed2recovery@fammed.wisc.edu](mailto:ed2recovery@fammed.wisc.edu)

Technical: [ed2recovery@fammed.wisc.edu](mailto:ed2recovery@fammed.wisc.edu)

If a Proposer fails to notify Wisconsin Voices for Recovery of an error in the RFP document which is known to the Proposer, or which must have reasonably been known to the Proposer, then the Proposer shall submit a response at the Proposer’s risk and if awarded a contract, shall not be entitled to additional compensation or time by reason of the error or its later correction.

### 2.7 Proprietary Information

Any information contained in the Proposer’s response that is proprietary must be detailed separately on form DOA-3027. Marking of the entire response as proprietary will neither be accepted nor honored. The University cannot guarantee that all such material noted remains confidential, particularly if it becomes a significant consideration in contract award. Information will only be kept confidential to the extent allowed by State of Wisconsin Public Disclosure Law (refer to Standard Terms and Conditions, Section 27.0). A copy of the form needed to designate portions of your submission as proprietary can be found at: <http://vendornet.state.wi.us/vendornet/doaforms/doa-3027.doc>

### 2.8 Appeals Process

Any protest of the University's solicitation process or award can be directed in writing to:

The University of Wisconsin-Madison

Department of Family Medicine and Community Health

c/o Research Executive Committee

1100 Delaplaine Ct.

Madison, WI. 53715

# Section #3: Terms and Conditions of Contract

### 3.1 Entire Contract

A contract will be awarded based on the criteria established in this Request for Proposal, including attachments and any amendments issued. The RFP, the proposal response, and written communications incorporated into the contract constitute the entire contract between the parties. The hierarchy of documents in descending order for resolution is as follows:

A. Contract Award Letter

B. Original Request for Proposal Number WIHN41520 dated by July 31st 2020 4:00pm CST including amendments/attachments and meeting all requirements for submission

C. Proposer response to RFP

Any other terms and conditions provided by the Proposer with the proposal or for future transactions against this contract, including but not limited to terms submitted with quotations, order acknowledgements, or invoices; will be considered null and void and will not be enforceable by the Contractor unless agreed to in a written amendment signed by the University Department of Family Medicine and Community Health.

Submitting a standard Proposer contract or term and conditionas a complete substitute or alternative for the language in this solicitation will not be accepted and may result in rejection of the proposal.

The University reserves the right to negotiate contractual terms and conditions or reject the Proposer‘s response and proceed to the next qualified proposer.

### 3.2 Contract Administrator

Any correspondence must include reference to Contract number WIHN415 and be sent to the Contract Administrator. The Contract Administrator is authorized to give the approvals required under this contract on behalf of the University.

A. **University**

The Contract Administrator(s) for the University are:

Mary Henningfield, PhD (PI)

University of Wisconsin-Madison

Department of Family Medicine and Community Health

**1100 Delaplaine Ct**

**Madison WI 53715-1218**

EMAIL: [mary.henningfield@fammed.wisc.edu](mailto:mary.henningfield@fammed.wisc.edu)

Lisa Sampson

Wisconsin Voices for Recovery

Department of Family Medicine and Community Health

1100 Delaplaine Ct, Rm 3826

Madison WI 53715-1218

Email: [lisa.sampson@fammed.wisc.edu](mailto:lisa.sampson@fammed.wisc.edu)

### 3.3 Term of Contract

It is the intent of the University to start the resulting Contract upon successful negotiations. The contract shall be effective on the contract execution date and shall run from September 30th, 2020 to September 29th, 2021.

The University of Wisconsin-Madison reserves the right to terminate award during the September 30th, 2020 to September 29th, 2021 period and not re-new the award.

### 3.4 Contract Termination

3.4.1 The University may terminate the Contract at any time, **without cause**, by providing 30 days written notice to the Contractor. If the Contract is so terminated, the University is liable only for payments for products provided or services performed, to the extent that any actual direct costs have been incurred by the Contractor pursuant to fulfilling the contract. The University will be obligated to pay such expenses up to the date of the termination.

3.4.2 Shall either party **fail to perform** under the terms of this Contract; the aggrieved party may notify the other party in writing of such failure and demand that the same be remedied within 7 calendar days. Should the defaulting party fail to remedy the same within said period, the other party shall then have the right to terminate this Contract **immediately**. Performance failure can be defined as but not limited to: mismanagement of funds, inappropriate conduct by program staff (RC/CPSS or organization management or volunteers) or failure to provide any of the Terms, Conditions or Specifications.

3.4.3 If at any time the Contractor performance **threatens the health and/or safety** of the University, its staff, students or others who may be on campus, or the staff and individuals served at organization or hospital/ED sites, the University has the right to cancel and terminate the Contract without notice.

3.4.4 Failure to maintain the required Certificates of Insurance, Permits and Licenses shall be cause for Contract termination. If the Contractor fails to maintain and keep in force the insurance as provided in Standard Terms and Conditions, Section 22.0, the University has the right to cancel and terminate the Contract without notice.

3.4.5 If at any time a petition in **bankruptcy** shall be filed against the Contractor and such petition is not dismissed within 90 calendar days, or if a receiver or trustee of Contractor's property is appointed and such appointment is not vacated within 90 calendar days, the University has the right, in addition to any other rights of whatsoever nature that it may have at law or in equity, to terminate this contract by giving 10 calendar days’ notice in writing of such termination.

3.4.6 All notices of performance failure must be submitted in writing to Wisconsin Voices for Recovery, **1100 Delaplaine Ct, 3rd Floor #3836, Madison, WI 53715-1218 or emailed to** [ed2recovery@fammed.wisc.edu](mailto:ed2recovery@fammed.wisc.edu). The University shall be final authority for all performance failure determinations not resolved through the **Department of Family of Medicine and Community Health/Wisconsin Voices for Recovery.**

### 3.5 Payment Terms

Payment will not be made until the serviceis determined to meet all specifications and has been accepted by the University of Wisconsin-Madison. The University will pay the Contractor approximately 30 days after service provision (peer support provision) begins. Other expenses related to award will need to be invoiced and University will have approximately 30 days to confirm invoice and make payment to Contractor.

### 3.6 Invoicing Requirements

Contractor must agree that all invoices shall reflect the prices and discounts established for the items/services this contract for all orders placed even though the contract number and/or correct prices may not be referenced on each order.

The University must meet a statutory mandate to pay or reject invoices within 30 days of receipt by University Accounts Payable. Before payment is made, it also must verify that all invoiced charges are correct as per this Contract. Only properly submitted invoices will be officially processed for payment. Prompt payment requires that your invoices be clear and complete in conformity with the instructions below. All invoices **must be itemized** showing:

1. Contractor name
2. Address
3. Date(s) of services
4. location of services (hospital name, follow-up location)
5. Coded description of each shift (on-call (0) intake (1), follow-up (2), type of follow-up (text-a, phone call-b, in-person meeting-c)
6. Total working hours, total on-call hours
7. Employee number and client number
8. \*do NOT include any identifying information of individual served on invoices
9. Invoice must match all documentation submitted to the ED2Recovery Program Coordinator

At the discretion of Purchasing, invoices not reflecting the correct information may be short paid or disputed.

The original invoice must be emailed to: [**meagan.sulikowski@fammed.wisc.edu**](mailto:meagan.sulikowski@fammed.wisc.edu) by the first Wednesday of every month. Failure to submit invoices by the first Wednesday of every month will result in delays in payment.

### 3.7 Requirements for Criminal Background Checks

***Background Checks of Contractors***

Service delivery can only begin after the necessary Criminal Background Checks (CBC) are completed as requested by participating ED settings and per University policy. Within 30 days of award, University will work with Contractor and hospital system or ED setting to ensure a mutually agreed upon system for determining best practices in hiring of and Criminal Background Check policy for recovery coaches. University representatives, ED2Recovery staff, ED setting staff, and Contractor will be involved in developing standards. Standards may change depending on needs of regions and requirements of ED settings. To ensure safety of participants, along with fidelity to the peer support model, peers will also be involved (e.g. Board of Directors or other committees) in determining best practices for CBC review.

After the award is announced and prior to service delivery beginning, Contractor is responsible for working with ED2Recovery and University staff on developing and implementing appropriate CBC policy.

If, in the course of providing services in the community, Contractor (or its employee) observes an incident or threat of child abuse or neglect, or learns of an incident or threat of child abuse or neglect, and the Contractor (or its employee) has reasonable cause to believe that child abuse or neglect has occurred or will occur, Contractormust make a report of that abuse or neglect to law enforcement or to a county social service agency as provided in UW’s Policy on Mandatory Reporting of Child Abuse and Neglect (“the Policy”).

### 3.8 Insurance

The Contractor shall maintain insurance levels as required below.  A certificate of insurance must be provided before service delivery begins and provided on an annual basis throughout the term of the Contract. Please note, policies purchased with grant funds should be supplemental to your primary policy. If Liability insurance is being purchased as a part of grant funds, Contractor will have 30 days to provide documentation and no more than 60 days after award to have secured liability insurance. Contract will be terminated if these conditions are not met. Grantee shall purchase and maintain the following insurance:

Minimum Coverage includes:

* Coverage Type - Minimum Limit
* Worker’s Compensation - Statutory Limits
* Commercial General Liability Each Occurrence - $1,000,000
* Gen. Aggregate including Products/Completed Operations - $2,000,000
* Automobile Liability Combined Single Limit (owned, non-owned, and hired coverage) - $1,000,000
* Professional Liability - $1,000,000
* Abuse or Molestation Coverage - $1,000,000
* Additional Insured Provision:

The Grantee shall add the “Board of Regents of the University of Wisconsin System, its officers, employees, and agents” as an additional insured under the commercial general liability policy.

Note - The insurance coverages may be provided via separate policies, endorsements or within combined coverage. In addition, certain umbrella coverages will be considered. Certificate of insurance shall be provided to the University evidencing necessary coverage for review where necessary.

In addition to these coverages the contract must contain all of the clauses listed under the Special Terms and Conditions for the UW System. Including -

On notification of award and prior to issuance of a contract, the Grantee shall provide the University a Certificate of Insurance with the required coverage and limits of insurance issued by an insurance company that has an AM Best Rating of A-, is licensed and authorized to do business in the State of Wisconsin, and signed by an authorized agent and meets the above (D) additional insured requirements. The insurance shall be in full force for the term of the grant. In the event that the Grantee fails to maintain and keep in force the insurance herein required, the University shall have the right to cancel and terminate the contract without notice.

The Grantee agrees to indemnify, defend and hold harmless the Board of Regents of the University of Wisconsin System, its officers, employees and agents from and against any and all claims, losses, liability, costs or expenses (hereinafter collectively referred to as “claims”) occurring in connection with or in any way incidental to or arising out of the occupancy, use, service, operations or performance of work in connection with this grant, but only to the extent that such claims are caused by or result from the negligence, misconduct or other fault of the Grantee, its agents, employees, subcontractors or contractors.

Some coverage may be contingent on the Grantee’s organizational structure and services provided. Contractor may complete a Waiver Request if applicable.

Waiver requests -A request for a waiver for not carrying or meeting a specific type of required insurance must be made by the Grantee to the Grants Administrator, with appropriate supporting documentation, including a

description of circumstances sufficient to show why compliance is unattainable. Grantee shall submit: a) certificate of insurance of their available insurance; and b) a letter requesting a waiver if certificate does not show evidence of a particular required insurance with supporting documentation. Upon review/evaluation from the Office of Risk Management, Grant Administrator will inform Grantee of the approval or denial of a waiver request, or request additional information or documentation as necessary.

### 3.9 Activity Reporting:

Documentation will be used for the following purposes:

1. Verifying invoices submitted
2. Tracking and Evaluation of participant progress
3. Tracking and Evaluation of program
4. Evaluation of education and training needs of participating individuals and hospital systems

Contractor must ensure **RC/CPSS completion of the following documentation on a monthly basis**. All documentation will be submitted monthly by the first Wednesday of each month to the ED2Recovery Outreach Specialist via email to: [meagan.sulikowski@fammed.wisc.edu](mailto:meagan.sulikowski@fammed.wisc.edu). Contractor will be responsible for the timely submission of data into REDCap by RCs/CPSSs and will sign off on all forms submitted.

Each Contractor’s designated supervisor will hold a mandatory supervision meeting with RCs/CPSSs at the end of each month. At these monthly meetings, supervisors will:

1. Discuss current cases
2. Promote self-care and check-in on the mental wellbeing of your RCs/CPSSs
3. Attendance and summaries of each supervision meeting should be emailed to [Meagan.sulikowski@fammed.wisc.edu](mailto:Meagan.sulikowski@fammed.wisc.edu)

Please note, Wisconsin Voices for Recovery staff will attend your scheduled supervision meetings as needed.

You will also participate in a group and a individual monthly organization check in with WIVFR staff.

Contractor must host monthly SPAC meetings (see page 17, 4.5) and submit attendance and summaries to [meagan.sulikowski@fammed.wisc.edu](mailto:meagan.sulikowski@fammed.wisc.edu) monthly.

**Additional documentation may be required.**

### 3.10 Record and Audit

The Contractor shall establish, maintain, report as needed, and submit upon request records of all transactions conducted under the contract. All records must be kept in accordance with generally accepted accounting procedures. All procedures must be in accordance with federal, State of Wisconsin and local ordinances.

The University shall have the right to audit, review, examine, copy, and transcribe any pertinent records or documents held by the Contractor related to this contract. The Contractor shall retain all applicable documents for a period of not less than five years after the final contract payment is made. Wisconsin Voices for Recovery reserves the right to inspect any facilities used to support this Contract.

### 3.11 Performance Meetings

The Account Representative and/or Proposer Contract Administrator must be available to meet as requiredwith the University's Contract Administrator to evaluate contract implementation and performance and to identify continuous improvement. Timely communication and correspondence is required by awardees and Contract Administrator(s).

### 3.12 Severability

If any provision of this contract shall be, or shall be adjudged to be, unlawful or contrary to public policy, then that provision shall be deemed to be null and separable from the remaining provisions, and shall in no way affect the validity of this contract.

### 3.13 Debarment

Federal Executive Order (E.O.) 12549 “Debarment” requires that all contractors receiving individual awards, using federal funds, and all sub-recipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document, you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: [www.sam.gov](https://www.sam.gov/portal/public/SAM/) and <https://acquisition.gov/far/index.html> see section 52.209-6.

### 3.14 Promotional Materials/Endorsements

Contractor agrees that they will not use any promotional or marketing material which states expressly or implies that the University endorses either the Contractor or any party related to the Contractor or this Contract.

### 3.15 Right to Approve Changes in Staff

The University shall have the absolute right to approve or disapprove a proposed change in the assigned staff who will oversee contract obligations. Assigned staff is administrative or managerial staff of the Contractor organization. The University, in each instance, will be provided with a resume of the proposed substitute and an opportunity to interview that person prior to giving its approval or disapproval. The University shall not unreasonably withhold its approval.

### 3.16 Ownership of Data/Work Product

Contractor shall not use or in any manner disseminate any Work Product to any third party, or represent in any way Contractor ownership in any Work Product, without the prior written permission of the University. Contractor shall take all reasonable steps necessary to ensure that its agents, employees, or Subcontractors shall not copy or disclose, transmit or perform any Work Product or any portion thereof, in any form, to any third party.

Material that is delivered under this Contract, but that does not originate therefrom (“Preexisting Material”), shall be transferred to University with a nonexclusive, royalty-free, irrevocable license to translate, reproduce, deliver, perform, display, and dispose of such Preexisting Material, and to authorize others to do so except that such license shall be limited to the extent to which Contractor has a right to grant such a license. Contractor agrees to obtain, at its own expense, express written consent of the copyright holder for the inclusion of Preexisting Material. University shall receive prompt written notice of each notice or claim of copyright infringement or infringement of other intellectual property right received by Contractor with respect to any Preexisting Material delivered under this Contract. The University shall have the right to modify or remove any restrictive markings placed upon Preexisting Material by Contractor.

Contractor agrees to share, at no cost, any documentation related to applicable policies and procedures for the implementation and successful administration of ED2Recovery with the University for the sole purpose of circulating best and promising practices with participating Contractor.

Contractor recognizes and agrees that the University data is and shall at all times remain confidential to University (for itself and on behalf of its designated Users) for its designated purposes under the Department of Health Services State Opioid Response to Wisconsin Voices for Recovery grant. University and Wisconsin Voices for Recovery shall retain all right, title, and interest in and to the data. Contractor further agrees that it shall protect the data and keep such data confidential as required by law.

# Section #4: Requirements and Specifications

Requirements that include the word "must" or "shall” describe a mandatory requirement. **Failure to meet a mandatory requirement MAY disqualify your Proposal.**

The Proposers response to this Section must clearly demonstrate the capacity to handle the needs stated in this RFP in addition to the Proposers current workload. The University reserves the right to request supplementary information deemed pertinent to assure Proposers competence, business organization, and financial resources are adequate to successfully perform.

**NOTE:  Failure to respond to all items in this section may be deemed as sufficient reason to reject a proposal. Format your response to correspond numerically with items on the Submittal Instruction (see Section 2.2).**

### 4.1 Project Narrative (150 points)

Max. 2 pages

Describe your entity’s mission and include (1) history, if a 501©(3) include length of time (2) mission statement and (3) goals. Describe how your mission relates to the vision for the hospital-based and other intervention sites Recovery Coaching Network, including (1) why your organization has the capacity to implement this program in your area, (2) why this program is important to your organization, and (3) how you think this will impact your community or region of Wisconsin.

### 4.2 Justification (350 points)

Max. 3-4 pages

**Peer Support Services Competencies**

This section will provide information on how the applying organization meets certain Core Competencies. Applicant must complete each section. If applying organization does not meet areas of each competency, please indicate this by writing “N/A” and providing what is needed in terms of education, support, and/or skill development to meet this competency.

Please answer each question and include all requested attachments. You may structure your response in outline form.

1. **Program Oversight and Infrastructure**

Please explain how your organization ensures proper program oversight and infrastructure by answering each of these areas and providing additional material when applicable.

1. Include an attached copy of entity’s (a) Bylaws, and Policies and Procedures if applicable. At the top of the Bylaws, please include entity’s EIN# (unless not required by the IRS).
2. Provide a (a) list of organization Board of Directors or Tribal Coucil members with (b) brief Bios of each member (c) a copy of your last two meetings minutes and (d) when your next scheduled Board meeting is.
   * Note: there is not a required number of persons in recovery or family members for the purposes of this grant; however, number will be taken into consideration in scoring of application materials
3. Include a (a) list of staff and/or volunteers responsible for fiscal management, including the Board of Directors Treasurer. Include a (b) resume/CV for each individual and (c) primary point of contact for (1) organization and (2) ED setting.
4. Describe your process for competent and accountable fiscal management. You must include: (a) how your organization records and/or reports finances, (b) which banking institution your organization works with (c) a copy of your 2018-2019 year-end financial statement (please include as an attachment)
5. **Recovery Guiding Principles and Values**

Please explain how your organization adheres to recovery guiding principles and values principles by addressing each of these areas and providing examples where applicable.

1. Give examples of how your organization incorporates support of up to 3 of SAMHSA’s Guiding Principles of Recovery.

\* SAMHSA Guiding Principles are: Hope, Person-driven, Relational, Culture, Many Pathways, Addresses Trauma, Holistic, Strengths/Responsibility, Peer Support, Respect

1. Describe how your organization provides (a) culturally competent services and (b) regionally appropriate services (e.g. services provided meet the current needs and match the strengths of your organization’s geographic location). Include up to 3 examples and demographic information of your region if appropriate.
2. **Ethical Practices**

Please explain how your organization adheres to ethical practices by answering each of these areas and providing additional material when applicable.

1. Describe the (a) staff and/or volunteer orientation to ethics and ethical practices. Include a (b) description of how your organization processes ethical violations.
2. Define your (a) confidentiality clause in your organization’s bylaws in greater detail and (b) how policies and procedures are in place to promote confidentiality and privacy of all (1) documentation, (2) service delivery, and (3) personal information.
3. Describe (a) how your organization provides supervision and support to address boundary issues, (b) how your organization provides organizational and personnel boundary issues and/or conflict and (c) who your intended supervisor is and what qualifies them to be an ED2Recovery+ supervisor.

1. **Peer Leadership Development Practices**

Please indicate how your organization meets the following criteria of the Peer Leadership Development Practices competency.

1. List a) your process for (1) screening, (2) hiring and/or (3) training new staff and/or volunteers. If you have an official manual or procedural document you can indicate this in this section and include as an attachment.
2. Describe your organization’s (a) formal peer supervision process and include as an attachment(s) any documentation that you currently use to aid in the peer supervision process if applicable.
3. **Management and Support Systems**

Please indicate how your organization meets the following criteria of this competency.

1. Describe (a) organization’s system for accounting and reporting on funds (e.g. Excel, grant reporting documents, internal documents for Board of Directors)
2. List how applying organization (a) gathers data and (b) measures outcomes. Include information on both program and process evaluation if applicable.

\*Note that Wisconsin Voices for Recovery will be responsible for outcome measurement, evaluation, and reporting of grant activities. Contractor is responsible for data collection. Failure to adhere to data collection procedures as instituted by the University may result in termination of contract.

### 4.3 Project Budget (200 points)

Include a draft budget of how funds will be spent to support one or more part-time Recovery Coaches and/or Peer Support Specialists. We will be evaluating the proportions of funding for service delivery compared to administration, supervision, and operational costs.

\*please see Attachment A (Budget Draft)

\*please use Attachment B (Budget Form)

\*if you will be using the Budget Draft, please indicate this on your application materials but still include a completed separate Budget Form

*We have the right to reject proposed expenses and ask for budget revisions if awarded.*

Include Budget items:

1. Liability Insurance (if no insurance at the time of application; must include estimate from insurance company and have insurance to begin service delivery)
2. Part or full time Staffing (RC or CPSS) of at least one individual (Administration costs can not be built into their hourly rates.)
3. Administrative Costs not to exceed $200 for creation or updating of Recovery Resource Map and not to exceed $1000/year for running Stakeholder-Peer Advisory Committees. Your total administration costs cannot exceed 10% your direct costs. (the Recovery Resource Map is a compilation of your community’s resources. More detailed information will be provided if you receive an award.)
4. Project oversight by supervisors must be broken down into specific categories and must not exceed 100 hours/month.
5. Supervisor tasks: conducting monthly supervision meetings, submitting necessary paperwork monthly, reviewing staff paperwork, monitoring the safety and well being of peer staff, reporting to WVFR regarding issues and concerns, ensuring information from WIVFR is disseminated to staff when appropriate, networking with community partners and participating in the monthly organization calls with WIVFR.
6. Office Supplies not to exceed $100/month (Currently can not include electronics but may be revisited if Covid-19 surges)
7. Operational Costs (Can not include food. Currently can not include electronics but may be revisited if Covid-19 surges)

Examples of operational costs: liability insurance, taxes, direct debit fees, accounting charges, phone line charges, mileage,educational opportunities for peer support providers, background check fees, and vaccine costs

### 4.4 Letter(s) of Commitment (100 points)

(1) Signed Commitment Letter of commitment from at least 1 ED setting within 50 miles of organization location

WI Voices for Recovery staff can assist in providing an introductory info session on the program for ED settings and work with you to secure commitment letters (**this MUST be completed by Application deadline and applying organization is responsible for securing the commitment**). Please contact [ed2recovery@fammed.wisc.edu](mailto:ed2recovery@fammed.wisc.edu) in order to request a presentation.

(2) At least 2 Letters of Commitment from currently trained or individuals who can be trained within 2 months from award of the budget who will work as a Recovery Coach or Certified Peer Support Specialist on this project

### 4.5 Stakeholder Involvement Plan (100 points)

*These meetings are vital to address sustainability and to explore as a community, ways to support recovery coaching programs, like ED2Recovery+. The grant will not be funded indefinitely so it is important that stakeholders come together to address how to support these types of invaluable programs.*

Max. 1 page

Must include list of confirmed participation of individuals for the creation of a Stakeholder-Peer Advisory Committee (SPAC) in your region (can include County Human Services representative and/or County Crisis rep, peer, treatment provider rep, at least 1 additional community organization or coalition partner, and Emergency Department representative)

**2 letters of commitment required** from individuals who will be on your SPAC

SPAC will function as a committee that meets monthly to provide feedback, accountability for implementation and grant activities, and discussion more generally on topics related to peer support in the ED setting and other community settings in service delivery area. **Monthly summaries or minutes** from SPAC meetings must be submitted via email to [meagan.sulikowski@fammed.wisc.edu](mailto:meagan.sulikowski@fammed.wisc.edu) on the first Wednesday of the month.

### 4.6 Sustainability Plan (100 Points)

Describe a proposed approach to the ED2R+ sustainability planning.  The sustainability planning process must include sustainability analysis, stakeholder engagement, and the development of timelines and recommendations for future Peer Recovery Service funding. Create a plan that sets goals, identifies strategies, and establishes planning approaches which should include seeking additional future funding, maintaining and expanding upon relationships developed under the initiative, and strategies to cultivate alternate funding and community collaboration.

Keep in mind, this will be an ongoing task throughout the granted year. You will be asked to finalize a Sustainability Plan and present the plan to the WIVFR Team. Items to include in your proposed plan:  1. An assessment of current national, state and local strategies used to fund and sustain Peer Recovery Services 2. Long-term and short-term sustainability goals for your organization 3. Actions and steps to achieve the sustainability goals outlined by the plan, including barriers to successful implementation and proposed means for overcoming such barriers, and stakeholder involvement.  4. A plan to measure progress on the implementation set forth by the plan.

### 4.7 Implementation Timeline

\*See mandatory Timeline Checklist for implementation procedures post-award (Appendix 3)

# Section #5: Evaluation and Award of Contract(s)

### 5.1 Proposal Scoring

Proposals meeting mandatory requirements will be reviewed by an evaluation committee and scored against the stated criteria. If no proposer is able to comply with a given specification or mandatory requirement, Department of Family Medicine and Community Health reserves the right to delete that specification or mandatory requirement. In the event that all proposers do not meet one or more of the mandatory requirements, Purchasing reserves the right to continue the evaluation of the proposals and to select the proposal which most closely meets the requirements specified in this RFP. The committee may, at its sole discretion, review references, request oral presentations, and conduct an on-site visit and use the results in scoring the proposals.

### 5.2 Scoring Criteria and Method

For each response required of the Proposer in Section #4, the points provided in parentheses represents the total possible points available for each response. The responses will be evaluated based on the relative merits to the needs of the University (rather than relative to competing Proposer’s responses). The proposals will be scored independently by each committee member and the resulting scores will be averaged to determine the highest scoring proposal.

**Points**

Evaluation and selection of a proposal will be based on the assignment of points by the evaluation committee which is then combined with the Cost Proposal points for a final score.  (See Point Matrix below.)

**Points Matrix Points Available**

4.1 Project Narrative 150

4.2 Justification 350

4.3 Project Budget 200

4.4 Letters of Commitment 100

4.5 Stakeholder Involvement Plan 100

4.6 Sustainability Plan 100

**Total Technical Possible 1000 points**

**MAXIMUM POSSIBLE TOTAL SCORE** **1000 points**

### 5.3 Best and Final Offers

At the sole discretion of the University, those proposer(s) most likely to be awarded a contract may be requested to submit a Best and Final Offer in order to further clarify the deliverables, contract language, or costs presented in the Proposer’s RFP. If Best and Final Offers are requested, they will be evaluated against the stated criteria. There is no obligation on the part of the University to request Best and Final Offers from any or all of the Proposers responding to the RFP.

### 5.4 Contract Award

The contract will be awarded to the highest scoring Proposer(s) pending completion of the **Audit Certification and Financial Questionnaire** and the **Subrecipient Monitoring Checklist**. These forms are for Research and Sponsored Programs and awardees will have assistance completing these forms after award announcement has been made.

### 5.5 Notification of Award

All proposers who respond to this RFP will be notified of the University's award of contract(s) as a result of this RFP.

# APPENDIX 1: Description of ED2Recovery+

Wisconsin Voices for Recovery (WIVFR), at the Department of Family Medicine and Community Health (DFMCH), will continue to oversee the ED2Recovery+ program through regrant awards to organizations who will offer peer support services by recovery coaches or certified peer support specialists. These services are currently occurring in several hospital sites statewide offering referrals, support, and follow up for treatment and recovery to individuals that have experienced an opioid or stimulant overdose. Recovery coaches and certified peer support specialists may also offer services outside of emergency department settings including destinations where an individual may have experienced and opioid overdose including and not limited to EMT services, first responders, public health departments, probation and parole offices, law enforcement, and treatment and/or recovery centers.This statewide peer support network will function as a portion of the State Opioid Response. The ultimate goal of the program is to unite treatment systems to promote peer support services that will:

1. Decrease the number of overdose fatalities in Wisconsin
2. Increase treatment and recovery support service utilization of the target population
3. Reduce Emergency Department admissions due to overdoses
4. Provide peer support services in community settings
5. Be a sustainable and collaborative peer support network

### Goal of Sustainability

One goal of the ED2Recovery+ Program is sustainability or peer support programs. WIVFR intends to assist organizations to achieve sustainability by:

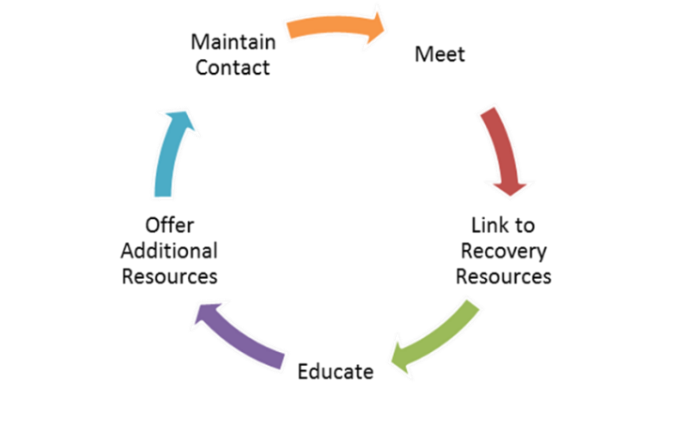
**1.Strengthening capacity through connecting stakeholders, peers, and providers during monthly Stakeholder-Peer Advisory Committee (SPAC) meetings at each organization.**Each SPAC meeting isopen to all participants in the grant and to others who are interested in ED2Recovery.

**2. Developing and maintaining an online Learning Community/Community of Practice** to help ensure sustainable support for the network of RC/CPSS created by this program.

### How it works

WI Voices for Recovery will award seed grants to non-profit organizations, including hospital systems and recovery community organizations, to employ Recovery Coaches and Certified Peer Support Specialists (peer support providers) who are trained professionals with lived experience in recovery to work with persons with an opioid use disorder who are referred to the program from EDs or other community settings (eg, first responders, legal system, other RCOs).

The main function of the peer support providers is to:



Other functions of the program:

* Peer support services can be available 24/7
* WI Voices provides assistance to organizations to plan and implement the program
* WI Voices provides training and education on the ED2Recovery model
* WI Voices offers training opportunities for all supervisors and peer support providers
* Supervision and support is provided by WI Voices staff
* All peer support providers complete HIPAA and Confidentiality training and comply with all hospital policies and procedures
* Training can be provided to ED and other staff and your community on peer support, recovery, and hospital-based recovery coaching

# APPENDIX 2: TIMELINE CHECKLIST

**Post-award Mandatory Tasks**

Week 1

* Documents submitted to Contract Administrator: (1) Audit Certification and Financial Questionnaire (2) Sub-recipient Monitoring Checklist

\*these documents will be provided after award

* DUNS# submitted to Contract Administrator
* Registration completed at SAM.GOV
* If needed reach out to Wisconsin Voices for Recovery staff to schedule a Recovery Coach training
* Weekly check-ins scheduled with Contract Administrators for Month 1

Week 2

* Liability Insurance – Certificate of Insurance Submitted to Contract Administrator
* ED setting presentation scheduled (if ED setting is new to the program)
* Supervisor registers for REDCap account

Week 3

* ED Setting confirmation letter secured and submitted to Contract Administrator
* Bi-monthly Check-ins scheduled with Contract Administrators for Month 2
* SPAC Meeting 1 Scheduled

Week 4

* Federal Conflict of Interest (FCOI) info completed
* Agreement Reviewed and signed from RSP (Research and Sponsored Programs)
* Supervisor is trained in REDCAP by Wisconsin Voices for Recovery staff and separate training scheduled for peer support providers

Week 5

* Criminal Background Check procedure confirmed with ED Setting and sent to Contract Administrator for Approval
* ED2Recovery Supervisor Orientation Completed
* Peer Supervision Plan Created with Contract Administrator

Week 6

* Service Delivery Begins
* SPAC Meeting 1 Completed

### ATTACHMENT A: BUDGET FORM