

# Request for Proposals

## Project Management; Research and Writing Services

*The Interim First Nations Health Authority requires support providing project management, research and writing services for the completion of the iFNHA Traditional Wellness Project Charter.*

*Qualified respondents are invited to submit proposals based on the requirements contained herein.*



## **Preface**

The sole purpose of this Request for Proposals (“RFP”) and all resulting responses is to assist the *interim* First Nations Health Authority (iFNHA) identify potential suppliers for a specific project as outlined. The responses will help the Society ascertain the party that is most likely to fulfil its requirements. This RFP is an invitation to Proponents to submit a Proposal. It is not an offer capable of acceptance by Proponents. No contract will be formed between the iFNHA and any Proponent in relation to this RFP by reason of the submission of any Proposal or otherwise.

The *interim* First Nations Health Authority prides itself on its operating and management principles to be a professional, fair and diverse entity that cherish its privilege to serve British Columbia First Nations communities in the enhancement of health. With this in mind it seeks a fair and unbiased selection process and intends to uphold the qualification requirements outlined without prejudice.

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## Organization Overview

The First Nations Health Council (FNHC) works with British Columbia and Canadian Federal agencies, to narrow and close the gap in delivering and maintaining health standards between First Nations individuals and other British Columbians.

The fifteen member Health Council is mandated by two agreements, the Transformative Change Accord First Nations Health Plan (2006), and the Tripartite First Nations Health Plan (2007). The Council is composed of regional representatives from the Northern, Vancouver Coastal, Interior, Fraser and Vancouver Island Regions.

In April 2009 the Health Council enacted a business arm, the FN Health Society (FNHS). The FNHS is operated by a Board of Directors comprised of public and private health professionals, including community development experts. It is tasked with overseeing and managing Society staff and assets.

In May 2011, the Society convened a gathering of BC First Nations political and technical leaders, who passed a unanimous resolution to support a number of directives for the Society. During this gathering, First Nations leaders also supported the signing of an agreement (The Framework Agreement) with the Federal and Provincial Governments which provides for the transfer of the BC First Nations and Inuit Health (FNIH) office, and all of its resources and functions, from Health Canada to BC First Nations to govern and manage. This will be achieved through the establishment of a new First Nations Health Authority (FNHA) which will assume the FNIH resources and responsibilities over a two (2) to five (5) year transition period.

Directives under this Framework Agreement include:

1. Adopting Community-driven, Nation-based approaches;
2. Improving services;
3. Fostering collaboration and partnership;
4. Increasing First Nations decision-and control over health services;
5. Developing human and economic capacity;
6. Not interfering with First Nations rights, and the fiduciary responsibilities to First Nations of the Federal government;
7. Functioning at a high operational standard;

Further to the directives listed above, in January 2012, the Society changed its name from the First Nations Health Society to the interim First Nations Health Authority (iFNHA).

Additional information about the FNHC/iFNHA can be obtained from the website [www.fnhc.ca](http://www.fnhc.ca)

## Project Overview

The purpose of this Project is to identify a strategic approach to achieving the *Traditional Medicines and Practices* health action as mandated by First Nations in *Directive #3: Improve Services of the Consensus Paper: British Columbia First Nations Perspectives on a New Health Government Arrangement*, which directs the new First Nations Health Authority to “Protect, incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into all health programs and services that serve BC First Nations.”

## Project Goal

The objectives of this project are to:

- a) Develop a strategic plan to support and advocate for First Nations traditional medicines and practices which will have as its focus Directive 3, which states “protect, incorporate and promote First Nations Knowledge, beliefs, values, practices, medicines and models of health and healing into all programs and services that serve BC First Nations;
- b) Identify how the tripartite partners can best support First Nations in achieving improved health through Traditional Medicines and Practices (add information on system wide objectives of key result areas of the Provincial Government)
- c) Begin the process of supporting First Nations traditional wellness through policy research and analysis, and by identifying best practices for the same.

## Background Information

Studies and reports confirm that the implementation of traditional medicines/knowledge/practices is integral to the health and wellbeing of First Nations, yet access to traditional lifestyles, foods and medicines can often be a challenge. First Nation in British Columbia have worked to maintain, and where necessary, rebuild traditional medicine knowledge and practices, but much more work is needed to sustain and protect traditional wellness activities of First Nations.

Since the very beginning of its work, the First Nations Health Council and the First Nations Health Society have been made aware of and recognize the importance of traditional wellness in improving the health of First Nations and non-First Nations peoples. Initially the Transformative Change Accord: First Nations Health Plan described 29 health actions to be completed by the tripartite partners – the Federal and Provincial Health Ministries and the First Nations Health Council. These actions were subsequently affirmed in the Tripartite First Nations Health Plan. In 2009, a new health action item was added to the 29 health actions described in the TCA: FNHP: “Support and advocate for Traditional Medicines and Practices.” However, a plan for the implementation of this action item was never fully articulated.

The First Nations Traditional Models of Wellness Environmental Scan, a scan undertaken by the First Nations Health Society, affirmed the need and responsibility to support First Nations choices of health care, including the incorporation of traditional philosophies of health care services. At Gathering Wisdom IV (2011), there was overwhelming support from communities to move forward with the establishment of new FNHA, and more specifically with the seven directives outlined in the Consensus Paper, which unequivocally states that Traditional Medicines and Practices is a priority of First Nations in British Columbia.

## **Project Description**

*(Please outline in your Proposal, your understanding of this context)*

The interim First Nations Health Authority (iFNHA), being the Society, developed a Traditional Wellness Project Charter that describes the role of the iFNHA in supporting First Nations traditional wellness and that outlines specific steps toward this end. The iFNHA requires project management, research and writing services for the completion of the FNHS Traditional Wellness Project Charter for the following:

- a) That the iFNHA, and the tripartite partners, will have a clearer understanding of the existing challenges that BC First Nations communities face in protecting, incorporating and promoting their traditional medicines and practices, including the policy and legislative challenges;
- b) That the iFNHA and the tripartite partners will better understand how to support First Nations communities in protecting, incorporating and promoting their traditional medicines and practices;
- c) That the iFNHA and the tripartite partners will understand what the parameters are for that support to be given, i.e. what are the legislative impediments and benefits;
- d) Communities will have examples of best or better practices to support the protection, incorporation and promotion of their traditional medicines and practices; and
- e) Communities will have information that will enable them to incorporate traditional wellness into their community wellness programs.

## **Deliverables**

- 1) Develop and write a Traditional Wellness Strategic Framework
- 2) Develop and write a Policy Discussion Paper on Traditional Wellness;
- 3) Finalize the draft Practice Discussion Paper on Models of Traditional Wellness;
- 4) Provide a written report of the following:
  - a) Interim report on the project;
  - b) Final report on the project;
- 5) Assist designated iFNHA staff in the establishment; of a Traditional Healer's Advisory Committee;

## Assumptions and Agreements

The successful proponent will:

1. have the full cooperation of *interim* First Nations Health Authority staff and access to information necessary to meet the accountabilities set out in this request for proposal and respond to reasonable inquiries upon the expiration or termination of the contract.

The iFNHA will:

1. Provide a reasonable level of resources (human and financial resources) to the successful proponent to meet the accountabilities set out in this request for proposal.

## Project Schedule

At a minimum, proposals must include:

- a) Description of the services to be provided, including the approaches and methods to be used, estimated hours, and other pertinent information. The Proponent should include the type of assistance that will be required from the iFNHA staff as well as the anticipated hours of assistance;
- b) Description of prior Project Management, Research and Writing experience, including the names, addresses, contact persons, and telephone numbers of prior organizations of the Proponent that were audited. Experience should include a developed understanding and experience of First Nations and Health Authority environments, and experience in working with British Columbia's Health Authorities/First Nation communities/Federal/Provincial agencies.
- c) Description of the Proponents organization, size and structure. Indicate if appropriate, if the Proponent is a small or minority-owned business.
- d) Description of the qualifications of principal staff to be assigned to the Project, including (a) overall supervision to be exercised; and (b) prior experience of the members, such as education, position in the Proponents organization, years and types of experience, continuing professional education, etc. For further information see below "Experience Requirements".
- e) Statement of the availability the Proponent's staff and Statement of price for providing services, including how the price was determined, estimated number of hours by staff level, hourly rates by staff level and total cost. Any out of pocket or travel expenses should also be indicated.

## Experience Requirements:

The iFNHA requires the following experience requirements:

- a) Extensive experience in project management, writing and research;
- b) Solid background in health; working knowledge of traditional medicines and practices and clear understanding of the legal and policy implications of traditional wellness practices and of the issues pertaining to the protection of traditional wellness activities.

# Instructions to Proponents

## ***Notice of Intent to Submit a Proposal***

Potential proponents are asked to send an email to the Contact Person confirming they intend to submit a proposal for this RFP and providing a key contact person name and email address. This will enable the *interim* First Nations Health Authority to inform potential proponents of any questions and answers that are submitted and of any changes to the RFP process should they occur. The iFNHA assumes no responsibility for ensuring that potential proponents are sent subsequent information about this RFP if no Notice of Intent is received.

## ***Format***

Proponents should use the response template outlined in Appendix A. Electronic proposals should be submitted in (PC) Microsoft Word or PDF file formats. Proposals should be clearly labelled on the outside of the envelope, the front page of the fax or the title of the email.

## ***Submissions of Proposals***

Proposals must be submitted to location stated below by the Closing Time set out in the Key Date Table. Proposals may be emailed, delivered, faxed or posted by mail:

**NAME:** *Anita Finney, Contracts Administrator*

**EMAIL:** *afinney@fnhc.ca*

**PHYSICAL ADDRESS:** *501-100 Park Royal South, West Vancouver, BC V7T 1A2*

**POSTAL ADDRESS:** *501-100 Park Royal South, West Vancouver, BC V7T 1A2*

**FAX:** *604-913-2081*

**IT IS THE PROPONENT'S SOLE RESPONSIBILITY TO ENSURE ITS PROPOSAL IS RECEIVED AT THE ADDRESS SET OUT ABOVE BY THE CLOSING TIME.**

Proponents should note that it is their responsibility to ensure that email transmissions are free from all viruses. If the iFNHA receives an email transmission that is infected with a virus or other electronic code that, in the sole opinion of the iFNHA, is harmful to the iFNHA's computer systems, the iFNHA reserves the right to take any action as deemed necessary to disinfect the email transmission. The iFNHA will not be liable for any changes that may occur to the email transmission, including rendering the transmission unreadable, as a result of the disinfecting process.

Proponents should note that the iFNHA's e-mail system will not accept emails in excess of 7 MB. It is the responsibility of Proponents to ensure that e-mails are of a size that can be received by the iFNHA and in a format that can be read by the iFNHA.

Proposals received after the Closing Time will not be accepted and will not be considered. The proposal receipt time as recorded at the closing location shall prevail, whether accurate or not.

The iFNHA assumes no risk, makes no guarantee, warranty or representation whatsoever and shall have no responsibility or liability whatsoever for and in connection with the working order, functioning

or malfunctioning of the iFNHA's fax or e-mail system or any computer used in connection with this RFP.

### ***Amendments to Proposals***

Proposals may be amended, but any amendment to a Proposal must be made in writing and delivered to the closing location before the Closing Time.

### ***Questions***

Questions must be submitted in writing to the Contact Person by the date set out in the Key Date Table. Questions from all responding parties will be consolidated and responses may be generated and shared with all participants who have registered a Notice of Intent. Questions and answers will not amend this RFP.

All questions and interaction with iFNHA over the course of this proposal selection must be through the Contact Person as follows:

**NAME:** Anita Finney, Contracts Administrator  
**EMAIL:** [afinney@fnhc.ca](mailto:afinney@fnhc.ca)

Information obtained from any other person or source is not official and may not be relied on. No oral conversations will affect or modify the terms of this RFP and may not be relied on by potential proponents.

Any attempts to contact any member of the First Nations Health Council or *interim* First Nations Health Authority with questions or comments about this project by a submitting participant (or individual(s) with business or personal links to the submitting participant), will be construed as an attempt to seek preferential or biased treatment. The Society reserves the right to disqualify any related Proposal as a result of such contact.

### ***Discrepancies, Omissions and Questions***

Proponents finding discrepancies, omissions, ambiguities, or conflicts in this RFP, or having doubts as to the meaning or intent of any provision, should immediately notify the Contact Person. The Contact Person will review such submissions and, if the iFNHA determines that an amendment is required to this RFP, the Contact Person will issue an addendum.

### ***Addenda***

If the iFNHA determines that an amendment is required to this RFP, the Contact Person will issue a written addendum to each Proponent who has delivered a Notice of Intent. Each addendum will be incorporated into and become part of the RFP. No amendment of any kind to the RFP is effective unless it is contained in a written addendum issued by the Contact Person.

**Key Date Table**

<b>KEY MILESTONES</b>	<b>DATES</b>
Request for Proposals issued	<i>February 6, 2012</i>
Date potential proponents to notify FNHS of intent to submit a proposal	<i>February 13, 2012</i>
Final date for any questions to be received and answered	<i>February 20, 2012</i>
Closing Time	<i>March 1, 2012 at 4:00pm</i>  Proposals received after this time will not be considered and will be returned directly to bidders accordingly.
RFP decision made	<i>March 7, 2012</i>
Successful and Unsuccessful Proponents notified	<i>March 8, 2012</i>
Contract negotiations begin and document prepared	<i>Between March 8, 2012 and March 13, 2012</i>
Contract due to be signed	<i>March 13, 2012</i>
Work due to commence	<i>March 16, 2012</i>

## **Evaluation and Selection**

### ***Evaluation Committee***

The evaluation of Proposals will be undertaken on behalf of the iFNHA by an evaluation committee (the “**Evaluation Committee**”) appointed by the iFNHA. The Evaluation Committee may consult with others as the Evaluation Committee may in its discretion decide is required; including iFNHA staff members and third party consultants. The Evaluation Committee will give a recommendation for the selection of a Preferred Proponent or Preferred Proponents to the iFNHA.

### ***Evaluation Criteria***

The Evaluation Committee will compare and evaluate Proposals to determine the Proposal which is most advantageous to the iFNHA, using the following criteria:

- (a) the approach and methodology the Proponent would employ to perform the Services;
- (b) the qualifications and experience of the Proponent and its key personnel;
- (c) the Proponent’s service capabilities;
- (d) the Proponent’s financial proposal; and
- (e) the overall quality of the Proposal, including completeness and compliance to requested format.

The Evaluation Committee may apply the evaluation criteria on a comparative basis, evaluating the Proposals by comparing one Proponent’s Proposal to another Proponent’s Proposal.

### ***Additional Information***

The Evaluation Committee may, at its discretion, request clarifications or additional information from a Proponent with respect to its Proposal, and the Evaluation Committee may make such requests to only selected Proponents. The Evaluation Committee may consider such clarifications or additional information in evaluating Proposals.

### ***Interviews***

The Evaluation Committee may, at its discretion, invite some or all of the Proponents to appear before the Evaluation Committee to provide clarifications of their Proposals. In such event, the Evaluation Committee will be entitled to consider the answers received in evaluating Proposals.

### ***Conflict of Interest***

The iFNHA retains the discretion to reject a Proposal from a Proponent whose current or past corporate or other interests may, in the opinion of the iFNHA, give rise to a conflict of interest in connection with this RFP or the Services, or a Proposal from a Proponent who proposes to sub-contract or partner with any firm or individual whose current or past corporate or other interests may, in the opinion of the iFNHA, give rise to a conflict of interest in connection with this RFP or the Services. A conflict of interest will include, but not be limited to, the involvement of the relevant person in the preparation of this RFP. If a Proponent is in doubt as to whether there is a conflict of interest, the Proponent should consult the Contact Person prior to submitting a Proposal.

### ***Contract Negotiation and Award***

Following the evaluation and recommendation of the Evaluation Committee, the iFNHA may select one or more Proponents to enter into negotiations for a Contract or Contracts as follows:

- (a) the iFNHA may elect to divide the Services into more than one Contract and enter into negotiations with a Proponent with respect to a portion of the Services, and award more than one Contract with respect to the Services;
- (b) Proponents are asked to include a form of Contract with their Proposals. However, the iFNHA may negotiate modifications or variations to the Proponent's Proposal (including pricing and the form of Contract) and to the Services, specifications and contract terms, and award of a Contract is in all cases conditional on the Proponent executing a Contract with terms and conditions acceptable to the iFNHA;
- (c) if negotiations with any Proponent are not successful within such time period as the iFNHA may require, the iFNHA may at any time after the expiry of such time period discontinue further negotiation with that Proponent by written notice to the Proponent, and the iFNHA may at any time thereafter commence negotiations with another Proponent to finalize a Contract in accordance with the foregoing process with another Proponent. The foregoing process may be undertaken and /or repeated until either a Contract or Contracts are awarded by the iFNHA or until negotiations have been terminated by the iFNHA.

### ***Good Faith Negotiations***

By submission of its Proposal, the Proponent agrees that should it be determined to be a party with whom the iFNHA wishes to negotiate a Contract, the Proponent will negotiate in good faith to enter into a Contract in accordance with the procedures described in this RFP.

### ***Period of Offer***

As at the Closing Time, each Proposal is irrevocable and will remain open as a basis for negotiating a Contract in accordance with the terms of this RFP for a period of three months from the Closing Time.

### ***Debriefing***

After a Contract (or Contracts) are awarded to one or more successful Proponent(s), unsuccessful Proponents may request a debriefing at which the iFNHA will generally explain why the unsuccessful Proposal was not selected. If a Proponent requests a debriefing:

- (a) the debriefing will be solely between the iFNHA and the Proponent requesting the debriefing;
- (b) the debriefing will not include disclosure of any other Proponent's Proposal; and
- (c) all terms of this RFP will apply to the debriefing including, for certainty, the requirement that Proponents will treat all information received at a debriefing as confidential.

## **General Terms And Conditions**

### ***Right of the iFNHA to Reject Proposals and Cancel RFP***

The iFNHA is not bound to select a preferred Proponent or accept any Proposal and reserves the right in its sole discretion to postpone or cancel this RFP at any time for any reason whatsoever in accordance with the iFNHA's judgment of its best interests and to proceed with the Services in some other manner separate from this RFP. Without limiting the foregoing, the iFNHA will not be bound to accept the lowest-priced Proposal. The iFNHA reserves the right to accept or reject any Proposal in whole or in part.

### ***Waiver of Deficiencies***

If a Proponent submits a Proposal which does not satisfy every request or requirement as described in this RFP, the iFNHA at its sole discretion may, but is not required to waive such deficiency, may seek clarification or additional information from the Proponent, and may consider and treat the Proposal as compliant with the requirements of this RFP.

### ***Proponent's Expenses***

Proponents are solely responsible for their own costs and expenses in relation to this RFP and, including preparing and submitting a Proposal, attending information meetings with the iFNHA if applicable, attending interviews or meetings with the iFNHA during the evaluation of Proposals, and negotiation, finalization and execution of a Contract with the iFNHA if the Proponent is requested to negotiate a Contract.

### ***Limitation of Liability***

By submitting a Proposal a Proponent expressly acknowledges and agrees that:

- (a) the iFNHA, and its respective employees, contractors, consultants and agents, will not under any circumstances, including without limitation, whether pursuant to contract, tort, statutory duty, law, equity, any actual or implied duty of fairness, or otherwise, be responsible or liable for any costs, expenses, claims, losses, damages or liabilities (collectively and individually all of the foregoing referred to as "**Claims**") incurred or suffered by any Proponent as a result of or related to the RFP, the preparation of a Proposal, the evaluation of Proposals, acceptance or rejection of any compliant or non-compliant Proposal, breach of any obligations arising under this RFP, negotiations for a Contract or the cancellation, suspension or termination of the RFP process;
- (b) the Proponent will be conclusively deemed to waive and release the iFNHA and its employees, contractors, consultants and agents, from and against any and all such Claims; and
- (c) the Proponent will indemnify and hold the iFNHA and its employees, contractors, consultants and agents harmless against any and all Claims brought against them by third parties arising out of or relating to the Proponent's receipt of this RFP, or the preparation and negotiation of any Proposal submitted by the Proponent, where such third parties were directly or indirectly engaged by or through the Proponent in connection with any of the foregoing.

### ***Liability for Errors***

While the iFNHA has attempted to ensure an accurate presentation of information in this RFP, the information contained in this RFP is supplied solely as a guideline for all Proponents. The information is not guaranteed or warranted to be accurate by the iFNHA, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve all Proponents from forming their own opinions and conclusions with respect to the matters addressed in this RFP.

### ***Confidentiality***

Proposals will be treated in confidence. The iFNHA will not release to the public any specific information regarding any Proposal except as may be required by law. Proponents will treat all information received through the RFP process as confidential.

All data collected in support of this project, regardless if they are reproduced or referred to in the final, interim reports or communication (written or verbal), between the respondent and FNHC/FNHS personnel and all First Nation People shall be the sole property of the iFNHA. All notes, diagrams, and information in any electronic media must be returned to the iFNHA. Duplicates or replications of these contents in any form must be destroyed. A Certification of Destruction will be required on the conclusion of this engagement. Any report, its contents and all information described in the Service Description will be considered confidential, proprietary, intellectual Property of the iFNHA.

### ***Ownership of Proposals***

All Proposals submitted become the property of the iFNHA.

### ***Working Language***

The working language of the iFNHA is English and all Proposals must be in English.

## Defined Terms

In this RFP the following definitions apply:

“**Closing Time**” means the date and time set out in the Key Dates Table.

“**Contact Person**” means the person identified as such in this RFP.

“**Contract**” means a formal written agreement between the successful Proponent and the iFNHA for performance of the Services.

“**Contractor**” means a Proponent that enters into a Contract.

“**Evaluation Committee**” means the committee appointed by the iFNHA to evaluate Proposals.\

“**FNHC**”, “**the Council**” or “**the Health Council**” means the First Nations Health Council.

“**FNHS**” or “**the Society**” means the FN Health Society.

“**iFNHA**” means the *interim* First Nations Health Authority.

“**Key Date Table**” means the table of that name included in this RFP.

“**Notice of Intent**” means a notice submitted by a potential proponent of its intent to submit a Proposal.

“**Proponent**” means an entity that submits a Proposal.

“**Proposal**” means a proposal submitted in response to this RFP.

“**RFP**” means this request for proposals.

“**Services**” means the services for which Proposals are sought pursuant to this RFP.

**Required Response Format (proposals should aim to be no longer than 15 pages excluding any attachments)**

REQUIREMENTS	RESPONSE	
<b>1. RESPONDENT</b>		
<i>Name of Individual / Entity (If the Proponent is a partnership or similar arrangement, one party should be named as the primary contact)</i>	<i>Registration No (if relevant), date &amp; where registered. Attach copy of Articles of Association if applicable</i>	<i>General Description of Types of Services Provided</i>
<p><i>Respondent Key Contact Person:</i></p> <p><i>List relevant information (Name, Position, Address, Phone, Fax and eMail)</i></p>		
<b>2. PREVIOUS RELEVANT EXPERIENCE FOR THIS TYPE OF WORK (in past 5 years only) – ensure you relate these projects to the Service Description attached.</b>		
<i>Client/Project/Assignment/Task</i>	<i>Contact References</i>	<i>Date Completed</i>

REQUIREMENTS	RESPONSE	
<p><b>3. Capacity</b></p> <p><i>Describe the Proponent's capacity to meet the requirements specified in the Service Description</i></p>		
<p><b>4. Methodology</b></p> <p>a. <i>Describe here how you intend to deliver the Services. Provide detailed information wherever possible including timelines for delivery of key milestones, service levels and reporting requirements</i></p>		
<p>b. <i>What support or resources do you expect of iFNHA or other entities, partners or vendors throughout the project?</i></p>		
<p><b>5. Quality Assurance and Risk Management Practices</b></p> <p>a. <i>Describe your approaches to quality assurance (including describing your QA practices) and risk</i></p>		

<b>REQUIREMENTS</b>	<b>RESPONSE</b>
<p><i>b. Describe your approaches to risk management for this project.</i></p>	
<p><b>6. Price / Costing</b>  <i>a. Total Price/value of Project</i></p>	
<p><i>b. Detail key cost components as applicable</i>  <i>i. Hours / Fees</i>  <i>ii. Travel Expenses</i>  <i>iii. Supplies &amp; Materials</i>  <i>iv. Third-Party Expenses</i></p>	
<p><i>c. Proposed Payment Terms (Start, Interim and Final Payments according to milestones and deliverables) Please include a copy of the contract you would propose to use for this project.</i></p>	
<p><b>7. Concluding/Final Comments</b>  <i>a. Why are you the “best” supplier for this project?</i></p>	
<p><i>b. What do you / does your company bring to the project that others do not or cannot?</i></p>	

I am authorized to make this Proposal on behalf of the Proponent named above and this Proposal is valid for a period of 3 months after the Closing Time of this RFP \_\_\_\_\_