



FULTON COUNTY PURCHASING DEPARTMENT

REQUEST FOR QUOTE NUMBER:

08GS61249YA

WILL BE RECEIVED UNTIL 2:00 P.M. EST

APRIL 17, 2008

DESCRIPTION: Juvenile and Adolescent Substance Abuse Prevention (JASAP) Program Evaluator for the Fulton County Department of Mental Health, Developmental Disabilities and Addictive Diseases

Return to:

Responses may be submitted for quotes on the Vendor Self Service system at www.fultonvendorservice.co.fulton.ga.us

**FAX QUOTES ARE
ACCEPTABLE**

(404) 893-1726 OR

**Fulton County Purchasing Department
Public Safety Building, Suite 1168
130 Peachtree Street, S.W.
Atlanta, Georgia 30303
(404) 730-5800**

ANY QUESTIONS REGARDING PURCHASING PROCEDURES OR THE SPECIFICATIONS SHOULD BE ADDRESSED ONLY TO THE PURCHASING CONTACT PERSON LISTED BELOW. BIDDERS MAY NOT HAVE CONTACT WITH COUNTY OFFICERS, ELECTED OFFICIALS OR COUNTY EMPLOYEES REGARDING THIS BID PRIOR TO AWARD OF PURCHASE ORDER. VIOLATION OF THIS INSTRUCTION WILL RESULT IN YOUR BID BEING FOUND NON-RESPONSIVE.

CONTACT NAME:

Gertis Strozier

E-Mail Address :

gertis.strozier@fultoncountyga.gov

Telephone Number:

404-730-5826

All information requested on this sheet must be completed. The signature block and related information on each quote sheet must also be completed. Unless specifications indicate "NO SUBSTITUTE", items determined by Fulton County to be "EQUAL OR BETTER" will be given full consideration. All prices QUOTED must be "FOB DELIVERED" unless otherwise requested, and must be submitted in the format requested. The County reserves the right to cancel the solicitation and to reject any or all quotes in whole or in part and is not bound to accept any quote if rejection of that quote is determined to be contrary to the best interest of the County.

Company Name:

Company Address:

City

State

Zip Code

Telephone Number:

Fax Number:

E-Mail Address:

RESPONSES MUST BE DELIVERED TO THE PURCHASING OFFICE BY THE DATE INDICATED.

Person submitting QUOTE: (Please Print)

Date

Title

***Signature of the person submitting QUOTE:**

***This person has binding authority to sign contracts on behalf of the responding company. By signing this form and all attachments, vendor agrees that their quote is an offer to sell. All bidders shall comply with all Fulton County purchasing laws, policies, and procedures, as well as relevant state and federal laws—including compliance with EEOC hiring guidelines and requirements under the Americans with Disabilities Act.**

NO BID:

REASON:

REQUEST FOR QUOTE SPECIFICATIONS

Quote Number: 08GS61249YA

Opening Date: April 17, 2008

FULTON COUNTY DEPARTMENT OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND ADDICTIVE DISEASES (MHDDAD) – JASAP PROGRAM EVALUATOR

1. DESCRIPTION

Fulton County Purchasing Department is soliciting quotes from qualified Vendors to provide Evaluator or evaluation team to evaluate the Juvenile and Adolescent Substance Abuse Prevention Program for the Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) Department from date of award and continuing for twelve (12) consecutive months.

2. CONTACT PERSON

Please contact Gertis Strozier, Procurement Officer at (404) 730-5826 or by e-mail gertis.strozier@fultoncountygga.gov with any procedural or technical questions. All questions should be submitted in writing to the Department of Purchasing & Contract Compliance contact person. Any responses made by the County will be provided in writing to all Quoters by addendum. **No verbal responses shall be authoritative.**

You must be registered in the County’s AMS System in order for the Department of Purchasing & Contract Compliance to issue your company a Purchase Order or to receive payments. If you are not a registered vendor, you may access and complete the vendor application via the County’s Vendor Registration website (www.fultonvendorelfservice.co.fulton.ga.us). You must provide a copy of your current Business License in order to complete the vendor registration process.

If your company is a registered vendor, you can respond to all quotes on line and in real time on this website.

3. PRODUCT/SERVICE SPECIFICATIONS

1. The Evaluator shall provide a comprehensive evaluation of the Juvenile and Adolescent Substance Abuse Prevention Program using the Evaluation Logic Model which is most commonly used by research evaluators. **See Appendix “A” for a complete description of the services that are being requested.**
2. The Evaluator shall provide data collected, analyzed and managed and shall have the abilities to evaluate, demonstrate evidence-based outcomes, as well as identify “best practices”.
3. A detailed written report must be provided to MHDDAD by April 30, 2008. The report should include qualitative and quantitative data, reflective of goals and outcome objectives as stated in the program’s plan. The evaluator will review first calendar quarter data **(January – March 2008)** and submit a written report to Program Manager by April 30th. At the end of each quarter in which data was collected a written preliminary report will be due by the 10th of the next month.

Example of Report schedule	Due Date
Review data for January – March and Quarterly Report	April 30, 2008
Review data for April -June and Quarterly Report	July 10, 2008
Review data for July -September and Quarterly Report	October 10, 2008
Review data for October –December Quarterly Report	January 10, 2009

4. PRICING SHEETS

Show information and prices in the format requested. Prices are to be quoted F.O.B. Destination, and shall include all costs chargeable to the contractor in executing the purchase order. Unless otherwise provided in the purchase order. Fulton County shall have no liability for any cost not included in the price. The Contractor shall provide Fulton County the benefit through a reduction in price of any decrease in the Contractor’s costs by reason of any tax exemption based upon Fulton County’s status as a Tax-Exempt Entity.

- 1. Review data for January – March and Quarterly Report Unit Price \$ _____
- 2. Review data for April -June and Quarterly Report Unit Price \$ _____
- 3. Review data for July -September and Quarterly Report Unit Price \$ _____
- 4. Review data for October –December and Quarterly Report Unit Price \$ _____
- 5. Final Report Unit Price \$ _____

5. SPECIAL CONDITIONS/INSTRUCTIONS

The successful contractor must be able to produce documentation to show the validity of findings.

Quoter must provide the name and address of Evaluator that will perform the evaluations for your firm along with quote.

Name _____
 Street Address _____
 City, State, Zip _____
 Telephone Number _____

Billing Instructions:

Upon notification of results to Fulton County, Vendor agrees to provide an invoice of all activity performed.

Please mail all invoices to the address listed below:
Fulton County MHDDAD Department
Attn: Deputy Director
115 Martin Luther King Jr., Dr, SW, Suite 277
Atlanta, GA 30303

6. INSURANCE & RISK MANAGEMENT PROVISIONS

**Insurance and Risk Management Provisions
Consulting Services**

It is Fulton County Government’s practice to obtain Certificates of Insurance from our Contractors and Vendors. Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia, with an A.M. Best rating of at least A- VI, subject to final approval by Fulton County. Respondents shall submit with the bid/proposal evidence of insurability satisfactory to Fulton County Government as to form and content. Either of the following forms of evidence is acceptable:

- A letter from an insurance carrier stating that upon your firm/company being the successful Bidder/Respondent that a Certificate of Insurance shall be issued in compliance with the Insurance and Risk Management Provisions outlined below.
- A Certificate of Insurance complying with the Insurance and Risk Management Provisions outlined below (Request for Bid/Proposal number and Scope of Services must appear on the Certificate of Insurance).
- A combination of specific policies written with an umbrella policy covering liabilities in excess of the required limits is acceptable to achieve the applicable insurance coverage levels.

Upon award, the Contractor/Vendor must maintain at their expense, insurance with policy limits equal to or greater than the limits described below. Proof of insurance must be provided to Fulton County Government prior to the start of any activities/services as described in the bid document(s). Any and all Insurance Coverage(s) and Bonds required under the terms and conditions of the contract shall be maintained during the entire length of the contract, including any extensions or renewals thereto, and until all work has been completed to the satisfaction of Fulton County Government.

Accordingly the Respondent shall provide a certificate evidencing the following:

1. WORKERS COMPENSATION/EMPLOYER’S LIABILITY INSURANCE – STATUTORY (In compliance with the Georgia Workers Compensation Acts and any other State or Federal Acts or Provisions in which jurisdiction may be granted)

Employer’s Liability Insurance	BY ACCIDENT	EACH ACCIDENT	\$1,000,000
Employer’s Liability Insurance	BY DISEASE	POLICY LIMIT	\$1,000,000
Employer’s Liability Insurance	BY DISEASE	EACH EMPLOYEE	\$1,000,000

2. COMMERCIAL GENERAL LIABILITY INSURANCE (Including contractual Liability Insurance)

Bodily Injury and Property Damage Liability	Each Occurrence	
\$1,000,000		
(Other than Products/Completed Operations)General Aggregate		\$2,000,000
Products\Completed Operation	Aggregate Limit	\$2,000,000
Personal and Advertising Injury	Limits	\$1,000,000
Fire Damage	Limits	\$100,000

3. BUSINESS AUTOMOBILE LIABILITY INSURANCE

Combined Single Limits	Each Occurrence	\$1,000,000
(Including operation of non-owned, owned, and hired automobiles).		

4. UMBRELLA LIABILITY

(In excess of above noted coverages)	Each Occurrence	\$5,000,000
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6. **PROFESSIONAL LIABILITY** Per Claim/Aggregate \$5,000,000
 (To be provided when the Contract includes specified Professional Services, and will be written with all Environmental/Pollution exclusions deleted).
 Extended Reporting Period 3-5 Years
7. **FIDELITY BOND and CRIME** Each Occurrence \$ 100,000
 (Employee Dishonesty) (Theft)
 Above to include 3rd Party Coverage

Certificates of Insurance

Certificates shall state that the policy or policies shall not expire, be cancelled or altered without at least sixty (60) days prior written notice to Fulton County Government. Policies and Certificates of Insurance are to list Fulton County Government as an Additional Insured (except for Workers' Compensation) and shall conform to all terms and conditions (including coverage of the indemnification and hold harmless agreement) contained in the Insurance and Risk Management Provisions. The General Liability Additional Insured language should apply to on-going and completed-operations, using ISO form CG 2010 (11/85 version) or equivalent.

The Contractor agrees to name the Owner and all other parties required of the Contractor/Vendor shall be included as insureds on the CGL, using ISO Additional Insured Endorsement forms CG 2010 11/85 or its equivalent coverage to the additional insureds. This insurance for the additional insureds shall be as broad as the coverage provided for the named insured Subcontractor. It shall apply as Primary Insurance before any other insurance or self-insurance, including any deductible, non-contributory, and Waiver of Subrogation provided to the Additional Insureds.

Additional Insured under the General Liability, Auto Liability, Umbrella Policies (with exception of Workers Compensation and Professional Liability), with no Cross Suits exclusion.

If Fulton County Government shall so request, the Respondent, Contractor or Vendor will furnish the County for its inspection and approval such policies of insurance with all endorsements, or confirmed specimens thereof certified by the insurance company to be true and correct copies.

Such certificates and notices **must** identify the "Certificate Holder" as follows:

Fulton County Government – Department of Purchasing & Contract Compliance
 130 Peachtree Street, S.W.
 Suite 1168
 Atlanta, Georgia 30303-3459

Certificates **must** list Project Name (where applicable).

Important: It is understood that **Insurance in no way Limits the Liability of the Contractor/Vendor.**

USE OF PREMISES

Contractor/Vendor shall confine its apparatus, the storage of materials and the operations of its workers to limits/requirements indicated by law, ordinance, permits and any restrictions of Fulton County Government and shall not unreasonably encumber the premises with its materials.

PROTECTION OF PROPERTY

Contractor/Vendor will adequately protect its own work from damage, will protect Fulton County Government’s property from damage or loss and will take all necessary precautions during the progress of the work to protect all persons and the property of others from damage or loss.

Contractor/Vendor shall take all necessary precautions for the safety of employees of the work and shall comply with all applicable provisions of the Federal, State and local safety laws and building codes to prevent accidents or injury to persons on, about, or adjacent to the premises where work is being performed.

Contractor/Vendor shall erect and properly maintain at all times as required by the conditions and progress of the work, all necessary safeguards for the protection of its employees, Fulton County Government employees and the public and shall post all applicable signage and other warning devices t protect against potential hazards for the work being performed.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

To the fullest extent of the Law, Contractor/Vendor hereby agrees to release, indemnify, defend and hold harmless Fulton County, its Commissioners, officers, employees, subcontractors, successors, assigns and agents, from and against any and all losses (including death), claims, damages, liabilities, costs and expenses (including but not limited to all actions, proceedings, or investigations in respect thereof and any costs of judgments, settlements, court costs, attorney’s fees or expenses, regardless of the outcome of any such action, proceeding, or investigation), caused by, relating to, based upon or arising out of any act or omission by Contractor/Vendor, its directors, officers, employees, subcontractors, successors, assigns or agents, or otherwise in connection (directly or indirectly) with its acceptance, or the performance, or nonperformance, of its obligations under these agreements. Such obligations shall not be construed to negate, abridge or otherwise reduce any other rights or obligations of indemnity which would otherwise exist as to any party or person as set forth in this paragraph.

Contractor/Vendor’s obligation to protect, defend, indemnify and hold harmless, as set forth hereinabove, shall also include, but is not limited to, any matter arising out of any actual or alleged infringement of any patent, trademark, copyright, or service mark, or other actual or alleged unfair competition disparagement of product or service, or other tort or any type whatsoever, or any actual or alleged violation of trade regulations.

Contractor/Vendor further agrees to protect, defend, indemnify and hold harmless Fulton County, its Commissioners, officers, employees, subcontractors, successors, assigns and agents from and against any and all claims or liability for compensation under the Worker’s Compensation Act, Disability Benefits Act, or any other employee benefits act arising out of injuries sustained by any employees of Contractor/Vendor. These indemnities shall not be limited by reason of the listing of any insurance coverage.

If the bid/quotation involves construction services Contractor/Vendor will be responsible fully for any and all damage to the work during the course of construction, until the point of Final acceptance by Fulton County.

FULTON COUNTY ACKNOWLEDGES THAT ALL PROVISIONS OF THIS INDEMNITY AGREEMENT MAY NOT BE APPLICABLE TO THE CONTRACTOR/VENDOR’S BUSINESS. TO THE EXTENT THAT CONTRACTOR/VENDOR MAY DEMONSTRATE SUCH NONAPPLICABILITY, FULTON COUNTY MAY NEGOTIATE AMENDMENTS TO THIS AGREEMENT AS THE CIRCUMSTANCES DICTATE.

CONTRACTOR/VENDOR ACKNOWLEDGES HAVING READ, UNDERSTANDING, AND AGREEING TO COMPLY WITH THIS INDEMNIFICATION AND HOLD HARMLESS AGREEMENT, AND THE REPRESENTATIVE OF THE CONTRACTOR/VENDOR IDENTIFIED BELOW IS AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF THE RESPONDING CONTRACTOR/VENDOR.

COMPANY: _____ SIGNATURE: _____
NAME: _____ TITLE: _____ DATE: _____

APPENDIX A

Juvenile and Adolescent Substance Abuse Prevention Program (JASAP) Plan

The JASAP is a curriculum-based Prevention and Health Promotion Program for Fulton County youth between the ages of 13 to 18 years of age. Participants will be identified through the Juvenile Court, schools, churches, community, and other youth organizations to break the cycle of addiction which leads to crime and incarceration. The program was established to promote healthy decision-making skills that eventually lead to informed choices and decisions surrounding drug and alcohol use.

Services be performed

Services will be conducted at various site locations including Atlanta Public and Fulton County Schools, Fulton County Juvenile Court, YMCA's, Boys & Girls Clubs, churches as well as the MHDDAD Administrative Office.

Goals of the JASAP Program

The external evaluator will provide a comprehensive evaluation to assess the overall impact of the program on the teenager's decision making skills related to drug and alcohol use, program implementation, and program effectiveness. Specifically, evaluation will assess the following:

- **Cognitive and behavioral impact**—how has program participation changed prior knowledge, specifically the processes and outcomes related to making decisions about drug and alcohol use and how this is reflected in behavioral measures;
- **Process Evaluation**—has the program been implemented as proposed across the different sites;
- **Operational effectiveness**—have there been significant changes and challenges in implementation of the program across different geographic locations.

Outcome Evaluation

If the JASAP Program has been successful in developing healthy decision-making skills essential for breaking the cycle of addiction which leads to crime and incarceration, then the teenagers after exposure to the program versus before exposure will (while holding demographic variables and contaminating variables constant).

Cognitive impact

- (1) Show an increase in their knowledge on the post test versus the pre test to questions related to decisions about drug and alcohol use;
- (2) Demonstrate that they can accurately list the pros and cons of engaging in substance abuse;
- (3) Have more cons versus pros related to drug and alcohol use after exposure to the program;
- (4) Indicate the appropriate behavioral intentions and positive attitudes toward engaging in educational/career pursuit after exposure to the program;
- (5) Have identified mentors/individuals who they could turn to when challenged with a decision related to drug and alcohol use;
- (6) Teacher and program evaluations will be positive.

Behavioral Impact

- (1) Improved school records (better grades, average school attendance, reduced school suspensions);
- (2) Improved drug screen test reports
- (3) Increased community involvement.

Scope and Deliverables

The JASAP evaluation will include the geographical sites (approximately 36) in Fulton county area where the program is implemented. The primary responsibilities and duties are:

- Designing assessment and other evaluation tools;
- Collecting original data from the different program implementation sites via visits, phone calls, e-mails or other electronic means;
- Collecting, coding, and analyzing data to identify and assess program fidelity and it's impact on participants; and
- Disseminating via mid-project and final reports the impact of program implementation, overall and as a function of type of site, staff, demographic variables of participants, and curriculum used.

Evaluation Logic Model

The program evaluation for JASAP will consist of an evaluation of the program fidelity, process and outcomes. Although there are different types of evaluation models, the model being requested to evaluate the JASAP program is the Evaluation Logic Model which is most commonly used by research evaluators. Input and project activities will be used to determine immediate and long-term outcomes.

Materials

Successful candidate(s) will develop an evaluation tool to assess the dependent variables such as survey questions and archival records.

Procedure

JASAP staff will meet with the project/research director and team to facilitate retrieving archived data. Data analyses and report preparation will be conducted by the project director and staff.

Analyses

Data of all the Fulton county sites will be analyzed and recommendations will be based on results of the analyses for best practices overall with individual site specifications.

Project Evaluation Period

The project will not exceed 12 months from date of award.

Project Schedule	Due Date
Review data for January – March and Quarterly Report	April 30, 2008
Review data for April -June and Quarterly Report	July 10, 2008
Review data for July -September and Quarterly Report	October 10, 2008
Review data for October –December	January 10, 2009
Final Report	March 10, 2009