

**Request for Proposals**  
**Lead Program Evaluator**

**Background**

The Wellness Coalition is seeking an individual or organization to provide professional program evaluation services in support of the REACH Cooperative Agreement with the Centers for Disease Control and Prevention (CDC). The selected entity will provide lead evaluation services in evaluating the REACH program interventions that aim to (1) improve nutrition, (2) promote tobacco free-living; (3) improve breastfeeding rates; (4) and increase referral and access to community-based health programs in the priority population in 42 census tracts in Lowndes, Macon and Montgomery Counties in Alabama.

**Scope of Professional Services Being Requested**

Provide Lead Program Evaluator services in the following aspects of program evaluation.

Services being sought include, but are not limited to:

1. Planning and designing program evaluation strategies and methodology
2. Data analysis and interpretation
3. Developing program evaluation reports
4. Preparation of articles for publication
5. Participation in conference calls, webinars, site visits or other meetings as requested by CDC and/or The Wellness Coalition
6. Get a Unique Entity Identifier on SAM.gov. This Unique Entity Identifier is used to start doing business with the federal government.

**Required Timeline of Evaluation Support Services:**

October 1, 2022 to September 30, 2023

**Required Content of Proposals to Provide Program Evaluation Support Services:**

Interested respondents are invited to submit proposals that contain the following information. Respondents should number and letter responses exactly as the questions are presented.

**I. Introduction (transmittal letter)**

**II. Background and Experience**

**III. Specialized Knowledge**

**IV. Personnel Assignments, Work Plan, and Professional Qualifications**

**V. Proposed fee for services to be rendered between 10/1/2022 and 9/30/2023**

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**I. Introduction (transmittal letter)**

1. Name of Respondent
2. Respondent address
3. Respondent telephone number
4. Respondent federal tax identification number and UEI number
5. Name, title address, phone number, and email address of contact person authorized to contractually obligate the Respondent. This person should also sign the letter.

**II. Background and Experience / Capacity**

1. Describe any prior engagements in which Respondent’s firm assisted in delivering programs evaluation services as part of grant projects. Respondent should include references with current contact information from previous clients.
2. Describe the firm’s current capacity to accomplish the work in the required timeframe.

**III. Specialized Knowledge**

1. Describe the knowledge and experience of the firm with items listed in the Scope of Professional Services Being Requested.

**IV. Personnel Assignments and Professional Qualifications**

1. Identify staff members who would be assigned to provide the services described in the Scope of Services, and the functions to be performed by each of the staff members.
2. Include resumes or curriculum vitae of each such staff member designated above, including name, position, telephone number and email address.

**V. Proposed Fee for Services to be rendered** – Please provide a proposed budget for providing the requested services. Provide an hourly rate and number of hours proposed inclusive of all costs (fringe, etc.) for each employee that you propose to utilize on this project. Please include any other costs for supplies or other necessary expenses and provide a total proposed fee.

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**Selection Criteria:**

<b>Background and Experience</b>	<b>20 Points</b>
<b>Specialized Knowledge</b>	<b>20 Points</b>
<b>Personnel Assignments, Work Plan &amp; Professional Qualifications</b>	<b>40 Points</b>
<b>Proposed Fee for services</b>	<b>20 Points</b>

If needed, oral interviews may be held and used to determine which firm will be selected to enter into contract negotiations. Unsuccessful firms will be notified as soon as possible.

Questions about this RFP should be addressed to Delia Hasberry at 334-293-6502 or [dhasberry@thewellnesscoalition.org](mailto:dhasberry@thewellnesscoalition.org).

**Three (3) copies** of your response to this RFP should be **hand-delivered or mailed to** Programs Assistant, at the Wellness Coalition, 2<sup>nd</sup> Floor of the Montgomery County Health Department at 3060 Mobile Highway, Montgomery, AL 36108, or e-mailed to [admin@thewellnesscoalition.org](mailto:admin@thewellnesscoalition.org). We can be reached at 334-293-6502.

Responses to this RFP must be received **no later than 2:00 P.M. on Friday, October 14, 2022.**