



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: February 12, 2008

PSC #800

TOBACCO PREVENTION SOCIAL MARKETING AND
MEDIA CAMPAIGNS

FOR

DIVISION OF PUBLIC HEALTH

Date Due: MARCH 18, 2008
11:15 AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART
OF THE ABOVE MENTIONED BID.

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Tobacco Prevention Social Marketing and Media Campaigns
RFP PSCO- 800
Questions and Answers

Q1: There's a line at the top of page 7 of the RFP that states, "In order to maintain a comprehensive, viable program, the contractors will have to work in coordination with each other and Tobacco Prevention and Control staff." Is this saying that several different vendors could be selected to service several different aspects of this RFP. Or do you plan to award \$2 + million for this RFP to one vendor?

A: The intent is to award the RFP to one vendor. "Contractors" refer to other tobacco prevention contracts we have. Two with the American Lung Association of Delaware- one for youth prevention and one for community outreach. The American Cancer Society has the contract for the Quitline. Healthways has the contract for Quitnet.

Q2: On page #4 it states under available funds "a maximum of \$2,310,000 available for implementing tobacco prevention media campaigns". Do you expect any one proposal to cover all activities or can vendors submit a proposal to do part of the campaign for less than the total funds available?

A: The expectation is that each proposal will cover all activities.

Q3: Does a vendor get extra credit if we can provide everything you're asking for, all in our one plan?

A: No- the expectation is that each proposal will cover all activities.

Q4: On page 34 #15 "the contractor shall not enter into any subcontract for any portion of the services covered by this contract without obtaining prior written approval of the department" which makes it seem like we can switch out subcontractors. But just have to run it by you first. Is that correct?

A: Yes

Q5: Would Delaware media outlets (TV stations, radio stations, newspapers, magazines) also be included as subcontractors? If we're acting as an agency for them in part of this proposal?

A: Yes

Q6: Does the DE DPH expect to own and receive all footage that may be shot for this campaign or just the final product? Can the vendor reuse footage shot for this campaign in other ways?

A: Yes-DPH expects to own all footage including the final product. However, we do not necessarily need to receive all footage. Depending on the purpose of its use- with prior permission from DPH, the vendor can reuse footage shot for this campaign.

Q7: On page 15 in the second paragraph that says that in our proposal we could state objections with any of their requirements and objections will be considered by them. But will we lose points on our proposal for objecting?

A: You will not lose points for objecting. However, the resolution of objections may take some time.

Q8: Please clarify – In one part of the RFP it states that you can only apply for the RFP if you go to the meeting on Tuesday. But then it also says somewhere else that you'll respond to all the questions they receive by Feb 11. Are you only going to respond to (and entertain bids from) those of us who attend in person on February 12?

A: Yes, only those bidders who attended the pre-bid meeting are eligible to bid.

Q9: How many visits to Delaware should we budget for?

A: However many you feel will serve us best.

Q10: Section I.A. Can we see the previous year(s)' plans to see all the activities that have been executed?

A: Activities are based on the components listed in the RFP: Cessation, youth prevention, second hand smoke, youth access/merchant education, general campaign, evaluation and public relations.

Q11: Section I.A. Will you please identify the other DPH contractors (along with their roles/activities) that are used for community outreach and youth prevention programming?

A: American Lung Association of Delaware

Youth: Teens Against Tobacco Use (TATU), NOT (cessation), KBG (youth empowerment group)

Community: Mini grants, workshops, coalitions

Q12: Section I. B.1. How are each of the goals listed currently measured?

A: Various measures: See A Plan for a Tobacco Free Delaware

Q13: Section I.B. 2. How is this measured currently?

A: See A Plan for a Tobacco Free Delaware

Q14: Section II.1.F. Will you please identify the specific target audiences?

A: Selection of specific target audiences is usually data driven. Mentioned in RFP-youth, adult smokers (Quitline) young adults 18-24 years olds (as mentioned in Tobacco Plan), minority populations. There are various target audiences. We usually provide general direction at the beginning of the contract year.

Q15. Section II.3. Can we see the previous year(s)' activities and projects that required PR services for the other vendors.

A: Examples of PR services for other vendors included advertising the availability of mini grants, advertising the training sessions that are held for face to face counselors for the Quitline and developing posters for the NOT program.

Q16: Section II.4 What were the most effective evaluation methods used in the previous year(s)?

A: Methods we have used included the Adult Tobacco Survey, calls to the Quitline, reports on reach and frequency

Q17: Section IV.D. Will the winner of the bid award be able to change subcontractors once the bid is awarded if another sub-contractor is better qualified?

A: Yes, with approval of DPH.

Additionally, if initially the award winner plans to hire an employee to fulfill on portions of this contract but later it is determined that a subcontractor would be most effective, will it be allowed?

A: Yes, again with the approval of DPH.

Q18: Is there just one award being made – one vendor only for the total dollar amount of \$2,310,000?

A: Yes

Q19: What are the parameters around page limitations, font size, and format of the proposal – do we follow the format that starts on page 11 under #4?

A: Do follow the format in the RFP that starts on page 11 under #4. There are no page limitations or font size requirements.

Q20: Page 11 under PAYMENT – Need clarification about the paragraph that starts with “The agencies or school districts involved...” It is unclear what that is referring to?

A: This paragraph refers to the fact that the successful bidder can not impose any additional fees, costs or conditions if the DPH decides to pay by credit card. Currently the DPH is not paying by credit card- we pay by check. However, at some point we may pay by credit card.

Q21: Is there a template for creating the budget?

A: No

Q22: What is the process for getting paid for the contract? (I.e. is the vendor paid up front, upon deliverable, etc?)

A: Upon completion of deliverables: usually monthly invoices. This is a time and materials contract on a cost reimbursement basis.

Q23: Need more information about the type of evaluation/ outcomes you are looking for. Do you expect the vendor to measure behavior change or reach and frequency only?

A: We don't expect the vendor to measure behavior change. We expect the provision of reach and frequency.

Q24: Do you have a preconceived vision for the types of media they want included?

A: No- you tell us in the proposal what you think would be best.

Q25: What percentage of the budget to expect to be focused on the evaluation?

A: Not a set percentage. Budget whatever you think is required for evaluation.

Q26: What is the minimum and maximum budget for the evaluation component you would entertain?

A: Once again- budget whatever you think is required for you to do the evaluation.

Q27: Does this campaign want to address smokeless tobacco as well?

A: That is something we would like to address at some point.

Q28: Has the 2005 Plan for a Tobacco Free Delaware been updated? If not, is it still current?

A: It has not been updated yet. It is still current.

Q29: Which portions of the plan does this contract cover?

A: The whole plan

Q30: Due to the uncertain nature of the work, please confirm that this project is Time and Materials.

A: As stated earlier, this will be a time and materials contract on a cost reimbursement basis. We want to see all of those anticipated costs in a line item budget.

Q31: Page 4 of the RFP states that there is a maximum of \$2,310,000 available for implementing tobacco prevention media campaigns.

- Is this the total amount available over the potential 60 months of the contract or the yearly total? **A: Yearly Total**
- Is the \$2,310,000 expected to cover the media buys associated with this work? **A: Yes**
- Will the contractor pay for the media buys out of the contract funds or will Delaware Health and Social Services pay for the media buys directly? **A: Contractor pays**

Q32: Page 7 states: Prevent tobacco use among young people. Does this mean tobacco use among young people of all ages or just those that are too young to smoke legally?

A: Our tobacco plan states young people through the age of 24. Technically there are no legal age requirements for smoking. Just for the purchase of tobacco you have to be 18 or older.

Q33: On page 8 (#2), it mentions “materials created by the vendor”.

- What types of materials do you intend for the vendor to produce? **A: Whatever materials that the vendor feels will best reach the target audience**
- Do you want the vendor to suggest materials? **A: Yes**
- What quantities of materials will be required? **A: Depends on the type of materials to be distributed and the target audience. Sometimes we might have something that is designed for the Tobacco Prevention program’s Trainer Educators to use in their community outreach. It could range from 100 to thousands.**

Q34: Will the evaluation activities discussed on p. 8 (#4) be conducted during the base year of the contract or during the option years?

A: Evaluation should be conducted each year

Q35: Is there a page limit?

A: No

Q36: Is the RFP No. PSCO-800 or PSC769? There is a different number in the title than in the body.

A: PSC0-800

Q37: What cessation programs has DE had in place?

A: Programs we fund include Delaware Quitline, Delaware Quitnet and NOT (Not on Tobacco)

Q38: What programs worked best, worst in the past?

A: As far as Quitlines- we have been pretty successful. The Quit rates percentages are in the 30s. National average is mid 20s.

Q39: What laws are in place for punishing youth/merchants who violate DE laws for sale of cigarettes?

A: For merchants \$250 1st offense, \$500 2nd, 1,000 for 3rd. May get license suspended. For youth: \$50 fine or 25 hrs community service for 1st offense. 2nd \$50 fine and 50 hrs community service.

Q40: What percentage of program targeted to youth vs. adults?

A: No set percentage. Comprehensive

Q41: What demographic has seen the greatest progress in former campaigns?

A: All demographics have improved. Smoking is at an all time low among youth and adults.

Q42: Is the vendor agency responsible for evaluating campaign messages prior to implementation?

A: Yes

Q43: Are you currently working with a communications and marketing agency?

A: Yes If so, are you able to tell us which one and if they are participating in this bidding process? **Aloysius Butler & Clark. Please see attached sign in sheet for attendance at pre-bid meeting.**

Q44: What characteristics are you looking for in a new agency?

A: Not looking for any characteristics in particular.

Q45: What would make an agency standout for you and your team?

A: A good proposal that responds to the scope of services set forth in the RFP

Q46: The scope of services describes the need to address a wide audience range. Should any audiences receive priority? If so, please share audiences by priority.

A: We usually give direction at the beginning of the contract year where we want to go and if there are certain populations that need special attention. We do this based on the data we receive. We would like to see how you would go about addressing various populations mentioned in the RFP.

Q47: Is our primary goal to promote existing plans and programs for youth through adult, or create a new innovative program, or create an umbrella plan that ties all existing programs together?

A: It could be a combination of both. Propose whatever you think would work best.

Q48: Is there additional data or research that we do not have access to that the state could provide? (i.e., recent demographic information outside of what CDC publishes; focus group reports)

A: Please refer to resource list. Includes Delaware specific info on Adult Tobacco Survey, Youth Tobacco Survey

Q49: Are you looking to partner with an integrated marketing agency or will you be hiring multiple agencies with specific disciplines to then collaborate on the collective effort?

A: We are looking to select one vendor for these services outlined in the RFP.

Q50: Is favorability in the selection process given to in-state vendors/in-state agencies over out-of state vendors/agencies?

A: No, preference is not given to in-state vendors/agencies. Selection is made based on the best proposal.

Q51: The RFP states that the contractor may be monitored on-site on a regular basis by representatives from the Division of Public Health. Does this imply a requirement for a representative to be “on-site” (in Delaware) during the planning and implementation of the social marketing plan?

A: We don't require a representative to be on-site in (DE). Their proposal needs to reflect how they will work with us to plan and implement programs.

Q52: We have some questions related to the contract. We would ask these be covered in a separate meeting upon award of the contract, is that acceptable? For example, p. 36, would the State be open to payment by check or other electronic means rather than credit card?

A: Currently the state is not paying by credit card- we pay by check At some point we may pay by credit card. If there are other concerns with the boilerplate address it in your proposal, however, please keep in mind that any changes to the contract boilerplate have to be approved by the Delaware Attorney Generals Office and this could cause a delay in the start of the contract.

Q53: Have past campaigns been successful? If so, what was it about those particular efforts that made them effective?

A: We have had some successful campaigns. However we are looking for new ideas for the future. We don't necessarily have to go with the same campaigns that have worked in the past.

Q54: Conversely, have campaigns from the past been ineffective? If so, what was it that made them that way?

A: Some campaigns have not worked as well as others. Once again we are looking for your ability to come up with ideas.

Q55: The RFP calls for 6 campaigns (A-E in the Scope of Services) targeting different aspects of the prevention effort as well as different demographics. Is there an overarching theme that ties these all together?

A: There could be or not.

How much commonality do the different campaigns have?

A: Depends on the campaign.

Is it reasonable to assume that one campaign would accomplish multiple goals?

A: However the vendor feels it can best address the scope of services in the RFP should be put in the proposal. We are open to ideas.

Q56: In terms of priority, which campaign is the most important or should serve as the centerpiece for the effort?

A: Right now there is no priority. Depending on data we receive or legislation there could be a priority. For example- when they were passing the Clean Indoor Air Act – we had a heavy emphasis on secondhand smoke. Usually, the merchant education piece receives the least priority. But priorities shift, so it's best to address each campaign.

Q57: In terms of media planning and placement, are there any media vehicles that have been particularly successful in the past that should be considered for this effort?

A: We would like to see your ideas on what would be successful media vehicles.

Conversely, has anything been attempted in the past that proved ineffective?

A: We would like to see your ideas on what would be successful media vehicles.

Q58: How much of a role does smokeless tobacco play in the prevention message? Any at all?

A: As stated previously we do plan to address smokeless tobacco.

Q59: How much traffic does Quitline receive in relation to Quitnet? How does that relationship change demographically?

A: The Quitline receives more traffic. Per our (DPH) direction Quitnet isn't advertised as much as the Quitline. The Quitline is a proven cessation aid whereas Quitnet is a supplemental resource.

Q60: When you mention that the media contractor “assists in promoting the efforts of the DPH contractors that are used for community outreach and youth prevention programming,” what exactly do you mean?

A: As mentioned previously, NOT program, mini grant proposals, ysmoke.org (through American Lung Association contract), counselor trainings promotion

Q61: As a matter of Public Record, can the State please provide:

- An overview (names, title and responsibilities) of the direct “client” contacts with whom the successful bidder would be working. **A: Lisa Moore, Tobacco Prevention Program Administrator. Terry Printz, Contract Administrator**
- FY07 and FY08 Tobacco Prevention Communications Work Plans:
A: Workplans are basically the contracts.
- Related to media placement:
 - Copies of all executed media plans from the past two years: **A: See attachment**
 - Copies of all standing contracts that the State currently holds with media channels- **A: No**
- Copies of all research (quantitative and qualitative) conducted within the past two years with: **A: See resource list**
 - Consumers
- Statistics/results related to the success of tobacco prevention/cessation campaigns since 2002.
 - Number of phone call queries? **A: Since inception Quitline has received 23,000 calls**
 - Number of prescriptive deployment i.e. Nicotine gum, patches **A: For FY07 there were 3,954 vouchers submitted to pharmacies for cessation products**
 - Number of anti-tobacco mailings: **A: A few- mailings to specific zip codes featured quitline information**
 - Number of participant in anti-smoking events : **A: Thousands**
 - Number of hits on your web site? **A: Quitnet has had over 56,000 hits since inception in May 2006 with close to 3,000 people have registering.**
 - Number decrease of health-related conditions due to smoking through hospital reporting? i.e. Lung cancer, asthma **A: We don't have this info**
 - Center of Disease Control criteria of successful cessation activity among segmented population? **A: Refer to resource list and CDC website. Could possibly be quit rates**
 - Is there any data available that illustrates the success of these programs with minority populations? **A: See resource list**
 - What criteria are you measuring successful cessation activity among Delaware? **A: Look at overall smoking rates**

Q62:

- An opinion-based assessment of the effectiveness of the media campaigns to date? **A: Comprehensive programs in DE- smoking is at an all time low for both youth and adults**

- An opinion-based assessment of the effectiveness of the Public Relations efforts to date? **A: Comprehensive programs in DE- smoking is at an all time low for both youth and adults**
- An opinion as to what the Department sees as its (1) most pressing Opportunities and (2) Challenges going into the new contract term. **A: Refer to scope of services in the RFP and critical issues section of A Plan for a Tobacco Free Delaware.**

Q63:

- Delaware has been nationally recognized for its tobacco prevention and control efforts, what do you mean by “control” efforts? And, specifically what national recognition has the state received? **A: Control is a term used with prevention. National recognition as one of only three states to use CDC’s minimum recommended funding levels for tobacco prevention and control. The second state to go smoke free after California. Once we went smoke free many states soon followed.**
- The RFP states that “the media contractor also assists in promoting the efforts of the DPH contractors that are used for community outreach and youth prevention programming.” Can you please define the “DPH contractors” to which it is referring and the efforts in which the media contractor will be assisting? **A: American Lung Association, American Cancer Society, Healthways (See response to Question #1)**
- Do vendor services include web development, maintenance and support for Quitnet.com. **A: No**

Q64: Is there a library where we can access the existing media footage?

A: On the website www.delawarecancerconsortium.org which is on the resource list provided, there are examples of previous ad campaigns.

Q65: Is there any seasonality to the airing of the media?

A: Sometimes we do promotions during January for New Years resolutions. Sometimes we do promotion in November around the Great American Smoke out.

Q66: On page 8 number 2 “Implement a Marketing Plan that is created by vendors and in number 3 “other vendors? Can you clarify the meaning of vendors

A: The media contract vendor would implement the marketing plan created by the media contract vendor. The “other vendors” refer to American Lung Association of Delaware, American Cancer Society and Healthways.

Q67: Do you want a budget that shows how all the funds are to be spent?

A: The budget should reflect the expenditures that will be used in addressing the scope of services listed in the RFP. How it is presented is up to each bidder.

Q68: Are you looking for specific Media Plans and concepts or overall approaches?

A: It could be both. Whatever you feel will provide us with the best picture of how you can address the scope of services.

Q69: Is it customary and expected that we are to utilize the ads available from the CDC?

A: There are occasions where we have utilized materials from the CDC media resource center. We may use some in the future.

Q70: Should we include talent fee's in the budget?

A: Yes

Q71: Should submit a Social Marketing rationale as part of our approach?

A: If you feel that it will give us insight into your approach, then yes- include it.

Q72: Are the evaluations demographic specific?

A: The Adult Tobacco Survey has information on the various media campaigns that have run in Delaware. Certain information is broken down by demographics (such as race). The Behavioral Risk Factor Surveillance Survey also has demographic information- including county.

Q73: Is the Adult Tobacco Survey the only evaluation method?

A: No, there is also the Youth Tobacco Survey, reach and frequency, and number of calls to the Quitline.

Q74: Who makes up the evaluation committee?

A: We haven't selected committee members yet. In the past we have used knowledgeable staff from the Division of Public Health, other state agencies and some community agencies that don't have a conflict of interest.

Q75: Does the state have an administrative cost guideline that it follows?

A: No more than 15% usually, but when reviewing budgets we acknowledge that sometimes that may not be realistic.

Q76: How do you determine if you extend or renew the contract?

A: The contract is awarded for 12 months with the option to be renewed up to 48 months. If there are no problems with the contract and the performance is satisfactory the contract is usually renewed each year.

Q77: Do you have to do a Request for Proposal each year to extend the contract?

A: No-only when the terms of the Request for Proposal are up.

Q78: Is this the end of the renewal period for this contract?

A: Yes

Q79: Where do the monies for this contract come from?

A: A combination of funds that come to the Delaware Health Fund from the Master Settlement Agreement and federal funds from the Centers for Disease Control and Prevention. The bulk of the funds are from the Delaware Health Fund.

Q80: Page 17 number 3, Available resources, what are you looking for?

A: Staff that may be dedicated for the project, subcontractors, materials that can be used etc.

Q81: Please explain page 14 C, Notification of the Departments intent to enter into contract negotiations will be made in writing to all bidders.

A: The potential vendor will receive a letter that we intend to start contract negotiations. The other bidders will receive a letter that states we selected another bidder to enter into negotiations.

Q82: What things do you go into negotiations for and what would cause a breakdown in negotiations?

A: Negotiations usually center around the proposal that was submitted. Sometimes it could be boilerplate issues which involve the Attorney General's office. In our experience we have not had a case where the negotiations have broken down to the point of having to go to the next bidder.

Q83: When the contract mentions notification (the March 21 notification) what format is it referring to?

A: Written

Q84: If you have not received notification with in a week of the specified date who should we call?

A: Lisa Moore

Q85: Will the vendor who is chosen be posted on the website?

A: No

Q86: Will the contract start July 1, 2008?

A: That is the intent.

Q87: The proposal will be for a one year period?

A: Yes

Q88: You have had the contract with Aloysius Butler & Clark for 5 years. Are you happy with their services?

A: Yes but we are open to new vendors.

Q89: Should the budget be for 60 months or one year?

A: One year.

Q90: If the Division of Public Health has questions about the proposal will they call and ask the vendor for clarification?

A: It is hoped that the proposals will be as self explanatory as possible. If there is a question and it is critical to the proposal then we may call for a clarification.

Q91: Has any media been created and run on TV for Delaware?

A: Yes. Some of the things that have aired are on the resource list and can be found on the website www.delawarecancerconsortium.org.

Q92: Does it show air dates?

A: It might show the timeframe or year that they initially aired.

Q93: Do you see vendors working with other state tobacco programs a positive or a negative?

A: It could be viewed as a positive depending on the work.

Q94: Do you want to see samples of other campaigns?

A: That is up to each bidder, if you feel it will provide us with a better idea of your capability and ability to fulfill this contract then it should be submitted.

Q95: Is it required for us to enter into negotiations with media to get prices?

A: We don't require it. It is up to the bidder if they wish to do that. We will need to have a budget that is complete.

Q96: How often do you meet with your vendor?

A: It varies depending on what is going on with the campaigns. It has been as much as once a month or one every couple of months.

Q97: How long is a typical negotiation process?

A: That depends on what is being negotiated. If it is a boiler plate negotiation that has to go to the attorney generals office it may take months. If it is a budget piece or scope of service it should only take a couple of weeks.

Q98: How was the past provider evaluated?

A: See resource list: Includes Adult Tobacco Survey, Youth Tobacco Survey.

Q99: Can you provide a synopsis of the strategies that were used in the past and how they were evaluated? More specifically provide any metrics that were used and the results within the minority community.

A: See scope of services for strategies and A Plan for a Tobacco Free Delaware and see resource list: specifically www.delawarecancerconsortium.org and review CDC best practices: specifically Health Communications.

Q100 :Can you post or discuss the evaluation of the penetration effectiveness from the last campaign?

A :See resource list: Adult Tobacco Survey and Youth Tobacco Survey

Q101: What factors do you use to decide if this is going to multi-sourced? If a vendor is interested in focusing on a portion of the proposal (i.e. minorities) should this proportion be based on nationally statistics to gauge a ratio of requested funding?

A: It is not multi sourced because of the administrative constraints. The contract already requires a substantial amount of coordination and cooperation among vendors, community partners and the Division of Public Health. Multi-sourcing would add another layer of coordination that could negatively impact services and service delivery. Each vendor should focus on each of the components of the scope of services.

Q102: The evaluation committee is composed of all state employees? Do you have individuals (former/smokers) that have evaluated the past proposal and the strategies of the new proposal?

A: See answer to Q74.

Q103: Could you please elaborate on available resources? Do you mean staff, capacity etc?

A: See answer to Q80.

Q104: Is there a range/ceiling/rule of thumb for administrative costs? What was the percentage for administrative cost for the last proposal?

A: See answer to Q75.

Q105: Was the same amount of funding available for the previous RFP? Also, if granted an extension, will the monies be the same annually from the original amount?

A: The previous RFP included the cancer program so the total amount of the RFP was different. The funds for the tobacco portion have remained level over the past few years and are expected to remain level for the foreseeable future.

Q106: Is the funding granted all at once or is it perform services and submit invoices?

A: See answer to Q22.

Q107: The RFP mentions that materials will be developed in multiple languages. Can you please identify the languages for adaptation?

A: Other than English, the main other language that materials have been developed in is Spanish. However, we have had materials developed in languages ranging from Mandarin to Arabic.