



The County of Summit ADM Board Rebranding and Website Redevelopment

Scope of Services

I. About

The County of Summit ADM Board is responsible for planning, funding, monitoring, and evaluating treatment, prevention, and support service for people who experience alcoholism, drug addiction, and/or mental illness. The ADM Board does not provide any direct service, but contracts with local agencies to provide quality, affordable services for people at critical times in their lives. The ADM Board system of services provides opportunities for recovery and hope for a better life.

About 77% of the ADM Board's system resources come from the property tax levy approved by Summit County voters. Through this local support, the ADM Board helps thousands of uninsured or underinsured people get the help they need to achieve and sustain their recovery. In addition, the ADM Board partners with local communities to provide education and prevention programming aimed at helping individuals develop the knowledge and skills necessary to lessen the impact and likelihood of developing a mental health and/or substance use disorder.

II. Focus

The County of Summit ADM Board provides a client-centered path to recovery by ensuring that treatment, prevention, and support services are available when individuals and families need it in our community.

III. Who Is Eligible to Respond

The County of Summit ADM Board seeks qualified firms with extensive experience in branding and naming and website redevelopment. These initiatives will be cooccurring, and the firm should be prepared for synchronous rollout of both. Experience with local government or community agencies is critical.



The County of Summit ADM Board is committed to diversity among its vendors and contractors. It does not discriminate, nor tolerate discrimination, based on race, ethnicity, religion, color, national origin, sex, gender identity, age, sexual orientation, military and veteran status, or any other protected status under applicable law. Minority business enterprises (MBEs) and Encouraging Diversity, Growth and Equity (EDGE) businesses are encouraged to apply.

IV. Project Scope

The selected firm will work with the ADM Board's Manager of Community Relations. The selected firm will be given access to necessary individuals and resources during the course of the project.

The project must include:

- An evaluation of the ADM Board's logo, tagline, colors, fonts, and associated materials
- An evaluation of the ADM Board's branding
- Guidance for new materials
- An evaluation of the existing website
- Coordination across platforms for other initiatives that the ADM Board spearheads (e.g., logo for relevant task force)
- Training on the new platform, including how to complete and submit various forms and upload supporting documentation as well as how to easily change/add/remove content as necessary
- ADA Section 508 compliance

The deliverables must include:

- New agency branding, including logo, tagline, colors, fonts, etc.
- A toolkit for use by agency partners
- A roadmap for rollout of the new brand and website, including proposed completion date
- A brand standards manual
- Hosting of new site or recommendation for host
- Migration of existing and/or new content from existing site as applicable
- Website forms for services that go directly to an ADM Board email address
- Recommendations for a user-friendly website and corresponding materials based on the ADM Board's focus

V. Ownership and Confidentiality

All intellectual property will become the property of the County of Summit ADM Board. All data remains the sole property of the County of Summit ADM Board. The firm shall agree to keep all information related to this process in strict confidence, including any confidential agency information or proprietary information gathered during this process.

VI. Response to RFP

Responses must provide a straightforward and concise description of the firm's ability to meet the requirements of this RFP. Emphasis should be on completeness and clarity of content.

Proposal Requirements

All proposals must include the following:

- Information about the firm, its experience, and staff, including:
 - A completed Form of Proposal, which can be found at the end of this RFP document
 - A completed Qualification Statement, which can be found at the end of this RFP document. An additional page may be added to expand upon your experience and expertise working with similar organizations on similar projects with similar scope and subject matter to this RFP
- Portfolio of at least two similar completed projects. Portions may be redacted to protect confidential information.
- A plan to complete the proposed project, including:
 - Proposed scope of work and project approach
 - Timeline for the project, including major tasks and milestones
- Project budget to include projected payment schedule tied to milestones and deliverables. The project budget must be submitted separately from the plan and titled "Project Budget."

VII. Process for Proposal Submission and Evaluation

- **Submission Due Date: Friday, December 2, 2022**
- **Submission Address:** electronic proposals will be submitted to the following web address: <https://admboard.egnyte.com/ul/GgMneCmdCf>
- **Where to Address Inquiries:** questions about the RFP will be submitted to grantapplications@admboard.org. The subject line should include Website RFP.
- **Conditions of Proposal:** All costs incurred in preparing a response to this RFP are the bidder's responsibility and will not be reimbursed by The County of Summit ADM Board.

- **Submission Instructions:**
 - Submissions must be delivered electronically ONLY in pdf format.
 - Attachments must be legible. Relevant attachments only.
 - Submissions will not be returned.
 - An email acknowledgement of each submission received will be sent to the applicant.
 - Submissions received by the deadline will undergo a preliminary screening. Late or incomplete submissions will not be accepted for review and rating. Any proposal may be disqualified if it deviates from submission instructions in the RFP.
 - Additional information may be required from the selected applicant prior to the awarding of the project.
- **Reservation of Rights:** The County of Summit ADM Board reserves the right to request or negotiate changes in a proposal, accept all or part of a proposal, or reject any or all proposals. The County of Summit ADM Board may, at its sole and absolute discretion, select no firm for these services if, in its determination, no applicant is sufficiently responsive to the need. The County of Summit ADM Board reserves the right to disqualify any proposal that does not adhere to the RFP guidelines.
- **Confidentiality:** If the firm deems any material submitted to be proprietary or confidential, the bidder must indicate this in the response's relevant sections.
- **Notification of Selection and Timeline:** The County of Summit ADM Board leadership will review proposals. After review, interviews may be scheduled with finalists. References will be contacted for all finalists.
- **Submission Forms:** The following forms must be completed and submitted with the firm's submissions outlined above:
 - Form of Proposal
 - Equal Employment Opportunity/Anti-Discrimination Compliance Certificate
 - Statement of Indemnification (must be notarized)
 - Non-Collusion Affidavit (must be notarized)
 - County of Summit ADM Board Qualification Statement Professional Services
 - Current/Past Performance/References
 - Declaration of Personal Property Tax Delinquency Ohio Revised Code 5719.042 (must be notarized)

Forms to Be Completed

Form of Proposal

The wording of the proposal shall be retained throughout, without change, alterations, or additions. Any changes in the wording may cause the proposal to be rejected.

Having read the project overview and examined the work required for the project entitled:

And, also having received and taken into account addenda numbers:

In submitting this proposal, it is understood that the right is reserved by the County of Summit Alcohol, Drug Addiction and Mental Health Services Board (ADM Board) to reject any and all proposals. It is also agreed that this proposal may not be withdrawn for a period of ninety days (90) from the opening thereof.

Insert below, proposers name. If a corporation, give the state of incorporation using the phrase, :A corporation organized under the laws of:" If a partnership, give name of partner using the phrase, "Co-partners trading and doing business under the firm name and style of". If an individual using a trade name, give individual name using the phrase, "An individual doing business under the name and style of".

Form of Proposal (Continued)

Name of Firm_____

Name of Corporation_____

Name of President_____

Corporation is Organized Under the Laws of_____

Principal Place of Business Address_____

Date of Establishment of Place of Business_____

Federal Tax I.D. Number_____

Telephone Number_____

Email_____

Vendor hereby certifies that this proposal complies with all minimum response requests and those requirements are hereby made part of the Vendor's response and incorporated herein.

SIGNATURE_____

BY_____

Vendors should also attach vendor reference/experience and information addressing vendor's service.

Equal Employment Opportunity/ Anti-Discrimination Compliance Certificate

EQUAL EMPLOYMENT OPPORTUNITY/ANTI-DISCRIMINATION

- A. The undersigned agrees that in the hiring of employees for the performance of work under any contract or any subcontract awarded by the County of Summit, no contractor, subcontractor or any person acting on his behalf, shall discriminate against any citizen of the state in the employment of labor or workers who are qualified and available to perform the work to which the employment relates by reason of race, creed, sex, disability, military status as defined in section 4112.01 of the Ohio Revised Code, color, gender identity as defined in Section 101.02(f) in the Codified Ordinances of the County of Summit and sexual orientation as defined in Section 101.02(r) in the Codified Ordinances of the County of Summit.
- B. The undersigned agrees that no contractor, subcontractor or any person on his behalf shall, in any manner, discriminate against or intimidate any employee hired for the performance of work under this Agreement on account of race, creed, sex, disability, military status as defined in section 4112.01 of the Ohio Revised Code, color, gender identity as defined in Section 101.02(f) in the Codified Ordinances of the County of Summit and sexual orientation as defined in Section 101.02(r) in the Codified Ordinances of the County of Summit. The undersigned certifies he does not maintain and he will not permit his employees from performing services at any segregated facilities.

Firm Name:

By:

Title: _____

Date: _____

STATEMENT OF INDEMNIFICATION

The Vendor hereby agrees that if his or her proposal is accepted, that they will assume all risk of injuries to property of persons, including death resulting there from arising from the performance of the work under this project, or in connection therewith, or appertaining thereto, sustained by the vendor, the employees of the Vendor, the employees of the county and/or any other person. The Vendor does hereby agree to protect, indemnify, and hold harmless County of Summit and participating jurisdictions and agencies against any and all actions, claims, demand or liabilities for death, personal injuries or property damage arising from the performance of the work under this project by any person as aforesaid for any cause whatsoever, not including, however any act of negligence or omission by County of Summit or its authorized representatives and employees, and any defect in the premises, machinery or equipment of County of Summit. In addition, the Vendor shall pay all expenses, which County of Summit may incur in the investigation and/or defense of any such claim, including counsel fees and court costs.

Name of Company

Representative's Signature & Title

SUBSCRIBED AND DULY SWORN BEFORE ME ACCORDING TO LAW, BY THE ABOVE NAMED APPLICANT THIS _____ DAY OF _____, 20____ AT _____ COUNTY OF _____ AND THE STATE OF _____.

Signature _____

NON-COLLUSION AFFIDAVIT

STATE OF OHIO,

COUNTY OF SUMMIT, SS:

(Authorized Affiant) _____ being first duly SWORN, deposes and says that he is the (Title) _____ or authorized representative of (Company/Corporation) _____ or is the party submitting this proposal; that such proposal is genuine and not collusive or sham; that said Vendor has not colluded, conspired, connived, or agreed, directly or indirectly, with any other Vendor or person, to submit a sham proposal, or refrain from submittal; has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or any other Vendor, to fix any overhead, profit or cost element of said proposal price, or of that of any other Vendor; to secure any advantage against the County of Summit or any person or persons interested in the proposed contract; that all statements contained in said proposal of proposal are true and that, such Vendor has not, directly or indirectly submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any other potential Vendor. Further, Affiant affirms that no county employee has any financial interest in this company or the proposal being submitted.

Signature _____

Title: _____

Sworn to before me and subscribed in my presence this ___ day of _____, 20____.

Notary Public _____

My Commission Expires: _____

County of Summit ADM Board Qualification Statement Professional Services

Service: _____

Name of Business Entity: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Web Page: _____ Email: _____

If Business, Form: _____

(Corporation, Partnership, etc.)

Branches or Additional Locations, if any:

If Partnership, List All Partners:

Length of Time in Business or Practice: _____

Statements of Services Available (Include Areas of Specialization):

Description of Service Facilities (Personnel, Equipment, Resources):

Experience, Education, Skills:

If additional information or space is required, submit a typed, concise summary on 8½" x 11" plain bond paper.

Current/Past Performance/References

In completing your references, you should cite, if possible, at least two government projects of similar size and scope to the one defined in this request.

Reference One:

Company/Organization Name _____

Address _____

Contact Person _____ Telephone Number _____

Type of Contract/Description of Work

Reference Two:

Company/Organization Name _____

Address _____

Contact Person _____ Telephone Number _____

Type of Contract/Description of Work

**DECLARATION OF PERSONAL PROPERTY TAX DELINQUENCY
OHIO REVISED CODE 5719.042**

I, _____, hereby affirm that _____, responding to this Request for Proposal at the time of submitting this response with any delinquent personal property taxes on the general tax list of personal property of the County of Summit.

The amount of such due and unpaid delinquent tax and any due and unpaid penalties and interest is \$ _____.

Signature

Title

State of _____

County of _____, ss

Before me, a Notary Public, in and for said County, personally appeared _____, authorized signatory for _____, and acknowledges that he has signed the foregoing instrument and that same is his/her free act and deed.

IN TESTIMONY WHERE OF, I have affixed my hand and seal of my Office at _____, State of _____. This _____ day of _____, 2022.

Notary Public _____

**DECLARATION OF PERSONAL PROPERTY TAX DELINQUENCY
OHIO REVISED CODE 5719.042, continued**

I, _____, hereby affirm that _____,
firm herein, is / is not (check one) charged at the time of submitting this request for
proposal with any delinquent real property taxes on the general tax list of real property of the
County of Summit.

The amount of such due and unpaid delinquent tax and any due and unpaid penalties and interest
is \$ _____.

Firm Name: _____

By: _____

Title: _____

Date: _____

STATE OF OHIO)

SS:)

COUNTY OF SUMMIT)

Before me, a Notary Public, in and for said County, personally appeared _____,
authorized signatory for _____, and acknowledges that he has read the
foregoing subsections and that the information provided therein is true to the best of his
knowledge and belief.

IN TESTIMONY WHERE OF, I have affixed my hand and seal of my Office
at _____, Ohio, this _____ day of _____, 2022.

(Official Seal)

Notary Public

My commission expires _____, 20_____



The County of Summit ADM Board Statement of Work

Website Redevelopment

The County of Summit ADM Board is interested in partnering with a web development firm to develop a new website for the ADM Board. The contracted firm's work will include, but is not limited to, the following:

- Reviewing the existing site design and content.
- Migration of existing and/or new content from the existing site to the new site.
- Hosting the new site or recommending a hosting service.
- Converting the new site to a new technology platform.

Priority Objectives

- Use a content management system that will allow ADM Board staff to easily change, add, and/or remove content as necessary.
- Allow website users to complete and submit forms and to upload supporting documentation, as needed, to designated email addresses.
- Comply with ADA Section 508.
- Present graphics and aesthetics that support the ADM Board's principles while encouraging ease of use.

Proposed Areas

- News
- Resources
 - Broken down by topic
 - Lists for certain populations
- Help
 - Crisis Services broken down by areas of concentration (when applicable)
 - Residential Treatment options
 - Self Screening
- Upcoming Events
 - Calendar
- Prevention Services
 - Suicide Prevention
 - K-12 partnerships, programs, and initiatives
- Recovery Resources
 - Recovery Is Beautiful
 - Rock and Recovery
- Community Partnerships
 - Coalitions and task forces
 - Minigrants
 - CIT
- About
 - Board of Directors
 - Application to apply to be a member of the BoD
 - Staff
 - Community Plan

- o Report to the Community
- o Social Media policy
- o Public Records Policy
- Contact Us
 - o Include Media Inquiry information
 - o Contact Us form for direct submission
- Employment Opportunities
 - o ADM Board opportunities
 - o Opportunities in our industry
- Provider Agencies
 - o List of all active provider agencies with brief description and link to each's website
- Links to social media platforms

