

COUNTY OF ORANGE

**Request for Qualifications
for Nutritionist Services**

A. Introduction:

1. The County of Orange, by and through its Department of Health ("County") seeks a qualified, experienced individual to provide certain nutritionist services as set forth below.
2. A statement of qualifications, experience, and references in response to this Request for Qualifications ("RFQ") must be submitted to the attention of Christopher Ericson, Deputy Commissioner of the Department of Health, with the subject line "RFQ for Nutritionist Services" via facsimile to (845) 291-2341, or via email to cericson@orangecountygov.com, no later than 4:45 p.m., prevailing time, April 11, 2019 **and thereafter on a rolling basis to fulfill the needs of the County.**

B. Scope, Specifications and Qualifications:

1. Scope of Services. The services sought under this RFQ are of a professional nature for the County's Department of Health ("OCDOH") and involve responsibility for implementing the nutrition components of the New York State supplemental food and education program for women, infants, and children ("WIC") for low-income families who have nutritional risks. The successful offeror (hereinafter referred to as "Consultant") will perform services under the general supervision of a supervising nutritionist, but will have wide leeway for the exercise of independent judgment in carrying out technical details of such services. Consultant may lead the work of OCDOH staff involved with nutrition aspects of WIC. Typically the services will be performed during OCDOH WIC clinic hours for a period of four (4) hours depending on the need, but will not exceed nineteen (19) hours in any given week. At the time this RFQ is issued the OCDOH WIC clinics are located at:

- (a) 18 Seward Ave, Middletown, New York 10940; and
- (b) 33 Route 17M Harriman, New York 10950.

Please Note – the locations of one (1) or both of the OCDOH WIC clinics may be changed and/or additional locations may be added, at the sole discretion of the County at any time during the term of the contract resulting from this RFQ.

2. Required Services. Consultant will provide the following services:

- (a) Determine nutritional need and eligibility of clients for participation in WIC;
- (b) Assess nutrition needs of clients by comparing dietary intake against standards for nutrition and nutrition needs affected by pregnancy and lactation, infancy and childhood, medical problems, physical limitations, etc., and develop an appropriate care plan;
- (c) Write prescriptions for WIC food packages based on the assessed needs of clients;
- (d) Provide nutrition counseling to clients regarding foods available through WIC, nutrients provided by these foods, and additional foods required to assure satisfaction of complete

nutrition needs;

(e) Advise County staff, clients, and clients' families on available community resources to help meet nutrition needs (e.g. home delivered meals, federal nutrition and food stamp programs, homemaker services) and appropriate programs of OCDOH and the County's Department of Social Services;

(f) Plan, develop, and implement nutrition education for supplemental food program;

(g) Weigh and measure infants and children, plot weight gain for pregnant women, and calculate anthropometric measurements for use in determining nutritional risk;

(h) Perform finger sticks on clients to determine hemoglobin levels for use in determining nutritional risk;

(i) Assist in the development of the "Nutrition Education Plan" and implement same;

(j) Plan and conduct in-service programs in nutrition education and care for WIC staff, OCDOH personnel, other agencies, and interested community groups;

(k) Participate in New York State, regional and local programs to keep abreast of new developments in the field of nutrition;

(l) Maintain records in accordance with federal and New York State requirements;

(m) Prepare reports related to nutrition care activities;

(n) Conduct individual and group counseling on maternal and child health nutrition;

(o) Schedule medical evaluations of clients to maximize efficient utilization of nutrition program as requested by OCDOH;

(p) Plan and coordinate breast feeding programs for pregnant, postpartum and lactating women of low-income families who are at nutritional risk as requested by OCDOH; and

(q) Perform related work as may be requested by OCDOH.

3. Minimum Qualifications of Consultant.

(a) Consultant must have completed a program in dietetics-nutrition leading to a Bachelor's degree or higher academic credential that is, at the time the program was completed, registered by the New York State Education Department ("NYSED") as qualifying for certification in dietetics-nutrition or accredited by the Commission on Accreditation for Dietetics Education, or the equivalent of such a program.

(b) Consultant must currently possess, and maintain throughout the term of any contract resulting from this RFQ (including any renewals or extensions thereof), a valid New York State Certified Nutritionist or Certified Dietitian-Nutritionist license. **A copy of such license and proof of current registration with NYSED must be included with the statement of qualifications submitted in response to this RFQ.** During the term of any contract resulting from this RFQ, Consultant must provide proof to OCDOH, immediately upon request, to verify the continued

validity of such license and current registration.

(c) Consultant must currently possess, and maintain throughout the term of any contract resulting from this RFQ (including any renewals or extensions thereof), a valid driver's license. **A copy of such license must be included with the statement of qualifications submitted in response to this RFQ.** During the term of any contract resulting from this RFQ, Consultant must provide proof to OCDOH, immediately upon request, to verify the continued validity of such license.

4. Special Funding Requirements.

(a) Offerors are advised that any contract resulting from this RFQ will be funded in whole with grant funds received under the New York State ("NYS") Department of Health WIC grant through the United States Department of Agriculture, Food and Nutrition Service ("Grant"). As such, all services performed under any contract resulting from this RFQ must be in accordance with the terms and conditions of County's agreement with NYS for the Grant ("Grant Agreement"). A copy of the Grant Agreement is available from OCDOH upon request.

(b) Consultant must comply with all applicable terms and conditions of the Grant Agreement, as may be modified from time to time, which will be incorporated by reference in, and made part of any contract resulting from this RFQ. In the event of any inconsistency or conflict between the requirements of any contract resulting from this RFQ and those of the Grant Agreement, it will be resolved by giving precedence to the relevant and applicable provision in the Grant Agreement.

C. Term.

1. County anticipates that the term of any contract resulting from this RFQ will be for a period of one (1) year. County reserves the right to renew and extend the contract for up to two (2) additional periods of one (1) year each, at its sole option, under the same terms and conditions of the initial contract, unless alternate terms are specified in the contract for renewal.

2. Upon expiration of the initial term or any renewal term, the contract may be extended unilaterally by County for an additional period of up to two (2) months upon the same terms and conditions as the initial or renewal contract including, but not limited to, quantities (prorated for such extension), prices, and delivery requirements. With the concurrence of Consultant, the aforementioned extension may be for a period of up to three (3) months in lieu of the up to two (2)-month period.

D. Pricing. For the satisfactory provision of the services sought in this RFQ, County will pay Consultant a rate of Thirty and 00/100 (\$30.00) Dollars per hour, not to exceed a sum of Fifteen Thousand and 00/100 (\$15,000.00) in a one (1) year period.

E. Pay to Play. Please be advised that this solicitation is subject to Orange County Local Law 13 of 2013 the "Pay-to-Play Law," as amended. Pay-to-Play Forms will be made available with this RFQ. Form A must be submitted with the statement of qualifications; Form B will be required if awarded a contract under this RFQ. Offerors who fail to submit Form A will not have their submissions considered. Form B is required for execution of a contract by the County.

F. Procurement Lobbying Law Restricted Period for Communications. Pursuant to NYS State Finance Law §139-j and §139-k, this solicitation includes and imposes certain restrictions on communications between the County and an offeror during the procurement process. An offeror is restricted from contacting other than designated staff from the earliest notice of intent to solicit offers through final award and approval of the procurement contract by the County Executive ("Restricted Period") unless it is a contact that is included among certain statutory exceptions set forth in NYS State Finance Law §139-j(3)(a). County employees are required to obtain certain information when contacted during the Restricted Period. The designated staff contact for this RFQ is Christopher Ericson, Deputy Commissioner of OCDOH, telephone number (845) 360-6604. Offerors responding to this RFQ must familiarize themselves with these NYS State Finance Law requirements and will be expected to affirm that they understand and agree to comply on the Qualification Form.

G. Form of Contract. Offeror(s) awarded a contract pursuant to this RFQ agree to execute a contract in the substantially the same form as that attached to this RFQ in the timeframe, if any, indicated in this RFQ.

H. Insurance Requirements. During the term of any contract awarded pursuant to this RFQ, or longer if required, Consultant shall maintain, at its expense, Workers' Compensation, Disability and Liability insurance policies of the types and minimum coverages specified in the attached contract template. Certificates of insurance evidencing the successful offeror's compliance with these requirements shall be required prior to execution of a contract by the County.

I. Submission of Proposals. Unless otherwise noted below, one (1) signed original (as applicable to the document type) of each of the following items must be submitted in response to this RFQ:

1. **Completed and signed** Qualification Form included in this RFQ;
2. **Qualifications and Experience:** Provide a brief history of offeror's experience in providing the services sought in this RFQ, a current resume/C.V., and copy of all applicable certifications, licenses, etc. required to perform those services including a valid NYS Certified Nutritionist or Certified Dietitian-Nutritionist license and proof of current registration with the NYSED. Proof of a valid driver's license must also be provided.
3. **References:** Provide the names and contact information for at least two (2) clients wherein the services sought in this RFQ have been satisfactorily provided by offeror. References from New York government entities and agencies are preferred, but not required.
4. Completed and signed **Disclosure of Non-Responsibility Determination** (copy of instruction page not required).
5. Completed **Supplier Application Packet** (required prior to contract if offeror has not contracted with the County in the last 12 months under its current business entity name and identification number).
6. Completed and signed **Pay-to-Play Forms (Form A** must be submitted with offeror's submission in order to be considered; Form B is only required when a contract is awarded. **Note-** Due to an exemption in the Pay-to-Play Law, Government Entities and School Districts do not need to complete Pay-to-Play forms).

J. Basis of Award.

1. The award of any contract resulting from this RFQ may be made to the responsible, responsive offeror whose submission is determined to be in the best interest of County and in accordance with NYS General Municipal Law §104-b, taking into consideration the following factors in approximately equal weight:

(a) Qualifications and Experience; and

(b) References.

2. County reserves the right to give preference in the scoring of submissions to any offeror who is a verified NYS certified minority and/or women-owned business enterprise ("MWBE").

3. The submission of a statement of qualifications in response to this RFQ implies an offeror's acceptance of the evaluation criteria and acknowledgment that subjective judgments must be made by in selecting a submission. County reserves the rights to: waive any informality or reject any or all submissions, with or without advertising for new qualifications, if deemed to be in the best interest of County.

K. Questions. Questions can be submitted in writing to Christopher Ericson, Deputy Commissioner of OCDOH, via email at cericson@orangecountygov.com or via facsimile to (845) 291-2341, **by no later than 5:00 p.m., prevailing time, on April 4, 2019 and thereafter on a rolling basis to fulfill the needs of the County.**

L. Anticipated Timeline.

- | | |
|--|-----------|
| 1. Request for Qualifications Circulated | 3/11/2019 |
| 2. Questions Due | 4/4/2019 |
| 3. Qualifications Due | 4/11/2019 |
| 4. Consultant Selected | 4/12/2019 |

QUALIFICATION FORM
Request for Qualifications for Nutritionist Services

Name:

Address:

Contact Information:

Phone: _____ Fax: _____

Email: _____

Do you have a minority, women's, disadvantaged, or small business status? Yes No

If yes, please list the designation(s) and the certifying entity(ties): _____

The undersigned proposes to furnish and deliver the services described in the Request for Qualifications for Nutritionist Services and the responding proposal to the County of Orange, at the pricing set forth in the Request for Qualifications. The individual submitting this Qualification Form certifies by his/her signature below that:

- he/she understands and has complied with the requirements of NYS State Finance Law Sections 139-j and 139-k and will continue to do so throughout the Restricted Period;
- he/she has read and understood the full Request for Qualifications cited above; and
- he/she is duly authorized to submit the proposal on behalf of the business entity noted above.

Additionally, by submission of this Qualification Form, the individual certifies by his/her signature, under penalty of perjury, that the individual has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of NYS Labor Law §201-g.

By: _____ Date: _____

Name: _____ Title: _____