



Ad Hoc Funding Committee Meeting of the McLean County Board of Health; Thursday, March 28, 2019, 5:00 p.m., at 200 W. Front Street, Room 322, Bloomington, Illinois.

AGENDA

AD HOC FUNDING COMMITTEE MEETING

1. Call to Order
2. Public Participation
3. Approval of Minutes from March 5, 2019
4. Items for Discussion
 - A. Embedded Schools Project: discuss evaluation proposal
 - B. Requirements and Guidelines for Funding document
5. Items for Action
 - A. Recommend to Board of Health adoption of Requirements and Guidelines for Funding document
6. Adjournment



Conflict of Interest/Confidentiality Agreement

Procurement Conflict of Interest/Confidentiality Agreement

What and Who?

A Conflict of Interest is a circumstance where an individual has a personal interest, obligation, loyalty or relationship that may influence or be perceived to influence the performance of their responsibilities of their participation on the procurement review team. Conflicts of Interest:

- may be actual, potential or perceived
- may result in positive or negative undue bias
- may call the individual’s independence, objectivity or impartiality into question
- include past, current or possible future interests, obligations, loyalties, bias or relationships that an individual or someone associated with the individual (e.g. family members, friends) may have
- include gifts or hospitality from a respondent¹ offered to or received by an individual or someone associated with the individual.

All individuals involved in a procurement process with a procurement must complete, sign and submit this agreement at the commencement of their involvement. This form must be used to immediately inform the Principal Point of Contact for the procurement of any circumstance that arises that could represent a Conflict of Interest (regardless of Procurement Value).

Name:
Position:
Organization:
Procurement Title:
Role in the procurement:

Do you have any actual, potential or perceived conflicts of interest?

Do you have any personal interest in the outcome of this procurement?

(e.g. you serve on a board or committee of an applicant)

Yes No Potentially
(tick ‘potentially’ if others could perceive you have a conflict)

Do you have a relationship (e.g. family, friend or associate) with someone that may have a personal interest in the outcome of this procurement?

(e.g. a family member is an employee of an applicant)

Yes No Potentially
(tick ‘potentially’ if others could perceive you have a conflict)



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Do you have any personal obligation, loyalty or bias that could influence the way you perform the responsibilities of your job/role in relation to this procurement?

(e.g. a close friendship with an employee of an applicant)

Yes No Potentially
(tick 'potentially' if others could perceive you have a conflict)

Have you or anyone associated with you (e.g. family member, friend) received or been offered any benefit by a respondent to this procurement within the last 12 months?

(e.g. gifts, hospitality, discounts)

Yes No Potentially
(tick 'potentially' if others could perceive you have a conflict)

Are you aware of any circumstance that could give the appearance that you may have a bias towards or against any respondent?

(e.g. during the last 12 months:

- *you have expressed strong views about a respondent*
- *you or someone associated with you has worked for a respondent*
- *you or someone associated with you has been in communication with a respondent in relation to prospective of employment*
- *you have used a respondent's corporate box at a sports event.)*

Yes No Potentially
(tick 'potentially' if others could perceive you have a conflict)

Confidentiality responsibilities

All discussions, meetings and material (written and electronic) relating to this procurement are confidential and I agree to keep this information confidential and safe. I will not breach the confidentiality of this procurement by giving this information to anyone who has not signed a Conflict of Interest and Confidentiality Agreement for this procurement without the prior approval of the Principal Point of Contact.

Restrictions on contact with respondents

I agree that my contact with applicants is restricted during the procurement. Until the procurement has been concluded (e.g. contract awarded) I agree to not:

- meet or otherwise communicate with any applicant in relation to this procurement other than in an official capacity as part of the procurement
- accept any benefit (e.g. gift, hospitality, discount) from any applicant.

I agree to immediately report to the Principal Point of Contact any circumstance that could represent a Conflict of Interest including:

- any attempt by an applicant to communicate with me regarding this procurement (e.g. meeting or information requests other than in an official capacity as part of the procurement process)
- any communication between an applicant and me or anyone associated with me (e.g. family members, friends) that could be perceived as raising a Conflict of Interest (e.g. communication relating to prospective employment with an applicant)



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- the offering or receiving of any benefit or inducement (e.g. gift, hospitality, discount) by any applicant.

Declaration of Conflict of Interest

<p>Actual Conflict of Interest is where you already have a conflict.</p> <p>Potential Conflict of Interest is where the conflict is about to happen or could happen.</p> <p>Perceived Conflict of Interest is where other people might reasonably think you are not being objective.</p>	<p>If you have answered ‘Yes’ or ‘Potentially’ to any of the above questions, detail of the circumstances:</p>
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Your declaration

<p>Declaration – I confirm/agree that:</p> <ul style="list-style-type: none"> to the best of my knowledge, the above details are correct I make this declaration in good faith I will not breach the confidentiality of this procurement I will not meet or otherwise communicate with any respondent in relation to this procurement other than in an official capacity as part of the procurement process I will not accept any benefit from any respondent during this procurement I will immediately inform the Behavioral Health Program Manager of any circumstance that arises that could represent a Conflict of Interest. <p>I acknowledge that breaching confidentiality, communicating with applicants about this procurement, accepting any benefit from a potential supplier, making a false declaration or failing to immediately inform the Principal Point of Contact of any circumstance that could represent a Conflict of Interest may be regarded as serious misconduct.</p>		
Signature:		Date:
<p>Review by Behavioral Health Program Manager – I confirm that I have received this declaration and noted the contents.</p>		
Name:		



Conflict of Interest/Confidentiality Agreement

Signature:		Date:
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Conflict of Interest Management Plan

Procurement Title:
Circumstances of the Conflict of Interest:

How the Conflict of Interest will be managed

<p>There are six options for managing or resolving the Conflict of Interest:</p> <p>Report Advise evaluators and request that any perceived undue bias is reported</p> <p>Restrict involvement in the process</p> <p>Recruit an independent third party to oversee part or all of the procurement</p> <p>Remove the individual from the procurement</p> <p>Relinquish the private interest that causes the conflict</p> <p>Resign from the agency</p>	<p>The following plan has been agreed to manage the above Conflict of Interest:</p>
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Declaration – I agree to the above Conflict of Interest Management Plan
Name: (Person with the Conflict of Interest)



Conflict of Interest/Confidentiality Agreement

Signature:

Date:

Approval – I approve the above Conflict of Interest Management Plan

Name:

Behavioral Health Program Manager

Signature:

Date:

Request for Proposals (RFP) Scoring Sheet (Agency Number _____)

Instructions: This tool can be used to evaluate the merit of proposals and rank order them based on established evaluation criteria set forth in Sections E-I of the *Scoring Matrix*. Use the *Scoring Guidance Sheet* as a reference and then calculate and enter your assigned evaluation points and deductions into the corresponding sections of the Scoring Sheet.

Proposal Section	Weight	Evaluation Points*	Max Possible Score	Total Score**
A. Agency Name and Physical Address	N/A	N/A	N/A	N/A
B. Primary Contact Information	N/A	N/A	N/A	N/A
C. Brief Agency Description	N/A	N/A	N/A	N/A
D. Staff and Board Composition	N/A	N/A	N/A	N/A
E. Alignment with Program Goals	20%		20	
F. Experience with Evidence Based Programming	50%		50	
G. Community Engagement History	10%		10	
H. Partnership History	20%		20	
I. Conflict/Concerns Up to 10 points deducted				

TOTAL _____

*Evaluation Points = 1-100, with 1=lowest 100=highest

**Total Score (weighted value) = Weight multiplied by the Evaluation Points minus Conflict/Concerns deduction

Scored By: _____ Title: _____ Date: _____

Scoring Matrix

Proposal Section	Complete Information			
A. Agency Name, Address	Yes		No	
B. Primary Contact Information	Yes		No	
C. Brief Agency Description	Yes		No	
D. Staff and Board Composition	Yes		No	
Proposal Section				
E. Agency's mission aligns with goals of proposed program	Agency's mission directly aligns with goals proposed program	Agency's mission implied alignment with goals of proposed program	Agency's mission indirectly aligns with goals of proposed program	Agency's mission has no alignment with goals of proposed program
F. Described strong experience with <i>(insert type)</i> programming	Described history of performance in the implementation of effective, evidence-based programs in <i>(insert setting)</i> in the community.	Agency has a history of implementing effective, evidence-based programs but not in <i>(insert setting)</i>	Agency doesn't have a history of implementing effective, evidence-based programs but has successfully tracked performance measures of other programs and understands the significance supporting proven programs	Agency doesn't have history of implementing effective, evidence-based programs and has no documented interest in supporting proven programs

Proposal Section	Complete Information			
G. Community engagement history	Agency has demonstrated consistently well-thought-out engagement strategies and related tools	Agency usually has a plan for engagement and uses most of the engagement tools that are available	Agency attempts outreach and uses tools only as convenient	Agency has made initial attempts to engage but generally focuses efforts on most motivated participants
H. Partnership history	Agency demonstrates a history of successful community partnerships	Agency demonstrates some history of successful community partnerships	Agency has participated from time to time in successful community partnerships	Agency has not participated in successful community partnerships
I. Conflict / concerns	No Deductions = Applicant addressed disclosure - reviewer has no concerns any conflict would have negative impact on initiative		Deduct 5 points = Conflict or concern could have detrimental effect on agency's ability to perform tasks	Deduct 10 points = Conflict or concern could have detrimental effect on agency's ability to perform tasks and could negatively the agency.

Reviewer Name: _____

Name of Applicant	Org 1	Org 2			
Score – Section E					
Score – Section F					
Score – Section G					
Score – Section H					
Subtotal					

Deductions – Section I					
Total					
Ranking					

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