

REQUEST FOR PROPOSAL: RFP 14-09

TITLE: IMPROVING FOOD SKILLS IN  
SIMCOE & MUSKOKA: BEST  
PRACTICES

DATE: JUNE 26, 2014

## 1.0 INTRODUCTION

The Simcoe Muskoka District Health Unit serves the residents and vacationers of Simcoe County and the District of Muskoka. The Health Unit offers a wide range of services focused on promoting and protecting health and preventing disease, illness and injury.

The Health Unit serves a population of approximately 511,000 residents across a geographic area of 8,730 square kilometres. Programs and services are delivered from a variety of locations throughout Simcoe and Muskoka.

The Ontario Ministry of Health and Long-Term Care, in the [Ontario Public Health Standards 2008](#) mandates under the Chronic Disease and Injury Prevention Program Standard, requirement #8, that “The board of health shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations”. Furthermore, the Simcoe County Food and Agriculture Charter has identified “Increased education and skills development for a healthier community” as one of its six Charter Principles, thus recognizing its prime importance to the community. The SMDHU Chronic Disease Prevention - Healthy Lifestyle Program (CDP-HL) has identified “enhancing food skills” as a work plan priority.

## 2.0 PURPOSE

In partnership with funding from the Healthy Communities Partnership (HCP) program, SMDHU is seeking the services of an individual or firm to:

- determine best practice-based approaches for improving food skills in community and other settings and that address Ottawa Charter strategies;
- identify current Simcoe Muskoka food skills initiatives that show promise from a best practice perspective;
- identify and recommend ways that SMDHU could help further align these local food skills initiatives with best practice principles, and support their further development and expansion, with special emphasis on policy-related initiatives.

## 3.0 DEFINITIONS

**Food skills** - a set of skills needed to provide and prepare safe, healthy and culturally familiar meals. These skills include how to buy and/or grow food, read labels, plan meals, prepare and cook food safely, store food and make recipe substitutions.

## 4.0 BACKGROUND

The food environment has undergone many significant changes over the last five or six decades. Large grocery stores have become the dominant food shopping destinations, fast food franchises are widespread, and most foods and food ingredients are sourced globally and processed to at least some degree. As a result, Canadian

diets over the past few generations have changed and now reflect the higher amounts of fat, sugar and sodium that convenience foods provide, as well as a lower intake of fruit, vegetables and whole grains than recommended by Canada's Food Guide. Eating behaviours have also changed during the same time period. Canadians tend to eat away from home more often than in the past, consume large amounts of processed food and eat together less frequently. This "culinary transition" has led to "food deskilling" - a gradual population-wide decline in food preparation and cooking skills. This is due at least in part to the increased availability of highly-processed convenience foods, the popularity of new cooking methods such as microwaving and the reduced social value attached to cooking skills, as is illustrated by the removal of home economics in most schools. The outcome is that many people are unable to make informed decisions about buying and preparing healthy, sustainably-produced food. (From: [Making Something Out of Nothing](#). A Locally Driven Collaborative Project (LDCP) funded by Public Health Ontario, 2013).

## **5.0 DELIVERABLES/SCOPE OF WORK**

The successful proponent will create a report that summarizes the findings and evidence on best practice-based food skills approaches in community, municipal, school, workplace and other settings. This will include approaches that apply to the four Ottawa Charter strategies: build healthy public policy, create supportive environments, strengthen community action and develop personal skills, with special emphasis on policy-related initiatives. The report will also identify food skills initiatives currently underway in Simcoe Muskoka that show promise from a best-practice perspective and will recommend ways that working in partnership, SMDHU could help further align these initiatives with best practice principles and support their development and expansion locally. The proponent will ensure that every effort is made to identify promising local initiatives that fit with each of the Ottawa Charter strategies and each of the settings mentioned above.

To accomplish this, the proponent will:

- Review key sources of best practice information \*, including selected websites and food skills-related publications/key literature to identify food skills approaches relevant to community and other settings as well as to Ottawa Charter strategies with emphasis on policy;
- Review existing provincial and local food skills scans; \*
- Review compiled SMDHU data from 2013 – 2014 food skills-related Requests for Service (RFSs); \*
- With guidance from the HCP coordinator and public health nutritionist develop, implement, analyze and report on the findings of a survey monkey survey of community stakeholders to identify Simcoe Muskoka food skills initiatives that show promise from a best practices perspective;

- Consult local stakeholders with promising food skills initiatives to explore with them in depth what would be needed to align their existing food skills initiatives with best practice principles and support further development and expansion.
- Create a report that summarizes the findings from all information sources previously mentioned, identifies promising food skills initiatives currently underway in Simcoe Muskoka and recommends ways that SMDHU when working in partnership with others, could help further align these initiatives with best practice principles, support their development and encourage their expansion locally, with special emphasis on policy-related initiatives.
- Seek guidance and direction from the HCP coordinator and public health nutritionist as required to move forward with the tasks above. In addition provide progress updates bi-weekly and/or when each of the tasks above has been completed.

\* To be provided by the SMDHU public health nutritionist

## 6.0 BUDGET

The proponent must provide a detailed budget breakdown. In accordance with industry standards, SMDHU is not in a position to disclose the budget for this project. It should be noted however that ***our budget is limited***. This project is funded by the Ministry of Health and Long Term Care through the HCP Program, and is subject to Ministry requirements and timelines.

The proponent must itemize a breakdown of costs in Schedule 2 - Proponent's Financial Proposal as follows:

- A. Include an hourly rate
- B. Estimate the number of hours needed to complete the deliverables
- C. Estimate additional expenses (mileage, supplies, etc.)
- D. Include the total price to complete the project

The Health Unit will not compensate or reimburse for the preparation and submission of quotations or proposals in response to a request for same. All submissions become the property of the SMDHU upon receipt.

## 7.0 PAYMENT SCHEDULE

The dollar value of this Proposal must be valid for 60 days. All pricing shall be in Canadian funds; all applicable taxes shall be shown as extra.

Unless alternate arrangements are negotiated, payment for work rendered shall be made in two installments, upon receipt of the signed service agreement and upon submission of the satisfactory final product. Payment will require presentation of detailed invoices for approval. Terms are net 30 days.

Invoices shall be forwarded to:

Velma Shewfelt, HCP Program Coordinator  
Simcoe Muskoka District Health Unit  
15 Sperling Drive, BARRIE ON L4M 6K9  
Email: [velma.shewfelt@smdhu.org](mailto:velma.shewfelt@smdhu.org)

## 8.0 INSTRUCTIONS TO APPLICANTS

### 8.1 INQUIRIES

All inquiries related to this RFP should be directed in writing to the individual named below (the “**Health Unit Representative**”). Information obtained from any individual or source other than the Health Unit Representative may not be relied upon.

Jane Shrestha, RD  
Public Health Nutritionist  
Simcoe Muskoka District Health Unit  
15 Sperling Drive, Barrie ON L4M 6K9  
Phone: (1-877) or (705) 721-7520, ext. 7249  
Email: [jane.shrestha@smdhu.org](mailto:jane.shrestha@smdhu.org)

### 8.2 PROPOSAL SUBMISSION AND CLOSING DATE

One email copy may be submitted to:

Velma Shewfelt  
Healthy Communities Partnership Program Coordinator  
Simcoe Muskoka District Health Unit  
15 Sperling Drive, Barrie, ON L4M 6K9  
Phone: (1-877) or (705) 721-7520, ext. 7527  
Email: [velma.shewfelt@smdhu.org](mailto:velma.shewfelt@smdhu.org)

On or before the following date and time (the “Closing Time”):

**Time:** 09:00 hours  
**Date:** July 23, 2014

Proposals received after the Closing Time will not be accepted or considered. Delays caused by any delivery, courier, or mail service(s) will not be grounds for an extension of the Closing Time.

Proponents must complete the Schedule 1 - Form of Proposal attached, and other documentation required; attach additional pages as necessary.

Proposals should be clearly identified with the Proponent's name and return address, Title of the Project (Improving Food Skills in Simcoe and Muskoka: Best Practices), RFP reference number (RFP 14-09).

### 8.3 PROPOSAL DOCUMENTATION

All documents must be completed in full and as directed in Schedule 1 – Form of Proposal.

### 8.4 SCHEDULE OF EVENTS *(Note: Subject to change at the discretion of the SMDHU)*

| <b>Activities</b>   | <b>Anticipated Completion Date</b>   |
|---|--|
| RFP 14-09 closing time  | July 23 <sup>rd</sup> , 2014 9:00 am   |
| Selection and notification of successful proponent by the Health Unit   | Successful applicant will be notified by July 30 <sup>th</sup>   |
| Meeting with Health Unit to discuss scope of project, deliverables and drafting of contract (teleconference or in-person as feasible)   | July 31 <sup>st</sup> , 2014   |
| Complete review of literature, food skills scans, best practice information sources and SMDHU food skills RFS review and summarize findings and share with SMDHU lead(s).   | Information/evidence review completed, summarized and submitted to SMDHU by 9:00 am August 18 <sup>th</sup> , 2014<br>Meet with SMDHU August 20 <sup>th</sup> pm for feedback and to discuss next steps. |
| Develop plans for a survey monkey survey of community stakeholders to identify Simcoe Muskoka food skills initiatives that show promise from a best practice perspective.   | Survey plans developed and submitted to SMDHU for review by September 10 <sup>th</sup> , 2014  |
| Meet with SMDHU to review and finalize survey plans.  | Meet September 17 <sup>th</sup> pm.  |
| Implement, analyze and report on the findings of a survey monkey survey of community stakeholders.  | Implement survey first two weeks of October 2014. Report on findings completed and submitted by October 27 <sup>th</sup> , 2014  |
| Consult with up to 20 local stakeholders with promising food skills initiatives to explore in depth what would be needed to enhance best practice and support further development and expansion. Format for these consultations to be determined by consultant with input from SMDHU. | Stakeholder consultations completed by November 28 <sup>th</sup> , 2014  |
| Complete first draft of food skills report including findings and recommendations. Submit draft to SMDHU lead(s) for review and feedback.   | Draft report submitted by December 2 <sup>nd</sup> , 2014  |
| Receive feedback on the draft report from SMDHU lead(s).  | December 9 <sup>th</sup> , 2014  |

## **9.0 AWARD OF CONTRACT**

The Health Unit is under no obligation to select the lowest or any bid, or to proceed to negotiations for a Contract, or to award any Contract, and the Health Unit reserves the complete right to at any time reject all Proposals, and to terminate this process.

The Proposal Scoring Tool attached as Appendix A will be used to aid in the vetting and decision-making process.

## **10.0 REGULATORY COMPLIANCE**

Upon award, the successful proponent will be responsible for a strict adherence to all Federal, Provincial, and Municipal codes and by-laws and must obtain all permits and licenses as applicable.

## **11.0 OWNERSHIP OF MATERIALS/DATA AND CONFIDENTIALITY**

Upon award, the successful proponent must adhere to all confidentiality policies, draft or otherwise, of the Health Unit and be willing to enter into a Confidentiality Agreement (Appendix B) with the Health Unit.

The documentation submitted in response to the RFP, along with all correspondence, documentation and information provided to the Health Unit by any proponent in connection with or arising out this RFP, once received by the Health Unit:

- Shall become the property of the Health Unit;
- Shall become subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and may be released, pursuant to the Act;

Because of MFIPPA, prospective proponents are advised to identify in their Proposal any scientific, technical, commercial, proprietary or similar confidential information, the disclosure of which could cause them injury.

## **12.0 INSURANCE/WSIB**

The successful Proponent agrees to indemnify and save harmless the Health Unit for any claim demand arising out of the performance by the Proponent of the Contract. The Proponent agrees to maintain comprehensive liability insurance covering all operations and liability assumed under the Contract, and to provide the Health Unit with a certificate to this effect.

The Proponent agrees to have a limit of liability of not less than \$2,000,000 (TWO MILLION DOLLARS) inclusive for any one occurrence.

The Proponent must supply proof of good standing with the Workplace Safety and Insurance Board at the time of the submission of a proposal. Should the person, company, corporation or organization be exempt from the requirements of the Workplace Safety and Insurance Board, proof of exemption must then be submitted.

**SCHEDULE 1  
FORM OF PROPOSAL**

**RFP Project Title:** Improving Food Skills in Simcoe and Muskoka: Best Practices

**RFP Reference No.:** RFP 14-09

**Legal Name of Proponent:** \_\_\_\_\_

**Contact Person and Title:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**1.0 I/We, the undersigned duly authorized representative(s) of the Proponent,** having received and carefully reviewed all of the Proposal documents, including the RFP and any issued addenda, and having full knowledge of the proposal requirements, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions attendant to performing the Services, submit this Proposal in response to the RFP.

**2.0 I/We confirm** that the following are attached to and form part of this Proposal:

- a) Schedule 1 – Completed Form of Proposal
- b) Detailed project outline
- c) Detailed resume or curriculum vitae outlining the applicant’s related experience, expertise and capacity to complete the project
- d) Detailed budget breakdown – Completed Schedule 2 Proponent’s Financial Proposal
- e) Names and contact information of not less than 3 references

**3.0 I/We confirm** that this Proposal is accurate and true to the best of my/our knowledge.

**4.0 I/We confirm** that, if I/we am/are awarded the Agreement, I/we will at all times be the “prime Contractor/Firm” as provided by the Workplace Safety and Insurance Act (Ontario) with respect to the Services. I/we further confirm that if I/we become aware that another Contractor/Firm at the place(s) of the Services has been designated as the “prime Contractor/Firm”, I/we will notify the Health Unit immediately, and I/we will indemnify and hold the Health Unit harmless against any claims, demands, losses, damages, costs, liabilities or expenses suffered by the Health Unit in connection with any failure to so notify the Health Unit.

**This Proposal** is submitted this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

**I/We have the authority to bind the Proponent.**

\_\_\_\_\_  
(Name of Proponent)

\_\_\_\_\_  
(Name of Witness)

\_\_\_\_\_  
(Signature of Authorized Signing Officer)

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Print Name and Position of Authorized Signing Officer)

\_\_\_\_\_  
(Print Name and Relationship of Witness to Applicant)

**SCHEDULE 2  
PROPONENT'S FINANCIAL PROPOSAL**

Include a detailed fee proposal for the project including disbursements. These hourly rates will be included in the contract charge out schedule in the agreement.

**Schedule of Rates:**

| Item No. | Description  | Estimated Quantity of Hours | Hourly Rate | Total Price |
|----------|--|-----------------------------|-------------|-------------|
|          | <b>Labour:</b>                                     |                             |             |             |
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|          | <b>Materials:</b>                                  |                             |             |             |
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|          | <b>Mileage:</b>                                    |                             |             |             |
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|          | <b>TOTAL PROPOSAL PRICE<br/>(excluding taxes):</b> |                             |             |             |

## Appendix A – Proposal Scoring Tool

**Proponent:**

**Total Price:**

| General Category  | Criteria  | WEIGHT | SCORE        | Weight x score |
|---|---|--------|--------------|----------------|
| Proposal  | Submitted by the deadline in accordance with RFP requirements   | Yes/No |              |                |
|   | Proposal Form completed as directed and duly signed   | Yes/No |              |                |
| <b>If the answer to either of these above is NO, the review should go no further and the application be rejected.</b> |   |        |              |                |
| Individual/Firm   | Relevant academic and work experience.  | 4      | /5           |                |
|   | Evidence that the individual/firm has sufficient capacity to complete the task at hand in a timely way.           | 3      | /5           |                |
|   | Appropriate and relevant references provided.   | 2      | /5           |                |
|   | Evidence that candidate uses consultative, collaborative and professional approach in work with others.           | 2      | /5           |                |
| Understanding of work to be performed   | Clarity and comprehensiveness of proposal – does it cover all of our “asks” and stay within the stated timelines? | 5      | /5           |                |
| Budget<br><i>NB: project budget is limited</i>  | A detailed and competitive price breakdown is provided.   | 4      | /5           |                |
|   | Total price   |        |              |                |
| <b>TOTAL SCORE</b>  |   |        | Total Score: |                |

## Appendix B - Confidentiality Agreement

THIS AGREEMENT is made this \_\_\_ day of \_\_\_\_\_

Between:

Simcoe Muskoka District Health Unit  
("Health Unit")

-and-

[insert name of Company]

(collectively herein, the "Parties")

On and subject to the terms and conditions of this Agreement, the Parties intend to disclose to each other certain Confidential Information for purposes of engaging in and facilitating the performances of Services pursuant to an Agreement ("Services Agreement") dated [insert date of service agreement] between the Health Unit and [insert Company name].

THEREFORE, in return for the promises and mutual agreements contained in this Agreement and other good and valuable consideration (the receipt and sufficiency of which is acknowledged by each of the Parties hereto), this Agreement sets out the parties' respective obligations with respect to Confidential Information, as defined below, which Receiving Party receives from Disclosing Party:

The parties agree as follows:

In this Agreement,

- i. "Confidential Information" means any business or technical information, whether or not stored in any medium, and whether oral, written or otherwise, relating to the Health Unit's business, as well as any personal or personal health information relating to any person or individual whose information is within the custody or control of the Health Unit, including without limitation all information that is identified as confidential at the time of disclosure or that a reasonable person would consider, from the nature of the information and circumstances of disclosure, to be confidential. Confidential information includes original information supplied by the Health Unit, as well as copies and any report, analyses, products and other materials derived from or containing such original information.
- ii. "Disclosing Party" means the Health Unit when disclosing Confidential Information under this Agreement either deliberately or inadvertently;

- iii. "Receiving Party" means [insert name of Company employee] when receiving, having access to or being exposed to Confidential Information under this Agreement.

### **Use of Confidential Information**

1. Receiving Party agrees to treat Confidential Information as confidential to and as the property of the Disclosing Party and to use an appropriate degree of care which, in any case, will not be less than the degree of care it uses with respect to its own information of like nature to prevent disclosure of the Confidential Information of the Disclosing Party. Receiving Party will not disclose this Agreement or Confidential Information at any time during the Term hereof (as defined herein) or thereafter, except to Receiving Party's directors, officers, employees and contractors who have a need to know for the purpose of carrying out the purpose of the Services Agreement and, in the case of contractors, who have acknowledged receipt of a copy of this Agreement and agreed in writing to comply with its terms.
2. Receiving Party will use Confidential Information only for purposes of performing the Services, and neither party will use the Confidential Information for purposes of competition with the other party. Neither party will circumvent or otherwise try to avoid, directly, indirectly, or otherwise, any terms or provisions or intent or purpose expressed herein. Neither party will disassemble, decompile, or reverse engineer any Confidential Information of the other. Nothing in this Agreement is to be construed as granting Receiving Party any title, ownership, license, or other right or interest with respect to Confidential Information of the Disclosing Party. Confidential Information will be held in trust by Receiving Party for the Disclosing Party. Confidential Information will be immediately returned by Receiving Party to the Disclosing Party on completion of the Services, and upon request by the Disclosing Party at any time.
3. [Insert name of Company employee] will ensure that its directors, officers, employees and contractors covenant and agree that:
  - a. all Confidential Information, including personal and personal health information, that I have access to or learn through my employment in the performance of the Services for Simcoe Muskoka District Health Unit is to be kept strictly confidential by me and not disclosed or divulged to any third person or entity,
  - b. as a condition of my employment in the performance of the Services for Simcoe Muskoka District Health Unit, they must comply with these policies and procedures, and
  - c. failure to comply with these policies and procedures may result in termination of affiliation with the Simcoe Muskoka District Health Unit and may also result in legal action being taken by the Simcoe Muskoka District Health Unit and others.
4. [insert name of company] will ensure that its directors, officers, employees and contractors covenant and agree that:
  - a. they will not access, use or disclose to any other person or entity any Confidential Information, including personal and personal health information learned of or in possessed because of their affiliation with the Simcoe Muskoka District Health Unit or in the performance of the Services, unless it is necessary to do so in order to perform the Services.

- b. they will make every effort to ensure that Confidential Information, including personal and personal health information, is secure from accidental disclosure, modification or destruction.
- c. they understand that under no circumstances may Confidential Information, including personal or personal health information be communicated either within or outside of the Simcoe Muskoka District Health Unit, except to other persons who are authorized by the Simcoe Muskoka District Health Unit to receive such information.
- d. they will not alter, destroy, copy or interfere with Health Unit information, except with authorization and in accordance with Simcoe Muskoka District Health Unit policies and procedures.
- e. they will keep any computer access codes (e.g. passwords) confidential and secure; protect physical access devices (e.g. keys and badges) and the confidentiality of any information being accessed.
- f. they will not lend access codes or devices to anyone, nor attempt to use those of others.
- g. They will immediately report inappropriate/unauthorized/unnecessary access, disclosure or destruction of Confidential Information to my Supervisor/Manager and the authorized representative of the Simcoe Muskoka District Health Unit.

#### Notices

- 5. Notices delivered in connection with this Agreement must be in writing and delivered to the address set out on the first page of this Agreement to the attention of the individual executing this Agreement on behalf of such party, or as changed by the parties by notice in writing delivered to each other from time to time in accordance with this Agreement.

#### No Waiver

- 6. Delay, failure, or partial exercise by a party of any right or remedy under this Agreement will not constitute a waiver of any right or remedy. Any waiver must be in writing, but any such waiver will be limited to its terms and will not constitute waiver of any other provision or breach of this Agreement. Receiving Party acknowledges and agrees that money damages may not be an adequate remedy for any breach of this Agreement and that the Disclosing Party shall be entitled to an injunction or specific performance as a remedy for any breach and that such remedies will not be deemed to be exclusive but in addition to any other remedies available at law or in equity.
- 7. If any part of this Agreement is declared invalid by a court of competent jurisdiction, the invalid provision will be severed, and the remaining provision will continue in effect non-amendable.

#### Termination of Agreement; Continuing Obligation

- 8. The parties' obligations under this Agreement take effect beginning on the date it is signed by both parties (the "Commencement Date") and this Agreement shall remain effective in perpetuity.

#### General Terms

- 9. This Agreement sets out the entire agreement of the parties concerning the matters described above and supersedes all prior written or oral agreements and

understandings. This Agreement may be amended only by consent in writing of both parties.

10. This Agreement binds the parties and their respective successors and permitted assigns. Neither party shall assign this Agreement without the prior written consent of the other.

11. This Agreement is governed by and shall be construed in accordance with the laws of Ontario, and the parties agree to the nonexclusive jurisdiction of the courts of Ontario in relation to this Agreement.

12. This Agreement may be signed in facsimile or in counterparts, each of which will be deemed to be an original and all of which will be deemed to be one and the same document.

EACH OF THE PARTIES have executed this Agreement and in so doing confirm their authority and intention to bind the Party they represent

|                            |                  |             |
|----------------------------|------------------|-------------|
| _____                      | _____            | _____       |
| <b>Name (Please Print)</b> | <b>Signature</b> | <b>Date</b> |

**Witness**

|                            |                  |             |
|----------------------------|------------------|-------------|
| _____                      | _____            | _____       |
| <b>Name (Please Print)</b> | <b>Signature</b> | <b>Date</b> |