

BC's health research funding agency

Request for Proposals

Early Intervention Services for Children who have or who are at risk of Developmental Delay or Disability

- > Review of the Research Literature: Early Intervention Services (International)
- > Environmental Scan: Early Intervention Services (Canada)

Closing time and date:

▶ Proposals must be received via email sent to Judith Hutson, Project Manager, CYSN Initiative cysn@msfhr.org by 4 p.m. PST Friday, September 6, 2019

Issue date: Monday, August 12, 2019

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1. Context

1.1 About MSFHR

The Michael Smith Foundation for Health Research (MSFHR) is BC's health research funding agency. MSFHR helps develop, retain and recruit the talented people whose research improves the health of British Columbians, addresses health system priorities, creates jobs and adds to the knowledge economy. Learn more at www.msfhr.org.

1.2 Background

From time to time, the government of British Columbia seeks the support of MSFHR to facilitate development of evidence-based advice and guidance on key policy and service delivery issues. Building on its strong ties to the health research community provincially, national and internationally, MSFHR convenes or contracts with subject matter experts and methodology resources to identify, contextualize, synthesize and report on current knowledge in areas of interest, to contribute to the relevance and quality of government policy and service delivery decisions.

In 2017, a provincial cross-ministry Children and Youth with Special Needs (CYSN) Framework for Action Working Group engaged with MSFHR to explore how the Foundation might support the Working Group's evidence needs relating to CYSN. Three topic areas were identified as priorities with related research questions that were potentially actionable for further study. MSFHR facilitated a Task Group process to further review potential responses to government evidence needs in these topic areas. In February 2018 three task groups were struck, one to address each of the three topic areas:

- A. Early intervention services for children who have or who are at risk of developmental delay or disability
- B. Respite services and supports for families of CYSN
- C. Employment supports for youth with multiple barriers with a focus on mental health and substance use

Each task group was comprised of government representative(s) and two or more Canadian researchers with expertise in the relevant topic area. The Task Forces' mandate was to advise the Working Group and MSFHR on the scope of and desired approach to addressing their specific research topic and related research questions, including timelines, budgets and descriptions of anticipated deliverables.

Recommendations from all three task groups were submitted in July 2018 to MSFHR and the cross-ministry Working Group. Each group recommended commissioning a suite of research "products" — an integrated set of activities they considered might be of most value to inform policy development and service delivery planning in their respective topic area.

In October 2018, the cross-Ministry Working Group accepted the recommendations and commissioned MSFHR to proceed with implementing them over the next two years — a body of work referred to hereinafter as The CYSN Initiative ("the Initiative").

This Request for Proposals (RFP) aims to address the topic area of early intervention services for children who have, or who are at risk of, developmental delay or disability. "Early intervention" refers to the timing of service rather than age-specific services. The target population includes children who have a formal diagnosis (such as autism, intellectual disability, or FASD), children who may go on to receive a

formal diagnosis, or children who will not go on to receive a diagnosis but who are experiencing, or who are at risk of, developmental delay. The target population for this work is further defined as:

Children may be at risk of, or experience, developmental delays as a result of biological factors, and/or 'adverse childhood experiences' (ACEs) that are rooted in a complex intersection of interpersonal and broader social factors. An examination of the advantages and disadvantages of different approaches to eligibility for services therefore needs to be inclusive of children who have developmental delays that stem from biological and/or social and structural factors. In the context of Indigenous children, approaches to eligibility for services needs to also attend to how the historical and ongoing effects of colonization can impact families' lives and children's health and development.

1.3 Project Overview and Key Insights

The purpose of this RFP is to solicit proposals to complete a literature review (international) and an environmental scan (Canada) focused on early intervention services for children who have, or who are at risk of, developmental delays or disability.

This work will inform the ongoing development and implementation of the CYSN Service Framework.

CYSN Service Framework

The Ministry of Children and Family Development (MCFD) is currently developing a Child and Youth with Special Needs (CYSN) Service Framework to provide overarching policy and guide investment for the suite of CYSN services, ready for a phased implementation in April 2020. The objective of the CYSN Service Framework is to establish an approach to delivery and access driven by the needs of children and families that is reflective of current research.

The service framework will state guiding principles; clarify pathways for eligibility determination and access to services; explain what services are provided; clarify how services are delivered, evaluated, and interact with other child/family service systems; and explain how MCFD resources are allocated. This includes foundational programs, family support services, specialized provincial services, CYSN social worker services, transitions support, linkages/intersection of related services (i.e. health, education, child and youth mental health, child care), adult services as it relates to youth transitions, and CYSN in care of MCFD. Nursing support services, child and youth mental health services, and public health early speech and language services will not be included in the service framework.

The Ministry contracted two consulting firms to help government understand how CYSN services and supports can be improved to meet the needs of children and youth with special needs and their families:

- KPMG was contracted to research the experience of families and service providers accessing, moving through and transitioning out of MCFD CYSN services and to analyze the suite of CYSN's services to better understand the opportunities and challenges that users of the current system encounter.
- Reciprocal Consulting, an Indigenous consulting and research firm, led the user experience research with Indigenous families focusing on their experiences and journeys as they seek and move through MCFD's system of supports and services.

This research, along with reports by the Representative of Children and Youth, reports and articles provided by stakeholders and academic research was analyzed revealing six key themes: access, eligibility, equity, cultural responsiveness, inclusion, and family support. Details on these themes will be available for review in the coming weeks.

The next steps of developing the service framework include draft framework consultation (fall 2019), the public release of service framework (spring 2020), and the beginning of the phased implementation (spring 2020).

Key Insights from the Early Intervention Task Group Report (July, 2018)

The Early Intervention Task Group identified a number of agreements and assumptions that shaped the final recommendations including the recommendation to proceed with the RFP to complete the current state assessment, the environmental scan and the literature review.

- Research undertaken without grounding in the broader context for service delivery will fail to address the realities facing families, funders and service providers. It is essential that a contextual lens and analysis be applied to the research questions to better understand the relationship and complexity between the early intervention system in BC and families' access to these services. For example:
 - The current system and model of service delivery favours educated, informed, middle-class families who know how to navigate and communicate with the El system and who live in closer physical proximity to El services.
 - Research in Northern BC highlights the geographical discrimination that is inadvertently embedded in the way access to service has evolved.
 - How EI services are conceptualized and delivered often are not responsive to the priorities and concerns of families who experience various forms of social marginalization. There are concerns that EI services are not reaching children who are at risk of/have developmental differences and are also experiencing early adversity.
 - The administrative/logistical transitions from MCFD to Ministry of Education for EI services when children enter the school system can create stress and difficulties for all families, and can be exacerbated for families who experience structural forms of vulnerability and marginalization. The significant drop-off and change in EI service providers can create more stress for families, and fails to support parents through this important transition period in their and their children's lives.
 - Early years programs (that often have well-established trusting relationships with parents and can help them with this transition) typically do not extend beyond school entry. Often the support that exists for this critical transition is unofficial or "off the side of the desk", responding to families and not necessarily system "rules". Kids may be "school ready" but their parents may not feel comfortable or able to engage with or navigate the education system.
 - Good systems and supports are not just found in formal therapeutic and educational interventions; they often relate to broader social determinants of child development including community and home context.
- Many "pilot projects" have been undertaken in multiple jurisdiction over many years, to learn more about promising practices for intervention services for children who are at risk of, or who are experiencing, developmental delay or disability. It's time to account for and synthesize what we have learned from unique "innovative" pilot projects. Many pilot

projects, services delivered, and associated research have focused on supports for one specific diagnostic group, e.g. those children with a diagnosis of autism. However, it is increasingly recognized that early intervention services improve outcomes for the broader population of children who are at risk of, or who are experiencing, developmental delay or disability, regardless of diagnosis (or lack thereof). Systems of support in the early years need to allow for the inclusion of all children and must be informed by evidence-based practices proven to be associated with positive outcomes. The research project needs to ensure that the lens is balanced between a prevention lens and understanding new developments in diagnostic-specific research.

- ➤ Within current service delivery models there are some interventions that have been proven valuable and effective. When focusing on the need for changing the system we must identify these existing strengths, and not discount or disrupt these proven services.
- The involvement of children, youth, and their families ("Nothing about us, without us") is crucial to the successful, research, design and implementation of any intervention.
- The scope of early interventions must be inclusive of and responsive to the priorities and realities of families who experience daily stressors as a result of multifaceted social and structural factors and have young children who could benefit from extra supportive and/or preventative services in their early years.
- There is no one approach for providing early intervention services for Indigenous families in BC. However, emerging evidence points to the need to have early intervention eligibility criteria and services that are informed of and responsive to Indigenous communities and families' particular priorities and realities.

The federal Children First Initiative to enact Jordan's Principle is informing various initiatives across the country to improve access by Indigenous families and children to social and health resources and services equitable to the wider child population in Canada. This includes improving access to timely and effective early intervention therapy services.

- Research and evaluation of early intervention policy and service in other jurisdictions outside BC may well suggest options for BC implementation, however any intervention must be selected in consideration of BC's specific context including social, geographic, history, policy and other realities. This is particularly true for considerations of supports modelled on programs from outside Canada.
- Currently, BC's focus on the universal early child care and learning agenda suggests an opportunity to explore optimal models for universal supports, particularly from a policy framework perspective. As BC moves toward a universal early learning and child care system, there will be greater opportunities to support all children in transitioning to school, and in particular, children with extra support needs. More fully inclusive child-care environments must allow for earlier identification of those who need extra supports.

- ➤ Professional silos and related continuing professional development structures (e.g. for occupational therapists, physiotherapists, speech language pathologists, teachers, educational assistants, etc.) are often characterized by different approaches to supporting child development and different professional "languages". Indeed, while early intervention is increasingly a multi-disciplinary, cross-ministry, multi-sectoral endeavor it remains characterized by differences in the philosophy, language, terminology etc. of different professions and providers. Any projects arising out of these recommendations will be strengthened if they reflect and respond to the need to bridge such differences.
- There is evidence that coaching models for professional development of early childhood professionals and parents of children that focus on supporting the implementation of evidence-informed practices might set the stage for better services and improved alignment within and across the early childhood community and the families they serve. Improving the quality of workforce and family function must be grounded in the development of practices that are clearly proven to deliver desired outcomes.
- ➢ Broadening the scope of early intervention education, research and practice, to support the emergence of a truly transdisciplinary, cross-ministry, and multi-sectoral endeavor, will bring together different mandates, policy and practice approaches and perspectives, philosophies/ worldviews, language/terminology etc. to the potential benefit of those being served.
- ➤ It will be important to consider an integrating framework of "lenses" to be applied to the research questions listed in Section 2 "Key Deliverables", including:
 - System lens (multiple providers, ministries and organizations involved, with varying goals, cultures and incentives)
 - Health equity lens (social and structural determinants of health that create potentially remediable/preventable health inequities)
 - Family-centered lens (family and community capacity)
 - Intersectionality lens
 - Intersectionality recognizes that people's identities and social positions are influenced by multiple factors. A person's age, disability, ethnicity, gender, gender identity, sexual orientation, and socioeconomic background shape their unique experiences and perspectives. This contributes to different living/lived experiences of individuals to other individuals who might not share all the same experiences.
 - It is important an intersectional approach is used to guide the environmental scan and the literature review, to capture diverse experiences and perspectives of various social groups. This promotes equality and diversity of research by recognizing the complexities that influence the inquired research topic.

As well, recognition of this integrating framework suggests the need to consider the demands of system and organizational change in how to conceptualize the services under discussion.

Current State Assessment - Early Intervention Services in BC

In 2019, a current state assessment of the early intervention services in BC for children who have, or who are at risk, of developmental delays or disability was completed. A summary of the findings of this current state assessment will be shared with the successful proponent who is awarded this contract.

2. Key Deliverables

There are 2 key deliverables included in this RFP: a literature review and an environmental scan.

2.1 Review of Research Literature: Early Intervention Services – International

The review of research literature will focus on the following topics:

- ➤ The relative effectiveness of approaches to access and eligibility for early intervention services and supports.
- > The relative effectiveness of different supports provided for transitions to school.

Depending on the volume of literature to be scanned, a systematic or systematized review is recommended. It will be important that the scan not be limited to Canadian sources as valuable insights can be gathered from US and European studies (particularly models from Nordic countries). The scope of this review must be multi-disciplinary. The scan should wherever possible reflect and integrate systems, health equity and family-centred lenses.

It is very important that the work related to the relative effectiveness of approaches to access and eligibility be completed by December 6, 2019. It would be ideal to have the summary of the relative effectiveness of different supports provided for transitions to school completed in December, 2019, however it would be acceptable for this work to be completed by February 28, 2020.

Key Research Questions

The key research questions for this deliverable are:

Approaches to eligibility for early intervention services and supports

What early intervention models are informed by a 'prevention lens'?¹ How do they lend support to promoting practices for all children and to guiding preventive interventions for children who might benefit from targeted

¹ Note: With respect to the "prevention lens", recent advances in the fields of public health and education, and in the developing field of prevention science, illuminate the need for a more interdisciplinary focus to improve child outcomes generally, and specifically, for populations that are systematically disadvantaged due to social, cultural, or economic differences. A 'prevention lens' allows for different levels of care: universal, selected, or indicated. Universal interventions target all children and are aimed at reducing a variety of risks, depending on their focus. Selective interventions are aimed at a subset of children whose circumstances or characteristics place them at risk for poor outcomes. Finally, indicated interventions are aimed at children and families that are beginning to show developmental difficulties and usually commence prior to formal diagnosis. Indicated interventions are those that are typically conceptualize as 'early' interventions.

- supports that preclude the need for assessment, diagnosis, and tertiary individualized early interventions?
- What are the advantages and disadvantages of using age-, diagnostic-, and/or functional needs-based eligibility requirements for eligibility for early intervention services for children who are at risk of, or who are experiencing, developmental delay or disability?
 - This includes attending to how eligibility requirements are experienced by:
 - Children and families who experience various forms of vulnerability as a result of intersecting social and structural factors;
 - Families who do not live near urban centers that tend to host diagnostic and early intervention services; and
 - Indigenous families and children.
 - For functional needs-based eligibility, what key criteria are supported by evidence? These criteria may vary depending on the type and severity of a disability or disorder.
- What approaches do other jurisdictions take regarding eligibility for early intervention services for children who are at risk of, or who are experiencing, developmental delay or disability? Have other jurisdictions evaluated these approaches, and if so, what are their findings?

Transition to school

What evidence-based key elements are required to support seamless transition from early intervention preschool/early year's programs to school? Do these elements look different in rural and remote communities or within Indigenous communities?

2.2 Environmental Scan: Early Intervention Services – Canada

The national environmental scan will review the incentives, motivations, similarities and differences in approach within the current service delivery systems in Canada with a primary focus on BC. The scan should wherever possible reflect and integrate systems, health equity and family-centred lenses.

The scan should apply these lenses to information gathered in each jurisdiction about:

- Approaches to eligibility for early intervention services and supports.
- The current service delivery system and its related policy framework(s).
- The supports provided for transitions to school.

It is very important that the work related to the approaches to eligibility for early intervention services and supports and the current service delivery system and its related policy framework(s) be completed by December 6, 2019. It would be ideal to have the summary of

supports provided for transitions to school completed in December, 2019 however it would be acceptable for this work to be completed by February 28, 2020.

Key Research Questions

The key research questions for this deliverable are:

Approaches to eligibility for early intervention services and supports

What approaches do other jurisdictions take regarding eligibility for early intervention services for children who are at risk of, or who are experiencing, developmental delay or disability? Have other jurisdictions evaluated these approaches, and if so, what are their findings?

Transition to school

How do other jurisdictions support transition from early intervention in the early years to school programs?

3. Eligibility Criteria

Expert knowledge and experience with:

- Provision of services for children who have or who are at risk of developmental delay or disability
- Conducting research literature reviews
- Completing environmental scans
- Proven track record of developing and delivering academically sound documents
- Access to an academic database

4. Contract Amount and Key RFP Dates

The maximum contract amount for this project, inclusive of all applicable fees, is \$135,000 plus taxes.

Deliverable	Minimum	Maximum
Review of Research Literature: Early Intervention Services – International	\$30,000	\$60,000
Environmental Scan: Early Intervention Services – Canada	\$50,000	\$75,000
Totals	\$80,000	\$135,000

The RFP timeline is summarized as follows:

Action	Date
Release of RFP	Monday, August 12, 2019
Full proposal closing date	Friday, September 6, 2019
Selection/contract negotiation commences	Monday, September 9 – Friday, September 20, 2019

5. Application Format

5.1 Page Format

To be eligible for review, all applications must adhere to the instructions for presentation and content, and must use the numbering system provided. Except for the appendices, applications must be presented as follows:

- All materials, except appendices, must be a minimum 11-point size, Calibri or Arial (regular), single spaced, on one side of a letter-sized (21.25 x 27.5 cm / 8.5" x 11") page, with a one-inch margin on all sides of the page.
- All pages should be consecutively numbered.
- All print must be black, of letter quality and easy to read.
- A header with the RFP name on the top left-hand corner, and footer with the page number on the lower right-hand corner of each page.
- The maximum page count for the application content is indicated for each phase below.

5.2 Page Count

Full proposals for this RFP must not exceed 15 pages, not including the cover letter or appendices (see 5.3 below). Additional pages beyond the maximum will be removed and shredded by MSFHR prior to review processing.

5.3 Appendices

References and charts, tables, diagrams or other materials to support the full proposals may be attached as appendices. In total, appendices must not exceed 8 pages, excluding the table of contents.

6. Deliverables

6.1 Key Deliverables - Timeline

The timeline for key deliverables for this work include:

Key Deliverables	Delivery Date
2.1.1 Review of Research Literature: Early Intervention Services – International (Part 1)	December 6, 2019
 The relative effectiveness of approaches to access and eligibility for early intervention services and support Preliminary findings – November 8, 2019 Final report – December 6, 2019 	
2.1.2 Review of Research Literature: Early Intervention Services – International (Part 2)	February 28, 2020
 The relative effectiveness of different supports provided for transition to schools ▶ Preliminary findings – February 1, 2020 ▶ Final report – February 28, 2020 Note: It would be ideal to have the supports provided for transitions to school completed in December, 2019 however it would be acceptable to complete supports provided for transitions to school by February 28, 2020. Preliminary findings are due one month before the delivery of the final report. 	

Key Deliverables	Delivery Date
 2.2.1 Environmental Scan: Early Intervention Services – Canada (Part 1) Approaches to eligibility for early intervention services and supports The current service delivery system and its related policy frameworks Preliminary findings – November 8, 2019 Final report – December 6, 2019 	December 6, 2019
 2.2.2 Environmental Scan: Early Intervention Services – Canada (Part 2) The supports provided for transitions to schools Preliminary findings – February 1, 2020 Final report – February 28, 2020 Note: It would be ideal to have the supports provided for transitions to school completed in December, 2019 however it would be acceptable to complete supports provided for transitions to school by February 28, 2020. Preliminary findings are due one month before the delivery of the final report. 	February 28, 2020

6.2 Accountability

Judith Hutson, Project Manager, CYSN Initiative will be the primary contact for this contract.

6.3 Progress Reporting

It is expected that there will be monthly written progress reports and monthly meetings with Judith Hutson, Project Manager, CYSN Initiative and the successful proponent's project lead. The progress reports should include a dashboard summary of the status of the key deliverables, a brief progress summary and a list of any identified issues/concerns that will impact the timely completion of the deliverables.

7. Application Content

7.1 Contact Information

Include all information necessary to contact the designated contact person and a back-up person in case MSFHR cannot reach the designate. Either contact must be available during business hours throughout the period of review.

7.2 Business Information

Describe the business structure of the proponent individual or organization (e.g. research team, sole proprietor, independent contractor, incorporated consulting firm, not-for-profit organization etc.) including ownership and governance.

For incorporated entities, provide a CRA business number.

7.3 Proponent Leadership

Provide full details of the experience, qualifications and subject matter expertise offered by the project lead. This should include a CV/résumé, supported by up to three references from individuals with direct knowledge of the individual's relevant experience. The application must confirm that the lead has the educational, professional or other requirements necessary to deliver the identified work, including their ability to dedicate the time required to fulfill their role over the duration of the project.

7.4 Proponent's Team Members (if proposed)

Provide full details of the experience, qualifications and subject matter expertise offered by any team members who would provide services to support the project lead in the delivery of services. This should include CVs/résumés, and each may be supported by up to two references from individuals with direct knowledge of the individual's relevant experience. The application must confirm that the team members have the educational, professional or other requirements necessary to perform an identified role including their ability to dedicate the time required to fulfill their role over the duration of the project.

7.5 Declaration of Stakeholder Affiliation or Association

Identify any previous, active or anticipated relationships between the Proponent and MSFHR.

7.6 Background and Objectives

Describe your understanding of the requirements for the work including its purpose, overall scope and the objectives required (please do not copy and paste from previous sections of the RFP).

7.7 Description

Describe the approach and methodology and how it will be carried out (where, how, methods, delivery systems, personnel etc.).

7.8 Financial Plan and Proposed Payment Terms

Describe the basis of calculating fees (e.g. monthly, daily or hourly) by person and the related billing structure proposed. A Financial Plan template has been provided in Appendix B.

7.8.1 Ineligible Expenses

The following expenses will be ineligible and should not be included:

- Rent of office premises and other related overheads (i.e. utilities).
- Capital expenses (i.e. office equipment, computer equipment and associated software).
- Travel and accommodation expenses in excess of rates approved by MSFHR according to the terms of its current Travel Policy.

7.9 Work Plan

Based on your Approach and Methodology, provide a work plan and schedule, including a breakdown of major tasks, delivery dates (milestones), and the level of effort (i.e., proportion of time) by individual team members in sufficient detail as to, (1) allow a complete understanding of how and by whom the work is to be carried out, and (2) to demonstrate sufficient availability of individual team members throughout the course of the work to ensure its successful completion.

7.10 Risks to Successful Completion and Mitigation Strategies

The purpose of this section is to provide an analysis of significant risks to the successful delivery of the identified projects and the mitigation strategies to address them. Risks to the project could include (e.g.):

- Challenges accessing data/information
- Meeting the defined delivery timelines
- Ftc

List the risks specific to the project and rate each for the likelihood of occurrence and the severity of damage should it occur (high, medium or low). Outline the mitigation strategies for each specific risk. Add additional rows as needed.

Specific Risks	Probability of occurrence (H/M/L)	Severity of Damage (H/M/L)	Mitigation strategy

8. RFP Process

The following are the conditions under which responses will be accepted from proponents.

8.1 Accountability

The primary contact person for all project-related enquiries is Judith Hutson, Project Manager, cysn@msfhr.org

8.2 Submissions

Provide one electronic copy of the proposal in PDF format only no later than 4pm (PST) Friday, September 6, 2019. Proposals received after this time and date will not be considered. In addition, the proposal must include the signature of an authorized official of the proponent. An optional hard copy may be provided following the electronic copy in a sealed envelope and clearly identified as follows:

RFP Submission: CYSN – Early Intervention

c/o Judith Hutson, Project Manager Michael Smith Foundation for Health Research 200 – 1285 West Broadway Vancouver, BC V6H 3X8

8.3 Enquiries

All enquiries regarding this RFP, including requests for additional information and clarification, are to be directed to Judith Hutson by email at cysn@msfhr.org no later than Wednesday, September 4, 2019.

8.4 Selection Process

Proposals will be reviewed and scored by a selection team based upon the criteria outlined below. A contract may be made solely on the basis of a proposal, without a meeting with the proponent. MSFHR reserves the right to invite one or more proponents to attend a meeting with the selection team and/or to provide written clarification of their response(s).

8.5 Selection Criteria

Full proposals will be evaluated using the following criteria:

Criteria	Weight
Merit and Feasibility of Approach	25%
Risk Mitigation	10%
Quality and Qualifications of Personnel	20%
Financial Plan and Proposed Payment Terms	20%
Work Plan	25%

8.5.1 Merit and Feasibility of Approach

- Does the proposal demonstrate a clear understanding of the requirements of the work?
- Are the proposed data collection/research methods feasible and likely to be effective?

8.5.2 Risk Mitigation

• Has the proponent provided a reasonable analysis of significant risks to the research project's development and implementation, and the mitigation strategies to address them?

8.5.3 Quality and Qualifications of Personnel

 Does the proponent team include individuals with the appropriate capabilities, experience and training to fulfill their roles?

8.5.4 Financial Plan and Proposed Payments Terms

• Is the proposed financial plan (basis for calculating fees) and payment terms (related billing structure) reasonable?

8.5.5 Work Plan

• Is the work plan and schedule, including breakdown of major tasks, delivery dates (milestones), and level of effort by individual team members in sufficient detail to, (1) allow a complete understanding of how and by whom the work is to be carried out, and (2) to demonstrate sufficient availability of individual team members throughout the course of the work to ensure its successful completion?

Appendix A: Terms and Conditions

5.1 Reject Proposals

MSFHR may, in its absolute discretion, reject in whole or in part any and/or all proposals for any reason or after taking into account factors considered relevant.

5.2 Liability for Errors

While MSFHR has used considerable effort to ensure an accurate presentation of information in this RFP, the information contained in this RFP is supplied solely as a guideline for Proponents. The information is not guaranteed or warranted to be accurate by MSFHR, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve Proponents from forming their own opinions and conclusions with respect to the matters addressed in this RFP.

5.3 Errors in Proposals

The Proponent has the responsibility, at all times, to request any instruction, decision, or direction which may be required to prepare its proposal, or to notify the designated MSFHR contact person in writing of any ambiguity, divergence, error, omission, oversight, or contradiction contained in its proposal as it is discovered.

MSFHR reserves the right to request clarification of the contents of any proposal. MSFHR may require Proponents to submit supplementary documentation clarifying any matters contained in their proposals and may seek the Proponent's acknowledgement of that interpretation. This is not an opportunity for the Proponent to submit new information modifying the proposal. Notwithstanding the foregoing, MSFHR is not obliged to seek clarification of any aspect of a proposal.

5.4 Limitation of Liability and Indemnity

MSFHR will not be obligated or liable in any way whatsoever to a Proponent except where MSFHR has awarded and entered into a written contract with that Proponent for the performance of the work contemplated by this RFP, and in

which case that contract shall govern all such obligations and liabilities.

It is a fundamental condition of this RFP and the receipt and consideration of proposals by MSFHR that MSFHR, and its respective employees, consultants and agents, will not and shall not under any circumstances, including without limitation whether pursuant to contract. tort, statutory duty, law, equity, any actual or implied duty of fairness, or otherwise, be responsible or liable for any costs, expenses, claims, losses, damages or liabilities (collectively and individually all of the foregoing referred to as "Claims") incurred or suffered by any Proponent or the Proponent's subcontractors as a result of or related to any one or more of the RFP, the preparation, negotiation, acceptance or rejection of any conforming or non-conforming proposal, the rejection of any Proponent, or the cancellation, suspension or termination of the RFP process, and by submitting a proposal each Proponent shall be conclusively deemed to waive and release MSFHR and its employees, contractors, consultants and agents, from and against any and all such Claims.

Each Proponent shall indemnify and hold MSFHR and its employees, contractors, consultants and agents, harmless from and against any and all Claims brought against them arising out of any act or omission of the Proponent, the Proponent's sub-contractors, or by third parties arising out of or relating to the Proponent's receipt of this RFP, or the preparation, submission and negotiation of any proposal submitted by the Proponent, where such third parties were directly or indirectly engaged by or through the Proponent in connection with any of the foregoing, or where personal injury, bodily damage or property damage is caused by the negligent acts or omissions of the Proponent. Such indemnification shall survive completion of the goods or services provided under the contract and the termination of the contract.

5.5 Confidentiality of Information

This document, or any portion thereof, may not be used for any purpose other than the submission of proposals. Information pertaining to MSFHR or related parties obtained by a Proponent as a result of participation in this process is confidential and must not be disclosed except for the purpose of responding to this RFP or as required by law.

5.6 Ownership of Proposals

All documents, including proposals, submitted to MSFHR become the property of MSFHR. They will be received and held in confidence, subject to the provisions of BC Personal Information Protection Act.

5.7 Proponents' Expenses

Proponents are solely responsible for their own expenses in preparing a proposal. If MSFHR elects to reject all proposals, MSFHR will not be liable to any Proponent for any Claims, whether for costs or damages incurred by the Proponent in preparing the proposal, loss of anticipated profit in connection with any final agreement, or any other matter whatsoever.

5.8 Irrevocability of Proposal

By submission of a clear and detailed written notice, a Proponent may amend or withdraw his/her proposal prior to the closing date and time. At closing, all proposals become irrevocable. Proposals must be open for acceptance for at least 90 days after the closing. In the event that MSFHR requires more than 90 days to evaluate proposals, additional time will be requested of all Proponents.

5.9 Conflict of Interest

Proponents are responsible for disclosing to MSFHR any and all real or perceived conflicts of interest. Proposals will not be evaluated if the Proponent's current or past corporate or other interests are, in the opinion of MSFHR, deemed to be a conflict of interest in connection with this RFP or the activities or mandate of its facilities.

MSFHR reserves the right to disqualify and reject a proposal in whole or in part where the Proponent or directors, officers, shareholders or any other person associated with the Proponent has a Claim or has initiated a Claim or legal proceeding against MSFHR or against whom MSFHR has a Claim or has instituted a legal proceeding with respect to any previous contracts, tenders or business transactions.

Proponents shall not engage in any form of lobbying whatsoever to influence the outcome of this RFP. Further, Proponents shall not attempt to communicate or make any representation or solicitation to any director, officer or employee of MSFHR except to the designated MSFHR contact person.

5.10 Verification

MSFHR reserves the right to verify any statement or claim contained in any proposal or made subsequently in any interview or negotiation. That verification may be made by whatever means MSFHR deems appropriate and may include contacting the references provided by the Proponent. In submitting a proposal, the Proponent is deemed to consent to MSFHR verifying any information from third parties including the Proponent's bank references, and receiving additional information regarding the Proponent, its directors, officers, shareholders or owners and any other person associated with the Proponent as MSFHR may require.

5.11 Request for Proposal Cancellation

MSFHR is not bound to accept any proposal and reserves the right in its sole and absolute discretion to postpone or cancel this RFP at any time for any reason. Further and without limiting the foregoing, MSFHR will not be bound to accept the lowest or any bid and reserves the right to accept or reject any proposal in whole or in part, to discuss with any Proponent different or additional items and terms to those described in this RFP or received in any proposal, or to amend or modify any term of this RFP. MSFHR, in its sole discretion, may invalidate and cancel this RFP entirely and may issue a new RFP if considered in the best interests of MSFHR.

No Proponent will acquire any legal or equitable rights or privileges relative to the services prior to full execution of a written agreement for the services required.

5.12 Contract Terms

By submitting a proposal to MSFHR, Proponents shall be conclusively deemed to have accepted and to have agreed to be bound by each and every term, condition, and provision of this RFP, and any services, specifications, warranties, guarantees or representations stated in the accepted proposal or made during the RFP and selection process.

5.13 Contract Award

By submission of its proposal, the Proponent agrees to negotiate in good faith and execute a contract with MSFHR incorporating the terms and conditions of this RFP, the Proponent's proposal, and such other terms and conditions as MSFHR may reasonably require. MSFHR may negotiate modifications, additions or variations to such terms and conditions or to the goods or services set out in a proposal in order to satisfy its operational or administrative requirements. The RFP and the contract, if any, entered into subsequently shall take precedence over any and all documents submitted by the Proponent. MSFHR will not accept a Proponent's standard purchase agreement.

5.14 Sub-Contracting

All sub-contractors and/or partner(s) must be identified in the proposal. No subcontracting or assignment of any contract or of any services to be provided is permitted without the prior written consent of MSFHR. Proponents are to identify all proposed sub-contractors including the company name, contact name, phone number, fax number, email address, type of service the subcontractor will be performing or providing, and the length of time the Proponent has been using the services of the sub-contractor. No additional subcontractors will be added nor will other changes be made to this list without the written consent of MSFHR.

5.15 Governing Law

Proponents must comply with all applicable laws. This RFP will be governed exclusively by, and construed and enforced in accordance with, the laws of the Province of British Columbia. The Proponent agrees to attorn to the exclusive jurisdiction of the courts of the Province of British Columbia in the event of any dispute concerning this RFP or any matters arising out of this RFP.

5.16 Appendices

All appendices to this RFP are deemed to be incorporated herein and form part of the RFP.

5.17 Copyright

MSFHR shall have sole and full ownership of copyrights to and all materials produced by the successful Proponent, including a waiver of moral rights, under the contract arising from this RFP. Reproduction of any documents or other data for use by anyone is forbidden without express permission in writing by MSFHR.

Appendix B: Financial Plan Template

Item	Rate	# Hours	Total	Applicable Tax G / GP / NA *
1. Professional fees				
a) Role / describe				
b) Role / describe				
Subtotal 1				
2. Sub-contractors				
a) Role / describe				
a) Role / describe				
Subtotal 2				
3. Disbursements at cost				
a) Travel				
b) Long distance				
c) Etc.				
Subtotal 3				
Subtotal				
GST 6%				
PST 7%				
TOTAL PRICE				

^{*} G = GST applicable; GP = GST & PST applicable; NA = not applicable.