

QUEEN ANNE'S COUNTY HEALTH DEPARTMENT
Request for Proposal – Information and Requirements
Please reference Bid Number 202112

PART I – Introduction

This document provides information necessary for interested parties to respond to the request for proposals to help provide Queen Anne's County Health Department with various services as described below with the media campaign for "Don't Label Us" Anti-Stigma Campaign. Services provided in response to this invitation will begin tentatively on April 5, 2021 and continue through June 30, 2021.

PART II – Background

Queen Anne's County Health Department wishes to release a media campaign across various sources relating to "Don't Label Us" Anti-Stigma Campaign. With this campaign, we are hoping to reach all age ranges and citizens across the county. Approaches may include, but are not limited to the following outlets:

- Television commercials, PSAs for Comcast/Effectv, Atlantic Broadband, and QACTV
- Radio commercials/PSAs for targeted population
- Print – magazines, newspaper, direct/mass mailings, etc.
- Internet and Social Media – web links, YouTube, etc.
- Outdoor billboards
- Movie theater PSAs

PART III – Mandatory Qualifications/Requirements

The Vendor must possess and describe:

- a) Extensive knowledge of Prevention activities on the Mid-Shore;
- b) Creative experience for multiple platforms; and
- c) Experience purchasing of multi-media outlets.

PART IV – Services to be Performed/Statement of Work/Deliverables

- Develop a comprehensive media plan for QAC, i.e. messaging, formatting, distribution, brokering/subcontracting of services, timeline;
- Build on existing "Don't Label Us" Anti-Stigma Campaign, create logo and add to website, additional media outlets using market analytics demographically similar to Queen Anne's County residents;
- Provide at least three (3) design concepts, each with a different creative look and feel, as well as overall summaries/descriptions for suggested ancillary material designs;

- Develop and distribute tool kit containing electronic version of all materials for future;
- All design, production, and printing related fees must be included in the final bid price;
- Final products will be provided in electronic formats and become the sole property of the Queen Anne’s County Department of Health; and
- Provide an end of year report that includes provision of data metrics at end of campaign for all spaces media was published. The report should include the number reached, the media outlets used, and the dates and times the campaign ran.
- All media outlet invoices must be included in the end of campaign report to be submitted with final invoice.
- To provide an advertisement campaign that will not exceed \$8,000 for creative design.
- To locate and provide media campaign to a minimum of three outlets, in addition to the broader development of the website. Advertising costs must be and cannot exceed \$10,000.

PART V – Payment of Services/Cost Proposal

A. The award of this RFP will result in a Firm Fixed Price Contract, as described in COMAR 21.06.03 (.02 through .05).

B. Please submit a cost breakdown based on the following categories:

Creative Design (Cannot exceed \$8,000 in cost)	\$ _____
Advertising Costs (Must spend \$10,000 on advertising)	\$ <u>10,000.00</u>
TOTAL COST	\$ _____

C. Please list payment requests, i.e. payment method, down payment:

D. Please list any additional information:

PART VI – Conditions

- A. The Queen Anne's County Health Department reserves the right to accept or reject any or all bids.
- B. Method of Payment – Purchase Order. Payment to be received four weeks from submittal of invoices. All invoices must have the Vendor's federal identification number or social security number to be processed.
- C. If Vendor is selected and fails to meet these conditions, Vendor may become ineligible for participation in future bids.
- D. The Queen Anne's County Department of Health is an Equal Opportunity Employer.

Bid 202112 – “Don't Label Us” Anti-Stigma Campaign

VENDOR NAME: _____

VENDOR ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

AGENT'S NAME: _____

AGENT'S SIGNATURE: _____

AGENT'S TITLE: _____ DATE: _____

Please email the above information along with your cost proposal and any questions to:

Michelle Gero
(michelle.gero@maryland.gov)
443 – 262 – 4471

Please have all responses returned no later than Wednesday, March 31, 2021.