

**State of Maine**  
**Master Score Sheet**

RFP# 202501009			
Community Led Needs Assessment			
Bidder Name:		Central Maine Area on Aging, dba Healthy Living for ME	Cross Cultural Community Services
Proposed Cost:		\$ 352,240.00	\$ 800,000.00
Scoring Sections	Points Available		
Section I: Preliminary Information	Pass/Fail	Pass	Pass
Section II: Organization Qualifications and Experience	40.00	15.00	40.00
Section III: Proposed Services	35.00	9.00	35.00
Section IV: Cost Proposal	25.00	25.00	11.01
<b>TOTAL</b>	<b><u>100.00</u></b>	<b><u>49.00</u></b>	<b><u>86.01</u></b>



**Award Justification Statement  
RFP# 202501009  
Community Led Needs Assessment:  
Populations Disproportionately Impacted by COVID-19**

**I. Summary**

Through RFP# 202501009 Community Led Needs Assessment: Populations Disproportionately Impacted by COVID-19, the Department sought proposals for a collaboration of Community-Based Organizations (CBOs) to conduct a Community Led Needs Assessment (CLNA) to better understand the strengths, needs, and priorities related to health in Communities of Focus impacted by the COVID-19 pandemic

Two Bidders responded to the RFP: Central Maine Area Agency on Aging, dba Healthy Living for Maine, and Cross Cultural Community Services.

Through the evaluation process, Cross Cultural Community Services was the highest scoring Bidder and determined to provide the best value to the State of Maine.

**II. Eligibility and Evaluation Process**

An Evaluation Team, composed of five State employees, verified the Bidders' eligibility requirements and applied the consensus method in scoring the Bidders' Qualifications & Experience and Proposed Services. Scores for the Cost Proposal were assigned using a mathematical formula.

**III. Qualifications & Experience of Cross Cultural Community Services**

Provided a well-rounded, experience-laden portfolio, reflecting a strong background in Community Based Organization collaboration and the employment of research partners in providing services to the RFP's Communities of Focus, as well as offering an array of staff competencies and subject matter expertise able to support the goals of the Maine Center for Disease Control and Prevention's Community Led Needs Assessment efforts.

**IV. Proposed Services by Cross Cultural Community Services**

Provided a comprehensive response outlining a clear understanding of and ability to meet programmatic expectations outlined in the RFP and demonstrated the means and skills necessary to meet the RFP's performance requirements.

**V. Cost Proposal**

Cross Cultural Community Services provided an initial-period-of-performance cost of \$800,000.00.

## **VI. Conclusion**

Out of 100 possible points, the Evaluation Team awarded Cross Cultural Community Services a score of 86.01. The strengths of the Cross Cultural Community Services' proposal outweighed the other Bidder through both its qualification and experience and the services it proposed. The Evaluation Team has determined the proposal submitted by Cross Cultural Community Services represents the best value to the State of Maine.

Janet T. Mills  
Governor

Sara Gagné-Holmes  
Commissioner



Maine Department of Health and Human Services  
Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

May-27-2025

Via Electronic Mail: [jrand@healthylivingforme.org](mailto:jrand@healthylivingforme.org)

Central Maine Area Agency on Aging dba Healthy Living for Maine  
Julia Rand, Project Manager  
One Weston Court, Suite 109  
Augusta, ME 04330

SUBJECT: Notice of Conditional Contract Award under RFP #202501009, Community-Led Needs Assessments

Dear Ms. Rand,

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention (MCDPCP) for Community-Led Needs Assessments. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to the following bidder:

- Cross Cultural Community Services

The bidder listed above received the evaluation team's highest ranking. The Department will be contacting the aforementioned bidder soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor. The vendor shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by an award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Office of State Procurement Services [formerly the Division of Purchases], Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

Signed by:

*Veronica Smith*

FEC16F5FF697476...

Veronica Smith

Chief Operating Officer

Maine Center for Disease Control and Prevention

DocuSigned by:

*Debra Downer*

5DC6307B8558482...

Debra Downer

Deputy Director for Competitive Procurement

Division of Contract Management

Janet T. Mills  
Governor

Sara Gagné-Holmes  
Commissioner



Maine Department of Health and Human Services  
Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

May-27-2025

Via Electronic Mail: [adr@crossculturalcommunityservices.org](mailto:adr@crossculturalcommunityservices.org)

Cross Cultural Community Services  
Regina Phillips, Co-Founder / Director  
15 Casco St.  
Portland, ME 04101

SUBJECT: Notice of Conditional Contract Award under RFP #202501009, Community-Led Needs Assessments

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Chief Operating Officer  
Maine Center for Disease Control and Prevention

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*Debra Downer*

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Debra Downer  
Deputy Director for Competitive Procurement  
Division of Contract Management

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202501009

**RFP TITLE:** Community Led Needs Assessment

**BIDDER:** Central Maine Area Agency on Aging dba Healthy Living for Maine

**DATE:** March 14 and 20, 2025

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Hamda Ahmed, Morgan Easler, Abigail Harper, Ariel Ricci, Eden Silverthorne

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<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	<b>X</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	<b>40.00</b>	<b>15.00</b>
Section III. Proposed Services	<b>35.00</b>	<b>9.00</b>
Section IV. Cost Proposal	<b>25.00</b>	<b>25.00</b>
<u><b>Total Points</b></u>	<u><b>100.00</b></u>	<u><b>49.00</b></u>



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**BIDDER:** Central Maine Area Agency on Aging dba Healthy Living for Maine

**DATE:** March 14 and 20, 2025

**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information – Eligibility to Submit a Bid

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**Evaluation Team Comments:**

**Met Eligibility Requirements**

- Describe in detail the CBO and its experience as a representative of and/or providing services to the Communities of Focus.
- Describe in detail the Research Partner's experience as a representative of and/or providing services to the Communities of Focus, including the number of years of experience conducting Community Based Participatory Research.

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TEAM CONSENSUS EVALUATION NOTES**

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**EVALUATION OF SECTION II  
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	<b>40.00</b>	<b>15.00</b>

**Evaluation Team Comments:**

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• As a Community Care Hub (CCH), its function is to promote rural health equity by improving access to Community-Based Organization (CBO) services for individuals living in Maine</li><li>• Focus area: Older and disabled adults</li><li>• Collaborates with Capital Area New Mainers Project (CANMP) to support resettled families and identify needs, with the goal of improving integration between CBO and healthcare</li><li>• Received the R-CHIP (Rural Community Health Improvement Partnership) award in Kennebec and Somerset Counties, and convenes the multi-sector SKCCP (Somerset and Kennebec Counties Community Partnership)</li><li>• Has contracts with more than 20 CBOs and 80 facilitators of evidence-based health promotion and disease prevention programs</li><li>• Has contracts or Memoranda of Agreement or Memoranda of Understanding with one national health insurer, three of Maine's four major health systems, and one regional Federally Qualified Health Center</li><li>• Provided three projects, all showing a collaborative approach with stakeholder advisory groups:<ul style="list-style-type: none"><li>➤ Project One demonstrates experience in statewide engagements related to COVID-19 pandemic relief services</li><li>➤ Project Two demonstrates experience of community-based participatory research that included traditional qualitative and quantitative research methodologies that were informed and driven by a multi-stakeholder group and gathered sensitive personal information</li><li>➤ Project Three demonstrates considerable technical skills with data analysis and experience with identifying both strengths and gaps in a community</li></ul></li><li>• Project examples appear to be focused on mixed-methods data collection and assessment with significant stakeholder input, but it is unclear the extent to which the projects demonstrate building capacity of communities, as suggested by community-based participatory research guidance defined in the RFP</li></ul>

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<ul style="list-style-type: none"><li>• It is unclear, from the information provided, that either the Bidder or its research partner explicitly provide services to and/or are representative of all the Communities of Focus</li><li>• It appears that the subcontractor, CANMP, provides services to, and is representative of only a portion of the Communities of Focus and in only certain parts of the State</li></ul>
<b>2. Subcontractors</b>
<ul style="list-style-type: none"><li>• Two, a research partner and a CBO</li></ul>
<b>3. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Provided</li></ul>
<b>4. Litigation</b>
<ul style="list-style-type: none"><li>• None indicated</li></ul>
<b>5. Financial Viability</b>
<ul style="list-style-type: none"><li>• Provided</li></ul>
<b>6. Certificate of Insurance</b>
<ul style="list-style-type: none"><li>• Provided</li></ul>

**STATE OF MAINE  
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**DATE:** March 14 and 20, 2025

**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>35.00</b>	<b>9.00</b>

**Evaluation Team Comments:**

- (1) Response does not align with the guidance and best practices regarding community-based participatory research as detailed in the RFP. Much of its engagement with the Communities of Focus is within their advisory capacity, rather than the Communities of Focus leading and directing the assessment
- (2) Response provided incomplete detail about how the assessment would address all the Communities of Focus; in particular, Indigenous communities, multigenerational Black/African American Mainers, and immigrant and migrant farmworkers
- (3) Response provided incomplete detail about how it would ensure the assessment incorporates all geographic regions of the State

**Part IV, Section III. Proposed Services**

**1. Services to be Provided**

**Part II**

**A. General Requirements**

- Proposed using existing relationships and work histories with Research Partner, LIFT Healthcare (LIFT), and CANMP to establish project team
- Proposed using existing network of partner organizations as a Community Care Hub
- Did not describe in detail if collaborative organizations are representative of the RFP's Communities of Focus or how it intends to convene or employ these organizations to address these Communities of Focus
- Proposed assembling a diverse Stakeholder Advisory Committee (SAC) composed of a diverse group that will include members of the Communities of Focus and other stakeholders
- Proposed members of the SAC to be the primary contributor to survey development but does not provide description of the Bidder's or its collaborator's level of trusted relationships with all Communities of Focus
- Proposed providing transportation to SAC participants
- Proposed translation services for survey instrument: interpretation for one-on-one or small group interviews, opportunities for multiple locations for interview, and American Sign Language interpretation

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- Proposed that survey instruments written to average literacy level of Communities of Focus
- No detailed description provided for the required update of its staffing and governance plan
- Did not provide clear guidelines on how the CBOs, Research Partner, and Communities of Focus will collaborate and share decision making
- Proposed storing all survey data on servers that are password protected and encrypted, with only the Research Partner having access
- Proposed not including names or personally identifying information in reporting data
- Research Partner's research practices have been reviewed and found effective by the Western Copernicus Group Institutional Review Board and Research Partner's employees are certified in Human Subjects Research Protection by the U.S. Department of Health and Human Services Office for Human Research Protections
- Workplan timeline meets planning and survey instrument development date, CLNA startup requirements, and final report deadline
- Convening the proposed stakeholder group in one month appears ambitious
- Did not describe in detail/specify how it would ensure all Communities of Focus, Statewide, would be engaged
- Proposed use of stipend for survey participants
- Proposed including both a quantitative survey and qualitative efforts in engaging 40 members of Communities of Focus in semi-structured, one-on-one interviews and small focus groups
- Proposed social media advertising to overcome the limitation of outreach efforts to connect to individuals who are not currently engaged with a CBO
- Proposed completing 300 quantitative surveys, with most being from organizations engaging with Communities of Focus
- Proposed elicitation techniques, such as utilization of images, activities, and other artifacts, to explore areas of interest
- Offers an over-generalized approach in data analysis, not providing sufficient detail about how themes will be employed in addressing the needs of unique communities in specific geographic areas
- Did not provide detailed description of final report development methodology or presentation format
- Identified familiarity and experience participating in the Maine Shared Community Health Needs Assessment (CHNA), but did not describe in detail how it would ensure CLNA findings complement current iterations of the State's Health Improvement Plan (SHIP) and the Maine Shared CHNA or how those findings would inform future iterations of the SHIP and CHNA
- Did not provide detailed description of how it intends to ensure accessibility of findings

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**DATE:** March 14 and 20, 2025

<b>B. Confidentiality Requirements</b>
<ul style="list-style-type: none"><li>• Did not provide a clear acknowledgement of requirements regarding Rider B-IT insurance clause(s), risk assessment, compliance with confidentiality laws, or Rider B-IT confidentiality clause(s)</li></ul>
<b>C. Reports</b>
<ul style="list-style-type: none"><li>• Met requirement</li></ul>
<b>2. Staffing</b>
<ul style="list-style-type: none"><li>• Met requirement</li></ul>

**STATE OF MAINE  
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**DATE:** March 14 and 20, 2025

**EVALUATION OF SECTION IV  
Cost Proposal**

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Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
<b>\$352,240.00</b>	÷	<b>\$352,240.00</b>	<b>x</b>	<b>25 points</b>	<b>=</b>	<b>25.00</b>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202501009

**RFP TITLE:** Community Led Needs Assessment

**BIDDER:** Cross Cultural Community Services

**DATE:** March 14, 20, & 25 and April 23, 2025

**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Stacy Martin

**Names of Evaluators:** Hamda Ahmed, Morgan Easler, Abigail Harper, Ariel Ricci, Eden Silverthorne

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<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	<b>X</b>	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	<b>40.00</b>	<b>40.00</b>
Section III. Proposed Services	<b>35.00</b>	<b>35.00</b>
Section IV. Cost Proposal	<b>25.00</b>	<b>11.01</b>
<u><b>Total Points</b></u>	<u><b>100.00</b></u>	<u><b>86.01</b></u>



**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202501009

**RFP TITLE:** Community Led Needs Assessment

**BIDDER:** Cross Cultural Community Services

**DATE:** March 14, 20, & 25 and April 23, 2025

**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**Evaluation Team Comments:**

**Met Eligibility Requirements**

- Describe in detail the CBO and its experience as a representative of and/or providing services to the Communities of Focus.
- Describe in detail the Research Partner's experience as a representative of and/or providing services to the Communities of Focus, including the number of years of experience conducting Community Based Participatory Research.

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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**BIDDER:** Cross Cultural Community Services

**DATE:** March 14, 20, & 25 and April 23, 2025

**EVALUATION OF SECTION II  
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	<b>40.00</b>	<b>40.00</b>

**Evaluation Team Comments:**

The Bidder and its subcontractors, collectively, currently represent and provide services to each of the Communities of Focus, throughout the State. They present experience as providers embedded in communities served and capable of engaging those communities in the CLNA process.

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• Headquarters in Maine has been in business for seven years</li><li>• Offers significant experience and qualifications of the Bidder's three co-founders, noting how they are strongly embedded in their respective communities (which represent some of the Communities of Focus)</li><li>• Ongoing relationships with several Black- and/or immigrant-led organizations and the initiatives they currently undertake in Maine regarding health of Black and immigrant populations (Black History Month Community Wellness Fair and Oral Health Equity Collaborative)</li><li>• Leads the Oral Health Equity Collaboration that includes Maine Access Immigrant Network and the City of Portland Health Equity Program and utilizes an implementation plan and three sub-committees to ensures community-driven input and decision-making</li><li>• Advocacy efforts address housing, employment, healthcare, and education inequities for BIPOC communities</li><li>• Provided three projects:<ul style="list-style-type: none"><li>➤ Project One describes cooperative activities that are take into account intersectional identities and understanding the barriers and struggles of aging BIPOC and LGBTQ members in accessing healthcare</li><li>➤ Project Two describes collaboration with racially diverse CBOs to provide support and resources to the US-born black community, related to a health and wellness support program. This includes specific examples related to COVID-19 and its impact on communities of color</li><li>➤ Project Three describes a project that seeks to improve oral health outcomes for BIPOC and other underserved and marginalized communities. The</li></ul></li></ul>

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strategic plan centers BIPOC Mainers with goals of improving BIPOC health outcomes
<ul style="list-style-type: none"><li>• All projects show a collaborative approach working directly with and within Maine-based BIPOC communities. The examples clearly demonstrate experience and expertise related to areas that directly overlap with the services outlined in the RFP. Experience appears to be deeply centered with (not about) the Communities of Focus.</li></ul>
<b>2. Subcontractors</b>
<ul style="list-style-type: none"><li>• Five Maine-based subcontractors</li><li>• All subcontractors are community-based organizations that work with their specific communities, each of which overlap directly with the Communities of Focus</li><li>• Subcontractors show a strong and diverse connection to multiple, historically marginalized communities throughout the State</li></ul>
<b>3. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Provided</li></ul>
<b>4. Litigation</b>
<ul style="list-style-type: none"><li>• None indicated</li></ul>
<b>5. Financial Viability</b>
<ul style="list-style-type: none"><li>• Provided</li></ul>
<b>6. Certificate of Insurance</b>
<ul style="list-style-type: none"><li>• ACORD form handwritten and signed by Bidder, to be verified if awarded</li></ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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**EVALUATION OF SECTION III  
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	<b>35.00</b>	<b>35.00</b>

**Evaluation Team Comments:**

Emphasis on community participation, oversight, and ownership is a consistent thread throughout its proposal and is indicated in each section of project design. Offers intentional and thoughtful attention to the nuances in the strengths of the Communities of Focus and the challenges of serving these populations. Throughout its proposal, Bidder underscores the importance of ensuring that the final data collected is in a format easily disaggregated for demographic attributes.

<b>Part IV, Section III. Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. General Requirements</b>
<ul style="list-style-type: none"><li>• Proposed collaboration with two other CBOs – Mano en Mano and Wabanaki Public Health and Wellness, centering on multigenerational Black/African American populations, immigrant/refugee/asylum seeker populations, migrant and seasonal farmworkers, with an indigenous-led research organization</li><li>• Proposed creating a Coordinating Council<ul style="list-style-type: none"><li>➤ Composed of multiple CBOs that work with the Communities of Focus to oversee and guide the CLNA process</li><li>➤ Community ownership and decision making is important to the context of communities with a historic distrust of the state of being “researched”</li><li>➤ To oversee research ethics and ensure findings are actionable, community centered, and capable of informing policy, funding priorities, and other community-led initiatives</li><li>➤ To meet weekly for the first quarter of contract period</li></ul></li><li>• Proposed creating an Advisory Committee<ul style="list-style-type: none"><li>➤ Will engage in third month of contract period to provide feedback on the survey instrument</li><li>➤ Composed of organizations that serve as cultural brokers, facilitate outreach, and ensure community voices are centered</li></ul></li><li>• Proposed a single assessment tool that can have additional modules to reflect the unique experience of each Community of Focus</li></ul>

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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- Proposed that the research component to be led by a CBO representing one of the Communities of Focus
- Proposed that the research component will integrate qualitative and quantitative methods and ensure a participatory, trauma-informed, and community-driven approach
- Proposed that data analysis will focus on systemic disparities, community strengths, and validate findings through direct community engagement, before finalizing
- Proposed sharing CLNA findings through community forums, digital platforms, and publicly available reports
- Proposed survey instrument
  - Will integrate both quantitative and qualitative data to capture both statistical trends and lived experiences of Communities of Focus
  - Quantitative data collection will involve multiple-choice and scaled-response questions
  - Qualitative data collection will involve open-ended prompts and opportunities for engagement in oral storytelling and focus groups
  - Hosted electronically on secure platform(s) accessible via mobile device
  - QR codes for survey dissemination via flyers, emails, and social media
  - Translated into multiple languages, including: Spanish, French, Haitian Creole, Somali, Arabic, Portuguese, and Lingala. Translations will be vetted to ensure accuracy and cultural relevance
  - American Sign Language (ASL) video interpretation and screen-reader-compatible versions accessible online
  - Will utilize plain language to accommodate individuals with varying levels of literacy
  - Pilot testing to ensure the instrument is culturally appropriate and reflective of community priorities
- Proposed following a Core-Plus Survey Model
  - To maintain a standardized set of questions to be administered to all Communities of Focus members
  - Offers customization to accommodate specific community needs
  - Enables comparability of experiences with healthcare access, economic stability, housing security, systemic barriers, and COVID-19 impacts across Communities of Focus
  - Offers specific insight into the unique experiences of each Community of Focus
- Proposed cultural brokers to engage in in-person community outreach to support individuals in completing surveys using a paper format or by utilizing secure electronic devices (tablets and laptops) to support digital survey completion.
- Proposed collaborating with Presente! Maine, New Mainers Public Health Initiative (NMPHI), and Maine Access Immigrant Network (MAIN) to facilitate distribution of

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**BIDDER:** Cross Cultural Community Services

**DATE:** March 14, 20, & 25 and April 23, 2025

paper surveys at those organizations' physical locations, in addition to community centers, health clinics, food pantries, and in settings with secure drop boxes

- Proposed making translators and interpreters available for support with survey completion and participation in focus groups
- Proposed that focus groups will include ASL interpreters and will be conducted in accessible locations with capacities to accommodate live captioning and visual aids. One-on-one interviews with an ASL interpreter will be available upon request
- Proposed use of anonymous surveys and oral storytelling opportunities
- Provided outline of proposed staffing and governance plan, with a description of decision-making roles and responsibilities, including the Coordinating Council and the Advisory Committee
  - Will perform project management and budget tracking, with Coordinating Council overseeing the broader implementation of the project
  - Highlighted community driven decision-making practices with an outline for research partner facilitating group consensus decision-making
  - Coordinating Council to consist of six core organizations – three as partners (Mano en Mano, Wabanaki Public Health and Wellness [WPHW], Bidder) and three as community leaders from the multiracial and black community (MAIN, NMPHI, Presente!)
- Proposed a plan for confidential collection and storage of sensitive information collected by survey responses
  - Data will be collected and stored using REDCAP, secure web application in compliance with HIPPA, General Data Protection Regulation, and data security standards
  - No personally identifiable information will be stored unless Coordinating Council explicitly requires and approves its storage, and Advisory Committee will decide what data to include in publicly available datasets with process for requiring committee to approve release of information
- Adherence to principles of Ownership, Access, Control, and Possession will occur in data management to ensure that Communities of Focus retain data ownership, project partners collectively manage data access, data is protected, and community consent and impact informs decision-making related to data usage
- Proposed a high-level work plan developed collaboratively among community partners and responsive to RFP timelines:
  - First 90 days to be focused on finalizing strategy and memoranda of understanding, refining roles, and ensuring alignment among collaborators
  - Testing and revision of survey before its full launch
  - CLNA implemented in months 4-14, conducting community engagement and outreach, and data collection
  - Final five months centered on data analysis, validation, and report submission
  - At the conclusion of the survey administration period and beginning in month 14, Research Partner and Coordinating Council will oversee data analysis, community validation, and report drafting to compile a final report that will

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

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**RFP TITLE:** Community Led Needs Assessment

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- include findings representative of the Communities of Focus and meet all contractual obligations
- Proposed a multi-method approach in conducting CLNA, using surveys, focus groups, and interviews:
    - CBOs representing the Communities of Focus to oversee development of assessment tools
    - Core set of questions with community-specific adaptations to address and uplift unique experiences. The survey will be available in multiple formats (virtual platforms as well as in person at community centers, places of workshop, and health clinics) to increase participation and access
    - Focus groups conducted by subcontracted CBOs, which have trusting, long term relationships with Communities of Focus to ensure a community-driven process.
  - Proposed leading community outreach and engagement efforts, using trusted community relationships to increase participation and build trust in the assessment process:
    - Focus on partners that represent the Communities of Focus, thus leveraging historical relationships and trust to bolster engagement. Partners to lead focus groups, which will foster culturally competent outreach teams using the trusted messenger model to bolster participation and engagement
    - Employ culturally significant community centers for in person distribution
    - Highlighted a process that includes one-on-one interviews with trusted community leaders, service providers, and policy makers to inform findings
  - Proposed that, upon completion of data collection, WPHW, which is the identified research partner and a CBO serving one of the Communities of Focus, will process the data, ensuring findings are accurate, representative, and actionable.
    - Included opportunities for community peer review, such as public forums, to validate preliminary findings and provide further input.
  - Highlighted incorporating geographic variation in needs and analysis for urban communities, rural and agricultural communities, and indigenous communities
  - Acknowledged all ten reporting requirements
    - Described how Coordinating Council will oversee reporting
    - Offered data driven recommendations to inform state policies and programs
    - Proposed developing a detailed demographic profile of Communities of Focus and ability to distill findings for each demographic
    - Proposed distinguishing between geographic locations for additional insight
    - Detailed a robust focus on community strengths that can be leveraged and inform investment in community-driven solutions and capacity-building efforts
    - Proposed to assess key health concerns and disparities faced by Communities of Focus, including chronic disease prevalence, barriers to accessing healthcare, and social determinants of health
    - Demonstrated an understanding of short- and long-term impacts of COVID-19 disparities

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TEAM CONSENSUS EVALUATION NOTES**

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- Proposed documenting barriers in accessing government services including language, complexity of processes, distrust in government, and limited digital access
- Recommended direct funding/capacity-building support to BIPOC and immigrant-led nonprofits, development of mentorship and training programs, and facilitating partnerships between the Department and non-profits
- Offered recommendations for improving emergency response and health communication
- Findings will be mapped and visualized to guide policy that is geographically and programmatically-specific
- Final report formatted for accessibility, made available in multiple languages, and presented in-person or virtually to Department and stakeholders
- Bidder and partners will be available to provide consultation and support for Department in integrating report recommendations into planning for policy and service provision
- To include recommendations related to expanding culturally and linguistically appropriate healthcare, expanding the community health worker workforce, investing in mobile health and telehealth services, and improving data collection on racial and ethnic disparities
- Coordinating Council to ensure final report includes data integrity, follows rules of ethical sharing, and is in alignment with community priorities
- Offered a detailed description of how it will engage and inform the State's Health Improvement Plan (SHIP) and the Maine Shared Community Health Needs Assessment (CHNA) efforts, including data briefing presentations for Department staff, public health leaders, and community stakeholders, and facilitating structured discussions
- Proposed that next SHIP include strategies for strengthening partnerships with BIPOC and immigrant led health organizations and supporting sustainable community led health interventions
- Bidder and partners to align data collection with existing public health priorities and indicators identified in the Maine Shared CHNA, including: healthcare access and barriers, social determinants of health, and health disparities
- CLNA findings to be formatted to promote integration into ongoing Maine Shared CHNA data analyses
- CLNA project will provide detailed context and data specific to Communities of Focus to supplement the broad, statewide perspective offered within the Maine Shared CHNA
- Bidder and Research Partner to work with Department's public health planning teams to ensure CLNA data is shared to permit early integration into CHNA updates and presented in formats compatible with existing Maine Shared CHNA reporting structures



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- Bidder and partners to develop a data briefing presentation and submit a report summarizing CLNA findings that are relevant to priorities within the SHIP and Maine Shared CHNA
- Bidder and partners to facilitate conversations with Department related to how CLNA findings can inform future SHIP objectives
- Proposed collaborating with Department to develop policy recommendations that proactively address identified issues in the next SHIP cycle and ensure that CLNA findings and community-centered strategies are integrated into next SHIP iteration
- Proposed that final report be presented in the following iterations, in addition to its comprehensive form: simplified summary reports, translated reports, and formats that include plain-language and are visual, including short videos
- Findings to be shared in virtual and in-person community forums and town halls, focus groups, and listening sessions through partnerships with ethnic and community media and with video and audio translations
- Findings will be accessible on Coordinating Council members' publicly accessible websites
- Participating CBOs will have access to raw data, with appropriate privacy protections, to inform their programs, advocacy, and funding applications representing community ownership
- Proposed a specific focus on bringing findings to CBOs that may be able to utilize them to inform programming. This is to include CBO-specific briefings, tailored presentations, data training sessions, and facilitation of data-sharing agreements

**B. Confidentiality Requirements**

- Met requirement

**C. Reports**

- Met requirement

**2. Staffing**

- Provided a clear explanation of the role of staff in oversight and management of multiple community partners
- Proposed formalizing relationships through sub-contracts, delineating subcontractor roles
- Project manager to oversee sub-contractor performance

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**EVALUATION OF SECTION IV  
Cost Proposal**

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Lowest Submitted Cost Proposal	÷	Cost Proposal Being Scored	x	Score Weight	=	Score
<b>\$ 352,240.00</b>	÷	<b>\$ 800,000.00</b>	<b>x</b>	<b>25 points</b>	<b>=</b>	<b>11.01</b>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202501009

**RFP TITLE:** Community Led Needs Assessment: Populations Disproportionately Impacted by COVID-19

**BIDDER NAME:** Central Maine Area Agency on Aging d/b/a Healthy Living for Maine

**DATE:** 03/13/2025, 03/19/2025

**EVALUATOR NAME:** Hamda Ahmed

**EVALUATOR DEPARTMENT:** Maine CDC-OPHE

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**Individual Evaluator Comments:**

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none"><li>• Yes</li></ul>

  

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none"><li>• Central Maine Area on Aging and more commonly known as Spectrum Generations promote and advance the well-being and independence of older and disabled adults. CMAAA described themselves as a 501 (c) 3 non-profit organization and governed by a volunteer Board of Directors from the community. Their mission is to coordinate and align community resources to improve the health and wellness of the people of Maine. They stated the name, phone number, and email address of the research Partner which is LIFT Healthcare located in Tennessee. Information about the research partners is also included. CMAAA listed three projects:</li><li>• From 2020-2021 : Contracted with the Maine Office of Behavioral health. This project was for the COVID-19 pandemic response. They performed intervention by Maine's five area agencies on aging.</li><li>• From 2018-2023: The second project was by their research organization- They did Limit JIA Clinical Ethnographic Sub study. Their organization was chosen to partner with Childhood Arthritis and Rheumatology Research Alliance. LIFT worked with alongside research partners and was responsible for the study design and protocol, including study instruments, survey fielding and 1:1 ethnographic interview along with analysis, report creation, and development of strategic recommendations designed to address the needs and barriers uncovered through the project</li><li>• From 2023-2024: The third project was with the department of health and human services. Under the RCHIP grant, HL4ME and LIFT collaborated on a community readiness assessment to identify strengths, gaps, and opportunities for addressing health related social needs in Somerset and Kennebec Counties.</li></ul>
2. Subcontractors
<ul style="list-style-type: none"><li>• Yes – LIFT Healthcare and Capital Area New Mainers Project ( CANMP)</li></ul>
3. Organizational Chart

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

**RFP #:** 202501009

**RFP TITLE:** Community Led Needs Assessment: Populations Disproportionately Impacted by COVID-19

**BIDDER NAME:** Central Maine Area Agency on Aging d/b/a Healthy Living for Maine

**DATE:** 03/13/2025, 03/19/2025

**EVALUATOR NAME:** Hamda Ahmed

**EVALUATOR DEPARTMENT:** Maine CDC-OPHE

• Yes
<b>4. Litigation</b>
• None
<b>5. Financial Viability</b>
• Yes
<b>6. Certificate of Insurance</b>
• Yes

<b>Part IV, Section III Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. General Requirements</b>
<ul style="list-style-type: none"> <li>• The bidder mentioned that they will use existing relationships and work with LIFT Healthcare (LIFT) and Capital Area New Mainers Project (CANMP) to form the project team.</li> <li>• No information about the CBOs and research partner in this section</li> <li>• Bidder planned to have a Stakeholder Advisory Committee (SAC) of a diverse stakeholder group that will include members of the Communities of Focus.</li> <li>• Goal of having 20 members</li> <li>• Design workshop will be scheduled for the length of a half day and will take place in-person.</li> <li>• Transportation support for participants who have challenges (either limited resources or disability) will be offered by HL4ME</li> <li>• Quantitative survey instrument will be designed to primarily capture information from both CANMP volunteers and families with translation assistance provided, as well as other stakeholders that support different aspects of immigrant resettlement, such as individuals in the school system</li> <li>• Bidder proposed a qualitative interview with LIFT's ethnographic anthropologists will provide the opportunity for deep understanding of the lived experiences of the Communities of Focus.</li> <li>• Also bidder will ensure accessibility (i.e., language translation services) of survey instrument, developing any written materials as appropriate for the average literacy of the Communities of Focus; translating any written materials into multiple languages for the Communities of Focus; developing and distributing digital and physical written materials, including the quantitative survey; providing interpretation services for 1:1 or small group qualitative interviewing; and providing opportunities for virtual, in-home, or on-location (at</li> </ul>

**STATE OF MAINE  
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**EVALUATOR NAME:** Hamda Ahmed

**EVALUATOR DEPARTMENT:** Maine CDC-OPHE

<ul style="list-style-type: none"><li>a partner's physical location) qualitative interview opportunities.</li><li>• Also, the Bidder budgeted for American Sign Language interpretation services to ensure accessibility for individuals who are deaf and/or hard of hearing</li><li>• Q – No clear information about the accessibility of these forms in electronic and physical format</li></ul>
<ul style="list-style-type: none"><li>• Staffing proposed by the bidder is: a Project Manager with 16 hours/week</li><li>• -IT Support for 4 hours/week</li><li>• -Community Engagement Marketing Specialist for 2 hours/week</li><li>• -Finance Reporting Support for 0.5 hours/week</li><li>• N- No details about the share decision-making power</li><li>• Bidder referred to Attachment 8 for more details in this section</li><li>• Bidder stated that all data will be stored on password protected and encrypted servers, and actual names and personally identifying data will not be used in the reporting of insights.</li><li>• Bidder added that all LIFT employees are certified in Human Subjects Research Protection by the U.S. Department of Health and Human Services Office for Human Research Protections</li></ul>
<ul style="list-style-type: none"><li>• N- no details in the 90 days plan,</li><li>• Bidder stated that HL4ME Project Manager will review and revise the work plan as needed within the 90 days.</li><li>• Bidder ensure that all required deadlines will be met, including starting the CLNA by month four and submitting the final report to the Department within</li><li>• thirty calendar days prior to the end of the initial period of performance.</li></ul>
<ul style="list-style-type: none"><li>• Bidder mentioned to have 300 quantitative survey respondents with the majority from the various advocacy and support organizations that engage with the Communities of Focus</li><li>• Bidder specify that the quantitative data will be supported by in-depth qualitative research in the form of 1:1 and small group (2-3 people) interviews.</li><li>• Plan to complete 40 interviews with members of the Community of Focus. Both in-person and virtual formats will be available</li><li>• 1:1 and small group ethnographic interviews take the form of semi-structured interviews between a participant(s) and a member of the LIFT research team, either in-person, via video call, or telephone.</li><li>• Bidder stated that members of the LIFT research team will travel to Maine for the purpose of in person interviews and will work collaboratively with the SAC and study participants to develop an effective, yet cost-efficient timeline of travel and engagement.</li></ul>

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INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** Maine CDC-OPHE

- To mitigate this concern, additional statewide recruitment for the survey and qualitative interviews will be conducted via social media advertisements and Facebook group posts, as well as print advertisements is proposed by the bidder
- Data analysis will be performed by the LIFT research team and will be inclusive of both the quantitative and qualitative data
- Qualitative data: Data from surveys will be thematically analyzed using a combination of descriptive statistics and inferential methods to identify commonalities and themes, and, where possible, extrapolate those commonalities and themes to Black, Indigenous, and People of Color
- (BIPOC) and immigrant, refugee, and asylum seeker communities.
- Quantitative Interview Data Analysis: bidder will use a hybrid method influenced by grounded theory and rapid ethnography to analyze the qualitative data collected during the ethnographic interview

- This section is not clear in the form
- This section is not clear in the form
- This section is not clear in the form
- No information found in the form
- No information found
- No information found
- No information found
- No information covering this session have been found
- Bidder shared experience and previous completed CLNAs
- Bidder stated that CLNA Report will be developed and presented in a manner that is accessible and understandable, with clearly described findings, opportunities, and strategic recommendations
- HL4ME remains engaged in and supportive of work surrounding the State Health Improvement Plan and Maine Shared Community Health Needs Assessment's (MSCHNA) current and future iterations
- Bidder stated that final CLNA Report, de-identified data will also be made available upon request and may be utilized to inform additional questions or concerns not addressed in the original report
- N- related information to this question is not found

**B. Confidentiality Requirements**

- To protect the privacy of survey and interview participants, all data will be stored on password protected and encrypted servers, and actual names and personally identifying data will not be used in the reporting of insights

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR NAME:** Hamda Ahmed

**EVALUATOR DEPARTMENT:** Maine CDC-OPHE

<ul style="list-style-type: none"><li>All personally identifying information (PII) will be removed from data (deidentified)</li></ul>
<b>C. Reports</b>
<ul style="list-style-type: none"><li>Yes</li></ul>
<b>2. Staffing</b>
<ul style="list-style-type: none"><li>Yes</li></ul>

**STATE OF MAINE  
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**RFP #:** 202501009

**RFP TITLE:** Community Led Needs Assessment: Populations Disproportionately Impacted by COVID-19

**BIDDER NAME:** Central Maine Area on Aging

**DATE:** 3/12/2025, 3/18/2025

**EVALUATOR NAME:** Morgan Easler

**EVALUATOR DEPARTMENT:** Maine CDC

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**Individual Evaluator Comments:**

<b>Part I. Preliminary Information</b>
<b>Eligibility Requirements</b>
<ul style="list-style-type: none"><li>• Bidder identified as a Community Based Organization who is representative of and/or provides services to the Communities of Focus.</li><li>• Bidder identified LIFT Healthcare (LIFT). LIFT has 12 years of experience developing and implementing Community Based Participatory Research.</li></ul>
<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• Networked contractually with 20+ CBO and 80 evidenced-based health promotions/disease prevention program facilitators.</li><li>• Formal contacts/MOUs with one national health insurer, three of the four major Maine health systems and a regional Federally Qualified Health Center.</li><li>• Supported 8,800+ participants in evidence-based programs.</li><li>• Responded to over 5,300 referrals for social health resources and spoken with more than 11,900 people about mental health.</li><li>• Developed strong organizational expertise and capacity through managing statewide network, including maintaining high IT security and data gathering/transfer standards, grant writing, obtaining contracts for services and financial and operational reporting.</li><li>• Project One: One-year in length. Reflects experience and expertise needed in performing the Scope of Services.</li><li>• Project Two: Five-years in length. Reflects experience and expertise needed in performing the Scope of Services.</li><li>• Project Three: 21-months in length. Reflects experience and expertise needed in performing the Scope of Services.</li></ul>
<b>2. Subcontractors</b>
<ul style="list-style-type: none"><li>• LIFT Healthcare (LIFT)</li><li>• Capitol Area New Mainers Project (CANMP)</li></ul>
<b>3. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Bidder provided organizational chart.</li></ul>
<b>4. Litigation</b>
<ul style="list-style-type: none"><li>• Bidder identified no litigation.</li></ul>
<b>5. Financial Viability</b>



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**BIDDER NAME:** Central Maine Area on Aging

**DATE:** 3/12/2025, 3/18/2025

**EVALUATOR NAME:** Morgan Easler

**EVALUATOR DEPARTMENT:** Maine CDC

- Bidder provided an Independent Auditors Report for years ending September 2023 and 2022.

**6. Certificate of Insurance**

- Bidder provided a valid COI.

**Part IV, Section III Proposed Services**

**1. Services to be Provided**

**Part II**

**A. General Requirements**

- Bidder will leverage existing relationships and strong working history with LIFT Healthcare and Capitol Area New Mainers to form the project team.
- A: Unclear what is meant by transferable.
- B/C: written materials will be appropriate for the average literacy of the Communities of Focus, translating written material into multiple languages, developing and distributing digital and physical written materials, providing interpretation services. For 1:1 or small group interviews, providing opportunities for virtual, in-home, or on-location interview opportunities. Budgeted for American Sign Language interpretation services to ensure accessibility for individuals who are deaf and/or hard of hearing.
- The Stakeholder Advisory Committee (SAC) design workshop will take place in the first 30 days of the project and will help to formalize the staffing plan.
- A: Bidder indicates the SAC will collaboratively identify and implement guidelines for collaboration and decision-making during the workshop. It is not clear how they will collaborate or share decision-making power, only that they will collaborate and share decision-making power.
- B: Bidder indicated all data will be stored on password protected and encrypted servers, and actual names and personally identifying information (PII) will not be used in reporting.
- Bidder provided the work plan in a timeline chart, indicating the task, the month it will be carried out and the person/position responsible for each task, and identified tasks to be delegated to subcontractors.
- Bidder indicated the work plan would continuously review and revise the work plan as needed with emphasis on:
  - A: the development of planning and survey instrument(s) within 90-days.
  - B: Bidder indicated the project would be started by month four.
  - C: Bidder indicated the final report would be submitted to the Department within 30 calendar days prior to the end of the initial period of performance.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**BIDDER NAME:** Central Maine Area on Aging

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**EVALUATOR NAME:** Morgan Easler

**EVALUATOR DEPARTMENT:** Maine CDC

- A: The development of the study design and assessment instruments will be informed by the SAC. The assessment instruments will include the use of: electronic and physical surveys, ethnographic interviews (1:1 and small group) either in-person, via video call or telephone.
- B: Use of pre-existing email lists or newsletters that can be used to invite participants, organizations hosting regular events and/or meetings, and personal networks provide opportunity for recruitments.
- C: Data analysis will be performed by the LIFT research team and will include quantitative and qualitative
- Met requirement.
- Met requirement.
- Met requirement.

**B. Confidentiality Requirements**

- Unclear how to determine if the Bidder meets this requirement.

**C. Reports**

- Met requirement.

**2. Staffing**

- Met requirement.

**Part IV, Section IV. Cost Proposal and Budget Narrative**

- Bidder provided a Cost Proposal.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202501009

**RFP TITLE:** Community Led Needs Assessment: Populations Disproportionately Impacted by COVID-19

**BIDDER NAME:** Healthy Living for ME

**DATE:** 3/13/2025, 3/19/2025

**EVALUATOR NAME:** Abigail Harper

**EVALUATOR DEPARTMENT:** Maine CDC

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**Individual Evaluator Comments:**

<b>Part I. Preliminary Information</b>
<b>Eligibility Requirements</b>
<p>CBO qualifications</p> <ul style="list-style-type: none"><li>• P: Identifies as a CBO, Central Maine Area Agency on Aging</li><li>• P: Focus area: Older and disabled adults</li><li>• P: Working in partnership with Capital Area New Mainers Project to support resettled families and identify needs, with goal of improving integration between CBO and healthcare</li><li>• Q: Are they focused on specifically elder populations in migrant and resettled community? Is there a disability focus?</li><li>• P: History of successful collaboration with R-CHIP project</li></ul> <p>Research Partner:</p> <ul style="list-style-type: none"><li>• LIFT Healthcare</li><li>• P: 12 years of experience doing Community Based Participatory Research</li><li>• P: Team includes ethnographic anthropologists, with a focus on culturally sensitive mixed methods to better understand lived experiences of diverse populations traditionally unengaged, included several relevant examples</li><li>• P: Clearly outlined contributions of LIFT</li></ul> <p>Overall evaluation: Meets eligibility criteria</p>

<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<p>Requirements: Overview of qualifications and skills to provide service, 3 examples of projects within last 5 years demonstrating experience and expertise, one of which includes evidence of participation with another entity</p> <ul style="list-style-type: none"><li>• P: R-CHIP project as a multi-sector partnership and played role of key convener</li><li>• P: Networked contractually with 20 CBOs and 80 program facilitators with formal contracts to increase access to CBO services in rural Maine</li><li>• P: Provided \$1.7 mil in payments to providers for participation in evidenced based programs, referrals, and addressing mental health</li></ul>

**STATE OF MAINE  
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**RFP TITLE:** Community Led Needs Assessment: Populations Disproportionately Impacted by COVID-19

**BIDDER NAME:** Healthy Living for ME

**DATE:** 3/13/2025, 3/19/2025

**EVALUATOR NAME:** Abigail Harper

**EVALUATOR DEPARTMENT:** Maine CDC

- P: Also provided organizational backing for these orgs, including financial and operational supporting, it support, grant writing support
- **OVERALL:** Strong organizational capacity to manager project

3 examples of projects:

- P: Provided three projects
- **Statewide Coordinator of OBH COVID-19 pandemic relief services, sub-contracted to network of partners:** Successfully coordinated services, coordinated across agencies on aging, provided support in accessing medical, behavioral health, housing, etc needs, highlighted diversity of ways of reaching individuals. Documented outcomes achieved, specifically to data management, documentation of impact, and performance outcome measures
- **Community Based Participator Research exploring solutions for clinical trial recruitment and retention challenges:** developed a Community Based Participatory Research project with a multi-stakeholder group, designed mixed-methods protocol, and implementing study. **Successfully supported and engaged Stakeholder Advisory Committee, developed activities and workshops allowing diverse group of individuals to provide input.**
  - **Q:** How is LIFT related to HL4ME
- **RCHIP:** Facilitated a Community Readiness Assessment to identify strengths, gaps, and opportunities for addressing health-related social needs in Somerset and Kennebec counties. Mixed methods approach, used data analysis tool to identify themes in data, resulting in additional funding to support project.

**Overall thoughts:**

**P: HL4ME** presented three distinct and impactful projects that relate to experience and expertise needed to conduct a community led needs assessment, and documented a history of understanding and utilizing mixed methods and a combination of qualitative and quantitative data collection methods. It is clear they have the capacity to conduct a CLNA and expertise within their organization. All of the above examples also included deep collaboration with other stakeholders, sometimes serving as the coordinating body and financial entity, and in some cases leading collaborations with documented evidence of being successful in convening these networks.

**2. Subcontractors**

**LIFT**

P: Completed required section

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**DATE:** 3/13/2025, 3/19/2025

**EVALUATOR NAME:** Abigail Harper

**EVALUATOR DEPARTMENT:** Maine CDC

P: History of designing and implementing mixed-methods research practices that provide understanding of stakeholders' lived experiences that ultimately impact and inform engagement with health and community resources

P: Human-centered approach to research

P: Formal IRB review of their practices and cited other successful projects funded

**CANMP:**

Cross cultural organization welcoming refugees and working to create a thriving, integrated community in central Maine

P: Direct connection to community targeted by CLNA

P: Dedicated to meeting immediate and long-term needs of immigrants in the capital area

P: Estimated population of 1,500

Q: Small population of interest – is this a concern of the grant?

**3. Organizational Chart**

Provide organizations chart showing officers, org components, and project team proposed, indicating who the project team is reporting to

P: Provided organizational chart of Healthy Living for ME, including which ones are involved in this project and who they report to

**4. Litigation**

Complete Appendix F including any current litigation

P: No current litigation pending

**5. Financial Viability**

Provide 3 most recent financial statements audited by CPA

P: Provided 2021, 2022, and 2023 financial statements and audits

**6. Certificate of Insurance**

Must include certificate of insurance

P: Provided certificate of liability insurance

**Part IV, Section III Proposed Services**

**Part II**

**A. General Requirements**

P: Presented two CBOs: HL4ME and Capital Area New Mainers Project.

P: Presented research partner LIFT Healthcare

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**RFP #:** 202501009

**RFP TITLE:** Community Led Needs Assessment: Populations Disproportionately Impacted by COVID-19

**BIDDER NAME:** Healthy Living for ME

**DATE:** 3/13/2025, 3/19/2025

**EVALUATOR NAME:** Abigail Harper

**EVALUATOR DEPARTMENT:** Maine CDC

<p>P: Leverage existing network to engage healthcare and CBO</p> <p>Q: Didn't really provide detail how the convening will happen, and did not explicitly highlight how the cbo and research partner provide services to communities of focus (in this section, it is included more so above in the overview)</p>
<p>P: Developing a Stakeholder Advisory Committee comprised of stakeholders from the communities of focus, and will utilize this network to collaboratively develop the SAC. This will lead to a strategic design workshop hosted by LIFT to engage stakeholders.</p> <p>P: Planned for transportation challenges by providing transportation for those with limited resources or disabilities</p> <p>P: With guidance of CANMP, highlighted difficulties getting survey completion with English literacy and education, so providing translation assistance and incorporating perspectives of those with lived experiences into development and collection of data</p> <p>P: Includes qualitative and quantitative elements. Will conduct qualitative interviews with individuals</p> <p>P: Emphasized accessibility of survey instruments including: developing instruments to average literacy level of community of focus, making translated materials available, doing small group and one on one qualitative interviews, providing opportunities for remote interviews, and providing ASL interpretation</p> <p>P: Adequately responded to all concerns of accessibility</p>
<p>P: Presented detailed staffing plan, including organizational support</p> <p>P: Hosting SAC design workshop within first 30 days of project start which will formalize staffing plan at sub-contracting organizations</p> <p>P: Anonymity will be ensured via storing data on password protected and encrypted servers, with personal identifying data removed from reporting of insights. LIFT's practice have been reviewed by IRB</p>
<p>P: Indicated the instruments will be reviewed and implemented within 90 days of start of period. Project manager responsible for tracking and updating work plan.</p> <p>P: Indicated project manager as responsible for complying with all established deadlines and ensuring project workplan stays on track</p> <p>P: Comprehensive work plan provided, with calendar and deadlines complying with the timeframe for this work, lead responsibility, etc.</p>
<p>P: Metrics for sufficient data: 300 quantitative survey respondents and 40 interviews (cited in person and virtual formats)</p> <p>P: Highlighted engagement practices and screening to ensure respondents represent communities of focus</p> <p>P: Highlights aspects that will ensure trust building and truthful responses, emphasizing inclusion of individuals with lived experience in survey design and</p>

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format, aspects that will bring out deeper interest and meaning from individuals.  
P: includes budget for incentives to incentivize participation and ensure individuals are appropriately valued for their time  
P: Utilizing community coordinator to support interpretation during interviews, and highlighted steps taken to acknowledge and respect cultural norms and potential assumptions  
P: Spoke to challenge of those already integrated/utilizing services provided by the organizations participating and how that might vary from other individuals, with steps to include statewide recruitment for survey and qualitative interviews advertised to larger audiences. Also will include MIRC in this process (additional CBO for outreach)  
P: Highlighted practices for synthesizing data and presenting in multiple formats, including descriptive, pictorial displays, anecdotal highlights, etc. Will synthesize into high level themes.

Responded to all questions thoroughly

P: Emphasis on including novel or unexpected insights, and outlining a process for allowing these to be uncovered and presenting these internally. Also includes process for developing strategic recommendations out of the needs assessment. Includes opportunities to present externally in a 2<sup>nd</sup> half-day in-person solution-design workshop.

P: Engaging SAC and community of focus in strategic design thinking activities intended to democratize solution-design process to engage in ideation and inform final strategic recommendations

P: Multi staged process that includes academic review of data collected followed by inclusion of community members/stakeholders in interpreting and making recommendations

Q: Can't tell if they answered I and J thoroughly, however did cite strategic recommendations provided to state, advocacy organizations and communities of focus. Would have liked them to speak to the last two questions more.

P: Previous history of working with department to share information, recommendations, and best practices. Group demonstrates commitment to successful utilization of findings and recommendations, and stays engaged with Maine Shared CHNA and sees opportunities for integration there. Will also make de-identified data available to inform future questions or assessments

Q: What opportunities do they see for this to be integrated?

P: Will incorporate dissemination plan that includes channels and tactics for ensuring widespread accessibility to multiple audiences. Will also work to develop an

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abbreviated summary of study and findings that will be translated into multiple languages.
<b>B. Confidentiality Requirements</b>
P: Included practices for de-identifying data and for protecting participant information, as well as evidence of past IRB approval
<b>C. Reports</b>
Identified Project Manager as responsible for complying with all required reporting, reiterated practices for de-identifying data, included project management tools and plans for supporting creation, maintenance, and security of sharepoint site for collaboration across stakeholders and participating CBOs.
<b>2. Staffing</b>
P: Provided job descriptions for all primary responsibilities/roles in the project, including Spectrum generations CEO, Projects Director/Project Manager, IT Manager, Financial Analyst, Marketing Specialist, and project partners
P: Included their responsibilities and timelines in work plan, with project manager responsible for managing their engagement in the overall project.



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**DATE:** 3/13-14/25

**EVALUATOR NAME:** Ariel Ricci

**EVALUATOR DEPARTMENT:** Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations

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**Individual Evaluator Comments:**

<b>Part I. Preliminary Information</b>
<b>Eligibility Requirements</b>
<p>1. Identify as a Community-Based Organization (CBO) who is a representative of and/or provides services to the Communities of Focus;</p> <p>P – HL4ME self-describes as a “Community Care Hub (CCH), organizing and supporting a network of community based organizations (CBOs).” HL4ME will partner with the Capital Area New Mainers Project (CANMP), which clearly supports one of the communities of focus identified (immigrant, refugee, asylum seekers).</p> <p>Q – It is not clear whether HL4ME itself is representative of and/or provides services to the identified Communities of Focus, though the information about the R-CHIP contract suggests that it has done so.</p> <p>2. Identify a Research Partner who is a representative of and/or provides services to the Communities of Focus and has a minimum of two (2) years of experience conducting Community-Based Participatory Research.</p> <p>P – identifies LIFT as a research partner with 12 years of experience in Community Based Participatory Research. Provides examples of how their team has provided services to the identified communities of focus.</p>
<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<p>Bidders must complete Appendix D (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. In addition, Bidders must:</p> <p>a. Include three (3) examples of projects within the last five (5) years, which demonstrate their experience and expertise in performing the services outlined in the RFP, as well as highlighting the Bidder’s stated qualifications and skills.</p> <p>i. At least one (1) project example must include evidence of the Bidder’s participation in a cooperative effort with at least one (1) other entity to assess population health.</p>

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P – Applicant describes being networked contractually with over 20 CBOs.

P – Project One demonstrates experience in statewide engagements related to COVID-19 pandemic relief services.

P – Project Two demonstrates experience of community based participatory research that included traditional qualitative and quantitative research methodologies that was informed and driven by a multi-stakeholder group and gathered sensitive personal information.

P – Project Three demonstrates considerate technical skills with data analysis and experience with identifying both strengths and gaps in a community.

P – All examples show a collaborative approach with stakeholder advisory groups.

Q – The examples given appear to be focused on mixed methods data collection and assessment, including with significant stakeholder input, but it is unclear the extent to which they demonstrate building capacity of communities to, in the longer term, conduct their own community based needs assessment (as opposed to have studied conducted of a community by people outside of that community). If a goal of this RFP is to build capacity of communities over the longer term, it is unclear whether these examples demonstrate that experience.

## **2. Subcontractors**

If subcontractors are to be used, including consultants, Bidders must complete Appendix E (Subcontractor Form) providing a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors' organizational capacity and qualifications.

P – Contractors are LIFT and CANMP, all required details provided for both, and both appear qualified.

Q – CANMP appears to be largely focused in Kennebec County. It will be interesting to see how they propose to engage immigrant populations statewide.

## **3. Organizational Chart**

Bidders must provide an organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. This chart must indicate to whom the project team reports. Note: individual project

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team positions are to be identified in the job description and staffing plan requirements of Appendix G (Response to Proposed Services).

P – org chart provided.

**4. Litigation**

Bidders must complete Appendix F (Litigation Form) providing a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on Appendix F (Litigation Form).

P – completed form provided (no current or recent litigation)

**5. Financial Viability**

Bidders must provide the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.

P – financial statements provided.

**6. Certificate of Insurance**

Bidders must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

P – certificate of insurance provided.

**Part IV, Section III Proposed Services**

**Part II**

**A. General Requirements**

P – Applicants describe the project team consisting of the applicant, LIFT and CANMP, and that the applicant will leverage its provider network.

N – in general, this section is very light on details. Which providers in its network are relevant? How will these entities cover all the communities of focus?

P – Applicant describes putting together a diverse Stakeholder Advisory Committee comprised of a diverse stakeholder group that will include members of the communities of focus and other stakeholders.

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Q – Not much information about how this SAC will be developed and whether there is enough trusting relationships with the communities of focus for them to feel comfortable engaging. In my experience working with Wabanaki tribes, immigrant/migrant farmworkers, and multigenerational Black Mainers, there is a considerable distrust of state agencies and how their information and data will be used. Getting meaningful and trusted engagement can be challenging and this does not appear to be addressed in this section.

Q – Transportation will be provided to SAG groups that don't have access, but what about other barriers? Child and other caring responsibilities, inability (or lack of incentive) to take time off of work, etc.

P – Mentions language translation for survey instrument, interpretation for 1-1 or small group interviews, opportunities for multiple locations for interview, and ASL interpretation.

N – unclear how the communities of focus will share decision making power, except through the SAC. I would prefer to see more intentionality (beyond just a stakeholder group) about how the communities of focus more broadly would have decision making authority.

Q – Maybe this gets addressed later on in the proposal. Although the collaboration appears to include (through the subcontracted CBO) engagement with immigrant, refugee and asylum seeker communities, it is not clear whether or how the following communities of focus will be engaged: migrant and seasonal farmworkers, multi-generational Black/African American communities, Indigenous communities.

P – Gantt chart work plan provided, which shows a clear and organized timeline.

N – It may be overly ambitious to convene a diverse stakeholder group in month 1 that includes representatives of all the communities of focus if those communities are not officially collaborative partners in this work and/or those relationships are not already established, particularly with communities with a historic distrust of state processes. This approach assumes that these communities will jump at the opportunity to be included, when that is not likely to be the case, due to historic harms.

N – The way the SAC is described within the work plan is largely advisory. This raises

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a question about whether this is actually a community LED needs assessment, or more like a community INFORMED needs assessment. Because these are extremely sensitive populations, with different unique needs and relationships to the state, it makes me concerned about whether this will genuinely be LED by these communities and might instead result in suspicion in engagement due to historic extraction of information and data from marginalized communities.

Q – there is reference to engaging respondents from “the various advocacy and support organizations that engage with the Communities of Focus”, but without being named, it is unclear if all the CoF listed in the RFP will be included (and to what extent) and whether there is a willingness to engage/participate. It is also unclear whether or what the targets are for participants from the different CoF to ensure it is representative of vastly different communities and geographies in the state.

Q – Again, although the SAC will be periodically updated and have the ability to provide feedback, it is unclear if this is a “community led” as opposed to “community informed” needs assessment.

P – Inclusion of a stipend for survey participants to compensate for their time and willingness to share and a more significant compensation for qualitative interview participants.

P – I like the inclusion of both a quantitative survey but also qualitative efforts and a semi-structured 1-1 interview and small focus groups, to better understand real experiences.

Q – outreach appears to depend on members of the SAC using their own networks with the CoF. It is unclear whether this will be successful due to my concerns about getting meaningful engagement and participation in the SAC amongst the most historically excluded populations due to a lack of trust with state efforts.

P – acknowledgement of the limitation of outreach efforts to connect to individuals who are not currently engaged with a CBO and includes proposal for social media advertisements.

Q – Data analysis section appears to suggest that themes will be extrapolated relating to BIPOC individuals and immigrant/refugee/asylum seeker communities. If I am reading this right, it is an over-generalized approach and does not take into the unique

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communities and considerations within those broad communities.
Mixed – Although I appreciate the technical approach to data analysis and synthesis, I worry that this approach will be perceived as extractive of communities, rather than being led by communities.
P – Process describes analysis of the quantitative and qualitative data, which is then presented to the SAC to inform the strategic recommendations.
P – describes previous successful work with the Department and a willingness to engage further to scope the next stage.
P – mentions an abbreviated version being translated into multiple languages and shared.
Q – Much of this relies on the SAC to inform a dissemination plan with their communities. What if the relevant CBOs throughout the state do not wish to engage with the SAC?
<b>B. Confidentiality Requirements</b>
P – Those accessing PII are certified in Human Subjects Research Protection. Appropriate awareness and protections in place.
<b>C. Reports</b>
P – project manager will coordinate reports and ensure timely submission.
<b>2. Staffing</b>
P – information provided as required.
P – information provided.
N – If CANM is the only CBO subcontractor, it is unclear whether or how this project will successfully engage with the other communities of focus. I am concerned that engagement in the SAG is insufficient for CBOs representing other communities (in particular, Indigenous, non-immigrant Black, and migrant farmworker populations) to feel properly involved, engaged, and invested in this project.

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**DATE:** 3/13/25, 3/18/25, 3/19/25

**EVALUATOR NAME:** Eden Silverthorne

**EVALUATOR DEPARTMENT:** Maine CDC, OPHE

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**Individual Evaluator Comments:**

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none"><li>• Bidder indicates that they are a community-based organization (CBO) representative of, and providing services to, the Communities of Focus.</li><li>• Bidder works to improve health care quality and access for individuals living in central Maine and surrounding areas.</li><li>• Bidder's mission relates to promoting and advancing the well-being and independence of adults who are older and disabled to support them with living in their chosen communities. Bidder carries out mission with support from individuals' care partners.</li><li>• Bidder's mission also involves coordinating and aligning resources in the community to improve Maine people's health and wellness.</li><li>• Bidder is a 501c3 non-profit with a Board of Directors whose members are volunteers from communities served.</li><li>• Bidder is a developing Community Care Hub (CCH) that organizes and supports CBOs to mitigate health-related social needs (HRSNs) for Maine people.</li><li>• Bidder intends to partner with Capital Area New Mainers Project (CANMP) which is described as an organization that is cross-cultural, welcoming of immigrants and refugees, and working to establish community in central Maine.</li><li>• CANMP was founded in 2017, is based in Augusta, and works with approximately 1,500 individuals comprising more than 100 resettled families living in Kennebec and Somerset Counties.</li><li>• Bidder and CANMP have collaborated on multiple projects, including supporting older immigrants with case management and homemaking services during the COVID-19 pandemic.</li><li>• Bidder assembled the Somerset and Kennebec Counties Community Partnership (SKCCP) in 2023 using an awarded contract through the Maine DHHS Rural Community Health Improvement Partnership (R-CHIP). Through the SKCCP, CANP worked with other partners to carry out a Community Readiness Assessment (CRA) that included information about immigrants' lived experiences and determined the readiness of the region to improve integration of CBOs and healthcare.</li></ul>

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- Bidder identified LIFT Healthcare (LIFT) as its Research Partner and provided name, address, phone number, and email address. Research Partner is located in Tennessee.
- LIFT is described as a healthcare research and communications agency that has 12 years of experience developing and implementing community-based participatory research.
- LIFT team members include ethnographic anthropologists with experience engaging multiple stakeholders and utilizing mixed methods that are culturally sensitive to understand the experiences of populations who are typically not engaged in research, including immigrant women, pediatric patients with chronic illness, and individuals living rurally in Appalachia with limited access to care.
- As bidder's Research Partner, LIFT is described as being committed to: developing and engaging a Stakeholder Advisory Committee (SAC) made up of diverse stakeholders including individuals from the Communities of Focus, community and advocacy groups, and others engaged with the Communities of Focus; designing the CLNA study and instruments with the SAC's input and support; fielding the study to include a quantitative survey administered to up to 300 respondents and 40 one-on-one or small group interviews; and utilizing the SAC's support and input to analyze and report on findings and provide strategic recommendations related to the goals of the community-led needs assessment.

**Part IV. Section II. Organizational Qualification and Experience**

**1. Overview of the Organization**

- Bidder functions as a Community Care Hub (CCH), has received the R-CHIP award in Kennebec and Somerset Counties, and convenes the SKCCP, which is multi-sector.
- The CCH functions to promote rural health equity by improving access to CBO services for individuals living in each county in Maine.
- In its CCH role, Bidder has contracts with more than 20 CBOs and 80 facilitators of evidence-based health promotion and disease prevention program facilitators, and has contracts or Memorandums of Agreement or Memorandums of Understanding with one national health insurer, three of Maine's four major health systems, and one regional Federally Qualified Health Center.



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- As a CCH, Bidder has accomplished the following since 2018: supported over 8,800 individuals in evidence-based programs, fielded and responded to more than 5,300 referrals for resources related to social health, and have discussed mental health needs related to the COVID-19 pandemic with over 11,900 people.
- As a result of operating statewide network involved in CCH, Bidder has developed expertise and skills related to maintaining high standards in information technology security, data gathering and transferring, and reporting on finances and operations.
- Provided descriptions of three projects that occurred within the past five years and that reflect the experience and expertise needed to carry out project to varying extents, however, Project Two does not appear to describe a project in which the Bidder participated. It appears that Project Two only involves the Bidder's identified Research Partner: LIFT.
- Two of three projects listed include evidence of Bidder's participation in a cooperative effort with at least one other entity. All three projects listed involve assessments of population health to varying extents.
- Complete contact information provided for each project.
- Project One involves Bidder serving as a single statewide contractor to provide COVID-19 services to individuals in Maine at the request of the State of Maine's Department of Health and Human Services Office of Behavioral Health through the StrengthenME project. Bidder sub-contracted this work to network partners and most interventions were performed by the five Area Agencies on Aging in Maine.
- StrengthenME began in October 2020 to increase awareness about and offer crisis counseling. The Office of Behavioral Health granted Bidder an additional 6-month no-cost contract extension due to project success.
- Bidder's network provided more than 6,000 engagements with community members during contract period. Services provided included support with essential needs including access to medical and behavioral health, housing, employment, and other social and educational needs. Services were provided virtually, via phone, and in-person with appropriate social distancing.
- Bidder was responsible for contracting, subcontracting, training and fidelity related to service delivery, and providing comprehensive financial and operational reports related to the project in its entirety.

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- Bidder met all contractually required performance expectations related to recording of community contacts, ensuring training completion among all staff, and engaging staff in supervision, team meetings, continuing education, and wellness.
- Project Two involves Bidder's identified Research Partner: LIFT. LIFT partnered with the Childhood Arthritis and Rheumatology Research Alliance (CARRA) and the Duke Clinical Research Institute (DCRI) to engage in a research study using mixed research methodologies to understand and identify potential solutions for challenges related to clinical trial recruitment and retention.
- Project utilized a Community Based Participatory Research approach to ensure communications and study design were influenced by a multi-stakeholder group, a mixed methods protocol intended to understand the lived experiences of a population generally underrepresented in research, and the involvement of patients and caregivers in developing strategic recommendations.
- LIFT engaged with partners from University of California San Francisco, Boston Children's Hospital, Seattle Children's Hospital, and Nationwide Children's Hospital (Columbus) during phase one of project.
- LIFT engaged with Stakeholder Advisory Committee during phase two of project.
- LIFT was responsible for supporting and engaging Stakeholder Advisory Committee, ensuring activities and workshops were accessible for diverse individuals, developing study design and protocol, and developing strategic recommendations. LIFT was also required to report regularly and annually engage with Institutional Review Board review and approval.
- Project Three involves Bidder and LIFT collaboratively conducting a Community Readiness Assessment to assess strengths, challenges, and opportunities for addressing HRSNs in Somerset and Kennebec Counties.
- Bidder and LIFT utilized a mixed-method approach to collect data from community health profiles, the Maine Shared Community Health Needs Assessment, and information gleaned from interviews with 23 residents and seven providers in Somerset and Kennebec Counties.
- Bidder and LIFT utilized a data analysis web application tool called Dedoose to compile, code, and analyze data to identify themes and identify primary

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HRSNs among residents and barriers to having them addressed. Report of findings was established and shared to guide the SKCPP's planning efforts.

- Bidder and LIFT facilitated two stakeholder engagement workshops with SKCCP partners to inform the establishment of best practices for engagement, and created a Stakeholder Engagement Playbook that includes criteria for ensuring that decision-making and activities are in alignment with partnership values.
- Bidder received a Rural Health Network Development Planning Grant from the Health Resources and Services Administration (HRSA) to continue SKCPP work.

## **2. Subcontractors**

- Two subcontractors identified and complete contact information provided. One subcontractor is located in Maine and one is located in Tennessee.
- Lift Healthcare (LIFT) is first subcontractor and identified Research Partner.
- LIFT was established in 2012 and has worked with a variety of partners in the healthcare field to develop and carry out mixed-method research practices to understand stakeholders' lived experiences and how they impact stakeholders' engagement with health and community resources.
- LIFT centers ethnography in its human-centered research approach and defines ethnography as the process of learning about stakeholders by learning from them in order to understand stakeholders' lived experiences, perspectives, needs, and beliefs.
- LIFT plans to collaborate with Bidder to share research findings with communities and community leaders.
- The WCG Institutional Review Board has reviewed and approved LIFT's research practices, leadership, and data protection and privacy protocols, and LIFT has been funded by the Patient Centered Outcomes Research Institute and Bristol Myers Squibb.
- Capitol Area New Mainers Project (CANMP) is second subcontractor.
- CANMP was founded in 2017 and is based in Augusta. CANMP works to create a thriving and integrated community for refugees in central Maine.
- CANMP has a Board of Directors comprised of ten individuals with 40% representation from the New Mainer community, and the CANMP staff is comprised of an Executive Director, Property Manager, English Teacher, and Community Coordinator. CANMP coordinates a team of approximately 250 family mentor volunteers.

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

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<ul style="list-style-type: none"> <li>CANMP programming relates to family mentorship, housing, and education and staff and volunteers work to cultivate relationships among community members, meet community members' short and long-term needs through connections to resources, and engage in education and advocacy related to diverse cultures and immigration issues.</li> <li>CANMP's community of immigrants, supporters, and family mentor team volunteers is made up of approximately 1,500 individuals.</li> </ul>
<b>3. Organizational Chart</b>
<ul style="list-style-type: none"> <li>Provided and meets expectations.</li> </ul>
<b>4. Litigation</b>
<ul style="list-style-type: none"> <li>None.</li> </ul>
<b>5. Financial Viability</b>
<ul style="list-style-type: none"> <li>Provided independent auditor's report for most recent four years.</li> </ul>
<b>6. Certificate of Insurance</b>
<ul style="list-style-type: none"> <li>Provided and valid.</li> </ul>

<b>Part IV, Section III Proposed Services</b>
<b>Part II</b>
<b>A. General Requirements</b>
<ul style="list-style-type: none"> <li>Bidder will utilize existing relationships and work histories with Research Partner, LIFT Healthcare (LIFT), and Capital Area New Mainers Project (CANMP) to establish project team.</li> <li>Bidder will also utilize its existing network of partner organizations as a Community Care Hub.</li> <li>Unclear whether Research Partner represents and/or provides services to the Communities of Focus. Capital Area New Mainers Project represents and provides services to Communities of Focus.</li> </ul>
<ul style="list-style-type: none"> <li>Bidder and CANMP will collaboratively develop a Stakeholder Advisory Committee (SAC) made up of 20 members with representation from Communities of Focus, CANMP volunteers and Board of Directors, members of advocacy groups, and health and social service providers.</li> <li>Research Partner will plan and facilitate a strategic design workshop for the SAC that will take place in-person for a half day and will involve stakeholder contribution to the study design, survey instrument development, and interview question guide. Bidder will provide transportation support for participants as needed.</li> </ul>

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INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202501009

**RFP TITLE:** Community Led Needs Assessment: Populations Disproportionately Impacted by COVID-19

**BIDDER NAME:** Central Maine Area Agency on Aging d/b/a Healthy Living for Maine (HL4ME)

**DATE:** 3/13/25, 3/18/25, 3/19/25

**EVALUATOR NAME:** Eden Silverthorne

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<ul style="list-style-type: none"><li>• Quantitative survey instrument will be designed to capture information from CANMP volunteers and families with translation assistance, and from other stakeholders supporting immigration resettlement including individuals in the school system.</li><li>• The SAC will inform qualitative survey development.</li><li>• Research Partner's ethnographic anthropologists will conduct qualitative interviews with Communities of Focus in ways that are most accessible to community members and that result in contextualization for quantitative data collected.</li><li>• The following language accessibility provisions will be established with guidance from CANMP leadership and the CANMP Community Coordinator: written materials developed at appropriate literacy level for Communities of Focus; materials translated into languages; provision of interpretation services for individual or small group interviews; provision of opportunities for in-person interviews; provision of American Sign Language interpretation services.</li><li>• Quantitative data collection will not include identifying details and identifying details will be removed from qualitative data prior to analysis and reporting.</li></ul>
<ul style="list-style-type: none"><li>• Outline of proposed staffing and governance plan appears to have been included and appears to include identical information to what is included in response to this section.</li><li>• SAC design workshop will occur within first 30 days of performance period and will support with formalizing staffing plans for CANMP and Research Partner.</li><li>• SAC will identify and implement collaboration and decision-making guidelines during SAC design workshop.</li><li>• All data will be stored on servers that are password protected and encrypted. No names or personally identifying information will be included in reporting and only Research Partner will have access to data that is not deidentified.</li><li>• Research Partner's research practices have been reviewed and found effective by the WCG IRB, and Research Partner's employees are certified in Human Subjects Research Protection by the U.S. Department of Health and Human Services Office for Human Research Protections.</li></ul>
<ul style="list-style-type: none"><li>• Realistic work plan included and meets expectations.</li><li>• Planning and survey instrument design will occur within first three months of contract period and will involve a half day SAC Design Workshop to engage SAC, CANMP, Bidder, and Research Partner in aligning on project goals; providing input on study design, methods, and instruments; and establishing</li></ul>

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<p>collaboration and decision-making guidelines.</p> <ul style="list-style-type: none"><li>• Planning and survey design will also involve SAC collaborating with other advocacy groups to plan recruitment for study participants and develop protocols for participant recruitment via advertising and social media.</li><li>• Participant recruitment and fielding will occur between months four and eight of the contract.</li><li>• CANMP and Research Partner will collaborate to recruit survey participants through the SAC, advertising, and social media and Research Partner will field quantitative surveys in electronic and physical formats. Survey participants will have option to participate in qualitative interview.</li><li>• Research Partner will recruit qualitative interview participants and will work with CANMP to administer qualitative surveys. Research Partner will transcribe and code qualitative data to identify common themes.</li><li>• Data analysis, solution design, and reporting will begin in month seven and extend through the end of the contract period.</li><li>• Research Partner and CANMP will work together to further analyze quantitative and qualitative data and report survey results to the SAC for input.</li><li>• Research Partner and CANMP will integrate qualitative and quantitative findings into report and share final findings and recommendations with the SAC for consideration and input.</li><li>• The SAC will engage in a half day solution design workshop to provide feedback on recommendations and works to identify areas of opportunity.</li><li>• Bidder's Project Manager will review and revise work plan as needed throughout contract period and will engage partners as revisions are identified. Project Manager will also ensure compliance with expressed timelines.</li></ul>
<ul style="list-style-type: none"><li>• CLNA aims to have 300 quantitative surveys completed, with most being from organizations engaging with Communities of Focus.</li><li>• Quantitative data will be supplemented by qualitative data gleaned from individual and small group interviews. CLNA aims to engage 40 members of Communities of Focus in interviews.</li><li>• The SAC will inform design of study and assessment instruments and Research Partner will prepare study and assessment instruments.</li><li>• Electronic version of quantitative survey will be hosted on SurveyMonkey and will be HIPPA-compliant. Electronic and physical versions of survey will be ADA-compliant.</li><li>• Surveys will be brief and consist of two sections: an audience screening to</li></ul>

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<p>ensure eligibility of participants and a main survey to address CLNA questions.</p> <ul style="list-style-type: none"><li>• Survey respondents will be provided a \$20 gift card for compensation for their time and participation to be distributed via email or more accessible mode.</li><li>• A member of the Research Partner's team will engage individuals in individual or small group ethnographic interviews that are semi-structured and conducted virtually or in-person. The SAC will contribute to interview guide design.</li><li>• Elicitation techniques such as utilization of images, activities, and other artifacts to explore areas of interest, will be practiced to enhance understanding of survey participants' mindsets.</li><li>• Qualitative interview participants will be provided a \$100 gift card for compensation for their time and participation to be distributed via email or more accessible mode.</li><li>• Digital and paper surveys will be provided in multiple languages and through multiple methods of engagement. Interpretation will be provided as needed.</li><li>• SAC members will support participant outreach and recruitment and recruitment plan will be developed during SAC design workshop within first month of contract period. Pre-existing resources including email lists, newsletters, and ongoing community meetings and events will be identified for recruitment.</li><li>• Statewide recruitment will occur via social media advertisements, Facebook group posts, print advertisements, and outreach through CANMP's existing participation in the Maine Immigrant Rights Coalition.</li><li>• Research Partner will complete quantitative data analysis using a variety of descriptive statistics and inferential methods to identify and extrapolate findings and themes.</li><li>• Research Partner will complete qualitative data analysis by carrying out processes that include audio transcription of interviews and analysis of data for themes.</li><li>• Research Partner will use identified themes to develop a narrative to explain the findings.</li></ul>
<ul style="list-style-type: none"><li>• Noting that items b. and e. are duplicative as printed in the RFP instructions.</li><li>• Research Partner will emphasize the Department's outlined CLNA aims in its data analysis.</li><li>• Research Partner will engage in a collaborative process to develop strategic recommendations for the Department, community organizations, and advocacy organizations that address CLNA findings and mitigate identified barriers</li></ul>

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<p>experienced by Communities of Focus.</p> <ul style="list-style-type: none"><li>Research Partner will share findings and recommendations with SAC and provide final report with recommendations to the Department, community and advocacy organizations, and the Communities of Focus. Report will include unique engagement tools like journey maps, language maps, and personas as appropriate.</li></ul>
<ul style="list-style-type: none"><li>Bidder's Project Manager participated in Maine Shared Community Health Needs Assessment (MSCHNA) Stakeholder Forums for Somerset and Kennebec Counties in fall of 2024 and currently attends ongoing quarterly meetings involving the Central District and Statewide Coordinating Councils for Public Health. Project Manager also attended an initial convening of organizations statewide with experience conducting assessments to discuss best practices and lessons learned. Meeting was facilitated by MSCHNA Program Manager.</li></ul>
<ul style="list-style-type: none"><li>The SAC will inform the development of a CLNA dissemination plan during the study design and solution design workshops to be facilitated by the Research Partner. Dissemination plan will ensure widespread availability of findings.</li><li>Bidder and CANMP's Community Coordinator plan to develop a brief summary of the study to translate into multiple languages.</li></ul>
<b>B. Confidentiality Requirements</b>
<ul style="list-style-type: none"><li>Bidder's compliance to items 1, 2, and 4 does not appear to be specifically addressed but is implied by their response to this section. Bidder's compliance to item 3 is similarly implied by their response to this section.</li><li>Response includes information duplicative of that included in Part II A. 3.</li></ul>
<b>C. Reports</b>
<ul style="list-style-type: none"><li>Bidder's IT team will support creation, maintenance, and security of a SharePoint site to function as a central project management tool. Bidder's Project Manager will utilize SharePoint site to ensure submission of each report by expressed deadline.</li></ul>
<b>2. Staffing</b>
<ul style="list-style-type: none"><li>Meets expectations.</li><li>Bidder refers to work plan narrative and timeline for project activity during each stage.</li><li>Research Partner will be responsible for conducting design studios, quantitative surveys and qualitative interviews with community members, and compiling data to be included in the final CLNA report.</li></ul>



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| <ul style="list-style-type: none"><li>• CANMP works with Bidder and Research Partner to support with execution of project plans and engagement with Communities of Focus through provision of survey translations, interpretation during interviews, and outreach efforts.</li><li>• Bidder's Project Manager manages Research Partner and CANMP's engagement.</li></ul> |
|--|

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**DATE:** 03/13/2025, 03/18/2025, 03/19/2025

**EVALUATOR NAME:** Hamda Ahmed

**EVALUATOR DEPARTMENT:** Maine CDC- OPHE

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**Individual Evaluator Comments:**

<b>Part I. Preliminary Information</b>
<b>Eligibility Requirements</b>
<ul style="list-style-type: none"><li>• Yes – Described as a community-based organization founded by three women of color. CCCS stated that they work with culturally and ethically diverse communities</li></ul>
<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• CCCS is based in Portland Maine. CCCS stated that they work with racially diverse communities and organizations. Their work include providing access to healthcare for aging BIPAC &amp; LGBTQ+ Mainers, access to quality dental care and family wellness program that supports BIPOC and immigrant Mainer's specific healthcare needs. The name, address, phone and email of the researcher partner are included. CCCS listed three project that they worked on-</li><li>• 1- From 2023-2026 awarded by Maine health Access Foundation to collaborate with Maine Council on Aging. The mission of their work was to develop a plan that looks at the intersectionality of race, LGGBTQ+, and the aging community in the greater Portland area.</li><li>• The second project listed is from 2020-2025. CCCS partnered with the State's Office of Behavioral Health's StrengthenME (STME). During that time, they provided case management to the US-born black community who need a health-related wellness support program</li><li>• The third project is between 2022-2025 and partnered with the Children's Oral Health Network (COHN). They identified COHN as a BIPAC-led and BIPAC serving organizations and oral health providers focused on addressing oral health disparities in Cumberland County</li></ul>
<b>2. Subcontractors</b>
<ul style="list-style-type: none"><li>• Yes</li></ul>
<b>3. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Yes</li></ul>
<b>4. Litigation</b>
<ul style="list-style-type: none"><li>• None</li></ul>
<b>5. Financial Viability</b>

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• Yes
<b>6. Certificate of Insurance</b>
• Yes

Part IV, Section III Proposed Services
Part II
<b>A. General Requirements</b>
<ul style="list-style-type: none"> <li>The Bidder will be collaborating with Mano en Mano which is the second CBO and Wabanaki public Health and Wellness that will serve as the research partner</li> <li>They stated that they will be conducting a Community-led Needs Assessment (CLNA) that focus on Black, Indigenous, and People of Color (BIPOC) communities</li> <li>The target population highlighted are: Black, Indigenous, and People of color communities as well as immigrants, refugee, and asylum seeker population including migrants and seasonal farmworkers.</li> <li>Wabanaki Public Health &amp; Wellness will also be providing expertise in Indigenous-led research and community-based health equity initiative</li> <li>CCCS will also convene a CLNA Advisory Committee that include coordinating council and three supporting organizations with expertise in health equity, cultural competency, and community advocacy</li> <li>These three organizations are Maine Access Immigrant Network (MAIN) with the expertise of access to health and social services, New Mainers Public Health Initiative (NMPHI) with expertise on addressing health inequity, and Presente Maine being grassroot centering Afro/Indigenous -Latine communities</li> </ul>
<p>- A</p> <ul style="list-style-type: none"> <li>CCCS in collaboration with Mano en Mano and Wabanaki Public Health &amp; Wellness stated that they will develop an anonymous survey instrument</li> <li>It's stated that the survey will employ a dual-methodology approach, integrating quantitative and qualitative data collection to capture statistical trends and lived experiences</li> <li>The quantitative component of this survey will include multiple-choice and scaled response, questions assessing key issues such as healthcare access, economic stability, housing security, systematic barriers and the impact of COVID-19.</li> <li>The qualitative component will allow respondents to share their perspectives in their own words, as well as oral storytelling opportunities and community-based</li> </ul>

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focus groups to further validate findings.

- It's also stated that the survey will follow a Core-Plus Model, which maintains a standardized core set of questions across all communities while reflecting on community specific needs.
  - The approach is planned to ensure that the key themes which are healthcare access, economic stability, housing security, systematic barriers, and the impact of COVID-19 are assessed across all populations.
  - This model is planned to be culturally relevant and transferable
  - B
  - CCCS stated that the survey will be both electronic and physical format
  - The electronic version will be hosted on secure platforms such as Qualtrics, Google Forms, or SurveyMonkey and optimized for mobile use
  - Also, they are planning to have QR codes linked to flyers, emails and social media and to partner with community organizations so they can engage in community outreach, and health outreach workers can meet with participants at places of worship, farms, housing developments, healthcare offices, and other locations to complete the survey either in paper or electronic format
  - CCCS will work with Presente Me, MNMPHI and MAIN to have printed copies available at their organizations, plus other community centers, health clinic and food pantries as well as secure drop off boxes for anonymous submission.
  - Q: Who will be responsible for collecting the surveys at the public places
    - C
  - Surveys will also be translated in multiple languages because of the diversity of the communities of focus including, Spanish, French, Haitian Creole, Somali, Arabic, Portuguese, and Lingala as needed.
  - Additional trained translators and community interpreters will be available to assist participants in completing the survey
  - For members of the Deaf and Hard of Hearing community they suggested to have an ASL video interpretation of the survey that will be provided online.
  - They stated that the survey will use plain language and community validation to accommodate individuals with varying literacy levels
  - Bidder also planned to provide the option to request one-on-one interviews with an ASL interpreter if they prefer a more personalized setting.
  - Bidder stated that they will ensure that the survey's remains fully anonymous, with no personally identifiable information (PII) collected.
- Bidder proposed that Cross Cultural (CCCS) will serve as the Project Lead and Fiscal Sponsor responsible for the overall project coordination, financial

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- oversight, and subcontract management.
- To support the work, CCCS will hire a project Manager .20 full time equivalent (8hours/week) responsible for managing day-to-day project activities, coordinating partners, overseeing survey implementation, and ensuring timely completion of project milestones
  - Bidder will also have the three co-founders each .20 full time equivalent (8hours/week) to provide partnership support, assists with survey logistics, and attends coordinating council meetings.
  - Third: Bidder will hire a communication director .20 FTE (8hours/week) responsible for managing the social media outlets and assisting the electronic versions of the survey
  - In addition, Bidder will manage subcontracts with immigrant-led and serving organizations, Mano en Mano and the subcontractor for the Research Partner, Wabanaki Public Health & Wellness (WPHW)
  - The Bidder will draft an agreement with them so they can receive stipend for attending meetings and conducting the surveys
  - The subcontracting organization Mano en Mano will provide a total number of staffing that equals 2.14 FTE and the research organization WPHW will provide portions of a research director and data analyst
  - The coordinating council (CCS, mano en mano and WPHW) will oversee the project's implementation, ensuring that all partners including CBOs, research partner collaborate equitably and share decision making power
  - The council consist of six core organizations: Cross Cultural Community Services, mano en mano and Wabanaki public health & wellness. On the other hand, the advisory committee which are Maine Access Immigrant Network (MAIN) that will focus on healthcare access for immigrants and refugees, offering linguistically and culturally appropriate resources. New Mainers Public Health Initiative that works too reduce health inequalities and advocates for marginalized communities and finally Presente! Maine which will be supporting afro/ingenous-latine communities through public health, climate justice, and human rights initiatives
  - Bidder stated that the decision making process will be made collectively and democratically using supermajority vote (66%) among the coordinating council members. Each organization will have one vote and the consensus framework will guide the discussion. Decision making will be incorporated in every states : survey development, implementation strategy, and data governance
  - The research partner WPHW is planned to be playing the facilitation role in

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<ul style="list-style-type: none"><li>group decision making</li><li>• B</li><li>• Bidder stated that all survey responses and related data will be securely stored using REDCAP, which is a secure web application designed for managing online surveys and databases. Bidder highlighted that REDCap is compliant with HIPAA, GDPR and other security protocols</li><li>• The advisory committee will collaboratively determine what data will be included in publicly while any restricted data will require CLNA committee approval before release</li></ul>
<ul style="list-style-type: none"><li>- a</li><li>• Bidder stated that during the first 90 days of the project which is (April-June) 2025 the coordinating council convene weekly to finalize the overall strategy, refine roles, finalize memorandums of understanding and ensure alignment among all partners including the department</li><li>• Coordinating Council – CCCS, Mano en Mano, WPHW, and the three supporting partners Maine Access Immigrant Network (MAIN), New Mainers Public Health Initiative (NMPHI), and Presente! Maine will work together to guide the CLNA process, ensure community representation, and oversee decision-making. They will also be working on the survey instrument using the Core-Plus Model, WPHW will develop a standardized core set of survey questions while allowing for community-specific adaptations. Subcontracted community partners and community members will review and provide feedback to ensure the survey is culturally relevant, linguistically accessible, and reflective of community priorities.</li><li>• Bidder also planned to have a testing &amp; Revision of the survey before the full launch</li><li>• The bidder also specifies that the instrument will be reviewed and approved at the due date of the 90 days</li><li>• B-</li><li>• By the start of month 4 (July 2025) Bidder stated that they will officially launch with a full-scale survey distribution and data collection</li><li>• Stated that the key task during this period will be to distribute surveys electronically including Qualtrics, Google Forms, SurveyMonkey) and in physical formats through community centers, clinics, and outreach events.</li><li>• Subcontracted CBOs will also be responsible to serve as cultural brokers, conducting in-person outreach, focus groups, and community listening sessions to encourage participation providing nominal stipends to community</li></ul>

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members

- Q- What is a nominal stipend?
- Finally, WPHW will oversee the secure collection of anonymous survey data using REDCap, ensuring compliance with data governance standards.
- C
- Bidder stated that the following survey completion, WPHW and the Coordinating Council will oversee data cleaning, analysis, and community validation to ensure findings accurately represent community voices.
- There will be data analysis between month 14-16 which is May 2026 and July 2026) and WPHW will conduct both qualitative and quantitative analysis, identifying trends, disparities, and community driven insights.
- Bidder mentioned that between Months 16-17 which is July- August 2026, the findings will be shared in community forums and stakeholder meetings for feedback and refinement
- There will also be a Preliminary report between months 16-17 august-september. The coordinating council and WPHW will develop the preliminary findings report
- In month 17, which is September 2026, WPHW will finalize the report
- Bidder also mentioned that the final report will be submitted 30 days prior to the end date and marked to be submitted by October 31th 2026

- A
- The Bidder stated that they will be conducting multi-method approach, incorporating surveys, focus groups and interviews to capture both quantitative and qualitative data.
- The focus groups will be conducted by subcontracted CBOs and partner organizations, focus groups will provide qualitative insights into key challenges and community experiences.
- Bidder stated that there will also be interviews with trusted community leaders, service providers, and policymakers to provide additional depth
- An additional gathering method mention are public forums, that will be hosted to validate preliminary findings and allow community members to provide further input
- B
- Some of the strategies outlined by the bidder is to involve Community Health Outreach Workers & Cultural brokers. The subcontracted organizations will deploy culturally competent outreach teams to engage with community members in their preferred language and communication style.

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- Bidder also mentioned that the survey will have multiple platform survey distribution which are in digital formats (Qualtrics, Google Forms, SurveyMonkey), QR codes on flyers and social media posts and finally in-person distribution at community centers, places of worship, and health clinics
- The responsible parties in this effort will be subcontracted CBOs, Individual Agreement, Project Manager (CCCS) and coordinating council
- C
- Using quantitative analysis, Bidder stated that survey data will be cleaned, coded, and analyzed using statistical software to identify trends, disparities, and key areas of need
- Bidder stated that cross-tabulations will examine differences in access to services, health outcomes, and economic conditions by factors such as geography, ethnicity, and immigration status.
- Using qualitative analysis, the Bidder will do focus groups and interviews transcripts and findings will be cross-referenced with quantitative trends
- Bidder mentioned that CLNA will examine differences in needs based on location and divide locations by Urban communities, rural and agriculture communities and indigenous communities

- A
- The Bidder stated to have in the final report detailed demographic profile of the communities of focus using survey responses, census data, and stakeholder input.
- This section will include, age, gender, sexual orientation, primary language, spoken and English proficiency levels. Country of origin, immigration status (e.g., refugee, asylum seeker, etc.), and length of residence in Maine. Education level, employment status, and household income. Housing status (e.g., renters, homeowners, individuals experiencing housing insecurity).
- • Geographic distribution (urban vs. rural communities).
- B-
- Bidder highlighted regional disparities across different geographical areas.
- Bidder mentioned about the Urban area such as Portland and Lewiston and the challenges related to housing affordability, employment precarity, and discrimination in healthcare services.
- Bidder also stated the disparities in the rural and agricultural communities such as barriers including limited healthcare access, lack of transportation, and seasonal employment instability
- Finally, bidder included the generational back communities and indicated



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needs related to culturally responsive healthcare and historical trauma-informed services.

- C
- Bidder mentioned that in the report, they will also include community strengths. This section will capture: Existing mutual aid networks, faith-based organizations, and community-led initiatives that provide social and economic support. Economic and workforce contributions of immigrant and BIPOC communities in Maine. Cultural resilience factors, such as strong family networks, bilingualism, and intergenerational support systems.
- D
- Bidder mentioned to include key health concerns and disparities such as: Chronic disease prevalence which include diabetes, heart disease, and cancer, particularly among Black and Indigenous populations. Musculoskeletal injuries, heat-related illnesses, pesticide exposure, inadequate access to healthcare due to language barriers and legal status, and increased risk of accidents due to hazardous working conditions for migrant farmworkers.
- Second, the health challenges such as stress, trauma, and limited access to behavioral health services
- Third, Barriers to accessing preventive and emergency healthcare including lack of insurance, transportation difficulties, and language barriers.
- Fourth: The social determinant of health such as housing instability, food insecurity, and lack of economic mobility
- E
- Bidder stated the report will assess short and long-term impacts of COVID-19 by including disproportional infection and mortality rates among BIPOC, immigrant, and migrant populations.
- Second, the economic disruption includes job loss, reduced wages, and housing instability. Mistrust in the healthcare system, leading to vaccine hesitancy and reluctance to seek medical care
- And finally include the mental health effects such as increased anxiety, depression, and social isolation.
- F
- Bidder mentioned that the CLNA will include about the limited language-accessible materials and interpreters services. Complex application processes for healthcare, housing, and food assistance programs, distrust in government institutions, particularly among undocumented and asylum-seeking populations. Limited digital access, making online applications difficult for rural

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**BIDDER NAME:** Cross Cultural Community Services

**DATE:** 03/13/2025, 03/18/2025, 03/19/2025

**EVALUATOR NAME:** Hamda Ahmed

**EVALUATOR DEPARTMENT:** Maine CDC- OPHE

<p>and low-income individuals</p> <ul style="list-style-type: none"><li>• G</li><li>• Bidder stated that the report will provide evidence-based recommendations to improve healthcare and social services such as expanding culturally and linguistically appropriate health services, increasing the number of trained community health workers to help residents navigate services, investing in mobile health clinics and telehealth services to reach underserved areas finally improving data collection on racial and ethnic disparities to guide future policymaking.</li><li>• H</li><li>• Some of the recommendation that will be in the report will include: - Providing direct funding and capacity-building support to BIPOC- and immigrant-led nonprofits. - Developing mentorship and training programs to empower local businesses and nonprofits. - Facilitating government-nonprofit partnerships to expand services and outreach to underserved populations.</li><li>• I &amp; J</li><li>• To identify and utilize trusted methods of communication for public health concerns, the bidder indicated that the report will recommend: Engaging community navigators and cultural brokers to disseminate information. - Utilizing multilingual communication strategies, including radio, social media, and community meetings. Providing digital access solutions, such as providing mobile hotspots in rural areas where migrant farmworkers and low-income residents may lack reliable internet access</li><li>• Finally, CCCS stated that they will be available to provide consultation and support the department in integrating recommendations not policy and service planning</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that the bidder and subcontracted organizations will work with the department to ensure that the findings from the CLNA complement and inform both the current and future iterations of the state Health Improvement this will include.</li><li>• A</li><li>• Aligning Data Collection with Existing Public Health Priorities- Providing Additional Context and Community-Specific Data and Facilitating Ongoing Data Sharing and Consultation with the Department</li></ul>
<ul style="list-style-type: none"><li>• Bidder will have a comprehensive Full Report which includes a detailed document including all data findings, analysis, and recommendations, designed for CBOs, policymakers, and researchers. 2) Community-Friendly Summary</li></ul>

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Reports which includes a simplified, easy-to-read version with key takeaways, infographics, and visual representations of data for broader community accessibility, a translated Reports in Multiple Languages – and finally, Plain-Language and Visual Summaries
<b>B. Confidentiality Requirements</b>
<ul style="list-style-type: none"><li>• <b>1-</b> Yes, Bidder will have General Liability Insurance – To cover claims of bodily injury and property damage. Professional Liability Insurance – To protect against claims of negligence or professional errors.</li><li>• <b>2A:</b> Yes, CCCS and WPHW will have regular risk assessments, data protection measures, incident response plan and staff training</li><li>• <b>2B:</b> Bidder stated that both CCCS and WPHW will implement proactive vulnerability scanning procedures to detect and mitigate security threats and shared examples of Nessus, OpenVAS for monthly scan, third party security audits to verify compliance with Maine IT, patch management procedures and regular penetration testing</li><li>• <b>3</b></li><li>• <b>Bidder</b> stated that they will comply with all State and Federal data protection laws – Plan for compliance included are Data Encryption , Access Controls – Audit Logging And Data Breach Notification Plan</li><li>• <b>4</b></li><li>• <b>Bidder</b> stated they will adhere to all confidentiality requirement</li></ul>
<b>C. Reports</b>
<ul style="list-style-type: none"><li>• Yes- detailed in writing and attached work plan timeline</li></ul>
<b>2. Staffing</b>
<ul style="list-style-type: none"><li>• Yes</li></ul>

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**DATE:** 3/12/2025, 3/19/2025

**EVALUATOR NAME:** Morgan Easler

**EVALUATOR DEPARTMENT:** Maine CDC

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**Individual Evaluator Comments:**

<b>Part I. Preliminary Information</b>
<b>Eligibility Requirements</b>
<ul style="list-style-type: none"><li>• Bidder identified as a Community Based Organization who is a representative of and/or provides services to the Communities of Focus</li><li>• Bidder identified Ralph Cammack, Director of Research, as the Research Partner.</li><li>• Bidder identified a research and needs assessment from 2022.</li></ul>
<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• Non-profit organization founded and led by three women of color.</li><li>• Founded in 2018 to address systemic inequities and develop solutions for sustained change.</li><li>• Project 1: Maine Council on Aging, a 3-year project.</li><li>• Project 2: The Office of Behavioral Health, StrengthenME Program, a 4.5-year project.</li><li>• Project 3: Children's Oral Health Network (COHN), a 4-year project.</li></ul>
<b>2. Subcontractors</b>
<ul style="list-style-type: none"><li>• Mano-en-Mano</li><li>• Wabanaki Public Health and Wellness</li><li>• New Mainers Public Health Initiative (NMPHI)</li><li>• Maine Access Immigrant Network (MAIN)</li><li>• Presente! Maine</li></ul>
<b>3. Organizational Chart</b>
<ul style="list-style-type: none"><li>• Bidder provided an organizational chart</li></ul>
<b>4. Litigation</b>
<ul style="list-style-type: none"><li>• Bidder indicated no litigation</li></ul>
<b>5. Financial Viability</b>
<ul style="list-style-type: none"><li>• Bidder provided 3-years of Balance Sheets</li></ul>
<b>6. Certificate of Insurance</b>
<ul style="list-style-type: none"><li>• Bidder provided a valid COI; however, the COI is filled out by hand.</li></ul>

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Part IV, Section III Proposed Services	
Part II	
A. General Requirements	
	<ul style="list-style-type: none"> <li>Bidder identified Cross Cultural Community Services as the lead CBO and Mano-en-Mano as the second CBO.</li> <li>Bidder identified Wabanaki Public Health and Wellness as the Research Partner.</li> </ul>
	<ul style="list-style-type: none"> <li>A: Bidder described in detail how the survey will be transferable and can be used to examine the Communities of Focus.</li> <li>B: Bidder described in detail how the survey will be available in both electronic and physical formats.</li> <li>B: Bidder provided examples of secure digital platforms for the survey and examples of physical formats of how the survey will be conducted.</li> <li>C: Bidder identified the survey will be translated into multiple languages that will be reviewed by native speakers and cultural advisors to ensure accuracy and cultural sensitivity. Bidder also indicated translators and interpreters will be available to assist participants in completing the survey, engaging focus groups and ensuring that language barriers do not prevent full participation.</li> <li>C: The Bidder indicated for the Deaf and Hard of Hearing communities, an ASL video interpretation of the survey will be available online, along with a screen reader compatible version for the visually impaired individuals.</li> </ul>
	<ul style="list-style-type: none"> <li>A: Bidder provided detailed Project Leadership and Staffing plan and the positions they plan to hire for the project.</li> <li>A: Bidder indicated subcontractor Mano-en-Mano will provide 2.14FTEs and Wabanaki Public Health will provide portions of a research director and data analyst. CCCS will maintain the budget, track income and expenses, and identify future funding.</li> <li>A: Bidder indicated the decision-making will be made collectively and democratically using supermajority vote (66%).</li> <li>B: Bidder indicated the use of secure web applications designed for managing online surveys and databases.</li> </ul>
	<ul style="list-style-type: none"> <li>A: Bidder indicated during the first 90-days, the Coordinating Council will meet weekly to finalize the overall strategy, refine rolls, finalize MOUs and ensure alignment among all partners.</li> <li>B: Bidder indicated the CLNA will begin by the start of month four (4) and provided key tasks and responsible parties.</li> <li>C: Bidder indicated the final report would be submitted within thirty (30) days</li> </ul>

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prior to the end of the initial period of performance.
<ul style="list-style-type: none"> <li>• A: Bidder indicated they will utilize a multi-method approach using surveys, focus groups and interviews.</li> <li>• B: Bidder will lead community outreach and engagement efforts, using trusted community relationships to increase participation and build trust in the assessment process.</li> <li>• C: Bidder indicated upon completion of data collection, the Wabanaki Public Health and Wellness will process the data, ensuring findings are accurate, representative and actionable.</li> </ul>
<ul style="list-style-type: none"> <li>• A: Bidder indicated the final report would include a detailed demographic profile of the Communities of Focus.</li> <li>• B: Bidder indicated the final report would highlight regional disparities.</li> <li>• C: Bidder indicated the final report would highlight community strengths that can be used to improve well-being and access to resources.</li> <li>• D: Bidder indicated the final report would include key health concerns and disparities including: chronic disease prevalence, health challenges, barriers and social determinants of health.</li> <li>• E:</li> <li>• F: Bidder indicated the final report will assess the short and long-term impacts of COVID-19.</li> <li>• G: Bidder identified barriers to resources including limited language accessible materials and interpreter services, complex application process for healthcare, housing, and food assistance, and a distrust for government institutions.</li> <li>• H: Bidder provided a detailed list of evidence-based recommendations.</li> <li>• I: Bidder provided a detailed list of suggested ways to strengthen collaboration with community led organizations.</li> <li>• J: Bidder provided recommendations to improve emergency response and communications.</li> </ul>
<ul style="list-style-type: none"> <li>• Met requirement.</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder indicated the findings will be widely available and easy to understand and will be presented in various formats.</li> </ul>
<b>B. Confidentiality Requirements</b>
<ul style="list-style-type: none"> <li>• Bidder provided a detailed description of how they will comply with Confidentiality Requirements 1 through 4.</li> </ul>
<b>C. Reports</b>
<ul style="list-style-type: none"> <li>• Met requirement.</li> </ul>
<b>2. Staffing</b>

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- |   |
|---|
| <ul style="list-style-type: none"><li>• Met requirement</li></ul> |
|---|

<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"><li>• Bidder provided a Cost Proposal.</li></ul>

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**EVALUATOR NAME:** Abigail Harper

**EVALUATOR DEPARTMENT:** Maine CDC

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**Individual Evaluator Comments:**

<b>Part I. Preliminary Information</b>
<b>Eligibility Requirements</b>
<p>Primary applicant:</p> <ul style="list-style-type: none"><li>• P: Bidder meets definition of community based organization</li><li>• P: Included experience working specifically with immigrant and communities of color</li><li>• Q: Does not include in first section what is their population of focus for this particular project</li></ul> <p>Research Partner: Wabanaki Public Health and Wellness</p> <ul style="list-style-type: none"><li>• P: Identified a research partner</li><li>• Q: Does not indicate overall years of experience, but does cite research projects in 2022 with Wabanaki Health Needs Assessment</li><li>• Q: Not totally clear their expertise, very focused on story telling, surveys, focus groups, and discussions, but their methodology/theory of research is not super apparent</li></ul>
<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<p>P: Deep integration in community of focus (BIPOC community members), and engagement in numerous coalitions and committees. Highlighted partnerships with other CBOs that are black/immigrant led (unclear if those are involved in this project)</p> <p>P: emphasis on collaboration, founders' lived experiences and professional experiences, and engagement in community driven change</p> <p><b>Identified three projects:</b></p> <p><b>MEHAF Grant:</b> Collaborated with Maine Council on Aging to address intersectionality of race, LGBTQ, and aging community. Led strategic plan to establish goals and understand barriers and struggles BIPOC and LGBTQ members face accessing healthcare. Assessment of services being provided to these members and identifying gaps in service. Sort of a reverse CLNA where it's identifying gaps in services, but includes initiatives coming out of it that will serve this community. Also emphasis on building connections with state department OADS to provide insight into initiatives that can help address these gaps</p>



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**StrengthenME:** offered and planned Black History Month Community Wellness Fair, established in 2020. Provides insight into educating BIPOC community about pressing healthcare issues and need to increase access to and quality of equitable healthcare services for BIPOC individuals. Hoping to bring more awareness to these issues to inform state decisions and to build community momentum and recruit advocates within the BIPOC community.

- Q: Does this really relate to the objectives of the project?

**Oral Health Equity Collaborative:** ad hoc group of BIPOC-led and serving organizations and oral health providers focused on addressing oral health disparities. CCCS serves as convener and facilitator, with goals of centering BIPOC mainers to address several key issues identified in accessing oral healthcare. Centered on equity

Q: The projects listed above are largely convening multi-stakeholder groups – very relevant to this work, however doesn't present much in the way of experience collecting and analyzing data at a scale beyond focus groups.

## **2. Subcontractors**

**Mano en Mano:** Established to support immigrant and farmworker communities.

- Q: Very clear what the organization does, not clear the connection to this project in particular, or what capacity/qualifications they would provide here

**Wabanaki Public Health and Wellness:** CBO focused on public health research and data collection using community-driven methodologies. Demonstrated technical expertise in survey development, data analysis, and participatory research practices that prioritize equity-centered and culturally responsive approaches

**NMPHI:** Diverse group of individuals advocating for community access to better health care resources

- Q: Similar to Mano en Mano, not clear the connection to this project in particular or what they are doing for it

**MAIN:** Highlights work and community focused approach, but again not clear connection to the project

**Presente, MEI:** provides organization description, but doesn't highlight specific area of expertise (other than community driven programming) nor what they will contribute to this project

## **3. Organizational Chart**

P: Provided organizational chart

Q: Doesn't really indicate who is reporting to who. There is a broad array of organizations under staff and contractors, but can't really tell where all the lines are

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directing to? For example, is Presente Maine being managed by a CCCS staff or nmphi? How do they connect? There is a floating consultant/multiracial community member with no lines to anything?
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<b>4. Litigation</b>
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Completed litigation form with no pending litigations
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<b>5. Financial Viability</b>
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Provided overall balance for 2024, 2023, and 2022. Year end accounting. No audits provided
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<b>6. Certificate of Insurance</b>
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Provided certificate of liability
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Part IV, Section III Proposed Services
Part II
A. General Requirements
<p>CLNA focused on BIPOC communities, specifically multigenerational black/African American populations and immigrant, refugee and asylum seeker populations and migrant and seasonal farmworkers. Wabanaki is research partner, and Mano en Mano is second CBO engaged. Wabanaki provides expertise in indigenous led research and community based health equity initiatives.</p> <p>Will have Coordinating Council operating under core principles of community partnership, consensus building, participatory research design. CCCS will convene a CLNA advisory committee including members of coordinating council and three supporting organizations and members of the served community bringing critical expertise in health equity, cultural competency and community advocacy. Focus on cultural brokers included to ensure CLNA is culturally responsive, linguistically accessible, and rooted in lived experiences of communities of focus.</p> <p>Highlighted specific areas of expertise of the three CBO partners (MAIN, NMPHI, and Presente ME!) who will serve as cultural brokers, facilitate outreach, and ensure community voices are central.</p> <p>Plans for a single assessment tool tailored to contexts of communities of focus with a standardized core set of questions, with additional modules develop dto reflect unique experiences of individual groups. Center cultural relevance and utilize language and framing aligning with community values.</p> <p>Data collection strategy will integrate qualitative and quantitative methods focused on highlighting systemic disparities, identifying community strengths, and validating findings through direct engagement with population of focus before finalization.</p> <p>Q: Provided a lot of theory behind how they conduct community participatory research, but much less in project design. The first four months are centered on developing the process, and I think I would like to see it further along by this point.</p> <p>P: will create a survey instrument transferable across communities employing quantitative and qualitative data collection methods. Included some aspects of design for both components. Cited Core-Plus model, which includes standardized core set of questions plus allowing variability for specific community needs.</p> <ul style="list-style-type: none"><li>Q: How many communities are they focusing on? Are they hoping to create</li></ul>

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three distinct reports? Worry it might be too all encompassing for the scope/funding of this project

Accessibility: providing survey electronically and physically, Will also conduct in person where cultural brokers are able to help support completion of survey. CBO partners will be engaged in printing copies at organizations and supporting individuals in completing surveys.

Surveys will be translated into Spanish, French, Haitian Creole, Somali, Arabic, Portuguese, Lingala. ASL video interpretation will be provided and ASL interpreters will be available to serve as cultural brokers as well

CCCS will serve as lead, with a project manager and co founders all providing 8 hours per week, and communications director managing social media outlets and assisting electronic versions of survey dissemination

CCCS will manage subcontracts, track project budget income and expenses, and identify future funding sources to sustain the initiative beyond the DHHS grant period

Coordinating council will oversee the implementation at large and will be composed of six organizations – those listed here – and 3 community leaders from the multiracial black community

Outlined process for decision making amongst organizations, with WPHW playing a facilitating role in group decision making.

Utilization of REDCAP to ensure sensitive data is protected, which is compliant. No personally identifiable information will be stored, and data will be made available in a variety of platforms. Advisory Committee responsible for determining what data will be included in publicly available datasets, while restricted data will require CLNA committee approval before release. Citing Tribal OCAP principles in data collection to center community ownership of data, which WPHW will follow

P: Grounding in community centered data and decision making and providing ownership to community of this.

Believe they answered these questions in full, spoke to decision-making power

Workplan included:

- First 90 days focused on finalizing strategy, refining roles, finalizing

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memorandums of understanding and ensuring alignment. Will also work to establish coordinating council, design survey instrument, pilot testing and revisions, etc. Included details for all of the above

- Months 4-14 would be implementing CLNA, conducting community engagement and outreach, ongoing data collection, etc. Included responsible parties
- Final five months centered on data analysis, validation and report submission.

P: Overall met requirement for answering the above questions

Multi-method approach incorporating surveys, focus groups and interviews

- Survey instrument will include a core set of questions, community-specific adaptations, and be available in multiple formats and languages as needed
- Subcontracted CBOs will provide qualitative insights via focus groups
- Interviews with trusted community leaders will provide additional depth
  - Q: How will these leaders be determined?
- Public Forums will be hosted to validate preliminary findings and allow community members to provide further input

P: Included strategies for engagement of populations including cultural brokers, multi-platform distribution, outreach through trusted organizations including faith based and grassroots networks, cultural leaders, and cultural health outreach workers, and on site survey completion

P: WPHW to lead the data analysis process, cleaning data and examining themes across quantitative findings, as well as analyzing qualitative interviews with thematic coding

Will include variation in geographic locations to determine how needs vary across populations

Comprehensive final report will include: Data visualizations, community validation sessions to ensure findings reflect lived experiences, and policy recommendations and next steps

Ultimately goal is for CLNA to be data driven and informed by community voices, with a strong structure for community engagement to maximize participation. Goal for this to be a tool for community empowerment and policy change

P: Thoroughly spoke to every point above

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Highlighted all areas above will be included in final report. Notable aspects include:

- Offering data driven recommendations to inform state policies and programs
- Providing detailed demographic profile of communities of focus and ability to distill findings for each particular demographic
- Distinguishing between geographic locations for additional insight
- Highlight community strengths that can be leveraged and inform investment in community-driven solutions and capacity-building efforts
- Assess key health concerns and disparities faced by communities of focus, including chronic disease prevalence, barriers to accessing healthcare, and social determinants of health
- Understanding of short and long term impacts of COVID-19 disparities
- Documenting barriers accessing government services including language, complexity of processes, distrust in government, and limited digital access
- Provide evidence based recommendations to improve healthcare and social services
- Recommend direct funding/capacity-building support to BIPOC and immigrant-led nonprofits, development of mentorship and training programs, and facilitating partnerships between government and non profits (*Abby note: This seems like they've already determined what these are going to be prior to doing any work?*)
- Recommendations for improving emergency response and health communication

Coordinating council will ensure final report includes data integrity, follows rules of ethical sharing, and is in alignment with community priorities

Includes objective of working with state on these initiatives, and uplifting experiences of communities of focus are accurately represented in statewide health planning and policy development. To do so they will:

- Include questions addressing key indicators already identified in the CHNA such as healthcare, social determinants of health, and health disparities
- Provide additional context, deeper insight into the unique challenges and strengths of historically underserved populations
- Will share CLNA data with department and via regular check ins to make sure it contributes to statewide assessments

CCCS will:

- Present findings from CLNA to public health decision makers
- Advocate for community-driven health priorities

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<ul style="list-style-type: none"><li>• Ensure CLNA insights guide long term investments</li></ul>
<p>Heavy focus on making data available to communities of focus via providing a comprehensive report, community friendly summary reports which are easy to read versions with key takeaways, infographics an individual representations, translate reports into multiple languages, and develop plain language and visual summaries. Will disseminate this through engaged listening sessions, town halls, and focus groups, as well as through creative media platforms. Will also make all information publicly available on the internet</p> <p>Specific focus on bringing this data to CBOs who may be able to utilize it to inform programming. This includes CBO-specific briefings, tailored presentations, data training sessions, and facilitate data-sharing agreements.</p> <p>P: Heavy focus on making data accessible and utilizable by community partners</p>
<b>B. Confidentiality Requirements</b>
Responded to all questions regarding insurance and compliance coverage
<b>C. Reports</b>
<p>Implement structured data collection and tracking system to ensure reporting, detailed process for gathering information from partner CBOs. This will be collected quarterly via monthly participation logs, attendance record logs, and regular meetings to ensure all data will be collected and submitted in timely manners</p> <p>Q: Did they specify who at CCCS will be responsible for managing this part? Project manager is the assumption</p> <p>CCCS largely responsible for ensuring all activities are taking place, along with WPHW. Does not specify a specific individual, which would db e helpful to flesh out.</p> <p>Highlighted process for analyzing data and verification of validity of findings, all of which will be up to the Coordinating Council. CCCS is ultimately responsible for making sure all reports are submitted on time, however again it is not specified which individual will be responsible for this.</p>
<b>2. Staffing</b>
Job descriptions provided
Cross Cultural will establish an oversight and management system ensuring effective coordination, accountability and quality control for all subcontractors. They will have contractual agreements and scopes of work, CCCS Project Manager will oversee subcontractor performance and provide guidance via monthly check ins and submission of monthly activity reports, and WPHW will provide technical oversight to

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ensure data integrity, ethical research practices, and methodological consistency. CCCS will provide on going technical support
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**DATE:** 3/13-14/25

**EVALUATOR NAME:** Ariel Ricci

**EVALUATOR DEPARTMENT:** Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations

\*\*\*\*\*

**Individual Evaluator Comments:**

<b>Part I. Preliminary Information</b>
<b>Eligibility Requirements</b>
<p>1. Identify as a Community-Based Organization (CBO) who is a representative of and/or provides services to the Communities of Focus;</p> <p>P – CCCS identifies as a CBO and is BOTH representative of and provides services to the communities of Focus. It is co-founded by three women of color, each from a different country. Their services include working with diverse communities to develop solutions to address health inequalities and systemic oppression. This appears to fully and clearly meet this eligibility requirement.</p> <p>2. Identify a Research Partner who is a representative of and/or provides services to the Communities of Focus and has a minimum of two (2) years of experience conducting Community-Based Participatory Research.</p> <p>P – Identified research partner as the Wabanaki Center for Research, Knowledge, and Innovation, which includes members from each tribe in Maine. It has experience of community based participatory research and needs assessment with Wabanaki communities and with immigrant and refugee organizations during the COVID-19 pandemic.</p>
<b>Part IV. Section II. Organizational Qualification and Experience</b>
<b>1. Overview of the Organization</b>
<p>Bidders must complete Appendix D (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. In addition, Bidders must:</p> <p>a. Include three (3) examples of projects within the last five (5) years, which demonstrate their experience and expertise in performing the services outlined in the RFP, as well as highlighting the Bidder's stated qualifications and skills.</p> <p>i. At least one (1) project example must include evidence of the Bidder's participation in a cooperative effort with at least one (1) other entity to assess population health.</p>

**STATE OF MAINE  
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**RFP TITLE:** Community Led Needs Assessment: Populations Disproportionately Impacted by COVID-19

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**EVALUATOR DEPARTMENT:** Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations

P – Applicant provides overview of significant experience and qualification of the three co-founders and how they are strongly embedded in their respective communities (which represent some of the communities of focus).

P - They describe relationships with a number of Black and/or immigrant led organizations, and the initiatives they currently undertake in Maine regarding health of Black and immigrant populations (Black History Month Community Wellness Fair and Oral Health Equity Collaborative).

P – Project One describes cooperative activities that are take into account intersectional identities and understanding the barriers and struggles of aging BIPOC and LGBTQ members in accessing healthcare.

P – Project Two describes collaboration with racial diverse CBOs to provide support and resources to the US-born black community related to a health and wellness support program. This includes specific examples related to COVID-19 and its impact on communities of color.

P – Project Three describes a project that seeks to improve oral health outcomes for BIPOC and other underserved and marginalized communities. The strategic plan centers BIPOC Mainers with goals of improving BIPOC health outcomes.

P – All three examples show a collaborative approach working directly with and within Maine-based BIPOC communities. The examples clearly demonstrate experience and expertise related to areas that directly overlap with the services outlined in the RFP. It is valuable that their experience appears to center deep work with (not about) the communities of focus.

## **2. Subcontractors**

If subcontractors are to be used, including consultants, Bidders must complete Appendix E (Subcontractor Form) providing a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors' organizational capacity and qualifications.

P – Contractors are Mano en Mano, Wabanaki Public Health and Wellness, New Mainers Public Health Initiative, Maine Access Immigrant Netowk, Presente! Maine. All required details provided for each.

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P – Each of the contractors are community based organizations that work deeply with their specific communities and which overlap directly with the communities of focus identified in the RFP: immigrant and farmworker communities in Maine, Wabanaki communities, new Mainers, immigrant/migrant/refugee/asylee populations, Afro-Indigenous Latines.

P – The contractors identified show a strong and diverse connection to multiple historically marginalized communities throughout the state of Maine.

### **3. Organizational Chart**

Bidders must provide an organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. This chart must indicate to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of Appendix G (Response to Proposed Services).

P – org chart provided, which also shows how partner organizations fit in.

### **4. Litigation**

Bidders must complete Appendix F (Litigation Form) providing a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on Appendix F (Litigation Form).

P – completed form provided (no current or recent litigation)

### **5. Financial Viability**

Bidders must provide the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.

P – financial statements provided.

Q – unclear if the financial statements have been audited or reviewed by a CPA.

### **6. Certificate of Insurance**

Bidders must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Bidder's general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

P – certificate of insurance provided.

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Part IV, Section III    Proposed Services
<b>Part II</b>
<b>A. General Requirements</b>
<p>P – the applicant specifically highlights that the project will include collaboration with two other CBOs – Mano en Mano and Wabanaki Public Health and Wellness. It will center multigenerational Black/African American populations, immigrant/refugee/asylum seeker populations, migrant and seasonal farmworkers, with an indigenous led research organizations.</p>
<p>P – The Coordinating Council will oversee and guide the CLNA process and includes multiple CBOs who work with the communities of focus. I like that all the communities of focus are involved in the overall oversight of the process, as opposed to just being consulted. This seems to meet the goals of being a community LED needs assessment.</p>
<p>P – the approach describes includes community ownership and decision making, which is important in the context of communities with a historic distrust of the state of being “researched”. “The Council will be responsible for guiding the project’s direction, overseeing research ethics, and ensuring findings are both actionable and community centered”. This aligns with the Permanent Commission’s approach to community based research – it centers genuine collaboration and community leadership and ownership of the process and the product, which will give it more validity.</p>
<p>P – separately from the Coordinating Council, there will be an Advisory Committee.</p>
<p>P – specifically calls out organizations that are listed as subcontractors, including MAIN, NMPHI, and Presente! Maine to serve as cultural brokers, facilitate outreach, and ensure that community voices are centered.</p>
<p>P – Coordinating Council will meet weekly for the first quarter, which will help to bring momentum and investment from communities involved. Advisory Council will be engaged in month 3 to get feedback on the survey.</p>
<p>P – Appreciate that there will be a single assessment tool, but that additional modules will be developed to reflect the unique experience of each group.</p>

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P – Appreciate that the research component is led by a CBO representing one of the communities of focus, that will integrate qualitative and quantitative methods, and ensure a participatory, trauma-informed, and community driven approach.

P – appreciate that data analysis will focus on systemic disparities, community strengths, and validate findings through direct community engagement before finalizing.

P – includes a anonymous survey and also oral storytelling opportunities and community-based focus groups.

P – Appreciate the examples given for community-specific add ons that are relevant to individual communities.

P – appreciate the mention of pilot testing to ensure the instrument is culturally appropriate and reflective of community priorities.

P – Appreciate that the Advisory Committee is made up of relevant CBOs and will have OVERSIGHT (not just input) into the survey design. This will give those communities ownership of the process, which both builds capacity and increases reliability and engagement.

P – Mention of both electronic and paper formats of the survey and direct community outreach by engaged CBOs, including the use of cultural brokers and outreach workers to meet with community members at locations that are relevant to them. Also trained community members providing direct assistance to individuals who may require help to complete it.

P – references the linguistic diversity of the CoF and identifies seven language that it will be translated into. Appreciate the reference to translations being reviewed by native speakers and cultural advisors to ensure accuracy and cultural sensitivity. Also translators and community interpreters to assist.

P – specific approach related to the deaf and hard of hearing community articulated, including a video, screen reader compatible version, and using plain language and community validation.

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P – really appreciate the mention throughout of community OWNERSHIP
<p>P – information provided on project leadership and staffing, along with subcontracts with SBOs and the research partner, along with individuals to receive stipends.</p> <p>P – Coordinating Council will provide oversight of the project and ensure all partners collaborate and share in decision-making power.</p> <p>Q – says that Council will consist of six core organizations, but then only lists three (CCCS, Mano en Mano, and WPHW). Which are the other three? (Note: work plan lists other three as MAIN, NMPHI, and Presente!)</p> <p>P – Advisory Committee supports the Council and includes other CBOs and community leaders.</p> <p>P – Identifies that no PII will be stored unless explicitly required – this is beneficial as it mitigates risk in the event of a data breach.</p> <p>P – The advisory committee will determine what data will be included in publicly available datasets, which makes this a community led process. Appreciate the use of OCAP principles.</p>
<p>P – work plan provided, developed collaboratively between community partners, that includes survey being designed, pilot tested and approved by end of month 3.</p> <p>I – work plan is relatively high level, but that is probably fine based on the fact that it will need to be updated if successful to align with timeline.</p>
<p>P – The CBOs representing the communities of focus will oversee the development of the assessment tools. Noted above as positive that it will include core questions on universal themes, but also community specific adaptations to address unique experiences.</p> <p>P – Process will also include focus groups conducted by subcontracted CBOs and partner organizations. This is great that the focus groups will be conducted by community members, as this builds capacity and experience amongst communities of focus and adds to buy-in and therefore reliability and engagement.</p> <p>P – 1-1 interviews with trusted community leaders, service providers, and policy makers.</p>

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P – There will be a degree of community peer review to validate preliminary findings and provide further input.

P – specific strategic for engagement identified, including through subcontracted CBOs through culturally competent outreach teams and the trusted messenger model.

P – Data analysis will be conducted by the research partner, who is also a CBO of one of the communities of focus.

P – recognition of geographic variation in needs and analysis for urban communities, rural and agricultural communities, and indigenous communities.

P – “This approach ensures that the needs assessment is not just a research project, but a tool for community empowerment and policy change” YES!!!!

P – Process describes how Coordinating Council will oversee reporting and addresses a the areas identified in the RFP. The articulation of what will be addressed in the strengths section (c) is particularly powerful in terms of a robust assessment of strengths and contributions (not just “needs” and deficits).

P – overall, good detail around the visioning of what will be covered in the report, which makes me excited to see the resulting report when available.

P – provides a good level of detail about HOW they will engage and inform the state’s work. I particularly appreciate the data briefing presentations for DHHS program staff, public health leaders, and community stakeholders, and facilitating structure discussions.

P – Appreciate the reference to ensuring that the next SHOP includes strategies for strengthen partnerships with BIPOC and immigrant led health organizations, and supporting sustainable community led health interventions.

P – appreciate the detail about ways to disseminate and make the content of the report accessible, including ensuring that there is a comprehensive full report, a community friendly summary report (that includes visual representations and infographics) translation into multiple languages, and a plain language version for those with low literacy levels.

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P – Appreciate the focus on active engagement with communities of focus in the results, including community forums and town halls, listening sessions, community media partnerships, and video and audio translations.

P – love the reference to participating CBOs to be given direct access to raw data (with appropriate privacy protections) to inform their own programs, advocacy and grant applications. THIS IS IMPORTANT and represents community ownership.

**B. Confidentiality Requirements**

P – detailed information on risk assessment and compliance.

**C. Reports**

P – appropriate level of information and detail provided that demonstrates an understanding of the reporting requirements and the need to have internal review prior to the due dates.

**2. Staffing**

P – information provided as requested.

P – very clear explanation of the role of oversight and management with multiple community partners. Love that CBOs are active subcontractors and are involved in survey administration, data collection, analysis, and community engagement. This is a complex set up with multiple organizations and there is an awareness of the need to formalize these relationships through sub-contracts with clear roles.

P – project manager will oversee sub-contract performance.



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**EVALUATOR NAME:** Eden Silverthorne

**EVALUATOR DEPARTMENT:** Maine CDC, OPHE

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**Individual Evaluator Comments:**

Part I. Preliminary Information
Eligibility Requirements
<ul style="list-style-type: none"><li>• Bidder indicates that they are a community-based organization (CBO) representative of, and providing services to, the Communities of Focus.</li><li>• Bidder is a non-profit CBO whose co-founders are three women of color from three different countries.</li><li>• Bidder's mission relates to using education and advocacy to promote equitable opportunities for inclusion and advancement of culturally and ethnically diverse communities.</li><li>• Bidder offers training series to facilitate learning related to race and the experience of immigrants and refugees.</li><li>• Bidder collaborates with local and state representatives as well as communities and organizations that are racially diverse to support social determinants of health-related needs and mitigate health disparities and systemic oppression among BIPOC and LGBTQ+ communities.</li><li>• Bidder's current work relates to improving access to care for aging individuals who identify as BIPOC and LGBTQ+ including specific programming to improve access to oral care for BIPOC individuals and support BIPOC and immigrants in Maine with healthcare needs.</li><li>• Bidder identified Wabanaki Public Health and Wellness (WPHW) as its Research Partner and provided name, address, phone number, and email address. Research Partner is located in Maine.</li><li>• WPHW's Center for Wabanaki Research, Knowledge, and Innovation (CWRKI) mission is to protect Wabanaki history and improve health in tribal communities.</li><li>• WPHW CWRKI team is representative of, and provides services to, indigenous people and the team is made up of individuals from each Maine tribe and engages community members through surveys, focus groups, and discussions with key informants. WPHW also collaborated with organizations representing and serving refugee and immigrant populations during the COVID-19 pandemic.</li><li>• WPHW CWRKI has experience conducting community-based participatory research and needs assessment surveys and the 2022 Wabanaki Health Needs Assessment is cited as a specific example of this work.</li></ul>

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**Part IV. Section II. Organizational Qualification and Experience**

**1. Overview of the Organization**

- Three women of color founded and lead Cross Cultural Community Services (CCCS).
- One co-founder has ten years experience as a case manager for refugees, immigrants, asylum seekers, and parolees; is a cultural broker for the Maine Sudanese community; is a mediator; and is fluent in English and Arabic.
- One co-founder serves in the Maine House of Representatives, holds a Master of Social Work and a Master of Arts in Development and Policy Practice, and is fluent in English and Somali.
- One co-founder serves on the Portland City Council and holds a Bachelor of Arts in Psychology and a Master and Doctorate of Social Work.
- Co-founders are participants in the Maine Immigrants Rights Coalition and serve on various boards and committees that advocate for system change.
- Bidder has established partnerships with Black and/or immigrant-led organizations including the City of Portland Health Equity Program, Maine Access Immigrant Network, Maine Association for New Americans, New Mainer's Public Health Initiative, and Gateway Community Services.
- Bidder engages collaboratively with organizations to host a Black History Month Community Wellness Fair.
- Bidder leads the Oral Health Equity Collaboration that includes Maine Access Immigrant Network and the City of Portland Health Equity Program and utilizes an implementation plan and three sub-committees to ensures community-driven input and decision-making.
- Bidder's advocacy efforts address housing, employment, healthcare, and education inequities for BIPOC communities.
- Bidder identifies this COVID-19 CLNA initiative as closely aligning with its mission.
- Provided descriptions of three projects that occurred within the past five years and that reflect the experience and expertise needed to carry out project to varying extents.
- All three projects include evidence of Bidder's participation in a cooperative effort with at least one other entity and involve assessments of population health to varying extents.

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- Complete contact information provided for each project, except that phone number for reference contact person in Project Two is missing. Contact person is Maine State employee so phone number can be identified if needed.
- Project One involves Bidder's collaboration with the Maine Council on Aging and the Southern Maine Agency on Aging to establish the Achieving Health Equity with Older Persons (AHEOP) and was funded by a grant from the Maine Health Access Foundation.
- The AHEOP strategic plan intends to assess shared challenges with access to healthcare experienced by individuals who are aging in BIPOC and LGBTQ+ communities and understand what resources exist to support these populations.
- AHEOP strategic plan development involves participants from racially diverse community members and organizations and local and state providers for aging populations to identify effective resources and areas for improvement to implement change.
- AHEOP strategic plan is intended to result in a training program for healthcare providers and aging service providers that involves older BIPOC and LGBTQ+ adults and integrates anti-racism and anti-agism content, as well as a plan for bolstering and expanding relationships to expand AHEOP work beyond the Greater Portland pilot area.
- Project One has enabled Bidder to connect with the State of Maine's Office of Aging and Disability Services. This connection can promote the exploration of other opportunities to carry out other initiatives with focuses on anti-racism and equity and understand how each entity's work aligns and can be mutually supportive.
- Project Two is Bidder's longest program and involves a partnership with other CBOs that are racially diverse to provide health-related services and resources to community members who are Black and born in the United States through the Office of Behavioral Health's StrengthenME Program.
- Through the StrengthenMe Program, Bidder has partnered with CBOs and providers to host the Black History Month Community Wellness Fair to educate BIPOC community members about healthcare issues, and to educate all Maine people about the need to increase access to quality and equitable healthcare services for individuals who are BIPOC. Black History Month Community Wellness Fair is also intended to strengthen community and recruit advocates for mitigating race-related health disparities from the BIPOC community local and state official and provider networks.

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- Black History Month Community Wellness Fair was established in 2020 to specifically provide education and resources to BIPOC community members about COVID-19 and share information about how community members can support one another.
- Project Three involves Bidder leading the Oral Health Equity Collaborative (OHEC) in partnership with the Children's Oral Health Network (COHN).
- OHEC was formed in 2022 to develop a plan to systemically improve oral health outcomes among BIPOC and other communities experiencing disparities. OHEC consists of CBOs and oral health providers who are BIPOC-led and serve BIPOC individuals, and its ongoing work focuses on addressing disparities in oral health in Cumberland County.
- Bidder serves as a convener in OHEC and facilitates meetings with OHEC members including Maine Access Immigrant Network, the City of Portland Minority Health Program, Mainely Teeth, Greater Portland Health, Cumberland County Public Health Department, Community Dental, COHN, and the University of New England's Oral Health Program.
- OHEC strategic plan goals are systemic and centered on the experiences of BIPOC Mainers. Goals include: addressing lack of oral health providers accepting MaineCare; increasing oral health providers' cultural awareness and representation of diverse providers in the oral health field; addressing mistrust among BIPOC communities and healthcare providers; and engaging in data collection related to oral healthcare needs and access to care for BIPOC and LGBTQ+ individuals in Maine.

## **2. Subcontractors**

- Five subcontractors identified and complete contact information provided. All subcontractors are located in Maine.
- Mano en Mano is first subcontractor. Mano en Mano provides services to migrant, immigrant, farmworker, and Latinx communities in Downeast Maine and was established to ensure these communities have equitable access to essential services.
- In addition to supporting access to essential services, Mano en Mano's programming encompasses community advocacy, engagement, and leadership development.
- Wabanaki Public Health and Wellness (WPHW) is second subcontractor and identified Research Partner. WPHW is a CBO serving tribal community members in Maine.

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- WPHW has experience using community-driven methodologies to carry out public health research and data collection. Their expertise is in prioritizing equity-centered and culturally appropriate research practices.
- New Mainers Public Health Initiative (NMPHI) is third subcontractor. NMPHI is a nonprofit CBO made up of diverse individuals whose work relates to engaging, empowering, informing, advocating for, and educating New Mainer community members on public health subjects.
- NMPHI programming provides community members with emotional support, social services, health literacy, and vaccine access.
- Maine Access Immigrant Network (MAIN) is fourth subcontractor. MAIN is a nonprofit, immigrant-led, ethnic CBO that was established in 2002 and serves refugees, asylees, asylum seekers, and immigrant populations in Maine.
- MAIN has a multinational and interdisciplinary team of community health workers that provides culturally and linguistically appropriate case management and care navigation services to community members. Services provided include health education, public health advocacy, and health research.
- Presente! Maine is fifth subcontractor.
- Presente! Maine is a nonprofit organization who works in collaboration with its community to design and implement programming to address public health, climate, and human rights challenges for Afro/Indigenous-Latines in Maine.
- Presente! Maine works to increase access to land, reclaim power, and honor community with all Native peoples.

**3. Organizational Chart**

- Provided and meets expectations.

**4. Litigation**

- None.

**5. Financial Viability**

- Provided balance sheets for three most recent years. Unclear if audited or reviewed by a Certified Public Accountant.

**6. Certificate of Insurance**

- Provided and valid.

**Part IV, Section III Proposed Services**

**Part II**

**A. General Requirements**

- Bidder will establish a Coordinating Council tasked with overseeing and guiding

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the CLNA process, including providing oversight on research ethics and ensuring CLNA findings are actionable and community-centered.

- Coordinating Council will be made up of representation from Bidder, Mano en Mano, Wabanaki Public Health and Wellness (WPHW), and individuals representative of the Communities of Focus to ensure leadership directly represents and reflects the lived-experience of communities.
- In Coordinating Council, Bidder will serve as lead CBO focusing on multiracial, black, immigrant, refugee and asylum seeking communities; Mano en Mano will serve as lead CBO on migrant and seasonal farmworkers and share Bidder's focus on immigrant communities; WPHW will use expertise engaging in Indigenous-led research practices to lead CLNA focus on ensuring research is community-based and grounded in health equity initiatives.
- Coordinating Council will ensure decision-making is carried out with transparency and inclusivity and is driven by community by operating under the following core principles: community partnership, consensus building, and participatory research design.
- Bidder will also convene an Advisory Committee comprised of Coordinating Council members in addition to representatives from the following CBOs: Maine Access Immigrant Network (MAIN), New Mainers Public Health Initiative (NMPHI), and Presente! Maine. Advisory Committee will function as cultural brokers to ensure that CLNA design and implementation is based in the experiences of members of the Communities of Focus, is culturally relevant, and is linguistically accessible.
- In Advisory Committee, MAIN will contribute its experience with bridging gaps in access to healthcare and social services for individuals in Portland who are immigrants and refugees; NMPHI will contribute its experience identifying and mitigating health inequities experienced by immigrants and refugees and will help ensure that the CLNA includes consideration of how behavioral and attitudinal factors impact community health outcomes; Presente! Maine will contribute its experience with community-centered initiatives to ensure that the CLNA functions as a platform for action and empowerment that is community-driven.
- Coordinating Council will meet weekly in a virtual format for the first three months of the grant and will determine ongoing frequency of meetings based on anticipated outcomes. Additional meetings will be had as needed.
- Coordinating Council meetings during month one will involve onboarding, role clarification, and project planning. Meetings during months two through four will focus on designing and developing the assessment tool, study protocol, and

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community recruitment and engagement strategies; Advisory Council will be consulted in month three. Assessment tools will be implemented during months four through fourteen and collection and preliminary assessment of data will occur during months fourteen through sixteen with community involvement to validate findings. Results analysis, report drafting, findings dissemination, and planning for next steps informed by key insights will occur during months fifteen through nineteen.

- Coordinating Council will develop single assessment tool that accommodates unique circumstances of Communities of Focus and includes a standardized set of questions, core questions to enable comparisons across populations, and additional modules to reflect the unique lived experiences of each Community of Focus. Cultural relevance, community input, and ethical research practices will be prioritized.
- Data collection strategy will integrate both qualitative and quantitative methods and will be participatory, trauma-informed, and community driven.
- Data analysis will emphasize systemic disparities, community strengths, and community validation of findings before finalization.
- CLNA findings will be shared through community forums, digital platforms, and publicly available reports.
- Coordinating Council will establish recommendations based on CLNA results that are actionable and capable of informing policy, funding priorities, and other initiatives that are community-led.

- **a.** Survey instrument will integrate both quantitative and qualitative data to capture both statistical trends and lived experiences of Communities of Focus. Quantitative data collection will involve multiple-choice and scaled-response questions and qualitative data collection will involve open-ended prompts and opportunities for engagement in oral storytelling and focus groups.
- **a.** Survey instrument will follow a Core-Plus Model to maintain a standardized set of questions to be administered to all Communities of Focus members and customization to accommodate specific community needs.
- **a.** Core-Plus Model design will enable comparability of experiences with healthcare access, economic stability, housing security, systemic barriers, and COVID-19 impacts across Communities of Focus in addition to specific insight into the unique experiences of each Community of Focus.
- **b.** Survey instrument will be hosted electronically on secure platforms like Qualtrics, Google Forms, or SurveyMonkey and will be accessible via mobile device. QR codes for survey will be disseminated via flyers, emails, and social

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**DATE:** 3/13/25, 3/14/25, 3/17/25

**EVALUATOR NAME:** Eden Silverthorne

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media.

- **b.** Cultural brokers will engage in community outreach to support individuals from Communities of Focus with completing surveys in-person using a paper format or by utilizing secure electronic devices like tablets and laptops to support with digital survey completion.
- **b.** Bidder will work with Presente! Maine, NMPHI, and MAIN to facilitate distribution of paper surveys at those organizations physical locations in addition to community centers, health clinics, food pantries, and in settings with secure drop boxes for surveys to be submitted anonymously.
- **b.** Community members with training will provide one-on-one support to individuals needing assistance completing survey.
- **c.** Survey will be translated into multiple languages, including: Spanish, French, Haitian Creole, Somali, Arabic, Portuguese, and Lingala. Translations will be vetted to ensure accuracy and cultural relevance.
- **c.** Translators and interpreters will be available for support with survey completion and participation in focus groups as needed.
- **c.** ASL video interpretation and screen-reader-compatible versions of survey will be accessible online.
- **c.** Survey will utilize plain language to accommodate individuals with varying levels of literacy.
- **c.** Focus groups will include certified ASL interpreters as needed and will be conducted in accessible locations with capacities to accommodate live captioning and visual aides.
- **c.** One-on-one interviews with an ASL interpreter will be available upon request.

- Outline of proposed staffing and governance plan included.
- **a.** Description of time allocation and overview of responsibilities included for each position and subcontractor identified as project leadership.
- **a.** Description of decision-making roles and responsibilities included for Coordinating Council and Advisory Committee.
- **a.** Decision-making will occur collectively and democratically and will use a supermajority vote among Coordinating Council members that equates to 68% for decision-making approval. WPHW will serve as facilitator in group decision-making.
- **b.** Survey responses and related data will be stored using REDCap, a secure web application for managing online surveys and databases that is compliant with HIPPA, GDPR, and other data security standards.



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<ul style="list-style-type: none"><li>• <b>b.</b> No personally identifiable information will be stored unless Coordinating Council explicitly requires and approves its storage.</li><li>• <b>b.</b> Advisory Committee will decide what data to include in publicly available datasets and any restricted data will require Committee approval for release.</li><li>• <b>b.</b> Adherence to principles of Ownership, Access, Control, and Possession will occur in data management to ensure that communities retain data ownership, project partners collectively manage data access, community consent and impact informs decision-making related to data usage, and data is protected.</li></ul>
<ul style="list-style-type: none"><li>• Realistic work plan included and meets expectations.</li><li>• <b>a.</b> Between months one and three of contract, the Coordinating Council will meet weekly to finalize strategy, role clarification, development of Memorandums of Understanding, and ensure alignment among project partners and the Department.</li><li>• <b>a.</b> Between months one and three of contract, WPHW will lead survey instrument development and necessary trainings for survey administrators in partnership with Coordinating Council, CBOs, and subcontractors.</li><li>• <b>a.</b> Descriptions provided of roles and activities to be conducted by Bidder and project partners, including subcontractors and community members, between months one and three of contract.</li><li>• <b>a.</b> Within first three months of contract, Bidder will have: established the Coordinating Council, designed the survey instrument and had it reviewed by subcontractors and community members, engaged in pilot testing and revisions of the survey instrument, and approved its final form.</li><li>• <b>b.</b> By month four of contract and with Department approval, CLNA survey administration and data collection will begin and will continue through start of month 14.</li><li>• <b>b.</b> Beginning in month four of contract, Bidder's project manager, subcontracted partners, CBOs, the Research Partner, and the Coordinating Council will be responsible for survey dissemination, community engagement and outreach, and ongoing data collection.</li><li>• <b>c.</b> At the conclusion of the survey administration period and beginning in month 14 of the contract, Research Partner and Coordinating Council will oversee data analysis, community validation, and report drafting to compile a final report that includes findings representative of the Communities of Focus and that meets all contractual obligations.</li></ul>
<ul style="list-style-type: none"><li>• <b>a.</b> Bidder and partners will design surveys, focus groups, and interviews to collect quantitative and qualitative data. Coordinating Council and Advisory</li></ul>

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<p>Committee will oversee development and ensure cultural relevance and accessibility of assessment instruments.</p> <ul style="list-style-type: none"><li>• <b>a.</b> Survey instruments will include standardized set of survey questions to address healthcare access, economic stability, housing security, systemic barriers, and COVID-19 impacts as well as questions that are targeted to specific Communities of Focus and their unique experiences.</li><li>• <b>a.</b> Survey instruments will be available in digital and paper formats and multiple languages, and information will also be gathered through focus groups, key informant interviews, and community listening sessions.</li><li>• <b>b.</b> Bidder and project partners will utilize the following strategies to ensure engagement among Communities of Focus: deployment of Community Health Outreach Workers and Cultural Brokers for community engagement, distribution of surveys through multiple digital platforms and in-person settings, conducting outreach through trusted community leaders, and providing mobile hotspots to ensure individuals in rural areas with limited Internet access can effectively complete survey.</li><li>• <b>c.</b> Research Partner will lead data analysis to ensure accurate, representative, and actionable findings.</li><li>• <b>c.</b> Quantitative data analysis will consist of using statistical software to clean, code, and analyze survey data to identify trends, disparities, and areas of need among Communities of Focus.</li><li>• <b>c.</b> Quantitative data analysis will also consist of cross-tabulations to examine difference in access to services, health outcomes, and economic conditions based on geography, ethnicity, and immigration status among other factors.</li><li>• <b>c.</b> Qualitative data analysis will consist of using thematic coding to analyze focus groups and interview transcripts to identify notable narratives and experiences among Communities of Focus.</li><li>• <b>c.</b> Qualitative and quantitative trends will be cross-referenced to ensure quantitative data is contextualized by community insights.</li><li>• <b>c.</b> An examination of differences in needs among Communities of Focus based on location will occur with a particular among urban, rural and agricultural, and Indigenous communities.</li></ul>
<ul style="list-style-type: none"><li>• Noting that items b. and e. are duplicative as printed in the RFP instructions.</li><li>• Coordinating Council will oversee reporting process.</li><li>• <b>a.</b> The following information will be included in the report as pulled from survey responses, census data, and stakeholder input: age, gender, and sexual orientation distributions; primary languages spoken; levels of English</li></ul>

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proficiency; country of origin, immigration status, and length of Maine residence; education level, employment status, and household income; housing status; geographic distribution.

- **b.** The report will include a description of how needs vary across urban areas, rural and agricultural communities, and generational Black communities.
- **b.** Findings will be mapped and visualized to guide policy that is geographically and programmatically-specific.
- **c.** Report will include descriptions of the following: mutual aid networks, faith-based organizations, and community-led initiatives that support Communities of Focus; immigrant and BIPOC communities' economic contributions; and factors that contribute to cultural resilience among Communities of Focus.
- **d.** Report will include information about the following: chronic disease prevalence, health challenges, barriers to accessing care, and social determinants of health among Communities of Focus.
- **e.** Report will include the following information about short- and long-term impacts of COVID-19 on Communities of Focus: disproportionate infection and mortality rates, economic disruptions, and impacts on mental health.
- **f.** Report will include documentation about the impacts of Communities of Focus experiences with limited accessibility to linguistically appropriate materials and services; challenging application process for healthcare and social services; distrust in government systems, especially among individuals with varying immigration statuses; and limited digital access.
- **h.** Report will include recommendations related to expanding culturally and linguistically appropriate healthcare, expanding the community health worker workforce, investing in mobile health and telehealth services, and improving data collection on racial and ethnic disparities.
- **i.** Report's recommendations will include providing financial and capacity-building support for nonprofits led by individuals representative of Communities of Focus, developing relevant mentorship and training programs, and facilitating the establishment of partnerships between government and non-profits representative of Communities of Focus.
- **j.** Report will include recommendations related to engaging community navigators and cultural brokers for information dissemination, utilizing multilingual forms of communication, and providing solutions to poor digital access to enhance trust and increase engagement among Communities of Focus and ensure efficient information-sharing.
- Final report will be formatted for accessibility, made available in multiple

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<p>languages, and presented in-person or virtually to Department and stakeholders.</p> <ul style="list-style-type: none"><li>• Bidder and partners will be available to provide consultation and support for Department in integrating report recommendations into planning for policy and service provision.</li></ul>
<ul style="list-style-type: none"><li>• <b>a.</b> Bidder and partners will align data collection with existing public health priorities and indicators already identified in the Maine Shared CHNA including: healthcare access and barriers, social determinants of health, and health disparities.</li><li>• <b>a.</b> CLNA findings will be formatted to promote integration into ongoing CHNA data analyses.</li><li>• <b>a.</b> CLNA project will provide detailed context and data specific to Communities of Focus to supplement the broad, statewide perspective offered within the Maine CHNA.</li><li>• <b>a.</b> Bidder and Research Partner will work with Department's public health planning teams to ensure CLNA data is shared to allow for early integration into CHNA updates and presented in formats that are compatible with existing CHNA reporting structures.</li><li>• <b>b.</b> Bidder and partners will develop a data briefing presentation and submit a report summarizing CLNA findings that are relevant to priorities within the SHIP and CHNA.</li><li>• <b>b.</b> Bidder and partners will facilitate conversations with Department related to how CLNA findings can inform future SHIP objectives.</li><li>• <b>b.</b> Bidder will work with Department to develop policy recommendations that proactively address identified issues in the next SHIP cycle and ensure that CLNA findings and community-centered strategies are integrated into next SHIP iteration.</li></ul>
<ul style="list-style-type: none"><li>• Final report will be presented in the following iterations in addition to its comprehensive form: simplified summary reports, translated reports, and formats that include plain-language and are visual, including short videos.</li><li>• Findings will be shared in virtual and in-person community forums and town halls, focus groups and listening sessions, through partnerships with ethnic and community media, and with video and audio translations.</li><li>• Findings will be accessible on Coordinating Council Members' publicly accessible websites.</li><li>• Participating CBOs will have access to raw data to inform programs, advocacy, and funding applications and bidder will support them with utilizing data.</li></ul>

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<b>B. Confidentiality Requirements</b>	
<ul style="list-style-type: none"><li>• <b>1.</b> Currently meets and will maintain compliance with expectation. Provided plan for compliance.</li><li>• <b>2.</b> Will implement Risk Assessment and Vulnerability Scanning policies that meet expectations. Provided plan for compliance.</li><li>• <b>3.</b> Will comply with all laws. Provided plan for compliance.</li><li>• <b>4.</b> Will comply with all requirements.</li></ul>	
<b>C. Reports</b>	
<ul style="list-style-type: none"><li>• Bidder will implement internal review deadlines to ensure compliance with due dates for each required report.</li><li>• <b>a.</b> Meets expectations.</li><li>• <b>b.</b> Meets expectations.</li><li>• <b>c.</b> Meets expectations. Findings will be reviewed with partners and stakeholders prior to sharing.</li></ul>	
<b>2. Staffing</b>	
<ul style="list-style-type: none"><li>• Meets expectations.</li><li>• Bidder will create oversight and management system to ensure effective collaboration among subcontractors and consultants.</li><li>• Subcontractors and consultants will engage in survey administration, data collection and analysis, and community engagement and will have clear structures to engage in reporting and communication with bidder.</li><li>• Bidder will establish formal contracts with subcontractors and consultants to outline expectations and timelines for CLNA objectives.</li><li>• Bidder's Project Manager will oversee subcontractors and engage them through monthly check-ins and collection of monthly activity reports.</li><li>• Research Partner will provide Bidder with technical oversight and Bidder will provide technical assistance to subcontractors.</li></ul>	



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**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202501009  
RFP TITLE: Community Led Needs Assessment**

I, Hamda Ahmed, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

DocuSigned by:

*Hamda Ahmed*

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**Signature**

Mar-11-2025

**Date**



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202501009  
RFP TITLE: Community Led Needs Assessment**

I, Morgan Easler, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

Signed by:

*Morgan Easler*

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**Signature**

Mar-11-2025

**Date**



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202501009  
RFP TITLE: Community Led Needs Assessment**

I, Abigail Harper, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

Signed by:

*Abigail Harper*

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**Signature**

Mar-12-2025

**Date**





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SERVICES**

**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202501009  
RFP TITLE: Community Led Needs Assessment**

I, Ariel Ricci, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

Signed by:

Ariel Ricci

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**Signature**

Mar-12-2025

**Date**



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**Janet T. Mills  
Governor**

**Sara Gagné-Holmes  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202501009  
RFP TITLE: Community Led Needs Assessment**

I, Eden Silverthorne, accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

Signed by:

Eden Silverthorne

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**Signature**

Mar-11-2025

**Date**