

**Q&A
Request for Bids**

Evaluator for Community-based Health Initiatives (CHI)

Beth Israel Lahey Health

Please find below answers to questions received during the 6/10-6/19 question period for this RFB:

1. As a for-profit consulting company, we typically provide fully burdened market-based hourly billing rates by labor category (for example, Principal - \$xxx/hour, Senior Consultant - \$xxx/hour, Consultant - \$xxx/hour, Research Associate - \$xxx/hour). We do not base our hourly billing rates on salaries which is more typical in the not-for-profit and educational arenas. Please confirm whether labor category billing rates may be used instead of providing indirect costs (e.g., indirect percentage NTE 15% within the RFB). Instead of providing this information, if we provide our fully burdened pricing the fully burdened hourly billing rate and number of hours for each consultant, would that cause our proposal to be disqualified or eliminated from consideration? **We do not need the salary/fringe hourly rates by labor category - just providing the total cost per staff member who will be involved in the project is sufficient.**
2. Is there a draft RFP available for the substance use and mental health grantees? Does the RFP include expectations for participation in the evaluation? **Yes. Please visit the BID Plymouth Community Grants webpage for more information:**
<https://bidplymouth.org/about/community-benefits-needs/community-health-grants>
3. We understand that the housing investment will be made through direct allocation rather than the competitive RFB process that is being used for the mental health and substance use grants. Will housing grantees be expected to participate in the evaluation similarly to the substance use and mental health grantees? **Yes. The Grantee will receive the same evaluation supports, but will receive them by a separate external evaluator**
4. Is there any flexibility in the 15% indirect rate cap? **No, 15% is the maximum amount of the total budget that can be allocated to indirect costs.**
5. Who are the BILH staff members leading this project? How many BILH staff would the consultant be working with? **Members of the BILH Community Benefits staff, including, but not limited to, the BILH Program Design and Evaluation Manager and BID Plymouth and BID Milton Community Benefits Managers.**

6. Is it an expectation that grantees share common outcomes for this grant? If so, have those outcomes already been identified? Is there openness to grantees identifying outcomes that best suit their specific context and programming rather than funder-driven outcomes? **The goal(s) and metrics are/will be broadly outlined in the individual RFP and be further elaborated on by Grantee's logic model. Since all funded grants will be for programs that are evidence-based or evidence-informed, the contracted Evaluation Vendor will be expected to work with each Grantee (in consultation with the BILH Program Design and Evaluation Manager and BID Plymouth and BID Milton Community Benefits Managers) to develop an evaluation and learning plan to ensure data collection, analysis and reporting against identified metrics is successful.**
7. Is the evaluator relationship coinciding with the kick-off of these grants to these grantees? **Yes.**
8. Is BILH expecting an annual evaluation of each grantee or a summative evaluation of grantees across the 5-year granting period? **Both.**