



## **RFP: Immunization Media Campaign**

### **Addendum #1 – Final Q&A**

**Question 1. As we assess whether we're a fit to respond to this RFP, it would be helpful to have a sense of the budget range for this work. Are you able to share that?**

**Question 2. Can you provide a budget (or even a range) that will be used to achieve the objectives?**

**Question 3. Is there a stated budget for this effort?**

**Question 4. What level of investment do you have available to hire a consultant for this project?**

**Question 5. Is there an annual budget or not-to-exceed amount for professional services?**

**Question 6. Is there an annual budget or not-to-exceed amount for tv ads?**

**Question 7. Is there an annual budget or not-to-exceed amount for radio ads?**

**Question 8. Is there an annual budget or not-to-exceed amount for social media ads?**

**Question 9. Do you have a budget range for this RFP?**

**Question 10. Is there a budget or budget range earmarked for the immunization media campaign?**

Answer: The budget ceiling for this contract is \$137,710. There are no limits within the maximum of \$137,710 in terms of line item allocations for professional services, tv ads, radio ads, or social media ads.

**Question 11. What would be the intended start and end of the campaign?**

Answer: The start and end dates of the campaign will be finalized after contract execution. Dates will be informed by the RCA findings. Some messaging may be seasonal, so activities may differ depending on the targeted behavior/action. Bidders can propose a timeframe for campaign activities with stated assumptions regarding availability of RCA findings.

**Question 12. In terms of routine immunization recommendations, are there some (i.e. Flu) that NCDHD wants higher precedent over others?**

Answer: Bidders should describe what information they would want to use in order to recommend relative prioritization of messages. Prioritization will be done collaboratively between NCDHD staff and the contractor using the best information available.

**Question 13. When are the RCA findings expected to be completed?**

**Question 14. What is the anticipated timeline for completion of the Rapid Community Assessment (RCA)?**

**Question 15. When will the RCA research be completed?**

Answer: Bidders can assume the RCA findings will be available by July 2024. Foundational work before July may include baseline assessment of NCDHD's communication platforms and messaging, review of vaccination rates within each town in the jurisdiction, and evaluating the health district's potential role(s) in addressing vaccine hesitancy.

**Question 16. Do you have any concerns about working with a firm that is not based in Connecticut? Our team is distributed, but we have a solid presence in the NYC-metro area.**

Answer: NCDHD seeks the best qualified vendor that can deliver a cost-effective campaign in collaboration with our staff. Bidders should explain their approach with clients outside their immediate market area and ways to ensure continuous

client-vendor alignment of vision, strategy, and implementation if in-person meetings are less frequent. Out-of-area vendors may want to demonstrate in their proposal how they have overcome “learning curves” in markets where they have not previously worked.

**Question 17. Relatedly, do you have any expectations or needs for in-person meetings that we should plan for in the process and budget?**

Answer: Bidders should define the best approach to accomplishing the work and achieving the goals. See the answer to Question 16.

**Question 18. Can you tell us more about the levels of stakeholder engagement or buy-in that might be required (this impacts overall timing, rounds of presentations, etc.)**

Answer: Bidders should describe the level of stakeholder engagement they recommend for developing an effective campaign and strategies for engagement.

**Question 19. Can you share more about what level of knowledge and/or expertise you are looking for when it comes to local health departments, Connecticut’s public health infrastructure, and vaccine hesitancy/confidence?**

Answer: Public health services are structured differently from state to state. Experience working with local health departments is preferred but not required. Experience addressing vaccine hesitancy or promoting vaccine confidence is preferred but not required. Bidders have the opportunity in their proposal to demonstrate their understanding of CT public health organizations as well as vaccine hesitancy/confidence.

**Question 20. Is there an incumbent firm bidding on this work? And are you able to tell us how many firms are responding to your RFP (or were approached)?**

Answer: There is no incumbent firm. Eight firms submitted questions. We do not know how many will respond.

**Question 21. Given this is CDC funded, are there budget parameters outlined to which we need to adhere? If so, please provide.**

Answer: See answers to Questions 1-4 for budgeted amount. Other requirements with the CDC funding include the following:

- All materials shall include reference to the funding source as required by the CDC
- NCDHD may use existing educational campaign messages such as HHS “We Can Do This”

**Question 22. Should this be estimated as a fixed fee campaign?**

Answer: The total cost for campaign activities including project management, campaign design, collateral development/printing, campaign implementation, and evaluation cannot exceed \$137,710. The contract will be structured as a cost-based reimbursement contract with periodic invoicing as opposed to periodic fixed-fee payments.

**Question 23. What is the expected length of the contract?**

Answer: The contract start date is tentatively anticipated as 5/1/24; the end date will be on or before 5/31/25 depending on the agreed upon workplan and campaign schedule.

**Question 24. Does NCDHD have a preferred local printer?**

Answer: No.

**Question 25. What current platforms are you using for education? Can you define what you would like added or updated?**

Answer: Currently NCDHD uses Facebook, Instagram, and its website ([www.ncdhd.org](http://www.ncdhd.org)) for online education. NCDHD staff conduct outreach and education programs in all 8 member towns. NCDHD has conducted targeted advertising such as radio, movie theaters, and gas stations. NCDHD also relies on its many community-based partners to amplify its messaging. The Immunization Media Campaign project will enable NCDHD, working in collaboration with a media/communications firm, to enhance our reach and effectiveness across all our educational platforms. NCDHD seeks a firm that can strike an optimal balance of media buying with platform enhancement and strategy development.

**Question 26. What would be considered a “fringe” cost, as noted on the budget sheet?**

Answer: Fringe refers to fringe benefits (i.e., insurance, paid time off, etc.). Note that instructions and definitions are included in the first tab of the Excel file called “Budget Instructions.”

**Question 27. You were also looking to confirm the timing of the media. The RFP states that they are transitioning to “seasonal vaccine providers” Sept. through Dec. Can you confirm that the media placements would only be in that time period?**

Answer: Media placements for messaging about seasonal vaccines such as flu and COVID-19 can be proposed during the fall/winter. The campaign will likely also include messaging for “catch-up” vaccinations to address routine immunizations, adult and child, that were missed or skipped during the pandemic. “Catch-up” vaccinations are not seasonal, so the media placements are less fixed. For the purposes of bidding, vendors should assume a mix of seasonal and non-seasonal media buys.

**Question 28. In the RFP, the common languages for NCDHD are listed – seven in addition to English. The Scope of Work section lists “creation of social media campaigns in the common languages of NCDHD communities.” Are you looking for all campaign elements – e.g. video, display, radio, collateral materials, etc. – to be developed in all the common languages of NCDHD as well?**

Answer: Decisions regarding how many elements will be developed in all the common languages will be informed by the RCA findings as well as NCDHD’s data analysis of vaccination rates by subgroup. The intent is to create materials in ways that will be understood and trusted by the “moveable middle.” Firms with experience translating and/or developing messaging in multiple languages are preferred.