OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

Richard Hodges/Director of Health

April 5, 2017

Benjamin Robison
Ohio Department of Health
246 North High Street
Columbus, OH 43215

RE: Vector Control Services

The Ohio Department of Health (ODH), Zoonotic Disease Program, is seeking one or more contractors to provide vector control in response to a mosquito-borne outbreak of Zika virus. The contractor(s) must be able to provide services throughout Ohio and begin the process for deployment to the impacted area within twenty-four (24) hours of notification. ODH may award contracts to one or more contractors.

There are two scenarios in which the contractor(s) must be available to respond: limited, local transmission and widespread transmission.

Limited, Local Transmission

In limited, local transmission, the contractor(s) will be responsible for controlling Zika-carrying mosquitoes within a 75-acre area until the mosquito population is sufficiently reduced to break mosquito-borne transmission. The contractor(s) will employ all control methods in accordance with the following:

1. Control activities must be coordinated with the Ohio Department of Health;
2. Conduct larviciding of all water-holding containers or pools within the identified area that cannot be dumped, covered, discarded, or otherwise modified; contractor(s) must use a CDC-recommended larvicide that provides ***at least*** 30 days of control; larviciding must be completed within two (2) days and be performed in accordance with the manufacturer's specifications;
3. Conduct residual barrier application within the entire area; application must employ a CDC-recommended product and provide ***at least*** 30 days of control; applications must be completed within 2 days and be performed in accordance with the manufacturer's specifications;
4. Conduct breeding-source reduction within the entire identified area; this must be completed within 2 days;
5. Conduct uniform spraying of the entire area; the contractor(s) must use a CDC-recommended product and apply it in accordance with the most recent, evidence-based best practices, i.e. at dusk or dawn, in two spraying intervals one hour apart, using half the maximum allowable product in each interval, in accordance with the manufacturer specifications; spraying must be done ***at least*** three (3) times per week and focus on quickly and safely reducing adult populations; the first instance of spraying must be able to occur no later than twelve (12) hours after arriving on site;
6. Without delaying adulticiding activities, initiate/maintain adult sampling to estimate adult mosquito abundance and evaluate effectiveness of insecticide treatments;
7. Provide real-time reporting of planned activities and outcomes of conducted activities to the ODH Public Health Entomologist or other expert identified by the agency, in order to integrate with and inform other incident-response efforts.

ODH is seeking an all-inclusive estimate of the cost to perform all the duties detailed in limited, local transmission to control mosquitoes until the mosquito population is sufficiently reduced to break mosquito-borne transmission. The estimate must include all costs to perform this work, including control costs, administrative costs, labor costs, travel costs, and any other associated costs. Applicants may respond with two figures: one for rural locations and one for urban/suburban locations.

Widespread Transmission
In widespread transmission, the contractor(s) will perform all of the functions identified for limited, local transmission, as well as expanded activities paid at a per-unit cost. The same expectations and stipulations within the 75-acre area apply to activities beyond the 75-acre area.

ODH is seeking a per-unit cost of the following activities:

1. Larviciding, at the cost per acre;
2. Residual barrier application, at the cost per square foot;
3. Breeding source reduction, at the cost per street address;
4. Adult spraying, at the cost per linear mile;
5. Surveillance, at the cost per trap;

Vector Control Support
Local jurisdictions may be able to provide some, but not all, needed vector control. In these situations, the contractor(s) will be asked to augment existing capabilities to ensure comprehensive vector control. The same expectations and stipulations described in limited, local transmission apply to these activities as well.

ODH is seeking a cost for mobilization to an incident site. The cost should be for deployment only to any site in Ohio; it should not account for the cost of services provided.

General Terms
The contractor(s) awarded to provide these services shall agree to remain available from July 1, 2017 through June 30, 2018, to respond to mosquito-borne transmission in any jurisdiction that does not have the capacity to provide adequate control themselves or has not made other arrangements for such control. The selected contractor(s) will provide a 24-hour contact number and be able to perform necessary and sufficient control measures to any such jurisdiction in the state.

If called to respond to limited, local transmission, the contractor(s) will be paid the flat fee identified by the contractor(s) in their bid(s). If called to respond to widespread transmission, the contractor(s) will be paid their flat fee for limited, local transmission ***plus*** their per unit reimbursement rate(s) for any activities performed outside the identified, 75-acre area. If called to provide vector control support, the contractor(s) will be paid their mobilization fee ***plus*** their per unit reimbursement rate(s) for any activities performed.

ODH is requesting that contractors interested in providing these services please respond with a bid detailing their costs, as requested in this letter. The response must be accompanied by a completed Vector Control Contractor Response Form; a blank form is included on the next page. Please send bids for consideration to Benjamin Robison, Emergency Response Unit Leader, at Benjamin.Robison@odh.ohio.gov by no later than **April 28, 2017**.

Questions regarding this information may be directed via email to Benjamin Robison at the email address listed above. Questions must be submitted no later than **April 21, 2017**. Answers will be shared with all applicants.

Thank you for considering the opportunity to provide vector control services. We look forward to the potential partnership with your company.

Vector Control Contractor Response Form

Company/Organization name:	
Company/Organization street address:	
Company/Organization city:	Company/Organization zip code:
Company/Organization web address:	
Company/Organization State of Ohio vendor number (if applicable):	
Primary point of contact (POC):	
POC phone number:	POC email:
Regions in Ohio to which you are willing to respond (Check all that apply): ☐ Region 1, Northwest (*Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, & Wood)* ☐ Region 2, Northeast (*Ashtabula, Cuyahoga, Geauga, Lake & Lorain*) ☐ Region 3, West Central (*Champaign, Clark, Darke, Green, Miami, Montgomery, Preble, & Shelby*) ☐ Region 4, Central (*Crawford, Delaware, Fairfield, Fayette, Franklin, Hardin, Knox, Licking, Logan, Madison, Marion, Morrow, Pickaway, Union & Wyandot*) ☐ Region 5, Northeast Central (*Ashland, Carroll, Columbiana, Holmes, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscawaras & Wayne*) ☐ Region 6, Southwest (*Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland & Warren*) ☐ Region 7, Southeast Central (*Athens, Galia, Hocking, Jackson, Lawrence, Meigs, Pike, Ross, Scioto & Vinton*) ☐ Region 8, Southeast (*Belmont, Coshocton, Guernsey, Harrison, Jefferson, Monroe, Morgan, Muskingum, Noble, Perry & Washington*)	
Number of staff able to provide services:	Estimated time to be on site: *Attach a separate sheet if times vary by region*
Name, credentials, experience and qualifications of staff providing vector control: *Attach in a separate sheet.*	
Credentials, qualifications, and experience of additional staff involved in service delivery *Attach in a separate sheet.*	
☐ I acknowledge and understand the work that must be performed, and I have no outstanding questions.	
☐ If selected for this contract, I am willing to provide an emergency point of contact and their contact information. The emergency POC will be reachable 24/7 at the contact information provided.	
☐ I acknowledge that this is a contingent contract that will only be executed in the event that there is mosquito-borne transmission of Zika virus in Ohio and the local jurisdiction is unable to conduct or arrange vector control. In the absence of such an occurrence and subsequent mobilization by the Ohio Department of Health, I further acknowledge that there will be no payment of monies to me by ODH.	
Name of authorized signatory:	
Signature: _____	Date: