## EXHIBIT A –QUOTE SHEET

|  |  |  |
| --- | --- | --- |
| **Individual or Company Legal Name** |  | Federal Employers ID# |
| **Mailing Address** | Number and Street or PO Box |
| City, State, Zip |
| **Primary Contact** | Name |
| Email |
| Phone |
| **Name of individual that will complete required work.** | Name |
| **Describe your experience in completing the type of work described in the Scope of Work, include the entity for whom the work was performed and the dates of performance. A separate page no more than one page in length may be attached to complete this section.** |  |
| **Describe the proposed activities to carry out the deliverables listed in the Scope of Work on a separate document no more than five pages in length and summarized in Exhibit B.**  |  |
| **List the Company Name, Contact Name, Address, Phone Number and email address of three references that can attest to your performance in completing the work described.** |  |
| **Signature** |  |

## EXHIBIT A –QUOTE SHEET (continued)

The Vendor will conduct the project under ITCA leadership and will be expected to meet prior to initiating work and regularly with the ITCA Team. Brief descriptions of the services that are the deliverables are defined below. Because the Vendor selected through this solicitation will be controlling the manner and means of conducting the work, the descriptions are not intended to completely describe all of the work that the Vendor would need to perform to complete the deliverables.

|  |  |  |  |
| --- | --- | --- | --- |
| **Deliverable** | **Description** | **Due Date** | **Cost** |
| 1 | Kick-off Meeting | * Kick-off meeting with ITCA to discuss project timelines and activities for increasing breastfeeding coordination at both ITCA and local levels.
 | Within 3 -5 business days of signing contract |  |
| 2 | Meeting with Local Agencies | * Orientation and assessment to assist in identifying partners for collaboration.
 | Within one month of signing contract |  |
| 3 | Plan Development | * A plan for each agency participating will be developed and will include community collaboration coaching dates and planned activities in coordination with ITCA.
 | Within two weeks of meeting with the local agencies  |  |
| 4 | Tools | * Develop tools such as forms, spreadsheets or database that will include key organizational information specific to each organization and provide training on use.
 | As outlined in plan |  |
| 3 | Coaching | * Provide virtual coaching to local agencies and other community partners on the development and strengthening of community partnerships.
 | As outlined in plan |  |
|  | Mentoring | * Provide mentoring to state and local level staff on how to connect and collaborate with community partners. ITCA estimates virtual visits with each agency every two weeks to discuss collaboration activities and the use of the tools.
 | As outlined in plan with first visit on or before March 31, 2021  |  |
| 4 |  Reporting | * Submit a progress report in a mutually agreed format and host 15-30 minute calls with ITCA every week.
 | Ongoing |  |
| 5 | Evaluation | * Create an evaluation tool and report on progress and outcomes. Include recommendations for future work.
 | As outlined in plan |  |
|  | Total Cost |  |

## EXHIBIT B – Scope of Work Activities

|  |  |  |
| --- | --- | --- |
| **Deliverable** | **Description of Methods and Activities** | **Timeline** |
| Kick-off Meeting |  |  |
| Meeting with local agencies |  |  |
| Plan Development |  |  |
| Tools (optional) |  |  |
| Coaching |  |  |
| Mentoring |  |  |
| Reporting |  |  |
| Evaluation |  |  |