

**REQUEST FOR PROPOSAL**

FOR ILCOR

Librarian/Information Specialist (IS)

Due Date: May 30, 2025

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| Deliver Complete Proposal Package by Email To:ILCORilcor@heart.orgPlease submit the proposal no later than 5:00pm on 5/30/2025. Failure to respond by this date or sending an incomplete submission may result in automatic elimination from consideration.Thank you in advance for your participation in this RFP process. |

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1. Statement of Purpose

**Overview of Desired Services**

The International Liaison Committee on Resuscitation (ILCOR) is requesting bidders to submit proposals for the Information Specialist (IS)/Librarian who will provide professional information science support to the expanding work program of the International Liaison Committee on Resuscitation (ILCOR). The main focus of the work will be to support systematic reviewers, task force members and others (e.g. Scientific Advisory Committee (SAC), and ILCOR executive committee) in undertaking clinical reviews of literature related to resuscitation science and first aid. This work supports ILCOR’s mission of continuous resuscitation science evidence evaluation, publication and/or revision of the International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations, related interim advisories, and production of consensus treatment recommendations..

RFP Objectives/Goals

ILCOR’s objective of the RFP is to select providers that have a Library/Information Management qualification together with a degree in library/information sciences and good analytical and IT skills. The IS will have previous experience of searching online bibliographic databases and document management. Good editing and writing skills are also essential to this role, which is anticipated to take upwards of 6 hours per week.

The purpose of this position is to support and facilitate the execution of a consistent international consensus-based approach to evidence-review and critical appraisal across all participating international resuscitation councils. This purpose will be achieved primarily through the systematic development of evidence-based GRADE reviews to achieve international consensus on science. The IS will assist volunteers, conduct standardized and informed literature searches, support the evidence-based review process, and provide support to ensure literature review consistency and quality. We anticipate there may be opportunities for the information scientist to contribute to peer reviewed publications.

1. Background Information

About International Liaison Committee on Resuscitation (ILCOR)

The International Liaison Committee on Resuscitation (ILCOR) is the international committee responsible for coordination of all aspects of cardiopulmonary and cerebral resuscitation and first aid worldwide. ILCOR continually evaluates the scientific evidence and publishes the Consensus on Science with Treatment Recommendations on resuscitation science, resuscitation education and first aid. Further information about ILCOR can be found at [www.ilcor.org](http://www.ilcor.org).

1. Scope of Work

Description of Services and Deliverables

The selected providers will be expected to perform the following Services and provide the following Deliverables outlined below:

**Major Duties**:

The tasks include the following:

1. For each PICO question referred from the ILCOR taskforce

a. Develop search strategies for each question with iterative collaboration with the ILCOR task force or expert systematic reviewer.

b. Conduct literature searches for the ILCOR Task Forces and expert systematic Evidence Reviewers.

2. Promote uniformity in effective search strategies and presentation of search results.

3. Creating standardized templates for constructing effective search strategies that will support members.

4. Provide support for emerging IS technologies, such as AI-assisted searching and article screening.

**Information Specialist/Librarian Requirements**

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| **REQUIREMENTS**The Information Specialist/Librarian must be able to demonstrate: | **ESSENTIAL (E) or****DESIRABLE (D)****REQUIREMENTS** | **MEASURED BY:**a) Application Formb) Interviewc) Presentation |
| Accredited master’s degree in library/information sciences | D | a) |
| Experience of searching online bibliographic databases and other electronic resources | E | a), b), c) |
| Experience of using personal bibliographic software | D | a), b) |
| Thorough and methodical approach but able to be flexible | E | a), b) |
| Excellent team player with the ability to work collaboratively with others  | E | a), b) |
| Ability to work as part of a flexible and mobile virtual team | E | a), b) |
| Excellent communication skills (both written and oral) with the ability to communicate well with people at different levels | E | a), b), c) |
| Good presentation skills | D | a), b), c) |
| Ability to critically appraise search strategies designed by others | E | a), b), c) |
| Experience of database management | D | a), b) |
| Familiarity with health related resources | E | a), b) |
| Experience conducting systematic reviews, scoping reviews, network meta-analyses, adolopment and evidence updates in health care | E | a), b) |
| Experience using evidence-based practice principles and searching techniques | E | a), b) |

Flexibility in distribution of workload (trying to capture that we have periods where the workload is quite high and other periods where it isn’t too busy; would be good to have someone who can accommodate that type of schedule)

**Compensation**

This position is funded through a grant by the American Heart Association.

Consultant payment is based on up to 6 hours per search and not to exceed $11,000.00/yr (if 2 specialists are selected) or $24,000/yr (if 1 specialist is selected)

An example of a PICOST presented to the information specialist/Librarian for development of a search strategy collaborating with task force systematic reviewer immediately follows below. It is estimated that the information specialist will develop 15-30 search strategies over a one-year period.

|  |  |
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| PICOST Short Title: PCI post ROSC  | **PICOST: Early Coronary Angiography Post-ROSC** |

1. Research Question based on PICOST
**(Population, Intervention, Control, Outcomes, Study design and Timeframe)**

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| --- | --- |
| **PICOST** | **Description** |
| **Population** | Unresponsive adults (> 18 years old) with return of spontaneous circulation (ROSC) after cardiac arrest |
| **Intervention** | Emergent or early coronary angiography (CAG) with percutaneous coronary intervention (PCI) if indicated |
| **Comparison** | Delayed CAG or no CAG. |
| **Outcomes** | Any clinical outcome.  |
| **Study Design** | Randomized controlled trials (RCTs) and non-randomized studies (non-randomized controlled trials, interrupted time series, controlled before-and-after studies, cohort studies) are eligible for inclusion. Unpublished studies (e.g., conference abstracts, trial protocols) are excluded.  |
| **Timeframe** | All years and all languages are included as long as there is an English abstract |

1. ILCOR Priority Team

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Notes** |
| \*Lead Task Force Content Experts (1/2):  | Michelle Welsford [dr.m@welsford.ca](file:///C%3A%5CUsers%5Cveronica.zamora%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CPJ4AU09G%5Cdr.m%40welsford.ca) | (preferably TF members\*) |
| \*Lead Task Force Content Experts (2/2):  | Ian Drennan [DrennanI@smh.ca](file:///C%3A%5CUsers%5Cveronica.zamora%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CPJ4AU09G%5CDrennanI%40smh.ca) | (preferably TF members\*) |
| \*Lead Task Force Content Expert Mentee (1) | Emilie Belley-Cote [emilie.belley-Cote@phri.ca](https://heart-my.sharepoint.com/Users/williammontgomery/Documents/B.%20ILCOR/ILCOR%20Information%20Specialists%20RFP/emilie.belley-Cote%40phri.ca) | (**ESR assigned PICOST only**, preferably TF members\*) |
| ^KSU or ESR | Nikolaus Nikolaou [nikosnik@otenet.gr](file:///C%3A%5CUsers%5Cveronica.zamora%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CPJ4AU09G%5Cnikosnik%40otenet.gr) | (assigned by CEE) |
| ^ESR Mentee (1) | Stuart Netherton <http://stuartnetherton@gmail.com> | (assigned by CEE from roster **ESR assigned PICOST only**) |
| ^Domain Lead (1): | Kevin Nation <http://Kevin@nzrc.org.nz> | (assigned by CEE) |
| ^CEE WG representative (1) | Laurie Morrison [morrisonl@smh.ca](file:///C%3A%5CUsers%5Cveronica.zamora%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CPJ4AU09G%5Cmorrisonl%40smh.ca) | (assigned by CEE) |

1. Active and Reposed PICOs Related to scope of work for this PICOST**:**

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| --- |
| ACS 340 (2015)Among adult patients with ROSC after cardiac arrest with evidence of ST elevation on ECG (P), does emergency cardiac catheterization laboratory evaluation (I), compared with cardiac catheterization later in the hospital stay or no catheterization (C), change survival to hospital discharge with good neurological outcome, survival to hospital discharge, neurologically intact survival at 30 days, 30 day mortality (O)?ACS 885 (2015)Among adult patients with ROSC after cardiac arrest without evidence of ST elevation on ECG (P), does does emergency cardiac catheterization laboratory evaluation (I), compared with cardiac catheterization later in the hospital stay or no catheterization (C), change survival to hospital discharge with good neurological outcome, survival to hospital discharge (O)? |

1. Definitions: *(This should include definitions of all the relevant terms identified in the PICOST and in the body of literature related to this topic identified during task force discussion)*

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| *Emergent CAG is* defined as CAG that occurs within 2-6 hours, and early CAG is defined as CAG within 24 hours of hospital arrival or from ROSC.Unresponsive = Patient not obeying commands or actively receiving sedation |

1. Background and Rational for this PICOST**:** *(Why is this SR important to complete now and what are the potential clinical implications of completing this review? Include how this new science is anticipated to impact on the existing ILCOR recommendations. References required as per ILCOR format embedded in text (last name first author, year of publication, first page number and list full references at bottom of form).*

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| Acute coronary syndrome is a common cause of out-of-hospital cardiac arrest. Coronary lesions amenable to emergency treatment have been found in the majority of cardiac arrest patients with post-ROSC ST elevation and in over half of patients without ST elevation. This question was addressed in the 2015 ILCOR Consensus on Science with Treatment Recommendations. The review found 15 observational studies examining post-ROSC coronary angiography (+/- PCI); however, it did not find any prospective RCTs at that time. (Callaway, 2015) Since then there have been a number of additional published observational studies, one published RTC (2019), and there are ongoing clinical trials. |

1. Notes: *(the nuances and subtleties of the task force discussion; it is important to include anything that doesn’t fit in any other PICOST section but the task force feels this information is contributory to the question)* If it is anticipated by CEs and task force that there will be insufficient direct evidence, and indirect evidence will be used to answer the question the CE or Taskforce needs to document clearly what they mean by indirect and confirm indirect evidence exists.

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| The ALS TF believes this PICOST complements the other questions on early hospital post-ROSC care. The first RCT on this topic was published in March of 2019 and this is a keen area of interest in post-ROSC care. Ideally this question would be expedited because of the keen interest and recent publication.  |

1. Task Force Suggested Outcomes**:** *(These will be updated/modified after the SR search is performed and the total number of critical or important outcomes should be no more than 7)*

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| *Primary Outcome:* Survival (short-term = 30 days or at hospital discharge) *Secondary Outcomes:* Good neurologic survival, short-term (30 days or at hospital discharge), intermediate-term (3-6 months), long-term (1-3 years) (good neurologic survival defined as CPC 1-2 or mRS ≤ 2 or equivalent)Mortality intermediate-term (3-6 months) or long-term (1-3 years)Quality of Life Rate of reperfusion (PCI/CABG)Adverse events:Complications including prevalence of cardiogenic shock, acute kidney injury, etc.  |

1. Key recent studies**:** (*sentinel papers that are appropriate to answer this PICO***.** *Please insert full references)*

|  |
| --- |
| Lemkes JS, Janssens GN, van der Hoeven NW, Jewbali LSD, Dubois EA, Meuwissen M, et al. Coronary Angiography after Cardiac Arrest without ST-Segment Elevation. N Engl J Med. 2019 Mar 18; NEJMoa1816897.Vyas A, Chan PS, Cram P, et al. (2015) Early Coronary Angiography and Survival After Out-of-Hospital Cardiac Arrest. Circ Cardiovascular Interv. 2015; 8(10).Jentzer JC, Scutella M, Pike F, et al. (2018) Early coronary angiography and percutaneous coronary intervention are associated with improved outcomes after out of hospital cardiac arrest. Resuscitation. 2018; 123: 15-21. Callaway CW, Schmicker RH, Brown SP, et al. (2014). Early coronary angiography and induced hypothermia are associated with survival and functional recovery after out-of-hospital cardiac arrest. Resuscitation. 2014; 85(5): 657-663.Geri G, Dumas F, Bougouin W, et al. Immediate percutaneous coronary intervention is associated with improved short- and long-term survival after out-of-hospital cardiac arrest. Circ Cardiovasc Interv. 2015; 8 (10): 1-7. Jentzer JC, Scutella M, Pike F et al. Early coronary angiography and percutaneous coronary intervention are associated with improved outcomes after out of hospital cardiac arrest. Resuscitation 2018;123:15–21.Elfwen L, Lagedal R, James S et al. Coronary angiography in out-of-hospital cardiac arrest without ST elevation on ECG—Short- and long-term survival. Am Heart Journal 2018;200:90–95.Jaeger D, Dumas F, Escutnaire J et al. Benefit of immediate coronary angiography after out-of-hospital cardiac arrest in France: A nationwide propensity score analysis from the RéAC Registry. Resuscitation 2018;126:90–97. |

1. Recent systematic reviews**:** *(directly or indirectly addressing this PICO. Please insert full references)*

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| Welsford, M. Bossard, M. Shortt, C. Pritchard, J. Natarajan MK, Belley-Cote, EP. Does Early Coronary Angiography Improve Survival After Out-of-Hospital Cardiac Arrest? A Systematic Review with Meta-Analysis. Canadian Journal of Cardiology. 2018. Vol 34 (2): 180-194.Khera, R. CarLee S, Blevins A, Schweizer M, Girotra S. Early coronary angiography and survival after out-of-hospital cardiac arrest: a systematic review and meta-analysis. Open Heart. 2018; 5(2); 1-10. |

1. Review for ongoing clinical trials or unpublished work *(Use recommend links below)***:**
2. International Clinical Trials Registry Platform ([www.who.int/ictrp/en/](http://www.who.int/ictrp/en/))
3. US clinical trials registry ([www.clinicaltrials.gov](http://www.clinicaltrials.gov))
4. Cochrane CENTRAL (<http://www.cochranelibrary.com/about/central-landing-page.html>)

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| Coronariography in Out of hospital Cardiac arrest (COUPE) NCT02641626 (recruiting)Immediate Unselected Coronary Angiography Versus Delayed Triage in Survivors of Out-of-hospital Cardiac Arrest Without ST-segment Elevation (TOMILCORWK) NCT02750462 (recruiting)Cardiac Catheterization in Cardiac Arrest NCT02587494. Pilot Study. (not yet recruiting)ACCESS to the Cardiac Cath Lab in Patients Without STEMI Resuscitated From Out-of-hospital VT/VF Cardiac Arrest NCT03119571 (recruiting)Direct or Subacute Coronary Angiography for Out-of-hospital Cardiac Arrest (DISCO) NCT02309151 (recruiting)Coronary angiography after cardiac arrest (COACT). NTR4973. (recruitment pending)A Randomised trial of Expedited transfer to a cardiac arrest centre for non- ST elevation out of hospital cardiac arrest (ARREST): a randomised controlled trial ISRCTN96585404 (recruiting)EMERGEncy Versus Delayed Coronary Angiogram in Survivors of Out-of-hospital Cardiac Arrest (EMERGE) NCT02876458 (recruiting)Early Coronary Angiography Versus Delayed Coronary Angiography (PEARL) NCT02387398 (recruiting) |

1. List *A priori* Subgroup analyses**:** *(defined a priori based on expert opinion. Note: number of comparator tables in systematic review = no. of outcomes x no. of comparison x no. of subgroup, consider focusing* ***absolute essential subgroups only****.* *If paediatrics or neonatal TF are involved a neonatal and/or a paediatrics specific subgroup analysis is required*).

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| ECG post ROSC: ST-elevation and no-ST-elevationVF/VT vs. non-shockableOut-of-hospital and In-hospital Cardiac ArrestTime to CAG/PCI: < 2 hours, < 3 hours, < 6 hours, < 12 hours, < 24 hours (define and group based upon studies found)Comparator delayed CAG 2-6 hours, 6-12 hours, 12-24 hours, > 24 hours, no CAG (define and group based upon studies found |

1. Anticipated Workload*(required to guide volume of work estimate for ESR/KSU allocation):*

|  |  |
| --- | --- |
| Approximate number of abstracts to screen based on published SRs or prior ILCOR work | **N= 9-10,000** |
| Approximate number of full manuscripts to review based on published SRs or prior ILCOR work | **N= 20-30** |

1. Target Peer Reviewed Journals for SR Publication **(rank by priority if more than one)**

|  |  |
| --- | --- |
| 1. First choice journal
 | **Resuscitation** |
| 1. Second choice
 | **Circulation** |
| 1. Third choice
 |  |

1. References(list references cited by author, year, first page in the Background and Rationale)

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| --- |
| Callaway CW, Schmicker RH, Brown SP, et al. (2014). Early coronary angiography and induced hypothermia are associated with survival and functional recovery after out-of-hospital cardiac arrest. Resuscitation. 2014; 85(5): 657-663.Callaway CW, Donnino MW, Fink EL et al. 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2015; 132(suppl 2): S465-S482.Geri G, Dumas F, Bougouin W, et al. Immediate percutaneous coronary intervention is associated with improved short- and long-term survival after out-of-hospital cardiac arrest. Circ Cardiovasc Interv. 2015; 8 (10): 1-7. Jentzer JC, Scutella M, Pike F, et al. (2018) Early coronary angiography and percutaneous coronary intervention are associated with improved outcomes after out of hospital cardiac arrest. Resuscitation. 2018; 123: 15-21. Khera, R. CarLee S, Blevins A, Schweizer M, Girotra S. Early coronary angiography and survival after out-of-hospital cardiac arrest: a systematic review and meta-analysis. BMJ Open Heart. 2018; 5(2); 1-10.Lemkes JS, Janssens GN, van der Hoeven NW, Jewbali LSD, Dubois EA, Meuwissen M, et al. Coronary Angiography after Cardiac Arrest without ST-Segment Elevation. N Engl J Med. 2019 Mar 18; NEJMoa1816897.Vyas A, Chan PS, Cram P, et al. (2015) Early Coronary Angiography and Survival After Out-of-Hospital Cardiac Arrest. Circ Cardiovascular Interv. 2015; 8(10).Welsford, M. Bossard, M. Shortt, C. Pritchard, J. Natarajan MK, Belley-Cote, EP. Does Early Coronary Angiography Improve Survival After Out-of-Hospital Cardiac Arrest? A Systematic Review with Meta-Analysis. Canadian Journal of Cardiology. 2018. Vol 34 (2): 180-194. |

1. General Information
2. The ILCOR will not be liable for any costs incurred in the preparation and presentation of the proposal.
3. Bidders must submit proposals via email, no later than 5 p.m. (CST) on 5/30/2025, to ilcor@heart.org and should reference RFP in the subject line.
4. Questions regarding the scope of work should be directed to Bill Montgomery (bmont28@gmail.com). Questions about the RFP process should be directed to Veronica Zamora (veronica.zamora@heart.org).
5. Please limit proposal to no more than 30 pages excluding financial statements and annual reports or other requested documents.
6. Any bidder who desires to change or withdraw its proposal shall do so in writing.
7. Proposal Requirements/Conditions

Award

1. ILCOR reserves the right to reject any and all proposals and to waive any non-conformities, whenever such actions are in its best interest, as determined solely by ILCOR .
2. Nothing contained herein creates any contractual relationship between ILCOR and the bidder, or any of its suppliers and subcontractors.  Following receipt of the proposal, ILCOR will determine, at its sole discretion, which bidders to invite for further discussions regarding the desired services.

Bidder’s Responsibilities

Bidders will be fully responsible for the quality and accuracy of any and all work performed in conjunction with a contract. Neither acceptance of such work by ILCOR, nor payment thereof, will relieve the bidder of this responsibility. The bidder will complete all services in conformity with professional standards and will provide qualified personnel to meet agreed upon schedules. **Providers should also note that the contracted work will not exceed $11,000.00/yr if 2 specialists are selected or $24,000/yr -if 1 specialist is selected) (ideally a maximum of 6 hours development of search strategy/PICOST) and should provide each search strategies within 3 weeks maximum of the initial request.**

Assignments

The successful bidder will not assign its rights and duties or outsource core responsibilities of the contract. No subcontracting of the work involved will be allowed following ILCOR’s issuance of a contract without prior written approval of ILCOR.

Contract Terms

The contract, if awarded, will be for a term of one year commencing on or about 1 July 2025. These services and agreement are non-exclusive and ILCOR reserves the right to engage in other similar or identical services with other providers. Additional provisions will be determined based on contract award.

Additional Bidder Responsibilities

* Take all precautions necessary per state regulations to protect persons or property against injury or damages occurring as a result of its operations. Maintain ILCOR properties in compliance with regulations and protect ILCOR employees and visitors from injury.
* Obtain all permits/licenses required to operate its type of business.
* Provide competent supervisors and workers. Bidder must conduct appropriate background checks of all employees assigned to the ILCOR operation, including replacements or temporary staffing.
* Perform the work without unnecessarily interfering with ILCOR operations.
* Provide all vehicles and tools as necessary for its use.
* Protect existing properties and assets from damages and promptly repair or replace any damages caused by its employees or arising out of its operations. Bidder will be responsible for reasonable care and shall restore the ILCOR or make whole any reparations due to acts of negligence or lack of proper care.
* Indemnify, defend and hold ILCOR harmless against any and all suits, proceedings, actions, demands, claims, losses, liability, damages or expenses, including reasonable attorney’s fees, that ILCOR may sustain or incur by reason of or which may arise or result in any way from the actions or omissions of bidder, its employees, agents and/or sub-contractors, and/or from bidder’s performance under the contract.

Supplier Diversity

ILCOR will take affirmative efforts in its goal to utilize small businesses, minority-owned firms, and women’s business enterprises, as defined by the U.S. government, whenever possible. All bidders, including small, disadvantaged and women-owned businesses, as defined by the U.S. government, are encouraged to compete equally under the established policies and guidelines for suppliers.

1. Evaluation Criteria & Timeline

Evaluation Criteria

The selected bidder will have responsibility for all aspects of the required services awarded. ILCOR desires to focus on business issues and rely on the selected company to provide expertise. The following criteria and weightings will be considered by the ILCOR to determine contract award:

* Responsiveness to the RFP & Completeness of Proposal 10%
* History/Experience/Qualifications/Financial Standing 20%
* Ability to Support ILCOR & Fulfill the Scope of Work/Requirements 40%
* Proposed Pricing/Fees/Costs to ILCOR 30%

Provider must have:

* Experience working for third parties and providing scoping reviews, systematic reviews, meta- analyses, network meta-analyses, adolopment
* Experience building and conducting comprehensive literature searches using Embase, Medline and Cochrane as a minimum
* Access to all the relevant information electronic databases required to conduct a comprehensive literature search
* Track record of collaborations with content experts to complete systematic reviews and meta-analyses

Any of the following is considered an asset but is not essential:

* Experience in the conduct of search strategy development for systematic reviews of experimental/animal trials
* Experience in the conduct of search strategy development systematic reviews in the field of resuscitation
* Experience in the conduct of search strategy development for systematic reviews of qualitative studies and economic analyses
* Experience in the conduct of search strategy development for systematic reviews including simulation studies (note: EIT has indicated that this is a particular challenge)

ILCOR expects all materials it provides to bidders to be treated as proprietary, whether or not labeled as such. Specifically, this RFP is confidential and should not be discussed outside of your organization. Similarly, ILCOR will hold your proposal response confidential.

Timeline

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| Activity | Date |
| RFP emailed to Bidders | 5/19/2025 |
| Bidders Declare Intent to Participate by Submitting Signed NDA | 5/21/2025 |
| Questions Regarding the RFP due to ILCOR  | 5/26/2025 |
| ILCOR Responds to Questions | 5/28/2025 |
| Proposals (Proposal Form and Supporting Information) Due | 5/30/2025 |
| Short Listed Bidders Interviews (If Necessary) | 6/9-13/2025 |
| Bidder Selection/Award | 6/16/2025 |
| Contract Start Date | 7/1/2025 |

1. Attachments

Exhibit A: ILCOR Non-Disclosure Agreement

Exhibit B: ILCOR Master Provider Agreement

1. Bidder Information

Bidders are to complete this form to provide information on your organization’s background, capabilities, and ability to support the ILCOR. Respond to each question completely and in the order asked following the original RFP format. Responses using stock sales material are strictly discouraged. Please limit your proposal to no more than 30 pages excluding financial statements and annual reports or other requested documents.

Introduction / Executive Summary

Provide an introduction/executive summary for your proposal. Please limit to one page.

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Consultant Information

RFP Contact: Provide a single contact for ILCOR throughout this RFP process.

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| --- | --- |
| Contact Name |  |
| Contact Title |  |
| Contact Address |  |
| Contact E-mail |  |
| Contact Phone |  |

Description: Please describe your organization.

|  |  |
| --- | --- |
| Legal Name of Organization/Consultant |  |
| Legal Address of Organization |  |
| Remittance Address |  |
| Telephone Number |  |
| Fax Number |  |
| Web Site Address |  |
| Tax ID Number |  |
| D & B Number |  |
| NAICS Number |  |
| SIC Number |  |
| Number of Employees |  |
| Number of employees dedicated to customer support |  |
| Percentage of personnel that are employees vs. contractors |  |
| Number of offices and locations |  |
| Previous Company Name (if any) |  |
| Public or Private |  |
| Number of years in business |  |

History: Please provide a brief history of your company.

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Core Business: Describe your company’s core product(s) and/or service(s).

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Debarment: Has your business, its principles, officers, board members or significant shareholder ever been debarred or suspended from contracting with any government entity and/or appeared on the Excluded Parties List System (epls)?

[ ] Yes [ ] No If so, please explain.

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Tobacco Company Association(s): Are you a tobacco company or a tobacco company corporate subsidiary or parent? Do you have any partnerships with or provide services for a tobacco company, subsidiary or parent? (Subsidiary and parent are defined as an entity with a 5% or greater ownership by or of a tobacco company.)

[ ] Yes [ ] No If “Yes”, please disclose any business relationships and percentage of business that comes from tobacco companies, organizations and their subsidiaries or parents.

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Customer Information & References

ILCOR Experience: Are you currently or have you previously performed work for ILCOR?

[ ] Yes [ ] No If so, provide an overview.

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References: List UP TO three customers ILCOR may contact. Identify those similar to ILCOR (nonprofit, regionally disbursed organization with multiple content owners).

|  |
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| Reference 1 |
|  | Company Name |  |
| Company Address |  |
| Contact Name |  |
| Contact Phone Number |  |
| Contact E-mail Address |  |
| Date of Purchase |  |
| Implementation Date |  |
| How long did the implementation take? |  |
| Describe customer’s business |  |
| Brief description of solution in place |  |
| Reference 2 |
|  | Company Name |  |
| Company Address |  |
| Contact Name |  |
| Contact Phone Number |  |
| Contact E-mail Address |  |
| Date of Purchase |  |
| Implementation Date |  |
| How long did the implementation take? |  |
| Describe customer’s business |  |
| Brief description of solution in place |  |
| Reference 3 |
|  | Company Name |  |
| Company Address |  |
| Contact Name |  |
| Contact Phone Number |  |
| Contact E-mail Address |  |
| Date of Purchase |  |
| Implementation Date |  |
| How long did the implementation take? |  |
| Describe customer’s business |  |
| Brief description of solution in place |  |

Invoicing

Process: Describe your invoicing process, payment terms and format. Can invoices be customized?

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Contingencies / Assumptions / Other Considerations

Is any information in your proposal tied to one or more contingencies, assumptions or other considerations?

[ ] Yes [ ] No If yes, please provide details:

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Conclusion

Provide a conclusion or final comments for your proposal. Describe any competitive advantages that sets your company or solution(s) apart from others in your industry. Please limit to one page.

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Signature

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| Bidder Company Name |  | Date |
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| Bidder Name, Title |  | Signature |