



6675 N. Spalding Ave, Fresno, CA 93710
559-643-7127
eliana@oropezaconsulting.co

Tobacco-Free Humboldt Project Proposal

April 12, 2022

Introductory Letter

Dear Ms. Bradbury,

Oropeza Consulting is pleased to present this proposal for your review. The purpose of the project proposal is to provide evaluation services for the Tobacco Free Humboldt Program beginning June 7, 2022, through June 30, 2025. Since 1988, California has worked tirelessly to improve the life and health of its citizens by advocating for tobacco education and policy change. With every victory, tobacco companies create more ways to wreak havoc on communities. Recently, the use of tobacco flavors and vaping have entrapped the public and resulted in heightened use among youth, and also contributed to environmental pollution (e-waste). Because of this, Tobacco-Free Humboldt requires an Evaluator that is cognizant of tobacco policy, coalition-building, and evaluation design.

With over 16 years of combined public health strategic planning and evaluation experience, Oropeza Consulting is confident it can complete the scope of work outlined in the Request for Proposal with Humboldt County. The Evaluators' passion and experience in public health advocacy for the marginalized drove them to Oropeza Consulting, a company focused on equitable public health consulting services from two ethnically diverse women.

Our goal is to deliver all scope of work activities and complete all tasks documented in this proposal. During the three years of the length of the contract, the evaluators will define measurable improvements in behavior, performance, process, intervention activities and deliver professional semi-annual and annual reports for the Tobacco Free Humboldt Program. We are confident in completing these tasks and would greatly appreciate your consideration for this project.

Warm regards,

Your Name
Owner/Founder

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**REQUEST FOR PROPOSALS NO. DHHS2022-01
TOBACCO-FREE HUMBOLDT PROGRAM
ATTACHMENT A – SIGNATURE AFFIDAVIT
(Submit with Proposal)**

REQUEST FOR PROPOSALS – NO. DHHS2022-01 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION:	Oropeza Consulting
STREET ADDRESS:	6675 N. Spalding Ave
CITY, STATE, ZIP	Fresno, CA 93710
CONTACT PERSON:	Eliana Oropeza
PHONE #:	559-643-7127
FAX #:	559-468-6138
EMAIL:	eliana@oropezaconsulting.co

Government Code Sections 6250, *et seq.*, the “Public Records Act,” define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this organization has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2022-01 and declares that the attached Proposal and pricing are in conformity therewith.

Eliana Oropeza
Signature

 Eliana Oropeza

Name

Owner

Title
 4/7/2022

Date

This organization hereby acknowledges receipt / review of the following Addendum(s), if any

Addendum # [00] Addendum # [00] Addendum # [00] Addendum # [00]

Professional Profile

Mrs. Munoz and Ms. Oropeza are founders of Oropeza Consulting located at 6675 N. Spalding Ave, Fresno, CA 93710. Oropeza Consulting is structured as a sole proprietorship, operating under Ms. Oropeza. Our mission is to provide comprehensive public health evaluation, education, and diversity & inclusion services and trainings to programs aimed at improving social determinants of health across communities in California. The consulting agency provides public health planning, evaluation, infrastructure building and research to enhance current public health practice. The agency was founded on February 1, 2022 and only Mrs. Munoz and Ms. Oropeza are staffed. The overall budget is to be determined. Currently Oropeza Consulting serves as the external evaluator for Mendocino County's Tobacco Control program which is equivalent to the services set forth in this RFP. The agency has no violations of local, state and/or federal regulatory requirements, or any current or prior debarments, suspensions, fraud convictions or other ineligibility to participate in public contracts. The agency also does not hold a controlling or financial interest in any other organizations. The agency has two primary areas of expertise:

1. Planning, Assessment & Evaluation

The agency develops and implements evidence-based planning, implementation, and evaluation to inform future public health practice.

Services include but are not limited to:

- Plan and conduct community health evaluations and needs assessments.
- Data collection instrument development, testing, and quality assurance and control protocol documentation.
- Implement qualitative and quantitative analytical research methods —surveys, focus groups, interviews, group decision-making techniques, photovoice.
- Conduct program planning and evaluations (process, outcome, impact measures using logic models and Midwest Academy Strategy Chart (MASC).
- Develop and monitor performance indicators.

2. Diversity & Inclusion Technical Assistance & Training

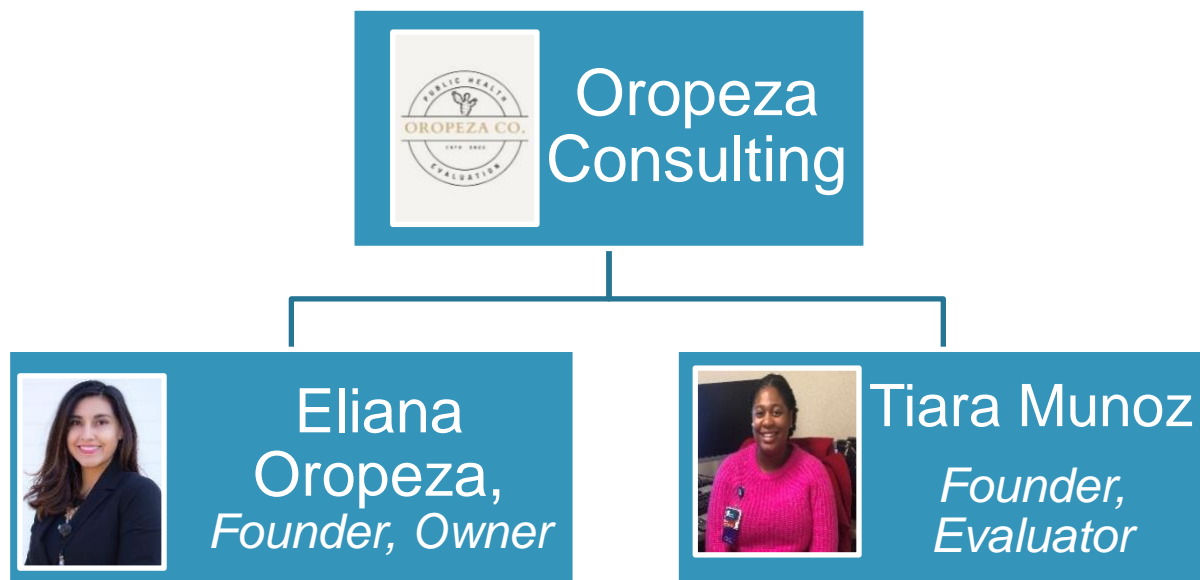
Diversity and inclusion (D&I) across all sectors have the potential to positively address biases and prejudices that affect public health.

Services include but are not limited to:

- Develop training to enhance D&I awareness and skill development
- Technical assistance to conduct health communication across cultures
- Technical assistance to enhance community engagement, and garner buy-in
- Outreach and promotion to build a comprehensive and diverse body of stakeholders from target communities that will be involved and/or participate in public health efforts

Organizational Overview

The agency's management team and key personnel consists of both Ms. Oropeza and Mrs. Munoz. Below is the organizational chart for the agency.



Eliana Oropeza, MPH works at Saint Agnes Medical Center, with over 8 years of experience designing and conducting public health programs. Ms. Oropeza coordinates various community benefit projects and community grants and has worked many years implementing evidence-based practices in the Fresno and Madera County Departments of Public Health. Ms. Oropeza most recently coordinated a regional Community Health Needs Assessment (CHNA) data collection effort. This high-profile project involved working with the 8 Central Valley hospitals, 3 public health department, and 20 community-based organizations across Madera, Fresno, Tulare, and Kings counties to gather the data needed for a CHNA report. Ms. Oropeza was the lead in this effort and was responsible for developing data collection tools, providing training and technical assistance, and guiding all efforts ultimately ensuring the completion of nearly 4,000 community-wide surveys, 56 focus groups and 50 key informant interviews, within a six-week period. In addition she has vast experience in program evaluation and research, and training in qualitative and quantitative evaluation throughout her various roles in the field of public health. As owner of Oropeza Consulting, Ms. Oropeza has knowledge of the legal, billing, and other procedural requirements and standards applicable to the provision of Services equivalent to those set forth in this RFP.

Tiara Munoz, MPH is currently the Coordinator of the Tobacco Control Program for Madera County. She has over 6 years of experience managing tobacco and other drug advocacy projects. Mrs. Munoz spearheads a tobacco coalition that trains unorthodox community partners to be active in tobacco education and advocacy. She also specializes in tobacco grant work, public speaking and engagement, and material development. Mrs. Munoz holds a Master's in Public Health from National University and has experience in program development, needs assessment, and qualitative evaluation. Mrs. Munoz previously provided technical assistance to over 50 medical providers on how to refer patients to cessation services such as, Kick It California resulting in a 20% uptick in referrals. She has created data collection tools, such as public intercept surveys, pre/post satisfaction surveys, and observational studies for the County.

The evaluators at Oropeza Consulting meet the qualifications and experience to meet the County's objective of monitoring, evaluating, and supporting the implementation of the Tobacco-Free Humboldt Program. They will accomplish this by working together with DHHS – Public Health to plan, organize and coordinate information pertaining to, of Madera and Fresno.

the provision of Services equivalent to those set forth in this RFP, including, without limitation, attending monthly meetings with County staff regarding evaluation plan development and implementation and maintain timely and regular communication with DHHS – Public Health throughout the term of the Professional Services Agreement. They will also draw upon their years of Local Lead Agency tobacco control experiences to provide quality consultation, tool development and data analysis.

Project Description

Oropeza Consulting, will evaluate and monitor the success of the Tobacco-Free Humboldt Program, conduct trainings, and provide technical assistance regarding the program evaluation and data collection activities. They will accomplish this by maintaining timely and regular communication with project staff in order to plan, organize and coordinate information pertaining to, the provision of the professional consulting services. All activities will be managed and tracked via a Gantt Chart accessible through a Google Drive created by Oropeza Consulting.

The types of services, that will be delivered are the following:

Objective 1
1. Develop and coordinate evaluation tools and activities for Objective 1
2. Assess community coalition for activity and satisfaction
3. Conduct consumer testing and focus groups for created outreach materials developed in collaboration with County staff, community partners, and TECC
4. Assist in the planning and reporting of a Countywide Landscape Analysis report
Objective 2
1. Build pre and post testing tools to measure youth coalition knowledge of tobacco control and the environmental harms associated with tobacco
2. Assess Youth Summit satisfaction through survey development and analysis
3. Evaluate community coalition for activity and satisfaction of services, training, etc.
4. Provide analytical report on youth member participation and engagement through a created Member Participation Record tool
5. Develop consumer testing and focus group instruments to gauge media, logos, and messaging for community appeal and culturally appropriateness
Objective 3
1. Orchestrate End Commercial Tobacco Campaign observational activities in accordance with TCEC guidelines
2. Conduct policy record review of key policy/decision makers within jurisdiction(s) outlined in Scope of Work (SOW)
3. Provide pre/post observation of coalition's cognoscente of exposure to secondhand smoke, tobacco waste, and tobacco smoke residue
4. Design public intercept surveys/public opinion polls to measure community knowledge and support for policy efforts
5. Construct focus groups and consumer testing instruments that will assess educational materials for cultural relevancy and clear and concise messaging

Tobacco Free Humboldt Project Description & Timeline

Evaluation Services

Oropeza Consulting

6/7/2022

START DATE

6/30/2025

END DATE

4/12/2022

LAST UPDATE D.

Activity	Task Name	Start Date	End Date	FY22-23	FY23-24	FY24-25
1	Develop an evaluation plan which defines the methods that will be utilized to evaluate the success of the Tobacco-Free Humboldt Program during the period of January 1, 2022 through June 30, 2025.	6/7/2022	6/30/2025	█		
2	Develop program evaluation and data collection procedures that are based on sound evaluation and measurement principles in order to ensure the reliability and validity of the data collected for each evaluation activity.	6/7/2022	6/30/2025		█	█
3	Conduct data collection logistics planning, including, without limitation, developing a database for the storage of online and/or handheld program data collected for each evaluation activity set forth in the evaluation plan.	6/7/2022	6/30/2025		█	█
4	Conduct key informant interviews, pre-training and post-training assessments, focus groups, observation surveys, public opinion surveys, coalition satisfaction surveys, policy reviews, consumer testing and other methods that are designed to collect data for each evaluation activity set forth in the evaluation plan.	7/7/2022	3/31/2024		█	█
5	Process, prepare and analyze data collected for each evaluation activity set forth in the evaluation plan.	8/7/2022	6/30/2025			█
6	Prepare, in collaboration with County staff, interim and final evaluation reports, which interpret the results of each evaluation activity set forth in the evaluation plan.	10/1/2022	6/30/2025			█
7	Conduct trainings, and/or provide technical assistance, regarding the program evaluation and data collection activities and procedures	7/7/2022	6/30/2025	█	█	█
8	Maintain timely and regular communication with COUNTY in order to plan, organize and coordinate information pertaining to, the provision of the professional consulting services.	6/7/2022	6/30/2025	█	█	█

Notes:

Approved By

Eliana Oropeza
PROJECT MANAGER

4/12/2022
DATE

Quality Assurance Capabilities

The evaluators at Oropeza Consulting have a vast knowledge in California Tobacco Control Program (CTCP) procedures and reporting measures as they both have previous supervisory experience of these systems and familiarity of the confinements of the scope of work for Local Lead Agencies. To ensure that services set forth in this RFP are in compliance with the program guidelines, local, state, and federal regulations the evaluators will do the following: establish monthly meetings with County staff, attend quarterly Tobacco Evaluator Alliance meetings hosted by the Tobacco Control Evaluation Center, and utilize relationships with other CTCP agencies for any further inquiries.

The management strategies of Oropeza Consulting include formatting activities by priority level and deadlines. Our methodology is to strategically outline small tasks that will lead to long-term progress within the project. We curate agendas and meeting minutes to optimize everyone's time and for the knowledge of all parties to know the to-do's and what is set to be accomplished. Oropeza Consulting prides itself on the ability to prioritize time management and attention to detail, but in the case that there is a potential problem or dispute we are happy to communicate outside our set monthly meeting to expeditiously rectify the matter. We will set aside time to listen to concerns, apply feedback, and work collaboratively to find a solution that will benefit the overall success of the project.

**REQUEST FOR PROPOSALS NO. DHHS2022-01
TOBACCO-FREE HUMBOLDT PROGRAM
ATTACHMENT B – COST PROPOSAL FORM
(Submit with Proposal)**

Itemize all costs that will be incurred by the County for the provision of Services equivalent to those set forth in RFP No. DHHS2022-01. Price Quotes shall include any and all costs associated with the provision of such Services. A narrative should be attached to clarify any pricing data submitted.

A. Personnel Costs	
Title: Salary and Wages	
Salary Calculation: 25 hours X \$45 Hourly Rate X 36 months	
Description of Duties: This line item include salary for staff for FY 22/23, 23/24, 24/25	\$ 40,500
Total Personnel Costs:	\$40,500
B. Operational Costs	
Item: Training materials, Survey Analytics Software, Adobe Creative, Canva, etc.	
Description: Estimated costs of systems and tools needed for data collection and evaluation reports	\$2,000
Total Operational Costs:	\$2,000
C. Supply Costs	
Item: ink, paper, pens, notepads, folders, and other miscellaneous items needed	
Description: Estimated costs of supplies for day-to-day activities of evaluation	\$3,000
Total Supply Costs:	\$3,000
D. Transportation and Travel Costs	
Item: Trips for meeting with staff, community partners, policymakers not to exceed \$500 per trip	
Description: Gas, food, hotel costs associated with travel	\$2,000
Total Transportation and Travel Costs:	\$2,000
E. Indirect Costs	
Item: Overhead and administrative costs	
Description: Not to exceed ten percent (10%) of total direct costs	\$4,850
Total Indirect Costs:	\$4,850
Total:	\$52,350

Personnel Costs: Include all employee costs, but not those incurred by independent contractors, with each employee type listed separately. Examples of calculations are: Fifteen percent (15%) of Two Thousand Dollars (\$2,000.00) per month, multiplied by six (6) months; or Twenty (20) hours multiplied by Fifteen Dollars (\$15.00) per hour, multiplied by fifty-two (52) weeks plus any applicable benefits.

Operational Costs: Include any and all expenses associated with the proposed professional consulting services, except consumable supply and travel costs, including, without limitation, rent, office supplies, postage, paper, equipment, contract labor or services, with each cost type listed separately.

Supply Costs: Include any and all supplies that will be consumed in relation to the provision of the proposed professional consulting services, including, without limitation, food and meeting supplies.

Transportation Costs: Include any and all vehicle purchase and/or rental costs, employee per-mile reimbursements and other travel-related expenses.

Indirect Costs: Per federal guidance, indirect overhead and administrative costs may not exceed ten percent (10%) of the total modified program costs.

**REQUEST FOR PROPOSALS NO. DHHS2022-01
TOBACCO-FREE HUMBOLDT PROGRAM
ATTACHMENT C – REFERENCE DATA SHEET
(Submit with Proposal)**

REFERENCE DATA SHEET		
Provide a minimum of three (3) references with name, address, contact person and telephone number whose scope of business or services is similar to those of Humboldt County (preferably in California). Previous business with the County does not qualify.		
NAME OF AGENCY:	City of Fresno	
STREET ADDRESS:	2600 Fresno Street	
CITY, STATE, ZIP:	Fresno, CA 93721	
CONTACT PERSON:	Alma Martinez	EMAIL: alma.martinez@fresno.gov
PHONE #:	559-621-7923	FAX #:
Department Name:	Office of Immigrant Affairs	
Approximate Population:	539,862	
Number of Departments:	1	
General Description of Services:	To provide the Fresno City Council with recommendations on how to foster immigrant community engagement in civic affairs and improve the quality of life of immigrants.	
NAME OF AGENCY:	California Health Collaborative	
STREET ADDRESS:		
CITY, STATE, ZIP:	Fresno, CA 93711	
CONTACT PERSON:	Rosendo Iniguez	EMAIL:
PHONE #:	559-389-2789	FAX #:
Department Name:	Latino Coordinating Center	
Approximate Population:	539,862	
Number of Departments:	5	
General Description of Services:	To improve the overall health of Latinos in California by reducing tobacco-related disparities through the adoption and implementation of policies and system changes.	
NAME OF AGENCY:	Community Scientist	
STREET ADDRESS:	936 W. 18th Street	
CITY, STATE, ZIP:	Merced, CA 95340	
CONTACT PERSON:	Stergios Roussos, PhD	EMAIL: sroussos@ci4ci.org
PHONE #:	209-489-9913	FAX #:
Department Name:		
Approximate Population:	N/A	
Number of Departments:		
General Description of Services:	Community Scientist serves as an evaluation agency serving various tobacco control programs. Areas expertise include the design, evaluation, and support of initiatives to measurably improve culturally and linguistically appropriate services among providers and organizations.	

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Eliana Oropeza

2 Business name/d disregarded entity name, if different from above

Oropeza Consulting

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is disregarded as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 If exempt payee (boxes apply only to certain entities; not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applicable to corporations that have a TIN)

5 Address number, street, and apt. or suite no. (See instructions.)

6675 N. Spalding Ave

6 City, state, and ZIP code

Fresno, CA 93710

7 Taxpayer identification number (if any) (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requestor* for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real-estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Eliana Oropeza

Date ▶

2/4/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
 If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C. No. Ext): (888) 202-3007 FAX (A/C. No): E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Hiscox Insurance Company Inc 10200	
INSURED Oropeza Consulting 6675 N. Spalding Ave Fresno CA 93710	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			UDC-5065127-CGL-22	01/23/2022	01/23/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION

[Empty space for Certificate Holder]	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 


[Log Out](#)

CITY OF FRESNO
ONLINE BUSINESS TAX CERTIFICATE RENEWAL

Please use this page to pay your business tax or transient occupancy tax. Fill in your account number and web security code, both of which are found on your renewal form. You will be asked to verify the current business location, phone number and other pertinent information. This is very important for the processing of your business tax or transient occupancy tax payment. For additional help, please call Business Tax Customer Service at (559) 621-6880 Monday – Friday 10:00 AM – 5:00 PM PST.
[Business License Tax FAQ](#)

Your payment has been received!

Account Number:	450699
Business Name:	OROPEZA CONSULTING
Amount Paid:	\$4.00
Service Fee Amount Paid:	\$0.09
Payment type:	V 3179
Date and Time of Payment:	4/7/2022 7:50:53 PM

 [Print Results](#)

**Fresno now offers an E-Check option for your business tax payments.
It is convenient, user friendly, and the service fee is only \$0.89!
You can still pay by VISA, MasterCard, Discover, and American Express with a 2.3% service fee.
All E-Check payments made after 8:00 PM PST will be posted next business day
For details, visit our website at <https://www.fresno.gov/finance/business-license-tax-certificate>**

A State Mandated Fee of \$4.00 is collected with this tax return in support of a state mandated disability access and education fund.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
The Department of Rehabilitation at www.rehab.cahwnet.gov
The California Commission on Disability Access at www.cdda.ca.gov

**Information provided through the online renewal process is subject to audit.
Falsification of information is subject of penalty of perjury.**

[Email Any Questions](#)

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(Submit with Proposal)**

REQUEST FOR PROPOSALS – NO. DHHS2022-01 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION:	Oropeza Consulting
STREET ADDRESS:	6675 N. Spalding Ave
CITY, STATE, ZIP	Fresno, CA 93710
CONTACT PERSON:	Eliana Oropeza
PHONE #:	559-643-7127
FAX #:	559-468-6138
EMAIL:	eliana@oropezaconsulting.co

Government Code Sections 6250, *et seq.*, the “Public Records Act,” define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this organization has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS2022-01 and declares that the attached Proposal and pricing are in conformity therewith.

Eliana Oropeza
Signature

Eliana Oropeza
Name

Owner
Title

4/7/2022
Date

This organization hereby acknowledges receipt / review of the following Addendum(s), if any
Addendum # [00] Addendum # [00] Addendum # [00] Addendum # [00]

**REQUEST FOR PROPOSALS NO. DHHS2022-01
TOBACCO-FREE HUMBOLDT PROGRAM
ATTACHMENT B – COST PROPOSAL FORM
(Submit with Proposal)**

Itemize all costs that will be incurred by the County for the provision of Services equivalent to those set forth in RFP No. DHHS2022-01. Price Quotes shall include any and all costs associated with the provision of such Services. A narrative should be attached to clarify any pricing data submitted.

A. Personnel Costs	
Title: Salary and Wages	
Salary Calculation: 25 hours X \$45 Hourly Rate X 36 months	
Description of Duties: This line item include salary for staff for FY 22/23, 23/24, 24/25	\$ 40,500
Total Personnel Costs:	\$40,500
B. Operational Costs	
Item: Training materials, Survey Analytics Software, Adobe Creative, Canva, etc.	
Description: Estimated costs of systems and tools needed for data collection and evaluation reports	\$2,000
Total Operational Costs:	\$2,000
C. Supply Costs	
Item: ink, paper, pens, notepads, folders, and other miscellaneous items needed	
Description: Estimated costs of supplies for day-to-day activities of evaluation	\$3,000
Total Supply Costs:	\$3,000
D. Transportation and Travel Costs	
Item: Trips for meeting with staff, community partners, policymakers not to exceed \$500 per trip	
Description: Gas, food, hotel costs associated with travel	\$2,000
Total Transportation and Travel Costs:	\$2,000
E. Indirect Costs	
Item: Overhead and administrative costs	
Description: Not to exceed ten percent (10%) of total direct costs	\$4,850
Total Indirect Costs:	\$4,850
Total:	\$52,350

Personnel Costs: Include all employee costs, but not those incurred by independent contractors, with each employee type listed separately. Examples of calculations are: Fifteen percent (15%) of Two Thousand Dollars (\$2,000.00) per month, multiplied by six (6) months; or Twenty (20) hours multiplied by Fifteen Dollars (\$15.00) per hour, multiplied by fifty-two (52) weeks plus any applicable benefits.

Operational Costs: Include any and all expenses associated with the proposed professional consulting services, except consumable supply and travel costs, including, without limitation, rent, office supplies, postage, paper, equipment, contract labor or services, with each cost type listed separately.

Supply Costs: Include any and all supplies that will be consumed in relation to the provision of the proposed professional consulting services, including, without limitation, food and meeting supplies.

Transportation Costs: Include any and all vehicle purchase and/or rental costs, employee per-mile reimbursements and other travel-related expenses.

Indirect Costs: Per federal guidance, indirect overhead and administrative costs may not exceed ten percent (10%) of the total modified program costs.

**REQUEST FOR PROPOSALS NO. DHHS2022-01
TOBACCO-FREE HUMBOLDT PROGRAM
ATTACHMENT C – REFERENCE DATA SHEET
(Submit with Proposal)**

REFERENCE DATA SHEET		
Provide a minimum of three (3) references with name, address, contact person and telephone number whose scope of business or services is similar to those of Humboldt County (preferably in California). Previous business with the County does not qualify.		
NAME OF AGENCY:	City of Fresno	
STREET ADDRESS:	2600 Fresno Street	
CITY, STATE, ZIP:	Fresno, CA 93721	
CONTACT PERSON:	Alma Martinez	EMAIL: alma.martinez@fresno.gov
PHONE #:	559-621-7923	FAX #:
Department Name:	Office of Immigrant Affairs	
Approximate Population:	539,862	
Number of Departments:	1	
General Description of Services:	To provide the Fresno City Council with recommendations on how to foster immigrant community engagement in civic affairs and improve the quality of life of immigrants.	
NAME OF AGENCY:	California Health Collaborative	
STREET ADDRESS:		
CITY, STATE, ZIP:	Fresno, CA 93711	
CONTACT PERSON:	Rosendo Iniguez	EMAIL:
PHONE #:	559-389-2789	FAX #:
Department Name:	Latino Coordinating Center	
Approximate Population:	539,862	
Number of Departments:	5	
General Description of Services:	To improve the overall health of Latinos in California by reducing tobacco-related disparities through the adoption and implementation of policies and system changes.	
NAME OF AGENCY:	Community Scientist	
STREET ADDRESS:	936 W. 18th Street	
CITY, STATE, ZIP:	Merced, CA 95340	
CONTACT PERSON:	Stergios Roussos, PhD	EMAIL: sroussos@ci4ci.org
PHONE #:	209-489-9913	FAX #:
Department Name:		
Approximate Population:	N/A	
Number of Departments:		
General Description of Services:	Community Scientist serves as an evaluation agency serving various tobacco control programs. Areas expertise include the design, evaluation, and support of initiatives to measurably improve culturally and linguistically appropriate services among providers and organizations.	

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