



**Notice of Intent to Award**

Solicitation Number	316251	Award Date	2/13/2023   4:35 PM CST	
Solicitation Title	Community-Wide Healthcare Provider Planning Survey			
Buyer Name	Sandra Walker	Buyer Email	sandra.walker@nashville.gov	
BAO Rep	Jeremy Frye	BAO Email	jeremy.frye@nashville.gov	

**Awarded Supplier(s)**

In reference to the above solicitation and contingent upon successful contract negotiation, it is the intent of the Metropolitan Government of Nashville and Davidson County to award to the following supplier(s):

Company Name	MOSAIC GROUP	Company Contact	Krystal Billups		
Street Address	1122 Kenilworth Dr Suite 313				
City	Baltimore	State	MD	Zipcode	21204

Company Name		Company Contact			
Street Address					
City		State		Zipcode	

Company Name		Company Contact			
Street Address					
City		State		Zipcode	

**Certificate of Insurance**

The awarded supplier(s) must submit a certificate of insurance (COI) indicating all applicable coverage required by the referenced solicitation. The COI should be emailed to the referenced buyer no more than 15 days after the referenced award date.

**Equal Business Opportunity Program**

Where applicable, the awarded supplier(s) must submit a signed copy of the letter of intent to perform for any and all minority-owned (MBE) or woman-owned (WBE) subcontractors included in the solicitation response. The letter(s) should be emailed to the referenced business assistance office (BAO) rep no more than two business days after the referenced award date.

Yes, the EBO Program is applicable.  No, the EBO Program is not applicable.

**Monthly Reporting**

Where applicable, the awarded supplier(s) will be required monthly to submit evidence of participation and payment to all small (SBE), minority-owned (MBE), women-owned (WBE), LGBT-owned (LGBTBE), and service disabled veteran owned (SDV) subcontractors. Sufficient evidence may include, but is not necessarily limited to copies of subcontracts, purchase orders, applications for payment, invoices, and cancelled checks.

Questions related to contract compliance may be directed to the referenced BAO rep.

Yes, monthly reporting is applicable.  No, monthly reporting is not applicable.

**Public Information and Records Retention**

Solicitation and award documentation are available upon request. Please email the referenced buyer to arrange.

A copy of this notice will be placed in the solicitation file and sent to all offerors.

**Right to Protest**

Per MCL 4.36.010 – any actual or prospective bidder, offeror, or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the purchasing agent. The protest shall be submitted in writing within ten (10) days after such aggrieved person knows or should have known of the facts giving rise thereto.

MHL Supervisor (Initial)

*Michelle A. Hernandez Lane*

Michelle A. Hernandez Lane  
Purchasing Agent & Chief Procurement Officer

**RFQ:316251-Community-Wide  
Healthcare Provider Planning Survey**

	<b>MOSAIC GROUP</b>
<b>Offeror</b>	
<b>Cost (35 Points)</b>	<b>35.00</b>
<b>Methodology and Approach (35 Points)</b>	<b>30.00</b>
<b>Qualifications and Experience (30 Points)</b>	<b>30.00</b>
	<b>95.00</b>

**Evaluation Comments**

<b>MOSAIC GROUP</b>
<p><b>Strengths</b> - Good overall Methodology and Approach. Good overall Qualifications and Experience. Vendor will use a data driven approach (Community Based Participatory Research) as their framework. Clearly defined timeline that encompasses a detailed 12-month plan. Will collect qualitative and quantitative data. Vendor will offer incentives to attract participation. Vendor will provide a connection between social and economic conditions. Experienced staff with diverse areas of expertise to oversee this project. Projects of similar scope that coincides with the focus of the Community-Wide Healthcare Provider Planning Survey. Clearly defined costs along with how the project will be managed.</p>
<p><b>Weaknesses</b> - Vendor states in the data gathering section that they will get representatives from all local hospital systems it is unclear how will they ensure they have a complete list. Vendor will utilize the Critical Path Management Method but it is not clear how much experience they have.</p>

Enter Solicitation Title & Number Below

**RFQ: 316251-Community-Wide  
Healthcare Provider Planning  
Survey**

Incentive  
Calculator

Lowest Bid

MACP

Offeror's Name	Bids	Incentive Calculator	Lowest Bid	Total Cost Points (35 Pt)
MOSAIC GROUP	\$854,899.00	35.00		35.00

METROPOLITAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY

M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS

SUMMARY SHEET

**THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL**  
**(Due with Bid Submission if Applicable)**

<b>Project Name:</b> Community-Wide Healthcare Provider Planning Survey		<b>Project Number:</b> 316251	
<b>Company Name:</b> Mosaic Group		<b>Date Submitted:</b> 12/16/2022	<b>Total Contract Value:</b> \$854,899
<b>Address:</b> 1122 Kenilworth Dr, Suite 313, Towson, MD 21204		<b>Federal Tax ID#</b> 20-1498523	
<b>Contact Person:</b> Marla Oros	<b>Email:</b> moros@groupmosaic.com	<b>Phone #:</b> 410-852-4263	

**GOOD FAITH EFFORTS SUMMARY SHEET**

Number	Bidder Action(s)	BAO Only
1.	<p><b>Solicitation and written notice to available and certified MWBEs:</b>                      Soliciting specific individual MWBEs whose availability as potential sources of goods or services can be reasonably ascertained. This measure includes sending letters or making other personal contacts with specific certified MWBEs including those that the Bidder has contracted with in the past as well as other MWBEs with which the Bidder may be unfamiliar, but whose identities can be ascertained from a directory of certified MWBEs maintained by the BAO.</p> <p>The written notices contain:</p> <ul style="list-style-type: none"> <li>I. Enough information about the plans, specs, and terms &amp; conditions of the solicitation;</li> <li>II. A contact person knowledgeable of the project documents available to answer questions about the condition of the contract;</li> <li>III. Information regarding the Bidder's bonding requirements;</li> <li>IV. The deadline for submission of price quotations.</li> </ul>	Pass

**For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

Company Name/Address/Contact Person/Phone/Email	Type of Business	Type of Work/Service(s) Solicited	How Business was contacted (i.e. email, phone, letter, etc.?)	Response to Solicitation (i.e. will submit bid, no response, not interested)	Bid/Quote Amount	Company Selected (Write Yes or NO)
Urban Policy Development, LLC, (Douglas Austin), 301-237-5076, tgoodwin@updconsulting.com, Baltimore, MD	MBE	Consulting	Email	No Response		NO
Management Solutions (Misty Mayers), 865-963-0400, mmayers@managementsolutionsllc.com, Knoxville, TN	WBE	Data Analytics	Email	No Response		NO

Additional MWBE contacted:

Company Name/Address/Contact Person/Phone/Email	Type of Business	Type of Work/Service Solicited	How Business was contacted (i.e. email, phone, letter, etc.)?	Response to Solicitation (i.e. will submit bid, no response, not interested)	Bid/Quote Amount	Company Selected (Write Yes or No)
Sims Strategic Diversity Consultants, Gwendolyn Sims Threalkill, Brentwood, TN, 615-504-2244, gdavis@simsdiversityconsult.com	MBE	Consulting	Email	No Response		No

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<b>THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL</b> <span style="background-color: red; color: white; padding: 2px;">(Due with Bid Submission if Applicable)</span>		
<b>Project Name:</b> Community-Wide Healthcare Provider Planning Survey		<b>Project Number:</b> <b>316251</b>
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<b>Contact Person:</b> Marla Oros	<b>Email:</b> moros@groupmosaic.com	<b>Phone #:</b> 410-852-4263
<b>GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST</b>		
<b>Number</b>	<b>Bidder Action(s)</b>	<b>BAO Only</b>
2.	<b>Meetings:</b> Attended or held informational meetings to update potential subcontractors or vendors of subcontracting or supply opportunities.	Pass

**List all information requested below related to the above project. If additional space is required, this form may be duplicated.**

Company Name/Address/Contact Person/Phone Number/Email	Description of Meeting Notices for M/W/SDVEs	Date M/W/SDVE Attended, if applicable
Mosaic Group/1122 Kenilworth Drive, Suite 313, Towson, MD 21204, Krystal Billups, 443-509-9930, kbillups@groupmosaic.com	Mosaic Group attended the conference and submitted a series of questions to clarify the RFP requirements.	December 8, 2022

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<b>Contact Person:</b> Maria Uros		<b>Email:</b> moros@groupmosaic.com	<b>Phone #:</b> 410-852-4263

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3.	<b>Unbundling.</b> Divided the contract, in accordance with normal industry practice, into small, economically feasible segments that could be performed by MWBEs. Under no circumstances, however, shall a bidder segment work solely for the purpose of utilizing MWBEs as subcontractors where such segmentation is not in accordance with common and accepted industry practices relating to the utilization of other firms as subcontractors.	Pass

**What Scope of Project Was Divided?**

1. Consulting	2. Data Analytics
3.	4.
5.	6.

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4.	<b>Rejection:</b> Provided a written explanation for rejection of any potential subcontractor or vendor to the Bidder, including the name of the firm awarded the subcontract or supply agreement.	N/A

**For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

M/WBE Firm Name/Address/Contact Person/Phone Number/Email	Description of Proposed Work	Reason for Rejection
Not Applicable		



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5.	<b>Non-discrimination:</b> Providing a non-discriminatory work site. Maintaining a work environment free of harassment, intimidation and coercion at all construction sites, offices and other facilities at which the Bidder's employees are assigned to work. The Bidder shall specifically ensure that all labor supervisors, superintendents, and other on-site supervisory personnel are aware of and carry out the Bidder's obligation to maintain a non-discriminatory work environment.	Pass

**For each training, list the type of training and date.**

Type of Training	Date of Training
Non-discriminatory/Harrassment Policy Overview	01/03/2022

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<b>Number</b>	<b>Bidder Action(s)</b>	<b>BAO Only</b>
6.	<b>Community and Other Organizational Services Support:</b> Advertising in trade publications of general circulation in the Program Area. The advertisement shall identify and describe the specific subcontracting or other opportunity in reasonable detail.	N/A

**For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

<b>Publication Name</b>	<b>Date of Publication</b>	<b>Please provide copy.</b>
Not Applicable		

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7.	<b>Assistance: Bonding/Lines of Credit/Insurance:</b> Providing reasonable assistance to a MWBE in need of equipment, supplies, bonding, letters of credit and/or insurance.	N/A

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Company Name/Address/Contact Person/Phone Number/Email	Type of Assistance
Not Applicable	

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Number	Bidder Action(s)	BAO Only
8.	<p><b>Database Utilization</b>                      Accessed all reasonable and available means to include, but not limited to the following examples:  <a href="https://www.nashville.gov/Finance/Procurement/Business-Assistance-Office/SMWBE-Lists-and-Forms.aspx">https://www.nashville.gov/Finance/Procurement/Business-Assistance-Office/SMWBE-Lists-and-Forms.aspx</a> or  <a href="https://nashville.diversitycompliance.com/">https://nashville.diversitycompliance.com/</a></p>	Pass

**For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

Database Accessed	Date of Access	Results
<a href="https://nashville.diversitycompliance.com/">https://nashville.diversitycompliance.com/</a>	12/14/22	A list of six (6) vendors. Three of which Mosaic Group contacted. The remaining three did not perform work in alignment with the scope of this project.

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9.	<b>Mentor Protégé' Relationship/Technical Assistance:</b> Providing reasonable technical assistance to a MWBEs to ameliorate any deficiencies of technical knowledge or advance skill, where such assistance is undertaken by the Bidder to facilitate the MWBE's successful participation on a project or contract.	N/A

**For each MBE/WBE firm assisted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.**

Company Name	Type of Assistance	If Mentor Protégé' Agreement Reached, Please Provide Copy.
Not Applicable		

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature:  Print Name: Marla Oros Title: Chief Executive Officer



# Statement of M/WBE Utilization

Proposer's/Firm's Name: Mosaic Group  
 Solicitation Title: Community-Wide Healthcare Provider Planning Survey  
 Solicitation #: 316251  
 Proposer's/Firm's Ownership: **Non-M/WBE**  
 Proposed EBO Goal (%): 13 MBE% 19 WBE%  
 Proposer's Phone #: 443-509-9930  
 Proposer's Email Address: moros@groupmosaic.com  
 Amount Self-performed : All  
 Total Bid Amount: \$854,899  
 EBO Goal Met? (Y/N) **NO**

The following MWBE\* subcontractor(s)/supplier(s) will be utilized for the performance of this project:

Certificate		Type		Phone/E-Mail		MBE/WBE Firm Address		* MBE/WBE Group Type *		Code # UNSPS/NAICS		Description of Work		MBE/WBE Dollars (\$)		Percent of Total Contract	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select	Select

I am the duly authorized representative and certify the facts and representations contained in this form and supporting documents are true and correct.

Authorized Representative (Printed Name/Title/Signature)

**Marla Oros, Chief Executive Officer**

Date

12/16/2022

\*Note: MWBE is defined as business enterprise maintaining a significant business presence in the Program Area & performing a commercial useful function that is owned by one or more of the following: (1) African Americans (2) Native Americans, (3) Hispanic Americans, (4) Asian Americans, and (5) Women.

**For Internal Office Use ONLY**

If No, Good Faith Efforts Met? **YES**

Has Prime Complied with EBO Goal? **NO**

BAO Representative: **Jeremy Frye**

Metro Buyer: **Sandra Walker**

Project Manager: \_\_\_\_\_

Date: 12/14/22

Total MBE Subcontracting 0 %  
 Total WBE Subcontracting 0 %  
 Total MBE/WBE Participation: 0 %

BAO Notes:

## BAO Small Business Assessment Sheet

BAO Specialist: Jeremy Frye
Contract Specialist: Sandra Walker
Date: 02/10/2023

Department Name: Health Department
RFP/ITB Number: 316251
Project Name: Community-Wide Healthcare Provider Planning Survey

Primary Contractor*	Prime Bid Amount	Total Proposed SBE (\$)	SBE Subs approved?	SBE (%)	Comments
Mosaic Group	\$ 854,899.00	\$ -	No	0%	The prime is not an approved SBE and will self-perform 100% of the work.