INVITATION TO CONTRACT CONSULTANT AND PROFESSIONAL SERVICES WITH THE HARFORD COUNTY HEALTH DEPARTMENT

ID NUMBER:

**ISSUE DATE:** 07/01/2019

**TITLE:** National Recovery Month Recovery Event

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PURPOSE OF AGREEMENT

The Harford County Health Department Division of Behavioral Health seeks Maryland 501(c)(3) non-profit organization specializing in substance use treatment in Harford County to facilitate a recovery event

## SCOPE OF WORK

Approved 501(c)(3) non-profit organization will acquire vendor to provide food for attendees, and will secure event location. The organization will create event page and generate all event related advertisements. The organization will facilitate all ticket sales. The organization will keep detailed records of all revenue generated from the event, including all donations.

## TERM OF CONTRACT

This contract will be in effect from the date of approval as a Contracting Consultant and Professional Service Provider until such time as the event has been completed and all necessary records have been acquired by Harford County Health Department.

## BILLING

Approved 501(c)(3) non-profit organization will invoice the Harford County Health Department for the cost of securing the event location, and for the cost of the food vendor. Invoice will be submitted no later than September 30, 2018, and shall not exceed $8,429.00 in total.

1. **OFFERER INFORMATION**

Vendor Name:

Federal Tax ID #:

Contact Person:

Address:

Telephone:

Email:

Proposed Project Cost:

Required Technical Attachments:

* Description of qualifications, experience, capacity to carry out scope of work, and proposed work plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date

**CLOSING DATE: Friday, 07/19/2019**

To be considered as an approved Maryland 501(c)(3) non-profit organization for the Harford County Health Department recovery event, each organization should submit one bid including all information requested in “#5 Offerer Information” postmarked or emailed by (Ten days after posting date) to Shawn Partain.

By mail: Harford County Health Department

ATTN: Shawn Partain

120 S. Hays St., Suite 300

Bel Air, MD 21014

Or

By email to: shawn.partain@maryland.gov

Subject Line: (Contract Number) Invitation for Contracting