

Request for Proposals (RFP)					
Scope of Service	iew of Vascular Disease amongst First Nations in BC				
RFP#	2014RFP-10				
RFP issued by	First Nations Health Authority (FNHA)				
I ssue date	September 05, 2014				
Closing date/ time	Proposals must be received before 16:00 hours (4:00 pm) Pacific Time on: September 16, 2014				
FNHA Contact Information	All enquiries related to this RFP including any requests for information, questions, and clarification, are to be directed to the following email address: <a href="mailto:fnha.ca">fnha.contracts@fnha.ca</a> .				
and Questions	FNHA will respond if time permits. Information obtained from any other source is not official and should not be relied upon. Enquiries and any responses will be recorded and may be distributed to all Proponents at the FNHA's option.				
	<b>Hard copies:</b> Four (4) hard copies and one (1) electronic copy (saved on a CD/USB in a Microsoft compatible format) of their proposal to the following address:				
Delivery of proposals	First Nations Health Authority, Attention: Contracts 540 – 757 West Hastings Street, Vancouver, BC V6C 1A1				
, , , , , , , , , , , , , , , , , , ,	Proposal envelopes should be clearly marked with the name and the address of the proponent, the RFP number and the RFP project name.				
	<b>Electronic copy:</b> Alternatively, you may submit your proposal electronically to the following email address: <a href="mailto:fnha.ca">fnha.contracts@fnha.ca</a> .				
Short Listed Proponents	For those Proponents which <b>have not</b> been contacted by end of business day on <b>September 30</b> , <b>2014</b> , will serve as notice that their proposal submission was unsuccessful.				
Successful Proponent(s) Notified	September 30, 2014				
Proponent's submissions	A person authorized to sign on behalf of the proponent must complete and sign the <b>Proponent Section</b> (below), leaving the rest of this page otherwise unaltered and include the originally-signed and completed page with the first copy of the proposal.				

# to be completed by proponent and included as the "cover page" of the Proponents Response The enclosed proposal is submitted in response to the above-referenced RFP including any addenda. Through submission of this proposal we agree to all of the terms and conditions of this RFP and agree that any inconsistencies in our proposal will not be considered. We have carefully read and examined the RFP including the Administrative Section and have conducted such other investigations as were prudent and reasonable in preparing the proposal. We agree to be bound by the statements and representations made in our proposal. Signature of Authorized Representative: Legal Name of Proponent (and Doing Business As Name, if applicable): Title: Date: Authorized Representative email address (if available): Authorized Representative phone, fax (if available):

**Proponent Section** 



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### 1. Summary of the Requirement

The First Nations Health Authority [FNHA) has an immediate requirement for a review of national and international literature on vascular diseases, excluding diabetes. With a focus on indigenous populations, this review will include epidemiology, distribution, and determinants of risk factors. This review will also include an overview of current provincial, national and international clinical and public health guidelines around screening, prevention, treatment and management of vascular diseases.

The terms and conditions applicable to this RFP are identified in *Appendix A – Definitions and Administrative Requirements*. Submission of a proposal in response to this RFP indicates acceptance of all terms and conditions that are included in Appendix A, and any addenda subsequently issued by the FNHA. Provisions in proposals that contradict any of the terms of this RFP will be as if not written and do not exist.

# 2. Specific Requirements

### 2.1 Overview

The FNHA has adopted a First Nations perspective on wellness that has been applied to all its planning, operations, programs and services. Grounded in a First Nations holistic approach to all of life, this perspective recognizes the physical, mental, emotional, and spiritual aspects of health and wellness, as well as the social and environmental context in which health exists. The intent of this perspective is to move from a reactive, illness-based approach, to a proactive, strengths-based wellness approach.

Being holistic, the perspective on wellness naturally considers the broader context of health and wellness (IE upstream determinants of health and also encourages and enables personal responsibility through effective health promotion and public policy.

# 2.2 Project

The FNHA is developing strategies to address chronic and on-going conditions such as vascular disease, HIV, etc. The FNHA is developing these strategies in order to:

- (a) Engage and work with communities to promote wellness;
- (b) Support communities to prevent, screen for, and manage, chronic conditions across the disease trajectory and across the lifespan in BC First Nations populations, and promote healthy environments to support optimal wellness as a key component of chronic disease management; and
- (c) Share knowledge and build capacity among health care providers about First Nations populations including their cultural and spiritual approaches, the burden of chronic conditions and optimal ways of delivering services/programs.

As the FNHA operates from a wellness approach, the focus of all the strategies will be 'health through wellness'. The First Nations perspective on wellness will be the common background to all strategy areas and the strategies will have a life course approach, from pre-conception to end of life. This RFP will inform the FNHA strategy to address vascular diseases, excluding diabetes, amongst First Nations in BC.

<u>Please Note</u>: A separate diabetes literature review is concurrently being undertaken by FNHA. The successful proponent may need to liaise with supervisor on the overlap of these pieces of work.



With a focus on best practice evidence, and models of care that result in effective outcomes, particularly with respect to Indigenous populations, both nationally and internationally, this RFP will undertake a review of the literature on vascular diseases, excluding diabetes. This review will include, but not be limited to, the following at a community based, health authority, or government level:

- (a) Prevention strategies for vascular diseases;
- (b) Effective screening, treatment and management strategies for vascular diseases;
- (c) Effective treatment models for co-morbid and complex care.

### 2.3 Services

The successful proponent shall provide the following services:

With a focus on Indigenous populations, review national and international literature in order to inform the vascular strategy. This review will include epidemiology, distribution and determinants of risk factors. This should also include an overview of current provincial, national and international clinical and public health guidelines around screening, prevention, treatment and management of vascular disease.

### 2.4 Deliverables

The successful proponent shall provide the following deliverables to the FNHA:

- (a) A detailed description of each literature search strategy, including key words used, inclusion/exclusion criteria, and databases searched;
- (b) A detailed written report describing the policies, programs, interventions, and actions at a government, health authority or community level to vascular disease, excluding diabetes, in Indigenous communities both nationally and internationally including a ranking for effectiveness if this is possible;
- (c) A detailed reference list/bibliography of articles used to create the written report;
- (d) A copy, hard or electronic, of all the literature reviewed and cited. These materials will be appropriately catalogued and/or filed.

### 2.5 Knowledge Requirements

- (a) Knowledge of BC First Nations and Aboriginal populations;
- (b) Understanding of the role of FNHA;
- (c) Understanding of the First Nations perspective on wellness;
- (d) Knowledge of population health, health promotion and disease prevention;
- (e) Knowledge of literature review methodology;
- (f) Previous experience and proven capacity to successfully undertake literature reviews;
- (g) Access to relevant computing equipment and applications;
- (h) Ability to travel and/or meet with core strategy team to provide feedback and written updates according to agreed schedule.



### 3. Responsibility and Work Performed by FNHA Staff

The successful proponent(s) will:

a) Have the full cooperation of First Nations Health Authority staff and access to information necessary to meet the accountabilities set out in this request for proposal and respond to reasonable inquires.

The FNHA will:

a) Provide a reasonable level of resources (human and financial resources) to the successful proponent(s) to meet the accountabilities set out in this request for proposal.

### 4. Evaluation

An evaluation committee will be formed by the FNHA and may include employees and contractors of the FNHA. All personnel will be bound by the same standards of confidentiality.

The mandatory and desirable criteria against which proposals will be evaluated are identified below. Proponents should ensure that they fully respond to all criteria in order to be comprehensively evaluated.

The FNHA may request and receive clarification from any Proponent when evaluating a proposal. The evaluation committee may invite some or all of the Proponents to appear before the committee in order to clarify their proposals. In such event, the evaluation committee may consider such clarifications in evaluating proposals.

### 4.1 Mandatory Criteria

Proponent responses must clearly demonstrate that they meet the following mandatory criteria or they will be excluded from further consideration during the evaluation process:

- a) The Proponents proposal must be received at the closing location before the specified closing time;
- b) The Proponents proposal must be in English;
- c) Hard Copies: Four (4) hard copies and one (1) electronic copy (saved on a CD/USB in a Microsoft compatible format) of their proposal to the following address:

First Nations Health Authority Attention: Contracts 540 – 757 West Hastings Street Vancouver, BC, V6C 1A1

- d) For those proponents that are not able to submit a hard copy, you may submit your proposal electronically to the following email address: <a href="mailto:fnha.ca">fnha.contracts@fnha.ca</a>
- e) Proponents must submit one (1) Request for Proposals cover page, with the Proponent Section in its original form, unaltered, fully completed and signed; and
- f) Description of the Proponents organization, size and structure. Indicate if appropriate, if the Proponent is a small or minority-owned business.



### 4.2 Desired Criteria

Capability of the Individuals and/or Team, including:

- a) Location of the proponent (s);
- b) Years and types of experience. Please also provide a description of prior experience, including the following:
  - i. Names:
  - ii. Addresses:
  - iii. Contact persons;
  - iv. Telephone numbers;
- c) The type of assistance that will be required from the FNHA staff:
- d) The availability of the proponent's resources (IE staff) to ensure that deadlines are met in a timely manner;
- e) Price; and

FNHA procurement activities will be governed to ensure all vendors are treated fairly and have equal access to procurement activities; to the extent possible preference in awarding contracts will be given to First Nation organizations and/or First Nation individuals.

# 4.3 Short Listed Proponents

Proponents who are short listed may be requested to interview in person, and/or teleconference, with the assessment panel to discuss certain aspects of their submitted proposal.

Short-listed Proponents will automatically be added to the FNHA's pre-qualified vendor lists. For information on the RFQ process, and being a pre-qualified vendor, please contact <a href="mailto:FNHA.contracts@fnha.ca">FNHA.contracts@fnha.ca</a> after such time you are requested to interview.

# 5. Proposal Format

The following format, sequence, and instructions should be followed in order to provide consistency in Proponent response and to ensure that each proposal receives full consideration. All pages should be consecutively numbered, and as follows:

- a) One (1) unaltered and completed *Request for Proposals cover page*, including Proponent Section completed in original form as per instructions;
- b) Table of contents including page numbers;
- c) A short (one or two page) summary of the key features of the proposal;
- d) The body of the proposal, including pricing, i.e. the "Proponent Response"; and
- e) A detailed description of all costs associated with the requirements listed in this RFP.



# Appendix A – Overview of the FNHA

# The First Nations Health Authority

The first and only provincial First Nations Health Authority in Canada. Transforming health services for First Nations and Aboriginal people in BC.

### Why a First Nations Health Authority?

Statistically significant health disparities exist for First Nations people in BC and across Canada with health outcomes that consistently lag behind those of other Canadians. The First Nations Health Authority aims to reform the way health care is delivered to BC First Nations to close these gaps and improve health and wellbeing.

## A New Relationship with our Partners

BC First Nations, the Province of BC, and the Government of Canada have all determined that First Nations health disparities are no longer acceptable. A New Relationship between these Tripartite Partners was forged and a series of precedent-setting agreements led to the creation of a First Nations Health Authority. The FNHA is mandated by two health agreements (the Transformative Change Accord: First Nations Health Plan [2006], and the Tripartite First Nations Health Plan [2007] — collectively "the Health Plans"), the BC Tripartite Framework Agreement on First Nation Health Governance [2011] and resolutions at the annual Gathering Wisdom events and the Framework Agreement.

In 2013, the First Nations Health Authority assumed responsibility for the design and delivery of health programs and services for BC First Nations formerly delivered by Health Canada's First Nations Inuit Health Branch – Pacific Region. The FNHA has a broad mandate to improve health services for BC First Nations through new partnerships, closer collaboration, and health systems innovation.

### **Making History Today and Tomorrow**

As the First Nations Health Authority has assumed responsibility for the historic transfer of programs, resources, assets, staff, and responsibilities, we are developing an organization that reflects First Nations culture and philosophy. Establishing a strong foundation prepares us to innovate, transform, and redesign health service delivery with guidance from BC First Nations in the coming years.

# Responsive, Visionary, Transformative

The First Nations Health Authority is part of a unique health governance structure that includes political representation and advocacy through the First Nations Health Council, and technical support and capacity development through the First Nations Health Directors Association. Collectively, this First Nations health governing structure works in partnership with BC First Nations to achieve our shared vision.

The mandate of the FNHA is to:

- Plan, design, manage, deliver and fund the delivery of First Nations Health Programs in British Columbia;
- Receive federal, provincial and other health funding for or to support the planning, design, management and delivery of First Nations Health Programs and to carry out other health and wellness related functions;



- Collaborate with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia:
- Incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the First Nations Health Programs, recognizing that these may be reflected differently in different regions of BC;
- Be constituted with good governance, accountability, transparency and openness standards;
- Establish standards for First Nations Health Programs that meet or exceed generally accepted standards;
- Collect and maintain clinical information and patient records and develop protocols with the BC Ministry
  of Health and the BC Health Authorities for sharing of patient records and patient information,
  consistent with law:
- Over time, modify and redesign health programs and services that replace Federal Health Programs through a collaborative and transparent process with BC First Nations to better meet health and wellness needs;
- Design and implement mechanisms to engage BC First Nations with regard to community interests and health care needs:
- Enhance collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care;
- Carry out research and policy development in the area of First Nations health and wellness;
- The FNHA may undertake other functions, roles and responsibilities connected to health and wellness of First Nations and other aboriginal people in BC.

The FNHA is governed by a nine member Board of Directors who collectively brings years of experience in First Nations health, community development, financial management and political expertise at all levels of government. The Board provides leadership and oversight for all corporate activities of the FNHA.

The FNHA was created in conjunction with the First Nations Health Council, providing support services while the political consensus was being built among BC First Nations. As a result, the FNHA website – <a href="http://www.fnha.ca">http://www.fnha.ca</a> uses the FNHC name. For more information please visit the website or contact us at: <a href="mailto:info@fnha.ca">info@fnha.ca</a>.



# **Appendix B - Definitions and Administrative Requirements**

### 1. Definitions

Throughout this Request for Proposals, the following definitions apply:

- a) "Contract" means the written agreement resulting from this Request for Proposals executed by the FNHA and the Contractor;
- b) "Contractor" means the successful proponent to this Request for Proposals who enters into a written Contract with the FNHA;
- the FNHA" means the First Nations Health Authority;
- d) "must" or "mandatory" means a requirement that must be met in order for a proposal to receive consideration;
- e) "Proponent" means an individual or a company that submits, or intends to submit, a proposal in response to this Request for Proposals;
- f) "Request for Proposals" or "RFP" means the process described in this document; and
- g) "Should" or "desirable" means a requirement having a significant degree of importance to the objectives of the Request for Proposals.

### 2. Terms and Conditions

The following terms and conditions will apply to this RFP. Submission of a proposal in response to this RFP indicates acceptance of all terms that follow and that are included in any addenda issued by the FNHA. Provisions in proposals that contradict any of the terms of this RFP will be as if not written and do not exist.

### 3. Additional Information Regarding the RFP

Proponents are advised to fill out and return the attached *Receipt Confirmation Form*. All subsequent information regarding this RFP including changes made to this document will be posted on the following websites: BC Bid at <a href="https://www.bcbid.gov.bc.ca">www.bcbid.gov.bc.ca</a>; MERX at <a href="https://www.merx.com">www.merx.com</a>; and FNHA at <a href="https://www.merx.com">www.fnhc.ca</a>. It is the sole responsibility of the Proponent to check for amendments on these websites.

### 4. Late Proposals

Proposals will be marked with their receipt time at the closing location. Only complete proposals received and marked before closing time will be considered to have been received on time. Late proposals will not be accepted and will be returned to the Proponent. In the event of a dispute, the proposal receipt time as recorded at the closing location shall prevail.

### Eligibility

Proposals may not be evaluated if the current or past activities or interests of the Proponent, or any sub-contractors proposed by the Proponent, may, in the FNHA's opinion, give rise to an unresolved conflict of interest in connection with the project described in this RFP. This includes but is not limited to, involvement by a Proponent or any proposed sub-contractors in the preparation of this RFP. If a Proponent is in doubt as to whether there might be a conflict of interest, the Proponent should consult with the FNHA Contact Person identified in this RFP.

Proposals from not-for-profit agencies will be evaluated against the same criteria as those received from any other Proponents.

### 6. Evaluation

Evaluation of proposals will be by a committee formed by the FNHA and may include employees and contractors of the FNHA. All personnel will be bound by the same standards of confidentiality. The FNHA's intent is to enter into a Contract with the Proponent who has the highest overall ranking based upon such an evaluation.

### 7. Negotiation Delay

If a written Contract cannot be negotiated within thirty days of notification of the successful Proponent, the FNHA may at its sole discretion at any time thereafter, terminate negotiations with that Proponent and either negotiate a Contract with the next qualified Proponent or choose to terminate the RFP process and not enter into a Contract with any of the Proponents.

### 8. Debriefing

At the conclusion of the RFP process, all Proponents will be notified. Unsuccessful Proponents may request a debriefing meeting with the FNHA.

### 9. Alternative Solutions

If alternative solutions are offered, please submit the information in the same format, as a separate proposal.

### 10. Changes to Proposals

By submission of a clear and detailed written notice, the Proponent may amend or withdraw its proposal prior to the closing date and time. Upon closing time, all proposals become irrevocable. The Proponent will not change the wording of its proposal after closing and no words or comments will be added to the proposal unless requested by the FNHA for purposes of clarification.

### 11. Proponents' Expenses

Proponents are solely responsible for their own expenses in preparing a proposal and for subsequent negotiations with the FNHA, if any. If the FNHA elects to reject all proposals, the FNHA will not be liable to any Proponent for any claims, whether for costs or damages incurred by the Proponent in preparing its proposal, loss of anticipated profit in connection with any final Contract, or any other matter whatsoever.

### 12. Limitation of Damages

Further to the preceding paragraph, by submitting a proposal, the Proponent agrees that it will not claim damages for whatever reason relating to the Contract or in respect of the competitive process, in excess of an amount equivalent to the reasonable costs incurred by the Proponent in preparing its proposal. Furthermore, by submitting a proposal the Proponent waives any claim for loss of profits if no Contract is made with the Proponent.



### 13. Proposal Validity

Proposals will be open for acceptance for at least 120 days after the closing date.

### 14. Firm Pricing

Prices will be firm for the entire Contract period unless this RFP specifically states otherwise.

### 15. Currency and Taxes

Prices quoted are to be in Canadian dollars, inclusive of duties where applicable; FOB destination with delivery charges included where applicable, and exclusive of the Goods and Services Tax (GST).

### 16. Completeness of Proposal

By submitting a proposal, the Proponent warrants that if this RFP is to design, create or provide a system or manage a program, all components required to run the system or manage the program have been identified in the proposal or will be provided by the Contractor at no charge.

### 17. Sub-Contracting

The use of a sub-contractor must be clearly defined in the proposal. This includes a joint submission by two Proponents having no formal corporate links. In such a case, one of the Proponents must be prepared to take overall responsibility for successful performance of the Contract and this must be clearly defined in the proposal.

Where applicable, the names of approved sub-contractors listed in the proposal will be included in the Contract. No additional sub-contractors will be added nor other changes made, to this list in the Contract without the written consent of the FNHA.

### 18. Acceptance of Proposals

This RFP should not be construed as an agreement to purchase goods or services. The FNHA is not bound to enter into a Contract with the Proponent who submits the lowest priced proposal, or with any Proponent. Proposals will be assessed in light of the evaluation criteria. The FNHA will be under no obligation to receive further information, whether written or oral, from any Proponent.

Neither acceptance of a proposal nor execution of a Contract will constitute approval by the FNHA of any activity contemplated in any proposal that requires any approval, permit, or license pursuant to any federal, provincial, regional district or municipal statute, regulation or by-law.

### 19. Definition of Contract

Notice in writing to a Proponent that it has been identified as the successful Proponent and the subsequent full execution of a written Contract will constitute a Contract for the goods or services. No Proponent will acquire any legal or equitable rights or privileges relative to the goods or services until the occurrence of both such events.

### 20. Contract

By submission of a proposal, the Proponent agrees that should its proposal be successful, the Proponent will enter into a Contract with the FNHA on the terms set out in Appendix C.

### 21. Contract Negotiation and Award

Following the evaluation and recommendation of the Evaluation Committee, the First Nations Health Authority may select one or more Proponents to enter into negotiations for a Contract or Contracts as follows:

- (a) The First Nations Health Authority may elect to divide the Services into more than one Contract, and enter into negotiations with a Proponent with respect to a portion of the Services, and award more than one Contract with respect to the Services;
- (b) If negotiations with any Proponent are not successful within such time period as the First Nations Health Authority may require, the First Nations Health Authority may at any time after the expiry of such time period discontinue further negotiation with that Proponent by written notice to the Proponent, and the First Nations Health Authority may at any time thereafter commence negotiations with another Proponent to finalize a Contract in accordance with the foregoing process with another Proponent. The foregoing process may be undertaken and/or repeated until either a Contract or Contracts are awarded by the First Nations Health Authority or until negotiations have been terminated by the First Nations Health Authority; and
- (c) FNHA reserves the right to negotiate additional services of a similar functional or technological nature from the successful Proponent without further competitive procurements.

### 22. Liability for Errors

While the FNHA has used considerable efforts to ensure information in this RFP is accurate, the information contained in this RFP is supplied solely as a guideline for Proponents. The information is not guaranteed or warranted to be accurate by the FNHA, nor is it necessarily comprehensive or exhaustive. Nothing in this RFP is intended to relieve Proponents from forming their own opinions and conclusions with respect to the matters addressed in this RFP.

### 23. Modification of Terms

The FNHA reserves the right to modify the terms of this RFP at any time in its sole discretion. This includes the right to cancel this RFP at any time prior to entering into a Contract with the successful Proponent.

### 24. Ownership of Proposals

Proposals submitted to the FNHA become the property of the FNHA. They will be received and held in confidence by the FNHA.



### 25. Use of RFP

Any portion of this document or any information supplied by the FNHA in relation to this RFP may not be used or disclosed for any purpose other than for the submission of proposals. Without limiting the generality of the foregoing, by submitting a proposal, the Proponent agrees to hold in confidence all information supplied by the FNHA in relation to this RFP.

### 26. No Lobbying

Proponents must not attempt to communicate directly or indirectly with any employee, contractor or representative of the FNHA, including the evaluation committee and any officials of the FNHA, or with members of the public or the media, about the project described in this RFP or otherwise in respect of the RFP, other than as expressly directed or permitted by the FNHA.

### 27. Collection and Use of Personal Information

Proponents are solely responsible for familiarizing themselves, and ensuring that they comply, with the laws applicable to the collection and dissemination of information, including resumes and other personal information concerning employees and employees of any sub-contractors. If this RFP requires Proponents to provide the FNHA with personal information of employees who have been included as resources in response to this RFP, Proponents will ensure that they have obtained written consent from each of those employees before forwarding such personal information to the FNHA.



# **Appendix C - Receipt Confirmation Form**

# RFP - Review of Vascular Disease amongst First Nations in BC

Request for Proposals # 2014RFP-10

Please	fill out thi	is form in orde	r to advise the	FNHA that vo	u intend to submi	t a proposal for this RFF
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FNHA CONTACT INFORMATION AND QUESTIONS:

All enquiries related to this RFP including any requests for information, questions, and clarification, are to be directed to the following email address: <a href="mailto:fnha.contracts@fnha.ca">fnha.contracts@fnha.ca</a>.

CLOSING DATE/ TIME OF RFP: Proposals must be received before September 16, 2014, at 16:00 hours (4:00 pm) Pacific Time.

# PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR FIRM AND FAX TO (604) 913-2081:

Company:		
Street Address:		
City:	-	Postal/ZIP Code:
Province/State:		Country:
Mailing Address, if d	ifferent:	
Phone Number:	()	Fax Number: ()
Contact Person:		
Title:		
Email Address:		