**RFS 25-80876**

**Regional Recovery Hubs**

**Attachment D - Technical Proposal Template**

**Overview:**

Request for Services (RFS) 25-80876 is a solicitation issued by the State of Indiana in which organizations are invited to compete for the contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of a proposal can only be based on the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly address all components of the Scope of Work (SOW) (Attachment A). The Respondent is expected to provide the complete details of its proposed operations, processes, and staffing for the Scope of Work detailed in the RFS document and supplemental attachments.

**Instructions:**

Respondents shall use this template (Attachment D) to prepare their Technical Proposals. In their Technical Proposals, Respondents shall describe their relevant experience and explain how they propose to perform the work, specifically answering the prompts in the template below.

Please review the requirements in Attachment A (Scope of Work) carefully – the requirements in the Scope of Work should inform how Respondents complete their Technical Proposals in this template as the “Sections” referenced below correspond to the sections in the Scope of Work.

Respondents should type or paste their text in the provided yellow boxes which appear below the question/prompts. Respondents are allowed to reference attachments or exhibits not included in the boxes provided for the responses, so long as those materials are clearly referenced in the boxes in the template. The boxes may be expanded to fit a response.

**For all areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how Respondents will maintain oversight of the subcontractors’ activities.**

**RESPONDENT NAME:**

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| **Safe Haven Recovery Engagement Center** |

**REGION RESPONDENT PROPOSES TO SERVE:**

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| **Region 5** |

**SOW Section 1-3 - Overview of Project**

1. Provide a high-level summary of how you will execute the responsibilities of a Regional Recovery Hub. Please explain how your experience positions you as the ideal choice for maintaining peer support services as a Hub.

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| **Safe Haven REC currently operates as Regional Recovery Hub for 9 southwest Indiana counties. We have been a Regional Hub since 2020. In that time we have gained valuable insight into what it takes to operate as a hub. Safe Haven REC has experience as a current hub with reporting, attending meetings, submitting invoices, and utilizing Recovery Link and GPRA to submit data. Safe Haven REC has valuable stakeholder relationships already established in many of the counties proposed in Region 5. Safe Haven REC is grateful for the experience and training we have received over the years and know that this has positioned us well to continue as a Regional Recovery Hub for Region 5 in Indiana.**  **High level overview: Safe Haven REC will offer free Peer Recovery Coaching services, harm reduction, transportation, and community education to 7 of the 13 counties in Region 5. Safe Haven REC aims to subcontract and partner with RISE Recovery out of Daviess county, who will cover the other 6 out of 13 counties with all of the above mentioned services. Due to the large catchment area of mostly rural counties we will be serving, a satellite office will be placed in Vanderburgh county while Safe Haven’s primary location is in Orange County and RISE Recovery is based in Daviess County. We will keep our current counties that we already serve, minus Washington County, and will expand to take on the other 5 counties more southwest to us. This will be key to reaching all of our counties effectively. Safe Haven will place administrative support to properly manage this grant and expansion of our region to include a Project Manager (referred in this document as the RRH Liaison). Policies and procedure already in place allow us to seamlessly continue our current operations and services offered.** |

**SOW Section 4 and 5 – Desired Contractor Experience, Region and Mandatory Minimum Requirements**

1. For your region, describe any experience managing the direct delivery of peer recovery services, including experience as an active Recovery Community Organization (RCO). Highlight any subject matter expertise you have, especially in mental health, substance use recovery, and recovery-oriented systems of care.

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| **Safe Haven REC currently serves 8 of the counties in Region 5, making us well positioned to continue our work and expand to the other 5 counties in the new region. We have served these counties for 4 years now and have made long standing relationships with local stakeholders in these counties. We have provided direct peer recovery services for the last 4 years as an active RCO. All of our staff are in recovery themselves and all of our peers are certified. Safe Haven REC was vital in establishing and starting Orange County’s Trauma Informed, Recovery Oriented System of Care in 2019, prior to us becoming a hub. We actively engage and participate in other county’s initiatives including community foundations, local coordinating councils, substance abuse councils, and systems of care. Through the regional recovery hub and our other grant initiatives, we currently manage seven peers that provide direct services and one peer that is acting in our Executive Director role. We ensure our coaches receive group and individual supervision, yearly work reviews, continuing education, and opportunities for growth within our organization, while following the code of ethics outlined for peer recovery coaches. Policy and procedure have been put in place for various needs of the organization which assisted us in being able to receive our Certified RCO status in 2023.** |

1. Describe any experience developing and maintaining relationships with non-profit organizations, including coordinating linkages to care for individuals across different systems. Please explain how you will leverage current relationships to ensure individuals receive the necessary services. Please identify how this work will be done for your proposed region.

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| **Safe Haven REC has worked tirelessly for the last 5 years developing relationships with various non-profit organizations to coordinate care across different systems for individuals. We regularly engage with local food banks, churches, local coordinating councils, community foundations, recovery homes, recovery engagement centers, WIC offices, FQHCs, OTPs, community corrections, probation, parole, and many other community stakeholders. Out of the 13 proposed counties in Region 5, we have working and active relationships in 8 of those counties. While we will be partnering with RISE Recovery to cover all 13 counties, we aim to focus on those other 5 counties to develop relationships with referral sources such as mental health facilities, substance use facilities, and wrap around services that help meet basic needs of individuals. We will establish and connect with all county’s local coordinating councils and criminal justice systems and aim to learn, connect, and collaborate with all applicable stakeholders. When there is use of FindHelp, we will utilize this as a referral option for those organizations that are using this platform. We plan to base a satellite facility in Vanderburgh county to assist both Safe Haven REC and RISE Recovery in reaching the most southwest counties in our region. This facility will be utilized by both organizations to house peers for that part of our region and hopefully assist in us being able to hire peers out of those counties as well.** |

1. Describe any experience collecting and reporting data on peer recovery activities, outcomes, and impact. Briefly explain your experience operating and reporting data in RecoveryLink.

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| **Safe Haven REC has been collecting data and reporting through a variety of reports since 2020. Safe Haven REC has been utilizing RecoveryLink since 2020 and are well versed in inputting intakes, check ins, community relations, referrals, and demographic data. Safe Haven REC has served over 450 individuals with 1000’s of interactions. Safe Haven REC utilizes the reporting system in RecoveryLink to monitor the number of individuals each peer is serving actively so we assign peers correctly as well as monitor our outreach efforts. We also regularly report and collect data for various other grants that we are apart of and include demographic data in our IU reports, Opioid Match Grant monthly reports, and transportation grant reports.** |

**SOW Section 6 – Peer Services and Supervision**

1. Please provide an estimate for the total annual amount of funds required to complete the duties listed in Section 6 of the SOW. This total should include the amount you would need from the State as well as the amount you might obtain through other sources. This estimate should exclude any administrative or costs required to maintain certified peers.

The State may utilize the estimates supplied to determine the resources needed for each region in the State. The ultimate amount for these services in each Hub’s contract will be determined during contract negotiations.

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| Safe Haven REC anticipates the total need to provide coaching services to Region 5, 13 counties in southwest Indiana, to total $1,238,615.00 annually. This total includes amount needed from the state and other sources. This amount excludes any administrative costs required to maintain certified peers. Out of the $1,238,615.00, we have secured $478,560.00 of funds from other sources. |

1. Please indicate if your organization is currently receiving any alternate funding source(s) to provide peer recovery services and the annual amount received. Please describe how you anticipate utilizing alternate funding source(s) to complement funds awarded through this RFS.

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| We currently receive IDOH funding for one full time peer for a total of $43,000.00 annually. We also receive funds through the Opioid Match Settlement for two part time peer positions in Orange County totaling $35,360.00 annually. We receive funding for 2 positions through the Indiana Recovery Network: Emergency Department Peers grant totaling $83,200.0 annually. We also will be utilizing the peer expansion grant to hire 3 more peers in our hub, totaling $317,000.00 |

1. Please complete the following table and provide your best estimate for the monthly average / amount of certified peers needed for your selected region. This includes: the estimated number of full-time and part-time certified peers needed to provide adequate peer support service for your region, and the average wages you propose to pay them (including benefits if applicable).

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| ***Position*** | ***Number of Proposed Monthly Part-Time Employees (PTEs)*** | ***Number of Proposed Monthly Full-Time Employees (FTEs)*** | ***Average Hourly Pay (including benefits if applicable)*** |
| Certified Peer(s) | 0 | 16 | 23.00/hour |
| Peer Supervisor(s) | 0 | 3 | 28.00/hour |

1. Please explain your experience with peer services. Please explain how your experience informed your above estimates.

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| **We have been working with and hiring peers since 2020. We start out all peers at 20.00/hour. With our experience, we know that peers are some of the most hard working people we have encountered and with proper supervision, support, and guidance, have the ability to flourish and create true careers out of these positions. We believe it is vital that we can hire on peers as employees versus independent contractors and offer a living wage. We anticipate, when hiring noncertified peers, that they will be paid 18.00/hour until they are certified, whereas their pay increases to 20.00/hour upon completion of their certification. After 1 year of employment and a yearly review, they will be eligible for a raise based on performance and cost of living changes. Since we have some peers that have been on staff with us since 2020, they make more than 20.00/hour. The average between our lowest paid and highest paid is 23.00/hour. We also have peer supervisors on staff that vary in experience. The average between our lowest paid and highest paid supervisor is 28.00/hour. We also included 7.5% fringe benefit for cost of employees.** |

1. Describe how the peer supervisor(s) will oversee the certified peer(s) employed by the Hub. Please refer to Section 6.a.iii of the Scope of Work (Attachment A) for more details on peer supervision duties.

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| **We will anticipate 3 peer supervisors available to our 16 peers anticipated between RISE Recovery and Safe Haven REC. RISE is asking for 4 more peers for the RRH grant and 1 supervisor to manage those peers. Safe Haven REC is asking for 2 supervisors to manage the other 12 peers. One supervisor will manage a certain number of coaches over a designated area in our region. This will allow substantial time for stakeholder management, group supervision, individual supervision, review of ethics, management of credentialing and continuing education, and in the field training of new hire peers. All peer supervisors will be required to be credentialed as Supervisors. Supervisors will also be responsible for our yearly performance reviews, collecting all monthly data to send to administration, ensure the proper and thorough use of RecoveryLink, attend all mandatory trainings, and reporting to administration a summary of services provided and successes and barriers seen in the field by our peers.** |

1. Please describe how you will ensure ethical services are provided and staff understands the peer support professional code of ethics and its implications.

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| **Our peer’s professional code of ethics is in our policy and procedure manual that each individual receives upon hire. This is reviewed twice a year: at least once at a group or individual supervision session, and once at the yearly performance review. All certified peers will be required to take an ethics class yearly while employed at Safe Haven REC. The Supervisors will be responsible for ensuring ethical services are provided by our peers and will be responsible for holding them accountable to ethical practices. The supervisor will be responsible for the reporting of any suspected ethical breaches or concerns to the relevant peer certification agency and the administrative team to notify the State.** |

**SOW Section 7 – Peer Workforce Development**

1. Describe the peer supervision and support system you will establish for certified peer(s). This should include but is not limited to, the frequency of regular one-on-one supervision sessions, the content of supervision sessions, and additional support services for staff.

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| **There will be at least 3 peer supervisors to manage 16 peers. Each supervisor will be assigned a section of Region 5 and manage the peers assigned to those sections. Peer supervisors report to the Executive Director, who reports to the Grant Manager (RRH Liason) in regards to reporting. The Peer supervisors provide monthly updates on progress to the Executive Director. Peer supervisors report to our Executive Director, who is also a certified peer with long term recovery. The Executive Director reports to the Board of Directors of our organization. Back up support systems include our Grant Manager and CFO, both of which have experience in recovery from substance use or mental health. In the event that one supervisor is unavailable or unable to fulfill their duties, another supervisor will take over that supervisor’s peer load.**  **Peer supervisors will meet individually with each peer weekly. Peer supervisors will meet with all of their assigned peers in a group setting monthly. The peer supervisor will be responsible for tracking, monitoring, and collecting all data from peers and compiling our monthly reports to send to administration (CFO, Grant Manager, and Executive Director). The grant manager (RRH Liason) is responsible for delivering reports to the State, while the CFO is responsible for invoicing and tracking of all financials. The Executive director is responsible for providing an overview of all programming of our organization to the Board of Directors.** |

**SOW Section 8 – Additional Programming Support**

1. Describe any existing relationships with Opioid Treatment Programs (OTPs) and medication providers in the proposed region, including challenges and opportunities to continue developing relationships. If not applicable, please explain how you will establish these relationships.

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| **We currently do not have any relationship with Opioid Treatment Programs due to lack of availability in our current region. None of our 9 counties currently served have an OTP. Out of the proposed region 5, Vanderburgh county does have an OTP and we will be able to establish a working relationship with that center if we receive this opportunity. We think it is especially important to plant a satellite office in Vanderburgh county to ensure timely access to our peer services, and this will also give us a good opportunity to establish a working relationship with the OTP in that area. We do have current working relationships with medication providers in our current region, including FQHCs, and other outpatient medication clinics for substance use and mental health. We will be able to utilize our current stakeholder relationships and experience in creating them to establish new relationships in the counties we will be covering under this new region 5. Opportunities are endless in developing relationships with other providers and we will work with our administrative team, peer supervisors, and peer coaches to help develop and establish relationships with OTPs and medical treatment providers, both inpatient and outpatient. Challenges include the geographical area of Region 5 and the distance between our furthest counties in the region: Lawrence and Posey. We aim to overcome this challenge by placing a satellite office in Vanderburgh county while maintaining our current location in Orange County and subcontracting to RISE Recovery out of Daviess county.** |

1. Describe any existing relationships with local jails and Integrated Reentry and Correctional Support (IRACS) programs in the proposed region including challenges and opportunities to continue developing relationships. If not applicable, please explain how you will establish these relationships.

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| **Safe Haven REC has a strong existing relationship with Orange, Crawford, Martin, and Washington county jails. One of our coaches is embedded into Orange county Jail, while other coaches regularly meet in the jails of the other counties. RISE Recovery out of Daviess County, our anticipated subcontractor, currently operates the IRACs program in Daviess County jail and is in process of expanding IRACs to Pike and Dubois county jails. Challenges exist when developing these relationships with various jails including physical space and willingness of the jails to allow peer services. There are continued opportunities to foster these relationships with continued outreach and tailoring our programming to each county’s jail as they feel will work best for their inmates. We have made good progress in Martin County by allowing one of our peer coaches to get certified as a Life Coach as well as a Peer Specialist and have worked with Dubois County in ensuring we have evidence based programming that they prefer. We will continue this type of work in all the jails of the 13 counties we would cover in Region 5, leaning on the expertise of RISE Recovery with their experience in managing IRACs.** |

1. Describe how you will establish and/or maintain relationships with the Indiana Department of Corrections (IDOC), trauma informed recovery-oriented systems of care initiatives, local syringe service programs, harm reduction organizations, recovery community organizations, and other recovery services in the proposed region.

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| We have established relationships with county level Department of Corrections in 8 of the 13 counties in region 5. We will establish a working relationship with the Indiana Department of Corrections immediately upon start of this contract. All referrals from IN DOC will go to one point of contact: our most experienced peer supervisor. That supervisor will be responsible for connecting those referrals to the appropriate peer based off county of residence for the referred. We will establish ourselves in all TI-ROSC initiatives in all counties we serve. Safe Haven REC was instrumental in establishing Orange County’s TI-ROSC in 2019. We will also establish working relationships with local syringe service programs if there are any available in our Region. According to the SSP & Non syringe harm reduction partners on the state map, we will want to work with Vanderburgh county to establish that relationship. We will also collaborate with any other harm reduction organizations, RCOs, and other recovery services in our region as we already have in the counties we currently serve. We will operate as the hub and utilize all of these partners as our spokes in the counties of Region 5 to ensure good quality access to resources already available. |

1. Describe how you will support all pathways to recovery for individuals that are seeking support.

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| **Safe Haven REC supports all pathways to recovery as evidenced by our attachment on the flash drive: Multiple Pathways to Recovery. We do not endorse any one pathways but offer a multitude of options to our participants based off their individuals needs and preferences. This includes, but is not limited to, faith based supports, peer supports, AA, NA, SMART Recovery, MAT/MAR assistance, and any combination of the before mentioned. We also assist individuals with getting the level of care they desire whether that be peer support outpatient services, inpatient rehabilitation, sober living, or IOP/PHP level. Safe Haven REC offers no pathway over another and actively practice harm reduction for those individuals that do not see abstinence or MAT/MAR as a recovery choice at that time. We feel it is vitally important to meet people where they are at and that people that have substance use disorder must make informed decisions about the path to recovery that they feel would be most effective to them.** |

1. Please describe how you will ensure the availability and distribution of harm reduction supplies such as Narcan and fentanyl testing strips to those in need.

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| **Safe Haven REC operates a harm reduction mobile unit and has a close working relationship with Overdose Lifeline to ensure access to Narcan and fentanyl testing strips. Safe Haven REC currently oversees and monitors 13 NaloxBoxes throughout 4 counties in our region. We are responsible for filling these boxes and reporting monthly to Overdose Lifeline. We also submit yearly, the OptIn report to the IDOH. We regularly supply the health department, fire stations, and police officers with Naloxone upon request. Our HRMU averages dispending 60-100 doses of Narcan per month. We also offer Narcan and fentanyl strip use education at every event we host and offer free supplies to people attending our events. Our Grant Manager (RRH Liaison) is responsible for maintaining an adequate supply of Narcan and fentanyl test strips via ordering through Overdose Lifeline.** |

1. Please indicate whether you’d like to serve as a Contractor furnishing peer recovery services for Indiana’s 2-1-1. If applicable, please describe how many certified peers you plan to utilize in servicing the 2-1-1 phone line. Please indicate what the hourly cost for this service would be.

Please note - an indication of interest to provide these services does not necessarily mean that the State will select you to provide these services. The number and identity of which Hubs will provide services to 2-1-1 shall be a negotiated element of the final contracts and a decision made at the State’s discretion.

Please also note - a Respondent may decline to offer to furnish these services in this box without penalty. This is a separate element from a proposal’s evaluation.

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| **Safe Haven REC is not interested in providing 2-1-1 services at this time. While we are open to the possibility if the State insists or is in need due to lack of willing participating hubs, we would request extensive education and support from the State to take on the 2-1-1 peer support line.** |

**SOW Section 9 – Referral Process**

1. Describe your proposed process for making a warm handoff to a formalized partner when a participant's needs cannot be fully met by your organization. Please highlight any relevant experiences with warm handoffs and coordinating referrals with partners.

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| **We utilize a variety of community partners and the relationships we have established to make a warm handoff. It is anticipated that not all needs can be met by our organization and there are times that someone needs a higher level of care or additional care. We currently work closely with NOW Counseling to do warm hand offs to their inpatient and IOP services. We also have integrated into SICHC, Orange County’s FQHC, where we have a peer support in the office 3-5 days per week for warm hand offs. Peers may assist with warm hand offs with other medical providers, urgent cares, emergency departments, community mental health centers, and other services as needed for participants. When warm hand offs are not possible, we utilize a formalized referral process to include contact with the individual and peer support specialist with the referral agency by email, phone, fax, 211, 988, or FindHelp. We also ensure open access at our physical location to assist with warm hand offs whenever possible, especially for our population experiencing homelessness.** |

1. Identify any referral partners that will be contracted for this project. Be sure to clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.

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| **We will subcontract with one referral partner, RISE Recovery out of Daviess County. RISE Recovery is a Certified RCO as well and is well versed in IRACs and offering peer support services. RISE Recovery will plan to cover up to 6 of the counties in Region 5, while Safe Haven REC covers the rest. Both organizations plan to utilize a satellite location set up in Vanderburgh county to better serve our most southwestern counties in Region 5. RISE Recovery currently offers peer recovery support to the community as well as manages the IRACs program in Daviess County and is actively working on expanding that work to two other counties already in Region 5. Safe Haven REC and RISE Recovery have a well working relationship since both organization’s conception. Safe Haven REC will initiate a subcontractor contract with RISE Recovery, outlining the same requirements the State outlines for us as the Regional Recovery Hub. RISE Recover will have their own peer supervisor to manage their peers and will receive a monthly stipend from Safe Haven REC to hire peers for this RRH project. RISE Recovery will be required to submit monthly reports to Safe Haven’s grant manager (RRH Liaison) and we will compile them with our monthly reports. RISE Recovery and Safe Haven REC will utilize the ridesharing costs available monthly and will communicate with each other regarding capping those funds if needed during the month. RISE Recovery will be required to attend monthly meetings with Safe Haven REC regarding services rendered, success, and challenges.** |

**SOW Section 10 – Ridesharing Services**

1. Please propose an estimated total monthly cost to coordinate and provide ridesharing services for one (1) month. Please provide a narrative explaining the various factors contributing to the estimated monthly cost. If your region includes public transportation detail how you will leverage this resource to serve your clients.

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| **This is a difficult area for us to estimate due to lack of knowledge of prior amounts used as well as the challenges of many of our rural counties in Region 5 not having ridesharing services available. A very rough estimate would be $7,800.00 per month. We estimate this as an average ride costing 20.00 (some more, some less), offering 30 rides per county per month. With 13 counties in Region 5 this would equate to $7,800.00/month. Most of our rural counties do not have access to public transportation but we will plan to utilize this whenever possible and could utilize ridesharing funds to offer bus passes in the counties that have bus transportation. Safe Haven REC also offers their own free transportation services in 4 of the 13 counties in Region 5. Feasibly, if we only accounted for the 9 other counties not covered by Safe Haven’s transport program, we would estimate the need of $5,400.00 per month. We do foresee that our transportation program will remain at capacity and we could also utilize ridesharing in the counties served by our transportation program, if drivers are available. In our current RRH contract, we have been unable to utilize Lyft due to lack of drivers in the area and how quickly funds run out monthly.** |

**SOW Section 11-12 – Data Requirements & Project Management**

1. Describe your approach to project management. Identify a Regional Recovery Hub Liaison, as described in Section 12.a of the Scope of Work (Attachment A). Please describe their experience with project management and attach their resume to your submission, if applicable.

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| **Project management requires a multi-person approach with clear expectations of each person’s role in the project. For the purpose of the RRH project, our liaison will be Brittany Stout. Brittany currently acts as our grant manager for our current Regional Recovery Hub contract and is thus personally experienced with RecoveryLink, reporting, and meeting requirements. Brittany has been managing the Regional Recovery Hub project since we started with it in 2020. Brittany has been a founding member of the organization since its inception in 2018. The peer supervisors will be responsible for compiling a monthly report from all the peers and forwarding these to Brittany as the manager. Brittany will then ensure that these are correct, complete, and compiled into one report and be responsible for delivery to the State. Our CFO is responsible for the financial management of our grants and will forward copies of invoices, estimates, approvals, and denials of fund availability in the organization to Brittay as the grant manager (RRH Liaison). It is of note that Brittany is currently in a volunteer position as the Board President and currently serves as the RRH liaison in a volunteer position in the company. With the change in contract and expansion of Region 5, Brittany will need to take on a full time position in the company and resign from the Board of Directors. Thus, she will be responsible for submitting a monthly report to the Executive Director, who will then report to the Board of Directors.** |

1. Describe your preferred approach to coordination and collaboration with DMHA.

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| **We have had a variety of experiences in coordination and collaboration with DMHA including email, telephone, and virtual meetings. Safe Haven REC prefers virtual or in person coordination and collaboration with DMHA with good access to DMHA representative through telephone and email as needed. Monthly, bi-monthly, or quarterly meetings are all feasible and acceptable for Safe Haven REC.** |

1. Confirm your commitment to meet all reporting, meeting, and project management requirements outlined in Section 12 of the Scope of Work (Attachment A).

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| **Safe Haven REC has been committed to providing peer support services, including wrap around supports, since 2018. As an RRH we have already been providing these services since 2020. Safe Haven REC remains deeply committed to providing these services including meeting all reporting, meeting, and project management requirements as outlined in Section 12 of the Scope of Work.** |