



City of
Nevada City

Request for Proposals

Commercial Medical Cannabis Permit Program:
Application Evaluation Services

RFP 042018-2

317 Broad Street
Nevada City, CA 95959

p. 530-265-2496 x134
f. 530-265-0187

Office of the City Manager
catrina.olson@nevadacityca.gov

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Notice of RFP

Objective

The City of Nevada City seeks a consultant to assist in the review, evaluation, and scoring of Commercial Medical Cannabis Permit application proposals. Specifically, the City seeks a consultant who is well versed in California medical cannabis laws, as well as has experience evaluating the following for cannabis or other related businesses:

- Business and operating plans;
- Safety and security protocols;
- Community benefit proposals;
- Product testing and safety;
- Environmental plans;
- Labor and employment practices;

Please confirm your intent to bid via email to catrina.olson@nevadacityca.gov. Respondents will absorb all costs incurred in the preparation and presentation of their proposals. The City would like to have a consultant selected and the review of application proposals commencing by June 2018 if feasible.

Proposer Inquires

All questions or comments concerning the requirements of the RFP shall be made in writing. Any questions regarding the proposal process and/or City requirements should be emailed to:

Catrina Olson, City Manager
catrina.olson@nevadacityca.gov

Questions must be submitted by April 30, 2018. City responses will be sent by May 10, 2018, unless indicated otherwise by the City.

Proposal Due Date

The response to this RFP must be received no later than **3:00p.m. PST on Wednesday, May 16, 2018**. Please address and deliver one copy on disk or flash drive and three physical (3) copies of your proposal to:

Catrina Olson, City Manager
Re: RFP 042018-2 CCP Application Evaluation
City Hall – City of Nevada City
317 Broad Street, Nevada City,
CA 95959

****IT IS THE SOLE RESPONSIBILITY OF THE PROPOSING FIRM TO ENSURE THAT PROPOSALS ARE RECEIVED PRIOR TO THE CLOSING TIME AS LATE BIDS WILL NOT BE ACCEPTED.**

Background

The City of Nevada City has one of the oldest historical districts in California and the downtown core is on the National Register of Historic Places. The City is considered to be among the best preserved California Gold Rush Towns. Nevada City is more than a historical site; it is a vibrant, thriving community and an entertainment center of the Sierra Nevada Foothills. Nevada City is 60 miles northeast of Sacramento. There are approximately 3145 citizens nestled in the basin on the Western Slope of Sierra Nevada bordering the Tahoe National Forest. Nevada City is located near Sierra lakes and mountains, rivers and forested trail systems perfect for hiking and biking. The City offers the residents and its enjoyable restaurants, lodgings, live theatre, music, specialty shopping, antiques, art galleries and museums.

Project Impetus

In April 2017, the Nevada City, City Council adopted Ordinances 17-06 and 17-10, hereby referenced as the “medical cannabis dispensaries and other cannabis businesses and activity”. The cannabis regulations include both the regulatory apparatus for cannabis businesses as well as the land use regulations dictating where cannabis businesses may locate within the City limits. Copies of these regulations can be found at:

<http://www.nevadacityca.gov/pview.aspx?id=20817&catid=564>

At this time, the cannabis regulations allow the following types of cannabis businesses:

- Commercial Medical Cannabis Distribution
- Commercial Medical Cannabis Manufacturing
- Commercial Medical Cannabis Cultivation Processing
- Medical Cannabis Testing Laboratory
- Commercial Medical Cannabis Nursery Cultivation
- Commercial Medical Cannabis Retail/Delivery Dispensary (Limited to one establishment citywide – already selected). Council may opt to permit additional dispensaries in one year’s time.

Included in the cannabis regulations is a requirement for the City to issue Commercial Cannabis Permits to qualified applicants, determined by a meritorious evaluation of proposals. The City has processed 4 other medical cannabis business applications and has 5 more applications on the Planning Commission agenda for April 19, 2018, far greater than the City anticipated. Three additional applications have been received and not processed. The City is seeking a consultant that can assist the City Planner with continued application review as the City did not implement an open application submittal period as part of the other medical cannabis business application process. Due to the anticipated continued inflow of applications requiring review and the length of time required to process, the City seeks to select a vendor through this RFP in accordance with the City’s purchasing and procurement policy.

Project Overview and Scope

Project Overview

The purpose of this RFP is to identify a vendor who can complete a meritorious review, evaluation, and ranking of all commercial cannabis permit application proposals working in conjunction with City staff. A copy of the commercial cannabis permit application the selected firm will need to evaluate can be found in **Attachment I** of this RFP. Copies of submitted applications, with sensitive material redacted, are available for review on the City's website:

<http://www.nevadacityca.gov/pview.aspx?id=20817&catid=564>

Desired Scope of Services

Desired Qualifications

The consultant for Commercial Cannabis Permit application evaluation services should possess the following qualifications:

- Previous experience providing financial consultation services with cities
- Experience consulting Californian municipalities on cannabis related policies and initiatives
- Experience developing cannabis permit/license selection processes and regulations
- Experience evaluating business and operating plans as well as completing economic viability analyses for private sector and/or cannabis related businesses
- Demonstrated ability to provide unbiased, meritorious evaluation of politically sensitive applications

Scope of Services

The Consultant shall provide or achieve the following desired requirements:

1. **Simultaneous review and evaluation** of multiple commercial cannabis permit application proposals by subject matter experts as needed.
2. **Compliance check of applications**, ensuring applicants submitted the correct information, meeting the necessary requirements as outlined in the existing commercial cannabis permit application.
3. **Development of a scoring rubric** based off of the existing commercial cannabis permit application.
4. **Development of scoring template** which provides for consistent tracking of application scores.
5. **Production of final scoring reports** that rank applicants based by permit type as well as provide recommendations on which applicants should advance to the next round of the application process.
6. **Development of applicant interview protocols** including assisting the City in developing standardized questions and other insights that may need to be included based on individual proposals.
7. **Conduct facility inspections for compliance of local regulation and compliance with permit conditions.**
8. **Provision of invoices** based on individual applications which track the time and

materials your firm spent on the review of an application. These will be used to deduct costs from applicant's deposits.

NOTE: Scope of proposer's services may encompass additional services outside the aforementioned items that similar organizations undergoing this process have involved.

Proposal Format

To ensure the fair and accurate consideration of all submissions, proposals *must* contain the following information.

Executive Summary

Provide a brief overview of your firm and your firm's experience providing the services detailed in the previous section of this RFP. This executive summary must include the contact information of the individual authorized to represent your firm and any third parties who will work with you on the delivery of this project. If you are using a third party, please list the roles each party will play in the overall delivery of the solution. Please limit your Executive Summary to no more than two pages.

References

Provide the names, contact information, and brief project summary for three (3) similar state or municipal governments for which the firm has executed similar consultation services. The project summaries should outline scope of service provided, additional custom features or extensive report capabilities, the timeline/process for development, training, implementation, and any installation issues.

Project Team Description

Provide names and contact information of the Project Team including the project manager and the personnel. Include brief resumes for all team members, as well as their tenure with the firm. Indicate the organizational structure of the team and outline key roles and lines of authority. Identify any and all sub-contractors and their role in the project, including all of the aforementioned information.

Description of Services

Please provide an outline of how your firm will provide the services outlined above. Additionally, explain any anticipated meetings with City staff, logistics of application review, and other services as detailed previously in this RFP. Please limit your description of services to no more than four pages.

Cost

Provide a detailed not-to-exceed cost analysis for the entirety of the project, including basic fee structure and break-down of any other charges and hourly compensation rates related to your firm's proposal.

Additionally, please outline the anticipated time and material costs for application review on a per application basis, as receipt of applications may vary in volume and timing.

Project Timeline

Provide application review timeline which includes and estimated time of completion for the review of future applications (per application) as received by the City.

Selection Process and Criteria

The City of Nevada City will not award a contract based solely on price. The award will be in the best interest of the City and will be to a firm or firms whose overall proposal is rated as being in the City's best interest.

Factors to be considered in the selection process include:

1. Quality & thoroughness of the proposal.
2. Experience and past performance in completing projects of a similar type, size and complexity.
3. References
4. The quality of example materials and any presentation requested by involved city officials.
5. Demonstrated capacity to deliver high-quality work within a preset timeline and budget.
6. Cost & budget proposal
7. A reasonable timeline based on general conditions and project objectives.
8. Any other considerations deemed pertinent by the City.

Selection Process

A review committee will evaluate all responses to the RFP that meet the submittal requirements and deadline. Submittals that do not meet the requirement or deadline will not be considered. The review committee will rank the proposals and then may arrange for on-site interviews with staff if necessary.

The City reserves the right to request additional information or materials from bidding parties if necessary to determine the winning proposal.

Likewise, the City reserves the right to accept or reject any or all proposals, or to alter the selection process in any way, to postpone the selection process for its own convenience at any time, and to waive any informality in the proposals. The City of Hayward retains the right at its sole discretion to select a contractor.

All proposals submitted in response to this RFP become the property of the City and public records and, as such, may be subject to public review.

The City reserves the right to cancel or revise any section of this RFP prior to the date proposals are due including, but not limited to: selection procedures, submittal date, and submittal requirements. If the City cancels or revises the RFP, all interested firms will be notified. The City also reserves the right to extend the date by which proposals are due.

The City will not pay costs incurred by the Proposer during this process. All costs shall be borne by the Proposer.

Discretion and Liability Waiver

The City reserves the right to exercise discretion and apply its judgment with respect to any qualifications submitted.

The City reserves the right to reject any or all submittals, either in part or in their entirety, or to request and obtain, from one or more of the businesses submitting, supplementary information

as may be necessary for City staff to analyze the qualifications pursuant to the contractor/consultant selection criteria contained herein.

The City may require contractors/consultants to participate in additional rounds of discussions, negotiations, or more refined submittals before the ultimate selection of a contractor/consultant is made. These rounds could encompass revisions of the submittal criteria in response to the nature and scope of the initial qualifications.

Proposal Timeline

DATE	TASK
April 20, 2018	Public posting of RFP
April 30, 2018	RFP questions due
May 1, 2018	RFP questions and answers distributed
May 4, 2018	City Responses to questions
May 16, 2018	RFP responses due by 3:00PM PST
May 17, 2018	Finalist interviews (if necessary)
May 23, 2018	City Council approval of contract
May 29, 2018	Review of applications begin

The City reserves the right to amend this timeline at any time. Proposers will be notified of any changes to this timeline.

Attachments

Attachment I Commercial Cannabis Permit Application



City of Nevada City

Planning Department
317 Broad Street, Nevada City CA 95959

Phone: 530-265-2496
Email: Amy.Wolfson@NevadaCityCA.gov

Staff Use

Fee:\$ _____

Date Paid: _____

MEDICAL CANNABIS BUSINESS PERMIT APPLICATION FORM (dispensary applicants, use other specific application form)

Please submit a minimum of **five (5) bound hard copies** and **one (1) digital copy** (usb drive or CD) of all application material.

Check business type being proposed. If multiple types are proposed, each type will need to be distinctly addressed in the supplemental documentation and on this form. A separate form may be submitted if it will help provide clarity.

_____ Manufacturing

_____ Distribution

_____ Cultivation

_____ N/A Dispensary (use separate

_____ Testing Laboratory

form)

** See attached definitions of the above categories to ensure appropriate selection*

Business Name: _____

Business Primary Contact: _____

Contact Title: _____

Contact's Mailing Address: _____

Phone#: _____ E-mail: _____

24-Hour Contact Information: _____

For details about the information required as part of the application process, please see the Implementation Procedures to Operate a Medical Cannabis Business in Nevada City, Ordinance No. 2017-06 and additional requirements in order to complete the application process. All these documents can be found on the Nevada City webpage: www.NevadaCityCA.gov

Section A: Principal Background Information (Must be signed by all Principals)

(Add more pages as necessary to accommodate signatures of all Medical Cannabis Business Principals.)

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. I also understand that the information provided in this application, except the Safety and Security Plan in Section C and certain confidential information such as driver's license and social security number, which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ **Date:** _____

Attachments:

- ___ If business will operate as a collective/cooperative provide proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)
- ___ Receipt from Live Scan check
- ___ Picture of applicant (two passport quality photographs 2X2)
- ___ Copy of Social Security Card
- ___ Copy of Driver's License, OMV issued ID Card or Passport
- ___ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check _____

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ **Date:** _____

Attachments:

- ___ If business will operate as a collective/cooperative provide proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)
- ___ Receipt from Live Scan check
- ___ Picture of applicant (two passport quality photographs 2X2)
- ___ Copy of Social Security Card
- ___ Copy of Driver's License, OMV issued ID Card or Passport
- ___ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check _____

Principal/Partner History:

1. List whether, the applicant(s) has other licenses and/or permits issued to and/or revoked from the applicant, in the three years prior to the year of the permit application, such other licenses and or permits relating to similar business activities as in the permit application. If yes, please list the type, current status, issuing/denying for each license/permit. (Please attach a separate document explanation if necessary)

2. List any and all partners who have been found guilty of a violent felony, a felony or misdemeanor involving fraud, deceit, embezzlement, or moral turpitude, or the illegal use, possession, transportation, distribution or similar activities related to controlled substances, as defined in the Federal Controlled Substance Act, with the exception of medical cannabis related offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996. (Please attach a separate document explanation if necessary)

Section B: Business Organization Status

1. Describe the Medical Cannabis Business organizational status:

Attach proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by the City.

Section C: Medical Cannabis Business Description and Location

1. Statement of Purpose of Medical Cannabis Business (a separate sheet may be attached, labeled Section C.1):

2. Proposed Location of Business: _____

3. Name and address of property owner: _____

4. Name and address of school(s) and/or public park(s) closest to Proposed Location: _____

5. Have you received a Zoning Verification Letter? (Please check the appropriate response)
Yes _____ (If yes, include documentation with this section of the application) No _____

6. Description of neighborhood around the proposed location surrounding uses, nearby sensitive uses (such as schools, churches, parks, daycares, or residents), transit access to site, etc. A separate sheet may be attached and labeled Section C.6.

7. Site plan must be dimensioned and show the entire parcel including parking and additional structures [recommended scale of 1"= 20']. In addition, please attach elevations and photos of proposed location. If any exterior alterations are proposed for the existing building, also attach a proposed site plan that is accurate, dimensioned and to-scale for each potential location and include elevation details. The scale should accommodate an accurate site plan on a sheet of paper no larger than 11X17.

8. Floor Plans shall be attached and shall be accurate, dimensioned and to-scale [recommended scale of 1/4"= 1'] for each potential location. If any interior alterations are proposed for the existing building, also attach proposed floor plans. The scale should accommodate an accurate floor plan on a sheet of paper no larger than 11X17.

9. Signage Plan.

10. Vicinity Map.

11. Photos of the site and building(s).

Section D: Required supplemental information

This information is required for this application to be considered complete. Attach the following reports to the application.

- Business and Parking Plan**
- Neighborhood Compatibility Plan**
- Safety and Security Plan**
- Environmental Benefits (Water/Energy Efficiency Measures)**
- Community Benefits**
- Labor and Employment**
- Local Enterprise**
- Qualifications of Principals**

STAFF USE ONLY:

Date of initial application: _____

File Number assigned to application:

Date fee received _____

Date application reviewed for completeness:

Complete

Incomplete

Date Proof of ownership was verified or a signed and
notarized statement from the property owner was received

Date application reviewed by Planning Commission: _____

Approved Denied

Pertinent Medical Cannabis Definitions pursuant to the Nevada City Municipal Code

"Cultivation" means any activity, whether occurring indoors or outdoors, involving the propagation, planting, growing, harvesting, drying, curing, grading, and/or trimming of cannabis plants or any part thereof for any purpose, including medical marijuana.

"Dispensary" means a medical cannabis business facility where cannabis, medical cannabis products, or devices for the use of medical cannabis or medical cannabis products are offered, either individually or in any combination, for retail sale, including an establishment (whether fixed or mobile) that delivers, pursuant to express authorization, medical cannabis and medical cannabis products as part of a retail sale.

"Distribution" means the procurement, sale, and transport, of medical cannabis or medical cannabis products between entities licensed pursuant to the MCRSA and any subsequent State of California legislation regarding the same.

"Manufacturer" means a person that conducts the production, preparation, propagation, or compounding of manufactured medical cannabis, as defined in this section, or medical cannabis products either directly or indirectly or by extraction methods, or independently by means of chemical synthesis at a fixed location that packages or repackages medical cannabis or medical cannabis products or labels or relabels its container.

"Testing laboratory" means a facility, entity, or site that offers or performs tests of medical cannabis or medical cannabis products and that is both of the following:

- (1) Accredited by an accrediting body that is independent from all other persons involved in the medical cannabis industry in the state.
- (2) Registered with the State Department of Public Health.