

**CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
NEGOTIATED ACQUISITION
PUBLIC HEALTH/PREVENTIVE MEDICINE RESIDENCY PROGRAM
PIN: 14PT000900R0X00**

**Addendum No. 1
December 6, 2013**

Except as otherwise stated below and by any subsequent Addenda to the above referenced Negotiated Acquisition, which was released on November 14, 2013, the solicitation document remains unchanged:

- I. Expressions of Interest Due Date and Time:** The due date and time for expressions of interest has been extended until December 19, 2013 at 2:00 p.m.
- II. Revisions to the solicitation document:** cross-outs indicate deletions; underlines indicate revisions.

A. Section I.1 (Procurement Overview), first paragraph, first sentence:

The New York City Department of Health and Mental Hygiene (DOHMH or the Agency) is soliciting Expressions of Interest from Schools of Public Health that are located within the five boroughs of New York City, and that are accredited by the ~~Association of Schools of Public Health (ASPH)~~. Council on Education for Public Health (CEPH).

B. Section I.2 (Brief Overview of Public Health/Preventive Medicine Residency Program), second paragraph, first sentence:

The Residency Program, a unique learning opportunity, is a two year commitment that combines field experience at the New York City Department of Health and Mental Hygiene with study toward a Master of Public Health (MPH) degree at the chosen School of Public Health that is accredited by the ~~Association of Schools of Public Health (ASPH)~~. Council on Education for Public Health (CEPH).

C. Section II. (goals and objectives), first bullet:

- Establish agreements with Schools of Public Health located in New York City that are accredited by the ~~Association of Schools of Public Health (ASPH)~~ Council on Education for Public Health (CEPH) and that are willing to accept DOHMH Residents into their MPH program or allow them to enroll in a non-degree granting program, provided the Residents meet the School's admissions requirements, not including the GRE or other admissions examination.

D. Section II. ("The Contractor would:"), letter e:

e. Operate a School of Public Health that is accredited by the ~~Association of Schools of Public Health (ASPH)~~ Council on Education for Public Health (CEPH) and constitutes an entity that is or will be authorized to deliver all academic services at the time of contract award.

E. Section III (Format and Content of Expressions of Interest), number 7:

7. Copy of the applicant's proof of accreditation by the ~~Association of Schools of Public Health (ASPH)~~. Council on Education for Public Health (CEPH).

III. Revised Attachments

- A. Annex A contains a revised Local Law 63 form.
- B. Annex B contains a revised Attachment A-1. Applicants are directed to include this version of the form in their application packages.

Revised LL63 form (attached)

Displacement Determination Form – Pursuant to City Charter § 312(a)
(for PSRs or equivalent pre-procurement documents)

This form must be used to certify whether or not there is displacement in the instant contracting action, as defined in City Charter § 312(a) (as amended by Local Law 63 of 2011). You can either certify that there is no displacement by completing Part 1 of this form, or you can certify that there is displacement by completing Part 2 of this form.

If the contract that you are awarding is a task order contract that does not simultaneously result in the award of a first task order, then you must check the box on the bottom of this page; displacement determinations will be made in conjunction with the issuance of task orders pursuant to the subject contract. If the contract that you are awarding does simultaneously result in the award of a first task order, then the displacement determination for that first task order must be done prior to issuance of the solicitation and you must complete either Part 1 or Part 2 of this form.

If you have any questions about Local Law 63 or about completing this form, please contact the Mayor's Office of Contract Services at APTLL63@cityhall.nyc.gov or (212) 788-0010.

Procurement Description:

APT EPIN:

Your Name: ANDREA LYMAN

Phone: 347-396-2825

Email: ALYMAN@HEALTH.NYC.GOV

Please specifically identify the service(s) being procured.

The New York City Department of Health and Mental Hygiene (DOHMH or the Agency) is soliciting Expressions of Interest from Schools of Public Health that are located within the five boroughs of New York City, accredited by the Association of Schools of Public Health (ASPH), willing to accept DOHMH Residents into their MPH program or as Special Students, offer a quality MPH program, have a plan or curriculum that addresses the needs of Residents that require "Special Status" for the two-year duration of their Residency at DOHMH. Special Students may be part-time students, have the requisite authority to provide educational services in New York State, operate a School of Public Health that is accredited by the Council on Education for Public Health (CEPH) and constitutes an entity that is or will be authorized to deliver all academic services at the time of contract award, have the authority to confer the degree of Master of Public Health (MPH), and offer a curriculum that permits students to complete the MPH degree in 2 years.

If the contract to be awarded as a result of this procurement action is a task order contract (multiple or single award and multiple or single agency) that does not simultaneously result in the award of a first task order, then displacement determinations will be made in conjunction with the issuance of task orders pursuant to the subject contract. (Check this box *only* if you are completing this form for a task order contract that will *not* simultaneously result in the award of the first task order. If you check this box, do not fill out the remainder of this form.)

If the contract to be awarded as a result of this procurement action *does* simultaneously result in the

award of a first task order, then the displacement determination for that first task order must be done prior to issuance of the solicitation and you must complete either Part 1 or Part 2 of this form.

Part 1: Certification of No Displacement

The Agency has determined that the contract resulting from this procurement action *will not* result in the displacement of any City employee within this Agency, as defined by Charter § 312(a).

The basis upon which the Agency has made this determination (Please answer *all* questions under Part 1):

Do any civil service and/or job titles within this Agency currently perform the services sought by the proposed contract and/or services of a substantially similar nature or purpose?

Yes No

If so, list the names of such titles and the extent to which Agency employees within such titles currently perform such services.

Do the services sought by the proposed contract expand, supplement, or replace existing services?

Yes No

In either event, include a detailed description comparing the services sought by the proposed contract with such existing services.

Is there capacity within the Agency to perform the services sought by the proposed contract?

Yes No

If not, provide a detailed description specifying the ways in which the Agency lacks such capacity.

DOHMH is unable provide the services sought by this procurement, an accredited ASPH MPH program.

For the term of the proposed contract, list the projected headcount of employees within such titles or employees who perform such services and/or services of a substantially similar nature or purpose.

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Check this box to confirm that none of the below events have occurred within the Agency in the past three years.

- The displacement of a City employee within the agency who performs or has performed the services sought by the proposed contract and/or services of a substantially similar nature or purpose; or
- The announcement of spending reductions in connection with a budgetary program, including but not limited to a Program to Eliminate the Gap, that could result or has resulted in the displacement of a City employee within the Agency who performs or has performed the services sought by the proposed contract and/or services of a substantially similar nature or purpose; or
- Any other statement by an Agency or by the Mayor of a specific anticipated employment action that could result or has resulted in the displacement of a City employee within the Agency who performs or has performed the services sought by the proposed contract and/or services of a substantially similar nature or purpose.

List any other bases for the Agency's determination that the contract resulting from this procurement action will not result in the displacement of any City employee within this Agency.

Part 2: Certification of Displacement



The agency has determined that displacement, as defined by Charter § 312(a), has or will occur as a result of this contracting action. The agency has performed the required cost-benefit analysis, as described in Charter § 312(a).

ANNEX B

ATTACHMENT A
APPLICATION COVER SHEET

NEGOTIATED ACQUISITION
FOR THE
PUBLIC HEALTH/PREVENTIVE MEDICINE RESIDENCY PROGRAM
PIN: 14PT000900R0X00

APPLICANT:

<u>Name</u>	
<u>Address</u>	
<u>Address</u>	
<u>Tax ID #</u>	

CONTACT PERSON:

<u>Name</u>	
<u>Title</u>	
<u>Phone</u>	
<u>e-mail</u>	

AUTHORIZED REPRESENTATIVE:

<u>Name</u>	
<u>Title</u>	
<u>Signature</u>	
<u>Date</u>	

Is the response printed on both sides, on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in the instructions to this solicitation?

Yes No



**ATTACHMENT A (continued)
APPLICATION COVER SHEET**

**NEGOTIATED ACQUISITION
FOR THE
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Expression of Interest and Certification

I, _____, of _____
(print name of authorized representative) (name of applicant organization)

represent that this organization is interested in providing a Master of Public Health Program that is accredited by the ~~Association of Schools of Public Health (ASPH)~~ Council on Education for Public Health (CEPH) and constitutes an entity that is or will be authorized to deliver all academic services at the time of contract award.

Application Checklist

1. Application Cover Sheet (Attachment A)
2. Completed Doing Business Data Form (Attachment B) in a sealed envelope
3. Completed signed and notarized Iran Contractor Compliance Form (Attachment C)
4. Completed Price Information Sheet (Attachment D)
5. Copy of the applicant's most recent financial audit report.
6. Copy of the applicant's proof that it has the requisite authority to provide educational services in New York State.
7. Copy of the applicant's proof of accreditation by the ~~Association of Schools of Public Health (ASPH)~~ Council on Education for Public Health (CEPH).
8. Copy of the applicant's MPH curriculum, including course descriptions.
9. Program narrative that addresses each of the following issues listed in ~~Section in the order listed in~~ Section III.9.

Signature of Authorized Representative

_____/_____/_____
Date