

**CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REQUEST FOR PROPOSALS
FOR THE PROVISION OF PUBLIC HEALTH CONSULTANT SERVICES
PIN: 14AC036000R0X00**

Addendum No. 1

December 11, 2013

This Addendum contains answers to questions received by the Agency to date. Except as otherwise stated below and by any subsequent Addenda to the above-referenced RFP, the RFP remains unchanged.

- A. Questions and Answers: Annex A contains answers to questions received by the agency to date.

Potential proposers are reminded that the Question/Clarification Deadline is December 18, 2013 at 5:00 p.m. Questions may be submitted to RFP@health.nyc.gov

- B. Attachment C – Acknowledgment of Addenda Form, has been updated to indicate this Addendum was released, and is attached as “Annex B.” Please complete and submit this copy of the Acknowledgment of Addenda with your proposal.

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Addendum 1 – QUESTIONS AND ANSWERS

1. For our letters of reference (p. 11; section 2.a.4.), can we submit letters from former NYC DOHMH staff?

Answer: Yes

2. For resumes of key staff and consultants (p. 11; section 2.a.5.), is there a limit to the number of resumes we can provide for key staff?

Answer: No

3. Is the ten resume limit applicable only to consultants?

Answer: Yes

4. Is the Certification by Broker (p. 47) to be submitted as part of the proposal package? (It is not listed in the check list.)

Answer: No, it should not be submitted as part of the proposal package.

5. Is the Affirmation (p. 46) to be submitted as part of the proposal package? (It is not listed in the check list.)

Answer: No, it should not be submitted as part of the proposal package.

6. Can you please clarify the place of performance?

Answer: The performance location may vary by project. DOHMH's headquarters are located in Long Island City, but we have locations throughout NYC. Additionally, depending on the project, the place of performance may not be a DOHMH location.

7. Does any part of RFP include Radiology and Interpretation Services?

Answer: No.

ATTACHMENT C

ACKNOWLEDGEMENT OF ADDENDA

PUBLIC HEALTH CONSULTANT SERVICES

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Directions: Complete Part I or Part II, whichever is applicable, and sign your name in Part III.

Part I

Listed below are the dates of issue for each Addendum received in connection with this RFP:

Addendum # 1, Dated December 11, 2013

Addendum # 2, Dated _____, 201__

Addendum # 3, Dated _____, 201__

Addendum # 4, Dated _____, 201__

Addendum # 5, Dated _____, 201__

Addendum # 6, Dated _____, 201__

Addendum # 7, Dated _____, 201__

Addendum # 8, Dated _____, 201__

Addendum # 9, Dated _____, 201__

Addendum #10, Dated _____, 201__

Part II

_____ No Addendum was received in connection with this RFP.

Part III

Proposer's Name: _____ Date: _____

Signature of Authorized Representative: _____

