

**City of New York
Department of Health and Mental Hygiene (DOHMH)
Invitations for Bids (IFB) for
SUBSCRIPTION MANAGEMENT SERVICES
FOR THE PUBLIC HEALTH LIBRARY
PIN: 20PT002100R0X00
Addendum #2**

October 29, 2019

This Addendum extends the due date and time for bid submission, and contains the materials from the Pre-Bid Conference held on September 26, 2019, responses to all questions received by DOHMH on or before October 3, 2019, changes to IFB attachments, and revisions to the IFB language.

Except as otherwise stated in the attached and by any subsequent Addenda to the above-referenced IFB, the solicitation remains unchanged.

The Bid Opening date and time is moved to December 2, 2019 at 3:00 PM, EST.

The deadline for submitting a Request for Waiver of M/WBE Participation Requirement is November 25, 2019. If you are considering requesting a Waiver, you are strongly encouraged to submit a Waiver Request before the deadline.

I. Pre-Bid Conference Materials:

Attached as Annex A are the PowerPoint presentation slides and the sign-in sheet from the Pre-Bid Conference held on September 26, 2019

II. Answers to Questions Received about the IFB:

Answers to questions received by DOHMH are contained in Annex B.

III. Changes to IFB Attachments:

The following sections of the IFB have been revised and replaced as follows. **Bidders are required to use the new forms/sections in their bid packages, or their bid may be found non-responsive.**

A. Section IV – Item 2: BID PRICE SHEET has been revised to allow the Bidder to calculate the percentage of non-priority titles offered in Part II of the Catalog instead of the percentage of all titles (priority and non-priority) offered in the Catalog. Please see Annex C to this Addendum. **Bidders are directed to use this version of the Bid Price Sheet to submit their bids.**

B. Section IV – Item 3: JOURNAL SUBSCRIPTION CATALOG has been revised to include tier information for specific journal titles. Please see Annex D to this Addendum. **Bidders are directed to use this version of the Journal Subscription Catalog to submit their bids.**

C. Section IV – Item 4: Acknowledgment of Addenda has been revised to reflect the issuance of this Addendum. Please see Annex E to this Addendum.

IV. Revisions to IFB Language (deletions are crossed-out; new language is in **bold-face type**):

A. IFB Section I.4 (page 3) revision:

4. Bid Due Date and Time, Public Bid Opening Location are as follows:

Date: ~~November 15, 2019~~ **December 2, 2019**
Time: 3:00pm, EST
Location: New York City Department of Health and Mental Hygiene
Office of the Agency Chief Contracting Officer
42-09 28th Street, 17th Floor, Room: 17-42
Long Island City, NY 11101-4132
Attention: Ian Yap, Contract Manager

B. Section II.A.2.b. (page 5) revision:

b. Prior to each subsequent subscription period, DOHMH may add or remove any titles from the Catalog. The Contractor may revise the list of titles to be offered in Part II of the Catalog for each subscription period but may not remove or add any titles from Part I of the Catalog without prior written approval from DOHMH. ~~The list of all titles to be offered by the Contractor must total at least 85% of the Catalog.~~ The Contractor will also update the subscription titles to be offered for each subscription period with the most current direct rates from the respective publishers, which will be subject to approval in writing by DOHMH. The Contractor will provide the updated Catalog to DOHMH no less than 3 months prior to the new subscription period. DOHMH will within two weeks of receipt of the updated Catalog provide the Contractor with the selection of titles for the upcoming subscription period.

ANNEX A

Pre-Bid Conference Materials

(PowerPoint presentation slides and the sign-in sheet)

INVITATION FOR BIDS FOR SUBSCRIPTION MANAGEMENT SERVICES FOR THE PUBLIC HEALTH LIBRARY

PIN: 20PT002100R0X00

EPIN: 81619B0010

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE

PRE-BID CONFERENCE

SEPTEMBER 26, 2019



Welcome and Overview of Conference

- Please be sure to sign the attendance sheet.
- Questions Sheet – all questions need to be in writing. DOHMH keeps track of all questions, and answers to all questions will be sent, in writing, to all potential bidders.
- In about 20 minutes, we'll collect the questions sheets. To the extent possible, we'll answer the questions raised at this conference *at* this conference.

Conference Agenda

- Summary of the IFB from a programmatic perspective
- IFB Guidelines: review of basic information, bid procedures, and basis of contract award
- Q&A Intermission – DOHMH staff in attendance will retreat to another room and attempt to address the questions raised during this conference (Questions Sheets)
- Q&A Reading and Closing

IFB Programmatic Summary

PROGRAM BACKGROUND AND KEY SCOPE ELEMENTS



General Overview (pg. 4,5)

The Public Health Library provides books, journals, magazines, newspapers and other literary materials in various formats (e.g. print, electronic) to the New York City Department of Health & Mental Hygiene (“DOHMH” or “Agency” or “Department”), Office of the Medical Examiner, other governmental and non-governmental agencies, students and the general public for the purpose of conducting research and finding evidence to support initiatives and the work done by the agency.

DOHMH is seeking an appropriately qualified Contractor to provide subscription management services for electronic serial publications and research databases subscribed to by the Agency, including the provision of consolidated renewals, billing claims services, and access for the department to an electronic account management tool.

Minimum Qualifications (pg. 4)

At time of bid submission, the bidder must demonstrate all of the following:

- have at least four (4) years of experience providing electronic journal subscription management services to entities such as governmental agencies (local, state, and federal), universities, and hospitals
- be able to offer all titles of electronic serial subscriptions, publisher packages and bibliographic/full text databases listed on the Part I: Priority Journey Titles list of the Journal Subscription Catalog (Item 3)
- be able to offer at least 85% of all titles of electronic serial subscriptions, publisher packages and bibliographic/full text databases listed on the Part II: Non-Priority Journal Titles in the Journal Subscription Catalog (Item 3)
- provide three (3) written reference letters from different clients for whom work has been performed within the past four (4) years who can attest to the Bidder's experience and quality of services.

Scope of Services (pg. 5-7)

◦ Subscription Services

- i. Enable access to journals via an IP address(es) or Security agent(s), via a password authenticated system(s), or DOHMH Library Administrators will have the option to establish a username and password;
- ii. Handle DOHMH requests for new subscriptions (which would be additions to the publications listed in the Catalog), existing subscription renewals, and subscription cancellations within 10 business days of request receipt from DOHMH;
- iii. Merge new titles into the annual renewal invoice so that all titles managed by the Contractor will be listed on a single, updated invoice;
- iv. Place orders directly with publishers and making payments on the Agency's behalf
- v. Correspond with publishers in regard to duplication, cancellations, claims, address changes, adjustments, and other service communications;
- vi. Link directly from citations in PubMed to the full text of a title subscribed to by the Library, where permitted by the publisher;
- vii. Secure Agency's approval on price changes;
- viii. Ensure continuation of full text journal access, including past DOHMH subscriptions that will be continued by the Contractor so as to avoid any loss of periodical holdings from previous years (information containing DOHMH's current subscription holdings is listed in the Catalog);
- ix. Notify publishers about interruption of service on the agency's behalf;
- x. Notify the library of any scheduled maintenance and/or repairs to electronic journal pages or databases.

Scope of Services (continued)

- **Account Management**

- i. Receive and respond to the Library's claims electronically;
- ii. Generate reports on titles changes, merges, splits, delays in publication, and discontinued titles;
- iii. Provide access to the Contractor's account management tool that contains information including, but not limited to: account profile settings, order details and history, usage statistics, and downloadable usage reports. Or in the alternative, the Contractor will be able to provide all information regarding subscriptions and usage upon request by DOHMH;
- iv. Provide customer services features, including assigning a customer service representative to DOHMH to respond to inquiries related to orders, delivery, claims, renewals, invoices, credits, reports, and/or rush orders

Scope of Services (continued)

- **Authorized Users**

- a. **DOHMH Library Administrators, who may:**

- i. Access, Search the Subscribed Products and access the full text content;
 - ii. Print, make electronic copies of and store for the exclusive use of such Authorized User
 - iii. individual items from the Subscribed Products;
 - iv. Generate reports on usage from the Contractor's online service for the use of internal or external presentations and for training purposes
 - v. Incorporate links on DOHMH internet and intranet websites

- b. **Approximately 900 full-time employee users which will consist of DOHMH staff and consultants, researchers, interns, and individuals using computer terminals within the library facility to access public health journals and databases for the purposes of research, education, or other non-corporate use.**

- i. Access, Search the Subscribed Products and access the full text content
 - ii. Print, make electronic copies of and store for the exclusive use of such Authorized User individual items from the Subscribed Products

Scope of Services (continued)

- **Fees for Services**

- The fees for providing the services of this solicitation will be inclusive and fully burdened. These all-inclusive and fully burdened rates are to include all costs associated with the performance of work, including (but not limited to) materials, labor, insurance, statutory and fringe benefits, taxes, overhead and profit.

Scope of Services (continued)

- **Contractor Performance Obligations**

- a. Make the Subscribed Journals accessible to DOHMH and its Authorized Users via the internet.
- b. Use reasonable efforts to provide the Subscribed Journals with a quality of service consistent with industry standards, specifically, to provide continuous service with an average of 98% up-time per year, with the 2% down-time including scheduled maintenance and repairs performed at a time to minimize inconvenience to DOHMH and its Authorized Users, and to restore service as soon as possible in the event of an interruption or suspension of service.
- c. Respond to inquiries from DOHMH within three (3) business days.
- d. Make payments directly to publishers at least forty-five (45) days prior to the order standing date for new subscriptions or the expiration of renewal Subscriptions.

IFB Guidelines

REVIEW OF BASIC INFORMATION, SUBMISSION INSTRUCTIONS, AND
BASIS OF CONTRACT AWARD



IFB Guidelines

Relevant Documents

- IFB Solicitation
- Item 1 – Bidder Representations
- Item 2 – Bid Price Sheet
- Item 3 – Journal Subscription Catalog
- Item 4 – Acknowledgement of Addenda
- Item 5 – Experience Questionnaire
- Appendix C – Tax Affirmation
- Appendix F – Iran Divestment Rider
- Appendix H –Schedule B: M/WBE Subcontractor Utilization Plan/Waiver Application
- All of these documents are available on the Department of Health’s Contracting Opportunities Web Page:
<https://www1.nyc.gov/site/doh/business/opportunities/contracting-opportunities.page>



Anticipated Contract Term (pg. 3-4)

- Number of Contracts: 1
- July 1, 2020 – June 30, 2025, with a one-year option to renew subject to availability of funding.



IFB Timetable (Timetable and Overview, pg. 3)

- Bid Release date: September 13, 2019
- Pre-Bid Conference: September 26, 2019
- M/WBE Waiver Application Due: October 18, 2019
- All Bids due by 3:00 p.m. EST on October 25, 2019.
- Agency Contact Person: Ian Yap– bids@health.nyc.gov
- Questions regarding this IFB must be transmitted in writing to the Agency Contact Person by [October 3, 2019](#)



Bid Submission Instructions (p. 20-21)

- All bids must be submitted to the Agency contact by hand or mail by **October 25, 2019 at 3:00 p.m. EST** *A public bid opening will commence at 3:00pm in room 17-42 of this building.*
- E-mailed or faxed bids will **not** be accepted by the Agency.
- Please allow sufficient time to complete and submit bids. Bids received after the bid due and time are late and shall not be accepted by the Agency, except as provided under New York City's Procurement Policy Board Rules.
- Unless the Agency issues a written addendum to the IFB that extends the Bid Due Date and Time for all bidders, the Bid Due Date and Time prescribed above shall remain in effect.



The award for this Bid will be made based on the Total Net Price of Priority Subscriptions for the Year 2020:

- (A) Total Price of Priority Subscriptions for Year 2020: \$ _____*
**Bidder shall transpose the Total Price of Priority Subscriptions for Year 2020 calculated in Part I of Item 3 (Catalog) to Line (A) above.*
- (B) Service Fee Multiplier (Not to exceed 0.07): 0.0__
- (C) Total Service Fee for Year 2020: \$ _____ (A) x (B)
- (D) Total Net Price of Priority Subscriptions for Year 2020: \$ _____ (A) + (C)

The value of the contract to be awarded will be the Estimated Total Net Price of Subscriptions for five (5) years from 2020 through 2024

- (E) Estimated Total Price of Subscriptions for 5 years: \$ 2,424,922.90
- (F) Total Service Fee for 5 years: \$ _____ (E) x (B)
- (G) Estimated Total Net Price of Subscriptions for 5 years: \$ _____ (E) + (F)

Bidder shall provide the following:

- (H) Total Number of Non-Priority titles: 92
- (I) Number of Non-Priority titles offered by Bidder: _____*
**Bidder shall tally the number of titles offered as indicated by the Bidder in Part II of Item 3 (Catalog) and enter the total in Line (I) above.*
- (J) Percentage of Non-Priority titles offered by Bidder: _____%* [(I) / (H)] x 100
**Bidder must offer at least 85% of all titles in Part II of the Catalog.*

ITEM 3: JOURNAL SUBSCRIPTION CATALOG

Item #	Journal Title	DOHMH Existing Holdings	ISSN #	Price for Subscription Year 2020
Part I: PRIORITY JOURNAL TITLES (2020)				
Is the Bidder offering all items listed from 1 through 270? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, Bidder must provide the price for a 12-month subscription period for each item.				
1	Academic Pediatrics	-	1876-2859	\$ _____
2	Addiction	2012 to present	ISSN 0965-2140 Online ISSN: 1360-0443	\$ _____
3	Addictive Behaviors	1995 to Present	0306-4603	\$ _____
4	Administration and Policy in Mental Health and Mental Health Services Research	-	ISSN 0894-587X Online ISSN: 1573-3289	\$ _____
5	Ageing and Society	-	0144-686X	\$ _____
6	AIDS	1997 to present	ISSN: 0269-9370 Online ISSN: 1473-5571	\$ _____
7	AIDS and Behavior	1997 to present	ISSN: 1090-7165 Online ISSN: 1573-3254	\$ _____
8	AIDS Care	1995 to present	ISSN: 0954-0121 Online ISSN: 1360-0451	\$ _____
9	AIDS Education and Prevention	All content	0899-9546	\$ _____
10	AIDS Patient Care and STDs	All content	1087-2914	\$ _____
11	AIDS Research and Treatment	-	ISSN: 2090-1240 Online ISSN: 2090-1259	\$ _____
12	Alcoholism: Clinical & Experimental Research	-	ISSN: 0145-6008 Online ISSN: 1530-0277	\$ _____
13	Ambulatory Pediatrics	-	ISSN: 1530-1567 Online ISSN: 1539-4409	\$ _____
14	American Diabetes Associates: Clinical Diabetes	-	0891-8929	\$ _____
15	AMERICAN JOURNAL OF CLINICAL NUTRITION - ONLINE /INCLS/ SUPPLEMENTS /ALL EXC IND PAK NPL LKA/ /INST/	2001 to present	ISSN: 0002-9165 Online ISSN: 1938-3207	\$ _____
16	American Journal of Community Psychology	-	ISSN: 0091-0562 Online ISSN: 1573-2770	\$ _____
17	American Journal of Disaster Medicine	-	1932-149X	\$ _____
18	American Journal of Epidemiology	1996 to present	ISSN: 0002-9262 Online ISSN: 1476-6256	\$ _____
19	American Journal Of Gastroenterology	-	ISSN: 0002-9270 Online ISSN: 1572-0241	\$ _____

266	Transactions of the Royal Society of Tropical Medicine and Hygiene	-	ISSN 0035-9203 Online ISSN: 1878-3503	\$ _____
267	Trauma, Violence and Abuse	-	ISSN: 1524-8380 Online ISSN: 1552-8324	\$ _____
268	Vaccine	1995 - present	2076-393X	\$ _____
269	Women's Health Issues	-	1049-3867	\$ _____
270	Young Exceptional Children	-	ISSN: 1096-2506 Online ISSN: 2154-400X	\$ _____
Total Price of Priority Subscription for Year 2020 (sum of items 1 through 270)				\$ _____*

*Bidder shall transpose this dollar amount to Line (A) on page 2 of the Bid Sheet.

Item #	Journal Title	DOHMH Existing Holdings	ISSN #	Availability	Price for Subscription Year 2020
Part II: NON-PRIORITY JOURNAL TITLES (2020)					
For each title listed from 271 through 362, Bidder shall check the appropriate box to indicate the titles that are being offered and provide the price for a 12-month subscription period for each title offered.					
271	Accident Analysis and Prevention	-	0001-4575	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
272	Advances in School Mental Health Promotion	-	ISSN: 1754-730X Online ISSN: 2049-8535	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
273	Age and Ageing	-	ISSN: 0002-0729 Online ISSN: 1468-2834	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
274	American Behavioral Scientist	-	ISSN: 0002-7642 Online ISSN: 1552-3381	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
275	American Journal Medical Sciences	-	0002-9629	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
276	American Journal of Forensic Medicine & Pathology	-	0195-7910	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
277	American Journal of Health Behavior	-	1087-3244	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
278	American Journal of Medical Quality	-	ISSN: 1062-8606 Online ISSN: 1555-824X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
279	American Journal of Men's Health	-	ISSN: 1557-9883 Online ISSN: 1557-9891	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
280	American Journal of Nursing AJN	-	0002-936X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
281	Annals of Emergency Medicine	-	ISSN: 0196-0644 Online ISSN: 1097-6760	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
282	Annals of Human Biology	-	ISSN: 0301-4460 Online ISSN: 1464-5033	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
283	Annals of Internal Medicine, Beyond the Guidelines	1993 to present	ISSN: 0003-4819 Online ISSN: 1539-3704	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
284	Annals of Medicine	-	ISSN: 0785-3890 Online ISSN: 1365-2060	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
285	Annals of Occupational Hygiene	-	ISSN: 0003-4878 Online ISSN: 1475-3162	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

Bid Package Checklist (pg. 22)

1. Item 1 – Bidder Representations
2. Item 2 – Bid Sheet
3. Item 3 – Journal Subscription Catalog
4. Item 4 – Acknowledgment of Addenda
5. Item 5 – Experience Questionnaire
6. Item 6 – Audited/Reviewed Financial Statements
7. Item 7 – Reference Letters (3)
8. Appendix C – Tax Affirmation
9. Appendix F – Iran Contractor Divestment Rider
10. Appendix H – Schedule B – M/WBE Utilization Plan (either completed Part II, or fully approved Waiver/Part III)



Bid Evaluation and Award (pg. 14-15)

- Responsiveness Check
- Award will be made to the responsive and responsible bidder that offers the lowest bid price.

PASSPort

Procurement and Sourcing Solutions Portal

- All Vendors wishing to do business with the City must enroll in PASSPort (Formerly VENDEX).
- To complete the online disclosure process, please create an online account in PASSPort and file all disclosure information here:
<http://www1.nyc.gov/site/passport/index.page>
- If you have any questions regarding enrollment please contact
help@mocs.nyc.gov



M/WBE Goals and Instructions (Appendix H – Schedule B)

The Department of Health and Mental Hygiene (DOHMH) is committed to ensuring that there is diversity in City contracting- as per Local Law 1 of 2014, M/WBE goals have been applied to this contract.

M/WBE Contract Goal – 14%

- *General rule - contract goals can be met with the use of M/WBE prime and/or subcontracting (minus dollars awarded to non-M/WBEs).*
- *Requests for full or partial **waivers** to the goal must be submitted to bids@health.nyc.gov no later than **October 18, 2019**. **DOHMH strongly recommends that if you plan to request a waiver, you submit the Waiver Request as soon as possible.***
- *Bid package must include either:*
 - *a completed “Schedule B – Part II: M/WBE Participation Plan” or*
 - *a fully approved “Schedule B – Part III – Request for Waiver of M/WBE Participation Requirement”*

To search and find qualified M/WBEs, visit www.nyc.gov/buycertified

For assistance:

DOHMH M/WBE unit – P:(347)396-6708; E: mwbe@health.nyc.gov

NYC Small Business Services – Certification Helpline: (212) 513-6311

Schedule B Examples

Tips for correctly completing Schedule B.

Bidders have 3 options when considering how or whether MWBE Utilization fits in with their proposed approach to work.

1. **Regular Schedule B Submission**
2. **Partial Waiver request and approval**
3. **Full Waiver request and approval**

*Options 2 and 3 require submission of a request PRIOR to the proposal due date, and requires approval of DOHMH and the Mayor's Office of Contract Services. If you request a waiver and it is denied, you must do a **Regular Schedule B Submission***

Sample – do not use the figures provided in the sample

Schedule B – Part I
Pg. 1

Part I is completed by
DOHMH

It contains the “M/WBE
Participation Goal for
Services”

SCHEDULE B – M/WBE Utilization Plan
Part I: M/WBE Participation Goals

Part I to be completed by contracting agency

Contract Overview

APT E-PIN #	#####A#####	FMS Project ID#:	#####				
Project Title/ Agency PIN #	ABC Widgets Service - PIN ## AB ##### C # D ##						
Bid/Proposal Response Date	## - ## - ####						
Contracting Agency	Department of NYC Agency						
Agency Address	123 ABC St	City	New York	State	NY	Zip Code	####
Contact Person	Mother Nature	Title	ACCO				
Telephone #	### - ### - ####	Email	city@city.nyc.gov				

Project Description (attach additional pages if necessary)

The Department of Health and Mental Hygiene seeks an appropriately qualified contractor to provide ABC Widget services. (Please provide the full description)

M/WBE Participation Goals for Services

Enter the percentage amount for each group or for an unspecified goal. Please note that there are no goals for Asian Americans in Professional Services.

Prime Contract Industry:

Group	Percentage	
<u>Unspecified</u>	14%	
or		
<u>Black American</u>	%	
<u>Hispanic American</u>	%	
<u>Asian American</u>	%	
<u>Women</u>	%	
<u>Total Participation Goals</u>	14%	Line 1

Regular Schedule

B Submission

(no waiver request)

Sample:

Schedule B – Part II

Pg. 2

Regular Submission (no waiver request)

Complete Part II.

Bidder provides a plan for meeting the Agency’s goal.

“Total Bid/Proposal Value” equals the “Estimated Total Net Price of Subscriptions for 5 Years” in Item 2 (line G)

SCHEDULE B - Part II: M/WBE Participation Plan

Part II to be completed by the bidder/proposer.

Please note: For Non-M/WBE Prime Contractors who will NOT subcontract any services and will self-perform the entire contract, you must obtain a FULL waiver by completing the Waiver Application on pages 5 and 6 and timely submitting it to the contracting agency pursuant to the Notice to Prospective Contractors. Once a FULL WAIVER is granted, it must be included with your bid or proposal and you do not have to complete or submit this form with your bid or proposal.

Section I: Prime Contractor Contact Information				
Tax ID #	## - #### ##	FMS Vendor ID #	#####	
Business Name	Widgets Work	Contact Person	Father Time	
Address	456 LMNOP Road	789 XYZ St, NY #####		
Telephone #	### - ### - ####	Email	ftime@widgetswork.com	
Section II: M/WBE Utilization Goal Calculation: Check the applicable box and complete subsection.				
PRIME CONTRACTOR ADOPTING AGENCY M/WBE PARTICIPATION GOALS				
<input checked="" type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Agency M/WBE Participation Goals.	Total Bid/Proposal Value	Agency Total Participation Goals (Line 1, Page 1)		Calculated M/WBE Participation Amount
Calculate the total dollar value of your total bid that you agree will be awarded to M/WBE subcontractors for services and/or credited to an M/WBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.	\$ 1,000,000	14%	=	\$ 140,000 Line 2
<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Modified M/WBE Participation Goals.	Total Bid/Proposal Value	Adjusted Participation Goal (From Partial Waiver)		Calculated M/WBE Participation Amount
Calculate the total dollar value of your total bid that you agree will be awarded to M/WBE subcontractors for services and/or credited to an M/WBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.	\$	%	=	Line 3

Sample:

Schedule B – Part II

Pg. 3

Regular Submission (no waiver request)

In Section VI,

- Enter the total amount of subcontracting you plan to do using both MWBEs and non-MWBEs
- Include a list of work you plan to subcontract:
 - Type of work to be subcontracted
 - Dollar value of each type of work to be subcontracted
 - Whether each type of work is planned for an MWBE
 - Estimated timeframe for each type of work

Check applicable box. The Proposer or Bidder will fulfill the M/WBE Participation Goals:	
<input type="checkbox"/>	As an M/WBE Prime Contractor that will self-perform and/or subcontract to other M/WBE firms a portion of the contract the value of which is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals. Please check all that apply to Prime Contractor: <input type="checkbox"/> MBE <input type="checkbox"/> WBE
<input type="checkbox"/>	As a Qualified Joint Venture with an M/WBE partner, in which the value of the M/WBE partner's participation and/or the value of any work subcontracted to other M/WBE firms is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals.
<input checked="" type="checkbox"/>	As a non M/WBE Prime Contractor that will enter into subcontracts with M/WBE firms the value of which is at least the amount located on Lines 2 or 3 above, as applicable.
Section IV: General Contract Information	
What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of M/WBE status? <u>15%</u>	
✓ Scopes of Subcontract Work	<i>Enter brief description of the type(s) and dollar value of subcontracts for all/any services you plan on subcontracting if awarded this contract. For each item, indicate whether the work is designated for participation by MBEs and/or WBEs and the time frame in which such work is scheduled to begin and end. Use additional sheets if necessary.</i>
	1. <u>Widget Polishing - \$30,000 – designated for NYC-certified M/WBE participation – Year 1</u>
	2. <u>Widget Disposal - \$50,000 – designated for NYC-certified M/WBE Participation – Years 1-2</u>
	3. <u>Widget Site Assessment - \$20,000 - Year 1</u>
	4. <u>Widget Photography - \$50,000 - designated for NYC-Certified M/WBE Participation Year 1-2</u>
	5. _____
	6. _____
	7. _____
	8. _____
	9. _____
	10. _____
	11. _____
	12. _____
	13. _____
	14. _____
	15. _____
	16. _____
17. _____	

Sample:

Schedule B - Part II

Pg. 4

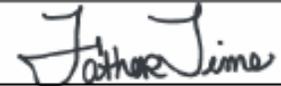
Regular Submission
(no waiver request)

This is submitted
with your Proposal
Package.

Procurement Title: ABC Widgets Service

PIN: ##AB#####C#D#

- 1) acknowledge my understanding of the M/WBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;
- 2) affirm that the information supplied in support of this M/WBE Utilization Plan is true and correct;
- 3) agree, if awarded this Contract, to comply with the M/WBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;
- 4) agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the M/WBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such goals are modified by the Agency; and
- 5) agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the M/WBE Participation Goals, or If a partial waiver is obtained or such goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.

Signature		Date	## - ## - ####
Print Name	Father Time	Title	Head Widget Worker

Full Waiver Request

For proposers requesting to be completely waived from the Agency's MWBE utilization goal (goal of 0%)

SCHEDULE B - Part II: M/WBE Participation Plan

Part II to be completed by the bidder/proposer.

Please note: For Non-M/WBE Prime Contractors who will NOT subcontract any services and will self-perform the entire contract, you must obtain a FULL waiver by completing the Waiver Application on pages 5 and 6 and timely submitting it to the contracting agency pursuant to the Notice to Prospective Contractors. Once a FULL WAIVER is granted, it must be included with your bid or proposal and you do not have to complete or submit this form with your bid or proposal.

Sample:

Schedule B – Part III

Pg. 5 (top)

Full Waiver Request

Complete Schedule

B – Part III

SCHEDULE B – PART III – REQUEST FOR WAIVER OF M/WBE PARTICIPATION REQUIREMENT

Contract Overview

Tax ID # ## - ##### FMS Vendor ID # #####

Business Name Widgets Work

Contact Name Father Time Telephone # ### - ### - ### Email ftime@widgetswork.com

Type of Procurement Competitive Sealed Bids Other Bid/Response Due Date ## - ## - ##

APT E-PIN # ##### A ##### Contracting Agency: Department of NYC Agency

M/WBE Participation Goals as described in bid/solicitation documents

14% Agency M/WBE Participation Goal

Proposed M/WBE Participation Goal as anticipated by vendor seeking waiver

0 % of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted for services and/or credited to an M/WBE Prime Contractor or Qualified Joint Venture.

Basis for Waiver Request:

- Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.
- Vendor subcontracts *some* of this type of work but at a *lower %* than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. (Attach subcontracting plan outlining services that the vendor will self-perform and subcontract to other vendors or consultants.)
- Vendor has other legitimate business reasons for proposing the M/WBE Participation Goal above. Explain under separate cover.

Sample:

Schedule B – Part III

Pg. 5 (bottom)

Full Waiver Request

Remember – in a Full Waiver Request, Bidder is expected to demonstrate and justify an MWBE goal of 0%.

Info for contracts for NYC government agencies.

References			
<i>List 3 most recent contracts performed for NYC agencies (if any). Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.</i>			
CONTRACT NO. 999 20172009106	AGENCY Dept. of Liberty	DATE COMPLETED 10/30/2018	
Total Contract Amount \$200,000	Total Amount Subcontracted \$0		
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	
CONTRACT NO. 999 20172009102	AGENCY Dept. of Truth	DATE COMPLETED 1/31/2018	
Total Contract Amount \$700,000	Total Amount Subcontracted \$75,000		
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	
Field Assessment; \$50,000	Photography; \$25,000		
CONTRACT NO. 999 20172009104	AGENCY Dept. of Equity	DATE COMPLETED 4/20/2017	
Total Contract Amount \$17,000	Total Amount Subcontracted \$0		
Item of Work Subcontracted and	Item of Work Subcontracted and	Item of Work Subcontracted and	

Sample:

Schedule B – Part III

Pg. 6 (top)

Full Waiver Request

Procurement Title: ABC Widgets Service

PIN: ##AB#####C#D#

Value of subcontract	Value of subcontract	Value of subcontract
CONTRACT NO. 999 20172009100	AGENCY Dept. of Freedom	DATE COMPLETED April 30, 2006
Total Contract Amount \$15,000,000	Total Amount Subcontracted \$3,000,000	
Item of Work Subcontracted and Value of subcontract Disposal \$1,000,000	Item of Work Subcontracted and Value of subcontract Polishing \$1,500,000	Item of Work Subcontracted and Value of subcontract Photography \$500,000
CONTRACT NO.	AGENCY	DATE COMPLETED
Total Contract Amount	Total Amount Subcontracted	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract
CONTRACT NO.	AGENCY	DATE COMPLETED
Total Contract Amount	Total Amount Subcontracted	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract

Sample:

Schedule B – Part III

Pg. 6 (bottom)

Full Waiver Request

Info for non-NYC entities if you have performed on fewer than 3 NYC government contracts.

List 3 most recent contracts performed for other entities. Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.

(Complete ONLY if vendor has performed fewer than 3 New York City contracts.)

TYPE OF Contract _____	ENTITY _____	DATE COMPLETED _____
Manager at entity that hired vendor (Name/Phone No./Email) _____		
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____	
Type of Work Subcontracted _____		
_____	_____	_____
_____	_____	_____
TYPE OF Contract _____	AGENCY/ENTITY _____	DATE COMPLETED _____
Manager at agency/entity that hired vendor (Name/Phone No./Email) _____		
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____	
Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____
_____	_____	_____
_____	_____	_____
TYPE OF Contract _____	AGENCY/ENTITY _____	DATE COMPLETED _____
Manager at entity that hired vendor (Name/Phone No./Email) _____		
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____	
Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____
_____	_____	_____
_____	_____	_____

Sample:

Schedule B – Part III

Pg. 7

Full Waiver Request

Attach a separate written justification to support your request that includes details about your contracting history.

Submit to

bids@health.nyc.gov on or before the Waiver Request deadline.

If your request is denied, you must include a completed **Regular Schedule B** in your proposal package.

Procurement Title: ABC Widgets Service

PIN: ##AB#####C#D#

VENDOR CERTIFICATION: I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith.

Signature: Father Time Date: ## - ## - ####

Print Name: Father Time Title: Head Widget Worker

Shaded area below is for agency completion only

AGENCY CHIEF CONTRACTING OFFICER APPROVAL

Signature: _____ Date: _____

CITY CHIEF PROCUREMENT OFFICER APPROVAL

Signature: _____ Date: _____

Waiver Determination

Full Waiver Approved:

Waiver Denied:

Partial Waiver Approved:

Revised Participation Goal: _____ %

*Please provide a justification to support the request for a full/partial waiver (ie: details about contract history)

Partial Waiver

For proposers requesting a goal less than the
Agency's goal (but more than 0%)

Sample:

Schedule B – Part II

Pg. 2

Partial Waiver Request

- Complete Part II
- “Total Bid/Proposal Value” = the “Estimated Total Net Price of Subscriptions for 5 Years” in Item 2, line G.

Procurement Title: ABC Widgets Service

PIN: ##AB#####C#D#

SCHEDULE B - Part II: M/WBE Participation Plan

Part II to be completed by the bidder/proposer.

Please note: For Non-M/WBE Prime Contractors who will NOT subcontract any services and will self-perform the entire contract, you must obtain a FULL waiver by completing the Waiver Application on pages 5 and 6 and timely submitting it to the contracting agency pursuant to the Notice to Prospective Contractors. Once a FULL WAIVER is granted, it must be included with your bid or proposal and you do not have to complete or submit this form with your bid or proposal.

Section I: Prime Contractor Contact Information				
Tax ID #	##-####	FMS Vendor ID #	#####	
Business Name	Widgets Work	Contact Person	Father Time	
Address	456 LMNOP Road		789 XYZ St, NY #####	
Telephone #	##-##-###	Email	ftime@widgetswork.com	
Section II: M/WBE Utilization Goal Calculation: Check the applicable box and complete subsection.				
PRIME CONTRACTOR ADOPTING AGENCY M/WBE PARTICIPATION GOALS				
<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Agency M/WBE Participation Goals.	Total Bid/Proposal Value		Agency Total Participation Goals (Line 1, Page 1)	Calculated M/WBE Participation Amount
Calculate the total dollar value of your total bid that you agree will be awarded to M/WBE subcontractors for services and/or credited to an M/WBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.				
	\$	X	=	\$ Line 2
<input checked="" type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Modified M/WBE Participation Goals.	Total Bid/Proposal Value		Adjusted Participation Goal (From Partial Waiver)	Calculated M/WBE Participation Amount
Calculate the total dollar value of your total bid that you agree will be awarded to M/WBE subcontractors for services and/or credited to an M/WBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation.				
	\$1,000,000	X	8%	= \$80,000 Line 3

Sample:

Schedule B – Part II

Pg. 3

Partial Waiver Request

In Section VI,

- Enter the total amount of subcontracting you plan to do using both MWBEs and non-MWBEs
- Include a list of work you plan to subcontract:
 - Type of work to be subcontracted
 - Dollar value of each type of work to be subcontracted
 - Whether each type of work is planned for an MWBE
 - Estimated timeframe for each type of work

Check applicable box. The Proposer or Bidder will fulfill the M/WBE Participation Goals:

As an M/WBE Prime Contractor that will self-perform and/or subcontract to other M/WBE firms a portion of the contract the value of which is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals. Please check all that apply to Prime Contractor:

MBE WBE

As a Qualified Joint Venture with an M/WBE partner, in which the value of the M/WBE partner's participation and/or the value of any work subcontracted to other M/WBE firms is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals.

As a non M/WBE Prime Contractor that will enter into subcontracts with M/WBE firms the value of which is at least the amount located on Lines 2 or 3 above, as applicable.

Section IV: General Contract Information

What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of M/WBE status? 15%

Enter brief description of the type(s) and dollar value of subcontracts for all/any services you plan on subcontracting if awarded this contract. For each item, indicate whether the work is designated for participation by MBEs and/or WBEs and the time frame in which such work is scheduled to begin and end. Use additional sheets if necessary.

1. Widget Polishing - \$30,000 – designated for NYC-certified MWBE participation – Year 1
2. Widget Disposal - \$50,000 – designated for NYC-certified MWBE Participation – Years 1-2
3. Widget Site Assessment - \$20,000 - Year 1-2
4. Widget Photography - \$50,000 - Year 1-2
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____

Scopes of Subcontract Work

Sample:

Schedule B - Part II

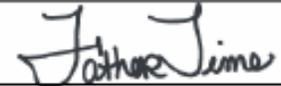
Pg. 4

Partial Waiver
Request

Procurement Title: ABC Widgets Service

PIN: ##AB#####C#D#

- 1) acknowledge my understanding of the M/WBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;
- 2) affirm that the information supplied in support of this M/WBE Utilization Plan is true and correct;
- 3) agree, if awarded this Contract, to comply with the M/WBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;
- 4) agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the M/WBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such goals are modified by the Agency; and
- 5) agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the M/WBE Participation Goals, or If a partial waiver is obtained or such goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.

Signature		Date	## - ## - ####
Print Name	Father Time	Title	Head Widget Worker

Sample:

Schedule B – Part III

Pg. 5 (top)

Partial Waiver
Request

You also need to
complete Part III of
the form

Procurement Title: ABC Widgets Service

PIN: ##AB#####C#D#

SCHEDULE B – PART III – REQUEST FOR WAIVER OF M/WBE PARTICIPATION REQUIREMENT

Contract Overview

Tax ID # ## - ##### FMS Vendor ID # #####
Business Name Widgets Work
Contact Name Father Time Telephone # ### - ### - ### Email ftime@widgetswork.com
Type of Procurement Competitive Sealed Bids Other Bid/Response Due Date ## - ## - ####
APT E-PIN # ##### A ##### Contracting Agency: Department of NYC Agency

M/WBE Participation Goals as described in bid/solicitation documents

14% Agency M/WBE Participation Goal

Proposed M/WBE Participation Goal as anticipated by vendor seeking waiver

8 % of the total contract value anticipated **in good faith** by the bidder/proposer to be subcontracted for services and/or credited to an M/WBE Prime Contractor or Qualified Joint Venture.

Basis for Waiver Request:

- Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.
- Vendor subcontracts *some* of this type of work but at a *lower %* than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. (Attach subcontracting plan outlining services that the vendor will self-perform and subcontract to other vendors or consultants.)
- Vendor has other legitimate business reasons for proposing the M/WBE Participation Goal above. Explain under separate cover.

Sample:

Schedule B – Part III

Pg. 5 (bottom)

Partial Waiver Request

Remember – in a Partial Waiver Request, Proposer is expected to demonstrate and justify your proposed modified MWBE goal.

Info for contracts for NYC government agencies.

References			
<i>List 3 most recent contracts performed for NYC agencies (if any). Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.</i>			
CONTRACT NO. 999 20172009106	AGENCY Dept. of Liberty	DATE COMPLETED 10/30/2018	
Total Contract Amount \$200,000	Total Amount Subcontracted \$0		
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	
<hr/>			
CONTRACT NO. 999 20172009102	AGENCY Dept. of Truth	DATE COMPLETED 1/31/2018	
Total Contract Amount \$700,000	Total Amount Subcontracted \$75,000		
Item of Work Subcontracted and Value of subcontract Field Assessment; \$50,000	Item of Work Subcontracted and Value of subcontract Photography; \$25,000	Item of Work Subcontracted and Value of subcontract	
<hr/>			
CONTRACT NO. 999 20172009104	AGENCY Dept. of Equity	DATE COMPLETED 4/20/2017	
Total Contract Amount \$17,000	Total Amount Subcontracted \$0		
Item of Work Subcontracted and	Item of Work Subcontracted and	Item of Work Subcontracted and	

Sample:

Schedule B – Part III

Pg. 6 (top)

Partial Waiver
Request

Procurement Title: ABC Widgets Service

PIN: ##AB#####C#D#

Value of subcontract	Value of subcontract	Value of subcontract
CONTRACT NO. 999 20172009100	AGENCY Dept. of Freedom	DATE COMPLETED April 30, 2006
Total Contract Amount \$15,000,000	Total Amount Subcontracted \$3,000,000	
Item of Work Subcontracted and Value of subcontract Disposal \$1,000,000	Item of Work Subcontracted and Value of subcontract Polishing \$1,500,000	Item of Work Subcontracted and Value of subcontract Photography \$500,000
CONTRACT NO.	AGENCY	DATE COMPLETED
Total Contract Amount	Total Amount Subcontracted	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract
CONTRACT NO.	AGENCY	DATE COMPLETED
Total Contract Amount	Total Amount Subcontracted	
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract

Sample:

Schedule B – Part III

Pg. 6 (bottom)

Partial Waiver Request

Info for non-NYC entities if you have performed on fewer than 3 NYC government contracts.

List 3 most recent contracts performed for other entities. Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.

(Complete ONLY if vendor has performed fewer than 3 New York City contracts.)

TYPE OF Contract _____	ENTITY _____	DATE COMPLETED _____
Manager at entity that hired vendor (Name/Phone No./Email) _____		
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____	
Type of Work Subcontracted _____		
_____	_____	_____
_____	_____	_____
TYPE OF Contract _____	AGENCY/ENTITY _____	DATE COMPLETED _____
Manager at agency/entity that hired vendor (Name/Phone No./Email) _____		
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____	
Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____
_____	_____	_____
_____	_____	_____
TYPE OF Contract _____	AGENCY/ENTITY _____	DATE COMPLETED _____
Manager at entity that hired vendor (Name/Phone No./Email) _____		
Total Contract Amount \$ _____	Total Amount Subcontracted \$ _____	
Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____	Item of Work Subcontracted and Value of subcontract _____
_____	_____	_____
_____	_____	_____

Sample:

Schedule B – Part III

Pg. 7

Partial Waiver Request

Attach a separate written justification to support your request that includes details about your contracting history.

Submit to bids@health.nyc.gov on or before the Waiver Request deadline.

If your request is denied, you must include a completed Regular Schedule B in your proposal package.

Procurement Title: ABC Widgets Service

PIN: ##AB#####C#D#

VENDOR CERTIFICATION: I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith.

Signature: Father Time

Date: ## - ## - ####

Print Name: Father Time

Title: Head Widget Worker

Shaded area below is for agency completion only

AGENCY CHIEF CONTRACTING OFFICER APPROVAL

Signature: _____

Date: _____

CITY CHIEF PROCUREMENT OFFICER APPROVAL

Signature: _____

Date: _____

Waiver Determination

Full Waiver Approved:

Waiver Denied:

Partial Waiver Approved:

Revised Participation Goal: _____ %

*Please provide a justification to support the request for a full/partial waiver (ie: details about contract history)

Q & A Intermission

Thanks For Your Patience



Q & A Reading and Closing

Thanks for your interest in DOHMH's Invitations For Bids for Subscription Management Services for the Public Health Library



ANNEX B

**City of New York
Department of Health and Mental Hygiene (DOHMH)
Invitations for Bids (IFB) for
SUBSCRIPTION MANAGEMENT SERVICES
FOR THE PUBLIC HEALTH LIBRARY
PIN: 20PT002100R0X00**

Below are answers to the unduplicated questions received by DOHMH at the pre-bid conference and/or in writing by the Questions Due Date of October 3, 2019. Bidders are advised to read all questions and answers in order to have the most complete information.

Answers provided in writing herein should be considered the final and official responses to these questions.

Question 1: If possible, please provide the following details, as many publishers require this information for pricing:

- IP Addresses
- Single-Site or Multi-Site? Single-User or Multi-User?
- Book Budget

Answer 1: IP Addresses will be provided to the Contractor prior to commencement of work. As indicated in Section II.A.4., the Contractor will provide access to two types of Authorized Users. The journals will be available for access online at 42-09 28th Street, Long Island City, NY 11101 and at 125 Worth Street, New York, NY 10013. A book budget is not available as this is a Bid for online journals only.

Question 2: Can you confirm the physical locations that will have access to the online content?

Answer 2: Please see Answer 1 above.



ANNEX C

REVISED ITEM 2: BID PRICE SHEET (PAGE 1 OF 2)

PIN: 20PT002100R0X00

SUBSCRIPTION MANAGEMENT SERVICES FOR THE PUBLIC HEALTH LIBRARY

Bidder's Legal Name: _____

Bidder's Tax ID#: _____

NOTICE TO ALL BIDDERS: FAILURE TO COMPLETE THIS SECTION IN DETAIL WILL RESULT IN REJECTION OF YOUR BID.

The undersigned agrees, if this bid is accepted, that it will, within 10 days of receipt of notice of award, submit executed copies of insurance policies as may be required, execute the Agreement set forth in this Invitation for Bid, and will proceed, when directed to do so, with the work required hereunder in strict compliance with the terms and conditions set forth in this Bid AT THE PRICES SET FORTH BELOW.

This is a requirements contract, and is intended to cover, during term of this Contract, the requirements of DOHMH. **The quantities listed in the Bid Price Sheet are estimates for the full term of this Contract, and DOHMH may use more, less or none of the quantities listed.** Contractor shall only be paid for the work performed pursuant to this contract.

Basis of Award:

The Bidder shall complete Part I of Item 3: (Journal Subscription Catalog) to calculate the Total Price of Priority Subscriptions for Year 2020. In the Bid Price Sheet, the Bidder shall then apply a Service Fee Multiplier (not to exceed 0.07) to the Total Price of Priority Subscriptions to arrive at the Total Service Fee. The sum of the Total Service Fee and the Total Price of Priority Subscriptions shall be the Total Net Price of Priority Subscriptions for Year 2020 which will be the basis of award for this Bid.

Contract Value:

The Total Price of All Subscriptions is estimated to be \$2,424,922.90 during the 5-year term of the contract. In the Bid Price Sheet, the Bidder shall apply the Service Fee Multiplier to this estimated amount to arrive at the Total Service Fee for 5 years. The sum of the Total Service Fee and the Total Price of All Subscriptions shall be the Estimated Total Net Price of Subscriptions for 5 years which will be the value of the contract to be awarded to the lowest responsive Bidder.

Service Fee Multiplier:

The Service Fee Multiplier shall be fixed for the duration of the contract. The Service Fee shall be all inclusive and fully burdened and shall include all costs associated with the performance of work, including (but not limited to) materials, labor, insurance, statutory and fringe benefits, taxes, overhead and profit. The Department will not reimburse Contractor for any other costs, so Bidders must take this into consideration in developing their rates.

Catalog:

The Bidder shall complete Part II of Item 3 to determine the number of Non-Priority titles offered. The Bidder shall then calculate the percentage of Non-Priority titles offered by the Bidder. The Bidder must be able to offer no less than 85% of all titles in Part II of the Catalog.



REVISED ITEM 2: BID PRICE SHEET (PAGE 2 OF 2)

**PIN: 20PT002100R0X00
SUBSCRIPTION MANAGEMENT SERVICES FOR THE PUBLIC HEALTH LIBRARY**

Bidder's Legal Name: _____

Bidder's Tax ID#: _____

The award for this Bid will be made based on the Total Net Price of Priority Subscriptions for the Year 2020:

- (A) Total Price of Priority Subscriptions for Year 2020: \$ _____ *
- *Bidder shall transpose the Total Price of Priority Subscriptions for Year 2020 calculated in Part I of Item 3 (Catalog) to Line (A) above.*
- (B) Service Fee Multiplier (Not to exceed 0.07): 0.0 _____
- (C) Total Service Fee for Year 2020: \$ _____ (A) x (B)
- (D) **Total Net Price of Priority Subscriptions for Year 2020:** \$ _____ (A) + (C)

The value of the contract to be awarded will be the Estimated Total Net Price of Subscriptions for five (5) years from 2020 through 2024

- (E) Estimated Total Price of Subscriptions for 5 years: \$ 2,424,922.90
- (F) Total Service Fee for 5 years: \$ _____ (E) x (B)
- (G) **Estimated Total Net Price of Subscriptions for 5 years:** \$ _____ (E) + (F)

Bidder shall provide the following:

- (H) Total Number of Non-Priority titles: 92
- (I) Number of Non-Priority titles offered by Bidder: _____ *
- *Bidder shall tally the number of titles offered as indicated by the Bidder in Part II of Item 3 (Catalog) and enter the total in Line (I) above.*
- (J) Percentage of Non-Priority titles offered by Bidder: _____ %* [(I) / (H)] x 100
- *Bidder must offer at least 85% of all titles in Part II of the Catalog.*



The undersigned, in submitting this bid, expressly states and represents that it is made in good faith, and that calculations were made on reasonable estimates. The undersigned hereby certifies to the truth and accuracy of all figures and answers contained herein, and authorizes the Department to make any necessary examination of the books of account, records and vouchers of the bidder or other investigation to determine its responsibility.

Bidder: _____
(Insert Full Legal Name of Company)

By: _____
(Signature of Person Authorized To Sign the Bid)

Attest: _____
(Secretary of Corporate Bidder)

(CORPORATE SEAL)

TO BE NOTARIZED:
Sworn to before me this
___ day of _____, 201__

(Notary Public or Commissioner of Deeds)

(TO BE NOTARIZED)

A. AFFIDAVIT WHERE BIDDER IS AN INDIVIDUAL:

STATE OF _____

COUNTY OF _____ ss:

_____ being duly sworn says: I am the person described in and who executed the foregoing bid and the several matters therein stated are in all respects true.

(Signature of the person who signed the Bid)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public



(TO BE NOTARIZED)

B) AFFIDAVIT WHERE BIDDER IS A PARTNERSHIP:

STATE OF _____

COUNTY OF _____ ss:

_____ being duly sworn says: I a member of
_____, the firm described in and which executed the foregoing
bid. I subscribed the name of the firm thereto on behalf of the firm, and the several matters
therein stated are in all respects true.

(Signature of Partner who signed the bid)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

(TO BE NOTARIZED)

C) AFFIDAVIT WHERE BIDDER IS A CORPORATION:

STATE OF _____

COUNTY OF _____ ss:

_____ being duly sworn says: I am the _____ of the above named Corporation whose name is subscribed to and which executed the foregoing bid. I reside at _____. I have knowledge of the several matters therein stated, and they are in all respects true.

(Signature of Officer who signed the bid)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

ANNEX D

REVISED ITEM 3: JOURNAL SUBSCRIPTION CATALOG

Item #	Journal Title	DOHMH Existing Holdings	ISSN #	Price for Subscription Year 2020
Part I: PRIORITY JOURNAL TITLES (2020)				
<p>Is the Bidder offering all items listed from 1 through 270? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, Bidder must provide the price for a 12-month subscription period for each item.</p>				
1	Academic Pediatrics	-	1876-2859	\$ _____
2	Addiction	2012 to present	ISSN 0965-2140 Online ISSN: 1360-0443	\$ _____
3	Addictive Behaviors	1995 to Present	0306-4603	\$ _____
4	Administration and Policy in Mental Health and Mental Health Services Research	-	ISSN 0894-587X Online ISSN: 1573-3289	\$ _____
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273	Age and Ageing	-	ISSN: 0002-0729 Online ISSN: 1468-2834	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
274	American Behavioral Scientist	-	ISSN: 0002-7642 Online ISSN: 1552-3381	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
275	American Journal Medical Sciences	-	0002-9629	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
276	American Journal of Forensic Medicine & Pathology	-	0195-7910	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
277	American Journal of Health Behavior	-	1087-3244	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
278	American Journal of Medical Quality	-	ISSN: 1062-8606 Online ISSN: 1555-824X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
279	American Journal of Men's Health	-	ISSN: 1557-9883 Online ISSN: 1557-9891	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
280	American Journal of Nursing AJN	-	0002-936X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
281	Annals of Emergency Medicine	-	ISSN: 0196-0644	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

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283	Annals of Internal Medicine, Beyond the Guidelines	1993 to present	ISSN: 0003-4819 Online ISSN: 1539-3704	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
284	Annals of Medicine	-	ISSN: 0785-3890 Online ISSN: 1365-2060	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
285	Annals of Occupational Hygiene	-	ISSN: 0003-4878 Online ISSN: 1475-3162	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
286	Annals of the ICRP (International Commission on Radiological Protection)	-	0146-6453	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
287	Anthropology and Medicine	-	ISSN: 1364-8470 Online ISSN: 1469-2910	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
288	Archives of Dermatology Research	-	ISSN: 0340-3696 Online ISSN: 1432-069X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
289	Archives of Psychiatric Nursing	-	ISSN: 0883-9417 Online ISSN: 1532-8228	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
290	Archives of toxicology	-	ISSN: 0340-5761 Online ISSN: 1432-0738	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
291	Behavioral Sciences and the Law	-	1099-0798	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
292	Bioanalysis	-	1757-6180	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
293	BMC International Health and Human Rights	-	1472-698X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
294	BMC Public Health	-	1471-2458	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
295	Breast Journal	-	ISSN: 1075-122X Online ISSN: 1524-4741	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
296	Central European Journal of Public Health	-	1210-7778	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
297	Child: Care, Health and Development	-	ISSN: 0305-1862 Online ISSN: 1365-2214	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
298	Circulation Research	-	0009-7330	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
299	Clinical Social Work Journal	-	ISSN: 0091-1674 Online ISSN: 1573-3343	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
300	Communication and Medicine	-	ISSN: 1612-1783 Online ISSN: 1613-3625	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
301	Community Dental Health	-	0265-539X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
302	Community Dentistry and Oral Epidemiology	-	ISSN: 0301-5661 Online ISSN: 1600-0528	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
303	Conflict and Health	-	1752-1505	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
304	Current Research in Nutrition and Food Science	-	2322-0007	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
305	Ear and Hearing	-	0196-0202	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
306	EBSCO Database (Academic Search Premier, PsycINFO, PsycARTICLES, Health and Social Instruments, Mental Measurements Yearbook with Tests in Print)	-		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
307	Education for Primary Care	-	ISSN: 1473-9879 Online ISSN: 1475-990X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
308	Environmental Quality Management	-	ISSN: 1088-1913 Online ISSN: 1520-6483	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
309	Environmental Research Letters	-	1748-9326	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
310	Epidemics	-	ISSN: 1755-4365 Online ISSN: 1878-0067	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
311	European Journal of Applied Physiology	-	ISSN: 1439-6319 Online ISSN: 1439-6327	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

312	Expert Review of Respiratory Medicine	-	1747-6348	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
313	Food Protection Trends	-	15419576	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
314	Global Health Action	-	ISSN: 1654-9716 Online ISSN: 1654-9880	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
315	Globalization and Health	-	1744-8603	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
316	Health Education	-	0965-4283	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
317	Health Services and Outcomes Research Methodology	-	ISSN: 1387-3741 Online ISSN: 1572-9400	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
318	International Health	-	2309-1630	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
319	International Journal for Parasitology	-	0020-7519	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
320	International Journal for Quality in Health Care	-	ISSN: 1353-4505 Online ISSN: 1464-3677	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
321	International Journal of Consumer Studies	-	ISSN: 1470-6423 Online ISSN: 1470-6431	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
322	International Journal of Low Radiation	-	ISSN: 1477-6545 Online ISSN: 1741-9190	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
323	International Journal of Risk and Safety in Medicine	-	ISSN: 0924-6479 Online ISSN: 1878-6847	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
324	International Microbiology	-	ISSN: 1139-6709 Online ISSN: 1618-1905	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
325	Journal of Adolescence	-	ISSN: 0140-1971 Online ISSN: 1095-9254	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
326	Journal of American College Health	-	ISSN: 0744-8481 Online ISSN: 1940-3208	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
327	Journal of Cancer Education	-	ISSN: 0885-8195 Online ISSN: 1543-0154	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
328	Journal of Clinical Epidemiology	-	0895-4356	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
329	Journal of Clinical Pathology	-	ISSN: 0021-9746 Online ISSN: 1472-4146	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
330	Journal of Community Genetics	-	ISSN: 1863-310x Online ISSN: 1868-6001	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
331	Journal of Emergency Medicine	-	0736-4679	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
332	Journal of Exposure Science and Environmental Epidemiology	-	ISSN: 1559-0631 Online ISSN: 1559-064X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
333	Journal of Integrative Environmental Sciences	-	1943-815X	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
334	Journal of Medical Screening	-	ISSN: 0969-1413 Online ISSN: 1475-5793	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
335	Journal of Policy and Practice in Intellectual Disabilities	-	ISSN: 1741-1122 Online ISSN: 1741-1130	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
336	Journal of Practice Teaching and Learning	-	1759-5150	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
337	Journal of Preventive Medicine and Hygiene	-	1121-2233	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
338	Journal of Primary Prevention	-	ISSN: 0278-095X Online ISSN: 1573-6547	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
339	Journal of Rural Health	-	ISSN: 0890-765X Online ISSN: 1748-0361	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
340	Journal of the International AIDS Society	-	1758-2652	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
341	Journal of Workplace Behavioral Health	-	1555-5240	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

342	Managed care (Langhorne, Pa.)	-	1062-3388	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
343	Medicine	-	ISSN: 0025-7974 Online ISSN: 1536-5964	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
344	Milbank Quarterly	-	1468-0009	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
345	Molecular and Cellular Toxicology	-	ISSN: 1738-642X Online ISSN: 2092-8467	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
346	Monographs of Society for Research in Child Development	-	1540-5834	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
347	National health statistics reports	-	ISSN: 2164-8344 Online ISSN: 2332-8363	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
348	Noise Control Engineering Journal	-	0736-2501	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
349	Occupational Ergonomics	-	1359-9364	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
350	Occupational Medicine	-	ISSN: 0962-7480 Online ISSN: 1471-8405	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
351	Occupational Therapy Now	-	1481-5532	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
352	Open AIDS Journal	-	1874-6136	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
353	Open Public Health Journal	-	1874-9445	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
354	Pediatric Obesity	-	2047-6310	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
355	PharmacoEconomics	-	ISSN: 1170-7690 Online ISSN: 1179-2027	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
356	Primary Care Respiratory Journal	-	1471-4418	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
357	Primary Care Respiratory Medicine	-	2055-1010	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
358	Research in Occupational Stress and Well Being	-	1479-3555	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
359	Reviews of Environmental Contamination and Toxicology	-	0179-5953	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
360	Social Work in Mental Health	-	ISSN 1533-2985 Online ISSN: 1533-2993	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
361	Travel Medicine and Infectious Disease	-	1477-8939	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
362	WHO Drug Information	-	1010-9609	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

*** As set forth in Section II(A)(2)(b), prior to each subsequent subscription period, DOHMH may add or remove any titles from the Catalog. The Contractor may revise the list of titles to be offered in Part II of the Catalog for each subscription period but may not remove or add any titles from Part I of the Catalog without prior written approval from DOHMH. The Contractor will also update the subscription titles to be offered for each subscription period with the most current direct rates from the respective publishers. The Contractor will provide the updated Catalog to DOHMH no less than 3 months prior the upcoming subscription period. DOHMH will within two weeks of receipt of the updated Catalog provide the Contractor with the selection of titles for the upcoming subscription period.**



ANNEX E

REVISED ITEM 4: ACKNOWLEDGMENT OF ADDENDA

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 IFB:

- ADDENDUM # 1, DATED September 26, 2019
- ADDENDUM # 2, DATED October 29, 2019
- ADDENDUM # 3, DATED _____ , 20__
- ADDENDUM # 4, DATED _____ , 20__
- ADDENDUM # 5, DATED _____ , 20__
- ADDENDUM # 6, DATED _____ , 20__

PART II: _____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS INVITATION FOR BIDS.

PART III:

BIDDER (NAME) _____ DATE __/__/__

BIDDER (SIGNATURE) _____