



City of New York
Department of Health and Mental Hygiene (DOHMH)
Request for Proposals (RFP) for the
Training and Practice Implementation Institute
PIN: 19SA001200R0X00
Addendum #2

November 26, 2019

This Addendum contains the materials from the Pre-Proposal Conference held on October 25, 2019, responses to all questions received on or before November 1, 2019, and revisions to the RFP.

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

The Proposal Due Date has been moved to December 17, 2019 at 2:00 PM.

- I. Pre-Proposal Conference Materials
Attached as Annex A are the PowerPoint presentation slides and sign-in sheet from the Pre-Proposal Conference held on October 25, 2019.

- II. Answers to Questions Received about the RFP
Answers to questions received by DOHMH are contained in Annex B.

- III. Changes to RFP:
The following section of the RFP has been revised and/or replaced as follows. Language that is crossed-out has been deleted; language in bold type has been added.
 - A. RFP Section I(D): Proposal Due Date, Time, and Location (p. 4):
 - **Date:** ~~December 5, 2019~~ **December 17, 2019**
 - **Time:** ~~2:00 p.m.~~
 - **Location:** **Office of the Agency Chief Contracting Officer**
Department of Health and Mental Hygiene
42-09 28th Street, 17th Floor, CN-30A
Long Island City, NY 11101
Attn: Dara R. Lebwohl

 - B. RFP Section IV(A)(2)(b): Technical Proposal – Organizational Capability (p. 18):

In addition:

- Attach a chart showing where, or an explanation of how, the proposed services will fit into the Proposer's organization.

- Attach a copy of the Proposer's latest audit report or certified financial statement, or a statement as to why no report or statement is available.

- Attach for each key staff position a resume and/or description of the qualifications that will be required together with a statement certifying that the proposed key staff will be available for the duration of the project.
- Attach a copy of the Proposer's patient confidentiality and data use policies and procedures.
- **If applicable, attach a copy of the Proposer's 501(c)(3) determination letter from the Internal Revenue Service.**

C. RFP Section IV(B): Proposal Package Contents (p. 22):

The Proposal Package should contain the following materials. Proposers should utilize this section as a "checklist" to assure completeness prior to submitting their proposal to the Agency.

1. A sealed inner envelope labeled "Technical Proposal," containing one original set and three duplicate sets of the documents listed below in the following order:
 - ❑ Proposal Cover Letter (Attachment A)
 - ❑ Technical Proposal
 - ❑ Narrative
 - ❑ Two (2) Letters of Reference
 - ❑ Organizational Chart
 - ❑ Latest Audit Report or Certified Financial Statement, or a statement as to why no report or statement is available
 - ❑ Resumes and/or Description of Qualifications for Key Staff Positions
 - ❑ Copy of Proposer's patient confidentiality and data use policies and procedures
 - ❑ Acknowledgement of Addenda (Attachment C)
2. A separate sealed inner envelope labeled "Price Proposal" containing one original set and three duplicate sets of the Price Proposal.

Price Proposal:

- ❑ Deliverables-Based Price Proposal Form (Attachment B-1)
 - ❑ Line Item Budget (*Revised* Attachment B-2)
3. **Unless proposer is a not-for-profit entity**, separate, sealed inner envelope labeled "Subcontractor Utilization Plan" containing an original:
 - ❑ "Subcontractor Utilization Plan" (Attachment F, Schedule B, Part II) or;
 - ❑ Approved Waiver of Target Subcontracting Percentage (Attachment F, Schedule B, Part III) or;
 - ❑ "Subcontractor Utilization Plan" (Attachment F, Schedule B, Part II) and Approved Partial Waiver of Target Subcontracting Percentage (Attachment F, Schedule B, Part III)

If proposer is a not-for-profit entity, a separate, sealed inner envelope labeled “501(c)(3) letter” containing a copy of:

❑ **The proposer’s 501(c)(3) determination letter issued by the Internal Revenue Service.**

4. A separate, sealed inner envelope labeled “Digital Documents” containing a USB drive, CD-ROM, or DVD containing digital versions of **all** hard copy documents submitted in response to this RFP.

5. A separate sealed inner envelope labeled “Doing Business Data Form and Iran Contractor Compliance” containing:

- ❑ An original, completed Doing Business Data Form (Attachment D)
- ❑ An original, completed and notarized Iran Contractor Compliance Form (Attachment G).

6. A sealed outer envelope, enclosing the five sealed inner envelopes. The sealed outer envelope should have two labels containing:

- ❑ The proposer’s name and address, the Title and PIN of this RFP and the name and telephone number of the Proposer’s Contact Person.
- ❑ The name, title and address of the Authorized Agency Contact Person.

IV. Revisions to RFP Attachments

The following attachments to the RFP have been revised and replaced as follows. **Proposers are required to use the new forms/sections in their proposal packages, or the proposal may be found non-responsive.**

- A. Attached as Annex C is the *Revised* Attachment A: Proposal Cover Letter.
- B. Attached as Annex D is the *Revised* Attachment B-2: Line Item Budget Form.
- C. Attached as Annex E is the *Revised* Attachment C: Acknowledgment of Addenda.

Training and Practice Implementation Institute RFP

PIN: 19SA001200R0X00

EPIN: 81619P0010

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE

PRE-PROPOSAL CONFERENCE

OCTOBER 25, 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 proposers.
- In about 30 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 RFP from a Programmatic perspective
- RFP Guidelines: Review of Basic Information, submission instructions, basis of contract award, and M/WBE Participation Goals/Schedule B
- 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



RFP Programmatic Summary

PROGRAM BACKGROUND AND KEY SCOPE ELEMENTS



Purpose of the RFP

- ❖ DOHMH seeks one contractor to continue the work of TPII by providing training, implementation support, and organizational-change services to health professionals for the effective integration of evidence-based practices into the treatment of substance use disorders. The target population for this effort are the clinical supervisors and counselors of the 330 New York State OASAS-licensed SUD programs in New York City. The contractor would:
 - ❖ Ensure that the SUD programs already enrolled in TPII continue to receive uninterrupted implementation support for integrating the use of Motivational Interviewing,
 - ❖ Annually recruit and enroll 30 NYS OASAS-licensed SUD programs located within the five boroughs of New York City to participate in the TPII;
 - ❖ Collaborate with each enrolled SUD program to develop a program-specific training and implementation plan;
 - ❖ Provide training on selected EBPs and techniques to rate efficacy in the use of the selected EBP in order to facilitate a faithful application of these practices;
 - ❖ Provide ongoing training, coaching, and change management support for SUD clinical supervisors and counselors so that fidelity to the selected EBP may be assessed, effectively monitored, and improved with increased practice,
 - ❖ Provide timely reporting to DOHMH on TPII activities; and
 - ❖ Collaborate with DOHMH for the evaluation of the impact of TPII activities.

Goals

1. To reduce the overall mortality of clients at risk for fatal opioid overdose by equipping TPII-enrolled SUD programs' counselors with training and support to implement and continue the effective use of EBPs which have been shown to increase client engagement and retention in SUD programs;
2. To increase the level of client engagement and program retention among SUD programs enrolled in the TPII by providing clinical, post-graduate, professional workshop training to counselors and clinical supervisors that are implementing EBPs;
3. To support organizational change among each SUD program enrolled in the TPII by facilitating the development of program-specific capacity-building programs, memorialized in sustainability plans that will ensure ongoing integration of the use of the selected EBP through internal training for existing and newly hired counselors, routine rating of counselor efficacy in utilizing the EBP and coaching between trained clinical supervisors and counselors;
4. To support the integration and ongoing use of selected EBPs among SUD programs enrolled in the TPII after the initial implementation;
5. To foster the development of formal and informal learning communities comprised of counselors and clinical supervisors across diverse cohorts of NYC-based treatment providers as a source of mutual aid among SUD counselors utilizing EBPs.

Program Expectations (Experience p. 7-8)

- ❖ Have at least five (5) years within the last ten (10) years of successful experience providing training in the use of evidence-based practices (EBPs) to health professionals working in substance use disorder (SUD) programs. Greater consideration would be given to proposers with more than seven (7) years of experience.
- ❖ Have at least two (2) years within the last seven (7) years of successful experience observing and evaluating counseling sessions between health care professional and client to provide feedback on the use of, and assess fidelity to, EBPs. Greater consideration would be given to proposers with more than five (5) years of experience.
- ❖ Have successful experience providing capacity building assistance to health professionals working in substance use disorder programs.
- ❖ Have successful experience providing post-training coaching to managers and supervisors managing organizational change in health settings.

Program Expectations (Organizational Capability p. 8 – 9)

- ❖ Provide an adequate level of in-house professional staffing in order to:
 - ❖ Recruit and retain a sufficient number of appropriate qualified staff:
 - ❖ Training Staff: Licensed Master Social Work (LMSW), *or* Licensed Mental Health Counselor (LMHC), or Master Addiction Counseling (MAC), *or* Credentialed Alcohol and Substance Abuse Counselor (CASAC) *or* Certified Addiction Counselor, or its equivalent as indicated by DOHMH that have at least two years of clinical practice including the use of the relevant evidence-based practice
 - ❖ Program Director
 - ❖ Programmatic Staff
 - ❖ Establishing a contingency plan
- ❖ Develop and implement plan to retain qualified subcontractors
- ❖ Conduct training as follows:
 - ❖ Off-site
 - ❖ On-site
 - ❖ Remotely
- ❖ Organize all aspects of training and coaching, curricula development, event coordination, and materials (may be done via contractor).
- ❖ Manage client-level data in compliance with laws and regulations
- ❖ Own or lease telecommunication equipment

Program Expectations (Approach p. 9 - 12)

- ❖ Work with DOHMH to ensure uninterrupted service for already-enrolled SUD programs.
- ❖ SUD Program Recruitment, Enrollment, Support, and Learning Community
 - ❖ Recruit/enroll 30 new NYC-operated OASAS-licensed SUD programs annually; retain existing programs
 - ❖ Develop plan for integrating new Programs
 - ❖ Begin enrollment within three (3) months after contract registration
- ❖ TPII Orientation – Develop, in collaboration with DOHMH, TPII orientation to deliver to every enrolled SUD program. Orientation would include
 - ❖ TPII structure
 - ❖ Intro to selected EBP
 - ❖ Timeframe requirements

Program Expectations (Approach, cont'd. p. 9–12)

- ❖ Evidence-Based Practice Training – Develop and deliver EBP training curriculum
 - ❖ EBP Proficiency to promote these goals:
 - ❖ SUD counselor will be able to faithful adherence to EBP in client interactions without direct supervision
 - ❖ SUD clinical supervisor will be able to accurately monitor and assess SUD counselors' fidelity to the selected EBP
 - ❖ Obtain DOHMH approval
 - ❖ Minimum content would include Motivational Interviewing
 - ❖ Maximize SUD Program participation
 - ❖ Provide training in accordance DOHMH timeline
- ❖ Coaching and Practice Plan – Develop and implement Coaching & Practice plan in collaboration with senior SUD Program administrators
 - ❖ Intensive External Coaching: Monitoring SUD counselors' interactions with clients
 - ❖ EBP Coaching Training: Advanced training of clinical supervisors
 - ❖ Facilitated Internal Coaching: Feedback based on evaluation of SUD counselors

Program Expectations (Approach, cont'd. p. 9–12)

- ❖ Sustainability Plan – in conjunction with clinical supervisors and senior administrators, develop Sustainability Plan to support self-sustained, faithful application and continued integration of selected EBP.
 - ❖ Ensure ongoing internal training of counselors
 - ❖ Method of clinical supervisor and senior administration evaluations
 - ❖ Ensure clinical supervisors provide continued internal coaching and training
- ❖ Implementation Monitoring – minimum of three months monitoring to ensure fidelity to Sustainability Plan
 - ❖ Facilitated plan revision, if necessary
 - ❖ Ongoing Implementation Support, as needed

RFP Guidelines

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



RFP Components

- RFP (Sections I – VI)
- Appendix A – General Contract Provisions for Architects and Engineers
- Attachment A – Proposal Cover Letter
- Attachment B1 – Deliverables-Based Price Proposal Form
- Attachment B2 – Line Item Budget Form
- Attachment C – Acknowledgment of Addenda
- Attachment D – Doing Business Data Form
- Attachment E – HireNYC: Hiring and Employment Contract Rider



RFP Components (con't.)

- Attachment F – Notice to All Prospective Contractors (M/WBE) and Schedule B: M/WBE Utilization Plan/Waiver Application
- Attachment G – Iran Divestment Act Compliance Rider
- Attachment H – NYC SBS Capacity-Building Program
- 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>



RFP Timetable (p. 3)

- RFP Release date: October 10, 2019
- Pre-Proposal Conference: October 25, 2019
- M/WBE Waiver Application Due: November 13, 2019 (to RFP@health.nyc.gov)
- All Proposals due by 2:00 p.m. on November 20, 2019
- Agency Contact Person: Dara Lebwohl – RFP@health.nyc.gov
- Questions regarding this RFP must be transmitted in writing to the Agency Contact Person by [November 1, 2019](#).
- The Agency cannot guarantee a timely response to written questions regarding this RFP received less than one week prior to the proposal due date.



Anticipated Funding & Payment Structure

(p. 6)

- The anticipated maximum reimbursable amount of the contract awarded from this RFP is \$3,750,000 for the five year term.
- Estimated number of Contracts: 1
- Anticipated payment structure: deliverable-based payments; contractors will only be compensated for actual work performed



Proposal Submission Instructions (p. 3-4)

- All Proposals must be submitted to the Agency contact by hand or mail by **November 20, 2019 at 2:00 p.m.** E-mailed or faxed proposals will **not** be accepted by the Agency.
- Please allow sufficient time to complete and submit Proposals. Proposals received after the proposal 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 RFP that extends the Proposal Due Date and Time for all proposers, the Proposal Due Date and Time prescribed above shall remain in effect.



Anticipated Contract Term (p. 6)

- July 1, 2020 – June 30, 2025, with a one (1) year renewal option

Proposal Package Contents (p. 25)

1. A sealed inner envelope labeled “Technical Proposal” containing 1 original set and 3 duplicate sets of the documents listed below in the following order:
 - Proposal Cover Letter Form (Attachment A)
 - Technical Proposal
 - Narrative
 - Two (2) Letters of References for the Proposer
 - Organizational Chart
 - Latest Audit Report or Certified Financial Statement, or a statement as to why no report or statement is available
 - Resumes and/or Description of Qualifications for Key Staff Positions
 - Copy of Proposer’s patient confidentiality and data use policies and procedures
 - Acknowledgment of Addenda Form (Attachment C)



Proposal Package Contents – con't. (p.25)

2. A separate sealed inner envelope labeled “Price Proposal” containing 1 original set and 3 duplicate sets of the
 - Deliverables-Based Price Proposal Form (Attachment B-1)
 - Line Item Budget (Attachment B-2)
3. A separate sealed inner envelope labeled “Subcontractor Utilization Plan” containing an original:
 - “Subcontractor Utilization Plan” (Attachment F, Schedule B, Part II) or;
 - Approved Waiver of Target Subcontracting Percentage (Attachment F, Schedule B, Part III) or;
 - “Subcontractor Utilization Plan” (Attachment F, Schedule B, Part II) and Approved Partial Waiver of Target Subcontracting Percentage (Attachment F, Schedule B, Part III)
4. A separate sealed inner envelope labeled “Electronic Copy” containing a USB drive, CD-ROM, or DVD containing electronic copies of all hard copy documents submitted in response to this RPF



Proposal Documents - Continued (p.24-25)

5. A separate sealed inner envelope labeled “Doing Business Data Form and Iran Contractor Compliance” that contains:
 - An original, completed Doing Business Data Form (Attachment D)
 - An original completed and notarized Iran Contractor Compliance Form (Attachment G)
6. A sealed outer envelope, enclosing the five sealed inner envelopes. The sealed outer envelope should have two labels containing:
 - The proposer’s name and address, the Title and PIN of this RFP and the name and telephone number of the Proposer’s Contact Person.
 - The name, title and address of the Authorized Agency Contact Person



Basis of Award and Procedures (pg. 26)

- Responsiveness Check

- Evaluation Criteria:

- Demonstrated quantity and quality of successful relevant experience. 30%
- Demonstrated level of organizational capability. 30%
- Quality of proposed approach. 40%

- A contract award will be made to the responsible proposer whose proposal is determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria which are set forth in the RFP. An award will be made to the proposer achieving the highest average technical score that also offers a price that does not exceed the maximum available funding set forth in the RFP.



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

(Attachment F – Schedule B)

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

M/WBE Contract Utilization Goal – 1.7%

- *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 rfp@health.nyc.gov no later than **November 13, 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) 396-6602; E: mwbe@health.nyc.gov
- NYC Small Business Services – Certification Helpline: (212)513-6311



Schedule B Examples

1. **Full Waiver**
2. **Partial Waiver**
3. **No Waiver – Regular Submission**

Sample:
Schedule B – Part I
Pg. 1

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.

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>	<u>1.7%</u>
or	
<u>Black American</u>	<u>%</u>
<u>Hispanic American</u>	<u>%</u>
<u>Asian American</u>	<u>%</u>
<u>Women</u>	<u>%</u>
Total Participation Goals	1.7% Line 1

Full Waiver

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

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

1.7% 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

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 Field Assessment; \$50,000	Item of Work Subcontracted and Value of subcontract Photography; \$25,000	Item of Work Subcontracted and Value of subcontract	
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

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

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

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 purposes of completing Schedule B – Part II: M/WBE Participation Plan **only**, list the Total Bid/Proposal Value under Section II as \$3,750,000.
-

Sample:

Schedule B – Part II

Pg. 2

Partial Waiver

Procurement Title: ABC Widgets Service

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

ANNEX A

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. 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.	Total Bid/Proposal Value	Agency Total Participation Goals (Line 1, Page 1)		Calculated M/WBE Participation Amount
	\$	X	=	\$ Line 2
<input checked="" type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Modified M/WBE Participation Goals. 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.	Total Bid/Proposal Value	Adjusted Participation Goal (From Partial Waiver)		Calculated M/WBE Participation Amount
	\$3,750,000	1 %	=	\$37,500 Line 3

Sample:

Schedule B – Part II

Pg. 3

Partial Waiver

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.

✓ Scopes of Subcontract Work

1. Widget Polishing - \$30,000 – designated for NYC-certified M/WBE participation – Year 1
2. Widget Disposal - \$50,000 – designated for NYC-certified M/WBE 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. _____

Sample:

Schedule B - Part II

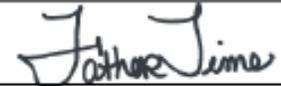
Pg. 4

Partial Waiver

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

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

1.7% Agency M/WBE Participation Goal

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

1 % 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

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	Photography; \$25,000	Item of Work Subcontracted and Value of subcontract
Field Assessment; \$50,000			
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)

Partial Waiver

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

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

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)

No Waiver

- For purposes of completing Schedule B – Part II: M/WBE Participation Plan **only**, list the Total Bid/Proposal Value under Section II as \$3,750,000.
-

Sample:

Schedule B – Part II

Pg. 2

No Waiver

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. 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.	Total Bid/Proposal Value	Agency Total Participation Goals (Line 1, Page 1)		Calculated M/WBE Participation Amount
	\$3,750,000	1.7%	=	\$63,750 Line 2
<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Modified M/WBE Participation Goals. 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.	Total Bid/Proposal Value	Adjusted Participation Goal (From Partial Waiver)		Calculated M/WBE Participation Amount
	\$		=	\$ Line 3

Sample:

Schedule B – Part II

Pg. 3

No Waiver

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 1-2</u>
	4. <u>Widget Photography - \$50,000 - Year 1-2</u>
	5. _____
	6. _____
	7. _____
	8. _____
	9. _____
	10. _____
	11. _____
	12. _____
	13. _____
	14. _____
	15. _____
	16. _____
17. _____	

Sample:

Schedule B - Part II

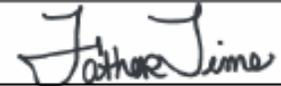
Pg. 4

No Waiver

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

Q & A Intermission

Thanks For Your Patience



Q & A Reading and Closing

Thanks for your interest in DOHMH's Training & Practice Implementation Institute RFP



Pre-Proposal Conference Attendee Log

	Name of Attendee	Organization Name	Minority or Women Owned Business (MWBE)		RFP PICK UP	Email	Telephone No.	Signature
			Is your firm minority or women owned? (Y/N)	Is your firm a Certified MWBE? (Y/N)				
1	LARA LEBWOHL	DOHMH	—	—	—	dlebwohl@health.nyc.gov	x4390	
2	Aisha Barnes	DOHMH	—	—	—	abarnes2@health.nyc.gov	x6602	
3	AnnMARE Rakovic	JSI			YES	arakovic@jsi.com	617-482-9485	
4	CAROLINE WATERMAN	CAI - Cicatelli	—	—	—	Cwaterman@caiglobal.org	973-7148747	
5	Celia McGarry	Briljant, LLC	WBE	Yes		cmcgarry@Briljant.com	518-390-6044	
6	Michael Chaple	NYSPI/RFMH				michael.chaple@nyspi.columbia.edu	646-774 6183	
7	Hendra Chiu	Outreach				hendrachiu@openy.org	718-847-9233	
8	Laquisha Grant	Health Mgmt. Associates	No	No		Lgrant@healthmanagement.com	646-590-0232	
9	Simone Smith	DOHMH				ssmith18@health.nyc.gov	347-396-6619	
10	Ayanic Benjamin	DOHMH				abenjamin1@health.nyc.gov	347 396-4887	
11	Mindy Kass	DOHMH						
12	Sherlon McKenzie	Platinum Healthcare Solutions	Yes	Yes		smckenzie@HSB.com	347 430 4636	
13	Ian Yap	DOHMH				yap@health.nyc.gov	x6692	

**City of New York
Department of Health and Mental Hygiene (DOHMH)
Request for Proposals (RFP) for the Provision of
Training and Practice Implementation Institute
PIN: 19SA001200R0X00**

Below are answer to the unduplicated questions the Agency received at the Pre-Proposal Conference and in writing during the question period. Proposers are advised to read all questions and answers in order to have the most complete information.

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

1. **Question:** What are the selected Evidence Based Practices (EBPs)? Is it only Motivational Interviewing (MI) or other EBPs?
Answer: At minimum, the contractor would be expected to provide training and implementation support for MI. However, proposers may propose and DOHMH may request training and implementation support for other EBPs.

2. **Question:** How are enrollees currently being recruited?
Answer: Enrollees are currently recruited through a program that includes DOHMH-promoted announcements. The Proposer should describe its approach in the proposal narrative. DOHMH will provide support by leveraging their relationships with the service provider community and OASAS.

3. **Question:** Is the *development* of the outreach program part of the scope?
Answer: Please refer to Section III(B)(3)(b) on page 9 of the RFP. Outreach strategy should be detailed in the proposer’s narrative.

4. **Question:** Does DOHMH have any expectations for the duration of implementation support to a given SUD program?
Answer: The Proposer should describe and demonstrate its approach to implementation plans in the proposal narrative—this includes any approach to timeline management.

5. **Question:** Should proposers assume that some SUD programs may require support throughout the term of the contract.
Answer: Yes.

6. **Question:** Does DOHMH expect customized services for each SUD program? If so, does customization typically include the development of new training and reference materials or is it a matter of selecting and tailoring content from existing training and reference materials?
Answer: DOHMH is open to different methods of customization. The Proposer should describe and demonstrate its approach to development of training materials in the proposal narrative.

7. **Question:** How are the adoption of EBPs and impact and efficacy of training currently being measured? Are there established metrics and targets that the contractor would be expected to meet?

Answer: DOHMH expects the successful Proposer to be able to describe in detail their plan to evaluate the efficacy of training and the adoption of EBPs by programs. This can be done by using a variety of methods, including but not limited to, pre- and post-tests, validated fidelity scales, and direct or recorded observation.

8. **Question:** Do the reporting requirements call for specific information or templates?

Answer: DOHMH is open to different approaches to reporting. The Proposer should describe and demonstrate its approach to reporting in the proposal narrative.

9. **Question:** What formal or informal learning communities are already being utilized by TPII to provide ongoing collaborative opportunities?

Answer: As indicated in Section III(A)(5) of the RFP, formal and informal learning communities are comprised of counselors and clinical supervisors across diverse cohorts of New York City-based treatment providers. Proposers should describe and demonstrate its approach to the support of learning communities in the proposal narrative.

10. **Question:** Does DOHMH have any expectations regarding the use of self-study to deliver training (either in-person or remotely)?

Answer: The Proposer should describe and demonstrate its approach to the development and implementation of EBP training curricula in the proposal narrative.

11. **Question:** Can DOHMH share a catalogue of current training assets?

Answer: No.

12. **Question:** What expectation does DOHMH have for improvements from TPII's current training content and approach?

Answer: The Proposer should describe and demonstrate its approach to training content and approach in the proposal narrative. Proposals will only be evaluated based on the extent to which the proposal satisfies the expectations set forth in Section III of the RFP—not in relation to the current program.

13. **Question:** Is there a requirement that TPII accommodate languages other than English?

Answer: The RFP sets forth no such requirement. However, the Agency expects Proposers to demonstrate the capacity to customize its approach for enrolled SUD programs.

14. **Question:** Are M/WBE primes required to meet the M/WBE goal?

Answer: If a proposer is certified as an M/WBE by the New York City Small Business Services, the M/WBE goal is automatically met. However, all proposers must

complete Schedule B (Attachment F) or submit proof of 501(c)(3) status with the IRS.

15. **Question:** Does the size of a not-for-profit organization matter with respect to the M/WBE requirement?
Answer: Not-for-profits are not subject to M/WBE goals. They need only provide documentation of 501(c)(3) status.
16. **Question:** What is the anticipated notification time for award?
Answer: The amount of time it takes to issue an award is dependent on a number of factors including the number of proposals submitted and any responsiveness issues.
17. **Question:** The RFP indicates that the contract is for a five (5) year term, however, the line item budget asks for prices for six (6) years. Which is correct?
Answer: The contract is for a five (5) year term with a one (1) year option for renewal. Please see *Revised* Attachment B-2 in Addendum #1.
18. **Question:** Is there a page limit for the proposal narrative?
Answer: No.
19. **Question:** Is there an indirect cost cap?
Answer: No indirect cost cap has been set for this contract.
20. **Question:** How detailed does a subcontracting arrangement need to be for the proposal? Does the subcontractor need to be included in the line item budget.
Answer: As indicated in Section IV(A)(2)(b)(iii), the proposer should describe and demonstrate the proposer's capability to retain reliable and qualified subcontractors. If applicable, the proposer should also complete Schedule B.
21. **Question:** Who is the current TPII vendor?
Answer: DOHMH does not currently have a contract. This is the first time DOHMH has released an RFP for these services directly.
22. **Question:** Can training staff include a LCSW?
Answer: As indicated in Section III(B)(1)(a), the Agency expects that the training staff have the credentials specifically enumerated or the equivalent as indicated by DOHMH.
23. **Question:** Which proposal documents must be paginated? Is the expectation that everything outlined under Section IV be paginated such as the cover letter, technical proposal (including narrative, letters of reference, org chart, resumes, audit report, etc), price proposal, acknowledgement of addenda and so on?
Answer: All pages of the technical proposal (narrative) should be paginated.

24. **Question:** Section 3D on page 12 of the RFP indicates that proposers that are incorporated as non-profit organizations under Section 501(c)(3) of the U.S. Internal Revenue Code are exempt from participation goals regarding M/WBE. We assume we need to provide a Certificate of Incorporation to prove 501(c)(3) status, but we also want to confirm that we do not need to submit the Subcontract Utilization Plan or apply for a waiver? If so, would we simply include the letter of incorporation in the envelope where these other forms are required?
- Answer:** Not-for-profit proposers do not need to submit a subcontractor utilization plan. Please refer to the changes to the RFP hereinabove.
25. **Question:** Is registration with the PASSPort system required at the time of proposal submission? Or, is the requirement simply that an organization be registered in a timely fashion as to not hold up the contracting process?
- Answer:** PASSPort registration is not a minimum requirement for submitting a proposal. However, it is necessary in order to contract with the City in the event of an award. It is strongly recommended that interested proposers enroll in PASSPort as soon as possible.
25. **Question:** Just verifying that proof of insurance coverage is not required at the time of proposal submission?
- Answer:** Proof of insurance coverage is not necessary in order to submit a proposal.
26. **Question:** Can the experience of trainers be counted as the contractor's experience to meet qualifications if the trainers' experience predates their tenure with the contractor?
- Answer:** Yes, provided that the individuals meet the qualifications set forth in Section III(B)(1) of the RFP.



**Revised ATTACHMENT A
PROPOSAL COVER LETTER**

The Training and Practice Implementation Institute

PIN: 19SA001200R0X00

Proposer:

Program Name: _____

Legal Name: _____ **Tax ID #:** _____

Program Address: _____

Mailing Address: _____

Is Proposer a 501(c)(3)? YES NO

Proposer's Contact Person:

Name: _____ **Title:** _____

Telephone: _____ **Fax:** _____

Is the proposal 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

Proposer's Authorized Representative:

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Revised ATTACHMENT B-2

LINE ITEM BUDGET FORM

(page 1 of 3)

The Training and Practice Implementation Institute

PIN: 19SA001200R0X00

Proposer's Name: _____

Note #1: *For informational purposes only*, proposers are directed to provide a line-item budget showing Personnel Services (PS) and Other Than Personnel Services (OTPS) costs associated with this contract.

Note #2: The Cost to Contract should be calculated by multiplying the Average Annual Salary/Average Annual Cost by the years of the term of the Contract (5).

Note #3: The total price on the Line Item Budget Summary should equal the total price on the Deliverables-Based Price proposal Form.

The contractor will not be paid according to the line item budget.

Personnel (PS) Costs

# of FTEs	Job Title	Average Annual Salary		Cost to Contract
	Program Director		x5	
	Trainer		x5	
			x5	
A. Total Personnel Services (PS)				

Revised ATTACHMENT B-2
LINE ITEM BUDGET FORM
 (page 2 of 3)

The Training and Practice Implementation Institute

PIN: 19SA001200R0X00

Proposer's Name: _____

Note #1: *For informational purposes only*, proposers are directed to provide a line-item budget showing Personnel Services (PS) and Other Than Personnel Services (OTPS) costs associated with this contract.

Note #2: The Cost to Contract should be calculated by multiplying the Average Annual Salary/Average Annual Cost by the years of the term of the Contract (5).

Note #3: The total price on the Line Item Budget Summary should equal the total price on the Deliverables-Based Price proposal Form.

The contractor will not be paid according to the line item budget.

Other Than Personnel Costs (OTPS)

Expense	Average Annual Cost		Cost to Contract
Rent / Utilities (if applicable)		x5	
Telephone		x5	
Printing		x5	
Supplies		x5	
Other OTPS Cost (identify)		x5	
		x5	
B. Total Other Than Personnel Services (OTPS)			

Revised ATTACHMENT B-2

LINE ITEM BUDGET FORM
(page 3 of 3)

The Training and Practice Implementation Institute

PIN: 19SA001200R0X00

Proposer's Name: _____

Note #1: *For informational purposes only*, proposers are directed to provide a line-item budget showing Personnel Services (PS) and Other Than Personnel Services (OTPS) costs associated with this contract.

Note #2: The Cost to Contract should be calculated by multiplying the Average Annual Salary/Average Annual Cost by the years of the term of the Contract (5).

Note #3: The total price on the Line Item Budget Summary should equal the total price on the Deliverables-Based Price proposal Form.

The contractor will not be paid according to the line item budget.

PRICE PROPOSAL SUMMARY

A.	Total Personnel Services (PS):	\$
B.	Total Other than Personnel Services (OTPS):	\$
C.	Total Proposed MRA (A + B)	\$

Revised ATTACHMENT C
ACKNOWLEDGEMENT OF ADDENDA
TRAINING AND PRACTICE IMPLEMENTATION INSTITUTE
PIN: 19SA001200R0X00

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 November 7, 2019

Addendum # 2, Dated November 26, 2019

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: _____