



**City of New York
Department of Health and Mental Hygiene (DOHMH)
Request for Proposals (RFP) for
Master Contractor for Disease Control
PIN: 20AE000500R0X00
Addendum #2**

February 5, 2020

This Addendum contains the Power Point slides from the Pre-Proposal Conference held on January 17, 2020, responses to all questions received by DOHMH on or before January 24, 2020, and revisions to the RFP.

Except as stated in Addendum 1, this Addendum and by any subsequent Addenda to the above-referenced RFP the solicitation remains unchanged.

The Proposal Due Date and Time has been changed to February 21, 2020 at 2:00 P.M.

I. Pre-Proposal Conference Materials:

Attached as Annex A is the PowerPoint presentation from the Pre-Proposal Conference held on January 17, 2020.

II. Answers to Questions Received about the RFP:

Answers to questions received by DOHMH on or before January 24, 2020 are contained in Annex B.

III. Changes to the RFP:

The following sections of the RFP have been revised as follows.

Attachment C: Acknowledgment of Addenda has been revised to reflect the issuance of this Addendum. Please see Annex C to this Addendum. **Proposers are required to use this version of Attachment C in their proposal packages**

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

A. RFP Section I (D) – Page 2 revision

D. Proposal Due Date and Time and Location

- Date: February 14, 2020 **February 21, 2020**
- Time: 2:00 PM, EST
- Location: Office of the Agency Chief Contracting Officer
Department of Health and Mental Hygiene
42-09 28th Street, CN-30A



Long Island City, NY 11101
Attn: Ian Yap

Proposals must be hand-delivered or mailed. E-mailed or faxed proposals will not be accepted by the Agency.

Proposals received at this Location after the Proposal Due Date and Time are late and shall not be accepted by the Agency, except as provided under New York City's Procurement Policy Board Rules. The Agency will consider requests made to the Authorized Agency Contact Person to extend the Proposal Due Date and Time prescribed above. However, unless the Agency issues a written addendum to this RFP which extends the Proposal Due Date and Time for all proposers, the Proposal Due Date and Time prescribed above shall remain in effect.

B. RFP Section III (B)(1) – Page 6 revision

1. Experience

- a. The Contractor would have at least three (3) years in the past seven (7) years of experience in all of the following areas:
 - i. Development and management of competitive solicitations.
 - ii. Subcontract execution and management.
 - iii. Prompt payments to subcontractors.
 - iv. Compliance monitoring of subcontractors.
 - v. Compliance reporting to oversight agencies.
 - vi. Management of complex financial operations including large accounts payables.
 - vii. ~~Complying with regulations associated with the Ryan White HIV/AIDS Treatment and Modernization Act (<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/ryan-white-hiv-aids-program-legislation>).~~
 - viii. Management of federal funding subject to the requirements of the **U.S. Department of Health & Human Services Uniform Administrative Requirements** <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=88c2f29440664f74c9444e7ff44bab5a&mc=true&n=pt45.1.75&r=PART&ty=HTML> for awards and subawards to institutions of higher education, hospitals, other organizations, and commercial organizations; and certain grants and agreements with states, local governments and Indian tribal governments.

~~Greater consideration will be given to proposers with more than three (3) years of experience in the past seven (7) years.~~

C. RFP Section III(B)(3)(b) – Page 7 revision

- b. Procurement Development and Management



The Contractor would release solicitations and process procurements for multiple Agency programs and/or service categories and fulfill the agency's needs in the prevention of outbreaks of infectious diseases in New York City, as per Agency instructions and approval. Procurement activities would conform to the New York City Procurement Policy Board Rules (NYC PPB Rules), New York City Charter, City-wide procurement policies and guidelines, and relevant Federal rules and laws (particularly the Code of Federal Regulations (CDF) Title 45 Part 75).

The Contractor would do all of the following:

- i. For procurements that do not require competitive solicitations, the Contractor would negotiate specifications and reasonable pricing with the vendor, based on Agency needs. All resulting specifications would be approved by the Agency prior to subcontract execution. All Subcontractors must also be pre-approved by the DOHMH's ACCO or ACCO designee.
- ii. Ensure that procurements for goods shall not exceed a total value of \$100,000 for a particular item in a 12-month period.
- iii. For procurements requiring competitive solicitations, the Agency would provide the Master Contractor with draft solicitation documents for each competitive solicitation. The Master Contractor would finalize the documents, secure DOHMH program and ACCO approval of the final drafts prior to solicitation release.
- iv. **For human service procurements, ensure that DOHMH provided language about Indirect Cost Rates are included in the solicitation.**
- v. Release and process competitive solicitations. DOHMH estimates that there would be approximately three (3) to four (4) competitive solicitations within 12 months of the contract start date, and four (4) to six (6) RFP processes per each year of the contract. DOHMH reserves the right to increase or decrease the number of solicitations and the number of subcontractors. In this area, the Contractor would:
 - a) Provide general coordination of the competitive solicitation processes.
 - b) Advertise and post the competitive solicitations (and any revisions, addenda, and pre-proposal conference information) in an accessible manner, including electronic posting, such that the broadest cross-section of potential proposers is reached.
 - c) For each solicitation, develop a "bidders list" consisting of a wide array of appropriate vendors, and send a notice of solicitation to such list; include any additional vendors provided by the Agency (if applicable).
 - d) Manage the procurement process post-release of each solicitation, including but not limited to:
 - maintain a list of all vendors that receive each RFP;
 - collaborate with the Agency to jointly conduct pre-proposal conferences (as needed);
 - coordinate responses to questions asked by potential proposers, and issue written addenda to all vendors on the bidders list to answer questions from potential proposers;

- share the questions and answers from the pre-proposal conference (if held) with all vendors that received the solicitation;
 - make necessary revisions to the RFP prior to the proposal due date;
 - manage the receipt of proposals process; and
 - conduct an administrative review of each proposal in a timely manner to ensure responsiveness.
- e) Manage the proposal evaluation process and ensure timely proposal review. For each competitive solicitation, an evaluation committee consisting of at least three qualified individuals would evaluate each proposal; the majority of the evaluators on an evaluation committee would be DOHMH personnel. The Contractor would chair each evaluation committee and would ensure that no conflicts of interest exist between the evaluators and the entities submitting proposals. The Contractor would, as needed, coordinate site visits by evaluators, presentations, clarifications and/or best and final offer requests.
- f) Prepare subcontractor selection recommendations for the Agency's review and preliminary approval.
- g) Send award notifications to selected subcontractors. Such notification would include (but not be limited to) a statement that the vendor is recommended for a subcontract award, along with a provision that final approval of the subcontract is subject to DOHMH approval.
- h) Conducting integrity checks of potential subcontractors, including (but not limited to) review of audited financial statements, submission of PASSPort Disclosure Filings, internet searches (which would include the NYS Office of the Attorney General's Charities Bureau, and databases that would identify Medicaid exclusions) reference checks, and any other relevant documentation that DOHMH determines would be needed to determine subcontractor integrity. Written summaries of the integrity checks would be provided to DOHMH along with subcontractor approval requests.
- i) Having all subcontracts preapproved by DOHMH's ACCO or ACCO designee. DOHMH will not reimburse the Master Contractor for any payments made to subcontractors not preapproved by the ACCO or ACCO designee. Coordinating with the DOHMH's authorized agency contacts, including the Agency Chief Contracting Officer or designee as necessary.
- vi. The Contractor and any affiliates shall be ineligible to compete in, or otherwise receive a subcontract for, any procurement processed through the Master Contract.

D. RFP Section III(B)(3)(c)(ii) – Page 7 revision

- ii. Review and negotiate subcontract budgets and costs based on the Agency's direction, and secure Agency approval prior to subcontract execution. This includes implementing Agency-approved rates **such as the Accepted Indirect Cost Rate, as defined in the Cost Manual** for performance-based and unit cost subcontracts.



E. RFP Section III(B)(3)(h) – Page 13 revision

h. Contractor Compliance and Participation

The contractor would be responsible for proactively ensuring compliance with all federal, city and state funders. The Contractor would:

- i. Comply with the requirement that no portion of the administrative work designated to the Contractor shall be subcontracted.
- ii. Participate in bi-weekly meetings with the Agency and participating in other meetings as determined by the Agency.
- iii. Cooperate with monitoring visits, off-site reviews and desk audits.
- iv. Attend and participate in activities of the HIV/AIDS Health and Human Services Planning Council of New York, as established under the requirements of RWHAP;
- ~~v. Attend and participate in activities of the New York City HIV Prevention Planning Group, established in accordance with CDC guidance.~~
- vi. Participate and cooperate with the Agency in all investigations, mediation, or arbitrations that may be conducted pursuant to the Grievance Procedures adopted by the Agency and approved by the United States Health Resources and Services Administration (HRSA).
- vii. Comply with Federal (e.g., HRSA, CDC, HOPWA), State, and New York City regulations and guidelines regarding use of funds and client eligibility to ensure that only clients who are eligible are receiving services under these funding sources.
- viii. Participate in any activities related to federal site visits including developing and delivering presentations, preparing and delivering records for review, and supporting the development of responses to any findings or improvement suggestions.

F. RFP Section IV(A)(2)(a) – Page 17 revision

a. Experience

Describe the proposer’s successful relevant experience in providing the work described in Section III.B.1 of this RFP.

Specifically demonstrate successful relevant experience in all of the following areas, and include the number of years of such experience:

- i. Developing and managing competitive solicitations;
- ii. Executing and managing subcontracts;
- iii. Promptly paying subcontractors;
- iv. Compliance monitoring of subcontractors;
- v. Compliance reporting to oversight agencies;
- vi. Managing complex financial operations, including large accounts payable;
- ~~vii. Complying with regulations associated with the Ryan White HIV/AIDS Treatment and Modernization Act;~~



- viii. Managing federal funding subject to the requirements of the U.S. Department of Health & Human Services for awards and sub-awards to institutions of higher education, hospitals, other organizations, and commercial organizations; and certain grants and agreements with states, local governments and Indian tribal governments;

G. RFP Section IV(A)(2)(c)(2) – Page 19 revision

2) Procurement Development and Management

Describe in detail and demonstrate the effectiveness of the proposer’s proposed approach to developing and managing procurements for multiple Agency programs and/or service categories, and fulfilling the Agency’s needs in the prevention of outbreaks of infectious diseases in New York City, in accordance with the NYC PPB Rules, NYC Charter, City-wide procurement policies and guidelines, and relevant Federal OMB rules and laws (particularly Code of Federal Regulations (CDF) Title 45 Part 75), as described in Section III.B.3.b. of this RFP, in all of the following areas:

- i. For procurements that do not require competitive solicitations, negotiating specifications and reasonable pricing with the vendor, based on Agency needs;
- ii. Ensuring that procurements for goods do not exceed a total value of \$100,000 for a particular item in a 12-month period.
- iii. For procurements that require competitive solicitations, drafting and finalizing the solicitation documents and securing DOHMH approval of the final drafts prior to solicitation release.
- iv. **For human service procurements, ensure that DOHMH provided language about Indirect Cost Rates are included in the solicitation.**
- v. Ensuring that the Contractor itself, and any affiliates, does not compete for, recommend itself for, or award itself, a subcontract pursuant to any procurement processed through the resulting “Master Contract.”
- vi. Releasing and processing competitive solicitations; there would be approximately three (3) to four (4) competitive solicitations within 12 months of the Contract start date, and four (4) to six (6) RFP processes each year of the Contract.

Completing the following tasks for the release and processing of competitive solicitations:

- a) general coordination of the competitive solicitation processes;
- b) advertising and posting competitive solicitations in an accessible manner, including electronic posting, such that the broadest cross-section of proposers is reached;
- c) for each solicitation, developing a “bidders list” consisting of a wide array of appropriate vendors, and sending notices of solicitations to such list;
- d) managing the procurement process post-release of each solicitation, including but not limited to:
 - maintaining a list of all vendors that receive each RFP;

- collaborating with the Agency to jointly conduct pre-proposal conferences (as needed);
 - coordinating responses to questions asked by potential proposers, and issuing written addenda to all vendors on the bidders list to answer questions from potential proposers;
 - sharing the questions and answers from the pre-proposal conference (if held) with all vendors that received the solicitation;
 - making necessary revisions to the RFP prior to the proposal due date;
 - managing the receipt of proposals process;
 - conducting an administrative review of each proposal in a timely manner to ensure responsiveness.
- e) managing the proposal evaluation process and ensuring timely proposal review;
 - f) preparing subcontractor selection recommendations for the Agency's review and preliminary approval;
 - g) sending award notifications to subcontractors; such notification would include, but not be limited to, a statement that the vendor is recommended for a subcontract award, along with a provision that final award of the subcontract is subject to DOHMH approval.
 - h) conducting integrity checks of proposed subcontractors in conformance with Section III.B.3.b.iv.h) of this RFP;
 - i) having all subcontracts preapproved by DOHMH's ACCO or ACCO designee. Coordinating with the DOHMH's Agency Chief Contracting Officer (ACCO) or designee as necessary.

H. RFP Section IV(A)(2)(c)(3)(ii) – Page 20 revision

- ii. Reviewing and negotiating subcontract budgets and costs based on the Agency's direction, and securing Agency approval prior to subcontract execution. This includes implementing Agency-approved services rates **such as the Accepted Indirect Cost Rate, as defined in the Cost Manual** for performance-based and unit cost subcontracts;

I. RFP Section IV(A)(2)(c)(8) – Page 23 revision

8) Master Contractor Compliance and Participation

Describe in detail and demonstrate the effectiveness of the proposer's proposed approach to Master Contractor Compliance and Participation, as described in Section III.B.3.h, for all of the following:

- i. Complying with the requirement that no portion of the administrative work designated to the Master Contractor shall be subcontracted.



- ii. Participating in bi-weekly meetings with the Agency, and participating in other meetings as determined by the Agency.
- iii. Cooperating with annual monitoring visits, off-site reviews and desk audits;
~~and~~
- iv. Attending and participating in activities of the HIV/AIDS Health and Human Services Planning Council of New York, as established under the requirements of RWHAP;
- v. ~~Attending and participating in activities of the New York City HIV Prevention Planning Group, established in accordance with CDC guidance;~~
- vi. Participating and cooperating with the Agency in all investigations, mediation, or arbitrations that may be conducted pursuant to the Grievance Procedures adopted by the Agency and approved by the United States Health Resources and Services Administration (HRSA);
- vii. Complying with Federal (e.g., HRSA, CDC, HOPWA), State, and New York City regulations and guidelines regarding use of funds and client eligibility to ensure that only clients who are eligible are receiving services under these funding sources.
- viii. Participating in any activities related to federal site visits including developing and delivering presentations, preparing and delivering records for review, and supporting the development of responses to any findings or improvement suggestions.



ANNEX A

Pre-Bid Conference Materials
(PowerPoint presentation)

RFP FOR MASTER CONTRACTOR FOR DISEASE CONTROL PIN: 20AE000500R0X00 EPIN: 81620P0004

Please sign the Attendance Sheet

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE

PRE-PROPOSAL CONFERENCE

JANUARY 17, 2020



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 40 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

1. Summary of the RFP from a Programmatic perspective
2. RFP Guidelines: Review of basic information, submission instructions, and basis of contract award
3. Q&A Intermission – DOHMH staff in attendance will retreat to another room and attempt to address the questions raised during this conference (Questions Sheets)
4. Q&A Reading and Closing - The answers provided during this conference are preliminary. Official answers will be published in an addendum to this RFP.

RFP Programmatic Summary

PROGRAM BACKGROUND AND KEY SCOPE ELEMENTS

- COMPLETE LIST OF REQUIREMENTS IS LISTED IN THE RFP DOCUMENT



Program Background (pg. 4)

- DOHMH seeks one contractor to provide Master Contractor services, including management, administrative coordination services, and oversight of **subcontracts** with healthcare providers and community-based organizations funded by federal, state, and city funds.
- The contract will assist DOHMH to effectively and efficiently manage the diversified funding the City receives to prevent new HIV and Sexually Transmitted Infections (STI), to decrease morbidity and mortality among individuals with HIV, to prevent/respond to the outbreak of infectious diseases in New York City, and to ensure and promote the health of New Yorkers.
- Sources of funding include, but are not limited to: the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP); the Centers for Disease Control and Prevention (CDC), the Housing Opportunities for Persons with AIDS (HOPWA) Grant; and City Tax Levy (CTL) funding.

Goals and Objectives (pg. 6)

The Agency's goals for this RFP are to provide streamlined procurement, monitoring and fiscal management of **subcontracts** aimed at:

- the prevention of new HIV and STI cases;
- a decrease in morbidity and mortality among individuals with HIV; and
- the prevention of outbreaks of other infectious diseases in New York City.

Program Expectations: Experience (pg. 6)

Minimum of 3 years of experience in the past 7 years in all of the following areas:

- Development and management of competitive solicitations.
- Subcontract execution and management.
- Prompt payments to subcontractors.
- Compliance monitoring of subcontractors.
- Compliance reporting to oversight agencies.
- Management of complex financial operations including large accounts payables.

Program Expectations: Experience (cont'd)

Minimum of 3 years of experience in the past 7 years in all of the following areas:

- Complying with regulations associated with the Ryan White HIV/AIDS Treatment and Modernization Act.
- Management of federal funding subject to the requirements of the U.S. Department of Health & Human Services Uniform Administrative Requirements for awards and subawards to institutions of higher education, hospitals, other organizations, and commercial organizations; and certain grants and agreements with states, local governments and Indian tribal governments.

Greater consideration will be given to proposers with more than three (3) years of experience in the past seven (7) years.



Program Expectations: Organizational Capability (pg. 6-7)

- Be located within the five boroughs of NYC. This is necessary due to the high level of coordination needed between the Agency and the Master Contractor.
- Have the capability to procure and monitor subcontracts for HIV-related services in New York City, as well as in Westchester, Rockland, and Putnam counties, and in other parts of New York State and New Jersey.
- Have the capability to procure and monitor subcontracts related to the prevention of outbreaks of infectious diseases and care and treatment of people living with HIV in New York City.
- Have the capability to develop expertise in, and conduct work according to, the NYC Procurement Policy Board (PPB) Rules, NYC Charter, NYC procurement policies and guidelines, and other relevant State and Federal rules and laws.

Program Expectations: Organizational Capability (cont'd)

- Develop and implement a staffing plan to carry out the work of this contract. The contractor would have, or have the capability to recruit, a sufficient number of appropriately qualified staff to effectively manage three (3) to four (4) competitive solicitations (RFPs) per year and manage a portfolio of over 400 subcontractors. DOHMH reserves the right to increase or decrease the number of solicitations and the number of subcontractors.
- Implement and maintain adequate financial, procurement/contracting, and human resource procedures and systems.

Program Expectations – Approach (pg. 7-13)

➤ Start-Up Period (6 months)

- Develop and implement a plan to ensure a timely transition from current Master Contractor to the vendor awarded from this RFP.
- Accept assignment of current portfolio of over 400 subcontracts.
- Customize a subcontractor electronic payment system and develop a written protocol for subcontractor payments.
- Customize a subcontractor compliance monitoring system and develop a written protocol for subcontractor monitoring.
- Hire additional staff, as needed.

➤ Procurement Development and Management

- Negotiate specifications and reasonable pricing with the vendor for procurements that do not require competitive solicitations.
- Ensure that procurements for **goods** shall not exceed a total value of \$100,000 for a particular item in a 12-month period.
- Finalize draft solicitation documents provided by the Agency for each competitive solicitation and secure Agency's approval prior to release.
- Release and process competitive solicitations.

Program Expectations – Approach (cont'd)

➤ Subcontract Execution, Approval, and Management

- Review and negotiate subcontract scopes of work and budgets based on Agency guidance, and secure Agency approval prior to subcontract execution.
- Draft subcontract documents that align with the Agency's programmatic needs and conform to the requirements in Appendix A.
- Ensure that subcontractors maintain adequate insurance coverage for the duration of their subcontract.
- Ensure that subcontractors enroll and maintain up-to-date filings in PASSPort.
- Ensure timely execution of subcontracts.
- Submit fully executed subcontracts to DOHMH.
- Enter subcontractor information into the Payee Information Portal (PIP).
- Enter payments to subcontractors into PIP.
- Maintain capacity to develop and administer subcontracts containing multiple funding sources,
- Manage and process timely contract modifications, renewals and terminations.
- Close out subcontracts at the end of the term.
- Provide monthly feedback reports to all subcontractors.

Program Expectations – Approach (cont'd)

➤ Fiscal Administration

- Establish and maintain a separate interest-bearing account for funds advanced for subcontractor payments.
- Ensure that subcontractor expenses are justified and conform to cost principles and subcontract requirements.
- Make payments to subcontractor within 30 days approval of an invoice.
- Recommend and execute budget modifications, reductions and reprogramming.
- Verify and perform desk audits of subcontract expenditures annually.
- Establish and maintain appropriate ledgers to manage obligations and expenditures of funds.
- Accurately reconcile advances against actual expenditures.
- Provide a report on final annual year-to-date expense reconciliations paid to subcontractors.
- Develop and disseminate guidelines and conduct annual trainings on Reimbursement Models for Service providers.
- Provide training and technical assistance to all subcontractors on fiscal management policies, procedures and monitoring.
- Conduct all processes for fiscal closeout of subcontracts at the end of subcontract term.
- Ensure that all financial procedures are in compliance with Generally Accepted Accounting Procedures (GAAP).
- Participate in and cooperate with the Agency in all investigations, mediation, arbitrations, and audits.

Program Expectations – Approach (cont'd)

➤ Compliance Monitoring of Subcontracts

- Work collaboratively with the Agency's Program Units on monitoring activities.
- Monitor subcontractors for compliance with the scope of services or specifications, performance metrics, and fiscal requirements/guidelines.
- For goods purchases, monitor to ensure that no more than \$100,000 is spent on a particular item in a 12-month period.
- Conduct on-site monitoring visits using a detailed review instrument subject to pre-approval by the Agency.
- Monitor subcontractor performance throughout each year of the subcontract.
- Ensure that subcontractors are suitably staffed.

➤ Data Management

- Use the Agency's electronic systems (Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE) and eCOMPAS for housing providers) for data management and utilize any successor systems for data management that the Agency deploys.
- Integrate internal data management system with the Agency's data and contract management system modules.

Program Expectations – Approach (cont'd)

➤ Reporting Requirements

- Collect and manage data from subcontractors and provide the data to the Agency.
- Submit regular administrative reports and data to DOHMH in order to oversee the work of the Contractor with regard to RWHAP, CDC, and CTL subcontracts.
- Submit Quarterly Reconciliation Reports of all payments made to subcontractors in comparison to the monthly advances received from the Agency.

➤ Contractor Compliance and Participation

- No portion of the administrative work designated to the Contractor shall be subcontracted.
- Participate in bi-weekly meetings with the Agency and in other meetings as determined by the Agency.
- Cooperate with monitoring visits, off-site reviews and desk audits.
- Attend and participate in activities of the HIV/AIDS Health and Human Services Planning Council of New York, and New York City HIV Prevention Planning Group.
- Participate and cooperate with the Agency in all investigations, mediation, or arbitrations.
- Comply with Federal, State, and New York City regulations and guidelines regarding use of funds and client eligibility.
- Participate in any activities related to federal site visits.

RFP Guidelines

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



RFP Guidelines

RFP Components

- RFP – Solicitation Elements (Sections I – VI)
- Appendix A - General Provisions Governing Contracts for Consultants, Professional, Technical, Human and Client Services
- Attachment A – Proposal Cover Letter
- Attachment B – Price Proposal Form
- Attachment C – Acknowledgement of Addenda
- Attachment D – Doing Business Data Form
- Attachment E – Iran Divestment Act Compliance Rider for NYC Contractors
- Attachment F – Hiring and Employment Rider (HireNYC)
- 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>



Exclusion from Participation in Subsequent Solicitations (p. 4)

This RFP includes the drafting of specifications for subsequent solicitations. The selected Contractor shall not be allowed to participate, whether as a contractor or sub-contractor, in response to a subsequent solicitation(s) utilizing the specifications they drafted or finalized, except as provided under New York City's Procurement Policy Board (PPB) Rules.

Anticipated Contract Term (pg. 5)

- September 1, 2020 – August 31, 2029 (9 year term)



RFP Timetable (pg. 2)

- RFP Release date: December 31, 2019
- Pre-Proposal Conference: January 17, 2020
- All Proposals due by 2:00 p.m. on February 11, 2020
- Agency Contact Person: Ian Yap – RFP@health.nyc.gov
- Questions regarding this RFP must be transmitted in writing to the Agency Contact Person by [January 22, 2020](#)
- 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

(pg. 5)

- Total Anticipated Funding Amount for the full term of the contract is \$1,206,000,000.
- Estimated number of Contracts: 1
- Anticipated payment structure: The Agency anticipates paying the Contractor an annual administrative fee which shall be firm for the duration of the contract.



Anticipated Funding & Payment Structure

(pg. 5, continued)

Proposers will offer a proposed administrative fee on the Price Proposal Form (Attachment B); the maximum annual administrative fee is 7.5 percent; proposers may propose a lower fee, but shall not propose a higher fee.

The contracted administrative fee shall be firm for the duration of the contract; there shall be no other fees or fee schedules associated with the resulting contract, and there shall be no other reimbursable costs.

Payment of the annual administrative fee would follow these guidelines:

- For RFPs that are in development and procurement phases, the administrative fee would be based on the pro-rated monthly estimated value of the RFP. Payment for the development and procurement phases is limited to six months.
- After subcontract execution and on or after the start date of the subcontract, or after subcontract assignment from the current vendor, the administrative fee would be calculated based on the actual payments to the DOHMH-approved, fully executed subcontractors, **or** would be \$2,500 per year per subcontract, whichever is more.

DOHMH anticipates paying the Contractor a monthly advance so that the Contractor can pay subcontractors in a timely manner.

The Contractor will be required to make payments to subcontractors promptly, and to enter all payments to subcontractors into the New York City Payee information Portal (PIP).

The Contractor will be required to reconcile advances with subcontractor payments on a quarterly basis, and the reconciliation will be due to DOHMH within 30 days of the end of each quarter.

Proposal Submission Instructions (pg. 2-3)

- All Proposals must be submitted to the Agency contact by hand or mail by **February 11, 2020 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 date 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.



Proposal Package Contents and Attachments

(pg. 24) “Checklist”

1. Proposal Cover Letter (Attachment A)
2. Technical Proposal (Narrative, 2 Letters of Reference for the Proposer, Table of Contracts, Evaluations, Resumes and/or Description of Qualifications for Key Staff Positions, Organizational Chart, Staffing Plan, Audit Report or Certified Financial Statement or a statement as to why no report or statement is available)
3. Acknowledgment of Addenda Form (Attachment C)
4. Price Proposal Form (Attachment B)
5. Electronic copy – USB, CD-ROM or DVD containing electronic copies of all hardcopy documents contained in the proposal submission.
6. Doing Business Data Form (Attachment D)
7. Iran Contractor Compliance Form (Attachment E)



Evaluation Criteria (pg. 25)

Proposals will be evaluated and scored based on the following evaluation criteria and will be assessed according to responses in the corresponding sections of the RFP:

A. Demonstrated quantity and quality of successful relevant experience	40 Points
B. Demonstrated level of organizational capability	20 Points
C. Quality of proposed approach	40 Points
<hr/>	
Total	100 Points

Basis of Award and Procedures (pg. 25)

- An award will be made to the highest technically rated proposer that offers a competitive administrative fee.

Contract award shall be subject to the timely completion of contract negotiations between the Agency and the selected proposer and a determination of vendor responsibility. .



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



Q & A Intermission

Thanks For Your Patience



Q & A Reading and Closing

THE ANSWERS PROVIDED DURING THIS CONFERENCE ARE PRELIMINARY. OFFICIAL ANSWERS WILL BE PUBLISHED IN AN ADDENDUM TO THIS RFP.

Thanks for your interest in DOHMH's RFP for Master Contractor For Disease Control





ANNEX B

**City of New York
Department of Health and Mental Hygiene (DOHMH)
Request for Proposals (RFP) for
Master Contractor for Disease Control
PIN: 20AE000500R0X00**

Below are answers to the unduplicated questions received by DOHMH at the Pre-Proposal Conference and/or in writing by the Questions Due Date of January 24, 2020. Proposers 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: Re: Section III(B)(3)(f)(i) – What is the definition of integrate? Will extracts and uploads be sufficient or does “integrate” mean that the systems should be interoperable?

Answer 1: Yes, extracts and uploads are sufficient.

Question 2: How does DOHMH propose to handle reimbursement for activities that are not contemplated or exceed the scope of activities contracted (e.g. solicitations which exceed the maximum number in any one period)?

Answer 2: Any quantities of work indicated in the RFP are estimates, and DOHMH reserves the right to increase or decrease the number of solicitations and/or number of subcontractors. Any proposed scope change (i.e., change to the scope of work) would be negotiated between DOHMH and the Contractor for a potential contract amendment.

Question 3: Is the procurement timeline inclusive of drafting and releasing concept papers and related activities at the beginning, and contract award at the end?

Answer 3: Yes.

Question 4: How does DOHMH anticipate the Contractor to absorb increased cost over 9 years with a flat fee of 7.5% for the duration of a 9-year contract? Will DOHMH allow applicants to propose an administrative fee that increases with inflation year over year (above the 7.5% rate)?

Answer 4: No, DOHMH will not allow for an increase in the administrative fee over the contract term.

Question 5: What is included in the definition of “the development and procurement phases” cited in the RFP on which the Contractor will be reimbursed for 6 months of effort in total?

Answer 5: Please refer to Section III(B)(3)(b) of the RFP.



Question 6: There are several places in the RFP that leave open the possibility of additional work at DOHMH's discretion. Examples of areas to revisit in this way include reserving the right to increase or decrease the number of solicitations, referring to "timely" deadlines (subcontract execution, entry of info, etc.) rather than agreed upon timeframes; citing a minimum number of monitoring site visits but no maximum; and using "including but not limited to" when referring to a number of requirements. In order for Contractors to propose a viable administrative fee aligned with the needs stated in the RFP, will DOHMH provide more specificity in the RFP consider removing caveats that DOHMH has sole discretion, and/or consider adding a statement that critical timelines will be manually agreed upon and changes in scope of work will be discussed and open to negotiation?

Answer 6: No.

Question 7: The administrative fee of (max) 7.5% in the RFP does not cover the Contractor's federally approved Negotiated Indirect Cost Rate Agreement (NICRA). May the Contractor apply indirect cost on top of the proposed fee? If not, could this cost be covered through the City's indirect funding initiative?

Answer 7: The Contractor may not apply indirect cost on top of the proposed fee. The City's indirect funding initiative is targeted to human service providers. This contract is for professional services and therefore, the City's indirect funding initiative is inapplicable.

Question 8: The RFP states that the administrative fee would be calculated based on actual payments to subcontractors. However, the basis of a fee that is calculated on actual spending is considered an indirect cost and not classified as an administration fee.

(a) Is it DOHMH intent to pay the Contractor on the basis of subcontractor spending performance even as the Contractor will have incurred fixed costs for its work that is necessary regardless? This payment arrangement also does not provide for instances in which awards are rescinded and/or declination is outside the control or without fault of the Contractor.

(b) Would DOHMH consider removing the confusion between an administration fee and an indirect rate simply basing the administration fee on the portfolio value?

(c) Under the proposed payment structure, the final amount of the fee is unknown until after the end of the closeout process when final subcontractor spending rates are known. How will the Agency address the fact that the closeout process occurs months after the contract period ends when the costs of the contract management work would have already been incurred by the master Contractor?

(Basis of concern: the RFP states, "...The administration fee would be calculated based on the actual payments to the DOHMH-approved, fully executed subcontractors, or would be \$2500 per year per subcontract, whichever is more." For an administration fee we must be paid on portfolio value not actual payments. If the fee is not on the executed value of subcontracts, how will the Agency address the fact that the Contractor would have fixed staffing and OTPS costs to manage the portfolio subcontracts and the work and cost do not change depending on how the subcontractors spends?)

Answer 8:



(a) Yes, the administration fee would be calculated based on the actual payments to DOHMH-approved, fully executed subcontracts or \$2,500 per year per subcontract whichever is greater.

(b) No.

(c) Under the contract that results from this RFP, the Contractor would need to reconcile advances to subcontractors on a quarterly basis not a “closeout” of the contract.

In response to the basis of concern, the Contractor would be expected to operate this program within the funding parameters outlined in the RFP

Question 9: How will the Contractor be judged on the basis of the 6-month timeline and compensated for the work if procurement delays are outside the controls of the Contractor, e.g. DOHMH redraft of an RFP?

Answer 9: Payment for the development and procurement phases are limited to 6 months.

Question 10: The period between procurement and contract execution is not specifically mentioned in the RFP. How will the Contractor be compensated for setting up and negotiating contracts or those critical efforts undertaken to get a contract executed?

Answer 10: The Contractor will only be paid for a maximum of 6 months for development and procurement work, including negotiations.

Question 11: What are the job titles and requirements of the contractors who we’d need to recruit?

Answer 11: If this refers to the procurement requirements, DOHMH will work with the Contractor to identify experience requirements for each individual procurement.

Question 12: What is the budget that will be managed for this project?

Answer 12: As specified in Section II(C) of the RFP, the anticipated annual budget is \$134,000,000.

Question 13: How many subcontractors will the budget cover?

Answer 13: The number of subcontracts will vary and is determined by the needs of the Agency and the amount of funding available. Currently, we have approximately 400 subcontracts.

Question 14: What is the bid range for this job?

Answer 14: The maximum administrative fee is 7.5%.

Question 15: Can you tell me what kind of positions will be open for us to source? Are they Allied Health and/or Clinical Requirements?



Answer 15: It is up to the Contractor to determine what positions are needed to perform the work as explained in this RFP. There are no requirements other than what is listed in the RFP.

Question 16: As stated on page 4, please confirm that the City Tax Levy (CTL) funding source includes City Council funding designations.

Answer 16: The City Tax Levy (CTL) funding source includes City Council funding designations.

Question 17: The RFP states that DOHMH anticipates monthly advance payments to the Contractor. Will the payments occur automatically by DOHMH? If yes, how is the amount calculated and does it include funds to cover both the subcontractors and the Contractor monthly costs?

Answer 17: The advances are initiated by the Contractor via a cash request. The amount of the advance will be determined based on the value of the subcontracts. The Administrative fee will not be a part of the advance which will be paid on a reimbursement basis after services are rendered.

Question 18: Given that all payment information must be entered into PIP, is there an API, web integration, or bulk upload feature?

Answer 18: No. Invoices must be manually entered into PIP one at a time.

Question 19: The RFP states that the advance funding for subsequent years will not be paid to the Master Contractor until the Final/Closeout report for the prior year has been submitted to DOHMH. The timing of the advance payment will impact the Master Contractor's ability to pay subcontractor advances/monthly payments for the subsequent year since the closeout process and submission of the final report for the prior year overlaps with the start of the subsequent year. Would DOHMH consider modifying the timing of the subsequent years' advance given this overlap and its impact on subcontractor payments?

Answer 19: DOHMH will always work with the Master Contractor to ensure that subcontractors are being paid on time.

Question 20: What is the payment timeframe from DOHMH to the Master Contractor for the monthly advances or Master Contractor cash requests? Is it expected that payment would occur within 30 days of receipt of the cash request from Master Contractor or if advance payments, prior to the beginning of each month?

Answer 20: Payment occurs within 30 days of a cash request granted all supporting documents submitted by the contractor are accurate and complete.

Question 21: Page 8, 3.b.iv.d. – The 3rd bullet states “coordinate responses...issue written addenda to all vendors on the bidders list...” and the 4th bullet states “share the questions and answers...with all vendors that received the solicitation”. Are the responses to the questions (whether written to RFP Contact or asked at pre-proposal conference) sent to all the vendors on the bidders list (received



the notice of solicitation) or to all vendors that received the solicitation (actually download/received the RFP)? Please clarify.

Answer 21: Responses to the questions (whether written to RFP Contact or asked at pre-proposal conference) are to be sent to all the vendors on the bidders list.

Question 22: Page 8, 3.b.iv. h. - Integrity checks-please define “internet searches”.

Answer 22: Internet searches would include searches on the New York State Attorney General’s Charities Bureau website, and databases that would identify Medicaid exclusions.

Question 23: Page 8, 3.b.iv.h. - Can DOHMH provide a definitive list of documents that will be necessary to complete integrity checks? The language in the RFP “...and any relevant documentation that DOHMH determines would be needed...” is very broad and open-ended.

Answer 23: Since required documentation will differ depending on the scope and size of the proposed subcontract, DOHMH will review each subcontractor request and make a determination of the documentation needed.

Question 24: Page 9, 3.b.iv.i. – What is the “preapproved” by DOHMH’s ACCO or ACCO process? When does it occur – during DOHMH’s review and preliminary approval of award selection recommendations; prior to or after the subcontractor award notifications; during the integrity checks?

Answer 24: Page 9, 3.b.iv.i. refers to the preapproval of subcontractors. Subcontractors will be processed for preapproval after the Master contractor’s contract is registered/executed. The process details are described on Page 9 Section 3.b.

Question 25: Page 11, 3.f.i. - The RFP indicates eSHARE is a contract management system and will be used for oversight of the Contractor as well as for subcontracts. How will eSHARE be used to monitor the performance of the Contractor? What performance metrics does the Agency envision the Contractor will enter, upload and/or otherwise integrate into eSHARE (or eCOMPAS)?

Answer 25: Currently, the Master Contractor does not enter data directly into eSHARE. eSHARE is used to collect client-level data entered by the subcontractors. The Master Contractor uses eSHARE as a tool to monitor the subcontractors. Thus, the Agency when conducting audits, will review the completeness and timeliness of data entry made by the subcontractors into eSHARE.

Question 26: Page 12, 3.f.ii.f. - Can you describe “DOHMH’s Service Allocation program”? Is this a software application? If so, does it allow for bulk imports or a web integration? What subcontractor data elements are expected to be collected and how is “periodically” defined?

Answer 26: The Service Category Allocation Project (SCA) collects information on allocations of planned commitments, including: Service Category, Public Health Focus, TCNY Priority, Service Area, Target Age Group, and Funding Source. Service Areas are defined by ZIP Code and Community District of where the service is delivered, and either by Borough,



Borough-Wide, City-Wide, or Outside of the NYC area. Service Categories define the type of service being procured. The data in SCA allows analysis in a variety of ways for informed, equitable decision making.

The SCA is an internal system. DOHMH will enter the data. The Master Contractor will supply DOHMH with the data needed. Some data elements that are required is money spent for programs by Service Area (ZIP code and Community District) and Age Group.

Question 27: Page 12, 3.g.iii.b. – The RFP requires quarterly Program Progress Reports, but current agreed upon practice is to submit semi-annually.

(a) Would DOHMH consider semi-annual Program Progress Reports?

(b) The RFP asks for quarterly and annual status reports (as well as other areas), these are comprehensive reports, what else is anticipated for additional reports?

Answer 27:

(a) No.

(b) Additional reports will be determined by DOHMH at the time of request.

Question 28: Page 12, 3.g.iii.c. - The RFP requires monthly Major Notes Reports, but current agreed upon practice is to submit semi-annually.

(a) Would DOHMH consider semi-annual Major Notes Reports?

(b) Please confirm that these reports are for jointly monitored BHIV categories.

Answer 28:

(a) No.

(b) Major Notes Reports are for jointly monitored BHIV categories

Question 29: Page 13, 3.h.ii. –The RFP requires bi-weekly meetings, but current agreed upon practice is to meet monthly. Would DOHMH consider monthly meetings?

Answer 29: No.

Question 30: Page 13, 3.h.v. – As the current master contractor, PHS does not attend the Prevention Planning Group (PPG) meetings. Please define the Contractor’s role in attending the PPG meetings.

Answer 30: The Contractor is not required to attend the Prevention Planning Group (PPG) meetings. See revisions in Section IV of this addendum.

Question 31: Page 14 - Is the Data Form that is mentioned the same “Doing Business Data Form” (Attachment D)?

Answer 31: Yes



Question 32: Page 15 - Please confirm that the “web-based system” is PIP. If not, does the City’s “web-based system” have an API or allow bulk uploads?

Answer 32: Yes

Question 33: Page 15 - Please confirm that Hire NYC is not for subcontractors.

Answer 33: Hire NYC does not apply to human services.

Question 34: Will the City require that past performance be of similar size and scope to the NY Department of Health and Hygiene?

Answer 34: No

Question 35: Will the City be able to provide system requirements for the City systems currently used so that bidders can determine compatibility and potential costs to make compatible?

Answer 35: The Master Contractor is not required to interface its system with the City’s data management system. The Master Contractor will use its own systems and processes to manage subcontractor performance and subcontractor payment.

Question 36: In Section 3 (b) requires that the Contractor ‘release solicitations and process procurements for multiple Agency programs and/or service categories’. Would these solicitations and procurements need to be released on the NYC local system or would the vendor be able to release the solicitations on their system?

Answer 36: As indicated in Section III (B)(3)(b)(iv)(b), competitive solicitations should be advertised and posted in an accessible manner, including electronic posting, such that the broadest cross-section of potential proposers is reached.

Question 37: Section 3(b)(ii) states that Contractors will ‘ensure that procurements for goods shall not exceed a total value of \$100,000 for a particular item in a 12-month period’. Can that City clarify whether this is across all 400 subcontracts or for each individual subcontract?

Answer 37: The total dollar amount of all purchases made for a particular good shall not exceed \$100,000 in a 12-month period.

Question 38: Will the City accept past performance evaluations?

Answer 38: Yes. Please see third bullet under Section IV(A)(2)(a) on page 18 of the RFP regarding requirements in submitting past evaluations with the proposal.

Question 39: Who has the contract currently, and when did the current vendor’s contract start?

Answer 39: The current Contractor is Public Health Solutions and the contract start date was September 1, 2010.

Question 40: When and how will answers to questions be available?



Answer 40: Answers to questions received on or before January 24, 2020 are contained in this addendum.

Question 41: Can you provide a list of vendors that attended the pre-bid conference?

Answer 41: The following vendors attended the preproposals conference: Public Health Solutions and Titanium Linx Consulting, Inc.

Question 42: Page 11, 3.e.iii. – The current protocol is to make payments within 60 days. We suggest that the stated timeframe be within 60 (not 30) days of approved invoice for actual expenses and funds made available by the Agency to the Contractor; knowing that many payments would be sooner. Would DOHMH be amenable to this change?

Answer 42: No



ANNEX C

ATTACHMENT C
ACKNOWLEDGMENT OF ADDENDA
MASTER CONTRACTOR FOR DISEASE CONTROL
PIN: 20AE000500R0X00

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 January 31, 2020
- ADDENDUM # 2, DATED February 5, 2020
- 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 RFP.

PART III

PROPOSER'S NAME: _____ **DATE:** _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____