City of New York
Department of Health and Mental Hygiene (DOHMH)
Request for Proposals (RFP) for
Family Strengthening Training and Advisory Center
PIN: 20A0001800R0X00
Addendum #1

December 9, 2019

This Addendum contains the materials from the Pre-Proposal Conference held on November 13, 2019, responses to all questions received by DOHMH on or before November 22, 2019, changes to RFP attachments, and revisions to the RFP language.

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

Please note that the submission due date for proposals remains December 20, 2019 at 2:00 P.M.

The deadline for submitting a Request for Waiver of M/WBE Participation Requirement is December 13, 2019. If you are considering requesting a Waiver, you are strongly encouraged to submit a Waiver Request before the deadline.

I. Pre-Proposal Conference Materials:
Attached as Annex A are the PowerPoint presentation slides and the sign-in sheet from the Pre-Proposal Conference held on November 13, 2019

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

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

A. Attachment B: Line-Item Budget Price Proposal Form has been revised to remove Administrative Assistant from Personnel Service Costs Table. Please see Annex C to this Addendum.

B. Attachment C: Acknowledgment of Addenda has been revised to reflect the issuance of this Addendum. Please see Annex D to this Addendum.

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

A. RFP Section II (A) – Page 4 revision
A. Purpose of RFP

Through this RFP, DOHMH seeks one (1) contractor to operate a Family Strengthening Training and Advisory Center ("Center"). Subcontractors may be used with DOHMH’s prior approval. The Center would provide ongoing training, capacity building, and technical support to service providers working in family-serving community-based organizations and agencies. The training and technical support would focus on parenting and peer support models that providers would then use in their work with families. Technical support would be provided both in-person, and on-line. Technical support would be provided over the telephone.

B. RFP Section III(A) – Page 9 revision

The Agency's specific goals and objects for this RFP are to:

1. Build the capacity of staff serving families (in CBOs, family and youth peer support programs, and child-serving agencies) by providing training and technical assistance to them, to enable such groups and programs to effectively deliver strengths-based, culturally-relevant positive parenting and family support skills and interventions in their work.

2. Expand the spread and range of evidence-based and evidence-informed parenting and family support models available to parents/caregivers of children and youth.

3. Improve the availability of these forms of supports to children and youth groups who may be at higher risk of poor outcomes, including teen parents, parents with mental illness or substance misuse or parents of children experiencing social-emotional difficulties in the school setting by training participants who work with high risk populations.

C. RFP Section III(B)(2)(d)(i) – (iii)– Page 11 revision

i. A full-time Center Director, Administrative Manager, Administrative Assistant and Data Manager.

ii. Three to four FTE credentialed Family Advisors with at least three (3) years of direct work experience working in NYC as a Family Advisor or similar role who specialize in navigating one or more of the following child and adolescent serving systems: Education, Foster Care, Substance Use, and Juvenile Justice. These Family Advisors would provide information, consultation and technical assistance to FPAs and YPAs in the DOHMH-funded FYPS programs and assist in developing training and curricula for staff in these FYPS programs. Family Peer Advocate or similar credentials preferred. Salaries should be commensurate with that of a
supervisory role.

iii. One to two FTE credentialed Youth Advisors to advise and provide technical assistance to YPAs in the DOHMH-funded FYPS programs, training individuals in topics related to their expertise and assisting in developing training and curricula for YPAs. Youth Advisors would train FYPS staff on youth-guided practice and key principles of youth peer support. At least one of the Youth Advisors would have lived experience in NYC navigating the mental health system and experience working as a Youth Peer Advocate. Youth Peer Advocate or similar credentials preferred. Salaries should be commensurate with that of a supervisory role.

D. RFP Section III(B)(2)(f) – Page 11 revision

f. Have in place or have the capability to develop a website that would be able to serve as a platform for online discussion forums, provide online access to a Registration System or and Learning Management System via link and provide information for the following:

E. RFP Section III(B)(2)(g) – Page 12 revision

g. Have in place or have the capability to purchase access for use, a learning management system to deliver training content, track training completion and improve access to online resources and trainings.

F. RFP Section IV(A)(2)(b)(iv) – Page 25 revision

iv. Capability to retain/assign the following senior project staff (“key staff”) to work on this contract: Center Director, Administrative Manager, Administrative Assistant, Data Manager, Outreach & Communications Manager, Family Advisors, Youth Advisors, and mental health consultant.

G. RFP Section IV(A)(2)(b)(vi) – Page 25 revision

vi. Have in place or the capability to develop a website that would be able to serve as a platform for online discussion forums, provide online access to a Registration System or and Learning Management System via link and provide information for the following:

H. RFP Section IV(A)(2)(b)(vii) – Page 26 revision

vii. Have in place or have the capability to purchase access for use, a learning management system to deliver training content, track training completion and improve access to online resources and trainings.
ANNEX A

Pre-Bid Conference Materials
(PowerPoint presentation slides and the sign-in sheet)
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 20 minutes, we’ll collect the questions sheets. To the extent possible, we’ll answer the questions raised at this conference at this conference.
Conference Agenda

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
RFP Programmatic Summary

PROGRAM BACKGROUND AND KEY SCOPE ELEMENTS
The New York City Department of Health and Mental Hygiene ("DOHMH" or "the Agency"), seeks one contractor to operate a Family Strengthening Training and Advisory Center ("Center").

The Center would provide ongoing training, capacity building, and technical support to service providers working in family-serving community-based organizations and agencies.

The training and technical support would focus on parenting and peer support models that providers would then use in their work with families. Training and technical support would be provided both in-person, telephonic and on-line.
Goals and Objectives (pg. 9)

- Build the capacity of staff serving families (in CBOs, family and youth peer support programs, and child-serving agencies) by providing training and technical assistance to them, to enable such groups and programs to effectively deliver strengths-based, culturally-relevant positive parenting and family support skills and interventions in their work.

- Expand the spread and range of evidence-based and evidence-informed parenting and family support models available to parents/caregivers of children and youth.

- Improve the availability of these forms of supports to groups who may be at higher risk of poor outcomes, including teen parents, parents with mental illness or substance misuse or parents of children experiencing social-emotional difficulties in the school setting by training participants who work with high risk populations.
Program Expectations: Experience (pg. 9-10)

Minimum of 3 years of successful relevant experience in the past 6 years in each of the following areas:

- Developing, coordinating and delivering professional trainings and technical assistance or other professional development activities to a range of staff serving families in CBOs, family and youth peer support programs and child-serving agencies.
- Ensuring successful completion of trainings, and following up to ensure training participants successfully implement and practice new skills.
- Working with peers or community health workers either through training or direct hiring.
- Maintaining connections with networks of CBOs/agencies serving families that would be able to deliver parenting and family support models.
- Working with and adapting to the needs of diverse communities.
- Marketing their services provided and recruiting trainees for their training services.
Program Expectations: Experience (continued)

Minimum of 3 years of successful relevant experience in the past 6 years in each of the following areas:

- Developing and maintaining information technology to track data, monitor program services and disseminate information.
- Developing customized training and technical assistance plans, based on assessment of needs, and aligned with workforce competencies that are relevant for peer support and family strengthening.
- Providing technical assistance through in-person coaching, learning forums and seminars, webinars and online forums, telephonic assistance, etc.
- Developing guidelines or other tools to influence, embed, and reinforce the skills taught in trainings.
- Utilizing appropriate continuous quality improvement methodologies aimed at improving processes and outcomes.
- Reporting data on activities and outcomes.
Program Expectations: Organizational Capability (pg. 10-12)

- Have a central office located within the five (5) boroughs of New York City
- Have in place or have the capability to obtain space to conduct in-person trainings in each of the five boroughs.
- Have the capability to develop and implement a detailed staffing plan to fully support all work associated with this contract.
- At minimum, retain/assign the following senior project staff (“key staff”) to work on this contract:
  - A full-time Center Director, Administrative Manager, Administrative Assistant and Data Manager.
  - 3 to 4 FTE credentialed Family Advisors with experience in separate child-serving systems
  - 1 to 2 FTE credentialed Youth Advisor
  - Part-time licensed mental health consultant
  - An Outreach and Communications Manager
Program Expectations: Organizational Capability (continued)

➢ Have the capability to support the information technology necessary for the Center staff to conduct their work and track, monitor and report program data, including laptops/tablets for mobile data collection.
➢ Have in place or have the capability to develop a website that would be able to serve as a platform for online discussion forums, provide online access to a Registration System and a Learning Management System via link
➢ Have in place or have the capability to access for use, a learning management system
➢ Have the capability to subcontract with qualified trainers to provide necessary trainings to meet the expectations of the contract. All subcontractors must be preapproved by DOHMH before commencing work.
➢ Have the capability to maintain operating hours that ensure accessibility to training that meets the needs of staff that will be trained, which may include evenings and weekends.
➢ Have the capability to provide trainings within each borough.
Program Expectations – Approach (pg. 12-20)

➢ Develop Center Infrastructure and Resources
  ◦ Conduct an annual assessment of training needs among the provider groups that are targeted by the Center and submit an assessment report to DOHMH.
  ◦ Develop and maintain a website for the Center and demonstrate website functionality to DOHMH prior to release to the public.
  ◦ Identify, incorporate and maintain a Registration System and a Learning Management System (LMS) that is available and accessible through links on the Center’s website.

➢ Perform Outreach and Engagement
  ◦ Develop and submit to DOHMH annually an outreach plan to advertise available trainings and provide resources containing information about how to apply for available trainings, and conduct outreach to family-serving CBOs and agencies and other relevant stakeholders.
  ◦ In Year 1, develop and implement an application process for organizations/agencies that would like to send staff to trainings. In Years 2-6 of the contract, the application process will be updated based on need.
  ◦ Develop an annual plan to identify a subset of agencies that will enter into a subcontract with the contractor to send staff to be trained in parenting models by the Center, implement the training model in their CBO and then provide the Center with data of what was implemented for evaluation purposes.
Program Expectations – Approach (continued)

- Develop and Implement Trainings and Provide Technical Assistance to Agencies/CBO’s Receiving Training in Parenting Support Skills/Interventions
  - Develop and submit a Parenting Support training plan to DOHMH for approval at the beginning of each contract year, and review and update the plan at least once during the course of the year.
  - Conduct trainings for Parenting Support Skills/Interventions for at least one hundred and fifty (150) individuals during Year 1 of the contract and at least two hundred (200) individuals during Years 2 through 6 of the contract.
  - Provide Consultation, Technical Assistance and Peer Learning Opportunities

- Develop and Implement Trainings and Provide Technical Assistance to Agencies receiving Trainings in Family and Youth Peer Support (FYPS) Skills/Interventions
  - Develop and submit a Family and Youth Peer Support training plan for DOHMH approval at the beginning of each contract year, and review and update the plan at least once during the course of the year.
  - Conduct trainings in Family and Youth Peer Support Skills/Interventions for at least seventy-five (75) individuals during Year 1 of the contract, and at least one hundred (100) individuals during Years 2 through 6 of the contract, with a priority on FYPS program staff.
  - Conduct at least four (4) mental health trainings per year (at minimum of 1 training per quarter) for FYPS staff by the mental health consultant employed by the center.
  - Provide Consultation, Technical Assistance and Peer Learning Opportunities
Program Expectations – Approach (continued)

- Program Monitoring, Data Management, Evaluation and Reporting
  - Develop an evaluation plan within 3 months of the contract start date in consultation with DOHMH that includes outcomes measures and assessment tools to evaluate the reach and impact of the Center’s activities.
  - Provide an annual report at the end of the year summarizing outcome measures and assessment tools of the previous contract year in accordance with the evaluation plan.
  - Submit timely and accurate monthly reports (report template to be provided by DOHMH) to DOHMH.
  - Submit quarterly reports (report template to be provided by DOHMH) that provide overviews, summaries and qualitative components of the Center activities.
  - Utilize a data system (existing or newly developed by DOHMH) for data tracking and program monitoring purposes.
  - Create and update regularly a data dashboard with key data points summarizing activities and outcome on an ongoing basis.
  - Submit monthly Level of Service (LOS) reports (report template to be provided by DOHMH) to the DOHMH that includes staff direct and indirect hours as well as program capacity numbers.
  - Receive site visits from DOHMH’s Bureau of Children, Youth, and Families that would include at least one announced visit every twelve months as well as evaluation of the timeliness and accuracy of the contractor’s data reports.
RFP Guidelines

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

RFP Components
• RFP – Solicitation Elements (Sections I – VI)
• Attachment A – Proposal Cover Letter
• Attachment B – Line-Item Budget Price Proposal Form
• Attachment C – Acknowledgement of Addenda
• Attachment D – Doing Business Data Form
• Attachment E – HireNYC: Hiring and Employment Contract Rider
• Attachment F – Notice to all Prospective Contractors (M/WBE)
• Attachment G – Schedule B: M/WBE Subcontractor Utilization Plan/Waiver Application
• Attachment H – Iran Divestment Act Compliance Rider for NYC Contractors
• Attachment I – SBS Capacity Building Services
• Appendix A - General Provisions Governing Contracts for Consultants, Professional, Technical, Human and Client Services

All of these documents are available on the Department of Health’s Contracting Opportunities Web Page:
https://www1.nyc.gov/site/doh/business/opportunities/contracting-opportunities.page
Anticipated Contract Term (pg. 7)

• July 1, 2020 – June 30, 2026 (6 year term)
RFP Timetable (pg. 2)

• RFP Release date: October 30, 2019
• Pre-Proposal Conference: November 13, 2019
• M/WBE Waiver Application Due: December 13, 2019
• All Proposals due by 2:00 p.m. on December 20, 2019
• Agency Contact Person: Ian Yap – RFP@health.nyc.gov
• Questions regarding this RFP must be transmitted in writing to the Agency Contact Person by November 22, 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. 8)

• Total Anticipated Funding Amount for the full term of the contract is $9,900,000.

• Estimated number of Contracts: 1

• Anticipated payment structure: The payment structure will be 100% line-item budget. Proposers are directed to complete the Line-Item Budget Price Proposal Form (Attachment B) in accordance with the instructions contained therein showing Personal Services (PS) and Other Than Personal Services (OTPS) costs associated with this contract.
Proposal Submission Instructions (pg. 2-3)

• All Proposals must be submitted to the Agency contact by hand or mail by December 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 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. 36) “Checklist”

1. Proposal Cover Letter (Attachment A)
2. Technical Proposal (Narrative, 2 Letters of Reference for the Proposer, Resumes and/or Description of Qualifications for Key Staff Positions, Organizational Chart, 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. Line Item budget Price Proposal Form (Attachment B)
5. Subcontractor Utilization Plan or Approved Waiver of Target Subcontracting Percentage or Subcontractor Utilization Plan and Approved Partial Waiver of Target Subcontracting Percentage (Attachment G) or for organizations incorporated as non-profits under Section 501(c)(3) of the U.S. Internal Revenue Code: copy of IRS determination letter
6. Doing Business Data Form (Attachment D)
7. Iran Contractor Compliance Form (Attachment H)
8. Electronic copy – USB, CD-ROM or DVD containing electronic copies of all hardcopy documents contained in the proposal submission.
Evaluation Criteria (pg. 37)

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 Proposal Response Form:

A. Demonstrated quantity and quality of successful relevant experience 30 Points
B. Demonstrated level of organizational capability 25 Points
C. Quality of proposed approach 45 Points

Total 100 Points
Basis of Award and Procedures (pg. 37)

- An award will be made to the proposer achieving the highest average technical score that offers a price that does not exceed the maximum available funding set forth in the RFP.

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.
• 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 G – Schedule B)

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

M/WBE Utilization Goal – 23.3%

- General rule - contract goals can be met with the use of M/WBE prime and/or subcontracting work (minus dollars awarded to non-M/WBEs). Requests for full or partial waivers to the goal must be submitted to rfp@health.nyc.gov by December 13, 2019.

- Proposal 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”
  - or
  - For organizations incorporated as non-profits under Section 501(c)(3) of the U.S. Internal Revenue Code: copy of IRS determination letter

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

Tips for correctly completing Schedule B.

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

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

Options 2 and 3 require submission of a request PRIOR to the proposal due date, and requires approval of DOHMH and the Mayor’s Office of Contract Services. If you request a waiver and it is denied, you must do a Regular Schedule B Submission
**Sample – do not use the figures provided in the sample**

Schedule B – Part I

Pg. 1

Part I is completed by DOHMH

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

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The Department of Health and Mental Hygiene seeks an appropriately qualified contractor to provide ABC Widget services.

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Prime Contract Industry:
Regular Schedule
B Submission
(no waiver request)
Sample:
Schedule B – Part II
Pg. 2
Regular Submission (no waiver request)

Complete Part II.

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

“Total Bid/Proposal Value” equals the “Total Proposed Price” from the Price Proposal Form (Att. B)
Sample: Schedule B – Part II
Pg. 3

Regular Submission (no waiver request)

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

Section III: MWBE Utilization Plan: How Proposer/Bidder Will Fulfill MWBE Participation Goals. Please review the Notice to Prospective Contractors for more information on how to obtain credit for MWBE participation. Check applicable box. The Proposer or Bidder will fulfill the MWBE Participation Goals:

- As an MWBE Prime Contractor that will self-perform and/or subcontract to other MWBE 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-MWBE firms will not be credited towards fulfillment of MWBE Participation Goals. Please check all that apply to Prime Contractor:
  - [ ] MWBE
  - [ ] WBE

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

- As a non MWBE Prime Contractor that will enter into subcontracts with MWBE 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 MWBE status? % 25

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

1. Widget Polishing - $700,000 - Designated for NYC Certified MWBE Participation - Year 1-5
2. Widget Disposal - $500,000 - Designated for NYC Certified MWBE Participation - Year 1-2
3. Widget Site Assessment - $307,500 - Designated for NYC Certified MWBE Participation - Year 1-5
4. Widget Photography - $637,500 - Designated for NYC Certified MWBE Participation - Year 1
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12.

Scopes of Subcontract Work
Sample:
Schedule B - Part II
Pg. 4
Regular Submission (no waiver request)

This is submitted with your Proposal Package.
Full Waiver Request
For proposers requesting to be completely waived from the Agency’s MWBE utilization goal (goal of 0%)
SCHEDULE B - Part II: M/WBE Participation Plan

Part II to be completed by the bidder/proposer.

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

Full Waiver Request

Complete Schedule B – Part III

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

Contract Overview

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Business Name: Widgets Work

Contact Name: Father Time

Telephone: # - # - # - #

Email: ftime@widgetswork.com

Type of Procurement: ☑ Competitive Sealed Bids

Bid/Response Due Date: # - # - #

APT E-PIN # (for this procurement): #

Contracting Agency: Department of NYC Agency

MWBE Participation Goals as described in bid/solicitation documents

23.3 % Agency MWBE Participation Goal

Proposed MWBE 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 MWBE Prime Contractor or Qualified Joint Venture.

Basis for Waiver Request: Check appropriate box & explain in detail below (attach additional pages if needed)

☑ 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 MWBE Participation Goal above. Explain under separate cover.
**Sample:** Schedule B – Part III

**Full Waiver Request**

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

Info for contracts for NYC government agencies.

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**References**

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.

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</tr>
</tbody>
</table>
**Sample:**
Schedule B – Part III
Pg. 6 (top)
Full Waiver Request

<table>
<thead>
<tr>
<th>Contract No.</th>
<th>Total Contract Amount</th>
<th>Value of Subcontract</th>
<th>Agency</th>
<th>Total Amount Subcontracted</th>
<th>Value of Subcontract</th>
<th>Date Completed</th>
<th>PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>99920172009100</td>
<td>$15,000,000</td>
<td></td>
<td>Dept. of Freedom</td>
<td>$3,000,000</td>
<td></td>
<td>April 30, 2006</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disposal</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Item of Work Subcontracted and Value of Subcontract</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Polishing</td>
<td>$1,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Photography</td>
<td>$500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Item of Work Subcontracted and Value of Subcontract</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Sample:**
Schedule B – Part III
Pg. 6 (bottom)

Full Waiver Request

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

<table>
<thead>
<tr>
<th>TYPE OF Contract</th>
<th>ENTITY</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager at entity that hired vendor (Name/Phone No./Email)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Contract Amount $</td>
<td>Total Amount Subcontracted $</td>
<td></td>
</tr>
<tr>
<td>Type of Work Subcontracted</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF Contract</th>
<th>AGENCY/ENTITY</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager at agency/entity that hired vendor (Name/Phone No./Email)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Contract Amount $</td>
<td>Total Amount Subcontracted $</td>
<td></td>
</tr>
<tr>
<td>Item of Work Subcontracted and Value of subcontract</td>
<td>Item of Work Subcontracted and Value of subcontract</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF Contract</th>
<th>AGENCY/ENTITY</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Sample:**
Schedule B – Part III

Pg. 7

**Full Waiver Request**

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

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

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

<table>
<thead>
<tr>
<th>Procurement Title: ABC Widgets Service</th>
<th>PIN: #AB#C#D#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date: # - # - # - #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name:</td>
<td>Father Time</td>
</tr>
<tr>
<td>Title:</td>
<td>Head Widget Worker</td>
</tr>
</tbody>
</table>

**AGENCY CHIEF CONTRACTING OFFICER APPROVAL**

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**CITY CHIEF PROCUREMENT OFFICER APPROVAL**

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**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 (i.e., details about contract history)*

---

The table format and text content are represented accurately, ensuring clarity and accessibility for the user. The extracted content includes a section on the full waiver request process, emphasizing the need for detailed justification and proper submission procedures. The table contains fields for vendor certification and approval signatures, highlighting the formal process required for submitting full waiver requests. The text provides clear instructions and guidelines, ensuring that all necessary details are captured and submitted correctly. The emphasis on including supporting documentation and adhering to specific deadlines underscores the importance of thorough preparation and attention to detail in the waiver request process.
Partial Waiver

For proposers requesting a goal less than the Agency’s goal (but more than 0%)
**Sample:** Schedule B – Part II
Pg. 2
Partial Waiver Request

- Complete Part II
- “Total Bid/Proposal Value” = the “Total Proposed Price” from the Price Proposal Form (Att. B)
**Sample:**
Schedule B – Part II
Pg. 3

### Partial Waiver Request

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

<table>
<thead>
<tr>
<th>Section III: MWBE Utilization Plan: How Proposer/Bidder Will Fulfill MWBE Participation Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ As an MWBE Prime Contractor that will self-perform and/or subcontract to other MWBE 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-MWBE firms will not be credited towards fulfillment of MWBE Participation Goals. Please check all that apply to Prime Contractor:</td>
</tr>
<tr>
<td>☐ MBE ☐ WBE</td>
</tr>
<tr>
<td>☐ As a Qualified Joint Venture with an MWBE partner, in which the value of the MWBE partner’s participation and/or the value of any work subcontracted to other MWBE firms is at least the amount located on Lines 2 or 3 above, as applicable. The value of any work subcontracted to non-MWBE firms will not be credited towards fulfillment of MWBE Participation Goals.</td>
</tr>
<tr>
<td>☐ As a non-MWBE Prime Contractor that will enter into subcontracts with MWBE firms the value of which is at least the amount located on Lines 2 or 3 above, as applicable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section IV: General Contract Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of MWBE status? % 25.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Dollar Value</th>
<th>MWBE Designated</th>
<th>WBE Designated</th>
<th>Estimated Start</th>
<th>Estimated End</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Widget Polishing - $700,000</td>
<td>Designated for NYC Certified MWBE Participation - Year 1-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Widget Design - $500,000</td>
<td>Designated for NYC Certified MWBE Participation - Year 1-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Widget Site Assessment - $537,500</td>
<td>Designated for NYC Certified MWBE Participation - Year 1-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Widget Photography - $300,000</td>
<td>Designated for NYC Certified MWBE Participation - Year 1-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scopes of Subcontract Work
- Scope 1
- Scope 2
- Scope 3
- Scope 4
Sample: Schedule B - Part II Pg. 4 Partial Waiver Request

Procurement Title: ABC Widgets Service

1) acknowledge my understanding of the MWBE 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 MWBE Utilization Plan is true and correct;

3) agree, if awarded this Contract, to comply with the MWBE 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 MWBE 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 MWBE 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

Partial Waiver Request

You also need to complete Part III of the form

**MWBE Participation Goals** as described in bid/solicitation documents

- **23.3 %** Agency MWBE Participation Goal
- **20 %** of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted for services and/or credited to an MWBE Prime Contractor or Qualified Joint Venture.

**Basis for Waiver Request:** Check appropriate box & explain in detail below (attach additional pages if needed)

- 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 MWBE Participation Goal above. Explain under separate cover.
**Sample:**
Schedule B – Part III
Pg. 5 (bottom)
Partial Waiver Request

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

Info for contracts for NYC government agencies.

<table>
<thead>
<tr>
<th>CONTRACT NO. 999 20172009106</th>
<th>AGENCY</th>
<th>Dept. of Liberty</th>
<th>DATE COMPLETED 10/30/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Contract Amount $200,000</td>
<td>Total Amount Subcontracted $0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item of Work</td>
<td>Item of Work Subcontracted and Value of subcontract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item of Work Subcontracted</td>
<td>Item of Work Subcontracted and Value of subcontract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Value of subcontract</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACT NO. 999 20172009102</th>
<th>AGENCY</th>
<th>Dept. of Truth</th>
<th>DATE COMPLETED 1/31/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Contract Amount $700,000</td>
<td>Total Amount Subcontracted $75,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item of Work Subcontracted</td>
<td>Item of Work Subcontracted and Value of subcontract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Value of subcontract</td>
<td>Item of Work Subcontracted and Value of subcontract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Assessment; $50,000</td>
<td>Photography; $25,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACT NO. 999 20172009104</th>
<th>AGENCY</th>
<th>Dept. of Equity</th>
<th>DATE COMPLETED 4/20/2017</th>
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</thead>
<tbody>
<tr>
<td>Total Contract Amount $17,000</td>
<td>Total Amount Subcontracted $0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item of Work Subcontracted</td>
<td>Item of Work Subcontracted and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Value of subcontract</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Sample:**
**Schedule B – Part III**
**Pg. 6 (top)**
**Partial Waiver Request**

<table>
<thead>
<tr>
<th>Contract No.</th>
<th>Total Contract Amount</th>
<th>Item of Work Subcontracted and Value of Subcontract</th>
<th>Value of Subcontract</th>
</tr>
</thead>
<tbody>
<tr>
<td>999 20172009100</td>
<td>$15,000,000</td>
<td>Disposal</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

**Agency:** Dept. of Freedom

**Total Amount Subcontracted:** $3,000,000

**Item of Work Subcontracted and Value of Subcontract:**
- Polishing: $1,500,000
- Photography: $500,000

**Value of Subcontract**

**Procurement Title:** ABC Widgets Service

**PIN:** #ABA#######C#D#

**Date Completed:** April 30, 2006
Sample: Schedule B – Part III
Partial Waiver Request

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

<table>
<thead>
<tr>
<th>TYPE OF CONTRACT</th>
<th>ENTITY</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF Contract</th>
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<tbody>
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<tr>
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<td></td>
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</tr>
</tbody>
</table>

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<tr>
<th>TYPE OF Contract</th>
<th>AGENCY/ENTITY</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF Contract</th>
<th>AGENCY/ENTITY</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)
Partial Waiver Request

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

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

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

---

**Sample:**
Schedule B – Part III
Pg. 7

**Partial Waiver Request**

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

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

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

---

**Waiver Determination**

- Full Waiver Approved: ☐
- Waiver Denied: ☐
- Partial Waiver Approved: ☐
- Revised Participation Goal: _____%
Q & A Intermission

Thanks For Your Patience
Q & A Reading and Closing

Thanks for your interest in DOHMH’s RFP for Family Strengthening Training and Advisory Center
<table>
<thead>
<tr>
<th>Name of Attendee</th>
<th>Organization Name</th>
<th>Minority or Women Owned Business (MWBE)</th>
<th>RFP</th>
<th>Email</th>
<th>Telephone No.</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristan McIntosh</td>
<td>HMA</td>
<td>N</td>
<td>Y/N</td>
<td><a href="mailto:kmcintosh@healthmanagement.com">kmcintosh@healthmanagement.com</a></td>
<td>646-590-0138</td>
<td></td>
</tr>
<tr>
<td>Briana Goncalves</td>
<td>NYU McSilver</td>
<td>N</td>
<td>Y/N</td>
<td><a href="mailto:kgonzales@nyue.edu">kgonzales@nyue.edu</a></td>
<td>212-992-9725</td>
<td></td>
</tr>
<tr>
<td>Anne Kupping</td>
<td>NYU McSilver/IDES</td>
<td>N</td>
<td>Y/N</td>
<td><a href="mailto:anne.kupping@nyu.edu">anne.kupping@nyu.edu</a></td>
<td>212-662-6501</td>
<td></td>
</tr>
<tr>
<td>Geraldine Burton</td>
<td>NYU McSilver</td>
<td>N</td>
<td>Y/N</td>
<td><a href="mailto:burtongb@nyu.edu">burtongb@nyu.edu</a></td>
<td>212-992-6324</td>
<td></td>
</tr>
<tr>
<td>Sabrina Mullen</td>
<td>DOHMH</td>
<td>N</td>
<td>Y/N</td>
<td><a href="mailto:smullen@health.nyc">smullen@health.nyc</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shirley Bergas</td>
<td>DOHMH</td>
<td>N</td>
<td>Y/N</td>
<td><a href="mailto:shergas1@health.nyc">shergas1@health.nyc</a></td>
<td>312-331-7074</td>
<td></td>
</tr>
<tr>
<td>Morgan Morrison</td>
<td>Full Circle Life</td>
<td>N</td>
<td>Y/N</td>
<td><a href="mailto:morgan.morrison@fullcirclelife.com">morgan.morrison@fullcirclelife.com</a></td>
<td>718-518-7600</td>
<td></td>
</tr>
<tr>
<td>Sarah Zawacki</td>
<td>Power of Two</td>
<td>Y</td>
<td>Y/N</td>
<td><a href="mailto:szawacki@poweroftwo.nyc">szawacki@poweroftwo.nyc</a></td>
<td>734-680-2602</td>
<td></td>
</tr>
<tr>
<td>Celia Mooney</td>
<td>Briljent, LLC</td>
<td>Y</td>
<td>Y/N</td>
<td><a href="mailto:cmooney@briljent.com">cmooney@briljent.com</a></td>
<td>718-390-6884</td>
<td></td>
</tr>
<tr>
<td>Simone Smith</td>
<td>DOHMH</td>
<td>NA</td>
<td>NA</td>
<td><a href="mailto:simone.smith@health.nyc">simone.smith@health.nyc</a></td>
<td>347-218-8760</td>
<td></td>
</tr>
<tr>
<td>Aviva Grosso</td>
<td>DOHMH-BADUPCT</td>
<td>NA</td>
<td>NA</td>
<td><a href="mailto:agrosso@health.org">agrosso@health.org</a></td>
<td>347-376-7156</td>
<td></td>
</tr>
<tr>
<td>Nireo Jackson</td>
<td>DOHMH - CYF</td>
<td>N</td>
<td>Y/N</td>
<td><a href="mailto:nireo.jackson@health.org">nireo.jackson@health.org</a></td>
<td>347-296-7920</td>
<td></td>
</tr>
<tr>
<td>Janine Shaw</td>
<td>DOHMH</td>
<td>NA</td>
<td>NA</td>
<td><a href="mailto:jshaw@health.org">jshaw@health.org</a></td>
<td>347-396-7760</td>
<td></td>
</tr>
<tr>
<td>HELEN MURGNCE</td>
<td>FOTMNYC</td>
<td>Y</td>
<td>NA</td>
<td><a href="mailto:hmurgonce@fotmnyc.org">hmurgonce@fotmnyc.org</a></td>
<td>347-304-4203</td>
<td></td>
</tr>
<tr>
<td>Sandra Steggers</td>
<td>FOTN</td>
<td>Y</td>
<td>NA</td>
<td><a href="mailto:sstegger@fotmnyc.org">sstegger@fotmnyc.org</a></td>
<td>347-765-5415</td>
<td></td>
</tr>
<tr>
<td>Jessica Kerr-Vandervliet</td>
<td>Air</td>
<td>N</td>
<td>Y/N</td>
<td><a href="mailto:jkerrvandervliet@air.org">jkerrvandervliet@air.org</a></td>
<td>401-714-2308</td>
<td></td>
</tr>
<tr>
<td>Mark Lannard</td>
<td>Human Simmons</td>
<td>N</td>
<td>N/N</td>
<td></td>
<td>416-456-0751</td>
<td></td>
</tr>
<tr>
<td>Name of Attendee</td>
<td>Organization Name</td>
<td>Minority or Women Owned Business (MWBE)</td>
<td>RFP</td>
<td>Email</td>
<td>Telephone No.</td>
<td>Signature</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------</td>
<td>----------------------------------------</td>
<td>-------</td>
<td>------------------------</td>
<td>----------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Brittany Heyward</td>
<td>Young Professional Staffing Solutions</td>
<td>yes</td>
<td>yes</td>
<td><a href="mailto:kmitchell@youngprostaffing.com">kmitchell@youngprostaffing.com</a></td>
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<td>Young Professional Staffing Solutions</td>
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<td>Fatima Kadik</td>
<td>DOHMH</td>
<td>N/A</td>
<td>N/A</td>
<td><a href="mailto:fkadik@health.ny.gov">fkadik@health.ny.gov</a></td>
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<tr>
<td>Eugene Strauch (Acting)</td>
<td>FORM</td>
<td>NA</td>
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<td><a href="mailto:esstrauch@formny.org">esstrauch@formny.org</a></td>
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<td>Michelman Sobol</td>
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<td><a href="mailto:ssong@MichelmanSobol.com">ssong@MichelmanSobol.com</a></td>
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<td>Wayne Clarke</td>
<td>MyTime Inc</td>
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<td>Ava Rosenroth</td>
<td>The New York Founding</td>
<td>N/A</td>
<td>N/A</td>
<td><a href="mailto:avaron@nyfoundling.org">avaron@nyfoundling.org</a></td>
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<td>Ian Yap</td>
<td>DTMB</td>
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<td><a href="mailto:iyan@realwave.com">iyan@realwave.com</a></td>
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<td>Freddie Marlow</td>
<td>Enterprise and Hosting</td>
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<td><a href="mailto:marlow@enterpriseandhost.com">marlow@enterpriseandhost.com</a></td>
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<td><a href="mailto:VisionQuestKL@gmail.com">VisionQuestKL@gmail.com</a></td>
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ANNEX B

City of New York
Department of Health and Mental Hygiene (DOHMH)
Request for Proposals (RFP) for
Family Strengthening Training and Advisory Center
PIN: 20A0001800R0X00

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 November 13, 2019. 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:** Family Peer Advocate vs. Family Advisor – are those interchangeable?

**Answer 1:** A Family Peer Advocate (FPA) has ‘lived experience’ as a parent/primary caregiver of a child with social, emotional, medical, developmental, substance use, and/or behavioral challenges who has navigated child serving systems on behalf of the child, and is trained and credentialed to provide an array of individual and group support services to other parents/caregivers. Family Advisor does not have to have ‘lived experience’ of a Family Peer Advocate as described above, however, a Family Advisor must have the required experience through their work navigating one or more of the following child and adolescent serving systems in NYC: Education, Foster Care, Substance Use, and Juvenile Justice.

**Question 2:** Does the scope include working with Family Advisors and Youth Advisors in education/DOE, ACS/Foster Care, substance use, and Juvenile Justice or will we only be working with DOHMH funded Family and Youth Peer Support (FYPS) programs?

**Answer 2:** For trainings in Parenting Support models, the Center would focus on training staff in Community Based Organizations (CBOs) or child serving agencies or settings that serve one or more of the following groups indicated in Section (III)(B)(3)(c)(i)(c) whose children may be at higher risk of poor outcomes. For Family and Youth Peer Support (FYPS) models, the priority would be DOHMH-contracted FYPS program staff.

**Question 3:** Do the Family Advisors and Youth Advisors need to have NYC-based experience in this role or is it simply experience with a similar role? If this is not a requirement, does DOHMH have a preference for NYC experience?

**Answer 3:** Yes, as indicated in the revision to the RFP Section III(B)(2)(d)(i) – (iii) – Page 11 noted above in this Addendum, Family Advisors need to have experience navigating NYC child serving systems, and Youth Advisors need to have lived experience in NYC navigating the NYC mental health system.

**Question 4:** Does the Family Advisor experience in different systems mean they have worked for/in one of those systems or that their personal lived experience has been in one of those systems?
Answer 4: See Question 1

Question 5: Is there a family training center in place now and if so, who is the incumbent?

Answer 5: DOHMH does not have a training center that trains on Parenting Support models. However, the agency does provide training and support to its current Family and Youth Peer Support providers through a Family Support Liaison Center via a contract with the National Alliance on Mental Illness (NAMI).

Question 6: What date will we be able to access contacts via published amendment?

Answer 6: The sign-in sheets containing the contacts of all attendees at the pre-proposal conference on November 13, 2019 are included in the Annex A of this addendum.

Question 7: Is there currently a curriculum in place that will be reused? What percentage of the curriculum is anticipated to be newly developed?

Answer 7: Yes, training curricula do currently exist and are developed by a variety of entities outside of DOHMH. DOHMH expects that proposers will, as part of their proposal submission, propose trainings in evidence-based models, and other best practice curricula, based on an assessment of need in the targeted population.

Question 8: For the full time staff (e.g. Center Director, Administrative Manager, etc.), are they required to be full time dedicated to this scope or simply full time staff members at the applicant’s agency?

Answer 8: Full time staff are required to be dedicated full time to this contract.

Question 9: Can that M/WBE participating goal be fulfilled by either a minority or a woman?

Answer 9: Any qualified NYC certified M/WBE vendor can fulfill the M/WBE participating goal.

Question 10: Is there a preference for trainings in each borough? For example, is there one borough with a higher need?

Answer 10: As indicated in Section III(B)(3)(c)(i)(a)(1), there must be at least one training event in Parenting Support models offered in each borough per year. The location of additional Parenting Support trainings would be based on an assessment of need. Family and Youth Peer Support trainings would be accessible to all staff of the DOHMH-contracted FYPS providers throughout the 5 boroughs.

Question 11: Is there a proposal length requirement? If not, is there a recommended proposal length?

Answer 11: No.

Question 12: Since a non-profit can’t be a certified M/WBE, what are their Schedule B responsibilities?
**Answer 12:** Proposers that are incorporated as non-profit organizations under Section 501(c)(3) of the U.S. Internal Revenue Code are exempt from M/WBE Participation Goals and therefore are not required to submit a completed Schedule B with their proposal. However, non-profit organizations are required to submit a copy of their IRS determination letter with their proposal.

**Question 13:** How much of the technology piece can be subcontracted?

**Answer 13:** There is no restriction on subcontracts for technology work, however, the expectation is that costs will be within market rate for the specified work.

**Question 14:** Does the organization have to be a certified M/WBE, or can it just meet M/WBE certification requirements? (In the case of a non-profit?)

**Answer 14:** The proposer does not have to be a certified M/WBE to submit a proposal. However, to fulfill the Schedule B requirements, the contractor must subcontract work to certified M/WBE vendors. Proposers that are incorporated as non-profit organizations under Section 501(c)(3) of the U.S. Internal Revenue Code are exempt from M/WBE Participation Goals.

**Question 15:** Corresponding to Section III(B)(3)(b)(iii), do you expect the subcontracts with community-based organizations to include training fees for participant training in the parenting models or is the expectation that the Center will directly contract with the agency that will provide the training to CBO’s participants?

**Answer 15:** Trainings are free. There are no training fees for those attending trainings. The Center would enter into a subcontracting agreement with CBOs. The subcontracted CBOs would send staff to be trained. The Center would then collect data and monitor that CBO staff providing services using the models in which they were trained.

**Question 16:** Do you envision the Center coordinating its efforts with the training and capacity building units of other city agencies or departments such as DYCD, DOE and ACS?

**Answer 16:** The Center will be able to partner, subcontract, consult with and bring in trainers from different entities as long as it is in budget and aligns with the training plan reviewed and approved by DOHMH.

**Question 17:** Do FTEs need to be employed by the prime contractor or can they be employed by the subcontractor?

**Answer 17:** FTEs for the Training Center must be employed by the prime contractor.

**Question 18:** RFP references 'Credentialed Family Advisors'. What Credentials are accepted? Would the FPA and YPA Credentials be accepted? The CRPA-F and CRPA-Y also?
**Answer 18:** The FPA, YPA, CRPA-F and CRPA-Y credentials will be accepted. Although preferred, it is not required that Family Advisors and Youth Advisors be credentialed. See Section IV(C) of the addendum.

**Question 19:** If the equivalent number of FTEs are met, can it be split across multiple people?

**Answer 19:** Yes.

**Question 20:** What are the core responsibilities of the Administrative Manager? Is the role similar to a deputy to the Center Director?

**Answer 20:** An Administrative Manager would be responsible for overseeing the daily office operations and ensuring the office is moving in a seamless and efficient manner.

**Question 21:** Does the Outreach and Communications Manager have to be full time?

**Answer 21:** No, as long as they are able to meet the work load in the amount of time proposed.

**Question 22:** What is the maximum allowable overhead rate?

**Answer 22:** The maximum overhead amount is 15%

**Question 23:** Where might a Budget Narrative fit? Is it necessary?

**Answer 23:** A budget narrative is not required.

**Question 24:** Do we need to provide an Affirmation document (p.143)?

**Answer 24:** A completed Affirmation is not required at the time of proposal submission but will be required at the time of award.

**Question 25:** Do we need to provide a Certificate of Insurance (p.147)?

**Answer 25:** A Certificate of Insurance is not required at the time of proposal submission but will be required at the time of award.

**Question 26:** Will the FRC Liaison Center continue to be funded?

**Answer 26:** No. The contract for the current Family Support Liaison Center (FSLC) will end on June 30, 2020. The services that the FSLC has been providing will be contained in the contract that results from this RFP.

**Question 27:** The RFP refers to DOHMH contracted FYPS Providers. Are these the 9 current Family Resource Centers? Are there other FYPS Providers funded by DOHMH?

**Answer 27:** The contract for the current Family Resource Centers (FRCs) will be ending on June 30, 2020. DOHMH will be releasing another RFP for new FYPS programs. When the RFP
refers to DOHMH-contracted FYPS providers, it is referring to the agencies, CBOs and organizations that will be awarded contracts through the upcoming RFP.

**Question 28:** When the RFP refers to credentialed Family and Youth Peer Advisors is this the FPA and YPA Credential administered by YOUTH POWER! and Families Together in New York State?

**Answer 28:** See Question 18.

**Question 29:** The RFP refers to both a Family Peer Advocate/Youth Peer Advocate and Family and Youth Advisors. Are these the same? Are both peers?

**Answer 29:** See Question 1.

**Question 30:** Is budget carryover allowed?

**Answer 30:** Contractors should not assume any budget carryovers.

**Question 31:** Are fringe benefits (e.g., Employer’s FICA, UIB, WC, Health Insurance, etc.), and administrative overhead / indirect costs allowable line items for this contract? There does not seem to be lines in the budget form covering these expenses.

**Answer 31:** Yes, however fringe benefit is listed separate from overhead/indirect costs. The maximum overhead amount is 15%. Lines may be added to the Line-Item Budget Price Proposal Form.

**Question 32:** Are nonprofit organizations eligible for any start-up funds in order to start hiring new staff/developing programs/etc., before the line-by-line item reimbursement funds become available?

**Answer 32:** No.

**Question 33:** For the learning management system and reporting dashboards, are there any integration requirements that are necessary to share data directly with NYC systems? If so, what are these requirements?

**Answer 33:** No.

**Question 34:** Are there any pre-determined quality measures that must be met by this program? If so, what are they?

**Answer 34:** There are no pre-determined quality measures. Various measures (of performance, outcomes, and quality) will be outlined in a Scope of Work once an award is made and contract is finalized.

**Question 35:** Is it possible to share the pre-proposal conference attendee list early so that M/WBE’s and Primes can network and possibly partner on responses?

**Answer 35:** See Question 6.
Question 36: Will the contractor be obligated to hire a percentage of candidates referred by Hire NYC? If so, what percentage of the contract’s total positions must be filled through Hire NYC?

Answer 36: HireNYC is applicable. There is no hiring percentage requirement.

Question 37: Can a HR Firm specializing in nonprofit management be used as a sub-contractor to expedite the interviewing and hiring process?

Answer 37: Yes. Note that any subcontractor must receive DOHMH’s approval before engaging in any work.

Question 38: Can a portion of the salaries for an organization’s existing staff (e.g., Executive Assistant or Data Analyst Specialist) be allocated to this budget as long as that fraction of time is dedicated to this initiative?

Answer 38: Yes

Question 39: With respect to staff qualifications, does this initiative allow for personnel/consultants with a wide range of educational/certification backgrounds (e.g., associate degree to doctorate)?

Answer 39: Yes

Question 40: If the contractor selected has existing, dedicated facilities in one or more boroughs where services can be delivered, can rent, maintenance and other space-related costs be charged in full or part to this contract?

Answer 40: The costs specified above that are directly associated with provision of the contracted service/program (Family Strengthening Training and Advisory Center) may be charged, however the expectation is that if space is utilized for multiple purposes, the amount charged to this contract will be prorated accordingly.

Question 41: Is our understanding correct that the M/WBE contracting threshold for this contract is 23.3%?

Answer 41: 23.3% is the minimum percentage of the contract value that will be subcontracted to MWBE vendors if a full or partial MWBE waiver has not been approved.

Question 42: To what extent is this contract subject to Circular A-133 Auditing requirements?

Answer 42: This contract may be subject to the Single Audit requirements formerly known as circular A-133 and other type of audits as applicable.
ANNEX C

REVISED ATTACHMENT B - LINE-ITEM BUDGET PRICE PROPOSAL FORM (Page 1 of 3)

RFP TITLE: FAMILY STRENGTHENING TRAINING AND ADVISORY CENTER
PIN: 20AO001800R0X00

Proposer’s Name: ___________________________________________________  Proposer EIN/TIN: __________________________

Directions: All proposers are directed to complete Attachment B “Line-Item Budget Price Proposal Form” showing Personnel Service (PS) Costs and Other than Personnel Services (OTPS) costs associated with this contract.

Note 1: Proposers are to complete the PS Costs Table on Page 1 of Attachment B and the OTPS Costs Table on Page 2 of Attachment B. Proposers should then transfer the totals costs for both PS and OTPS costs to the table on Page 3 of Attachment B. The Total PS Costs and Total OTPS Costs should then be added together to derive the Total Proposed Price for this RFP.

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TOTAL PS COSTS (SUM OF COLUMN E):
**OTHER THAN PERSONNEL COSTS (OTPS)**

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**TOTAL OTPS (SUM OF COLUMN C)**
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ANNEX D

ATTACHMENT C
ACKNOWLEDGMENT OF ADDENDA

RFP TITLE: FAMILY STRENGTHENING TRAINING AND ADVISORY CENTER
PIN: 20AO001800R0X00

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

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

Addendum # 1, Dated December 9, 2019
Addendum # 2, Dated ________________ 20__
Addendum # 3, Dated ________________ 20__
Addendum # 4, Dated ________________ 20__
Addendum # 5, Dated ________________ 20__
Addendum # 6, Dated ________________ 20__
Addendum # 7, Dated ________________ 20__
Addendum # 8, Dated ________________ 20__
Addendum # 9, Dated ________________ 20__
Addendum # 10, Dated ________________ 20__

Part II
_______ No Addendum was received in connection with this RFP.

Part III
Proposer's Name: __________________________ Date: ____________
Signature of Authorized Representative: __________________________