



**City of New York  
Department of Health and Mental Hygiene (DOHMH)  
Request for Proposals (RFP) for  
Community Health Survey  
PIN: 21LL000100R0X00  
Addendum #1**

**April 12, 2019**

This Addendum contains the materials from the Pre-Proposal Conference held on March 27, 2019, responses to all questions received by DOHMH on or before April 5, 2019, and revisions to the RFP, and a change to an RFP attachment.

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

Proposers are reminded that the deadline for a Request for a Waiver of the M/WBE Participation Requirement is April 19, 2019. See Schedule B, Part III in Attachment G of the RFP. **If you are considering requesting a Waiver, you are strongly encouraged to submit a Waiver Request before the deadline.**

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**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 March 27, 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. Language that is crossed-out has been deleted; language in bold type has been added. **Proposers are required to use the new forms/sections in their proposal packages, or their proposal may be found non-responsive.**

**A. RFP Section III (B)(1) – Page 5-6 revisions**

The Contractor would:

- a. Have at least four (4) years of experience of the last 7 years in all of the following areas:
  - i. Designing, developing, and implementing public health research and surveillance surveys.

- ii. Hiring and training survey interviewers and other survey-related staff.
- iii. Conducting surveys of adults that are of similar size and complexity in large urban areas via telephone or other methods.
- iv. Conducting surveys in multiple languages (e.g. English, Spanish, Russian, simplified Chinese, Haitian Creole, and Bengali) via telephone or other methods.
- v. Collecting telephone health survey data using Random Digit Dialing (RDD) landline telephone and cell phone sampling frames. **(If Proposers are proposing a different survey sampling frame or survey mode(s), Proposers would have experience in conducting surveys using those frames and/or modes.)**
- ~~vi.~~ Collecting street address or cross-street information from survey respondents to geocode cases to specific geographic sub-areas (such as United Hospital Fund [UHF] neighborhoods and/or Community Districts), and imputing geographies for cases with missing geographic information. ~~(If Proposers are proposing a different survey sampling frame or survey mode(s), Proposers would have experience in conducting surveys using those frames and/or modes.)~~
- vii. Conducting quality control on surveys and research and surveillance initiatives.
- viii. Providing clients with weekly reports on the number of interviews conducted in geographic sub-areas such as UHF neighborhoods and/or Community Districts (CD), as well as tracking study progress and providing clients with weekly production and disposition reports utilizing American Association for Public Opinion Research (“AAPOR”) response and cooperation rates.
- ~~ix.~~ ~~Providing routine reports that describe the progress and challenges of public health research and surveillance initiatives~~
- x. Calculating survey design weights to account for the probability of selection and post-stratification weights using raking procedures to provide unbiased survey estimates.

Greater consideration would be given to proposers with more than six years of such experience.

**B. RFP Section III(D) – Page 11 revisions**

Participation by Minority Owned and Women Owned Business Enterprises in City Procurement

If the contract resulting from this Request for Proposals will be subject to M/WBE participation requirements under Section 6-129 of the Administrative Code of the City of New York, as indicated by the inclusion of Schedule B – M/WBE Utilization Plan (Attachment G) and the Participation Goals indicated in Part I thereof, proposers must complete the Schedule B – M/WBE Utilization Plan and submit it with their proposal. Please refer to the Schedule B – M/WBE Utilization Plan and the Notice to All Prospective Contractors (Attachment F) for information on the M/WBE requirements established for this solicitation and instructions on how to complete the required forms. If the proposer intends to seek a full or partial waiver of the Participation Goals on the grounds described in Section 10 of the Notice to All Prospective Contractors, including but not limited to, proposer’s intention to use its own forces to perform any or all of the required contract work would result in a failure to attain the Participation Goals, the proposer must request and obtain from the Agency a full or partial waiver of the Participation Goals (M/WBE Utilization Plan, Part III) in advance of proposal submission and submit the waiver determination with the proposal. Please note that if a partial waiver is obtained, the proposer is required to submit a completed Schedule B-M/WBE Utilization Plan based on the revised Participation Goals in order to be found responsive.

**Proposers that are incorporated as non-profit organizations under Section 501(c)(3) of the U.S. Internal Revenue Code are exempt from Participation Goals.**

**C. Section IV (A)(2)(a) – Page 14-15 revisions**

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:

1. Designing, developing, and implementing public health research and surveillance surveys.
2. Hiring and training survey interviewers and other survey-related staff.

3. Conducting surveys of adults that are of similar size and complexity in large urban areas.
4. Conducting surveys in multiple languages.
5. Collecting telephone health survey data using Random Digit Dialing (RDD) landline telephone and cell phone sampling frames.  
**(If Proposers are proposing a different survey sampling frame or survey mode(s), Proposers would have experience in conducting surveys using those frames and/or modes.)**
6. Collecting street address or cross-street information from survey respondents to geocode cases to specific geographic sub-areas (such as United Hospital Fund [UHF] neighborhoods and/or Community Districts), and imputing geographies for cases with missing geographic information. ~~(If Proposers are proposing a different survey sampling frame or survey mode(s), Proposers would have experience in conducting surveys using those frames and/or modes.)~~
7. Conducting quality control on surveys and research and surveillance initiatives.
8. Providing clients with weekly reports on the number of interviews conducted in geographic sub-areas such as UHF neighborhoods and/or Community Districts (CD), as well as tracking study progress and providing clients with weekly production and disposition reports utilizing American Association for Public Opinion Research (“AAPOR”) response and cooperation rates.
9. ~~Providing routine reports that describe the progress and challenges of public health research and surveillance initiatives.~~
10. Calculating survey design weights to account for the probability of selection and post-stratification weights using raking procedures to provide unbiased survey estimates.

In addition, include the following documents in the proposal submission:

- Letters of reference from at least two (2) different clients for whom work similar to the work specified herein has been performed in the past three (3) years, and who can attest to the proposer’s experience, service quality, and organizational capability. References from DOHMH are not acceptable for this purpose. Note that the Agency may check the proposer’s references.

**D. Section V (A)(5) - Page 20 revision - Proposal Package Contents (“Checklist”)** has been revised to include the option of submitting proof of organizations incorporated as non-profits under 501(c) of the U.S. Internal Revenue Code in lieu of Schedule B. Please see Annex C to this Addendum.

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

**City of New York  
Department of Health and Mental Hygiene (DOHMH)  
Request for Proposals (RFP) for  
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**Below are the PowerPoint Slides that were presented at the Pre-Proposal Conference on March 27, 2019:**

**NEW YORK CITY  
COMMUNITY HEALTH SURVEY  
RFP**

**PIN: 21LL000100R0X00  
EPIN: 81619P0009**

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NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE  
PRE-PROPOSAL CONFERENCE  
MARCH 27, 2019



## Welcome and Overview of Conference

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- 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.



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## Conference Agenda

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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



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# RFP Programmatic Summary

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PROGRAM BACKGROUND AND KEY SCOPE ELEMENTS



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## Program Background (pg.3 and Appendix B1, B-2 and B-3)

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The New York City Department of Health and Mental Hygiene (“DOHMH” or “the Agency”), is seeking a qualified Contractor to collect health survey data from approximately 10,000 adult New York City residents per year for the New York City (“NYC”) Community Health Survey (“CHS”)

- DOHMH is seeking (1) Contractor to conduct the annual CHS in 2021, 2022, 2023, 2024, 2025, and 2026.
- CHS data has historically been conducted as a telephone survey, and DOHMH is open to other modes of data collection



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## Goals and Objectives(pg.5)

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- Conduct the CHS annually for six years (2021-2026). Specifically, obtain survey data on health conditions, needs and health behaviors of adult New York City residents (18 years of age and older) living in non-group quarters
- Provide annual prevalence data from the CHS for New York City as a whole, as well as for each of the five boroughs and 42 United Hospital Fund (“UHF”) neighborhoods (defined by zip code)
- Provide prevalence data for Community Districts (“CDs”) every two-years
- Obtain minimum response and cooperation rates of 20% and 85% respectively, using the 2016 American Association for Public Opinion Research standard definitions for Response Rate 3 and Cooperation Rate 3



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## Program Expectations: Experience (pg. 5-6)

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- Minimum of four (4) years of successful relevant experience in the last 7 years in the following areas:
  - Designing, developing, staffing, and implementing public health research and surveillance surveys
  - Hiring and training survey interviewers and other survey-related staff
  - Conducting surveys of adults that are of similar size and complexity in large urban areas via telephone or other methods
  - Conducting surveys in multiple languages via telephone or other methods
  - Collecting telephone health survey data using Random Digit Dialing (RDD) landline and cell phone sampling frames or other proposed probability methods



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## Program Expectations: Experience (continued)

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- Minimum of four (4) years of successful relevant experience in the last 7 years in the following areas:
  - Collecting street address or cross-street information to geocode cases to specific geographic sub-areas and imputing geographies for cases with missing geographic information
  - Conducting quality control on surveys and research and surveillance initiatives
  - Providing weekly production reports by geographic area as well as AAPOR response and cooperation rates
  - Calculating survey design weights to account for the probability of selection and post-stratification weights for nonresponse to provide unbiased survey estimates.



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

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- Develop and implement a detailed staffing plan, including the following “Key Staff” to work on this contract
  - Project manager, with at least 4 years of experience with health surveys of similar size and complexity, to serve as a regular contact for DOHMH.
  - Deputy Project Manager, with at least 4 years of experience in health surveys of similar size and complexity to serve as the day-to-day contact for DOHMH
  - An experienced Sampling Statistician
- Develop and implement a plan for the use of subcontractors
- Financial, managerial and administrative capability to carry out the work of this contract on-time and within budget
- Ability to collect survey data in multiple languages other than English

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

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- Capacity to develop and implement:
  - Electronic systems (such as CATI and electronic dispositioning) for tracking survey participation rates and other aspects of the work of the contract
  - Meet DOHMH IT security requirements and be willing to sign a Data Use Agreement (DUA) (Appendix D) that sets forth the terms and conditions for using data provided to the contractor by DOHMH or collected or maintained by contractor on behalf of DOHMH.

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## Program Expectations: Approach (pg. 8-10)

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Each contract year, the Contractor would be responsible for performing the following services:

- Develop and submit to DOHMH for approval a protocol and sampling plan to obtain a probability sample of NYC adults, disproportionately stratified by area
- Provide feedback on DOHMH's questionnaire; translate into Spanish, Russian, Chinese, Haitian Creole, and Bengali
  - Conduct cognitive testing and provide recommendations
  - Program (or format) the survey for administration
- Conduct the annual CHS per the approved protocol and sampling plan
  - Hire and train data collection staff, including bilingual interviewers or using alternative methods to complete surveys in languages other than English
  - Complete 10,000 surveys of NYC adults with a minimum overall 20% Response Rate and 85% Cooperation Rate
  - Regularly mail incentive checks to respondents upon completion of the CHS

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## Program Expectations: Approach (pg. 8-10)

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Each contract year, the Contractor would be responsible for performing the following services

- Reporting
  - Provide DOHMH with weekly production reports and monthly preliminary data sets
  - Provide regular unobtrusive monitoring and supervision of interviewers and provide DOHMH staff with the ability to remotely monitor interviews and/or alternative means for independent quality control checks
- Weighting and Documentation
  - Create single-year (x1) and pooled-year (x3) UHF-level weights; CD weights every 2 years
  - Documentation of survey weights and survey participation rate calculations
  - Provide general statistical consulting to DOHMH.

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## RFP Guidelines

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



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## Anticipated Contract Term (pg. 3)

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- July 1, 2020 to February 28, 2027(6 year and 7 month term)



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## RFP Timetable (pg. 1)

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- RFP Release date: March 15, 2019
- Pre-Proposal Conference: March 27, 2019
- M/WBE Waiver Application Due: April 19, 2019
- All Proposals due by 2:00 p.m. on April 26, 2019
- Agency Contact Person: Scott Wagner – [RFP@health.nyc.gov](mailto:RFP@health.nyc.gov)
- Questions regarding this RFP must be transmitted in writing to the Agency Contact Person by [April 5, 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.



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## Anticipated Funding & Payment Structure

(p. 3)

- Total Anticipated Funding Amount for the full term of the contract is \$13,073,000.
- Estimated number of Contracts: 1
- Anticipated payment structure: performance-based. The contractor will be paid upon completion of deliverables. Payment of each deliverable would be subject to DOHMH approval. Deliverables are detailed in the Price Proposal Form (Attachment B of the RFP).
  - Deliverable rates are ***all-inclusive*** – in calculating rates, proposers are instructed to include all costs associated with the performance of each deliverable in their Proposed Prices. There will be no separate or additional budget lines in the resulting contract for items other than the deliverables.



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## Proposal Submission Instructions (pg. 1-2)

- All Proposals must be submitted to the Agency contact by hand or mail by **April 26, 2019 at 2:00 p.m.**. E-mailed or faxed proposals will **not** be accepted by the Agency.
- Please allow sufficient time to complete and submit Proposals. Proposals received after the proposal due and time are late and shall not be accepted by the Agency, except as provided under New York City's Procurement Policy Board Rules.
- Unless the Agency issues a written addendum to the RFP that extends the Proposal Due Date and Time for all proposers, the Proposal Due Date and Time prescribed above shall remain in effect.



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# Proposal Package Contents and Attachments (pg. 20) "Checklist"

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1. Proposal Cover Letter (Attachment A)
2. Technical Proposal (Narrative, 2 Letters of Reference for the Proposer, Resumes and/or Description 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. Price Proposal (Attachments B)
5. Subcontract Utilization Plan or Approved Waiver of Target Subcontracting Percentage or Subcontractor Utilization Plan and Approved Partial Waiver of Target Subcontract Percentage (Attachment G)
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.



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# Evaluation Criteria (pg. 21)

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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	40 Points
B. Demonstrated level of organizational capability	25 Points
C. Quality of proposed approach	35 Points
Total	100 Points

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## Basis of Award and Procedures (pg. 21)

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- 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 and is determined to be fair and reasonable.

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



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# PASSPort

Procurement and Sourcing Solutions Portal

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- 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](mailto:help@mocs.nyc.gov)



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## 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 – 14%

➤ *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 [rjp@health.nyc.gov](mailto:rjp@health.nyc.gov) by April 19, 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"*

To search and find qualified M/WBEs, visit [www.nyc.gov/buycertified](http://www.nyc.gov/buycertified)

#### For assistance:

- DOHMH M/WBE unit – P:(347)396-6602; E: [mwbe@health.nyc.gov](mailto:mwbe@health.nyc.gov)
- NYC Small Business Services – Certification Helpline: (212)513-6311

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## 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***

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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”

Procurement Title: ABC Widgets Service PIN: ###A#####C#D

**SCHEDULE B – M/WBE Utilization Plan**  
**Part I: M/WBE Participation Goals**  
**Part I to be completed by contracting agency**

**Contract Overview**

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

**Project Description** (attach additional pages if necessary)

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

**M/WBE Participation Goals for Services**  
*(Enter the percentage amount for each group or for an unspecified goal. Please note that there are no goals for Asian Americans in Professional Services, Prime Contract Industry.)*

Group	Percentage
<u>Unspecified</u>	<u>99%</u>
or	
<u>Black American</u>	<u>1%</u>
<u>Hispanic American</u>	<u>1%</u>
<u>Asian American</u>	<u>1%</u>
<u>Women</u>	<u>1%</u>
<u>Total Participation Goals</u>	<u>99% Line 1</u>

# 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)

Procurement Title: ABC Widgets Service FPI: #A0888888C04

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

**Section I: Prime Contractor Contact Information**

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

Business Name Widgets Work Contact Person Father Time

Address 456 LMNOP Road 789 XYZ St, NY #####

Telephone # ###.###.#### Email ftime@widgetswork.com

**Section II: MWBE Utilization Goal Calculation: Check the applicable box and complete subsection.**

**PRIME CONTRACTOR ADOPTING AGENCY MWBE PARTICIPATION GOALS**

<input checked="" type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Agency MWBE Participation Goals.	Total Bid/Proposal Value	Agency Total Participation Goals (Line 1, Page 1)	Calculated MWBE Participation Amount
Calculate the total dollar value of your total bid that you agree will be awarded to MWBE subcontractors for services and/or credited to an MWBE prime contractor or Qualified Joint Venture.  Please review the Notice to Prospective Contractors for more information on how to obtain credit for MWBE participation.	\$ 1,000,000	X 10%	\$ 100,000 Line 2
<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Modified MWBE Participation Goals.  Calculate the total dollar value of your total bid that you agree will be awarded to MWBE subcontractors for services and/or credited to an MWBE prime contractor or Qualified Joint Venture.  Please review the Notice to Prospective Contractors for more information on how to obtain credit for MWBE participation.	\$	X	\$ Line 3

**Sample:**  
**Schedule B – Part II**  
**Pg. 3**

**Regular Submission (no waiver request)**

- In Section VI,
- o Enter the total amount of subcontracting you plan to do using both MWBEs and non-MWBEs
  - o 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

Procurement Title: ABC Widgets Service FPI: #A0888888C04

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:  
 MBE  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? 15%

Enter brief description of the (work) and dollar value of subcontracts for all work services you plan on subcontracting if awarded this contract. For each item, indicate whether the work is designated for participation by MBE2 and/or WBE2 and the time frame in which such work is scheduled to begin and end. Use additional sheets if necessary.

Scopes of Subcontract Work

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

Sample:

Schedule B - Part II

Pg. 4

Regular Submission  
(no waiver request)

This is submitted  
with your Proposal  
Package.

Procurement Title: ABC Widgets Service

PIN: ##AB#####CD#

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

# Full Waiver Request

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

## SCHEDULE B - Part II: M/WBE Participation Plan

**Part II to be completed by the bidder/proposer.**

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

Sample:  
Schedule B – Part III  
Pg. 5 (top)  
Full Waiver Request

Complete Schedule  
B – Part III

Procurement Title: ABC Widgets Service

PIN: #AB#####

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

#### Contract Overview

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

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

10 %

Agency M/WBE Participation Goal

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

0 %

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

#### Basis for Waiver Request:

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

Sample:  
 Schedule B – Part III  
 Pg. 5 (bottom)  
 Full Waiver Request

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

Info for contracts for NYC government agencies.

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.			
<b>CONTRACT NO.</b> 999 20172009106	<b>AGENCY</b>	<b>Dept. of Liberty</b>	<b>DATE COMPLETED</b> 10/30/2018
<b>Total Contract Amount</b> \$200,000	<b>Total Amount Subcontracted</b> \$0		
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract
<b>CONTRACT NO.</b> 999 20172009102	<b>AGENCY</b>	<b>Dept. of Truth</b>	<b>DATE COMPLETED</b> 1/31/2018
<b>Total Contract Amount</b> \$700,000	<b>Total Amount Subcontracted</b> \$75,000		
Item of Work Subcontracted and Value of subcontract	Field Assessment; \$50,000	Item of Work Subcontracted and Value of subcontract	Photography; \$25,000
			Item of Work Subcontracted and Value of subcontract
<b>CONTRACT NO.</b> 999 20172009104	<b>AGENCY</b>	<b>Dept. of Equity</b>	<b>DATE COMPLETED</b> 4/20/2017
<b>Total Contract Amount</b> \$17,000	<b>Total Amount Subcontracted</b> \$0		
Item of Work Subcontracted and	Item of Work Subcontracted and		Item of Work Subcontracted and

Sample:  
 Schedule B – Part III  
 Pg. 6 (top)  
 Full Waiver Request

Procurement Title: ABC Widgets Service				PIN: #AB*****C/DH	
Value of subcontract	Value of subcontract	Value of subcontract			
<b>CONTRACT NO.</b> 999 20172009100	<b>AGENCY</b>	<b>Dept. of Freedom</b>	<b>DATE COMPLETED</b>	April 30, 2006	
<b>Total Contract Amount</b> \$15,000,000	<b>Total Amount Subcontracted</b> \$3,000,000				
Item of Work Subcontracted and Value of subcontract	Disposal	Item of Work Subcontracted and Value of subcontract	Polishing	Item of Work Subcontracted and Value of subcontract	Photography
	\$1,000,000		\$1,500,000		\$500,000
<b>CONTRACT NO.</b>	<b>AGENCY</b>	<b>DATE COMPLETED</b>			
<b>Total Contract Amount</b>	<b>Total Amount Subcontracted</b>				
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract			
<b>CONTRACT NO.</b>	<b>AGENCY</b>	<b>DATE COMPLETED</b>			
<b>Total Contract Amount</b>	<b>Total Amount Subcontracted</b>				
Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract	Item of Work Subcontracted and Value of subcontract			

**Sample:**  
 Schedule B – Part III  
 Pg. 6 (bottom)  
 Full Waiver Request

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

List 3 most recent contracts performed for other entities. Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.  
 (Complete ONLY if vendor has performed fewer than 3 New York City contracts.)

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

  

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

  

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

**Sample:**  
 Schedule B – Part III  
 Pg. 7  
 Full Waiver Request

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

Submit to [rfp@health.nyc.gov](mailto: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.

Procurement Title: ABC Widgets Service PIN: #A2B888888C8D8

---

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

Signature: [Signature] Date: ##-##-####

Print Name: Father Time Title: Head Widget Worker

*Shaded area below is for agency completion only*

**AGENCY CHIEF CONTRACTING OFFICER APPROVAL**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY CHIEF PROCUREMENT OFFICER APPROVAL**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver Determination**

Full Waiver Approved:   
 Waiver Denied:   
 Partial Waiver Approved:   
 Revised Participation Goal: \_\_\_\_\_%

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

# Partial Waiver

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

*Sample:*  
Schedule B – Part II  
Pg. 2  
Partial Waiver  
Request

- Complete Part II
- “Total Bid/Proposal Value” = the “Total Proposed Price” from the Price Proposal Form (Att. B)

Procurement Title: ABC Widgets Service PIN: 88488888888888

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

**Section I: Prime Contractor Contact Information**

Tax ID #	###-####	FMS Vendor ID #	#####
Business Name	Widgets Work	Contact Person	Father Time
Address	456 LMNOP Road		789 XYZ St, NY #####
Telephone #	###-###-####	Email	ftime@widgetwork.com

**Section II: MWBE Utilization Goal Calculation: Check the applicable box and complete subsection.**

**PRIME CONTRACTOR ADOPTING AGENCY MWBE PARTICIPATION GOALS**

	Total Bid/Proposal Value	Agency Total Participative Goals (Line 1, Page 1)	Calculated MWBE Participation Amount
<input type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Agency MWBE Participation Goals. Calculate the total dollar value of your total bid that you agree will be awarded to MWBE subcontractors for services and/or credited to an MWBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for MWBE participation.	\$	X	= \$ Line 2
<input checked="" type="checkbox"/> For Prime Contractors (including Qualified Joint Ventures and MWBE firms) adopting Modified MWBE Participation Goals. Calculate the total dollar value of your total bid that you agree will be awarded to MWBE subcontractors for services and/or credited to an MWBE prime contractor or Qualified Joint Venture. Please review the Notice to Prospective Contractors for more information on how to obtain credit for MWBE participation.	\$1,000,000	X 8%	= \$80,000 (Line 3)

**Sample:**  
**Schedule B – Part II**  
**Pg. 3**

**Partial Waiver Request**

- In Section VI,
- o Enter the total amount of subcontracting you plan to do using both MWBEs and non-MWBEs
  - o 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

Procurement Title: ABC Widgets Service PIN: #A6B88888C0D0

**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:  
 MBE  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? 15%

Enter brief description of the typical dollar value of subcontracts for all 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 each work is scheduled to begin and end. Use additional sheets if necessary.

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

✓ Scopes of Subcontract Work

**Sample:**  
**Schedule B - Part II**  
**Pg. 4**

**Partial Waiver Request**

Procurement Title: ABC Widgets Service PIN: #A6B88888C0D0

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  
 Pg. 5 (top)  
 Partial Waiver  
 Request

You also need to  
 complete Part III of  
 the form

Procurement Title: ABC Widgets Service PIN: #WAB#\*\*\*\*\*CDD#

**SCHEDULE B – PART III – REQUEST FOR WAIVER OF MWBE PARTICIPATION REQUIREMENT**

**Contract Overview**

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

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

10 % Agency M/WBE Participation Goal

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

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

**Basis for Waiver Request:**

Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.

Vendor subcontracts some of this type of work but at a lower % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. (Attach subcontracting plan outlining services that the vendor will self-perform and subcontract to other vendors or consultants.)

Vendor has other legitimate business reasons for proposing the M/WBE Participation Goal above. Explain under separate cover.

Sample:  
 Schedule B – Part III  
 Pg. 5 (bottom)  
 Partial Waiver  
 Request

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

Info for contracts for NYC government agencies.

**References**  
 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.

CONTRACT NO.	AGENCY	Dept.	DATE COMPLETED
999 20172009106		Dept. of Liberty	10/30/2018
Total Contract Amount	\$200,000	Total Amount Subcontracted	\$0
Item of Work Subcontracted and Value of subcontract		Item of Work Subcontracted and Value of subcontract	
999 20172009102		Dept. of Truth	1/31/2018
Total Contract Amount	\$700,000	Total Amount Subcontracted	\$75,000
Item of Work Subcontracted and Value of subcontract	Field Assessment, \$50,000	Item of Work Subcontracted and Value of subcontract	Photography, \$25,000
999 20172009104		Dept. of Equity	4/20/2017
Total Contract Amount	\$17,000	Total Amount Subcontracted	\$0
Item of Work Subcontracted and		Item of Work Subcontracted and	

**Sample:**  
**Schedule B – Part III**  
**Pg. 6 (top)**  
**Partial Waiver**  
**Request**

Procurement Title: ABC Widgets Service PIN: #NAB#####0#

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

**Sample:**  
**Schedule B – Part III**  
**Pg. 6 (bottom)**  
**Partial Waiver**  
**Request**

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

List 3 most recent contracts performed for other entities. Include information for each subcontract awarded in performance of such contracts. Add more pages if necessary.  
 (Complete ONLY if vendor has performed fewer than 3 New York City contracts.)

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

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](mailto: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.

Procurement Title: ABC Widgets Service PIN: ##AB####C#D#

---

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

Signature: John Jones Date: ##-##-####

Print Name: Father Time Title: Head Widget Worker

*Shaded area below is for agency completion only*

**AGENCY CHIEF CONTRACTING OFFICER APPROVAL**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY CHIEF PROCUREMENT OFFICER APPROVAL**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver Determination**

Full Waiver Approved:   
Waiver Denied:   
Partial Waiver Approved:   
Revised Participation Goal: \_\_\_\_\_%

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

# Q & A Intermission

Thanks For Your Patience



# Q & A Reading and Closing

Thanks for your interest in DOHMH's Community Health Survey



Attached is the Sign-in Sheet from the Pre-Proposal Conference:

REP FOR THE PROVISION OF COMMUNITY HEALTH SURVEY  
 March 27, 2019 - 11:00am - 1:00pm  
 PN: 211L00011008X00

PLEASE WRITE LEGIBLY  
 PLEASE FILL OUT ALL FIELDS!

		Pre-Proposal Conference Attendee Log					
Name of Attendee	Organization Name	Minority or Women Owned Business (MWBE)		REP	Email	Telephone No.	Signature
		Is your firm minority or women owned? (Y/N)	Is your firm a Certified MWBE? (Y/N)				
1 Scott Wagner	DOHMH	-	-	-	swagner3@health.ny.gov	ext. 6733	
2 ANN MARIE RAIKOVIC	John Snow			✓	arakovic@jst.com	617-482-9485	
3 James Dwyer	ICF	N	N		JAMES DWYER	202-316-6502	
4 Kim Davazio	M. Davis & Co.	Y	N		kim@davisca.com	215-798-8981 x132	
5 Jordan Peugh	SSRS	N	N	✓	jpeugh@ssrs.com	802-252-4255	
6 Mahanna Paul	Maholsky Research	-	-	✓	pmaholsky@maholsky.com	-	
7 Kai Franks	Edwayorks	Yes	Yes		KFranks@edwayorks.com	714-202-3676	
8 Donna Permutter	IMPAP	N	N		dpermutter@impap.com	443-359-5169	
9 Kim Hoas	Hoas Media	Y	Y		kim@hoas-media.com	862-368-8462 fax	
10 Sheldon McKenzie	Platform Healthcare Solutions	Y	Y	✓	smckenzie@platformhs.com	917-923-7333	
11 Jan Yap	DOHMH				yap@doh.ny.gov	x6692	
12 Simone Watkins	DOHMH				swatkins@doh.ny.gov	347-596-6621	
13 Deke Kasper	DOHMH				dkasper@doh.ny.gov	347-596-6014	
14 Simone Smith	DOHMH				ssmith@doh.ny.gov	301-251-4995	
15 David Parker	Westat				david.parker@westat.com	301-251-4995	
16 Janine Malzeth	ICF				janine@icf.com	646-645-8154	
17 Amber Seligson	DOHMH				aseligson@doh.ny.gov	x2704	

Pre-Proposal Conference Attendee Log

Name of Attendee	Organization Name	Minority or Women Owned Business (MWBE)		REP PICK UP	Email	Telephone No.	Signature
		Is your firm minority or women owned? (Y/N)	Is your firm a certified MWBE? (Y/N)				
18. YPK DUFFY	RTI	Y	Y		haffy@rti.org	919-597-5124	[Signature]
19. Gerard O'Shea	Applied Curiosity Research	N	N		gosh@appliedcuriosityresearch.com	(617) 474-4941	[Signature]
20. Rachel Martonik	ART ASSOCIATES	N	N		rachel.martonik@artassoc.com	301-347-5158	Rachel Martonik
21. Deanna Rubin	Zebra Strategy	Y	Y		dvrub@zebrastategy.com	312-574-3916	Deanna Rubin
22. Elizabeth Logadula	KOP KOP	Y	Y		liz@kopnyc.com	777-7215	[Signature]
23. Victoria CRAIN	BETA Research	Y	Y		vcrain@beta-research.com	609-510-3112	[Signature]
24. Woye Lambert	NYC DOHMH	-	-		wolamb@doh.ny.gov	(347) 996-8606	[Signature]
25. Stephen Immerwahr	NYC DOHMH	-	-		simmerw@doh.ny.gov	347-396-8822	[Signature]
26. Michael Sanderson	NYC DOHMH	-	-		msanderson@health.ny.gov	347-396-2821	[Signature]
27. Margaret Tulvan	NYC DOHMH	-	-		mtulvan@doh.ny.gov	X61617	[Signature]
28.							
29.							
30.							
31.							
32.							
33.							
34.							



**City of New York**  
**Department of Health and Mental Hygiene (DOHMH)**  
**Request for Proposals (RFP) for**  
**Community Health Survey**  
**PIN: 21LL000100R0X00**  
**Addendum #1**

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 April 5, 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:** When will DOHMH post answers to questions submitted before or at the pre-proposal conference?

**Answer 1:** Approximately one week after the questions due date of April 5, 2019.

**Question 2:** When will DOHMH post answers to questions submitted on or before the April 5 deadline?

**Answer 2:** Same as the answer to Question 1.

**Question 3:** The RFP states “DOHMH advises proposers to deliver proposals by hand”. Please clarify if delivery by Federal Express is acceptable.

**Answer 3:** Yes, delivery by Federal Express is acceptable. However, it is up to the proposer to ensure that the proposal is received by the Authorized Agency Contact, Scott Wagner, by the due date and time indicated in the RFP.

**Question 4:** Please provide clarification regarding the purpose of the requirement in RFP Section III, B.2.f. for maintaining a separate bank account. This is a non-standard requirement for a deliverable based fixed price contract. Will the Agency consider waiving this requirement? If not, should the project bank account be interest bearing? Are the costs associated with maintaining a separate bank account considered allowable project costs?

**Answer 4:** The reference to maintaining a separate bank account in RFP Section III, B.2.f. is a restatement of a requirement contained in the General Provisions listed in Appendix A, specifically Article 5, Section 5.01. Exceptions are rarely made to Appendix A provisions.

**Question 5:** How many questions will the vendor need to cognitively test each year?

**Answer 5:** Cognitive testing for the English questionnaire will typically focus on new questions. In the past, new questions have been rarely more than 20% for each iteration of the CHS. In prior years, CHS has included a total of 115-120 questions (new and old).

**Question 6:** What percentage of the questionnaire will change on an annual basis?

**Answer 6:** See answer to Question 5 above.

**Question 7:** Can we propose an incentive amount other than \$10?

**Answer 7:** Yes.

**Question 8:** Can we propose an incentive delivery other than by check?

**Answer 8:** Yes.

**Question 9:** Can the documents that require signature (cover letter form, Subcontractor forms, Doing Business Data form, Iran Contractor Compliance form, and any other document) be printed on one sided paper?

**Answer 9:** Yes.

**Question 10:** Section IV.A.2.a.6 of the RFP includes this parenthetical: "(If Proposers are proposing a different survey sampling frame or survey mode(s), Proposers would have experience in conducting surveys using those frames and/or modes.)" It appears that the parenthetical is relevant to Section IV.A.2.a.5, which speaks to sampling frames and survey modes. Can you please confirm that bidders should address the parenthetical under Section IV.A.2.a.5?

**Answer 10:** Yes, they should address this parenthetical under Section IV.A.2.a.5. Please see RFP revisions above.

**Question 11:** Should the original and copy sets be bound or unbound?

**Answer 11:** DOHMH prefers unbound copy sets.

**Question 12:** If the 4 versions of the Program Proposal (one original + three copies) are too large to fit in an envelope can we enclose them in a sealed box?

**Answer 12:** Yes.

**Question 13:** Is it acceptable to NYC DOHMH to include our financial statement with our Price Proposal rather than our Program Proposal?

**Answer 13:** No, please include the financial statement with the Program Proposal. The Price Proposal must be in a separate envelope.

**Question 14:** Does DOHMH want any copies of the subcontractor forms (subcontractor utilization plan and/or approved waiver of target subcontracting percentage), or is just one original version of each form sufficient?

**Answer 14:** One original and one electronic copy is sufficient.

**Question 15:** If the 5 sealed inner envelopes (Program Proposal, Price Proposal, Electronic Copy, Subcontractor Documentation, and Doing Business Data Form/Iran Contractor Compliance) are too large to fit in an envelope can we enclose them in a box?

**Answer 15:** Yes.

**Question 16:** What is Mr. Scott Wagner's current title?

**Answer 16:** Mr. Scott Wagner's title is RFP Writer.

**Question 17:** Section 16 of Appendix C, DOITT Citywide Policy on Cloud, requires an annual independent review of the cloud service provider ("CSP"). Will that review be performed and paid for directly by the City, or is it expected that bidders will include the annual cost of hiring an independent assessor as part of their proposals?

**Answer 17:** Proposers should include the cost for an annual independent review as part of their price proposals.

**Question 18:** With reference to the above question, if bidders are expected to include the annual cost of an independent assessor in our proposals, please provide the scope of work required so we can budget accurately.

**Answer 18:** The scope of work for an independent assessor is dependent on the services and pertaining regulations for the data that will be transmitted through a CPS. For example, general services requires SOC 2 compliance, patient data requires HIPAA compliance, and credit card information requires PCI compliance. For questions about other kinds of data, please refer to NYC Cyber Command ("NYC3"):

<https://www1.nyc.gov/site/cyber/contact/contact-nyc-cyber-command.page>

**Question 19:** As the City requires Penetration Testing for all cloud solutions, will the NYC want to conduct their own tests or will they accept the CSP's test results from their own annual assessments?

**Answer 19:** At present, NYC3's preference is that a vendor has Penetration Testing performed by IBM. NYC3 will also accept Penetration Testing by other accredited entities. Vendors should contact NYC3 for details (see link above).

**Question 20:** Are monthly vulnerability scans of the systems sufficient or does the NYC require more frequent scans delivered to them?

**Answer 20:** Monthly vulnerability scans are sufficient.

**Question 21:** From a budgeting standpoint, are there any expectations for regularly scheduled reports or meetings with the NYC's IT Security personnel in addition to providing clean vulnerability scan results as a report?

**Answer 21:** The expectation is that monthly vulnerability scan reports will be sent electronically to DOHMH. If there is a new release of the CSP, a Penetration Testing report is required.

**Question 22:** If NYC previous approved a vendor's cloud services for use by DOHMH in 2019 for another project, will that approval extend to this project (CHS) or must we resubmit the security requirements checklist for separate approval?

**Answer 22:** If DOHMH IT Security has an approval disposition for a cloud solution and the use case and data classification have not been changed, then there is no need to get approval again. If IT Security has no record of approval, then the vendor must submit a new cloud solution request for approval.

**Question 23:** The text on page 3 of the RFP states that "Greater consideration will be given to Proposers that propose more competitive prices in combination with a high quality program." We assume this means a best value tradeoff between technical and price. This award consideration seems to contradict language on page 21 which states "An award will be made to the proposer achieving the highest technical score that offers a price that does not exceed the maximum available funding set forth in the RFP and is determined to be fair and reasonable." Please confirm that will be a best value competition as described on page 3.

**Answer 23:** No, this is not a best value competition. DOHMH will consider competitive pricing as fair and reasonable pricing.

**Question 24:** Can exceptions be taken to any of the General Provisions listed in Appendix A?

**Answer 24:** Exceptions are rarely made to Appendix A provisions.

**Question 25:** Are HireNYC requirements applicable? If so, does the HireNYC apply to subcontractors?

**Answer 25:** Yes, HireNYC requirements are applicable to the contractor. HireNYC does not apply to subcontractors.

**Question 26:** Is there a Section 3 of the HUD Act of 1968 requirement and does it apply to subcontractors?

**Answer 26:** No.

**Question 27:** The RFP states that translations should be done using a professional translation service approved by DOHMH. Can DOHMH please provide more information about what qualifies a translation service as an "approved translation service"? Are these service providers already approved by DOHMH or would they need to be approved in advance providing the services?

**Answer 27:** DOHMH must approve any proposed subcontracted translation services in advance of service provision..

**Question 28:** After questionnaire approval by DOHMH, should we anticipate any significant modifications of the questionnaire during the survey year? If so, what modifications should we anticipate?

**Answer 28:** No. DOHMH does not anticipate modifications of the questionnaire during the survey year, other than the rare occasion when a public health issue necessitates the addition of a question, or a change to a question needs to be made due to problems with its performance.

**Question 29:** Regarding new content to the questionnaire each year, how many new questions, on average (or what percentage of content) are expected to be new?

**Answer 29:** See answer to Question 5 above.

**Question 30:** What have the annual response rates (AAPOR RR3) and cooperation rates (AAPOR COOP 3) been for landline and cell phone for each of the past five years?

**Answer 30:** The rates are available on the DOHMH website through 2017 under "Data". <https://www1.nyc.gov/site/doh/data/data-sets/community-health-survey-methodology.page>

**Question 31:** Please provide the 2018 methods report from the incumbent contract to support proposal development.

**Answer 31:** DOHMH cannot provide this information. Please refer to Appendix B.

**Question 32:** Please provide the percentage of cell vs landline completed interviews for the 2018 and 2019 sample design.

**Answer 32:** In 2018, 40% landline and 60% cell. In 2019, 30% landline and 70% cell.

**Question 33:** What is the desired ratio of cell vs landline completed interviews for the 2021 survey cycle?

**Answer 33:** DOHMH does not have a desired ratio. Proposers should propose this. If a different sampling frame and/or mode is used, please describe those in addition or instead.

**Question 34:** The target sample for the 2017 cycle was 182 for each CD. The lowest achieved sample size was 124 (68% of goal) and the highest achieved sample size was 241 (132% of goal). Can we assume that a maximum of a 30% tolerance for completed interview size around the CD target sample size is acceptable, so long as we achieve the total target sample size of 10,000? If not, what are the minimum and maximum acceptable tolerances in achieving the target sample size for each CD?

**Answer 34:** The goal is equal sample sizes for all CD's. DOHMH recognizes this isn't always possible.

**Question 35:** Please provide a description of the methodological research done by the incumbent contractor for the NYC Community Health Survey.

**Answer 35:** The incumbent has made multiple presentations of CHS-related methodological research at the annual American Association for Public Opinion Research (AAPOR) conference, sometimes co-authored with DOHMH staff.

Abstracts are available on AAPOR's Past Conferences website:  
<https://www.aapor.org/Conference-Events/Recent-Conferences.aspx>

**Question 36:** What text is presented on the caller ID when the current contractor calls sampled phone numbers? Does it show the call is from DOHMH or somewhere else? Has NYC CHS ever experimented with the caller ID text? If so, what were the results?

**Answer 36:** Caller ID shows a current study-specific NYC telephone number as permitted by TCPA regulations. DOHMH is open to other caller ID options so long as they are permitted by TCPA regulations.

**Question 37:** Can proposers add additional lines to Deliverable 5 to differentiate, for example, landline and cell phone unit costs?

**Answer 37:** No, but proposers can provide an explanation for the proposed deliverable price in their budget narrative.

**Question 38:** What percentage of the sample in 2020 is expected to be cell phone?

**Answer 38:** DOHMH does not have this information at this time. In addition, we are open to sampling frames and modes in addition to or other than the RDD being used.

**Question 39:** What landline and cell phone frames are being used, and what activity flags are being appended?

**Answer 39:** CHS used the following sample sources for 2018 and currently 2019:

2018 CHS sample sources

RDD Landline - RDD sample from Marketing Systems Group's 1+ listed banks sample, stratified by exchange + plus Cablevision exchanges with 0 listed numbers in 100-banks from 1000-banks with 1+ listed numbers. (MSG's CSS screening was used in earlier years but discontinued in 2017.) Due to decreased productivity in the landline sample, a little over halfway through 2018 data collection CHS switched to a listed landline sample and dropped unlisted telephone numbers from the landline frame.

RDD Cell sample - Cell sample provided by Survey Sampling, Inc. (SSI), stratified by CD or groups of CDs when ZIP code could be appended. Cell sample that could not be matched to a ZIP code was under-sampled. In most cases, un-matched cell numbers were then pre-screened using SSI's Cell-WINS to exclude cell numbers that were not "active".

2019 CHS sample sources

Listed Landline sample - MSG "Assignment-based frame" (listed only), stratified by CD and/or groups of CDs for efficiency in targeting

RDD Cell sample - Cell sample provided by Survey Sampling, Inc. (SSI), stratified by CD or groups of CDs when a Census tract or ZIP code can be appended. Cell sample that cannot be matched to a tract or ZIP code are under-sampled. These un-matched cell numbers are also screened using SSI's Cell-WINS to exclude cell numbers that are not "active".

SSI "Smart Cell" sample of non-NYC cell phones with NYC billing addresses will also be tested in 2019. We estimate 10% of NYC adults are cell-only with non-NYC cell phones.

**Question 40:** Is the CHS currently implementing an address-based sample as a part of the 2019 design?

**Answer 40:** No.

**Question 41:** What is the sample size for 2019?

**Answer 41:** A minimum of 10,000 completed surveys.

**Question 42:** Based on NYC Local law 1, it appears a 501(c)(3) nonprofit organization is exempt from M/WBE participation requirements. If this is the case, does an M/WBE participation plan waiver need to be submitted given the exemption? Does the IRS confirmation/determination letter need to be included? If so, how does it need to be packaged with the proposal?

**Answer 42:** A 501(c)(3) nonprofit organization does not need to submit a M/WBE participation plan waiver. Instead, an IRS confirmation letter should be included with the proposal in the envelope for Schedule B.

**Question 43:** It appears the 2017 survey received a 13.7% response rate. Have you increased outreach for 2018 to achieve the 20% required?

**Answer 43:** CHS already uses a rigorous call design with multiple attempts made at different times and different days over several weeks. Specifically, a landline sample is dialed a minimum of 10 or 15 times, depending on if contact has been made with the household. A cell phone sample is dialed 7 or 10 times, depending on if contact has been made. DOHMH is open to new approaches to addressing this issue.

**Question 44:** Would DOHMH be interested in any support on the reports prepared for these data?

**Answer 44:** No.

**Question 45:** Will background checks be required for the telephone interviewers?

**Answer 45:** No.

**Question 46:** Do M/WBE subcontractors need to be registered with the City at the time of the proposal? Can that happen upon notification?

**Answer 46:** Proposers don't need to provide subcontractor names on Schedule B at the time of proposal submission.

**Question 47:** What company has been responsible for conduct the survey to date? Will they be allowed to submit a proposal for this RFP?

**Answer 47:** Abt Associates is the current contractor. Abt Associates is permitted to submit a proposal to this RFP.

**Question 48:** Could DOHMH provide the reasons a new vendor is being sought for this contract?

**Answer 48:** The current contract will expire in 2020, and in compliance with the City's procurement rules, a new RFP is required.

**Question 49:** Is Schedule B required for M/WBE prime contractors?

**Answer 49:** Yes, M/WBE primes must submit Schedule B unless they are an exempt not-for-profit organization.

**Question 50:** Should non-English language open-ended responses be translated to English then content-coded?

**Answer 50:** Yes.

**Question 51:** Should cognitive testing of survey protocol be conducted in all languages?

**Answer 51:** Limited cognitive testing should be conducted in the languages stated in the RFP. Cognitive interviewing for non-English languages will be limited to new questions as well as some older questions. DOHMH will work with the selected vendor to develop a viable plan for testing those questions.

**Question 52:** Will DOHMH provide a cross walk of zip to CD and UHF?

**Answer 52:** Below is a link to ZIP code definitions for UHFs:

[ZIP code definitions of UHFs:](#)

[https://www1.nyc.gov/assets/doh/downloads/pdf/survey/uhf\\_map\\_100604.pdf](https://www1.nyc.gov/assets/doh/downloads/pdf/survey/uhf_map_100604.pdf)

<https://a816-healthpsi.nyc.gov/epiquery/CHS/uhf-zip-information.pdf>

**Question 53:** If zip/CD/UHF are not nested, can DOHMH provide a shapefile for CD and UHF?

**Answer 53:** Below are links to ZCTA and Community District shape files:

[ZCTA shape files:](#)

[https://www.census.gov/geo/maps-data/data/cbf/cbf\\_zcta.html](https://www.census.gov/geo/maps-data/data/cbf/cbf_zcta.html)

[http://www2.census.gov/geo/tiger/GENZ2017/shp/cb\\_2017\\_us\\_zcta510\\_500k.zip](http://www2.census.gov/geo/tiger/GENZ2017/shp/cb_2017_us_zcta510_500k.zip)

NYC Community Districts shape files:

<https://www1.nyc.gov/site/planning/data-maps/open-data/districts-download-metadata.page>

[https://www1.nyc.gov/assets/planning/download/pdf/data-maps/open-data/nycd\\_metadata.pdf?https://www1.nyc.gov/assets/planning/download/zip/data-maps/open-data/nycd\\_19a.zip](https://www1.nyc.gov/assets/planning/download/pdf/data-maps/open-data/nycd_metadata.pdf?https://www1.nyc.gov/assets/planning/download/zip/data-maps/open-data/nycd_19a.zip)

Additional information on New York City geographic areas:

<https://www1.nyc.gov/site/planning/data-maps/open-data/dwn-pluto-mappluto.page>

**Question 54:** What criteria will be used to evaluate any proposed alternate survey methods (other than phone based surveys)?

**Answer 54:** The proposer would need to demonstrate that the alternate survey methods meet the goals described in Section III.A. of the RFP and through their proposed approach.

**Question 55:** If the company submitting a proposal is an M/WBE prime, and expects to use M/WBE subs, how would the proposer calculate the participation rate?

**Answer 55:** M/WBE primes would complete the 1<sup>st</sup> box on the top of pg. 3 of 6 of Schedule B.

**Question 56:** Can the M/WBE goal be reduced?

**Answer 56:** No, the goal will not be reduced. Proposers that wish to apply for a partial waiver may do so.

**Question 57:** Is DOHMH using pre-scrambled cell sample in past or current methodology?

**Answer 57:** Telephone samples used for the CHS in 2018 and 2019 are described in Answer 40 above. In 2019, a cell sample that cannot be matched to a tract or ZIP code are under-sampled. These un-matched cell numbers are also screened using SSI's Cell-WINS to exclude cell numbers that are not "active".

**Question 58:** Have you tried any alternative methodologies or samples other than telephone RDD in prior waves?

**Answer 58:** No.

**Question 59:** Are 10,000 completed surveys an approximate number or a minimum number?

**Answer 59:** The vendor must complete a minimum of 10,000 surveys for each year of the CHS.

**Question 60:** The experience section of the RFP calls for “providing routine reports that describe the progress and challenges of public health research and surveillance initiatives.” Could you please explain what type of reporting you are interested in?

**Answer 60:** The RFP has been revised to remove this requirement (please see above).

**Question 61:** Please describe the types of quality control checks referred to in the RFP which requires DOHMH access to completed surveys for independent quality control checks?

**Answer 61:** Vendors should describe how they would provide DOHMH with access to completed surveys for independent review if alternative sampling methodologies and modes are proposed. This could include DOHMH coming to local offices or providing select copies of completed surveys over a secure internet connection.

**Question 62:** What level of effort, and level of expertise, should be budgeted for “general statistical consulting”?

**Answer 62:** In addition to statistical support for the CHS, DOHMH would like up to 10 hours of high-level statistical consulting for other survey design and related projects as they arise.

**Question 63:** Page 20 (subsection 6) states “A sealed outer envelope, enclosing the four sealed inner envelopes...” There are five inner envelopes mentioned prior to this instruction. Please clarify

**Answer 63:** See revised Proposal Checklist (Annex C) below.

**Question 64:** Can a vendor submit a proposal prior to their subcontractor for translation services being approved by DOHMH?

**Answer 64:** Yes.

**Question 65:** Why are non-profits that are classified as 501(c)(3) not required to meet the M/WBE requirements?

**Answer 65:** Contracts awarded to not-for-profit organizations are exempt from M/WBE participation pursuant to Local Law 1 and the New York City Administrative Code. Please see Section 6-129(q) of the New York City Administrative Code.

**Question 66:** Each survey reflects 14 months and overlaps with the previous year. Are the periods of performance referenced in Attachment B correct?

**Answer 66:** Yes. Except for year 1 of the contract (2021), which includes time for start-up, each year has a performance period of January 1 through February 28 of the following year. This is to allow time for data cleaning and weighting after the data has been collected.

**Question 67:** Please confirm the insurance coverage marked as applicable in Schedule A (Worker’s Compensation, Disability Benefits Insurance, Employer’s Liability and Commercial General Liability) are required.

**Answer 67:** Yes, the above-referenced insurance coverage is required.

**Question 68:** Please advise if Commercial Automobile Liability Insurance, Professional Liability Insurance, Crime Insurance or Cyber Liability Insurance are required for this contract.

**Answer 68:** The insurance requirements are listed in Appendix A.

**Question 69:** Is an Accord form acceptable proof of insurance coverage for the Commercial General Liability Requirements?

**Answer 69:** The selected Contractor will be required to provide and ACORD form is required. An additional insured endorsement naming the City of New York as an additional insured is also required as proof of insurance coverage.

**Question 70:** Will the Agency consider granting a waiver of the additional insured requirements?

**Answer 70:** No.

**Question 71:** Would the Agency consider granting a waiver of the \$10,000 self-insurance retention requirement included in Appendix A, Article 7, Section 7.04.C. if the vendor is able to demonstrate evidence of good financial standing, such as letters of credit, surety or performance bonds, or a letter of good standing from the vendor's bank?

**Answer 71:** Article 7, Section 7.04.C. of Appendix A prohibits self-insurance programs, including a self-retention exceeding \$10,000.00. This is not a requirement.

## 5. Proposal Package Contents (“Checklist”)

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

1. A sealed inner envelope labeled “Program Proposal,” containing one original set and three duplicate sets of the documents listed below in the following order:
  - Proposal Cover Letter Form (Attachment A)
  - Technical Proposal
    - Narrative
    - Two (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
  - Acknowledgment of Addenda Form (Attachment C)
2. A separate sealed inner envelope labeled “Price Proposal” containing one original set and **three** duplicate sets of the Price Proposal.
  - Price Proposal Form (Attachment B)
3. A separate sealed inner envelope labeled “Electronic Copy” containing a USB drive, CD-ROM, or DVD containing electronic copies of all hard copy documents submitted in response to this RFP.
4. A separate sealed inner envelope containing:
  - “Subcontractor Utilization Plan” (Attachment G, Schedule B, Part II) [IF APPLICABLE] or;
  - Approved Waiver of Target Subcontracting Percentage (Attachment G, Schedule B, Part III) [IF APPLICABLE] or;
  - “Subcontractor Utilization Plan” (Attachment G, Schedule B, Part II) and Approved Partial Waiver of Target Subcontracting Percentage (Attachment G, Schedule B, Part III) [IF APPLICABLE]
  - For organizations incorporated as non-profits under Section 501(c)(3) of the U.S. Internal Revenue Code: copy of IRS determination letter**
5. A separate sealed inner envelope labeled "Doing Business Data Form and Iran Contractor Compliance" that contains:
  - An original, completed Doing Business Data Form (Attachment D)
  - An original completed and notarized Iran Contractor Compliance Form (Attachment H).
6. A sealed outer envelope, enclosing the five sealed inner envelopes. The sealed outer envelope should have two labels containing:
  - The proposer’s name and address, the Title and PIN of this RFP and the name and telephone number of the Proposer’s Contact Person.
  - The name, title and address of the Authorized Agency Contact Person.

[NO FURTHER TEXT ON THIS PAGE]

**ATTACHMENT C**  
**ACKNOWLEDGEMENT OF ADDENDA**  
**RFP: Community Health Survey**  
**PIN: 21LL000100R0X00**

**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 April 12, 2019

Addendum # 2, Dated \_\_\_\_\_, 201\_\_

Addendum # 3, Dated \_\_\_\_\_, 201\_\_

Addendum # 4, Dated \_\_\_\_\_, 201\_\_

Addendum # 5, Dated \_\_\_\_\_, 201\_\_

Addendum # 6, Dated \_\_\_\_\_, 201\_\_

Addendum # 7, Dated \_\_\_\_\_, 201\_\_

Addendum # 8, Dated \_\_\_\_\_, 201\_\_

Addendum # 9, Dated \_\_\_\_\_, 201\_\_

Addendum #10, Dated \_\_\_\_\_, 201\_\_

**Part II**

\_\_\_\_\_ No Addendum was received in connection with this RFP.

**Part III**

Proposer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Authorized Representative:

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