

Concept Paper

On site Specimen Collection and/or Vaccination Services (including community, congregate, and non-congregate residential settings)

Background:

The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) is issuing this concept paper in advance of a planned RFP whereby the agency would seek appropriately qualified contractor(s) to provide (1) onsite testing/specimen collection and/or (2) immunization services in a variety of settings to prevent, detect, or mitigate communicable and vaccine-preventable disease outbreaks, including but not limited to COVID-19, influenza, Hepatitis A, measles, and mumps outbreaks. DOHMH anticipates that these services would potentially be rendered in 1) community settings (e.g., community-based organizations, senior centers, houses of worship, schools and indoor or outdoor community-based fairs), 2) congregate residential settings (e.g., long-term care facilities, shelters, supportive housing programs, and homes for people with intellectual and developmental disabilities), and 3) non-congregate residential settings (e.g., housing developments and private homes). The contractor(s) would be expected to maintain a citywide network of appropriate personnel to deploy to locations across the 5 boroughs of NYC at the request and direction of DOHMH. **The resulting contracts would be on-call contracts; the contractor(s) would only provide services at DOHMH's request, and there would be no minimum or maximum guarantee of work.**

In response to the COVID-19 pandemic, DOHMH has created a framework and the infrastructure for deploying teams to community, congregate residential and non-congregate residential settings to ensure equitable access to testing and vaccination services and is broadening this program to address COVID-19, influenza, and other communicable and vaccine-preventable diseases as needed. The diagnostic testing component of this program will allow for rapid detection of asymptomatic, pre-symptomatic, and symptomatic case patients as well as for evaluation of close contacts, leading to early identification of, and opportunity to mitigate, outbreaks through early implementation of such measures as isolation and quarantine. Likewise, vaccination services will be readily available to prevent or mitigate outbreaks of vaccine-preventable diseases through primary prevention or through post-exposure prophylaxis when applicable.

The contract(s) that result from the RFP would support the continued public health response to the COVID-19 pandemic as well as add capacity for future public health surveillance and outbreak prevention, response, and mitigation.

Scope of Services

DOHMH anticipates that the contractor(s) will provide testing services and/or vaccination services at locations and times designated by DOHMH. Each contractor must have a New York State-licensed physician to oversee planning and operations and must provide all supervision of planning and operations, personnel, equipment, applicable personal protective equipment (PPE) such as masks and gowns, necessary materials and supplies to perform on-site specimen collection and vaccination services



(see below for items that may be provided by DOHMH), transportation of staff and supplies, and waste disposal.

On-site specimen collection and vaccination service locations include, but would not be limited to, community settings (e.g., community-based organizations, senior centers, schools, houses of worship, and indoor or outdoor health fairs), congregate residential settings (e.g., long-term care facilities, shelters, supportive housing programs, and homes for people with intellectual and developmental disabilities) and non-congregate residential settings (e.g., housing developments and private homes).

All work will be conducted in accordance with any applicable federal, state, and local laws, rules, and regulations, including those specific to each community or residential setting type. This includes laws concerning patient privacy and confidentiality.

The contractor(s) will build a complete, rapidly deployable team consisting of clinical staff to conduct testing and/or vaccination, support staff (e.g., administrative and data staff), equipment (e.g., tents, tables, chairs, printers, laptops, testing/vaccine supplies), as well as a team coordinator to facilitate communication and scheduling between the Contractor, the host (i.e., residential facility or community-based organization), transport services, the laboratory (if specimen collection), and DOHMH.

The contractor(s) will be required to maintain records of all services that are administered as part of this contract according to federal, state, and local laws and share these records with DOHMH and hosts at the individual level and aggregate level to promptly inform isolation, cohorting (i.e., placing infected individuals together), quarantining and other infection control measures.

DOHMH may assign the contractor to provide specimen collection and/or vaccination services at community and residential settings that (a) request support conducting testing or vaccination services (b) in response to an outbreak or (c) for purposes of other testing and/or vaccination needs. Community and residential settings' participation in any testing with DOHMH is voluntary. DOHMH cannot guarantee how many locations, facilities or individuals will participate in this program with DOHMH. DOHMH is under no obligation to submit a specific number of locations, facilities, or individuals to the contractor for testing and/or vaccination.

Testing/Specimen Collection Overview

Testing needs and preferences will vary based on setting. DOHMH estimates annually approximately 1,000 specimen collections at private non-congregate or small congregate residences (consisting of 1 to 10 people per residence); 10,000 specimen collections at medium community-based events or congregate residences (consisting of 11 to 50 people per residence); and 30,000 specimen collections at large community-based events or congregate residences (consisting of 51 to 300 people per residence). The above numbers are estimates only; DOHMH will not guarantee a minimum or maximum number of tests performed/specimens collected.

Testing setup may vary from setting to setting, e.g., some residential facilities may request that all testing occur in a centralized location whereas others may request that the specimen collection team move room to room. For testing in non-congregate residential settings, the contractor will be responsible for coordinating and scheduling the specimen collection date and time with the individual undergoing testing.

Below is DOHMH's draft Scope of Services for Testing/Specimen collection. DOHMH invites comments on the following requirements. DOHMH expects that Contractor(s) would:

- a. Obtain and document necessary consent for all services being provided. Standard consent forms should be available in English, Spanish, Chinese (simple and traditional), Russian, and other languages as requested by DOHMH.
- b. Provide on-site specimen collection services as requested by DOHMH, on individuals or groups of individuals in designated settings.
 - i. Specimen collection may include one, some or all the following, as determined by DOHMH:
 - nasopharyngeal swabs
 - nasal swab
 - saliva
 - oropharyngeal swabs
 - blood
 - urine
 - stool
 - sputum
- b. At minimum, be able to provide on-site collection and transportation services from 8 a.m.- 9 p.m., 7 days per week including holidays, with the ability to handle specimen delivery that occurs after 6 p.m.
 - i. Obtain or purchase, store, and transport to and from the residential setting all supplies, including appropriate PPE and materials required to operate services.
 - ii. Maintain an adequately staffed email inbox and telephone line during the hours of 8 a.m. - 9 p.m., 7 days per week including holidays.
 - iii. Identify and assign primary liaison who receives requests from DOHMH and provides regular updates on issues that arise.
- c. Work with a commercial lab, or if available and DOHMH permission is given, the DOHMH Public Health Laboratory (PHL). If working with a commercial lab, the lab must be willing to send specimens to PHL for whole genomic sequencing. Effectively coordinate with DOHMH and facility/individuals to schedule services and delivery of specimens to a commercial lab, PHL, or another designated drop-off.
 - i. Contractor must contact the facility/individuals (within 2 hours of DOHMH's request to contact facility) and agree upon a time of arrival; unless otherwise instructed by DOHMH. If the contractor is unable to contact the client within 2 hours, contractor must coordinate with DOHMH to determine how to proceed with scheduling.
 - ii. Upon completion of specimen collection, the Contractor must deliver the specimen to designated drop-off site within 90 minutes unless DOHMH or the Contractor explicitly indicates otherwise for the specimen e.g., out-of-state delivery overnight.
 - iii. Labs are required to report all diagnostic and sequencing results (e.g., positive, negative, lineage) via the New York State (NYS) Electronic Clinical Laboratory Reporting System (ECLRS). Contact the NYC Health Department's ECLRS team (nyceclrs@health.nyc.gov) and the NYS ECLRS Help Desk (866-325-7743 or eclrs@health.ny.gov) for assistance.
 - iv. For any specimen coming to PHL for testing or shipping, contractor must use eOrder and follow all PHL guidelines.
 - v. If sending specimens to commercial lab for diagnostic processing, subcontract a commercial lab that can provide results within 24-48 hours.
- d. Conduct specimen collection in a range of settings with adequately sized teams. Locations include, but are not limited to, private residences, supportive housing, group homes, and adult

care facilities. Specimen collection teams will require at least 1 clinical staff person for private or small congregate residences (consisting of 1 to 10 people per residence), 2 to 3 clinical staff for medium congregate residences (consisting of 11 to 50 people per residence), and at least 3 clinical staff for large congregate residences (consisting of 51 to 300 people per residence).

- e. Ability to initiate a large-scale quick deployment
 - i. Guaranteed team availability within 24-48 hour of a request
 - ii. Ability to screen 250 people with limited notice
- f. Ensure that all staff performing work under this Contract, including those who collect specimens and who transport specimens, have the necessary licenses and certifications.
 - i. Staff entering individuals' homes or facilities and performing specimen collection must, at minimum, be a Medical Assistant or Certified Nursing Assistant (CNA) with appropriate training and credentials and at least 1 year of experience working with various age groups administering nasopharyngeal and oropharyngeal swabs, and/or phlebotomy.
 - ii. Medical Director/physician-in-charge and on-call physicians must be New York State (NYS)-licensed and be able to authorize non-patient specific (standing) orders.
 - iii. Nursing staff administering vaccines should have current licenses in NYS to practice as Registered Nurses (RNs) or Licensed Practical Nurses (LPNs), adhering to NYS regulations as required by New York State Education Law Article 129 (Nursing). Preference is for Registered Nurses (RNs) to conduct specimen collection when possible.
 - iv. Staff providing on-site visits should comply with city and state guidelines for testing before entering private homes and residential facilities. The contractor(s) shall provide DOHMH with the staff test results upon request.
 - v. Staff entering individuals' homes and collecting other specimen types (blood, stool, urine, sputum, nasal swab, saliva) must be appropriately credentialed to do so.
 - vi. Staff transporting specimens must maintain valid and current driver's licenses and meet DOT/IATA standards.
- g. Maintain an adequate, trained staff level that adheres to best practices for specimen collection, handling, and submission of specimens. This includes sending staff to DOHMH trainings related to communicable disease outbreaks (e.g., COVID-19)
- h. Staff performing work under the contract should have prior experience working with special patient populations including infants, children, older adults, and people with intellectual and developmental disabilities. Ensure that all staff performing work under this contract exercise high quality customer service and exceptional bedside manner. Ensure that all staff deliver services in culturally competent fashion regardless of age, race/ethnicity, gender identity, or sexual orientation.
- i. Ensure that all Contractor's staff and subcontractors performing work under this Contract agree to execute and be bound by DOHMH's confidentiality agreement.
- j. Follow OSHA regulations and recommendations, and comply with all applicable state and federal laws, rules, and policies.
- k. Follow infection control practices required by DOHMH (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>), including DOHMH requirements on where to don and doff personal protective equipment (PPE)
 - i. For all other infection control practices, DOHMH will provide guidance in accordance with CDC guidance
- l. Adhere to the assessment of risk, monitoring, testing, and work restriction decisions for healthcare personnel (HCP) as recommended by DOHMH
 - i. Note: potential healthcare exposures to COVID-19 as recommended by DOHMH which

may change, can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. HCP with potential exposures to COVID-19 in travel-associated or community settings should also have their exposure risk assessed according to DOHMH guidance; current guidance, which may change, can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>.

- i. For all other infection control practices, DOHMH will provided guidance in accordance with CDC guidance
- m. Pooled testing may be requested by DOHMH and must be performed in compliance with all NYS Clinical Laboratory Evaluation Program (CLEP) regulatory requirements.
- n. Employ staff:
 - i. who are proficient in English; and
 - ii. multilingual staff who can deliver services to non-English speaking individuals.
- o. Communicate with the residential setting (facility or private residence) and complete visitation in accordance with DOHMH protocols and procedures
- p. Contractor will obtain and distribute materials to individuals per DOHMH protocol and as agreed upon between DOHMH and the Contractor(s), including but not limited to DOHMH informational material and incentives.
- q. Collect data from individuals as requested by DOHMH in a format that is requested by DOHMH.
 - i. Have flexibility to edit the intake/registration form to collect additional demographic data of interest to DOHMH.
- r. Safeguard the confidentiality of information obtained about individuals to the maximum extent allowable by applicable federal, state, and local laws and regulations.
- s. Receive identifiable residence-level and individual-level data (e.g., name, address) from DOHMH and ensure the security of the data using measures requested by DOHMH.
- t. Communicate with DOHMH within 60 minutes about any unexpected events (e.g., loss or damage of specimen, breach of confidentiality) that are discovered in the course of providing services.
- u. Follow DOHMH protocols for labeling of specimen containers.
- v. Follow DOHMH protocols involving completion of requisition forms for all laboratory specimens (including use of DOHMH's eOrder system) and submission of laboratory specimens for specialized testing to DOHMH or other laboratories as determined by DOHMH.
- w. Secure and transport specimens to the Public Health Laboratory, or other designated drop-off sites within the pre-determined timeframe but no later than the end of each business day. Communicate any delays with DOHMH.
- x. Remove and dispose of waste materials in accordance with DOHMH instructions for waste management using the Contractor's own waste disposal service.
- y. Perform and/or comply with the following requirements related to recordkeeping and reporting:
 - i. Provide individual-level records of specimen collection services administered if the records are requested by DOHMH. The format (e.g., electronic versus paper) and data elements will be determined by DOHMH.
 - ii. Provide a daily summary of medical specimen collection services administered, if such a daily summary is requested by DOHMH. The contents and format (e.g., file type) of the summary will be determined by DOHMH. Examples include reporting to DOHMH a) when testing is scheduled with a facility; b) when staff have arrived on site; and c) and when staff have completed work on-site. Report may include the number of tests performed per facility (including number of refusals) at the close of each business day.
 - iii. Maintain records of all services that are administered as part of this Contract as per

- iv. Comply with all applicable laws and rules concerning patient confidentiality.
- z. Provide access to a HIPAA compliant web portal.
 - i. Create a secure method of data transfer for results to patient/facility and DOHMH (with data differentiated by staff and residents if specimens are collected in a congregate residential setting), an account for each patient/facility to access portal for viewing test results and billing information, and access to portal for DOHMH to view test results and billing information.
- aa. Refer persons diagnosed as positive for further evaluation/treatment or provide information about how to access treatment as per DOHMH instructions.

Vaccination Services Requirements

Below is DOHMH's draft Scope of Services for Vaccination Services. DOHMH invites comments on the following requirements. DOHMH expects that The Contractor(s) would:

- a. Deliver on-site immunization services for COVID-19, influenza, or other vaccine-preventable diseases in community settings (e.g., community-based organizations, senior centers, houses of worship, and indoor or outdoor health fairs, schools), congregate residential settings (e.g., long-term care facilities, shelters, supportive housing programs, and homes for people with intellectual and developmental disabilities) and non-congregate residential settings (e.g., housing developments and private homes) in at least one or more boroughs, as determined in collaboration with DOHMH.
- b. Provide the required services, at DOHMH's request, 7 days per week including public holidays, 8am-9pm. The number of days and hours may be adjusted based on need as mutually determined.
- c. Have the ability to deploy teams for a vaccination event with at least 1 week notification.
 - a. Shorter time frames, for e.g., within 48 to 72 hours, may be requested in emergency or outbreak response situations
- d. Consult with DOHMH to discuss community demographic, language, and cultural makeup to assure the most responsive and culturally appropriate delivery of services
- e. Provide applicable interpreter services as needed while delivering patient care during all hours of operation
- f. Provide at least one New York State (NYS)-licensed Medical Director/physician-in-charge who can authorize non-patient specific (standing) orders.
- g. Identify and deploy mobile vaccination teams that consist of health professionals licensed or certified under the NYS Education Department or Public Health Law or specified in the federal PREP Act or in a Dear Administrator Letter (DAL) or Executive Order (as applicable), including registered nurses, physician assistants, pharmacists, licensed practical nurses, midwives, basic emergency medical technicians and emergency medical technicians-paramedics.
 - a. Ensure up-to-date certification in cardiopulmonary resuscitation or basic life support as required by the NYS Education Department
- h. Deploy vaccinators under a non-patient specific (standing) order, inclusive of emergency treatment for adverse reactions to vaccination, provided by the designated Medical Director/physician-in-charge.

- i. Obtain or purchase vaccines to be administered in accordance with guidance provided by DOHMH.
 - a. In many cases, DOHMH will provide vaccines to the Contractor, including for underinsured and uninsured adults.
 - i. For DOHMH-provided vaccines, the Contractor must submit vaccine orders at least 1 week before the event.
 - b. In some instances, the Contractor may choose to use their own vaccine supply and bill patients' insurance providers or DOHMH for the cost of vaccines and/or vaccine administration.
- j. Establish a secure and appropriate storage unit(s) for vaccines prior to their receipt, in adherence to the CDC guidance for storage and handling (CDC Vaccine Storage and Handling Toolkit is available at <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>). Each unit also must be able to store vaccines according to the manufacturers' product information, package insert or FDA fact sheet.
- k. To prevent cold chain failures the Contractor must install digital data loggers (DDLs) for continuous temperature monitoring of all vaccine storage units. Contractor staff must be signaled if the temperature in the refrigerator goes out of range. The Contractor shall monitor this 24/7. The Contractor shall also have a temperature excursion plan in place, as part of the vaccine management plan.
- l. Vaccines that are administered off-site must be handled, transported, stored, and maintained in accordance with the applicable requirements and specifications provided by the manufacturer and CDC. Only use a type of "qualified" container and supplies specifically designed for use when packing vaccines for transport. DDLs must be used for continuous temperature monitoring.
- m. Provide other standard supplies needed as part of routine vaccination, unless provided with the vaccine as with the COVID-19 vaccine and ancillary kits. In the event of a shortage, DOHMH may provide supplemental vaccination supplies, based on availability.
- n. Store and transport to and from the vaccination location all supplies, including appropriate PPE, vaccines, equipment, and materials required to operate a vaccination clinic. (Requirements for storage and handling of vaccine are above.)
- o. Provide immunization services to patients (e.g., evaluation for qualifying indications, screening for contraindications to vaccine, vaccine administration, post-vaccination observation, and administration of emergency medications when necessary) in accordance with DOHMH instructions and as indicated by the FDA, Advisory Committee on Immunization Practices' (ACIP) guidelines and manufacturer guidance. Services must be provided in a culturally competent and linguistically appropriate manner regardless of the patient's age, race/ethnicity, gender identity, sexual orientation, etc.
- p. Ensure all individuals are screened for precautions and contraindications to vaccination and that vaccines are administered to those individuals with precautions only when clinical guidance allows for administration and that vaccines are never administered to those individuals with contraindications.
- q. Ensure all vaccines are administered only to eligible populations in compliance with FDA, CDC Advisory Committee on Immunization Practices (ACIP) and manufacturer recommendations. In doing so, the Contractor shall ensure that vaccines are only administered to those individuals in eligible categories and who do not have contraindications to vaccinations.

- a. The Contractor shall ensure that vaccines are administered in compliance with FDA-issued EUAs and CDC-issued EUIs when applicable.
- r. Provide the current Vaccine Information Statements (“VIS”), or FDA Fact Sheets or CDC Emergency Use Instructions (EUI) Fact Sheets if applicable, in the patient’s primary language, if available, each time a vaccine is administered (VISs in available languages can be found at <http://immunize.org/vis/>). The Contractor shall maintain records in accordance with the National Childhood Vaccine Injury Act (“NCVIA”), which requires a healthcare provider to give a copy of the current VIS to an adult patient or to a child’s parent/legal representative before vaccinating an adult or child and which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
- s. Comply with NYS Public Health Law 2168 and the NYC Health Code Section 11.11(d) for reporting to the City Immunization Registry (CIR) within 14 days of the vaccine(s) being given: all doses of vaccines administered to persons 18 years of age and younger, and all doses of vaccines administered to adults 19 years of age and older with patients’ verbal or written consent.
 - a. As a condition of receiving federally funded COVID-19 vaccine, all providers must report all administrations of COVID-19 vaccine to the CIR or the State’s NYSIIS within 24 hours of administration; no consent is needed.
- t. Maintain medical records documenting federally required vaccination information, including patient name, patient date of birth, type of vaccine administered, vaccine manufacturer, date administered, anatomic site of administration, vaccine lot number and VIS publication date.
- u. Maintain an adequately staffed email inbox and telephone line for DOHMH to coordinate services from 8am-9pm seven days per week during peak work and response.
 - a. This may be scaled back in discussion with DOHMH.
- v. Distribute informational material to patients at the request of DOHMH.
- w. Collect demographic and clinical (e.g., risk group for vaccination) data from patients seen by Contractor as requested by DOHMH in a format that is requested by DOHMH.
- x. Provide identifiable patient-level records of immunization services provided by the Contractor, and of insurance verification, if the records are requested by DOHMH. The format (e.g., electronic versus paper) will be determined by DOHMH.
- y. Provide individual event summaries of immunization services administered by the Contractor as requested by DOHMH. The contents and format (e.g., file type) of the summary will be determined by DOHMH.
- z. Follow federal, state, and local guidance for communicating about any unexpected events (including but not limited to severe reactions to vaccine, including anaphylaxis and death) that are discovered in the course of providing immunization services to patients. Contractor must report vaccine adverse reactions to VAERS as required by federal law.
 - a. Notify DOHMH in the case of a storage and handling error (e.g., temperature excursion) or vaccine administration error within 24 hours of identification of the error. Notify DOHMH of a serious adverse event following vaccination once the patient has been stabilized.
- aa. Ensure that all Contractor staff performing work under this Contract have the necessary current licenses and certifications.
- bb. Ensure a staff training plan is in place, and staff training is tracked by the Contractor.

- cc. Ensure a quality assurance plan is in place and that corrective actions are determined, implemented and documented.
- dd. Adhere to the assessment of risk, monitoring, and work restriction decisions for healthcare personnel (HCP) with potential healthcare exposures as recommended by DOHMH.
 - a. The current guidance for managing HCP with exposure to SARS-CoV-2, as of 1/21/22 and which may change, can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- ee. Follow infection control practices recommended by DOHMH. These practices must be used throughout the entirety of a patient's flow through the community vaccination clinic, including when they wait to see the provider.
 - a. The current infection control guidance about COVID-19, as of 6/3/2020 and which may change, can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.
- ff. Comply with all applicable laws, rules and regulations concerning patient confidentiality.
- gg. Dispose of waste materials and sharp materials in accordance with DOHMH instructions for waste management using the Contractor's own waste and sharp disposal service.
- hh. Maintain records of all services that are administered as part of this Contract as per applicable local, state, and federal law.
- ii. Establish a protocol to ensure accountability for all doses of vaccines, including tracking of administered and wasted doses.
 - a. **Wasted Doses** – establish practices that limit the number of opened vials, unopened vials at room temperature and wasted doses.
 - b. **Stolen Vaccine** – maintain on-site security of the vaccines.
- jj. **Anaphylaxis Treatment** –
 - a. The Contractor shall ensure that all vaccinators have up-to-date certification in cardiopulmonary resuscitation as per the NY State Department of Education and have protocols in place to manage adverse events, including administration of emergency medications in response to anaphylaxis.
 - a. In addition, the Contractor shall observe all persons without contraindications to vaccination who receive a COVID-19 vaccine for the following time periods:
 - i. 30 minutes: Persons with certain contraindications or allergic reactions, following CDC guidance, which can be found here: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html>.
 - ii. 15 minutes: All other persons.
 - b. Ensure the following emergency equipment is immediately available to the clinical team assessing and managing anaphylaxis:
 - a. Epinephrine prefilled syringe or autoinjector – CDC recommends having at least 3 doses of epinephrine on hand at any given time
 - b. Blood pressure cuff
 - c. Stethoscope
 - d. Timing device to assess pulse



Proposed Term of the Contract(s):

DOHMH anticipates that the term of each contract resulting from this RFP will be 6 years in duration, contingent on the availability of funding.

Procurement Timeline:

It is anticipated that the RFP issuance date would be in Late Fall 2022, with award decisions made by Late Winter 2022.

Planned Method of Evaluating Proposals:

DOHMH anticipates that proposals will be evaluated based on proposers' relevant experience and proposed approach to the scope of services; program monitoring; data management; and reporting; racial equity, social justice and addressing health disparities; organizational capacity; including proposed staffing plan; and budget management.

Funding Information:

The New York City Department of Health and Mental Hygiene anticipates awarding up to four (4) contracts in the amount of up to \$120,000,000 for 6 years (\$20,000,000 annually), per award. DOHMH expects to make a sufficient number of contract awards to satisfy the City's needs.

Use of PASSPort and Prequalification

To respond to this RFP and all other Human/Client Services RFPs, organizations must have an account and an Approved HHS Accelerator PQL qualification status in PASSPort. Proposals and Prequalification applications will ONLY be accepted through PASSPort.

If you do not have a PASSPort account or Approved PASSPort HHS Accelerator PQL Application, please visit nyc.gov/passport to get started.

If you have any questions about your HHS Accelerator PQL status or for assistance with creating a PASSPort account, please contact MOCS Service Desk through the contact form nyc.gov/mocshelp.

Contact Information/Deadline for Comments:

Written comments on this RFP are invited through **August 5, 2022 at 2pm**. Please email **RFP@health.nyc.gov** and indicate **Onsite Specimen Collection and Vaccination Services** in the subject line of the email. Alternatively, written comments may be mailed to the following address:

ACCO Office – CP - Onsite Specimen Collection and Vaccination Services
New York City Department of Health and Mental Hygiene
42-09 28th Street, CN 30A
Queens, NY 11101