

RFP# 0612140934  
Evaluation Capacity Building Project  
Questions and Answers

1. Our firm is an out of state corporation. We are authorized to do business in the State of New York and, as a foreign corporation, have a certificate of authority to conduct business and have a registered agent in the State. We do not have a New York office (we neither own nor rent an office in NY), however. Can you tell me if being a registered vendor to do business in the State of New York meets the RFP requirement that the bidder “is located and operational in New York State?”

**Answer 1:** On page 13 of the RFP, Pass/Fail requirements specify being *located* in New York State.

2. Are the community coalitions focused on one issue or a broader public health campaign?

**Answer 2:** Each of the four coalitions has selected an area of health disparity to address.

3. Which health disparities are the focus of each of the community coalitions?

**Answer 3:** Women’s health (reproductive, cancer, heart disease), Obesity, Diabetes, Hypertension, Cancer screening and management.

4. Have the community coalitions already identified measurable community health outcomes?

**Answer 4:** The evaluation design is a work in progress. However, coalitions have identified outcomes for each of the six levels of the Spectrum of Prevention as part of their proposed evaluation work plans.

5. Are changes in health outcomes to be measured by data collected by the community coalitions or by data from other sources, e.g. SPARCS, mortality, or birth data?

**Answer 5:** The sources of data collection will be determined in collaboration with the successful bidder.

6. How many organizations make up the membership of each community coalition? Please identify them.

**Answer 6:** A total of sixty-eight (68) organizations make up the membership of four coalitions. This membership is categorized into ten community sectors: associations, academia, businesses, community-based organizations, community residents, faith-based organizations, healthcare organizations, state and local government, pharmaceutical industry, schools and social service agencies. Individual coalition membership numbers are as follows: Lutheran Medical Center – 9; National Kidney Foundation – 23; Open Door Family Medical Center, Inc. – 22 and Northern Manhattan Perinatal Partnership, Inc. – 14.

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7. Is the capacity building provider required to work with each of the members of each community coalition or just with the lead agencies?

**Answer 7:** Page 8 of the RFP indicates that the contractor will interact primarily with each coalition's evaluation committee and its chairperson. However, this does not preclude opportunities where there will be contact with lead agencies and/or other coalition members.

8. Is it expected that the capacity building provider assist coalitions in developing program evaluation for most of the levels of intervention?

**Answer 8:** It is expected that the contractor will assist coalitions in evaluating all six levels of the Spectrum of Prevention.

9. Is the New York State Department of Health able to indicate available funding levels?

**Answer 9:** Due to the fact that this RFP is a competitive process, cost is one criterion upon which bidders must compete and is part of the evaluation and selection process.

10. Page 3 of the RFP refers to Pre-Bid Conferences but none are listed. Will there be conferences and, if so, where and when?

**Answer 10:** There will not be any Pre-Bid Conferences.

11. Does each of the community coalitions have data systems already in place?

**Answer 11:** The data systems required for this specific project are to be developed and implemented in collaboration with the successful bidder.

12. If yes, can the State provide information or descriptions of these data systems?

**Answer 12:** The data systems are to be developed.

13. Do they all have secure, high-speed Internet access?

**Answer 13:** It is intended that each of the four coalitions will have secure, high-speed internet access.

14. Will the State be providing funding for the coalitions to achieve secure, ongoing high-speed access or must it be incorporated into the cost proposal of the RFP?

**Answer 14:** The coalitions will be responsible for internet access. These costs should **not** be included in bidders' cost proposals.

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15. Will the State be providing funding for any hardware/software required at each coalition to support local data capture and maintenance or must it be incorporated into the cost proposal of the RFP?

**Answer 15:** The coalitions will be responsible for purchasing and maintaining required hardware and software. These costs should **not** be included in bidders' cost proposals.

16. Is it expected that there will be one central web-based data collection system customized for the four coalitions, or four data collection systems customized for each member of each coalition, or both?

**Answer 16:** It is anticipated that there will be one central web-based data collection system.

17. P. 12 of the RFP (under Cost Proposal) indicates that each bidder should include audited financial statements for the last three years of operation. Does that mean we are required to submit our last three audits?

**Answer 17:** On page 12 of the RFP, under Cost Proposal, second paragraph, it states, "each bidder should include audited financial statements for the last 3 years of operation."

18. P. 17 (under Vendor Responsibility) it indicates that bidders are required to include NYS Dept. of Taxation and Finance Contractor Certification Form (ST-220-A). However, Attachment 7 is the page for that form, ST-200-CA; that page is blank and it says "(Not Applicable)." Do we or do we not have to submit this form? If we do, where can we get the applicable form?

**Answer 18:** On page 24 of the RFP, attachment 1 "Bid Form", Section D states: "Offerer/Bidder agrees to provide the following documentation either *with their submitted bid/proposal or upon award* as indicated below". Check off the appropriate box that applies to your organization's proposal.

The ST-200-CA form can be downloaded using the link below:

[http://www.tax.state.ny.us/pdf/2006/fillin/st/st220ca\\_606\\_fill\\_in.pdf](http://www.tax.state.ny.us/pdf/2006/fillin/st/st220ca_606_fill_in.pdf)

19. The RFP indicates we have to submit an original and four copies of the Technical Proposal and Cost Bid (in separate envelopes). It does not indicate whether we should submit just one copy of the attachments – e.g. Vendor Responsibility questionnaire, audit, NYS Registration, Certificate of Incorporation – or whether we need to submit five copies of the attachments as well. How many copies of the attachments must we submit? Should the attachments be sent in one of the envelopes containing the Technical and Cost proposals, or should they be packaged separately?

**Answer 19:** Five copies of all components of the proposal should be submitted, including the appendices (attachments), which should be in the relevant packet, either Technical or Cost.

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20. It appears that this contract is fixed price. Is this correct?

**Answer 20:** The contract is a fixed price.

21. Are other types of contracts, such as cost plus fixed fee, allowed?

**Answer 21:** There will not be any cost plus fixed fee contracts.

22. Will the contract for this project be administered directly by NYSDOH or is another entity involved? If so, who is that entity?

**Answer 22:** The New York State Department of Health, Office of Minority Health will be administering this project.

23. What is the estimated total four year budget allocated for this project?

**Answer 23:** The budget is an integral component of the bidder's cost proposal.

24. What are the estimated labor hours for each year of the project?

**Answer 24:** The bidder should propose the appropriate amount of labor dedicated to accomplish the goals of the project.

25. On page 10 of the RFP, the description of the desired organizational experience and capacity states: "Bidders must provide documentation that they are located and currently authorized to operate in New York State and have a minimum of three (3) years experience managing program evaluation projects, in partnership with community-based health and human service organizations, delivering services to racial and ethnic minorities." Please verify that the bidding organizations can present their experience working with the desired type of community-based organizations in states other than New York to demonstrate organizational capacity and experience.

**Answer 25:** Bidders may present evidence of organizational capacity and experience with community-based organizations outside New York State if it is relevant to the intent of the Request for Proposals.

26. Regarding the centralized database – Will the community coalitions be directly using this database? Will the reports that will be submitted to the Department of Health from this database come from the coalitions or from the successful bidder? Does this database need to link to any state databases? Is there a system preference?

**Answer 26:** It is intended that community coalitions will access and utilize a centralized database. It is expected that the successful bidder will submit reports generated from the centralized database. Coalitions, as part of their periodic reporting to the Office of Minority Health, may also be required to generate

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reports. It is to be determined if there will be linking to other databases or what systems will be utilized.

27. Will training facilities be provided, or shall these expenses be part of the cost proposal?

**Answer 27:** It is expected that training facilities will be available. The Office of Minority Health will assist, whenever possible, with identifying facilities at no cost.

28. The scale of this project will depend, in part, on the budget that is available. Is there a range or a maximum amount of money allocated?

**Answer 28:** The budget is part of the bidder's cost proposal.

29. What, if any, restrictions are intended related to subcontracting of key Request for Proposal activities and deliverables?

**Answer 29:** Page 39 of the Request for Proposal explains that subcontracting by the contractor shall not be permitted, except by prior written approval and knowledge of the Department of Health. In certain cases, subcontracting will be permitted and must detail the nature of the relationship and expectations. Once the subcontract is included and approved as the final submission of the workplan, it becomes legal and binding as part of the executed contract.

30. In what regions and/or specific geographical locations are the four community coalitions located?

**Answer 30:** As noted in the Request for Proposal, the addresses of the coalitions are provided on Attachment 11 (p. 61). Their county locations are listed below:

<u>NAME</u>	<u>COUNTY</u>
Lutheran Medical Center	Kings
National Kidney Foundation	Onondaga
No. Manhattan Perinatal Partnerships, Inc.	New York
Open Door Family Medical Center, Inc.	Westchester

31. Page 8 (paragraph 4) indicates that one of the goals of this project is to build program evaluation assets within the community. Is there any additional guidance available with regard to what form these 'assets' might take?

**Answer 31:** By requiring that each community coalition develop an evaluation committee within the coalition structure, the Office of Minority Health seeks to create a consciousness that evaluation is integral to program implementation. This in turn, directs attention to the need to harness local evaluation assets and connect them in the context of coalition building to address racial and ethnic health disparities. Assets, as used in the Evaluation Capacity Building Project and the Community Partnerships Program, are the individuals (and their corresponding

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organizations) identified and utilized as the community coalition's evaluation committee. The Asset approach to community capacity building is described in the Kretzmann and McKnight publication referenced in the request for proposals.

32. Are there established criteria related to, or examples of, organizational efficiencies aligned to the goals of the Office of Minority Health which might be available for our perusal?

**Answer 32:** As indicated in the Institute of Medicine's Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*,<sup>1</sup> a comprehensive, multilevel strategy is needed to eliminate health disparities. Broad sectors should be made aware of the healthcare gap between racial and ethnic groups in the United States. For the Office of Minority Health, community coalitions play an important role in mobilizing and engaging multiple sectors (e.g., schools, faith-based organizations, local health departments) to address community-specific health disparities. The coalition approach expands the capacity of individual organizations.

33. The task related to needs assessment includes the development of an evaluation capacity building plan. Is it the expectation of OMH that this plan be tailored to each site or aggregate across all coalitions?

**Answer 33:** It is expected that each coalition will require a specifically-tailored evaluation capacity building plan. It is conceivable that many elements will be consistent and can be aggregated across all coalitions.

34. Is it the intent of OMH that training is to be provided to each coalition separately? Are there any existing provisions and/or opportunities for joint training?

**Answer 34:** Although technical assistance and support will be provided to each site individually, joint training makes sense to ensure consistency across sites and to minimize costs for this activity.

35. Is there a cap on indirect costs?

**Answer 35:** DOH's funding decisions are not based on indirect costs, but rather on the overall price being bid to conduct the project and produce expected deliverables.

<sup>1</sup>Reference

Smedley, B.D., Stith, A.Y., and Nelson A.R. (Eds.). (2002). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: The National Academies Press. Available at [www.nap.edu](http://www.nap.edu).