

**Fund for Public Health in New York City
Request for Proposals (RFP) for
ELECTRONIC LABORATORY REPORTING ENHANCEMENTS FOR COVID-19
Addendum #1**

January 22, 2021

This Addendum contains revisions to RFP language and changes to RFP attachments.

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

Please note that the submission due date for applications remains February 10, 2021 at 11:59 p.m. EST.

I. Changes to RFP Attachments:

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

Attachment B: APPLICANT ELIGIBILITY QUESTIONNAIRE has been revised to reflect updates to the applicant eligibility requirements. Please see Annex A to this Addendum. **Proposers are directed to use this version of the Applicant Eligibility Questionnaire to submit their applications.**

Attachment D: PRICE PROPOSAL FORM has been revised to allow the Proposer to include travel costs in their proposed budget. The budget should reflect any travel to NYC DOHMH's offices, located at 42-09 28th Street, Long Island City, NY 11101, necessary to accomplish the tasks required under the Scope of Work. Please see Annex B to this Addendum. **Proposers are directed to use this version of the Price Proposal Form to submit their applications.**

Attachment E: ACKNOWLEDGEMENT OF ADDENDA has been revised to reflect the issuance of this Addendum. Please see Annex C to this Addendum. **Proposers are directed to use this version of the Acknowledgement of Addenda to submit their applications.**

II. Changes to RFP Language:

The following sections of the RFP has been revised and replaced as follows. Language that is crossed-out has been deleted; language underlined in bold-face type has been added.

A. RFP Section I.B (page 3) revision:

B. Applicant Eligibility

Proposers must adhere to the following minimum requirements:

- ~~Be based in the New York City area~~ **Be based in the U.S.;**
- ~~Be available to provide services within the New York City area for all aspects of service required herein;~~ **Be available to provide services remotely within the U.S. and visit NYC DOHMH's offices for in-person meetings as needed to accomplish the tasks required under the Scope of Work;**

- Have a minimum five (5) years of experience with surveillance systems, electronic laboratory reporting (ELR), and electronic case reporting similar in size and scope to this RFP;
- If awarded, agree to enroll as a City of New York approved vendor; and
- Demonstrate that necessary insurance coverage, including Commercial General Liability and Worker's Compensation, is in place from the start of the contract.

In addition, preference will be given to Minority and Women Business Enterprises (M/WBE).

B. RFP Section III.C.5.1 (page 11) revision:

5.1 The Price Proposal Form (Attachment D) shall be signed by an authorized officer of the firm and adhere to the following:

- ~~All fees shall be fully burdened ("Fully Burdened") and shall include, but not be limited to, all management, supervision, labor, material, supplies, consumables, repair parts, and equipment necessary to provide the applicable services. Likewise, the Fully Burdened fees shall include, but not be limited to, all payroll, statutory payments such as Social Security and Worker' Compensation, fringe benefits, Contractor overhead and expenses, travel time, and Contractor profit necessary to complete the services pursuant to the terms of the subsequent Agreement. All documents and reports requested regarding this RFP, including but not limited to contract documents, reports, service reviews, cost estimates, distribution reports, quality control reports, price proposals shall be provided at no additional cost to DOHMH. The Contractor shall be required to keep its submission of pricing data current until the Agreement has been completed. If the Contractor refuses to submit the required data to support price, the AGCO shall not accept the price.~~
- Funding should be allocated to increase staff capacity/size **as needed to complete the work.**
- The Proposer shall submit an all-inclusive ~~Fixed Burdened~~ **fully burdened and fixed** rate per title hour to furnish all labor ~~and materials~~ required to complete the work.
- **All fees shall be fully burdened and shall include, but not be limited to, all management, supervision, and labor necessary to provide the applicable services. Likewise, the Fully Burdened fees shall include, but not be limited to, all payroll, statutory payments such as Social Security and Worker' Compensation, fringe benefits, Contractor overhead and expenses, and Contractor profit necessary to complete the services pursuant to the terms of the subsequent Agreement.**
- Except for Prevailing Wage rates, prices must remain fixed for the term of this contract including optional years.
- Except for Prevailing Wage rates, all prices shall not be subject to any additions, markups, percentage multiplier, or cost of living increases.
- The Proposer shall provide a mark-up rate percentage for subcontracting **and subconsultant** services. Said mark-up rate shall be Fully Burdened in accordance with the provisions herein.
- **The Proposer shall include an itemized list of direct expenses such as travel, software, tools, and supplies (other than office supplies).**

- **Travel expenses will be limited to costs associated with trips to NYC DOHMH's offices, located at 42-09 28th Street, Long Island City, NY 11101, for in-person meetings.**
- Funding will not be allocated for office supplies, rent, or activities outside the scope of this RFP.
- **All documents and reports requested regarding this RFP, including but not limited to contract documents, reports, service reviews, cost estimates, distribution reports, quality control reports, price proposals shall be provided at no additional cost to DOHMH.**
- **The Contractor shall be required to keep its submission of pricing data current until the Agreement has been completed. If the Contractor refuses to submit the required data to support price, the ACCO shall not accept the price.**

NOTE: The contract awarded under this RFP will be deliverables-based. The Price Proposal will be used to inform the contract's payment structure.

NOTE: No price information should be disclosed in the Technical Proposal; proposals will be evaluated for technical viability before cost is considered.

**REVISED ATTACHMENT B
APPLICANT ELIGIBILITY QUESTIONNAIRE**

INSTRUCTIONS: Proposers must respond to each of the sections below. Failure to submit a response, or selection of the response “No”, may disqualify the Proposer from further consideration.

Part I:

MANDATORY MINIMUM REQUIREMENTS OF RFP		
<input type="checkbox"/>	A.	Have a minimum five (5) years of experience with surveillance systems, electronic laboratory reporting, and electronic case reporting similar in size and scope to this RFP.
<input type="checkbox"/>	B.	Be available to provide services remotely within the U.S. and visit NYC DOHMH’s offices for in-person meetings as needed to accomplish the tasks required under the Scope of Work.
<input type="checkbox"/>	C.	Confirm that, if awarded, Proposer will agree to enroll as a City of New York approved vendor.

Part II:

PREFERRED EXPERIENCE		
<input type="checkbox"/>	A.	Experience with Electronic Clinical Laboratory Reporting Systems (ECLRS)
<input type="checkbox"/>	B.	Experience with Maven Disease Surveillance System
<input type="checkbox"/>	C.	Experience with Electronic Case Reporting and Electronic Disease Reporting Infrastructure (EDRI)

Part III:

APPLICANT STATUS		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the Proposer a Minority and Women Business Enterprise (M/WBE)?

Part IV:

PROPOSER’S CERTIFICATION	
By my signature below, I certify that I am an authorized representative of the proposer named below, and that all information provided above is true and complete to the best of my knowledge.	
Signature of Authorizing Official	Date
Bidder/Proposer (Name of Firm)	

**REVISED ATTACHMENT D
PRICE PROPOSAL FORM**

PART I. ESTIMATED LABOR COSTS				
<i>Provide fully burdened rates including benefits, profit, and overhead.</i>				
Title	Description	A	B	Total Estimated Cost (\$) (A x B)
		Estimated Hours	Proposed Not-To-Exceed Hourly Rate (\$)	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Subtotal: Labor Costs				

PART II. SUBCONTRACTOR(S) / SUBCONSULTANT(S)				
Subcontractors (list each separately)	Description	A	B	Total Estimated Cost (A x (1+B))
		Estimated Cost (\$)	Percent Mark-up (%)	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Subtotal: Subcontract/Subconsultant Costs				

PART III. OTHER DIRECT EXPENSES

(Include travel expenses, software, tools, supplies, etc.)

Description	A	B	Total Estimated Cost (\$) (A x B)
	Quantity	Estimated Cost (\$)	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Subtotal: Other Direct Expenses			
TOTAL PROJECT COST (PARTS I + II + III)			

**REVISED ATTACHMENT E
ACKNOWLEDGEMENT OF ADDENDA**

INSTRUCTIONS: Complete Part I OR Part II as applicable; complete, sign, and date in Part III.

Part I – Acknowledgement of Receipt of Addenda

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

Addendum #1: Dated **January 22, 2021**

Addendum #2: Dated _____

Addendum #3: Dated _____

Addendum #4: Dated _____

Addendum #5: Dated _____

Addendum #6: Dated _____

Addendum #7: Dated _____

Addendum #8: Dated _____

Addendum #9: Dated _____

Part II – Acknowledgment of No Receipt

_____ No Addenda were received in connection with this RFP.

Part III – Signature

_____ Signature of Authorizing Official	_____ Date
_____ Bidder/Proposer (Name of Firm)	