**ATTACHMENT A**

**VENDOR PROPOSAL FORM**

**INSTRUCTIONS:** Proposers must complete and submit this Vendor Proposal Form with their application signed and dated by the Project Director and the firm’s Authorizing Official.

|  |  |  |  |
| --- | --- | --- | --- |
| **Bidder/Proposer’s Legal Entity Name:** | | | |
| **Business Name, if different from above:** | | | |
| **Employer Identification Number:** | | | |
| **Principal Place of Business:** | | | |
| **Authorizing Official** | | | |
| **Name:** | | | **Title:** |
| **Email:** | **Phone Number:** | | |
| **Project Director** | | | |
| **Name:** | | | **Title:** |
| **Mailing Address:** | | | |
| **E-mail:** | | **Phone Number:** | |
| **Certifications** | | | |
| As Project Director, I certify that all information provided in this application is correct and accurate to the best of my knowledge.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Project Director Date  As the Authorizing Official for the entity submitting this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorizing Official Date | | | |

**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** | | |
|  | 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. |
|  | 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. |
|  | C. | Confirm that, if awarded, Proposer will agree to enroll as a City of New York approved vendor. |

Part II:

|  |  |  |
| --- | --- | --- |
| **PREFERRED EXPERIENCE** | | |
|  | A. | Experience with Electronic Clinical Laboratory Reporting Systems (ECLRS) |
|  | B. | Experience with Maven Disease Surveillance System |
|  | C. | Experience with Electronic Case Reporting and Electronic Disease Reporting Infrastructure (EDRI) |

Part III:

|  |  |  |
| --- | --- | --- |
| **APPLICANT STATUS** | | |
| Yes | 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) |

**ATTACHMENT C**

**REFERENCE FORM**

**INSTRUCTIONS:** Proposers must provide the names and contact information for two (2) references. The reference must have first-hand knowledge of the Proposer’s ability to perform the services required and can validate they have met the minimum requirements outlined in Section 1.B of the RFP.

|  |  |  |
| --- | --- | --- |
| 1. | Reference Company Name |  |
| Contact Person |  |
| Title |  |
| Phone |  |
| Email |  |
| Scope of engagement |  |
| Term of engagement |  |
| 2. | Reference Company Name |  |
| Contact Person |  |
| Title |  |
| Phone |  |
| Email |  |
| Scope of engagement |  |
| Term of engagement |  |
| 3. | Reference Company Name |  |
| Contact Person |  |
| Title |  |
| Phone |  |
| Email |  |
| Scope of engagement |  |
|  | Term of engagement |  |
| 4. | Reference Company Name |  |
| Contact Person |  |
| Title |  |
| Phone |  |
| Email |  |
| Scope of engagement |  |
|  | Term of engagement |  |

**REVISED ATTACHMENT D**

**PRICE PROPOSAL FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART I. ESTIMATED LABOR COSTS**  *Provide fully burdened rates including benefits, profit, and overhead.* | | | | |
| **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) / SUBCONSTULANT(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)** | | | |  |
|  | | | | |