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**REQUEST FOR PROPOSALS (RFP)**  
**ELECTRONIC LABORATORY REPORTING ENHANCEMENTS**  
**FOR COVID-19**

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**ISSUE DATE: JANUARY 5, 2021**

**RESPONSE DUE DATE: FEBRUARY 10, 2021**

**REPLY TO: ARIANA HOLLAND ([AHOLLAND@FPHNYC.ORG](mailto:AHOLLAND@FPHNYC.ORG))**

**RELEASED BY:**



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## SECTION I: SUMMARY OF THE REQUEST FOR PROPOSALS

This Request for Proposals (RFP) is issued by the Fund for Public Health in New York City (FPHNYC), on behalf of the New York City Department of Health and Mental Hygiene's (NYC DOHMH) Division of Disease Control (DDC) to solicit proposals for enhancements of the Electronic Laboratory Reporting (ELR) system and workflow processes.

### A. RFP Timetable

<b>Request for Proposals (RFP) Release</b>	January 5, 2021
<b>Deadline for Written Questions</b>	January 21, 2021 at 11:59 p.m. EST
<b>Q&amp;A Posted</b>	January 27, 2021
<b>Proposal Package Due</b>	February 10, 2021 at 11:59 p.m. EST
<b>Funding Notification</b>	March 10, 2021

### B. Applicant Eligibility

Proposers must adhere to the following minimum requirements:

- Be based in the New York City area;
- Be available to provide services within the New York City area for all aspects of service required herein;
- 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)

### C. FPHNYC Procurement

FPHNYC reserves the right to revise any part of the RFP at any time before the submission deadline date if necessary. These revisions will be addendums to the RFP and posted on the FPHNYC website: [www.fphnyc.org](http://www.fphnyc.org). Proposers are responsible for checking the website frequently to remain informed about the procurement process. Each Proposer must amend its RFP package as necessary. Failure to acknowledge any addendum will result in disqualification of the proposal.

Proposals selected for review must follow the instructions in this RFP, provide the information required in the response package, and include all of the required attachments (signed and dated) by the Proposer's representative with legal authority to submit a proposal on behalf of the entity. The successful bidder will be required to agree to the General Terms and Conditions contained in the Fund for Public Health in New York City's contract and comply with all applicable federal and state laws and policies.

#### **D. Submission Instructions**

The deadline for submission is February 10, 2021 by 11:59 p.m. Eastern Standard Time (EST). Proposals must be submitted via email to [aholland@fphnyc.org](mailto:aholland@fphnyc.org) and include the title of the solicitation, "**Electronic Laboratory Reporting Enhancements**", in the subject line. Any proposals received after the due date and time will be considered nonresponsive. A proposal checklist is provided below.

All responses must be in Adobe Acrobat PDF file format.

#### **E. RFP Inquiries, Written Questions and Answers**

All questions and requests for clarification about this RFP must be submitted via e-mail to [aholland@fphnyc.org](mailto:aholland@fphnyc.org) with a subject line of "**Electronic Laboratory Reporting Enhancements.**" Any questions received after the deadline may not be answered. Phone calls will not be accepted.

The Q&A will be posted at: <https://www.fphnyc.org/get-involved/rfps/>

#### **F. Anticipated Funding and Payment Structure**

It is anticipated that one applicant will be selected to provide the services specified in this RFP. DOHMH will award up to \$1,060,000 to the selected contractor. The payment structure of the contract awarded from this RFP will be one hundred percent (100%) deliverables based.

#### **G. Funding Term**

It is anticipated that all contract deliverables will be completed by October 2022. However, DOHMH reserves the right, prior to award, to revise the length of the project term.

## SECTION II: SCOPE OF SERVICES

### A. Background/Purpose

The Division of Disease Control (DDC) at the New York City Department of Health and Mental Hygiene (NYC DOHMH) is responsible for the identification, surveillance, treatment, control and prevention of infectious diseases in NYC. The Division is composed of six bureaus: Bureau of Communicable Disease Control, Bureau of HIV/AIDS, Bureau of Immunization, Bureau of Sexually Transmitted Disease Control, Bureau of Tuberculosis Control and the Public Health Laboratory. Surveillance teams across the DDC bureaus collectively monitor and investigate over 90 reportable infectious diseases to detect, characterize, and respond to public health needs.

DDC continuously enhances its systems, databases and infrastructure in order to improve the completeness of data and ensure efficient response to emergent infectious agent threats (e.g., COVID-19, Zika Virus). DDC is embarking on an initiative to improve the Electronic Laboratory Reporting processes necessitated by the COVID-19 response.

### B. Project Scope of Work

The purpose of this RFP is to select a vendor experienced with ELR systems to aid in the enhancement of DDC's system and workflow processes to better handle the large volume of COVID-19 testing. As a result of the significantly increased volume of tests and additional data types, DOHMH is rethinking how the laboratory results are processed.

1. Project documents
  - Project Charter
  - Project Schedule and detailed project milestones
  - Scope Document including roles and responsibilities
  - Topology Diagram
  - Server Build of Material (BOM) for staging and production environments
  - Software Security Assessment Program (SSAP) documentation
  - Weekly project status reports
2. Conduct a thorough review of the ELR data processing, including systems or workflow processes that interact and/or integrate with ELR
3. Gather requirements for, develop and implement a new and/or improved process(es) and/or tool(s) to:
  - Handle the increased volume of tests to improve outbreak handling
  - Efficiently process and import ELR data into Maven from serology reports, EDRI, PHL, the new COVID-19 testing sites, and from Regional Health Information Organizations (RHIOs) for analysis
  - Prioritize which COVID-19 records to process first and which retrieve data records not yet processed for processing at the appropriate time
  - Select reports for reprocessing in the case of failure or new information and data handling rules to handle reports that are not initially sent to the surveillance system like the City Immunization Registry (CIR) and other data sources like RHIOs and PHL
  - Expand and automate system to map RHIO data into the surveillance system

- Better match facilities and specimens
  - Provide requirements documentation
  - Present solution/strategy to stakeholders
  - Gather sign-off from stakeholders on requirements and solution/strategy
4. Design and/or develop ELR enhancements to:
    - Obtain jurisdictional laboratory tests electronically and set up process for interjurisdictional bidirectional electronic notifications from Maven
    - Integrate surveillance system with PHL Database for faster interchange of COVID-19 results, including Whole Genome Sequencing (WGS)
    - Implement a mechanism to extract PDF attachment from HL7 messages stored in SIMPL and PHL databases, process and integrate with Maven
    - Incorporate ascension information from the PHL database into an automated process
    - Integrate with CIR for immunization information
    - Upgrade ELR compliance reports and build ECR reports
    - Present strategy and/or tools to key stakeholders
    - Provide design documents including data flow diagrams
    - Provide functional and technical test cases (i.e., acceptance, regression, stress)
  5. QA, Performance and UAT Testing
  6. Deploy and Monitor Solution
  7. Create Training Materials and Conduct Presentations
    - Create training materials for internal users of the new systems and/or processes, including presentations that can be recorded
    - Document work for those who will maintain the system in the format required by DOHMH IT
    - Conduct training sessions for users and those who will maintain the system

### **C. Current Workflow Processes & Systems**

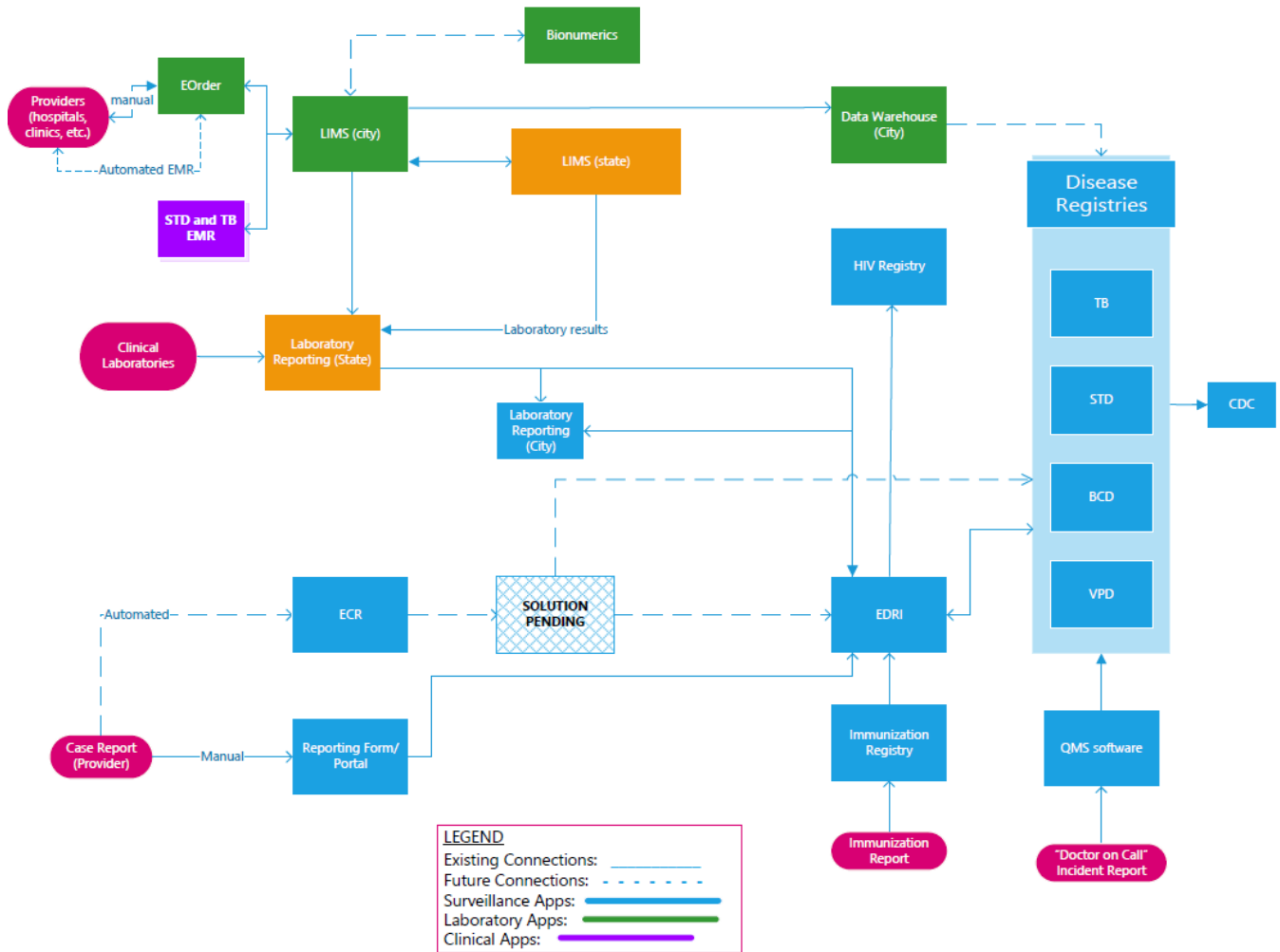
NYC DOHMH collects Electronic Laboratory Reports (ELR) for New York City residents through the Electronic Clinical Laboratory Reporting System (ECLRS). Which is managed in conjunction with New York State Department of Health (NYS DOH). The files come into the NYC system as HL7 2.5.1 with occasional PDF attachments. As part of this project, DDC will be seeking a solution for processing these attachments.

NYC DOHMH uses a variety of tools to process the data for use with the surveillance systems. The HL7 messages are parsed into a SQL Server database. The files are also processed through Electronic Disease Reporting Infrastructure (EDRI), a system built internally on IBM Integration Bus and SQL Services Integration Services (SSIS) to classify, clean and organize the data for use with the Maven Surveillance System. In EDRI the HL7 messages are converted to XML that is modified during disease classification, cleaning, and matching steps. The XML is finally transformed into the schema used to import into the Maven Surveillance Systems. Data from Provider Case Reports from Reporting Central, City Immunization Registry (CIR) are also processed through EDRI to the surveillance systems.

The goal of this RFP is to streamline and strengthen the ELR processing systems. More specifically, the team is looking for flexible, innovative solutions to solve a variety of data

management challenges. The data needs to be processed more effectively, and the processing systems need to be able to reprocess data when conditions change and send notifications to other jurisdictions when NYC DOHMH gets data for people who reside outside of New York City. NYC DOHMH would also like to strengthen the ELR system by bringing in data from sources like Regional Health Information Organizations (RHIOs), the Public Health Laboratory (PHL), and Citywide Immunization Registry (CIR) to add details and context to the Electronic Laboratory Reports received. These enhancements will strengthen the ELR system and allow for strategic public health action.

### DOHMH Division of Disease Control ELR Ecosystem



### D. General Program Assumptions

#### Contractor Assumptions:

- Contractor will perform the required work both onsite and offsite. For onsite work, Contractor will work at DOHMH's central office, located at 42-09 28<sup>th</sup> Street, Long Island City, New York, 11101. Work schedules will be in accordance with DOHMH's project schedules and

deadlines.

- Contractor will not infringe or otherwise violate any patents, copyrights, trade secrets, licenses, or other rights of any third party.
- Prior to using any new or different software and/or equipment to provide the Scope of Work, Contractor will verify that its software and/or equipment (a) are consistent with and interoperate successfully with DOHMH's technology architecture, information technology and information technology standards; (b) have been properly installed; (c) are operating in accordance with its specifications; (d) are performing their intended functions in a reliable manner; and (e) have been properly documented; and time being of the essence, Contractor shall promptly provide such services and materials as may be required to replace, repair or correct any defects or warranty non-conformities in the Scope of Work.
- Prior to beginning work, the Contractor will provide to DOHMH the names of a dedicated Project Manager and a dedicated Business Analyst. It is the assumption that these individuals will remain on the project until completion. Any changes to the Project Manager and/or Business Analyst must be agreed to by DOHMH.

#### DOHMH Assumptions

- DOHMH will be the sole owner of all source code and any software which is developed for use in any application software provided to DOHMH as a part of this contract.
- DOHMH will designate 1 or 2 project sponsors who have authority to make all decisions regarding the project and who can sign off on all deliverables.
- DOHMH stakeholders will participate in project tasks and contribute to project deliverables per the levels of effort documented in the Project Charter to be approved by DOHMH during project initiation.
- The DOHMH project sponsor will review all deliverables within ten (10) business days of submission and accept them or request changes/edits. If changes/edits are requested, the Contractor must resubmit the deliverable with recommended changes within five (5) business days to DOHMH. DOHMH will review the updated deliverables within five (5) business days of resubmission for acceptance or request modifications.
- DOHMH will provide all required access to systems and data to Contractor so long as Contractor abides by the terms and conditions of the Data Use and Non-Disclosure Agreement, DIT Confidentiality Agreement, and DDC Confidentiality policy. Otherwise, DOHMH will revoke all access to systems and data.



## SECTION III: FORMAT AND CONTENT OF THE PROPOSAL

Instructions: Respondents must carefully examine all requirements stipulated in this RFP and respond to each requirement in their proposal. The sections must be in the order described and written in a straightforward and concise manner. Proposals will be evaluated based on their content, not length.

### B. Proposal Format Requirements

- Font: 12 point – Times New Roman
- Spacing: Optional (single spaced or greater)
- Pages: Numbered (exclusive of table of contents)
- Margins: 1 inch
- Paper: 8 ½ x 11
- File Format: PDF format

### C. Proposal Content

In detail, using the guidance outlined below, describe the Proposer's qualifications, capacity, and proposed plan to streamline and strengthen the DDC's ELR processing systems, as described in Section II: Scope of Services above.

1. Table of Contents  
Provide a table of contents with page numbers for the materials contained in the proposal package.
2. Vendor Proposal Form  
The Vendor Proposal Form (Attachment A) transmits the Proposer's Proposal Package to FPHNYC. An official authorized to bind the proposer must sign the Vendor Proposal Form.
3. Applicant Eligibility Questionnaire  
The Applicant Eligibility Questionnaire (Attachment B) certifies that the Proposer meets the minimum mandatory requirements stated in this RFP.
4. Technical Proposal  
Below is a listing of the technical information to be provided by the Proposer.
  - 4.1 Proposal Summary: Provide a summary (no more than 1 page) of the important features of the proposal, including the Proposer's understanding of the issues.
  - 4.2 Qualifications and Experience: Describe the successful relevant experience of the Proposer, each proposed subcontractor, if any, and the proposed key staff in providing the work described in Section II: Scope of Services. Specifically address the following:
    - 4.2.1 Demonstrate ability to provide a high level of surveillance systems, electronic laboratory reporting, and electronic case reporting expertise to ensure that all requirements are met as described herein.

- 4.2.2 Site specific examples and provide a synopsis of five (5) completed projects over the past five (5) years to include the project scope, methodologies employed, and challenges with respect to meeting the project requirements. The Proposer should cite specific examples of services provided for projects of similar scope and complexity.
- 4.2.3 Provide a synopsis of the scope of any similar project(s) conducted by the firm as a whole and/or in which proposed key personnel participated.

In addition:

- 4.2.4 Attach an Organizational Chart
- 4.2.5 Attach for each key staff position a resume and/or description of the qualifications that will be required.
- 4.2.6 Complete the Reference Form (Attachment C) with at least two (2) references, including (1) the name of the reference entity, (2) a brief statement describing the relationship between the proposer or proposed sub-contractor, as applicable, and the reference entity, and (3) the name, title, telephone number and email address of a contact person at the reference entity for the proposer and for each proposed sub-contractor, if any.
- 4.2.7 Attach client list including the name, title, telephone number and email address of a contact person. If possible, list clients within the New York metropolitan area.

#### 4.3 Organizational Capability:

Demonstrate the Proposer's organizational capability to perform the work described in Section II Scope of Services. Specifically address the following:

- 4.3.1 The Proposer's staffing capacity, including: (1) the number of full-time people currently employed by the firm, (2) the projects on which the firm is currently working, (3) future projects to which the firm is committed. All project information shall include the dollar value of the contract, as well as the schedule.
- 4.3.2 Provide a projection of how this project will affect the Proposer's current workload and standby capability. Specifically cite any ongoing jobs and demonstrate that they would not impact the proposer's capability to successfully implement this project.
- 4.3.3 Provide a description of the organization and management structure. Identify how the organization carries out mission-essential and other support tasks, define operational procedures, provide a description of how the organization improves its mission, and how decisions are managed.
- 4.3.4 State whether there are any pending legal proceedings to which the Proposer and any of its subsidiaries are a party to, of which any of their property is subject and any proceedings known to be contemplated by governmental authorities. If so, describe the nature and circumstances of the pending proceeding in detail.

In addition:

- 4.3.5 Attach a copy of the proposer's latest annual financial report, audit report, or most recent federal tax return with all schedules and sub-schedules.

#### 4.4 Proposed Approach:

Present a detailed description of how the Proposer will accomplish the tasks described in the Scope of Services. Specifically address the following:

##### 4.4.1 Describe the Proposer's solution and demonstrate that it will effectively meet the goals and objectives set forth in this RFP by providing:

- A description of the proposed solution to meet the goals set forth in this RFP.
- A narrative overview of the capabilities of the Proposer and key personnel, and of the methodology to be employed in meeting the objectives of the RFP.
- A project description including tasks and proposed time frame for start-up of the operation, and delivery of services.
- A narrative overview of the proposed interaction between the Proposer, FPHNYC and DOHMH with respect to managing projects as described herein.
- Specific descriptions of workflow processes, management and control procedures, and client communications procedures, Contractor management procedures, project scheduling and reporting procedures, and detailed descriptions of the workflow methodologies to be employed from the Project Kickoff and requirements gathering through Project Closeout.

##### 4.4.2 Describe and demonstrate the effectiveness of the Proposer's plan for managing and implementing these services.

##### 4.4.3 Describe and demonstrate the effectiveness of the methods of quality control the proposer will utilize. The Proposer should cite specific examples of quality control methods employed on projects of similar scope and complexity.

#### 4.5 Proposer Exceptions:

Define any exceptions taken to the requirements of the RFP, including general provisions for Service Contracts. The exceptions shall be included in a separate section of the Technical Proposal and clearly identified as such.

### 5. Price Proposal

The Price Proposal Form shall be utilized by the Proposer for the submission of the Price Proposal.

#### 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 ACCO shall not accept the price.

- Funding should be allocated to increase staff capacity/size.
- The Proposer shall submit an all-inclusive Fixed Burdened rate per title hour to furnish all labor and materials required to complete the work.
- 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 services. Said mark-up rate shall be Fully Burdened in accordance with the provisions herein.
- Funding will not be allocated for office supplies, rent, or activities outside the scope of this RFP.

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

6. Acknowledgment of Addenda

The Acknowledgment of Addenda Form (Attachment E) serves as the Proposer's acknowledgment of the receipt of addenda to this RFP, which may have been issued by FPHNYC prior to the proposal due date and time, as set forth in Section I.

#### **D. Proposal Package Contents**

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

- Vendor Proposal Form – Attachment A
- Applicant Eligibility Questionnaire – Attachment B
- Technical Proposal:
  - Table of Contents
  - Proposal Summary (1 page limit)
  - Qualifications and Experience
  - Organization Chart
  - Resumes and/or Description of Qualifications for each proposed key staff person
  - References – Attachment C
  - Client list with name, address, contact name, e-mail address and telephone number of all subscribers to similar contracting services. If possible, list clients within the New York metropolitan area.
  - Organizational Capacity
  - Audit report, latest annual financial report, or most recent federal tax return with all schedules and sub-schedules.
  - Proposed Approach
  - Proposer Exceptions
- Price Proposal:
  - Price Proposal Form – Attachment D
- Acknowledgement of Addenda – Attachment E
- Doing Business Data Form – Attachment F
- Notarized Iran Divestment Act Compliance Rider for New York City Contractors – Attachment G

### SECTION III. PROPOSAL EVALUATION AND CONTRACT AWARD PROCEDURES

All proposals accepted by FPHNYC will be reviewed to determine responsiveness to the requirements of this RFP. Proposals that are determined to be non-responsive will be rejected. The Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed below. DOHMH reserves the right to conduct site visits and/or interviews and/or to request that Proposers make presentations and/or demonstrations as DOHMH deems applicable and appropriate.

Although discussions may be conducted with Proposers submitting acceptable proposals, DOHMH reserves the right to award contracts based on initial proposals received, without discussions; therefore, the Proposer's initial proposal should contain its best technical and price terms.

#### A. Proposal Evaluation Criteria

The criteria, and the relative weight of each, that will be utilized to evaluate proposals are:

a. The quantity and quality of the Proposer's successful relevant qualifications and experience providing surveillance systems, Electronic Laboratory Reporting and Electronic Case Reporting services.	30%
b. Proposer's demonstrated level of organizational capability.	20%
c. Proposer's demonstrated quality of proposed approach and methodology.	30%
d. Proposer's pricing	20%

#### B. Selection Process

1. The Evaluation Committee will evaluate proposals and rank Proposers by technical merit and price according to the criteria listed above.
2. After completion of the technical evaluations, the Evaluation Committee may request oral presentations and/or demonstrations from qualified proposers for further evaluation.
  - a. At the sole option of FPHNYC, in coordination with DOHMH, and if the Evaluation Committee deems it necessary, respondents will be invited to present an overview of the solution contained in their technical proposal.
  - b. The oral presentation shall be followed by a question and answer session. A total maximum of two (2) hours in duration will be set aside for each oral session.
  - c. Oral and/or visual presentations should not include any information that is not included in the written proposal. The purpose of the oral/visual presentation shall be solely to clarify the information contained in the written proposal.
3. As a result of the oral interview, the Evaluation Committee may re-assess the initial evaluation of the technical proposals based on an assessment of:
  - a. How well the total proposal meets DOHMH's requirements.

- b. The knowledge of the Contractor's representatives about surveillance system, ELR and ECR services for DOHMH.
- c. The quality and knowledge of surveillance systems, ELR and ECR services displayed by the Proposer.

### **C. Award Process**

A contract award will be made to the responsible bidder whose proposal is determined to be the most advantageous to the City, taking into consideration technical merit and price. Contract award shall be subject to the timely completion of contract negotiations between FPHNYC, in collaboration with DOHMH, and the selected Proposer as well as a determination of vendor responsibility. FPHNYC and DOHMH reserve the right to accept or reject the proposals.

DOHMH shall rank proposers by technical merit. DOHMH reserves the right to ask for Best and Final Offers on both technical approach and price, and may then further negotiate a fair and reasonable price with the highest technically ranked proposer. If DOHMH has chosen to negotiate a fair and reasonable price with the top-ranked proposer and such fee was not successfully negotiated as determined by DOHMH, FPHNYC and DOHMH may conclude such negotiations and enter into negotiations with the next ranked proposer as necessary.

Each Proposer submitting a proposal will be notified in writing regarding the decision concerning their proposal. Once a selection has been made, the designated vendor will be asked to contract with the FPHNYC. Release of funds and other needs will be incorporated into the contracting process.

### **D. General Disclosures**

#### **a. Right to Reject Proposals**

FPHNYC may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFP may be excluded from further consideration and alternative information packages may not be considered.

The Fund for Public Health in New York City may decline to review an application in the event the Proposer submits a response after the submission deadline and/or any disparity is found during the evaluation process.

#### **b. Proposal Costs**

The Proposer will be solely responsible for any costs incurred in preparing, delivering, or presenting responses to this RFP. Proposers will not be reimbursed for any costs incurred in preparing proposals.

#### **c. Fulfillment of Requirements**

By submitting an information package, the Proposer acknowledges that the respondent has read and understands this RFP and can fulfill all requirements.

#### **d. Submitted Information**

Once submitted, responses will be the property of FPHNYC and will not be returned.

- e. **Right to Amend, Cancel this RFP, or Solicit a New RFP**  
FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNYC, and/or DOHMH. FPHNYC or DOHMH may solicit new requests for information and/or proposals regarding the services addressed in this RFP at any time.
- f. **Amount of Business**  
FPHNYC does not guarantee of any specific amount of business or revenue as a result of this RFP.
- g. **Security and Confidentiality**  
Proposers should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide appropriate justification for why such materials, upon request, should not be disclosed by FPHNYC. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by FPHNYC.
- h. **Proof of Insurance**  
The selected contractor will need to demonstrate that necessary insurance coverage, including Commercial General Liability and Worker's Compensation, is in place from the start of the contract.



## 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.

<b>Bidder/Proposer's Legal Entity Name:</b>	
<b>Business Name, if different from above:</b>	
<b>Employer Identification Number:</b>	
<b>Principal Place of Business:</b>	
<b>Authorizing Official</b>	
<b>Name:</b>	<b>Title:</b>
<b>Email:</b>	<b>Phone Number:</b>
<b>Project Director</b>	
<b>Name:</b>	<b>Title:</b>
<b>Mailing Address:</b>	
<b>E-mail:</b>	<b>Phone Number:</b>
<b>Certifications</b>	
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

**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:

<b>MANDATORY MINIMUM REQUIREMENTS OF RFP</b>		
<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 located and available to provide services within the New York City area (a New York City office is preferred) for all aspects of service required herein.
<input type="checkbox"/>	C.	Confirm that, if awarded, Proposer will agree to enroll as a City of New York approved vendor.

Part II:

<b>PREFERRED EXPERIENCE</b>		
<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:

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

Part IV:

<b>PROPOSER'S CERTIFICATION</b>	
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	

## **ATTACHMENT D PRICE PROPOSAL FORM INSTRUCTIONS**

Proposers are instructed to offer a maximum, not-to-exceed (NTE) rate for each title. The rate must be inclusive of all costs associated with the performance of work (for example, overhead, administrative fees, etc.). There will be no separate budget lines or payments for expenses other than the items of cost listed here.

Proposers must also attach their rate card, or a comprehensive list of the maximum hourly rates paid to personnel performing these functions. These rates will be provided for informational purposes only. DOHMH will only pay the contractor based on deliverables.

The contract that results from this solicitation will be a requirements contract. There is no minimum guaranteed quantity of work. The quantities estimated here are estimates for evaluation purposes only. The actual quantities may be more or less, depending upon the needs of DOHMH.

**ATTACHMENT D  
PRICE PROPOSAL FORM**

<b>Item #</b>	<b>Title / Description</b>	<b>A Quantity for Evaluation Purposes (Hours)</b>	<b>B Proposed Not- To-Exceed Hourly Rate (\$)</b>	<b>Extension Total (\$) (A x B)</b>
<b>Labor Rates for Staff*</b>				
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
Subtotal: Labor Rates				
<b>Software/Tools/ Supplies</b>	<b>Title / Description</b>	<b>Quantity for Evaluation Purposes</b>	<b>Estimated Cost</b>	<b>Extension Total (A x B)</b>
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
<b>Subcontractors</b>	<b>Title / Description</b>	<b>Quantity for Evaluation Purposes (\$)</b>	<b>Percent Mark-up (%)</b>	<b>Extension Total (A x (1+B))</b>
11		\$		\$
12		\$		\$
13		\$		\$
14		\$		\$
15		\$		\$
Subtotal: Other Expenses (Software/Tools + Subcontractors)				

<b>TOTAL (Labor Rates + Other Expenses)</b>	
---	--

\*Note: For any unit item title rate listed above for which subcontracting is required, the Proposer will indicate the applicable rate in the appropriate unit item as well as include the applicable mark-up in unit item 10. The Proposer shall identify separately any unit item title rate that is to be subcontracted.

**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 \_\_\_\_\_

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)	



**ATTACHMENT F  
DOING BUSINESS DATA FORM**

See next page

To be completed by the City agency prior to distribution Agency \_\_\_\_\_ Transaction ID \_\_\_\_\_

**Check One**

**Transaction Type (check one)**

- Proposal  Award  Concession  Economic Development Agreement  Franchise  Grant  Pension Investment Contract  Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York, as will the organizations that own 10% or more of the entity. No other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's PASSPort registration or VENDEX requirements.**

**Please return the completed Data Form to the City office that supplied it.** Please contact the Doing Business Accountability Project at [DoingBusiness@mocs.nyc.gov](mailto:DoingBusiness@mocs.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

**Entity Information**

*If you are completing this form by hand, please print clearly.*

Entity EIN/TIN \_\_\_\_\_ Entity Name \_\_\_\_\_

**Filing Status**

**(Select One)**

**NEW:** Data Forms submitted now must include the listing of **organizations**, as well as individuals, with 10% or more ownership of the entity. Until such certification of ownership is submitted through a change, new or update form, a no change form will not be accepted.

- Entity has never completed a Doing Business Data Form. Fill out the entire form.  
 Change from previous Data Form dated \_\_\_\_\_. Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.  
 No Change from previous Data Form dated \_\_\_\_\_. Skip to the bottom of the last page.

**Entity is a Non-Profit**  Yes  No

**Entity Type**  Corporation (any type)  Joint Venture  LLC  Partnership (any type)  Sole Proprietor  Other (specify) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*Provide your e-mail address in order to receive notices regarding this form by e-mail.*

**Principal Officers**

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

**Chief Executive Officer (CEO) or equivalent officer**

This position does not exist

*The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

This person replaced former CEO \_\_\_\_\_ on date \_\_\_\_\_

**Chief Financial Officer (CFO) or equivalent officer**

This position does not exist

*The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

This person replaced former CFO \_\_\_\_\_ on date \_\_\_\_\_

**Chief Operating Officer (COO) or equivalent officer**

This position does not exist

*The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

This person replaced former COO \_\_\_\_\_ on date \_\_\_\_\_

**Principal Owners**

Please fill in the required identification information for all individuals or organizations that, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual or organization owners exist, please check the appropriate box to indicate why and skip to the **Senior Managers** section. If the entity is owned by other companies that control 10% or more of the entity, those companies must be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals or organizations that are no longer owners at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

- The entity is not-for-profit
- The entity is an individual
- No individual or organization owns 10% or more of the entity

Other (explain) \_\_\_\_\_

**Individual Owners (who own or control 10% or more of the entity)**

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

**Organization Owners (that own or control 10% or more of the entity)**

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Name \_\_\_\_\_

**Remove the following previously-reported Principal Owners**

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

Name \_\_\_\_\_ Removal Date \_\_\_\_\_

**Senior Managers**

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. At least one senior manager must be listed, or the Data Form will be considered incomplete. If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

**Senior Managers**

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Office Title \_\_\_\_\_ Employer (if not employed by entity) \_\_\_\_\_

Home Address \_\_\_\_\_

**Remove the following previously-reported Senior Managers**

Name \_\_\_\_\_ removal date \_\_\_\_\_

Name \_\_\_\_\_ removal date \_\_\_\_\_

**Certification**

I certify that the information submitted on these two pages and \_\_\_\_\_ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name \_\_\_\_\_ Title \_\_\_\_\_

Entity Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT G**  
**IRAN DIVESTMENT ACT COMPLIANCE RIDER FOR NEW YORK CITY CONTRACTORS**

The Iran Divestment Act of 2012, effective as of April 12, 2012, is codified at State Finance Law (“SFL”) §165-a and General Municipal Law (“GML”) §103-g. The Iran Divestment Act, with certain exceptions, prohibits municipalities, including the City, from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Pursuant to the terms set forth in SFL §165-a and GML §103-g, a person engages in investment activities in the energy sector of Iran if:

- a) The person provides goods or services of twenty million dollars or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or
- b) The person is a financial institution that extends twenty million dollars or more in credit to another person, for forty-five days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created pursuant to paragraph (b) of subdivision three of Section 165-a of the State Finance Law and maintained by the Commissioner of the Office of General Services.

A bid or proposal shall not be considered for award nor shall any award be made where the bidder or proposer fails to submit a signed and verified bidder’s certification.

Each bidder or proposer must certify that it is not on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. In any case where the bidder or proposer cannot certify that they are not on such list, the bidder or proposer shall so state and shall furnish with the bid or proposal a signed statement which sets forth in detail the reasons why such statement cannot be made. The City of New York may award a bid to a bidder who cannot make the certification on a case by case basis if:

- 1. The investment activities in Iran were made before the effective date of this section (i.e., April 12, 2012), the investment activities in Iran have not been expanded or renewed after the effective date of this section and the person has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran: or
- 2. The City makes a determination that the goods or services are necessary for the City to perform its functions and that, absent such an exemption, the City would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

## **BIDDER’S CERTIFICATION OF COMPLIANCE WITH IRAN DIVESTMENT ACT**

Pursuant to General Municipal Law §103-g, which generally prohibits the City from entering into contracts with persons engaged in investment activities in the energy sector of Iran, the bidder/proposer submits the following certification:

*[Please Check One]*

### **BIDDER’S CERTIFICATION**

- By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law.
- I am unable to certify that my name and the name of the bidder/proposer does not appear on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. I have attached a signed statement setting forth in detail why I cannot so certify.

Dated: \_\_\_\_\_, New York  
\_\_\_\_\_ , 20 \_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

**APPENDIX A  
MINIMUM REQUIREMENTS PER TITLE**

Any personnel provided by the Contractor and/or its Subcontractors must satisfy the Minimum Requirements Per Title set forth below:

TITLE	MINIMUM REQUIREMENTS	
	NUMBER OF YEARS OF EXPERIENCE	PROFESSIONAL LICENSE OR CERTIFICATION
<b>ADMINISTRATIVE PERSONNEL</b>		
Project Manager	5	
Business Analyst	3	
Project Director	7	
<b>TECHNICAL PERSONNEL</b>		
Senior Developer/Engineer/Analyst	7	
Mid-level Developer/Engineer/Analyst	4	
Junior Developer/Engineer/Analyst	1	