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**REQUEST FOR PROPOSALS (RFP)**  
**NYC LONG-TERM CARE FACILITY (LTCF) AND CONGREGATE  
SETTINGS RESPIRATORY PROTECTION PROGRAM (RPP)**

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**ISSUE DATE: August 26, 2022**

**RESPONSE DUE DATE: September 26, 2022**

**REPLY TO: [procurement@fphnyc.org](mailto:procurement@fphnyc.org)**

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**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 ("Department" or "DOHMH") Office of Emergency Preparedness and Response (OEPR) to expand respiratory protections in Long-Term Care Facilities (LTCFs) and other congregate settings that will increase the preparedness of facilities to respond to respiratory infectious diseases, decreasing the transmission and impact of such diseases including COVID-19. The Department is looking to engage one (1) or more vendors/firms with experience in infection risk assessment, prevention, and control services to assist with the development and deployment of respiratory protection programs (RPP) at long-term care facilities across New York City. This RFP has two service components:

Component A: The selected vendor will:

- Conduct an RPP needs assessment of long-term care facilities (LTCFs) and other congregate settings (including nursing homes, adult care facilities, and group homes serving people with developmental disabilities)
- Develop customized RPP training plans tailored to the specific LTCF settings
- On an as needed basis, provide consultation

Component B: The selected vendor(s) will:

- Provide mobile fit testing services for LTCF employees
- Conduct fit test train-the-trainer training
- On an as needed basis, purchase and deliver respirator kits

Applicants may apply for both Component A and Component B. Applicants also have the option to apply for Component B independent of Component A. However, Applicants who apply for Component A must also apply for Component B.

### A. RFP Timetable

Listed below are key events related to this RFP, from solicitation to program implementation. Please note that the dates are subject to change, and any amendments to the RFP, including this timeline, will be posted on FPHNYC's website (<https://fphnyc.org/get-involved/requests-proposals/>). FPHNYC will not provide individual notice of changes; organizations are responsible for regularly checking this web page for any changes.

EVENT	DATE
Release of Request for Proposals	August 26, 2022
Deadline for Written Questions	September 9, 2022, 11:59 PM ET
Q&A Posted	September 16, 2022
Deadline for Receipt of Proposals	September 26, 2022, 11:59 PM ET
Expected Notice of Award	October 3, 2022
Expected Project Start Date	November 1, 2022
Due Date for Last Activity	December 31, 2023

## **B. Applicant Eligibility**

To be eligible, Applicants must have:

- A minimum of five (5) years of experience in infection prevention and control (IPC) activities
- A minimum of five (5) years of experience in consultancy services for the healthcare sector
- A minimum of five (5) years of professional experience working in a diverse set of healthcare settings

Preference will be given to applicants that have experience consulting with federal, state, or local governments, especially the City of New York. Preference will also be given to proposals applying for both service components.

If awarded:

- Applicants must agree to register as a City of New York approved vendor. Further detail on registering as an approved vendor can be found in **Section V: General Disclosures** on page 13.
- Applicants must agree to provide proof of required insurance coverage prior to the start of award. Further detail on insurance requirements can be found in **Section V: Insurance** on page 13.

## **C. Funding Overview and Timeline**

A total of \$687,339.00 will be available through this RFP for infection prevention assessment and control services. Additional funding will be awarded for the purchase of respirators and to provide IPC consultation and technical assistance on an as needed basis. It is expected that contracts resulting from this RFP will begin on or about November 1, 2022 and continue through December 31, 2023. The project period shall begin upon both parties' execution of the contract.

An initial contract will be executed with selected organization(s) covering the November 2022 to June 2023 timeframe to coincide with the City's fiscal year. The contract will then be renewed to extend the period of performance to end on December 31, 2023, to continue the completion of all deliverables.

Should FPHNYC and DOHMH receive additional funding in support of these services, FPHNYC and DOHMH reserve the right to expand services by amending agreements with award recipients. FPHNYC and DOHMH reserves the right to award to one or multiple successful applicants.

## **D. Number of Awards**

FPHNYC and DOHMH intend to fund one (1) proposal for Component A and one (1) or more proposals as needed for Component B. Each Vendor is limited to one (1) proposal.

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

Questions and requests for clarification about this RFP must be submitted via e-mail to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) with the subject line of "Expanding Respiratory Protections for

Long-Term Care Facilities.” Applicants are advised that no other contact related to this RFP is permitted with staff of FPHNYC or DOHMH.

All questions and inquiries must be received by **September 9, 2022 at 11:59 p.m. ET**. Any questions received after the deadline may not be answered. The Questions and Answers (Q&A) will be posted at: <https://www.fphnyc.org/get-involved/rfps/>.

It is the responsibility of each Applicant to check for any Q&A postings, and any other changes or updates posted regarding this RFP. Applicants are encouraged to check the webpage frequently to stay informed throughout the procurement process.

## **F. Submission Instructions**

Please see Proposal Submission Instructions in Section III beginning on page 10 of this RFP. Completed applications must be submitted via email to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) no later than **September 26, 2022 at 11:59 PM ET**.

Please format all documents submitted in response to this RFP in .pdf (Portable Document Format) unless specified in Section III C. Application Submission on page 11.

All submissions must be **e-mailed** to [procurement@fphnyc.org](mailto:procurement@fphnyc.org) and use the following subject line:

**Subject:** Expanding Respiratory Protections for Long-Term Care Facilities

Responses received after the deadline may be disqualified from funding consideration. It is the responsibility of the submitting organization to ensure delivery of the application to the above email address by the submission deadline. A confirmation of receipt of the application will be sent by email.

## **G. Addenda to the RFP**

If necessary, FPHNYC will issue addenda to amend conditions or requirements relating to the RFP. Any addenda to the RFP will be posted on the FPHNYC website: <https://www.fphnyc.org/get-involved/rfps/>. Applicants are encouraged to check the website prior to submitting their final proposal.

## **SECTION II: SCOPE OF SERVICES**

### **A. Background/Purpose**

The COVID-19 pandemic has revealed substantial gaps in infection prevention and control (IPC) knowledge and practice where healthcare is delivered in the United States. These challenges are particularly acute in long-term care facilities (LTCFs) and other congregate settings, i.e., nursing homes and adult care facilities, where groups of people reside, receive healthcare, and gather in close proximity. To stop the spread of COVID-19 and other respiratory infections, all personnel in these facilities need at least a foundational understanding of IPC and how to appropriately use personal protective equipment (PPE), including face masks and N95 respirators.

During the first wave of COVID-19, personnel working at LTCFs and other congregate settings were identified to be at high risk for the transmission of COVID-19 infection and in need of specific PPE to protect themselves from droplet and potential airborne transmission. Although per CDC recommendations, N95 respirators (or equivalent or higher-level respirators), eye protection, a gown, and gloves should be worn by personnel caring for individuals with confirmed or suspected COVID-19, many LTCFs and other congregate settings do not have the resources to fit test staff or maintain a respiratory protection program (RPP).

These programs and resources are essential to minimize exposure to health hazards based on specific disease transmission risks. DOHMH works with the 167 nursing homes, 78 adult care facilities and 87 associations serving people with developmental disabilities via 2,000+ group homes in NYC (total 332 facilities/ associations) to provide basic IPC education and supply facilities with the necessary resources for maintaining respiratory protections. These facilities have been found to be at higher risk for transmission of COVID-19 infection and in need for PPE and IPC strategies. To stop the spread of COVID-19 and other respiratory infections, all personnel in these facilities need at least a foundational understanding of IPC and how to appropriately use PPE, including face masks and N95 respirators. A foundation of IPC knowledge and a culture of respiratory safety throughout LTCFs and other congregate settings keeps healthcare/non-healthcare workers, residents, visitors, and the environment safe from COVID-19 and other infectious disease threats.

Many LTCFs do not have the resources to fit-test staff or maintain an ongoing RPP for new and existing staff. This PROJECT aims to facilitate the development, implementation, and maintenance of RPPs to minimize exposure to SARS-CoV-2 and prevent transmission of COVID-19 in high risk LTCFs and congregate settings.

### **B. Project Scope of Work**

The description below outlines the key program elements and services the selected vendor(s) will provide for each Service Component. Vendors should use this description when developing their proposals. However, Vendors may suggest modifications and/or additions that will, in their estimation, make the project more feasible or effective.

Vendors may propose to provide services for both Component A and Component B. Vendors also have the option to submit a proposal for Component B independent of Component A. However, Vendors who propose to provide services for Component A must also provide services for Component B. Vendors may also subcontract one or more elements to other Vendors, provided that those partners have been identified and described in the submission. Vendors proposing to provide services for both Components must submit a single proposal but must provide a separate work plan for each Service Component.

Component A:

- Conduct a RPP needs assessment for long-term care facilities (LTCFs) and other congregate settings (including nursing homes, adult care facilities, and group homes serving people with developmental disabilities) to identify priority training and technical assistance needs regarding infection prevention and control. The needs assessment should, at minimum, include the following:
  - development and administration of a survey questionnaire to assess the capabilities in each type of LTCF and congregate setting. Sample must include at least four (4) nursing homes (with/without ventilator or respiratory services), two (2) adult care facilities and two (2) associations of group homes serving people with disabilities.
  - site visits to each type of LTCF or other congregate setting (minimum of four (4) site visits total). In-person site visits are preferable; however, virtual visits may be considered, as appropriate.
  - key informant interviews with at least two (2) clinical operations and/or infection prevention and control (IPC) experts from each type of LTCF and congregate setting (minimum of eight (8) interviews total). Key informant interviews can be conducted virtually or during site visits.
- Develop report summarizing findings from the needs assessment and making recommendations for tailoring IPC strategies to the needs of the different LTCFs and other congregate settings, defining best practices and identifying methods to effectively maximize reach and delivery of trainings to healthcare providers in these different LTCFs and other congregate settings.
- Using findings from the needs assessment develop four (4) RPP training plans tailored to the needs of the different LTCFs and other congregate settings (1) nursing homes -with ventilator or respiratory services, 2) nursing homes without ventilator or respiratory services 3) adult care facilities and 4) associations of group homes serving people with disabilities). These trainings should include infection prevention and control (IPC) strategies, requirements by the appropriate authority (OSHA, CDC), best practices, and methods to effectively maximize reach and delivery of trainings to healthcare providers in these different LTCF and other congregate settings
- Share RPP training plans with LTCFs and other congregate settings through the following:
  - A 45-60-minute presentation through an online platform or other web-based tool providing on-demand access.

- Provide remote and/or in-person consultations to expand respiratory protections to healthcare and non-healthcare workers in LTCFs and other congregate settings to fortify IPC efforts and provide support with mitigation strategies. Provide recommendations related to respiratory protection practices, as requested by LTCFs and other congregate settings, via these consultations. At least 1 consultation per facility (minimum 332) will need to be conducted.

Component B:

- Conduct at least 142 in-person train-the-trainer sessions to educate new LTCFs and other congregate settings personnel in charge of employees' safety on how to fit test for respirators. Vendor should provide necessary fit-testing materials for these trainings.
- Deliver fit testing kits (to be purchased by DOHMH) and respirators (to be purchased by vendor (quantity needed for each facility will be determined by the initial needs assessment)- to LTCFs and other congregate settings as an incentive to participate in the train-the trainer sessions.
  - As noted above, testing kits and solutions will be provided by DOHMH. The selected contractor will be responsible for the delivery from DOHMH's storage facility to either the train-the-trainer fit testing sessions or to applicant's warehouse.
  - Respirators will be purchased by the vendor who should submit a proposed unit price in the proposal.
- Provide mobile fit testing services at LTCFs and other congregate settings at least twice during the contract period to ensure personnel is fit-tested as recommended by the CDC and OSHA.
  - Share RPP training plans developed in Scope A (or as provided and preapproved by DOHMH) with LTCFs and other congregate settings both a copy of the document and through a 45-60-minute presentation during mobile fit testing sessions

**C. Recipient Requirements**

- Recipients will be required to name a dedicated project lead who will serve as the main programmatic point of contact for DOHMH and FPHNYC. The project lead should be the individual responsible for day-to-day management of the project, including daily/weekly reporting.
- Recipients will also be required to name a fiscal/administrative contact who will serve as the main point of contact for contract administration and invoicing.
- Recipients will be required to wear PPE and follow public health guidance for any in-person activities (PPE can be requested from DOHMH at no cost if needed for completion of deliverables).

## **D. Project Management**

DOHMH Office of Emergency Preparedness and Response (OEPR) staff will serve as the contract manager and will monitor the contract execution. An IPC Specialist from the Bureau of Healthcare and Community Readiness will be responsible for overseeing day-to-day activities and the completion of deliverables.

Bi-weekly phone calls will be conducted to provide programmatic updates, review contract progress, and identify any challenges and/or needs of the project.

## SECTION III: COMPLETING THE APPLICATION

### A. Application Format and Content

Please respond to each of the following statements and questions. Number/letter your narrative to correspond to each statement and question in the order presented below. Be specific and complete in your response. Indicate if the statement or question is not relevant to your agency or proposal.

Required format for written application:

- typed and formatted to letter-size (8 ½ x 11-inch) paper
- one-inch margins, single spacing, and size 12-point font
- a total of five (5) pages per each component, or ten (10) pages if applying to both components A and B (not including the budget and all attachments).
- pages should be numbered consecutively, including all attachments.

Please submit only requested information in attachments and do not add attachments that are not requested. Failure to follow these guidelines will result in a deduction of up to ten (10) points.

### B. Narrative

Write a narrative response to all sections 1 – 4. Answer each section completely according to the questions. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Do not exceed a total of 10 pages.

#### 1. MINIMUM REQUIREMENTS

Indicate whether and how the vendor meets the following minimum requirements as outlined in the Applicant Eligibility section of the RFP:

- A minimum of five (5) years of experience in infection prevention and control (IPC) activities;
- A minimum of five (5) years of experience in consultancy services for the healthcare sector; and
- A minimum of five (5) years of professional experience working in a diverse set of healthcare settings.

For relevant project experience, please provide the (1) entity served, (2) scope of services, (3) contract/service start date, and (4) contract/service end date.

#### 2. ORGANIZATIONAL EXPERIENCE (25 points)

- a) Provide a brief overview of your agency, including years of operation, types of services provided, etc. Identify the technical details that make the vendor uniquely qualified for this work.
- b) Describe the vendor's documented experience in successfully completing projects of a similar size and scope in relation to the work required by this RFP. Please include the following:

If applying for Component A:

- a. Describe vendor's experience in conducting needs assessments for respiratory protection programs, particularly in long term care facilities and other congregate settings.
- b. Describe vendor's experience in developing respiratory protection programs tailored for specific settings.

If applying for Component B:

- a. Describe vendor's experience providing mobile fit testing services.
- b. Describe vendor's experience providing fit testing using a train-the-trainer model.

### 3. PROJECT APPROACH (30 points)

Provide a detailed and comprehensive description of how the Vendor intends to provide the services requested in this RFP. Include:

- a) A detailed work plan, including activities to achieve project requirements, deliverables, and a timeline for completion. The work plan must address the following:
  - a. Describe the general approach, tools, and strategies to complete the proposed scope of work.
  - b. Overall plan with deliverables and time estimates for completion of work required.
- b) Describe how will the vendor ensure that the services provided are culturally competent and tailored to the education levels and language backgrounds of facility staff.
- c) Describe any potential barriers or challenges, and how the vendor plans to overcome these challenges.

### 4. ORGANIZATIONAL CAPACITY (20 points)

Provide a detailed capability statement that demonstrates the vendor's capacity to plan, coordinate, and implement the proposed activities. Please include the following:

- A brief description of your organization's structure and how this project will affect current workload and capacity. Specifically cite any ongoing projects and demonstrate that they would not impact your ability to successfully implement this project.
- Staffing plan for the proposed project including relevant qualifications and characteristics of the staff that will be responsible for all required activities.
- If you anticipate including any subcontractor(s) in your project, please state the names of all known partnering agencies and their roles within project.

Please note that submission of a proposal is a statement of acceptance of FPHNYC's standard form contract (Appendix A). If any items cannot be accepted, these issues need to be resolved prior to submitting a proposal.

### **C. Application Submission**

The completed application must include the following in .pdf format unless specified below:

1. A completed and signed Applicant Submittal Form (Attachment A)
2. A completed Narrative Response (10-page limit)
3. A completed Deliverable Budget Worksheet (Attachment B) in MS Excel format
4. If you are proposing a subcontract with another agency, attach a signed letter of commitment (Appendix B) from that agency's Director or other authorized representative.
5. IRS Form W-9, Appendix C

Completed applications are due by **September 26, 2022**, 11:59 p.m., Eastern Daylight Time. All proposals must be submitted via email to: [procurement@fphnyc.org](mailto:procurement@fphnyc.org). The subject line of the email must include: "Expanding Respiratory Protections for Long-Term Care Facilities." Application packets received after this deadline may not be considered. No faxed or mailed proposals will be accepted.

## SECTION IV: EVALUATION AND AWARD PROCEDURES

All proposals submitted within the stated deadline will be reviewed to determine if they meet the minimum requirements of this RFP and have responded to all necessary questions and requests. The Evaluation Committee will evaluate and rate all qualified proposals based on the Evaluation Criteria described below.

### A. Evaluation Criteria

A selection committee at DOHMH will review applications and select the awarded Applicant for this project based on prior experience and the capacity of proposed workplans. The criteria, and relative weight of each, that will be utilized to evaluate proposals are:

Project approach, including proposed additions/modifications to the Proposed Scope of Services.	30%
Organizational capacity/project team	20%
Organizational experience, including demonstrated expertise in IPC and in developing and implementing RPP	25%
Cost proposal and budget justification	25%

### B. Selection Process

The review process consists of the following steps:

- 1. Adherence to Mandatory Minimum Requirements:**  
All applications will undergo an initial administrative review for completeness. For an application to be evaluated, it must include all required components and meet all required eligibility criteria.
- 2. Proposal Evaluation:**  
All responsive proposals will be judged by a review committee consisting of DOHMH and FPHNYC employees. The Committee will evaluate applications and score Applicants according to the criteria listed above. Each application will be scored by at least three reviewers. After scoring, the Committee will select the Applicant with the highest score out of 100.

### C. Award Process

Each Applicant submitting a proposal will be notified in writing regarding the decision concerning their proposal. Once the selection is made, the designated recipient will enter a contract with FPHNYC. Final contract execution is contingent upon successful completion of contract negotiations and demonstrated compliance with all requirements of FPHNYC, DOHMH, the City of New York, and/or any other applicable federal and state laws and policies.

## **SECTION V: GENERAL DISCLOSURES**

### **Right to Amend or 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.

### **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.

### **Insurance**

Prior to the start of work, selected Contractors, including coalition members, shall procure and maintain in force at all times during the term of the agreement, insurance of the types and in the amounts set forth below:

- a. Commercial General Liability: insurance to provide coverage for bodily injury and property damage, including damage to any facilities, equipment or vehicles, in limits of no less than \$1,000,000 per occurrence and \$3,000,000 aggregate, \$1,000,000 personal and advertising injury aggregate; written on an occurrence basis with coverage at least as broad as the most recently-issue version of ISO form CG 00 01, and no exclusions other than as required by law or approved in writing by DOHMH.
- b. Professional Liability (Medical Malpractice): if Contractor is providing professional services, Contractor shall obtain professional liability insurance, in limits of no less than \$1,000,000 per occurrence and \$3,000,000 aggregate;
- c. Employers Liability: insurance to provide coverage for the acts and omissions of Contractor's employees in limits of no less than \$1,000,000 per accident;
- d. Workers' Compensation: workers' compensation and disability insurance as required by the applicable New York State law.
- e. Commercial Auto: if Contractor plans to use any vehicles in the performance of services under the agreement, Contractor shall obtain commercial auto coverage for all owned, non-owned, and hired vehicles, written on a form at least as broad as ISO form CA 00 01, with minimum limits of \$1,000,000 per accident.
- f. Excess Umbrella Liability: in the event that Contractor's insurance policy(s) does not meet the limits stated above.

Contractor shall maintain on file with FPHNY current Certificates of Insurance for the above referenced policies, listing FPHNY and the City as Additional Insureds for General Liability policies and as Certificate Holders for all other required insurance.

**NYC Vendor Registration**

This project is being supported with funding from the NYC Health Department, which requires that vendors register in the City's Payee Information Portal (PIP). In PIP, vendors can view financial transactions with the City of New York, register for Electronic Funds Transfer payments and more. For more information, please visit: <https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService>.

Vendors will also be required to register in PASSPort, the City's digital procurement system. PASSPort training and information materials are available through videos, user guides and FAQs at [www.nyc.gov/passport](http://www.nyc.gov/passport).

**COVID-19 Vaccination Requirements**

Contractors will be required to comply with all New York City Executive Orders and Orders of the Commissioner of Health and Mental Hygiene ("City Orders") that apply to City contractors and subcontractors. The Contractor shall also be responsible for ensuring that the Contractor remains current with all such City Orders and requirements, which may be subject to change.

**Proposal Costs**

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

**Fulfillment of Requirements**

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

**Submitted Information**

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

## **SECTION VI: APPENDICES/ATTACHMENTS**

**ATTACHMENT A  
APPLICANT SIGNATURE FORM**

**INSTRUCTIONS:** Applicants must complete and submit this Applicant Information Form signed and dated by the Project Director and the firm's Authorizing Official.

<b>Lead Applicant Organization</b>	
<b>Applicant Organization Name:</b>	
<b>Certifications</b>	
<b>As Project Director, I certify that all information provided in this application is correct and accurate to the best of my knowledge.</b>	
<hr/>	
Signature of Project Director	Date
<hr/>	
Printed Name and Title	
 <b>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 proposed as part of this application.</b>	
<hr/>	
Signature of Authorizing Official	Date
<hr/>	
Printed Name and Title	

**ATTACHMENT C**  
APPROVED EQUIPMENT LIST

The following N95 respirator brands/models are approved for purchase under the contract resulting from this RFP.

- Halyard 46727 Regular
- Halyard 46827 Small
- 3M 1860 Regular
- 3M 1804 Regular
- 3M 1860S Small
- 3M 1804S Small
- 3M 9105 Regular
- 3M 9105S Small
- 3M 9210+ One Size
- 3M 1870+ One size
- San Huei SH3500 One Size,
- Moldex 1500 Regular
- Moldex 1500S Small
- Honeywell DC365 One Size

Additional equivalent brands/models may be proposed and will be subject to approval by DOHMH.