

1. Component A: In the conduct of a RPP needs assessment, who will be responsible for selecting the specific subsets and final counts of facilities and interviewees required to be included, as detailed on RFP page 6, first bullet item with three sub-bullets?
DOHMH will contact several facilities to assess their willingness to take part on the needs assessment and propose them to the vendor. If the vendor already has their engagement, it is also a possibility.
2. Component A: Are the infection prevention and control (IPC) strategies to be assessed, reported upon, and provided training for, limited to RPP elements, as they are components following the RPP needs assessment? We want to share basic IPC strategies but most of the training should be related to RPP and draw upon what was found during the needs assessment
3. Component A: Will the RPP needs assessment require evaluation for compliance with Joint Commission guidelines and requirements for personal protective equipment (PPE) and interface with advisory groups to ensure compliance with accreditation standards. No, we are not planning on obtaining an evaluation for compliance but we expect that the training will align to OSHA and CDC guidelines.
4. Will a Point of Contact be established at each facility evaluated who will assist with management for compliance with Occupational Safety and Health Administration (OSHA) and Joint Commission. There will be a POC at the facilities to be evaluated that will guide the vendor through the facility. The vendor will be responsible of performing the needs assessment based on OSHA and JC requirements for that type of facility. Each participating facility should be expected to have a designated lead for the respiratory protection program development/maintenance
5. Component B: The RFP requires fit testing of staff at various health care facilities. How will the results of the required medical evaluation in accordance with 29 CFR 1910.134(e) be provided to the selected fit testing vendor? Many of the facilities will not have clinical staff available to provide the medical evaluation as not all of them are healthcare site. The vendor should be responsible of providing the required medical evaluation either online or on site. If the vendor needs to subcontract these services, they should account for them.
6. Component B: Will vendor be responsible for coordinating with DOHMH for the provision of fit testing kits. Fit testing kits are purchased and contractor will be responsible for delivery during sessions. Kits can be picked up from the warehouse or DOHMH Headquarters located in Long Island City.
7. Component B: “Regarding mobile fit testing services at LTCFs and other congregate settings at least twice”, will each LTCF and congregate setting have indoor space where the vendor will be able to present the training and conduct the fit tests? We expect most (all) facilities will have an indoor room available where fit testing will occur. If there is a facility where this is not an option, we’ll work with the vendor/facility to get an appropriate room in the vicinity.
8. Component B: “Regarding mobile fit testing services at LTCFs and other congregate settings at least twice”, how many people are expected to be fit tested during each session? It will depend on the facility but you should plan for half days and full day mobile fit testing sessions.

9. In the Contract Boilerplate, Page 21, “the total maximum amount payable to Contractor under this Agreement shall not exceed \$99,600 in accordance with... Appendix B.” Appendix B does not reference any value. The RFP and the bid form both indicate the contract value has a NTE value of \$687,339. Please clarify indicating the correct contract value? **The \$99,600 value is only an example and will be updated in accordance with the agreed upon contract value or MRA. Final contract value will depend on the section that a proposer is applying for, for example if a proposer is applying to provide services for both Component A and B, then the MRA will be \$687,339, not including the cost of proposed consultation and purchase of respiratory kits for which funding will be made available upon negotiation.**

10. In the Contract Boilerplate, Page 37, “a deliverable will not be deemed completed without such DOHMH approval in writing. Payment will not be made on any deliverable until it is both completed and approved.” What is the timeline for turn-around of DOHMH review of reports? **DOHMH team makes every effort to review the reports as soon as they arrive. Depending on their complexity and questions regarding the report, it may take up to a week to get approval.**

11. What are the payment terms (Net days to pay after invoice date)? **30 days after FPHNYC accounting receives final invoice with all required supporting documentation approved by DOHMH.**