

**REQUEST FOR PROPOSALS (RFP)**

**Issued by Public Health Solutions (PHS)**

**On behalf of**

**New York City (NYC) Department of Health and Mental Hygiene (DOHMH)  
Office of Emergency Preparedness and Response (OEPR)**

**Evaluation of Responses to Public Health Emergencies**

**Issue Date: Monday, February 12, 2018**

**Proposals Due: Thursday, March 1, 2018, 5:00PM ET**

RFP Contact: Paulo Sazon, PHS  
Email: [psazon@healthsolutions.org](mailto:psazon@healthsolutions.org)

**Evaluation of Responses to Public Health Emergencies**

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## **I. Basic Information**

### **Timeline**

RFP Release	February 12, 2018
Questions Due	February 16, 2018, 12:00PM ET
Question and Answer Supplement Release Date	February 22, 2018
Proposals Due	March 1, 2018, 5:00PM ET
Vendor Interviews	Week of March 12, 2018
Vendor Selection	March 30, 2018
Anticipated Contract Start Date	April 2, 2018

### **Submission Information**

Proposals are due on Thursday, **March 1, 2018 at 5:00PM ET**. Late submissions will not be evaluated.

Proposals must be submitted via email to:

**Paulo Sazon**  
**Contract Manager**  
**Public Health Solutions**  
Email: [psazon@healthsolutions.org](mailto:psazon@healthsolutions.org)

### **Questions Regarding RFP**

Questions regarding this RFP should be emailed to the authorized contact: [psazon@healthsolutions.org](mailto:psazon@healthsolutions.org).  
Questions will be accepted until **12:00PM ET on Friday, February 16, 2018**.

A Question and Answer Supplement will be released on **Thursday, February 22, 2018**.

### **Authorized RFP Contact**

Vendors are advised that the Authorized Contact Person for all matters concerning this RFP is Paulo Sazon; email [psazon@healthsolutions.org](mailto:psazon@healthsolutions.org).

**Vendors must not contact any other Public Health Solutions (PHS) personnel or the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) regarding this project in the period between the release of this RFP and the notice of award.**

### **Number of Awards**

It is anticipated that three (3) vendors will be selected.

### **General Contract Information**

Contract award(s) will be made by PHS, a 501(c)(3) not-for-profit organization, in its role as DOHMH's fiscal agent and will be subject to timely and successful completion of contract negotiations. Contract award(s) under this RFP will be for standby services.

Prior to the issuance of a contract, DOHMH may require that, as applicable to this project, additional relevant service delivery requirements not included here must be agreed upon. These requirements may pertain to but not be limited to privacy, confidentiality, and data use.

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All Work Product, materials, publications, videos, curricula, reports, and other material produced as a direct requirement of the contract will be considered “work-made-for-hire” and will be the sole property of DOHMH.

**Release of this RFP does not obligate PHS to award a contract.**

**Anticipated Contract Term**

The anticipated contract term is April 2, 2018, through June 30, 2019.

**Anticipated Award Amount**

The anticipated maximum reimbursable amount of each contract is \$50,000. However, the maximum reimbursable amount is not a guarantee that this or any sum has been committed to this project. The selected vendors will receive payment only if they perform work. DOHMH/PHS are under no obligation to award work to a selected vendor even if that selected vendor provides a submission in to response to a Project Request in the event of a real incident.

**Funding Source**

Funding for this project is subject to the approval and availability of funds from the National Bioterrorism Hospital Preparedness Program (HPP)/Public Health Emergency Preparedness (PHEP) Cooperative Agreements, funded by the Assistant Secretary for Preparedness and Response (ASPR) and Centers for Disease Control and Prevention (CDC) (HPP CFDA # 93.889; PHEP CFDA #93.069).

**II. Background and Purpose**

**Background**

The NYC DOHMH’s Office of Emergency Preparedness and Response (OEPR) works to promote DOHMH’s ability to prepare for, respond to, and recover from large-scale events and emergency incidents with a public health component. The role of DOHMH is critical in responding to any emergencies of natural or deliberate causes that threaten the health and safety of New Yorkers. To this end, OEPR works with other Divisions and Bureaus throughout DOHMH, including Communicable Diseases, Environmental Health, and the Public Health Lab, to hone its preparedness via an all-hazards model. OEPR is also responsible for sustaining critical public health response functions by activating and maintaining DOHMH’s Incident Command System (ICS), as well as maintaining essential public health services through Continuity of Operations (COOP) planning.

OEPR’s Evaluation Unit oversees the implementation of public health and healthcare preparedness performance measures, identifies gaps in plans/procedures and staff competencies through After Action Reports (AARs) and Summary of Key Issues (SKIs) developed after exercises and real-world events, and oversees DOHMH’s progress in implementing corrective actions to improve its emergency preparedness plans and capabilities, as outlined in Improvement Plans (IPs).

The PHEP Cooperative Agreement has discrete requirements that DOHMH must complete on an annual basis, including completion of AARs and IPs, including corrective actions (CAs), for responses to real incidents. HPP/PHEP requirements mandate that AARs be submitted for clearance within 120 days of the conclusion of the exercise or real incident. In addition, at least one (1) of the identified CAs must be re-tested within 120 days of the exercise or real incident.

CDC has also incorporated Homeland Security Exercise and Evaluation Program (HSEEP) standards into its funding requirements and mandated its use. HSEEP is a capabilities and performance-based exercise program that provides a standardized policy, methodology, and terminology for exercise design, development, conduct, evaluation, and improvement planning, as well as evaluation of responses to public health emergencies. For more information, please refer to the HSEEP website: <https://www.fema.gov/hseep>.

### **Purpose**

The purpose of this solicitation is to establish contracts, from PHS on behalf of DOHMH, with three (3) experienced vendors for standby services to support DOHMH's evaluation of responses to real public health incidents, including developing AARs and IPs.

### **Project Request Process**

In the event of a real public health incident:

- PHS/DOHMH will email a Project Request to the selected standby vendors. It is anticipated the content of the Project Request submissions will include a Project Team Narrative, Resumes, and a Scope of Services Template similar to Appendix A of this RFP.
- Due dates for Submissions will be included in the Project Request but there will likely be a minimal turnaround time due to the emergency nature of the work.
- The submission that best meets the needs of DOHMH will be selected and a final scope of services and budget will be negotiated.
- PHS will email a Notice to Proceed, with the approved scope of services and budget, to the selected vendor.

### **Scope of Services**

The scope of evaluation activities will vary in scale depending on the nature of the incident. Following are standard response evaluation deliverables and activities. A final scope of services, including approved deliverables will be developed in partnership with DOHMH at the time of incident.

#### **1. Planning and Coordination**

- Schedule and host up to fifteen (15) teleconference(s) with DOHMH stakeholders to plan evaluation activities as requested (number of teleconferences to be determined based on scope of incident).
- Submit teleconference minutes to DOHMH for review and approval no later than five (5) business days after each teleconference. Minutes should include outcomes, lessons learned, and suggested action items.

#### **2. Response Survey**

- Submit draft surveys to DOHMH for review and approval no later than two (2) business days following ICS demobilization. There will be up to three (3) surveys, each with a maximum of forty (40) questions. Surveys will target DOHMH ICS leadership and general staff and other City-wide agencies as needed. Survey design should allow for longitudinal analysis across exercises and responses as relevant. DOHMH will provide relevant information from past exercises and responses for longitudinal analyses. The selected vendor should be prepared to complete up to two (2) rounds of revisions for each draft survey based on DOHMH feedback.
- Submit final surveys to DOHMH for review and approval no later than five (5) business days post-demobilization.
- Administer surveys to DOHMH ICS leadership and general staff and to other City-wide agencies as needed.
- Submit raw survey data to DOHMH in MS Excel format no later than five (5) business days after survey closure.

#### **3. Hotwash(es)**

- Facilitate in-person hotwash(es) with relevant stakeholders
  - Provide a minimum of two (2) staff per two-hour hotwash: one (1) facilitator and one (1) staff for documentation and analysis.
- Submit post-hotwash notes to DOHMH no later than five (5) business days after the hotwash.

**4. Draft AAR**

- Review and analyze relevant documents and data, including Situation Reports (SitReps)/Incident Action Plans (IAPs), response logs, survey results, and notes from hotwash(es). Analysis should include longitudinal analysis of data over multiple responses as relevant.
- Submit draft AAR to DOHMH for review and approval. Draft AAR will include survey report(s), key issues, and recommendations for improvement based on analysis of quantitative and qualitative data.
- Submit up to two (2) additional draft AARs to DOHMH for review and approval, incorporating necessary edits and additions based on verbal and/or written feedback from DOHMH.

**5. After Action Conference (AAC) and IP**

- Submit draft IP to DOHMH for review and approval no later than 2.5 months post-demobilization.
- Submit additional draft IPs to DOHMH for review and approval, incorporating necessary edits and additions based on verbal and/or written feedback from DOHMH no later than three (3) months post-demobilization.
- Facilitate one (1) in-person AAC to review the findings contained in the AAR and the draft IP. Provide at least two (2) staff for the AAC. An additional AAC may need to be conducted if the incident involves a City-wide response.

**6. Final AAR/IP**

- Submit final AAR/IP to DOHMH for review and approval no later than five (5) business days after the ACC.

**III. Vendor Eligibility**

A vendor must have **at least five (5) years of experience** in evaluating exercises and/or responses to public health incidents, including:

- Developing AARs and IPs, including CAs
- Conducting quantitative and qualitative analyses, identifying key trends, and preparing data for inclusion in AARs, After Action Summary (AAS), presentations, reports, and publications
- Facilitating meetings and hotwashes and extracting constructive feedback
- Working and coordinating with multiple levels of staff and different organizations/agencies, preferably large, urban, and complex agencies.
- Organizing and writing clear and concise reports in accordance with HSEEP guidelines
- Interfacing with government organizations, public safety entities, public health emergency management and/or general emergency management, and executive management
- Demonstrating knowledge of emergency preparedness and response standards, processes, and nationally-recognized best practices, such as National Incident Management (NIMS) and the ICS
- Meeting time-based deliverables and subsequent deadlines

**Subcontracting**

If any portion of the work will be performed by a subcontractor, use of the subcontractor must be pre-approved by DOHMH. You must indicate clearly your intention to use subcontractor(s) in your proposal.

**IV. Required Content and Format of Proposal**

**Required Content of Proposal**

***Proposals must include all five (5) of the following components. Proposals that do not contain all of these required components will be deemed unresponsive and will not be evaluated.***

- 1. Cover Letter** – One (1) page maximum. The cover letter must be signed by a principal of the vendor.

- 2. Organizational Capacity/Project Team Narrative** – *Three (3) pages maximum.* Describe the vendor's organizational infrastructure, capacity, and resources to complete the Scope of Services. The vendor should provide a complete picture of its strengths and abilities and address its ability to rapidly mobilize a team and provide on-site (NYC) resources.

Understanding that it is difficult to propose a team for an event that has not occurred, provide the names and a brief description of a team that you would propose for a standard public health incident evaluation if it occurred today. *You must designate a single project lead.* Identify each team member's role and responsibility and the percentage of his/her time that will be devoted to the project. If you plan to subcontract any part of the work, provide the same information for the subcontractor.

In the event of a real incident, the selected vendor will be asked to propose a team tailored to the specific incident. The expectation is that this team, including any subcontractors, would have similar titles and experience as appropriate to the team proposed in response to this RFP. The final team will be subject to DOHMH's approval.

- 3. Organizational Experience** - *Three (3) pages maximum.* List and provide brief descriptions of relevant projects that the vendor has completed and demonstrate successful experience interfacing with a variety of organizations and entities and supporting evaluation of responses to real incidents for organizations similar in size and scope to DOHMH. The vendor should demonstrate subject matter expertise and experience in emergency management principles, including NIMS and ICS, and public health. If you plan to subcontract any part of the work, provide the same information for the subcontractor.

- 4. Appendix A: Scope of Service Template** – *No page limit.* Fully complete the Appendix A: Scope of Services Template. With the understanding that a final Scope of Services cannot be determined until the time of a real incident, your responses should represent your best approach to evaluation services. Note that the Proposed Costs and Budget Justification section of the Narrative will not be rated as part of the below Evaluation Criteria. The dollar amounts and line items submitted will be considered as part of the vendor's overall approach and used as a reference to understanding how the vendor will go about performing the Scope of Services.

**5. Attachments:**

- a. Resumes:** *No page limit.* For each team member, including any subcontractors, provide (i.) a resume/CV and (ii.) a brief description of work on relevant projects.
- b. Work Samples:** *No page limit.* Provide up to three (3) work samples related to the evaluation of an emergency management exercise or incident (e.g., AAR/IPs).
- c. References:** *One (1) page maximum.* Provide a total of three (3) references. For each reference, describe the type and nature of the emergency management program, exercise, evaluation, or other work completed for the reference; and provide the name, business address, telephone number, and email address of a contact.

**Format of Proposal**

- Components 1, 2, 3, and 5.c. of the Proposal must be on letter size paper and use single spacing, one inch margins, and 12-point font. Do not exceed the page limits listed above.
- For Component 4, complete the Word document included as Appendix A: Scope of Services Template with this RFP as instructed.

## **V. Proposal Evaluation and Basis of Contract Award**

### **Evaluation Criteria**

All proposals received by the due date and time will be reviewed to determine if they are responsive. Proposals that are determined to be non-responsive will be not be evaluated.

Responsive proposals will be evaluated based on the following criteria:

- Project Approach and Proposed Modifications to Appendix A: Scope of Services Template – 30%
- Organizational Capacity/Project Team – 35%
- Organizational Experience– 35%

### **Interviews**

DOHMH and PHS reserve the right to enter into discussions (via conference calls or in-person meetings) with – and formally request more information from – a short list of vendors to enhance their understanding of each vendor’s proposal. Interviews are expected to take place the **week of March 12, 2018**. However, DOHMH and PHS reserve the right to award a contract on the basis of the initial proposals received without discussion; therefore, the initial proposal should contain the vendor’s best programmatic and cost terms.

### **Basis for Award**

DOHMH and PHS will select the vendor(s) whose proposals are determined to be the most advantageous to DOHMH, taking into consideration the evaluation criteria outlined above.



## Appendix A: Scope of Services Template

Vendor Name: \_\_\_\_\_

### Instructions

**1. Complete the Example Scope of Services table below. Provide Proposed Costs for each minimum required activity within a Deliverable.**

The Example Scope of Services table includes anticipated Deliverables, including Minimum Required Activities, which the selected vendor would execute in order to complete a standard evaluation of a response to a real incident. The anticipated Deliverables outlined below are based on past evaluations of responses to real incidents; however, Deliverables may vary depending on the scale and nature of the response being evaluated. With the understanding that a final Scope of Services cannot be determined until the time of a real incident, your responses should represent your best approach to evaluation services.

Vendors are **highly encouraged** to propose *additional* Deliverables, with corresponding Minimum Required Activities, Proposed Dates of Completion, and Proposed Costs. Vendors may also propose *modifications* to existing Deliverables/Minimum Required Activities; and/or propose modifications to the sequence of Minimum Required Activities that will improve overall project outcomes. Proposed additions and/or modifications should be made in the Comments/Proposed Modifications column.

**2. Complete the Narrative Section.**

### **I. Example Scope of Services**

Evaluation of Responses to Public Health Emergencies				
Deliverable	Minimum Required Activities and Associated Documentation	Proposed Date of Completion	Proposed Cost	Comments/Proposed Modifications
<b>1. Planning and Coordination</b>	<ul style="list-style-type: none"> <li>Schedule and host up to fifteen (15) teleconference(s) with DOHMH stakeholders to plan evaluation activities as requested (number of teleconferences to be determined based on scope of incident).</li> <li>Submit teleconference minutes to DOHMH for review and approval no later than five (5) business days after each teleconference. Minutes should include outcomes, lessons learned, and suggested action items.</li> </ul>	Within three (3) months post-demobilization		
<b>2. Response Survey</b>	<ul style="list-style-type: none"> <li>Submit draft surveys to DOHMH for review and approval no later than two (2) business days following ICS demobilization. There will be up to three (3) surveys, each with a maximum of forty (40) questions. Surveys will target DOHMH ICS leadership and general staff and other City-wide agencies as needed. Survey design should</li> </ul>	Within one (1) month post-demobilization		

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	<p>allow for longitudinal analysis across exercises and responses as relevant. DOHMH will provide relevant information from past exercises and responses for longitudinal analyses. The selected vendor should be prepared to complete up to two (2) rounds of revisions for each survey based on DOHMH feedback.</p> <ul style="list-style-type: none"> <li>• Submit final surveys to DOHMH for review and approval no later than five (5) business days post-demobilization.</li> <li>• Administer surveys to DOHMH ICS leadership and general staff and to other City-wide agencies as needed.</li> <li>• Submit raw survey data to DOHMH in MS Excel format no later than five (5) business days of survey closure.</li> </ul>			
<b>3. Hotwashes</b>	<ul style="list-style-type: none"> <li>• Facilitate in-person hotwash(es) with relevant stakeholders <ul style="list-style-type: none"> <li>○ Provide a minimum of two (2) staff per two-hour hotwash: one (1) facilitator and one (1) staff for documentation and analysis.</li> </ul> </li> <li>• Submit post-hotwash notes to DOHMH no later than five (5) business days after the hotwash.</li> </ul> <p><i>Note: number of hotwashes may vary based on scope of response. For purposes of this RFP, vendor should propose costs for one (1) two-hour hotwash.</i></p>	Within one (1) month post-demobilization		
<b>4. Draft After Action Reports (AARs)</b>	<ul style="list-style-type: none"> <li>• Review and analyze relevant documents and data, including Situation Reports (SitReps)/Incident Action Plans (IAPs), response logs, survey results, and notes from hotwash(es). Analysis should include longitudinal analysis of data over multiple responses as relevant.</li> <li>• Submit draft AAR to DOHMH for review and approval. Draft AAR will include survey report(s), key issues, and recommendations for improvement based on analysis of quantitative and qualitative data.</li> <li>• Submit up to two (2) additional draft AARs to DOHMH for review and approval, incorporating necessary edits and additions based on verbal and/or written feedback from DOHMH.</li> </ul>	Within two (2) months post-demobilization		
<b>5. After Action Conference (AAC) and Draft Improvement Plans (IPs)</b>	<ul style="list-style-type: none"> <li>• Submit draft IP to DOHMH for review and approval no later than 2.5 months post-demobilization.</li> <li>• Submit additional draft IPs to DOHMH for review and approval, incorporating necessary edits and additions based on verbal and/or written feedback from DOHMH no later than three (3) months post-demobilization.</li> </ul>	Within three (3) months post-demobilization		

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	<ul style="list-style-type: none"> <li>Facilitate one (1) in-person AAC to review the findings contained in the AAR and the draft IP. Provide at least two (2) staff for the AAC. An additional AAC may need to be conducted if the incident involves a City-wide response.</li> </ul>			
<b>6. Final AAR/IP</b>	<ul style="list-style-type: none"> <li>Submit final AAR/IP to DOHMH for review and approval no later than five (5) business days after the ACC.</li> </ul>	Within three (3) months post-demobilization		
		<b>Total Proposed Cost</b>		

## II. Narrative

### 1. Program Approach

- For each Deliverable, describe your overall approach to complete the Minimum Required Activities.
- If you proposed additions and/or modifications to the Deliverables, Minimum Required Activities, and/or Proposed Date of Completion, explain how they will enhance/improve the evaluation.

### 2. Budget Justification

- Provide a detailed budget justification for the proposed costs, including labor (estimated staff title, number of hours, labor rates and total labor costs) and other costs (detailed listing of non-labor costs).