REQUEST FOR PROPOSALS

Issued by
Public Health Solutions

On Behalf of
New York City Department of Health and Mental Hygiene

Managing Asthma in Day Care - Queens
[Solicitation #: 2018.06.MAC.01.02 (REVISED 7/6/2018)]

Issue Date: June 19, 2018
Proposals Due: July 12, 2018

RFP Contact: Mayna Gipson, Public Health Solutions
Email: MADCRFP@healthsolutions.org

For a copy of this Request for Proposals, please go to:
https://www.healthsolutions.org/get-funding/request-for-proposals/
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## Basic Information

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<th>RFP Release Date</th>
<th>June 19, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal Due Date</td>
<td>July 12, 2018, 2:00pm EDT</td>
</tr>
<tr>
<td><strong>NOTE:</strong> Please see Section 4, Proposal Submission Instructions on page 15 of this RFP. To ensure that you have a working portal login, and to familiarize yourself with the CAMS Contracting Portal’s Proposal Upload area, you should create and test the portal login at least one week before the proposal due date.</td>
<td></td>
</tr>
</tbody>
</table>

### Anticipated Contract Term

- The anticipated term of the contracts awarded from this RFP will be September 1, 2018 – June 30, 2019.
- The contract may include a one three-year option to renew, contingent on the availability of funding.

### RFP Contact and Email

Mayna Gipson, Public Health Solutions  
RFP Email: MADCRFP@healthsolutions.org

### Anticipated Funding and Payment Structure

The Total Available Funding Amount for one contract is $86,719 annually, contingent upon contract renewal and the availability of funds. The pro-rated amount of $72,266 is available for the 10-month term of September 1, 2018 – June 30, 2019.

The anticipated annual funding breakdown per borough is as follows:

<table>
<thead>
<tr>
<th>Borough and Target Communities to be Served</th>
<th>Year 1 Pro-rated Estimated # of Centers Served</th>
<th>Anticipated Maximum Annual Year 1 Pro-rated Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queens: Jamaica; Rockaway; Southeast Queens; and West Queens</td>
<td>5038</td>
<td>$86,719 $72,266</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>$86,719</td>
</tr>
</tbody>
</table>

Anticipated Subsequent Years:

Queens:

- Jamaica;
- Rockaway;
- Southeast Queens; and
- West Queens

<table>
<thead>
<tr>
<th>Borough and Target Communities to be Served</th>
<th>Estimated # of Centers Served</th>
<th>Anticipated Maximum Annual Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Subsequent Years: Queens:</td>
<td>50</td>
<td>$86,719</td>
</tr>
</tbody>
</table>

- It is anticipated that one contract will be awarded through this RFP. However, NYC DOHMH and Public Health Solutions reserve the right to
<table>
<thead>
<tr>
<th>Applicant Eligibility</th>
<th>New York State incorporated non-profit organizations</th>
</tr>
</thead>
</table>
| **Required Documents** | • Proposal Checklist  
• Organization Information Cover Sheet  
• Proposal Narrative  
• Proposed Deliverable Schedule  
• Resumes and/or Description of Qualifications for Key Staff Positions  
• Organizational Chart  
• Proposal Appendix (service sites in MS Excel worksheet)  
• Proposal Format Form  
• Internal Revenue Service 501(c)(3) Determination Letter  
• New York State Certificate of Incorporation  
• Current Board of Directors List  
• Copy of most recent Audited Financial Statement; if expenditures associated with federal funding exceed $750,000, a Single Audit Report is required  
• Board of Directors’ Statement  
• Government Contracting Experience/References |
| **Pre-Proposal Conference Webinar (Attendance is not required to submit a proposal)** | • There will be a Pre-Proposal Conference Webinar held for this RFP. Attendance at the Pre-Proposal Conference Webinar is not mandatory; however, those organizations interested in submitting a proposal are strongly urged to attend.  
• The **Pre-Proposal Conference Webinar** will be held on **June 28, 2018**, from 10:00am-12:00pm EDT.  
• The Pre-Proposal Conference Webinar link to register is: [https://cc.readytalk.com/r/45lvnuinq9q2&eom](https://cc.readytalk.com/r/45lvnuinq9q2&eom)  
After you register at the webinar link, you will receive instructions via email on how to join the Pre-Proposal Conference Webinar. |
| **Questions Regarding this RFP / Deadline for Written Inquiries** | • Questions regarding this RFP must be submitted by email to the RFP Contact at MADCXCRFP@healthsolutions.org no later than 5:00pm on **June 28, 2018**.  
• Responses to questions from the Pre-Proposal Conference Webinar, as well as questions submitted via email, may be addressed in a supplement to the RFP. The Supplement will also include the pre-proposal conference webinar presentation slides, and both will be posted on Public Health Solutions’ website, |
An email notification will be sent to all individuals that have registered on Public Health Solutions’ RFP website and downloaded the RFP, submitted questions via the RFP email and/or attended the Pre-Proposal Conference Webinar.

- Please note that not all written inquiries will receive written responses. NYC DOHMH and Public Health Solutions also reserve the right not to respond to questions received after **June 28, 2018.**

### Notice of Intent to Respond

- The Notice of Intent Respond form is not mandatory; however, proposers interested in responding to this RFP are strongly urged to submit the form by the due date so that Public Health Solutions may be better able to plan for the proposal evaluation process. Any information related to this RFP will be emailed to the individual(s) designated as the Proposal Contact Person. The form should be submitted by email no later than **July 5, 2018** to **MADCRFP@healthsolutions.org**

### Other Requirements

- Contractors will be required to have a valid Vendor Number in the New York City Financial Management System (FMS). Contractors that do not have an FMS Vendor Number may obtain one by completing the Payee Information Portal (PIP) Activation process at: **https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService**
- Contractors will be required to provide their Vendor Number to Public Health Solutions at the time of award notification.

*NYC DOHMH welcomes proposals from all community-based organizations (CBOs), either as independent entities or in partnership with other CBOs. Proposals submitted in partnership should indicate which CBO serves as the prime contractor and which CBOs are subcontractors to the prime.*
Section 1 – Program Background and Purpose

The New York City Department of Health and Mental Hygiene (NYC DOHMH), through its Master Administrator, Public Health Solutions, is releasing this Request for Proposals (RFP) to identify an appropriately qualified service provider to implement the Managing Asthma in Day Care Program in Group Child Care settings, Head Start centers and Pre-K for All programs in Queens.

Asthma is a leading cause of missed school days among New York City children, and is the most common cause of hospitalization and emergency department visits among children 14 years of age and younger. Children four years of age and younger have an even higher rate of emergency department visits. As per the NYC Health Commissioner, Dr. Mary T. Bassett, longstanding income inequality and a history of practices and policies promoting racial residential segregation has led to startling health inequities between neighborhoods. Among childhood asthma hospitalizations, South Bronx, Northern Manhattan, Central Brooklyn, and Central and Southern Queens has the highest rates of asthma hospitalizations and emergency department visits across the city.

The primary objectives of this program are to:

- increase the number of early childhood administrators, teachers and custodial staff trained on asthma;
- increase asthma awareness among parents of children 0-5 years old;
- improve self and family management of asthma;
- increase % of children with persistent asthma who are on long-term control asthma medicine;
- increase % of children with asthma entering the NYC Public School system with a Medication Administration Form (MAF); and
- increase the number of early childhood centers with systems to track and coordinate care for children with asthma.

In order to achieve these objectives, the selected service provider will:

1. Implement and manage the program at 50 sites in Queens annually, which will include the following:
   a. During the pro-rated first year the provider will be responsible for recruiting and managing 50-38 daycare sites comprised of Group Child Care programs, Pre-K for All and/or Head Start sites.
   b. After the pro-rated first year, the provider will enroll at least 10 new child care centers in the borough that does not currently have a Managing Asthma in Day Care Program; and
   c. After the pro-rated first year, the provider will continue management of 40 existing sites in the Managing Asthma in Day Care Program.

2. Provide Asthma Basics Training to the child care center staff.

3. Organize and facilitate group meetings.

4. Train sites on child care-to-school transition.

5. Evaluate and provide technical support around environmental triggers for asthma.

6. Perform data collection and reporting as designated by the NYC DOHMH’s Citywide Asthma Initiative.
The selected service provider will serve child care centers equally representative of the following target communities:

<table>
<thead>
<tr>
<th>Borough and Target Communities to be Served</th>
<th>Types of Child Care Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queens:</td>
<td></td>
</tr>
<tr>
<td>- Jamaica,</td>
<td>- Group Child Care,</td>
</tr>
<tr>
<td>- Rockaway,</td>
<td>- Head Start,</td>
</tr>
<tr>
<td>- Southeast Queens, and</td>
<td>- Pre-K for All Programs</td>
</tr>
<tr>
<td>- West Queens</td>
<td></td>
</tr>
</tbody>
</table>
Section 2 – Program Requirements

I. Provider Experience
   A. Applicants should have successful experience providing training in the management of asthma. Three years of experience is preferred but not required. Greater consideration will be given to applicants that have demonstrated experience providing training to educators and caregivers of children four years of age and younger.
   B. Applicants should have successful experience providing community-based human services in the proposed borough.
   C. Applicants should have successful experience coordinating asthma training programs simultaneously at multiple sites.
   D. Applicants should have successful experience partnering with providers that serve families with young children in high need communities. Applicants should have demonstrated linkages with community providers in the proposed borough, and should have successful experience conducting outreach activities to Group Child Care, Head Start and Pre-K for All centers.

II. Program Services: Managing Asthma in Day Care
   A. The selected Contractor will administer the Managing Asthma in Day Care Training Program in 50 child care centers annually in Queens. The Contractor will also be responsible for the recruitment and engagement of these 50 sites.
   
   B. The Contractor will implement an asthma case identification protocol using the Brief Respiratory Questionnaire (BRQ) developed by the New York Academy of Medicine for NYC DOHMH (see Attachment A). The Contractor will:
      1. Incorporate screening using the BRQ into the child care enrollment process
      2. Assist centers in identifying children with poorly controlled asthma identified through the following indicators:
         i. more than 2 days of absences within a 2-week period due to asthma
         ii. from the BRQ-Question #6, more than two emergency visits for respiratory difficulty; Question #7, one or more hospitalizations for respiratory difficulty within a twelve-month period
      3. Follow up on children with poorly controlled asthma, train child care center staff on how and when to talk with parents to help ensure that the child:
         i. has a medical home (i.e., the child has a regular Primary Care Physician)
         ii. has an Asthma Action Plan
         iii. lives in a smoke-free home
         iv. utilizes free Integrated Pest Management referral services for pest control problems in homes
   
   C. The Contractor will conduct training on “asthma basics” for all administrators and teachers in each child care site. Training should be culturally sensitive and relevant to the needs of the site and focus on action steps that individual and specific organizations can take to address asthma through activities that practice specific skills. Training must include the following concepts:
      1. Symptoms and triggers of asthma.
2. Appropriate use of asthma medications that can control asthma (quick relief/rescue; controller/preventive).

3. The importance of hygiene (e.g., hand washing) and other infection control measures in child care settings to prevent upper respiratory infections that are the most common cause of acute asthma attacks in younger children.

4. Understanding the environmental triggers that play a role in asthma, such as tobacco smoke, pests (especially cockroaches), and mold; and how to control or eliminate these triggers.

5. Communicating with medical providers about asthma.

6. Educating parents about long term controller medication, and how to talk to their doctor about situations where a child exhibits persistent asthma (with an emphasis on the efficacy of inhaled corticosteroids).


8. The benefits of submitting a CH205 – New Admission Physical Exam and an Asthma Medication Administration Form (MAF) at registration or at the start of the school year.

D. The Contractor will assist the 10 newly recruited sites with the installation of, and training in the use of, Early Childcare (EC) Health Trak, which is the NYC DOHMH Citywide Asthma tracking software.

E. At each site, the Contractor will evaluate and provide technical support on environmental triggers for asthma by:
   1. Conducting facility environmental assessments for asthma triggers at each site following protocols established by NYC DOHMH.
   2. Providing technical support on indoor environmental triggers utilizing resources provided by NYC DOHMH.
   3. Conducting training specifically for the custodial and kitchen staff at each site related to indoor environmental asthma triggers.

F. The Contractor will provide training to staff at all 50 child care sites on transitioning children with asthma from a child care setting into the New York City Public School system (kindergarten). Training must include the following:
   1. Identification of graduating asthmatic children.
   2. Identification of feeder schools.
   3. Identification of feeder school Office of School Health nurses.
   4. Assisting centers to develop workshop for parents on asthma support services in NYC Public Schools.
   5. The benefits of submitting a CH205 – New Admission Physical Exam and an Asthma MAF at registration or at the start of the school year.

G. The Contractor will organize, schedule, and identify appropriate meeting locations and facilitate at least two group meetings annually among all sites to discuss progress and barriers, and share best practices/lessons learned from program implementation. Meetings should include invited
guest speakers such as physicians, community based support programs, members from smoke-
free coalitions, groups working on physical activities, nutrition and obesity.

III. Staffing Plan and Qualifications
A. The Contractor will employ staff who are training and technical assistance specialists with
additional expertise in Asthma.
B. The Contractor will employ sufficient and competent administrative staff to ensure compliance
with contract requirements.
C. The Contractor will establish and implement a plan to train staff to ensure that the training
provided to child care sites is accurate and up-to-date.
D. The Contractor will create a team consisting of, at a minimum:
   a. Program Coordinator (Bachelors Level or above)
   b. Community Health Worker

IV. Program Monitoring, Reporting, and Data Management
A. The Contractor will develop and implement a quality improvement/quality assurance plan to
ensure that appropriate, up-to-date information is transmitted through training programs.
B. The Contractor will perform the required services in compliance with all applicable federal, state,
and local laws and regulations, including the Health Insurance Portability and Accountability Act
(HIPAA). The Contractor must comply with all confidentiality and privacy regulations as directed
by NYC DOHMH.
C. The Contractor will participate in meetings with NYC DOHMH as requested.
D. The Contractor will collect and report data as designated by the NYC DOHMH’s Citywide Asthma
Initiative. The Contractor will collect and analyze data on asthma management indicators in each
of its sites, and submit monthly reports to NYC DOHMH/Public Health Solutions that provide de-
identified (excluding student names and other identifying information such as address, date of
birth, social security number, etc.) summary statistics that include, but are not limited to:
   1. center enrollment
   2. BRQ screenings
   3. Universal Health Form Identification
   4. Asthma Action Plans on file
   5. children with asthma (including severity levels)
   6. children on long term controller medications
   7. children graduating from child care and entering NYC public schools with an MAF
   8. training and outreach activities for sites
E. The Contractor will submit reports on the outcome of trainings and other activities. Reports will
be submitted seven days after the end of each month. Reports will include:

1. Changes in the number of early childhood program administrators, teachers, kitchen and custodial staff trained on asthma.

2. Changes in asthma awareness among parents of children 0-5 years old.

3. Changes in self and family management of asthma.

4. Changes in the % of children with persistent asthma who are on long-term control asthma medicine.

5. Changes in the % of children with asthma entering the NYC Public School system with a Medication Administration Form (MAF).

6. Increase the number of early childhood centers having systems to track and coordinate care for children with asthma.

7. The number of MAFs that were obtained by parents who went through the training.

V. Budget Management

A. The anticipated annual funding amount is $86,719, and the pro-rated amount for the 10-month budget period of September 1, 2018 – June 30, 2019 is $72,266. The budget submitted as part of the proposal is for the pro-rated 10-month amount.

B. The payment structure for the contract awarded through this RFP will be based on monthly report submissions, which will include supporting documentation for deliverables.
Section 3 – Proposal Evaluation Criteria

Proposal Instructions
• Your Proposal Narrative must address all of the following Section components (or “questions”) in the order listed below. Label the beginning of each section as indicated (e.g., “A. Required Minimum Experience” etc.) and include each question number; it is not necessary to repeat the question text.
• The length of the Proposal Narrative is a maximum of 15 pages, exclusive of attachments.
• General instructions and additional requirements for the submission of a proposal can be found in Section 4 - Proposal Submission Instructions.

Evaluation Criteria (Proposal Narrative)
A. Experience (35 points)
1. Describe and demonstrate your successful experience, including the number of years of experience providing training in the management of asthma. Three years of experience is preferred but not required. Greater consideration will be given to applicants that have demonstrated experience providing training to educators and caregivers of children four years of age and younger.

2. Describe and demonstrate your successful experience, including the number of years of experience, providing community-based human services in the proposed borough.

3. Describe and demonstrate your successful experience, including the number of years of experience, coordinating asthma training programs simultaneously at multiple sites.

4. Describe and demonstrate your successful experience, including the number of years of experience, partnering with providers that serve families with young children in high need communities. Clearly name organizations with which you have established linkages, and describe the nature and duration of the linkages. Describe your successful experience conducting outreach services to Group Child Care, Head Start and Pre-K for All child care centers.

5. Attach the following:
   a. Two written reference letters from organizations that can attest to the quality of related services that you provide. Letters from NYC DOHMH are not acceptable for the purposes of this RFP requirement.

B. Program Services: Proposed Approach to Managing Asthma in Day Care (30 points)
1. Describe and demonstrate the effectiveness of your proposed approach to administering the Managing Asthma in Day Care training program in 50 early learning centers in the proposed borough. Explain how you will transition the 40 existing sites under your management. Detail how you will recruit 10 additional sites, including timeline for recruitment and enrollment of sites. Describe your strategy for retaining all sites in the Managing Asthma program. Note that the proposed approach is for a full year/12-month period after the initial Year 1 pro-rated 10-month period.

2. Describe and demonstrate the effectiveness of your proposed approach to implementing an asthma case identification protocol using the Brief Respiratory Questionnaire (BRQ).
3. Describe and demonstrate the effectiveness of your proposed approach to conducting the following trainings and/or technical support for staff at each site, in accordance with the expectations listed in Section 2.II. - Program Services: Managing Asthma in Day Care:
   i. Asthma training for administrators and teachers, custodial and kitchen staff in each Child Care site that is culturally sensitive, relevant to the needs of the site, focus on action steps that individual and specific organizations can take to address asthma through activities that practice specific skills and incorporates the concepts listed in Section 2.II.C. - Program Services: Managing Asthma in Day Care.
   ii. Transitioning children with asthma from a child care setting into the New York City Public School system (kindergarten).
   iii. Monitoring and eliminating environmental triggers for asthma.

4. Describe how you will work with all sites to implement the use of Early Childcare (EC) Health Trak.

5. Describe your proposed approach to organize, schedule, identify appropriate meeting locations and facilitate at least two (2) group meetings annually among all sites to discuss progress and barriers and share best practices/lessons learned from program implementation.

C. **Staffing Plan and Qualifications (15 points)**

   1. Indicate the proposed staffing pattern, include the experience, qualifications, and credentials of the training and technical assistance specialists who you will employ.

   2. Indicate the proposed staffing pattern, experience, qualifications, and credentials for administrative staff.

   3. Explain your approach to ensuring that staff receive training that is accurate and up to date.

   4. Describe any proposed subcontracting arrangement(s) and qualifications of proposed subcontractor(s).

   5. Attach:
      i. An Organizational Chart showing where, and an explanation of how, the proposed services will fit into your organization.
      ii. Resumes and/or Descriptions of Qualifications for all Key Staff (Program Coordinator, Community Health Worker).

D. **Program Monitoring, Data Management and Reporting (20 points)**

   1. Describe your proposed plan to develop and implement a quality assurance plan to ensure that appropriate, up-to-date information is transmitted through training programs.

   2. Describe your proposed plan to collect and report on asthma management indicators; discuss how the data collected will inform quality improvement and quality assurance activities.

   3. Explain your approach to ensuring compliance with confidentiality and privacy rules.
E. **Budget Management (0 point)**

1. Submit a deliverable-based budget using the template provided. Deliverables will consist of initial start-up, program development, reporting and service provision activities. Deliverables will generally correspond to the scope of work described in the RFP. Deliverables details and reimbursement allocations per deliverable will be established post-award during the contracting process and are subject to Public Health Solutions and NYC DOHMH approval.

2. The proposed deliverable-based budget must not exceed the allocated amount of $72,266 for the 10-month budget period of September 1, 2018 – June 30, 2019.

3. Describe how you will develop and implement a budget management plan that is consistent with the program requirements outlined in this RFP and that demonstrates your capacity to implement and manage a deliverables-based payment structure.
Section 4 – Proposal Submission Instructions
The deadline for submitting a proposal is **July 12, 2018 by 2:00pm EDT**. A complete proposal consists of all requested documents on the Proposal Checklist.

Upload Proposal to CAMS Contracting Portal
One electronic copy of the Required Components of the Complete Proposal and one set of all the Required Administrative Documents identified on the Proposal Checklist must be uploaded to the CAMS Contracting Portal on Public Health Solutions’ website at [https://mer.healthsolutions.org](https://mer.healthsolutions.org) by the proposal submission deadline. **You do NOT need to submit a hard-copy or submit via email. Use of the Contracting Portal is REQUIRED. Proposals sent by hard copy or email will NOT be considered as submitted.**

The current CAMS Contracting Portal [https://mer.healthsolutions.org](https://mer.healthsolutions.org) has been used by contractors for reporting expenditure (eMER) and/or narrative (ePNR) data. The same Contracting Portal will be used for uploading proposals for this RFP. In order to use the Contracting Portal to upload a proposal, you must have a current login.

- If you have been named on a Contractor Contact Verification Form (CCVF) as an official contact for an existing contract with PHS CAMS, then you already have a login on the CAMS Contracting Portal. If you do not know what your login is, please email [RFPloginrequest@healthsolutions.org](mailto:RFPloginrequest@healthsolutions.org)

- If you have not been named on a CCVF as an official contact for an existing contract, then a new login will need to be created for you. Please email [RFPloginrequest@healthsolutions.org](mailto:RFPloginrequest@healthsolutions.org) to request a login.

- All login request emails should include the following:
  - First and last name of the proposal submitter
  - Title of proposal submitter
  - Full legal name of the applicant organization
  - EIN of applicant organization
  - RFP title should be on the subject line of the email

**Note that only one proposer submitter can be created for an applicant organization.**

Please be aware that uploading a proposal will involve multiple files representing different required proposal documents. Please allow sufficient time for checking that you have included all necessary digital file attachments. **Please ensure that you have a working login, and familiarize yourself with the CAMS Contracting Portal’s Proposal Upload area, at least one week before the proposal submission deadline.**

**Note that proposals received after the deadline may be disqualified from funding consideration.**

*It is the responsibility of the submitting organization to ensure delivery of the proposal to Public Health Solutions via the CAMS Contracting Portal by the submission deadline. A confirmation of receipt of the required submission (via upload) will be sent by email. Note that the email confirmation is confirming the delivery and receipt of the proposal submission and is not a confirmation that the proposal submission is complete or responsive.*

**For all other things (submit questions, notice of intent, etc.), please email the RFP contact at MADC|RFFP@healthsolutions.org**
Required Components of the Complete Proposal
1. Proposal Checklist - completed and signed by the CEO/Executive Director/President
2. Organization Information Cover Sheet *(must be submitted in MS Word)*
3. Proposal Narrative and all attachments referenced in the Proposal Narrative section *(must be submitted in MS Word)*
4. Proposed Deliverable Budget Schedule *(must be submitted in MS Excel)*
5. Resumes and/or Description of Qualifications for Key Staff Positions
6. Organizational Chart for proposed program
7. Proposal Appendix (service sites in a MS Excel worksheet) *(must be submitted in MS Excel)*
8. Proposal Format Form

Required Administrative Documents for all Applicants
*In addition to the Required Components of the Complete Proposal, one set* of the following Required Administrative Documents must be submitted with the Complete Proposal:

1. *Internal Revenue Service 501(c) (3) Determination Letter*
2. *New York State Certificate of Incorporation (full copy, including any amendments)*
3. *Current Board of Directors List*
4. *Most recent audited Annual Financial Statement; if expenditures associated with federal funding exceed $750,000, a Single Audit Report is required*
5. Board of Directors’ Statement – written on your letterhead and signed by the Chair/President or Secretary of the Board of Directors *(see sample statement provided)*
6. Government Contracting Experience/References *(see template provided)*

*Note that you may transmit the Required Administrative Documents which are marked with an asterisk (*), to Public Health Solutions via the NYC HHS Accelerator, New York City’s contracting information system for health and human services. Organizations registered with the NYC HHS Accelerator must designate Public Health Solutions as a funder authorized to download the administrative documents. For more information on the NYC HHS Accelerator and to register, go to:*

*Please indicate on the Proposal Checklist whether you intend to transmit the asterisked (*) Required Administrative Documents via the NYC HHS Accelerator or if you are including them with your submission via the CAMS Contracting Portal. (Download the instructions, “Sharing Documents to PHS in the Document Vault” from Public Health Solutions’ RFP website listed on the next page.)*

The following required forms must be downloaded from the Public Health Solutions’ RFP website, https://www.healthsolutions.org/get-funding/request-for-proposals/:
1. Proposal Checklist
2. Organization Information Cover Sheet
3. Proposal Narrative Form
4. Deliverable Budget Schedule and Deliverable Budget Schedule Instructions
5. Proposal Appendix (service sites in MS Excel worksheet)
6. Board of Directors’ Statement
7. Government Contracting Experience/References
8. Proposal Format Form
9. Notice of Intent to Respond Form
10. Sharing Documents to PHS in the Document Vault

Proposal Format Guidelines
Applicants are expected to adhere to the following requirements.

- Each document of the Proposal Package should be titled using the following naming convention: Applicant Name_Document Title (as listed in RFP)_MADCRFP_Date.
- Proposal documents should be submitted in the format specified in the RFP (i.e. Organization Information Cover Sheet in MS Word; Proposal Appendix/Attachment A in MS Excel; etc.).
- The length of the Proposal Narrative is a maximum of 15 pages, exclusive of attachments.
- Proposal Narrative should be 1.5-spaced.
- Proposals should be submitted on 8.5” x 11” format (attachments may differ as needed).
- Proposals should have 1” margins all around (headers and footers may appear outside of this margin).
- Suggested minimum font size is Times New Roman 12-point with the exception of any tables and any included supportive charts, which may use a font no smaller than 10-point.
- Each page of the Proposal Narrative should be consecutively numbered.
- Proposal Narrative should remain in the same sequence and format as provided; questions should not be renumbered or reordered, however the text of the question can be omitted.
- Each page of the Proposal Narrative should include as a header or footer the name of the organization submitting the proposal and the name of the borough that the organization is proposing to be serve.
**Section 5 – Proposal Evaluation and Basis of Contract Award**

**A. Proposal Evaluation**

All proposals received will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals that are determined to be non-responsive will be rejected. Each proposal will be reviewed by at least three reviewers independently. The reviewers’ scores for each proposal will be averaged. The proposals will be ranked in order of highest to lowest score based on the responses to the narrative questions in Section 3 – Proposal Evaluation Criteria.

NYC DOHMH reserves the right to conduct site visits and/or interviews and/or to request that applicants make presentations or demonstrations, as NYC DOHMH deems applicable and appropriate. Although discussions may be conducted with applicants submitting acceptable proposals, Public Health Solutions and NYC DOHMH reserve the right to award contracts on the basis of initial proposal received, without discussions; therefore, the applicant’s initial proposal should contain its best programmatic and cost terms.

**B. Contract Award**

An award will be made to the applicant with the highest average score that offers a budget that does not exceed the funding levels specified herein.

Public Health Solutions and NYC DOHMH reserve the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

Public Health Solutions and NYC DOHMH reserve the right, prior to contract execution and during the term of the contract, to change the contract amount, payment method, program service size, program type, and/or model depending on the needs of the system.

Contract award shall be subject to timely and successful completion of contract negotiations between Public Health Solutions/NYC DOHMH and the selected applicant.
Section 6 – General Insurance Requirements

The following insurance requirements will be incorporated into final contracts with Public Health Solutions:

a. **Acceptability of Insurers**
   
   All insurance under this Agreement must be placed with insurers with an A.M. Best rating of no less than A-7 or a Standards and Poor rating of no less than AA, unless Public Health Solutions approves the acceptance of insurance from an insurance company with a lower rating. The Contractor shall maintain on file with Public Health Solutions current Certificates of Insurance for the policies identified in subsection (b) below.

b. **Types of Insurance**
   
   The Contractor shall obtain the following types of insurance with respect to the services to be performed under this Agreement:

   (i) Commercial general liability insurance (including products/completed operations, personal and advertising injury) with limits not less than $1,000,000 combined single limit per accident for bodily injury and property damage. Coverage must be on an occurrence form basis. The policy must name Public Health Solutions and the City of New York, including its officials and employees as additional insured. The designation of the City of New York, including its officials and employees, as additional insured must be demonstrated using ISO Form CG 20 10 (Additional Insured Endorsement Form). Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the City.

   (ii) Comprehensive automobile liability with limits not less than $1,000,000 combined single limit coverage against bodily injury, liability, and property damage liability arising out of the use by or on behalf of the Contractor, or any person acting by, through or under the Contractor, of any owned, non-owned or hired motor vehicle. The policy must name Public Health Solutions as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions.

   (iii) (For non-medical services or services that are not provided by medical and health professionals) Professional liability insurance with limits not less than $1,000,000 for any one occurrence, $3,000,000 annual aggregate, covering all professional employees of the Contractor, as well as contracted employees of the Contractor, if these persons provide professional services under this Agreement. Coverage must be on an occurrence form basis. [If coverage is not available or is not written on an occurrence form, Claims-made policies will be accepted. All such policies shall have an extended reporting period option or automatic coverage of not less than two (2) years. If available as an option, the Contractor agrees to purchase the extended reporting period on cancellation or termination unless a new policy is effected with a retroactive date, including at least the last policy year.] The policy must name Public Health Solutions as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions.
(iv) For medical services or services provided by medical and health professionals) Professional liability insurance with not less than $2,000,000 for any one occurrence, $4,000,000 annual aggregate, covering all professional employees of the Contractor, including but not limited to physicians, physician’s assistants, nurses and other health professionals, as well as, or, any person or entity acting by, through or under the Contractor, written on an occurrence form. If coverage is not available or is not written on an occurrence form, a claims made form is acceptable provided that, in the event the Contractor’s claims made policy is cancelled and not replaced or renewed, tail coverage for the maximum allowable period is purchased in order to ensure continuity of coverage. The policy must name Public Health Solutions as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions.

(v) Workers’ compensation, disability, and employers’ liability insurance with limits not less than statutory limits of liability.

(vi) If the Contractor receives an Advance, it shall purchase a fidelity bond in the amount of the Advance. This bond must be issued by an insurer duly licensed by the state and must name Public Health Solutions as a loss payee. A copy of the fidelity bond must be provided to Public Health Solutions.

(vii) Directors and officers liability insurance, whether the directors and officers are compensated or not.
Attachment A – Brief Respiratory Questionnaire (BRQ)
New York City Department of Health and Mental Hygiene  
Citywide Asthma Initiative  
Managing Asthma in Daycare Project  
Brief Respiratory Questionnaire (BRQ)

1. In the past 12 months, has you child experience wheezing or whistling in the chest, or a cough that lasted more than a week?  
□ Yes □ No

2. In the past 12 months, how many times did your child experience wheezing or whistling in the chest, or a cough that lasted more than a week?  
______ Number of times (Record “0” if none)

3. In the past 12 months, how many nights did your child have trouble sleeping because of wheezing or whistling in the chest or a cough that lasted more than a week?  
______ Number of times (Record “0” if none)

4. I am going to read you the name of some health conditions. For each one please tell me if a doctor, medical care provider or clinic ever used the name to describe your child’s condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>If “Yes”, give blank AAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAD (Reactive Airway Disease)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis or bronchiolitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthmatic or Wheezy Bronchitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheezing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. In the past 12 months has a doctor, medical provider or clinic prescribed any medicine, inhaler, nebulizer or breathing machine treatments for any of these conditions, that is for asthma, reactive airway, Bronchitis or bronchiolitis, asthmatic or wheezy Bronchitis or wheezing?  
□ Yes □ No  If “Yes”, give blank AAP

6. In the past 12 months, how many times did your child have an emergency visit to a doctor, clinic or emergency room for Asthma, wheezing, cough, chest tightness, or shortness of breath?  
______ Number of times (Record “0” if none)  If 1 or more “give blank AAP

7. In the past 12 months, how many times did your child have to stay overnight in the hospital for Asthma, wheezing, cough, chest tightness, or shortness of breath?  
______ Number of times (Record “0” if none)  If 1 or more “give blank AAP

8. Is your child currently under the care of a doctor, nurse or clinic for Asthma, wheezing, cough, chest tightness, or shortness of breath?  
□ Yes □ No

I give consent to have my child’s name and information referred to the New York City Department of Health and Mental Hygiene for asthma related services

Parent / Guardian’s Signature: ____________________________ Date: ______________
Ciudad de Nueva York Departamento de salud e Higiene Mental
Iniciativa de asma de toda la ciudad
Manejo de asma en el proyecto de guardería
Breve cuestionario respiratorio (BRQ)

Nombre de entrevistador________________________ Fecha de Entrevista: __/__/____ Centro: ________________________

Nino: ____________________________________________/__/____ _________ _________

Primer nombre Apellido Fecha de nacimiento Sexo Clase

Grupo Etnico: □ Negro □ Hispanico □ Asiatico □ Blanco □ Mescla (escifique):__________ □ Otro (escifique)

1. En los últimos 12 meses, ¿ha tenido su niño/a un pito o silbido en el pecho o una tos que le duró más de una semana?

□ Si  □ No

2. En los últimos 12 meses, ¿cuántas veces su niño/a un pito o silbido en el pecho o una tos que le duro mas de una semana?

_____ Número de veces (Record “0” if none)

3. En los últimos 12 meses, ¿cuántas noches su niño/a tuvo problemas durmiendo debido a un pito o silbido en el pecho, una tos, otros problemas respiratorios?

_____ Número de veces (Record “0” if none)

4. Le voy a leer una lista de condiciones medicas. Por cada una, por favor me diga si un doctor, proveedor de asistencia medica, o una clinica alguna ves le dijo que su niño/a tenia esa condición

- Asma □ Si □ No If “Yes”, give blank AAP
- Enfermedad en las vías respiratorias □ Si □ No
- Bronquitis or bronquiolitis □ Si □ No
- Bronquitis asmatico o pito en los bronquios □ Si □ No
- Pito o silbido en el pecho □ Si □ No

5. En los últimos 12 meses, ¿ha un doctor, médico o clínica prescribe cualquier medicina, inhalador, nebulizador respirar máquina tratamientos o para alguna de estas condiciones, que es para asma, reactiva de las vías respiratorias, bronquitis o bronquiolitis, bronquitis asmática o sibilancias o respiración sibilante?

□ Si  □ No  If “Yes”, give blank AAP

6. En los últimos 12 meses, ¿cuántas veces usted hizo una cita urgente con el doctor en la sala de emergencia para su niño/a por asma, un pito o silbido en el pecho, una tos, bronquitis o otros problemas respiratorios?

_____ Número de veces (Record “0” if none)  If 1 or more “give blank AAP

7. En los últimos 12 meses, ¿cuántas veces su niño/a tuvo que pasar la noche en el hospital por asma, un pito o silbido en el pecho, una tos, bronquitis o otros problemas respiratorios?

_____ Número de veces (Record “0” if none)  If 1 or more “give blank AAP

8. Actualmente está su hijo actualmente bajo el cuidado de un médico, enfermera o clínica para Asma, sibilancias, tos, opresión en el pecho o dificultad para respirar?

□ Si  □ No

Yo doy el consentimiento para que el nombre y la información de mi niño/a sea referido al Departamento de Salud y Salud Mental de la ciudad de Nueva York para obtener servicios relacionados con el asma.

Firma de Padres/Guardian: __________________________ Fecha: __________