

RFP Number # CCH-2020-01

HEALTH RESEARCH, INC.

**New York State Department of Health
Center for Community Health/Division of Family Health
Bureau of Early Intervention**

Request for Proposals

Family-Based Training Initiative

KEY DATES

RFP Release Date:	November 2, 2020
Questions Due:	November 16,2020
RFP Updates Posted:	December 4, 2020
Proposals Due:	December 21, 2020
Contact Name & Address:	Rubab Zahra-Hassan Program Coordinator Early Hearing Detection and Intervention

New York State Department of Health
Bureau of Early Intervention
287 Corning Tower Building
Albany, NY 12237
rubab.zahra-hassan@health.ny.gov

Table of Contents

I. Introduction

- A. Description of Program
- B. Background/Intent
- C. Requirements of Bidder(s)
- D. Need for Family Support
- E. Available Funding

II. Who May Apply

- A. Minimum Eligibility Requirements
- B. Preferred Eligibility Requirements

III. Project Narrative/Work Plan Outcomes

- A. Expectations of Project
- B. Scope of Work

IV. Administrative Requirements

- A. Issuing Agency
- B. Question and Answer Phase
- C. Bidder Conference
- D. How to File a Proposal
- E. HRI/Department's Reserved Rights
- F. Term of Contract
- G. Payment Methods and Reporting Requirements of Grant Awardees
- H. General Specifications
- I. HRI Boilerplate Agreement

V. Completing the Proposal

- A. Proposal Content
- B. Proposal Format
- C. Review Process

VI. Attachments

- Attachment 1: Letter of Interest
- Attachment 2: Proposal Checklist
- Attachment 3: Proposal Cover Sheet
- Attachment 4: Budget Proposal and Instructions (Deliverable Based)
- Attachment 5: Work Plan

I. Introduction

A. Description of Program

Health Research, Incorporated (HRI) and the New York State Department of Health (NYSDOH), Bureau of Early Intervention (BEI), Early Hearing Detection and Intervention (EHDI) Program announce the availability of funds to support up to two (2) contractor(s), to implement family engagement and family support activities for families of young children across New York State who are deaf or hard of hearing.

Under the oversight of the New York State (NYS) EHDI Program, bidder(s) will develop content for a training curriculum including parent advocacy and leadership, along with specific content to support families of newly identified children who are deaf or hard of hearing (DHH). Selected bidder(s) will also review existing EHDI Program materials and NYSDOH EHDI web page content and make recommendations for modifications and additions to support the NYS's implementation of the EHDI Program, including screening, follow-up and family support. In addition, the bidder(s) should have a focus in providing support to families and caregivers when the newborn is first referred to an audiologist to confirm diagnosis and until the child receives Early Intervention (EI) services.

New York will utilize its Clinical Practice Guidelines on Hearing Loss, which contain fundamental content for this purpose, and infuse updated information where applicable. With this approach as a foundation, New York plans to develop a curriculum and training program to provide information and support to families of infants who are newly identified as deaf or hard of hearing (DHH) and foster parent leadership and advocacy skills for families of infants who are DHH.

The bidder selected through this Request for Proposals (RFP) will conduct activities designed to support programs and activities for families of children who are identified as DHH. The selected bidder(s) will be responsible for the implementation of the Family-Based Training Initiative and development and provision of curriculum, training, resources and expertise to the NYSDOH/HRI, key partners and families who assist with New York State's goal to develop a network of parents to support children who are DHH and their families.

B. Background/Intent

The purpose of the Early Hearing Detection and Intervention (EHDI) Program is to ensure NYS achieves the 1-3-6 goals of newborn hearing screening. Newborn hearing screening should be completed no later than 1 month of age. Infants that require diagnostic evaluation, receive diagnostic evaluation no later than 3 months of age. Infants identified to be deaf or hard-of-hearing are enrolled in Early Intervention services no later than 6 months of age. The program includes screening, tracking and follow-up, identification and intervention. Universal newborn hearing screening and reporting results to the NY EHDI Information System (NY EHDI-IS) is one component of the EHDI Program, which also includes steps for tracking and follow-up of infants who do not pass newborn hearing screening and provision for referral of infants who require diagnostic audiological evaluation. NYS Public Health Law requires all maternity hospitals and birthing centers to administer newborn hearing screening programs. Under the NYS Public Health Law, audiologists and primary care providers must report diagnostic hearing test results to the NYSDOH using the statewide NY EHDI-IS.

In New York State the EHDI Program is housed within the Bureau of Early Intervention (BEI). BEI's Early Intervention Program (EIP) has a longstanding commitment to impart leadership and advocacy skills to parents at the local and State level. As an example, the Family Initiative Coordinator Services Project (FICSP) consists of three comprehensive Partners Training Sessions with the goal of increasing parents' leadership and advocacy for children with developmental delays and disabilities, including hearing loss. The curriculum includes information on early intervention such as family-centered services and supports; developing family outcomes; everyday routines, activities, and places; developing individual leadership goals, advocacy, and policy development; and transition from early intervention to

preschool or other support series. This opportunity is currently extended to families of children who are DHH and enrolled in the EIP.

The NYSDOH will develop and implement updated content through focus groups to inform curriculum development for training, which will focus on the needs of families with children newly identified with hearing loss and will include development of parent advocacy and leadership skills. The NYSDOH also wishes to leverage its Clinical Practice Guidelines on Hearing Loss, which contain fundamental information to help parents of young children with hearing loss at the time of identification and information about early intervention options. With this backdrop, the EHDI Program with selected bidder(s) seeks to develop a training program to support families of infants who are newly identified as deaf or hard of hearing (DHH) and foster parent leadership and advocacy skills. This can be a challenging time for families and the work of this project intends to provide support and guidance during this period.

C. Requirements of the Bidder(s)

Under the oversight of the NYS EHDI team, the selected contractor(s) will be required to conduct the following activities:

- Review existing EHDI Program materials and the NYSDOH web page content and make recommendations for modifications and additions.
- Develop curriculum for training statewide with content specific to families of newly identified children who are deaf or hard of hearing (DHH).
- Developed training, educational material, and parent-to-parent support should focus on providing support during the time when the newborn is first referred to an audiologist until diagnosis is confirmed, including plan.
- Assist in developing education, leadership and advocacy skills development for families of infants who are DHH, with the goal of increasing parental knowledge, leadership and advocacy for children who are DHH.
- Materials and methods to support delivery of this curriculum can include but are not limited to; webinars, in-person training sessions, and educational handout materials. All curricula must be available and/or conducted statewide.
- The final training curriculum will include information to assist and support families as they navigate the process from newborn hearing screening through diagnosis of permanent hearing loss and entry into early intervention or other appropriate services; additionally, the final curriculum will include parent advocacy and leadership training for families of young children who are DHH.
- Conduct focus groups to share EHDI Program information and materials, including existing and developed EHDI materials and curriculum on parent advocacy and leadership and content specific to families of newly identified children who are DHH. Incorporate feedback as appropriate.
- Continued work will improve on prior developed training curricula to develop further training and activities to support parents and families, including facilitating parent-to-parent opportunities for communication (e.g., via video calls or other mean that have proven efficacy).
- There will be continued development or updating of materials and dissemination of materials throughout the project cycle.
- Use New York State Clinical Practice Guidelines to support developing content and use current research and peer-reviewed literature to infuse updated information where applicable.
- Adhere to the established EHDI 1-3-6 guidelines. Newborn hearing screening should be completed no later than one month of age. Infants that require diagnostic evaluation, receive diagnostic evaluation no later than three months of age. Infants identified to be deaf or hard-of-hearing are enrolled in Early Intervention services no later than six months of age. Ensure all materials and training provide guidance and suggestions to assist families and caregivers of children who are DHH.

- All products/deliverables will be reviewed and approved by the Principal Investigator of the NYS EHDI Program.
- The selected contractor(s) will participate in bimonthly project calls, provide monthly progress reports regarding, focus groups facilitation, developed educational materials around the EHDI 1-3-6 guidelines, and develop training curriculum to support families of infants and children who are newly identified as DHH.
- In the case of two contractors, joint meetings will be coordinated by the NYSDOH/NYS EHDI Program.

D. Need for Family Support

New York State currently requires all newborns to receive one inpatient newborn hearing screening to be conducted prior to discharge. If the infant passes the initial inpatient hearing screening, there is a “pass” documentation and the screening process ends. In 2017, of the infants who were screened, 217,488 (96.8%) passed their initial newborn hearing screening. If the infant does not pass their initial newborn hearing screening, they are referred for follow-up and/or diagnostic audiologic evaluation. Of the infants screened initially, 7,142 (3.2%) were referred following their initial newborn hearing screening. Of the infants who did not pass their initial newborn hearing screening, 86.9% passed their follow-up screening.

Among the 2,218 infants who did not pass their most recent screening, 43.5% of infants had documented diagnosis in the NY EHDI-IS. From the infants with documented follow-up, 630 were found to have normal hearing and 334 had a diagnosis of deaf or hard of hearing. In NYS, 550 (57.1% among the Diagnosed) infants met the three-month benchmark.

Children’s records in NY EHDI-IS for 2017 were matched to children’s records in the New York State Early Intervention System (NYSEIP). Among the 334 with documented hearing loss in the NY EHDI-IS, 232 infants were referred to NYSEIP before six months of age. Of those referred, 180 were enrolled for early intervention services before six months of age.

Based upon the review of this data, there are many families across New York State who go through the process of initial screening, referral and diagnosis. This process can be a series of medical appointments (audiologists and physicians) across a span of six months or more and can be a challenging time for families. Proper and timely information, education and support needs to be available for families of children who do not pass their initial hearing screening to help them navigate follow-up screening and audiological evaluation, with particular attention to families of children diagnosed as DHH. Our goal is to engage families and encourage parental advocacy and leadership and provide families with information and guidance during this uncertain time.

Table 1 provides a comparison between years 2017 and 2018. Even though the reported data is steady for the EHDI 1-3-6 goals, improvement can be made. As seen for the three-month goal of infants receiving diagnostic evaluation no later than 3months of age, great improvement can be made in this area. Implementation of project deliverables should aim to improve the three- and six-month EHDI goals.

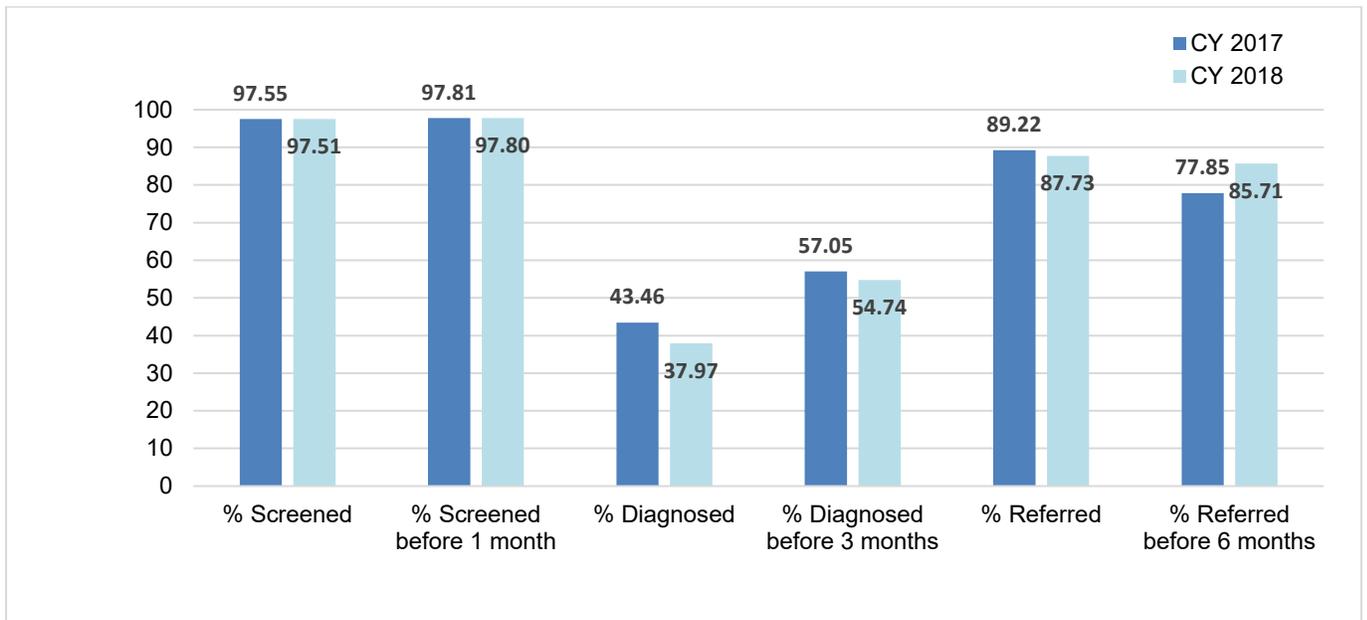


Table 1: Percent of Infants receiving EHDl services, comparing 2017 and 2018.

E. Available Funding

One bidder may be selected for funding up to \$80,000, in a 12-month budget period, to implement project deliverables statewide – OR two bidders may be selected for funding up to \$40,000 each, to implement project deliverables in one of the following regions: New York City/Long Island or the Rest of the State.

The contract will be available annually for the, for a 3-year project period from April 1, 2021 until March 31, 2024, contingent on availability of federal funding.

Reimbursement will be based on the completion of project deliverables as noted in Attachment 5.

Project Years 1, 2, and 3 are 12-month project periods and up to the maximum available annual funding may be requested for these project years.

II. Who May Apply

A. Minimum Eligibility Requirements

Applications will be accepted from organization(s) or programs(s) statewide that provide(s) family support services to families of children who are deaf or hard of hearing. Bidders must identify a Project Director, who will be responsible for project oversight and supervision. In addition, bidders must provide details of all key project staff who will be responsible for the project administration, operation, and oversight. Funding for this project cannot supplant existing work. All identified staff must dedicate the noted effort to the implementation of project deliverables only.

B. Preferred Eligibility Requirements

Preference will be given to bidders that are able to substantiate:

- At least five years of demonstrated knowledge and expertise in the development of training curriculum and supporting materials, training delivery and focus group facilitation to support parent advocacy or leadership.
- At least five years of experience serving of families/parents of children who are deaf or hard of hearing.
- At least five years of expertise working towards improving or adhering to the EHDl 1-3-6 guidelines.

- Demonstrated ability to reach families statewide or in one of the two identified regions, for the EHDl Family-Based Training Initiative.

III. Project Narrative/ Work Plan Outcomes

A. Expectations of Project

The bidder(s), with oversight from the NYS EDHI Program, will develop a new training curriculum and educational materials for families of children who are DHH, with an emphasis on fostering parent knowledge and encouraging development of leadership and advocacy skills. Training content and materials will include information to support parents of young children who are newly identified as deaf or hard of hearing from referral through the identification of hearing loss and learning about various intervention approaches. This work will assist families of infants and toddlers with diagnosed as DHH through the continuum of care, from initial hearing screening, to diagnostic evaluation, until EI services are in place.

B. Scope of Work

Note: *All scope of work deliverables must be completed by the end of each project year, March 2022, 2023, and 2024 and should adhere to and improve on reaching the EHDl 1-3-6 guidelines across New York State.*

Material Review

Review current training curriculum and educational materials available for supporting families with children who are DHH, either through the NYS EHDl Program or external stakeholders. Review of material should assist in improving available trainings/materials from the NYSDOH and in guiding new training/materials to be developed. The selected bidder(s) will be responsible for identifying gaps within the current training materials educational materials, with recommendations of how to address the gaps and add updated information. Training curriculum and educational materials currently available to families will be provided by the EHDl Program.

Plan of Action

An initial roll-out plan must be developed and submitted for review and approval by DOH EHDl program staff. The plan must include details such as: training development and facilitation timeline, educational material development and dissemination timeline, planning and facilitation of focus groups, timeline of continued reevaluation of project deliverables and how they support parent advocacy and leadership. Timelines should be in line with the noted timelines in the provided Proposal Budget, Attachment 4 and Workplan, Attachment 5. In addition, bidders must include how they plan to address the FISCP model and implement similar activities to support families with children who are DHH. Plan of action will be subject to reevaluation mid-way through the project period to assess what is successful and what requires revision.

Additional deliverable based plans of action will be requested for prior to deliverable roll out, as noted in the Proposal Budget, Attachment 4 and Workplan, Attachment 5. Updates and revisions to the initial roll-out plan may be noted and revised within specific deliverable plans.

Training Curriculum Development

The bidder(s) will develop or identify training curriculum to provide support for families with children who are DHH, with focus on providing support from the time of referral to an audiologist until the official diagnosis and information on communication options/planning for early intervention. Training must be statewide and can be composed of in-person sessions, web-based trainings, and may include a support hotline, to be accessed at a later time. Training format should allow for viewing at a later time and compatible to be shared on the DOH website. All trainings should be reevaluated throughout the project period and revisions should be made accordingly. Recommended revisions need to be reviewed and approved by NYS DOH and EHDl Program before finalizing.

Educational Material Development

The bidder(s) will develop content for written material such as pamphlets or brochures to be available to hospitals and primary health care providers for to assist and support families with children who are newly found to be DHH. Written material must take health literacy and language barriers into consideration. The NYS DOH currently translates EHDI materials into 8 languages available online. All materials should be reevaluated throughout project period and revisions should be made accordingly. Recommended revisions must be reviewed and approved by NYS DOH and EHDI Program before finalizing.

Parent Advocacy and Leadership

The final training curriculum will include information to assist and support families as they navigate the process from newborn hearing screening through diagnosis of permanent hearing loss and entry into early intervention or other appropriate services; additionally, the final curriculum will include parent advocacy and leadership training for families of young children who are DHH. The training curriculum will include work to develop web-based and in-person Leadership and Advocacy Training for parents and families of young children who are DHH. Additionally, development or identification of other training and activities to support parents and families, including facilitating parent-to-parent opportunities for communication (e.g., via video calls or other means that have proven efficacy).

Focus Groups

The bidder(s) will be responsible for the facilitation of focus groups to review and provide feedback on current and newly developed and proposed EHDI educational curriculum and supportive materials. Focus groups should invite parents of children who are DHH, hospital EHDI Coordinators, audiologists and other professionals who provide services to families with children who are DHH, to review and provide input on the developed items. Participants of the focus groups should reflect the service population, to allow for a diverse review of the developed training curriculum and educational material. The bidder(s) is responsible for identifying and inviting appropriate participants for all focus groups. All feedback provided from the groups should be taken into consideration and edits to the training curriculum and education material should be made accordingly. Recommended revisions need to be reviewed and approved by NYS DOH and EHDI Program before finalizing.

Training Curriculum Dissemination and Training Sessions

The bidder(s) will be responsible for the dissemination of the developed training curriculum, by holding training sessions. The bidder(s) is responsible for identifying and inviting appropriate parent groups to participate and complete the training sessions. Participants of the training sessions should reflect the service population, to allow for a diverse review of the developed training curriculum and educational material. In addition, all aspects of the training sessions will be evaluated by the participants upon completion.

Note: The Training Curriculum, Educational Material, Focus Groups, and Training Sessions should support the diverse community (age, race and ethnicity, socioeconomic background, family makeup, and location in New York State) of families and parents with children who are newly identified as DHH. The selected contractor(s) will be required to note this information in the development plans as noted in Attachment 4 and 5.

Statewide Reach

This project is intended to reach all regions of the State. A bidder requesting the full budget amount must demonstrate ability to serve the New York City/Long Island and the Rest of the State. The project also provides an option for the bidder to focus on either the New York City/Long Island Area or the Rest of the State. This reach will need to be kept in mind for all project deliverables. In the case of two awardees, joint meetings will be coordinated by the Department.

Administration

The bidder will provide deliverables with oversight of the State's EHDI program. Quarterly project reports are required; these reports will provide details on the progress of all project activities such as

training and educational material development, facilitation of focus groups, and continued work towards improving parent advocacy and leadership. Bidder will also participate in monthly project calls with the EHDI program for continued technical assistance, discussing of on-going project work and how project deliverables are being met.

Evaluation and Monitoring

All products/deliverables will be reviewed and approved by the NYS EHDI Program Coordinator, and NYS EHDI Principal Investigator, and Department leadership, including the Division of Family Health and Center for Community Health.

Note: *It is the responsibility of the selected contractor(s) to identify and schedule external expertise. With the approval of DOH Program Staff, external expertise may be invited to present or provide expert opinion for project deliverables.*

IV. Administrative Requirements

A. Issuing Agency

This RFP is issued by the NYS Department of Health (NYS DOH) Division of Family Health/Bureau of Early Intervention and Health Research, Inc. (HRI) with funding provided by *HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)*. HRI/NYS DOH are responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase:

All substantive questions must be submitted in writing, via email to:

NY EHDI Program, NYEHDI@health.ny.gov.

To the degree possible, each inquiry should cite the RFP section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFP.

Questions of a technical nature can be addressed in writing as noted above.

Questions are of a technical nature if they are limited to how to prepare your proposal (e.g., formatting) rather than relating to the substance of the proposal.

Prospective bidders should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of a proposal.

This RFP has been posted on HRI's public website at:

<http://www.healthresearch.org/funding-opportunities>. Questions and answers, as well as any updates and/or modifications, will also be posted on HRI's website. All such updates will be posted by the date identified on the cover sheet of this RFP.

If prospective bidders would like to receive notification when updates/modifications are posted (including responses to written questions), please complete and submit a letter of interest (see Attachment 1). Prospective bidders may also use the letter of interest to request actual (hard copy) documents containing updated information.

Submission of a letter of interest is not a requirement for submitting a proposal.

C. Bidder Conference

A Bidder Conference *WILL NOT* be held for this project.

D. How to file a proposal

Proposals must be **received** in the following mailbox by *5:00pm Monday, December 21, 2020*. Late proposals will not be accepted.

NYEHDI@health.ny.gov

Bidders shall submit 1 original, signed proposal (via email). Proposal submissions should be clearly labeled with the name and number of the RFP in the subject of the email, as listed on the cover of this RFP document. **Proposals WILL ONLY be accepted via e-mail.**

*It is the bidder's responsibility to see that proposals are delivered to the mailbox above prior to the date and time specified above. Late proposals due to documentable delay may be considered at HRI's discretion.

E. THE DEPARTMENT OF HEALTH & HRI RESERVE THE RIGHT TO

1. Reject any or all proposals received in response to this RFP.
2. Withdraw the RFP at any time, at HRI's sole discretion.
3. Make an award under the RFP in whole or in part.
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP.
5. Seek clarifications and revisions of proposals.
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP.
7. Prior to application opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to proposal opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFP.
12. Conduct contract negotiations with the next responsible bidder, should HRI be unsuccessful in negotiating with the selected bidder.
13. Utilize any and all ideas submitted with the proposals received.
14. Unless otherwise specified in the RFP, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in proposals received after prior notification to the bidder.

16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's proposal and/or to determine an offeror's compliance with the requirements of the RFP.
17. Negotiate with successful bidders within the scope of the RFP in the best interests of HRI.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all bidders.
19. Award contracts based on geographic or regional considerations to serve the best interests of HRI.

F. Term of Contract

Any contract resulting from this RFP will be effective only upon approval by Health Research, Inc.

It is expected that contracts resulting from this RFP will have the following time period: *April 1, 2021 – March 31, 2024. Year one through year 3 will be 12-month project years.* Renewals are dependent upon satisfactory performance and continued funding.

G. Payment & Reporting Requirements

1. The contractor shall submit *QUARTERLY* invoices and required reports to:

NYSDOH Bureau of Early Intervention
Early Hearing Detection and Intervention Program
ESP Corning Tower Building, Room 287
Albany, NY 12237

2. The contractor shall submit the following periodic reports:

Quarterly reports will be submitted in addition to the quarterly vouchers, and a Final report, for each project year. Reporting instructions will be provided to the selected contractor(s) prior to the submission date as noted in the Attachment 5 Work Plan Format. More frequent reporting may occur upon request.

All payment and reporting requirements will be detailed in Exhibit C of the final contract.

H. General Specifications

1. By signing the "Proposal Form" each bidder attests to its express authority to sign on behalf of the bidder.
2. Contractor will possess, at no cost to HRI or the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of a proposal indicates the bidder's acceptance of all conditions and terms contained in this RFP, including the terms and conditions of the contract. Any exceptions allowed by HRI during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the proposal.
4. A bidder may be disqualified from receiving awards if such bidder or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default
 - a. The services to be performed by the Bidder shall be at all times subject to the direction and control of HRI as to all matters arising in connection with or relating to the contract resulting from this RFP.
 - b. In the event that the Bidder, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFP, HRI shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Bidder.
6. Bidder must maintain an active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

I. HRI Boilerplate Agreement

Selected contractor will be expected to sign the below Agreement.

THIS AGREEMENT, made as of «Start_Date» (the "Effective Date"), by and between **HEALTH RESEARCH, INC.**, a not for profit corporation organized and existing under the laws of the State of New York, with principal offices located at Riverview Center, 150 Broadway, Ste. 560, Menands, NY 12204, hereinafter referred to as **HRI**, and «CONSULTANT_NAME», located at «Address_One», «Address_Two»«City», «STATE», «Zip», herein after referred to as the **CONSULTANT**.

WITNESSETH

WHEREAS, HRI has been awarded a grant from «Sponsor_Name» for the conduct of a project entitled "«Project Title»"; and,

WHEREAS, funding for the project, in whole or in part, is provided under a federal government grant or contract; and,

WHEREAS, HRI desires the Consultant's performance of certain services for HRI in connection with such project; and,

WHEREAS, Consultant has represented to HRI that "he/she/it" is competent, willing and able to perform such services for HRI.

NOW THEREFORE, in consideration of the promises, mutual covenants, and agreements contained herein, it is mutually agreed by and between the respective parties as follows:

1. Consultant agrees to perform, as an independent contractor and not as an employee or agent of HRI, all the services set forth in Exhibit "A", appended hereto and made a part hereof, to the satisfaction of HRI's Principal Investigator, «PI_Name».
2. The Agreement shall be effective and allowable costs may be incurred by the Consultant from the Effective Date and shall continue until «End_Date» (the "Term") unless terminated sooner as hereinafter provided or extended by written agreement of the parties.
3. In full and complete consideration of Consultant's performance hereunder, HRI agrees to compensate Consultant pursuant to the breakdown in Exhibit "A" attached. Final invoices are due within 60 days of the termination date of this Agreement. Requests received after this 60-day period may not be honored. Any reimbursement payable hereunder by HRI to the Consultant shall be subject to retroactive reductions and/or repayment for amounts included therein which are identified by HRI, on the basis of any review or audit, to not constitute an allowable cost or charge hereunder.

4. The Scope of Work and Budget in Exhibit "A" may be modified as conditions warrant by mutual agreement between HRI and Consultant and confirmed in writing. In no event shall the total consideration under this Agreement exceed Total Contract Amount Typed Out Dollars (\$«Total_Contract_Amt_In_Numbers»).
5. Consultant acknowledges and agrees that all work products, deliverables, designs, writings, inventions, discoveries, and related materials, (collectively "Works") made, produced or delivered by Consultant in the performance of its obligations hereunder will be owned exclusively by HRI. All copyrightable Works are "works made for hire". Consultant will assign, and hereby assigns and transfers, to HRI all intellectual property rights in and to Works, including without limitation, copyrights, patent rights, trademark rights, and trade secret rights. Consultant further agrees that "he/she/it" shall not claim or assert any proprietary interest in any of the data or materials required to be produced or delivered by Consultant in the performance of its obligation hereunder. Consultant warrants that all Works shall be original except for such portion from copyrighted works as may be included with Consultant's advance permission of the copyright owner(s) thereof, that it shall contain no libelous or unlawful statements or materials, and will not infringe upon any copyright, trademark or patent, statutory or other proprietary rights of others. Consultant further agrees that "he/she/it" will not publish, permit to be published, or distribute for public consumption, any information, oral or written, concerning the results or conclusions made pursuant to this Agreement without the prior written consent of HRI.
6. Neither party shall use the name of the other or any adaptation, abbreviation or derivative of any of them, whether oral or written, without the prior written permission of the other party. For the purposes of this paragraph "party" on the part of HRI shall include the State of New York and the NYS Department of Health.
7. It is understood and agreed that the services to be rendered by Consultant are unique and that Consultant shall not assign, transfer, subcontract or otherwise dispose of its rights or duties hereunder, in whole or in part, to any other person, firm or corporation, without the advance written consent of HRI.
8. The nature of the relationship which the Consultant shall have to HRI pursuant to this Agreement shall be that of an independent contractor. Under no circumstance shall the Consultant be considered an employee or agent of HRI. This Agreement shall not be construed to contain any authority, either expressed or implied, enabling the Consultant to incur any expense or perform any act on behalf of HRI.
9. Consultant is solely responsible for complying with all applicable laws, including but not limited to those specified in Appendix "A", and obtaining, at Consultant's sole expense, any and all licenses, permits, or authorizations necessary to perform services hereunder.
10. This Agreement shall be void and no force and effect unless Consultant shall provide and maintain coverage during the life of this Agreement for the benefit of such employees as are required to be covered by the provisions of Workers' Compensation Law.
11. Unless otherwise agreed by HRI, Consultant shall maintain, or cause to be maintained, during the Term of this Agreement, insurance or self-insurance equivalents of the following types and amounts: a) Commercial General Liability (CGL) with limits of insurance of not less than \$1,000,000 each occurrence and \$2,000,000 annual aggregate; b) HRI and the People of the State of New York shall be included as Additional Insureds on the Consultant's CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for the Additional Insureds shall be as broad as the coverage provided for the Named Insured Consultant. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds; c) other such insurance as may be specified by HRI, depending on the project and services provided by Consultant.
12. Consultant shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, "Records"). The Records must be kept for the balance of the calendar year in which they are created and for six years thereafter. HRI shall have reasonable access to such Records as necessary for the purposes

of inspection, audit, and copying. Records shall be maintained as Confidential Information and protected from public disclosure.

13. This Agreement, including all applicable attachments and appendices thereto, represents the entire Agreement and understanding of the parties hereto and no prior writings, conversations or representations of any nature shall be deemed to vary the provisions hereof. This Agreement may not be amended in any way except in writing, duly executed by both parties hereto.
14. HRI may terminate this Agreement with or without cause at any time by giving advance notice, when, in its sole discretion, HRI determines that it is in the best interests of HRI to do so, or as directed by the project sponsor. Such termination shall not affect any commitments which, in the judgment of HRI, have become legally binding prior to the effective date of termination. Upon termination of the Agreement by either party for any reason, Consultant shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination. It is understood and agreed, however, that in the event that Consultant is in default upon any of its obligations, hereunder, at the time of such termination, such right of termination on the part of HRI shall expressly be in addition to any other rights or remedies which HRI may have against Consultant by reason of such default.
15. Consultant acknowledges and agrees that, during the course of performing services for HRI, it may receive information of a confidential nature, whether marked or unmarked ("Confidential Information"). Consultant agrees to protect such Confidential Information with the same degree of care it uses to protect its own confidential information of similar nature and importance, but with no less than reasonable care. Consultant will not use Confidential Information for any purpose other than to facilitate the provision of services under this Agreement, and Consultant will not disclose Confidential Information to any third party without HRI's advance written consent.
16. Consultant represents and warrants that: a) it has the full right and authority to enter into and perform under this Agreement; b) it will perform the services set forth in Exhibit "A" in a workmanlike manner consistent with applicable industry practices; c) the services, work products, and deliverables provided by Consultant will conform to the specifications in Exhibit "A"; d) there is no pending or threatened claim or litigation that would have a material adverse impact on its ability to perform as required by this Agreement.
17. Consultant shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict with the proper discharge of Consultant's duties under this Agreement. In the event any actual or potential conflict arises, Consultant agrees to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential impact on Consultant's performance under this Agreement.
18. To the fullest extent permitted by law, Consultant shall indemnify, hold harmless and defend HRI, its agents, employees, officers, board members, the New York State Department of Health, and the People of the State of New York against all claims, damages, losses or expenses including but not limited to attorneys' fees arising out of or resulting from the performance of the agreement, provided any such claim, damage, loss or expense arises out of, or in connection with, any act or omission by Consultant, or anyone directly or indirectly employed or contracted by Consultant, in the performance of services under this Agreement, and such acts or omissions (i) constitute negligence, willful misconduct, or fraud; (ii) are attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including loss of use resulting there from; (iii) cause the breach of any confidentiality obligations set forth herein; (iv) relate to any claim for compensation and payment by any employee or agent of Consultant; (v) result in intellectual property infringement or misappropriation by Consultant, its employees, agents, or subcontractors; or (vi) are violations of regulatory or statutory provisions of the New York State Labor Law, OSHA or other governing rule or applicable law. The obligation of the Consultant to indemnify any party under this paragraph shall not be limited in any manner by any limitation of the amount of insurance coverage or benefits including workers' compensation or other employee benefit acts provided by the Consultant.

19. Should any provision of this Agreement be proven to be invalid or legally ineffective, the overall validity of this Agreement shall not be affected. Unless the parties agree on an amended provision, the invalid provision shall be deemed to be replaced by a valid provision accomplishing as far as possible the purpose and intent of the parties at the date of the Agreement.
20. The failure of HRI to assert a right hereunder or to insist on compliance with any term or condition of this Agreement shall not constitute a waiver of that right of HRI, or other rights of HRI under the Agreement, or excuse a subsequent failure to perform any such term or condition by Consultant.
21. This Agreement shall be governed and construed in accordance with the laws of the State of New York. The jurisdictional venue for any legal proceedings involving this Agreement shall be in the State of New York. Disputes involving this Agreement may not be submitted to binding arbitration.
22. In addition to the methods of process allowed by the State Civil Practice Law & Rules (CPLR), in any litigation arising under or with respect to this Agreement, Consultant hereby consents to the service of process upon it by registered or certified mail, return receipt requested, and will promptly notify HRI in writing in the event there is any change of address to which service of process can be made.
23. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.

Consultant agrees to abide by the terms and conditions of Appendix "A" attached hereto and made a part hereof, including the provisions required for federally funded projects, if applicable.

HEALTH RESEARCH, INC.
APPENDIX A to AGREEMENT WITH ENTITY

The parties to the attached Agreement further agree to be bound by the following terms, which are hereby made a part of said Agreement:

1. During the performance of the Agreement, the Consultant agrees as follows:
 - (a) Equal Opportunity and Non-Discrimination - Consultant acknowledges and agrees, whether or not required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) or any other State or Federal statutory or constitutional non-discrimination or civil rights provisions, including but not limited to the American Disabilities Act, that Consultant will not discriminate against any employee or bidder for employment because of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual's relationship or association with a member of a protected category or any other basis protected by state and federal law. Furthermore, Consultant agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual's relationship or association with a member of a protected category or any other basis protected by applicable state and federal law: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement. Consultant is subject to Section 220-e or Section 239 of the New York State Labor Law for work performed under this Agreement. Pursuant thereto, Consultant is subject to fines of \$50.00 per person per day for any violation of this provision, which may be deducted from any amounts payable under this Agreement, as well as possible termination of this Agreement and forfeiture of all moneys due hereunder for a second or subsequent violation.

- (b) This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(a) which is hereby incorporated herein.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

- (c) System for Award Management (SAM) - Consultant is required to register with SAM.gov and maintain active status as stated in 2 CFR Subtitle A, Chapter 1, and Part 25 of Code of Federal Regulations. **Consultant** must maintain the accuracy/currency of the information in SAM at all times during which your entity has an active agreement with HRI. Additionally, your entity is required to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information.

2. Assurances Required by DHHS--HHS (Where Applicable)

(a) Human Subjects, Derived Materials or Data

The Consultant and HRI both agree to abide by DHHS regulations concerning Human Subjects. The DHHS regulation, 45 CFR 46, provides a systematic means, based on established ethical principles, protecting the rights and welfare of individuals who may be exposed to the possibility of physical, psychological or social injury while they are participating as subjects in research, development or related activities. The regulation extends to the human fetus (either in utero or ex utero), the dead, organs, tissues, and body fluids, and graphic, written or recorded information derived from human sources.

The DHHS regulation requires institutional assurances, including the implementation of procedures for review, and the assignment of responsibilities for adequately protecting the rights and welfare of human subjects. Safeguarding these rights and welfare is, by DHHS policy, primarily the responsibility of the grantee. The Consultant is responsible for ensuring that the activity described or covered by this Agreement, and additional information relating to human subjects, derived materials or data are annually reviewed and approved by the Institutional Review Board of the Consultant. The Consultant and HRI agree to complete a HHS 596 form on an annual basis.

(b) Laboratory Animals

The Consultant agrees to abide by HHS policy requiring that laboratory animals not suffer unnecessary discomfort, pain or injury. The Consultant must assure HHS, in writing that it is committed to following the standards established by the Animal Welfare Acts and by the documents entitled "Principles for Use of Animals "and" Guide for the Care and Use of Laboratory Animals."

(c) Recombinant DNA

The Consultant agrees to abide by the current HHS Guidelines for Research involving Recombinant DNA Molecules. All research involving recombinant DNA techniques that is supported by the Public Health Service must meet the requirements of these Guidelines, which were developed in response to the concerns of the scientific and lay communities about the possible effects of recombinant DNA research. Their purpose is to specify practices for the construction and handling of recombinant DNA molecules and organisms or viruses containing recombinant DNA. As defined by the Guidelines, "recombinant DNA" corresponds to: (1) molecules that are constructed outside living cells by joining natural or synthetic DNA segments to DNA molecules that can replicate in a living cell; or (2) DNA molecules that result from the replication of a molecule described in (1).

Several types of studies involving recombinant DNA are exempt from the Guidelines while others are prohibited by the Guidelines. For the remainder, the Consultant must establish and implement policies that provide for the safe conduct of the research in full conformity with the Guidelines. This responsibility includes establishing an institutional biosafety committee to review all recombinant DNA research to be conducted at or sponsored by the Consultant and to approve those projects that are in conformity with the Guidelines. For each approved project, a valid Memorandum of Understanding and Agreement (MUA) shall be prepared for submission when solicited by an appropriate HHS staff member. The MUA is considered approved after review and acceptance by ORDA and by the Consultant.

(d) Promoting Objectivity in Research

Neither Consultant nor anyone working on its behalf shall have any interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity that may create a conflict, or the appearance of a conflict, with the proper discharge of Consultant's duties under this Agreement or the conflict of interest policy of any agency providing federal funding under this Agreement. In the event any actual or potential conflict arises, Consultant agrees (i) to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential or actual conflict, and, (ii) if required, eliminate the conflict or put in place an acceptable conflict management plan. Consultant agrees to comply with the DHHS/HHS regulatory requirements on Responsibility of Bidders for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 CFR Part 50 Subpart F, as may be amended from time to time. Failure to disclose conflicts or provide information related thereto to HRI may be cause for termination of the Agreement

(e) Additional Assurances

Should any additional DHHS-HHS regulations be promulgated that are applicable to this Agreement, the Consultant and HRI will review and agree to include them as part of this Agreement.

(f) National Labor Relations Act (Executive Order 13496)

Contractors that are not exempt from the National Labor Relations Act and have contracts, subcontracts or purchase orders subject to EO 13496 must satisfy the requirements of that Executive Order and its implementing regulations at 29 CFR Part 471 to be in compliance with the law.

The following provisions 3-6 are applicable to federally funded projects:

3. Clean Air Act and the Federal Water Pollution Control Act Compliance - If this Agreement is in excess of \$150,000, Consultant agrees to comply and to require that all subcontractors comply, where applicable, with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401-7671q.) and the Federal Water Pollution Control Act as amended (33 U.S.C. §1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
4. Notice as Required Under Public Law 103-333 - The Consultant is hereby notified of the following statement made by the Congress at Section 507(a) of Public Law 103-333 (The DHHS Appropriations Act, 1995, hereinafter the "Act"): It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.
5. Required Federal Certifications -Acceptance of this Agreement by Consultant constitutes certification by the Consultant of all of the following:
 - (a) The Consultant is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
 - (b) The Consultant is not delinquent on any Federal debt.
 - (c) The Consultant will comply with the Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352) requiring for Agreements of \$100,000 or more, that Consultant (i).will not and has not used Federal appropriated

funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352, and (ii) will disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

- (d) The Consultant shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care, early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.
 - (e) The Consultant has established administrative policies regarding Scientific Misconduct as required by the Final Rule 42 CFR Part 93, Subpart A as published at the 54 Federal Register 32446, August 8, 1989.
 - (f) The Consultant maintains a drug free workplace in compliance with the Drug Free Workplace Act of 1988 as implemented in 45 CFR Part 76.
 - (g) If the Project Sponsor is either an agency of the Public Health Service or the National Science Foundation, the Consultant is in compliance with the rules governing Objectivity in Research as published in 60 Federal Register July 11, 1995.
1. Whistleblower Policy - Congress has enacted whistleblower protection statute 41 U.S.C. 4712, which applies to all employees working for contractors, grantees, subcontractors, and sub-grantees on federal grants and contracts. This program requires all grantees, sub-grantees and subcontractors to: inform their employees working on any federally funded award they are subject to the whistleblower rights and remedies of the program; inform their employee in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and Contractors and grantees will include such requirements in any agreement made with a subcontractor or sub-grantee.

The statute (41 U.S.C. 4712) states that an “employee of a contractor, subcontractor, grantee [or sub-grantee] may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing”. In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is defined as making a disclosure “that the employee reasonably believes is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee’s disclosure must be made to: a Member of Congress or a representative of a Congressional committee; or an Inspector General; or the Government Accountability Office; or a Federal employee responsible for contract or grant oversight or management at the relevant agency; or an authorized official of the Department of Justice or other law enforcement agency; or a court or grand jury; a management official or other employee of the contractor, subcontractor, grantee or sub-grantee who has the responsibility to investigate, discover or address misconduct.

The Consultant shall require that the language of all of the above certifications will be included in the award documents for all subawards under this Agreement (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

The Consultant agrees to notify HRI immediately if there is a change in its status relating to any of the above certifications.

V. Completing the Proposal

A. Proposal Content

The information to assess the viability and feasibility of the organization's ability to accomplish the proposed task include:

1. Program Summary (2-page limit)

Maximum Total Score: 10 points

Summarize your proposed project for the Family-Based Training to conduct review of materials, development of new trainings and materials, to improve support resources available for parents with children who are DHH, as related to the Scope of Work in Section IV, B of the RFP. Describe the intent of the initiative, the scope of activities, and anticipated outcomes. Please limit the Program Summary to two, single-spaced pages or less. The Program Summary will not count toward the overall page limit for the proposal.

2. Statement of Need (2-page limit)

Maximum Total Score: 15 points

A. Identify how your organization or program will determine gaps and identify opportunities, in developing training and educational material to support families of children who are DHH and encourage parent advocacy and leadership. The focus of these materials is to be on providing support for families from the time of referral through diagnosis of permanent hearing loss by an audiologist and ultimately receiving services (Early Intervention or other). (10 points max)

B. Describe how your organization or program will determine effective continued training and educational material adhering to and improving on reaching the EHDI 1-3-6 guidelines. (5 points max)

3. Organization/Program Background and Experience (5-page limit)

Maximum Total Score: 20 points

A. Provide your organization or program's Mission and Vision. (2-point max)

B. Describe your organization or program's services, programs and capacity as they relate to the goals of this initiative. (3 points max)

C. Describe your organization or program's experience in reviewing existing trainings and revising or developing new trainings, including knowledge of relevant research literature. Include your organization or program's experience in facilitating and leading in-person and web-based trainings for family support. In addition, describe experience developing web-based trainings that can be viewed at a later time. (3 points max)

D. Describe your organization or program's experience and/or knowledge of the parent-training programs that have the goal of increasing parent leadership and advocacy for children with developmental delays and disabilities, including hearing loss. (3 points max)

E. Describe your organization or program's experience in reviewing and developing educational support materials for families with children who are DHH. (2 points max)

F. Describe your organization or program's capacity with facilitating focus groups and utilizing participant responses to revise trainings and educational materials. (2 points max)

G. Describe your organization or program's capacity to provide support to families from the time of referral until confirmed diagnosis and ultimately receiving services (Early Intervention or other). (3 points max)

H. Identify how your organization or program currently works to support families of children who are DHH and encourages parent advocacy and leadership. (2 points max)

I. Describe your organization or program's capacity to implement project deliverables Statewide; or your organization or program's capacity to reach one of the following regions, New York City/Long Island Area or the Rest of the State. (2 points max)

4. Staffing Background and Experience (3-page limit)

Maximum Total Score: 5 points

A. Describe the work experience, qualifications and other relevant background of key individuals who will be assigned to work under the contract resulting from this RFP and provide resumes for key project staff as attachments. (1 point max)

B. Describe the role, duties, and availability of the Project Director and other key project staff, as needed, to meet the performance requirement in this RFP. (4 points max)

C. Provide job descriptions for the Project Director and other key staff positions (not included in the page limit).

D. Provide an organization/program chart that depicts where the Project Director and other key project staff, will be placed within your organization/program (not included in the page limit).

5. Project Narrative (7-page limit)

Maximum Total Score: 30 points

A. Describe how will the organization/program will identify a Project Director to oversee and meet project deliverables. Identify the key project staff's expertise to meet project deliverables and support parent advocacy and leadership as it relates to the scope of work. (5 points max)

B. Include the methods the organization/program plans to use to assess the effectiveness of current NYSDOH trainings and educational materials. Describe how the organization/program will conduct a complete review of the current training and materials, available to parents of children who are newly identified as DHH. Describe the organization/program's capacity to complete this review. (2 points max)

C. Describe how the organization/program plans to develop and conduct leadership training for parents of children who are DHH. (2 points max)

D. Describe how the organization/program plans to develop in-person, web-based and WebEx (recorded) trainings. Training format should allow for viewing at a later time and compatible to share on the Department of Health's website. Include the organization/program's expertise in leading in-person, web-based and WebEx trainings. (5 points max)

Note: Facilitation of In-Person, Web-based and WebEx Training is the responsibility of the selected contractor(s). Meeting space, external presenters, and materials are the fiscal responsibility of the selected contractor(s).

E. Describe how the organization/program plans to facilitate focus groups to request feedback from all stakeholders for the developed trainings and educational materials. Include plans to use feedback to reevaluate and modify trainings and educational materials. (2 points max)

F. Describe how the organization/program plans to develop support trainings and/or educational materials for parents during the time of referral through diagnosis of hearing loss. Include how the organization/program plans to keep development of parent advocacy and leadership skills at the core of all project deliverables. (5 points max)

G. Specify whether the organization/program plans to extend project reach statewide; or one of the two regions, New York City/Long Island Area or the Rest of the State. (2 points max)

H. Describe how the Project Director, with support from key project staff, will meet requirements to communicate with NYSDOH/HRI, to attend monthly project calls and provide project updates and the submission of project reports as requested by NYSDOH/HRI. (2 points max)

I. Describe how the organization/program will plan to cater to the diverse community of families (*age, race and ethnicity, socioeconomic background, family makeup, and location in New York State*) with children who are identified as DHH. (5 points)

6. Work Plan (No page limit)

Not Scored

In addition to a narrative, the bidder must complete the work plan included as Attachment 5. Complete the workplan forms to describe the proposed project goals, objectives, performance measures, and activities, person responsible, and measurable time frames. The workplan needs to be consistent with the proposed project activities describes in the Scope of Work, Section IV, B.

Bidders who fail to submit a work plan will be disqualified. The work plan does not count towards the overall 20-page limit for the Narrative section.

7. Budget/Cost Sheet (No page limit)

Maximum Total Score: 20 points

A. The total available funding is up to \$80,000 annually for a bidder providing implementation of project deliverables statewide. Bidders have the option to request up to \$40,000 and implement project deliverables in either New York City/Long Island or the Rest of the State.

B. This funding is a fixed-deliverable based reimbursement. Payment will be made based on the acceptable completion of noted project deliverables (refer to Attachment 4 for details).

C. Using the HRI deliverable based budget format provided in Attachment 4, complete the proposed amounts for each noted deliverable. Include justification in narrative format, with details of the proposed amount to show to what extent the proposed amount is reasonable and cost effective.

D. All amounts should directly relate to objectives. Do not exceed the maximum annual funding amount; assume the funding level will not increase.

E. Attach a copy of the agency's most recent Yearly Independent Audit Report.

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Proposal Format

ALL PROPOSALS MUST CONFORM TO THE FORMAT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM PROPOSALS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Proposals MUST NOT exceed *20 single* -spaced typed pages (not including the cover page, work plan, budget and attachments), using a Times New Roman font, size 12. The value assigned to each section is an indication of the relative weight that will be given when scoring your proposal.

1. Program Summary	2 pages	10 points
2. Statement of Need	2 pages	15 points

3. Organization/Program Background and Experience	5 pages	20 points
4. Staffing Background and Experience	3 pages	5 points
5. Project Narrative	7 pages	30 points
6. Work Plan	No maximum page limit	Not scored
7. Budget and Justification	No maximum page limit	20 points

C. Review Process

Proposals meeting the guidelines set forth above will be reviewed and evaluated competitively by HRI/the NYSDOH Division of Family Health/Bureau of Early Intervention/ EHDl Program.

In the event of a tie score, scores for Part 3 Organization/Program Background for the top two bidders will be compared to determine the awarded candidate. If both bidders have the same score for Part 3, Part 2 Statement of Need, will be compared to determine the awarded candidate.

Proposals failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

All proposals will be reviewed and scored based on the criteria provided in Section V Completing Proposal, Item, A. Proposal Content. Bidders who can provide with details regarding each part of the proposal, will be awarded full points. Bidders will lose points, if the response does not pertain to the proposal content or does not support the bidder's ability to complete the deliverable.

Any bidder who does not provide details about their reach to implement project deliverables, either Statewide or one of the two regions, New York City/Long Island Area or the Rest of the State, will not receive full points. Bidders must also adhere to the funding limits. If a bidder can implement project deliverables statewide up to \$80,000 may be requested. If a bidder is limited to either of the two regions of New York State, New York City/Long Island or the Rest of the State, up to \$40,000 may be requested.

VI. Attachments

Attachment 1: Letter of Interest

Attachment 2: Application Checklist

Attachment 3: Application Cover Sheet

Attachment 4: Budget Proposal and Instructions

Attachment 5: Work Plan Format