

The New York State Department of Health
Office of Public Health
Division of Public Health Infrastructure
Public Health Continuing Education Unit
Public Health Leadership Training Request for Proposal (RFP)

QUESTIONS AND ANSWERS

Questions below were received by the deadline announced in the RFP. The NYSDOH/HRI is not responsible for any errors or misinterpretation of any questions received. The responses to questions included herein are the official responses by the NYSDOH/HRI to questions posted by potential applicants and are hereby incorporated into the Public Health Leadership Training RFP. In the event of any conflict between the Public Health Leadership Training RFP program description stated on the Health Research Inc website and SM Apply®, the requirements or information contained in these responses will prevail.

1. Will we be able to access/learn the findings of the assessment?

The selected contractor will have access to the findings of the comprehensive Training Needs Assessment conducted by the Public Health Continuing Education Unit.

2. If phase 2 is contingent on funding availability, does that mean as part of the \$500k, or does it mean that there's leftover funding from phase 1?

The total funding available for this initiative is five hundred thousand dollars (\$500,000).

3. Will we have access to the needs IDed in the assessment to customize the training content?

The selected contractor will have access to the findings of the comprehensive Training Needs Assessment conducted by the Public Health Continuing Education Unit.

4. My question is if you can pursue this engagement with a partner organization?

The selected contractor is allowed to partner with other organizations to complete this work. Partner roles must be reflected in the budget and workplan.

5. For clarity- we must already have authorization to do business in New York State?

The selected contractor must be authorized to do business in New York State at the start of the contract.

6. And do we need to have at least 5 years specifically training public health workers in leadership development or generally public servants?

Applicants must demonstrate at least five (5) years of experience designing and delivering leadership and management training programs for the public health workforce.

Please review the RFP for the full list of eligibility requirements.

[RFP# 2026-01 Public Health Leadership Training Institute](#)

7. We were wondering if this opportunity was a follow-up to an existing project or if this was a new opportunity? Also, do the 450 participants need to be from a specific public health profession or is this open to any public health professional that is interested in participating? Thank you!

The Public Health Leadership Institute Training is a new initiative.

The 450 participants should be from state and local health departments, representing diverse roles, disciplines, and geographic regions across New York State.

8. And is there any preference for women small or minority owned businesses.

No preference is given to minority and women owned businesses enterprises.

9. Can someone who works for NYC but has a business and is a contractor as well be awarded this contract?

The selected contractor must be able to do business and provide services in New York State. This funding is not available for organizations providing services in New York City.

10. And clarifying if these are all virtual sessions or in person or hybrid?

Each cohort will include a blended learning model consisting of three (3) virtual Community of Practice (CoP) sessions and two (2) in-person training sessions designed using adult learning principles and focused on real-world application, interactivity, and peer-to-peer learning.

11. Is there somewhere we can see the gap analysis to understand what competencies they are lacking?

The selected contractor will have access to the findings of the comprehensive Training Needs Assessment conducted by the Public Health Continuing Education Unit.

12. Could you please provide additional information on what type of public health training and leadership development topics you are looking for within this institute training program? For example, are there specific focus areas such as workforce development, emergency preparedness, health equity, policy leadership, or community health strategies that you would like applicants to prioritize?

The training should focus on but must not be limited to leadership skills, collaboration, equity, emergency preparedness, and systems-level thinking.

13. Additionally, could you please advise on the appropriate contact or process for submitting questions regarding the RFP? If there are any supplemental guidelines or recommendations for applicants that are not included in the main document, we would greatly appreciate that information.

All substantive questions by applicants with respect to any aspect of the RFA should have been submitted via email at: dphi@health.ny.gov.

Attached to this RFP, you will find:

- Budget Instructions
 - Work Plan
 - Statement of Assurance
 - Vendor Responsibility
14. To clarify, there are no points awarded for being a prime and a NYS WBE, correct?

No preference is given to minority and women owned businesses enterprise certification.

15. To what extent is there flexibility in the number of cohorts trained during each phase?

Through the Public Health Leadership Training Institute, approximately 450 participants from state and local health departments will receive tailored leadership training across nine cohorts.

16. Are in-state vendors preferred?

The selected contractor must be able to do business and provide services in New York State.

17. Will the vendor be responsible for securing venues for training delivery, or does NYS DOH have facilities available for this purpose?

The selected contractor will be required to coordinate logistics for all in-person training events, including venue selection, participant communication, and on-site support.

18. Can you provide more information on the specific management and leadership or other competencies you are hoping to build?

The anticipated outcomes of the PHLTI include:

- Improvement in public health leadership and management competencies at state and county levels.
- Increased capacity for public health data driven decision-making and systems-level thinking.
- Enhanced collaboration and knowledge-sharing across regions, disciplines, and between state and county public health professionals.
- Improved emergency preparedness for emerging public health leaders.
- Refined, data-informed training model that is scalable, adaptable, and responsive to the evolving needs of the public health workforce at the county and state levels.
- Increased understanding of leadership and management, and succession issues affecting public health professionals at the state and county levels.

19. Can you confirm that the consultant will be responsible for the recruitment of participants?

The selected contractor will be responsible for registering and engaging approximately 450 public health participants representing diverse roles, disciplines, and geographic regions across New York State.

20. Is the contractor responsible for providing food/refreshment in the context of training delivery?

There are no requirements to provide food and refreshments during the trainings.

21. Is there an expected allocation for LHD vs. state participants?

There is no expected allocation for local health department staff vs. State participants. The selected contractor should aim to have diverse roles, disciplines, and geographic representation across New York State.

22. For in-person training, what costs would be eligible costs and what would be ineligible (i.e. facilities rental, travel support, accommodations, meals)?

Costs must be reasonable and directly related to project activities, including travel and logistics.

23. Is there an expectation/requirement that the curriculum includes the provision of continuing education credits?

There is no expectation that the curriculum includes the provision of continuing education credits.

24. Could the funding support development of Train the Trainer resources?

Funding is intended to support the development and implementation of the scope of work outlined in the RFP.

25. **Pages 6-7 of the RFP. Phase 1** states "register approx 450 participants..." but **Phase 2** states "register an additional 200 participants, bringing the total to approx 450 participants statewide," so is Phase 1 supposed to register 250? Then Phase 2 registers another 200 to equal 450 total? This seems backwards in that Phase 2 should bring more people than Phase 1. Maybe if Phase 1 = 5 cohorts and each cohort has 50 participants, that'll equal 250. Then Phase 2 will have 4 cohorts, with 50 participants each, so that'll be 200 total. Phase 1 + Phase 2 = 450 Grand Total?

Through the PHLTI, approximately 450 participants from state and local health departments will receive tailored leadership training across nine cohorts. Phase 1 includes a total of five (5) cohorts and phase 2 includes a total of four (4) cohorts.

26. If Phase 2 funding is not guaranteed, by when will this decision be made? According to **page 10**, "phase 2 contingent upon continued funding availability and satisfactory performance."

Phase 2 funding is contingent upon funding availability and contractor performance. The selected contractor will be notified as soon as the Department is made aware.

27. Can you clarify the eligibility requirements around entities being independent entities – for example, does this mean an academic institution would need to apply as the institution, rather than an application from a specific entity within the academic institution?

The applying entity should be the organization that will serve as the contracting entity and assume responsibility for the proposed work.

28. Is a recording of the March 16 Informational Session available? We were unable to attend and would appreciate the opportunity to review the session materials before submitting our application.

Slides from the informational webinar can be found on the HRI Funding Opportunities webpage at <https://www.healthresearch.org/rfp-2026-01-public-health-leadership-institute-training/> or [here](#).

29. The RFP states that applicants must be "authorized to do business in New York State." Could you please clarify what is required to satisfy this condition? Specifically, does this require formal registration as a foreign entity with the NYS Department of State prior to the application deadline or is it sufficient to be registered and in good standing in another state, with the expectation that NY authorization would be completed prior to contracting if selected?

The selected contractor must be authorized to do business in New York State at the start of the contract, and have a valid EIN at the start of the contract

30. The eligibility criteria require five or more years of experience managing statewide training programs. How will reviewers assess "statewide" scope for organizations whose work spans multiple states or national programs — for example, a training program delivered across multiple state health departments simultaneously?

Applicants must demonstrate experience managing statewide training programs.

31. What is the expected size of each cohort? The RFP references 450 participants across nine cohorts and 200 additional in Phase 2, but does not specify per-cohort enrollment. Is there a minimum or maximum cohort size PHCE expects?

Through the PHLTI, approximately 450 participants from state and local health departments will receive tailored leadership training across nine cohorts. Phase 1 includes a total of five (5) cohorts, training approximately 250 staff, and phase 2 includes a total of four (4) cohorts, training approximately 200 staff.

32. The RFP references "equity-driven" and "equity-centered leadership frameworks" as curriculum requirements. Does NYSDOH have a preferred health equity framework (e.g., the Government Alliance on Race and Equity, the de Beaumont Foundation's competencies) that the contractor should align with, or is the contractor expected to propose their own?

Applicants must propose their own curriculum aligned with leadership and equity principles.

33. Does NYSDOH have preferred leadership competency frameworks that should anchor the curriculum — for example, NACCHO's Public Health Leadership Competencies, ASPPH's MPH Core Competencies, or others? Or should the contractor propose and justify a competency framework?

Applicants must propose their own curriculum aligned with leadership and equity principles.

34. The RFP describes each cohort as consisting of three virtual Community of Practice sessions and two in-person training sessions, but does not specify session length. Could you please clarify the expected duration for each session type? Specifically - What is the expected length of each virtual Community of Practice session? What is the expected length of each in-person training session (e.g., half-day, full-day, multi-day)?

Applicants must propose their own curriculum, including details of the training sessions.

35. Can you share some more details on participant recruitment and the expectations of the contractor for recruiting the cohort? e.g. Will PHCE provide the contractor with a participant list or database of eligible public health professionals to recruit from, or will the contractor be responsible for identifying and recruiting the full participant pool independently?

The contractor is responsible for participant registration and engagement.

36. Will PHCE or NYSDOH provide venue space for in-person sessions, or is the contractor fully responsible for sourcing and contracting venues across all NYS regions?

The selected contractor will be responsible for coordinating logistics for all in-person training events, including venue selection, participation communication, and on-site support.

37. The RFP states that "Applicants must include estimated travel costs in the proposed budget." Does this apply only to contractor staff travel, or also to participant travel costs to attend in-person sessions? i.e. should we include participant travel in our proposed budget?

Applicants must include estimated travel costs in their budget.

38. The RFP asks that we demonstrate the ability to distribute and manage training materials through a Learning Management System or accessible digital platform. Does NYSDOH have an existing LMS or preferred platform that the contractor must use, or is the contractor expected to provide their own?

Applicants must demonstrate the ability to manage and distribute materials through a learning management system or similar platform as long as the training resources are available throughout the length of the contract.

39. Are there specific leadership competencies or expectations that NYSDOH would like this program to align with, and should these serve as the foundation for the training curriculum and cohort experience? If so, can you share or direct applicants to the relevant framework or source materials?

Applicants are expected to propose their own curriculum aligned with leadership development, adult learning principles, and equity-focused frameworks.

40. Are there any required or preferred topic areas that NYSDOH/PHCE would like to see incorporated into the curriculum beyond leadership, management, succession planning, emergency preparedness, equity, and systems thinking?

Applicants are expected to propose their own curriculum aligned with leadership development, adult learning principles, and equity-focused frameworks.

41. To what extent does NYSDOH/PHCE envision standardization across all nine cohorts versus regional tailoring based on local context, participant needs, and emergent public health priorities?

Applicants are expected to propose their approach to program design, including how content may be standardized or adapted, in alignment with the overall goals and requirements of the initiative.

42. Aside from the expectation that Phase 2 will reflect lessons learned from Phase 1, can you clarify whether there are any other meaningful differences between the two phases in terms of program expectations, deliverables, or implementation approach?

Phase 1 focuses on program design, pilot implementation, and initial cohorts. Phase 2 includes full implementation of remaining cohorts and incorporation of lessons learned from Phase 1.

43. Will NYSDOH/PHCE lead participant recruitment and selection, or should applicants assume the contractor manage outreach, recruitment, screening, and cohort composition in close partnership with the Department?

The selected contractor will be responsible for registering and engaging approximately 450 public health participants representing diverse roles, disciplines, and geographic regions across New York State.

44. Who completed the needs assessment? Was there a vendor contracted for that work? If so, please identify the vendor and the value of that contract.

The New York State Department of Health (NYSDOH), through the Division of Public Health Infrastructure's Public Health Continuing Education (PHCE) Unit, conducted a comprehensive Training Needs Assessment in collaboration with key internal stakeholders. Including but not limited to, the Bureau of Vital Records, the Center for Community Health, the Center for Environmental Health, and various programs within the Division of Public Health Infrastructure.

45. How long would the expected training be? How many hours of instruction? Please break that down by virtual and in-person.

Applicants are expected to propose their own curriculum, including the length of the trainings.

46. Would each cohort receive training on all three topics identified as "gaps" through the needs assessment?

Applicants are expected to propose their own curriculum aligned with leadership development, adult learning principles, and equity-focused frameworks.

47. Can you please clarify the number of participants and cohorts for phase 1? a total of five (5) cohorts, including one (1) pilot cohort and four (4) additional regional cohorts.

Through the PHLTI, approximately 450 participants from state and local health departments will receive tailored leadership training across nine cohorts. Phase 1 includes a total of five (5) cohorts, training approximately 250 staff, and phase 2 includes a total of four (4) cohorts, training approximately 200 staff.

48. Over what period of time should each cohort sessions take place? For example, for the 3 virtual and 2 in person sessions, would the state want those to happen in a weekly cadence or something different? Up to the selected contractor.

49. Would the state be amenable to changing the scope to require only the pilot cohort be complete by November? That would allow more time to prepare materials and improve them after the cohort before the remaining 9 groups convene.

50. Please define the acronym BHECE on the Budget summary form tab "salaries P.2"

Bureau of Health Equity and Community Engagement. This is listed in error.

51. Would the state consider a fixed fee or deliverable based budget proposal?

This contract is unable to change to a deliverable based contract.

52. Will the vendor be responsible for participant recruitment, in addition to registration, or will participants have already been identified?

The selected contractor will be responsible for registering and engage approximately 450 public health participants representing diverse roles, disciplines, and geographic regions across New York State.

53. Assuming that each cohort will have 50 members, how will participants be organized into cohorts? Will the emerging and mid-level public health professionals be divided by job type (programmatic, legal, HR, etc.), tenure, agency-specific, etc.?

Cohorts will be grouped by dates, not professions.

54. Is this a new requirement or a recomplete of an existing contract?

This is a new initiative.

55. If a recomplete, who is the incumbent contractor providing these services?

This is a new initiative.

56. What is the current total contract value?

The total funding available for this initiative is five hundred thousand dollars (\$500,000) for one (1) contractor.

57. Are there any significant changes in coverage (e.g., hours, post locations, or staffing levels) compared to the previous contract?

This is a new initiative.

58. Are all positions under the current contract fully staffed?

This is a new initiative.

59. What are the current hourly pay rates for each position and the hourly bill rates under the incumbent contract?

This is a new initiative.

60. Will there be any pre-deployment or site-specific training required prior to assuming their posts?

There will be no site-specific training required. However, the selected contractor will meet with the PHCE Unit on an ongoing basis for guidance and direction.

61. If training is required, are those hours billable in addition to the regular contract hours?

There will be no required training.

62. What is the estimated annual number of hours or workload performed under the incumbent contract?

Applicants are expected to propose their own curriculum aligned with leadership development, adult learning principles, and equity-focused frameworks.

63. Should resumes, licenses, and certifications be included within the main proposal or as separate attachments?

Resumes, licenses, and or certifications are not requested as part of this RFP. Please list staff on the budget.

64. Will a transition period (e.g., 30 days) be provided for the new contractor to onboard personnel after the award?

This is a new initiative.

65. The RFP states that Offerors must be registered with the State. Is this registration required before proposal submission, or only upon award?

The selected contractor must be able to do business in New York State, with an operating EIN, at the start of the contract.

66. When is the anticipated award date for this solicitation?

This initiative will be implemented in two phases throughout June 1, 2026 – November 30, 2026.

67. Please specify the mode of submission (if not specified in the proposal).

Applications must be received in SM Apply® by the date and time posted on the cover sheet of this RFA.

68. Will a debriefing be provided upon request after the award?

Once award notices have been sent, applicants may request a debriefing of their application (whether their application was selected or not selected). Please note the debriefing will be limited only to the organization's application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from the date of award or non-award announcement via email. To request a debriefing, please send an email to dphi@health.ny.gov. In the subject line, please write: *Debriefing Request*.

69. What is the exact due date and time for proposal submission, including the time zone?

Applications are due by April 17, 2026 at 11:59pm ET

70. Are the learners pre-identified and required to attend?

Participants are not pre-identified. But PHCE Unit will help the selected contractor with identifying target audiences.

71. Venue selection – can learners travel, or is the in-person training expected to occur in each region?

In-person trainings will be held within each region, with locations determined in collaboration with NYSDOH. Participants are expected to travel to these regional meetings.

72. Are the needs assessment results from 24-25 available?

The selected contractor will have access to the findings of the comprehensive Training Needs Assessment conducted by the Public Health Continuing Education Unit.

73. In-person session – expected length? 1 day? 2 days?

Applicants are expected to propose their own curriculum aligned with leadership development, adult learning principles, and equity-focused frameworks.

74. 9 cohorts – 2 in each region? Plus pilot?

Phase 1 includes Design and implement a total of five (5) cohorts, including one (1) pilot cohort and four (4) additional regional cohorts. Phase 2 includes Implement the remaining four (4) regional cohorts, applying lessons learned and best practices from Phase 1.

75. Is there flexibility in number of cohorts each year?

Applicants are expected to propose their own curriculum and training approach in alignment with the RFP requirements.

76. Is there a \$ cap on subawards? Or a cap on % that can be directed to a subaward?

Applicants are expected to propose their own budget aligned with the required scope of work outlined in the RFP.

77. Is there a preference for a “public health-first” firm for this RFP?

There is not a preference for a “public health-first” firm.

78. How much flexibility is there in cohort structure and curriculum design?

Applicants are expected to propose their own curriculum and training approach in alignment with the RFP requirements.

79. Are there existing materials or frameworks that must be used or aligned with?

Applicants are expected to propose their own curriculum and training approach in alignment with the RFP requirements.

80. What is the expected balance between in-person and virtual delivery?

Each cohort includes three (3) virtual Community of Practice sessions and two (2) in-person training sessions.

81. Are training locations predetermined or selected by the contractor?

The selected contractor is responsible for coordinating logistics, including venue selection.

82. What regions of New York are desired for regional rollouts?

Western, Metropolitan Area Regional Office, Central and Capital Region

83. What are the typical roles (function) and experience (titles) levels of participants?

Participants will represent diverse roles, disciplines, and geographic regions from state and local health departments across New York State.

84. Are cohorts mixed or segmented by role or experience? (ex: first time leaders and mid-level leaders)?

Participants will represent diverse roles, disciplines, and geographic regions from state and local health departments across New York State.

85. What are the top success metrics for this program?

The RFP identifies outcomes including improved leadership and management competencies, increased collaboration, enhanced data-driven decision-making, and strengthened emergency preparedness capacity.

86. Is there an expected cost allocation model (e.g., per cohort)?

Applicants are expected to propose their own budget in alignment with the RFP requirements.

87. Is there an expected size per cohort?

Approximately 450 participants from state and local health departments will receive tailored leadership training across nine cohorts. Phase 1 includes a total of five (5) cohorts, training approximately 250 staff, and phase 2 includes a total of four (4) cohorts, training approximately 200 staff.

88. Is there a preference for NY-based firms?

All applicants must be authorized to do business in New York State.

89. What level of logistical and administrative support will PHCE provide?

The selected contractor will meet with the PHCE unit on an ongoing basis.

90. Will the contractor manage registration systems or integrate with an existing system? LMS?

The contractor must demonstrate the ability to manage and distribute training materials through a Learning Management System or comparable platform.

91. What are the biggest risks NYSDOH is trying to avoid?

Applicants should ensure their proposals demonstrate the ability to successfully implement all required program components, including statewide coordination, participant engagement, and delivery of a high-quality training program within the contract period.

92. Are there any anticipated scheduling or regional challenges?

The selected contractor will be responsible for planning and coordinating all program activities, including scheduling and logistics across New York State.

93. Does NYSOH have an AI policy? If so, what is it and how does it impact this RFP?

Applicants should not rely on any NYSDOH AI policy when developing their proposal or training content. All proposed program design and materials should be developed in alignment with the requirements outlined in the RFP.

94. Is it required that the contractor house training materials on their own LMS or will materials be stored in an existing LMS?

Applicants must demonstrate the ability to manage and distribute training materials through a Learning Management System or comparable platform.

95. Can you please clarify how many professionals are trained in Phase 1 and how many in Phase 2? In Section III Project Narrative/Work Plan Outcomes it indicates that approximately 450 participants from state and local health departments will receive tailored leadership training across nine cohorts. In III.A. Program Requirements for Phase 1 it indicates a requirement to register and engage approximately 450 public health participants representing diverse roles, disciplines, and geographic regions across New York State. Phase 2 requirements state: Register and support an additional 200 participants, bringing the total to approximately 450 public health professionals trained statewide.

Through the PHLTI, approximately 450 participants from state and local health departments will receive tailored leadership training across nine cohorts. Phase 1 includes a total of five (5) cohorts, training approximately 250 staff, and phase 2 includes a total of four (4) cohorts, training approximately 200 staff.

96. Can you please clarify the indirect rate percentage? Attachment 1 - Expenditure-Budget-Instructions states: Items to Note references the ability to request an indirect cost rate up to 15% of MTDC. The Budget scoring section of the RFA states that: Indirect costs, applied as a percentage to the budget, cannot exceed 10% MTDC.

Indirect costs may not exceed 10% of Modified Total Direct Costs (MTDC).

97. If we do not have a federally approved indirect rate, can we request up to the federal approved de minimis rate of 15%? If so, what is the mechanism for making this request?

Administrative costs are capped at 10% MTDC and must be provided as line-item detail; lump sum administrative costs or rates will not be considered.

98. The Budget scoring section of the RFA states that: Indirect costs, applied as a percentage to the budget, cannot exceed 10% MTDC. Administrative costs (capped at 10% MTDC), should be in line-item detail; lump sum administrative costs or rates will not be considered. NYSDOH/HRI may require a reduction in administrative costs for fund applicants if costs are not justified. Question - Typically, Indirect costs are not directly applied to a project (it is done so as a rate or percentage from the overall indirect costs of the organization), so line-item detail would not be available for each project. Can you clarify what is allowable / required with an example?

Applicants are expected to propose their own curriculum and framework aligned with leadership development and RFP requirements.

99. Does NYSDOH have a preferred competency framework that should anchor the curriculum design, or is the contractor expected to propose their own framework?

All applicants should come up with their own curriculum in their workplan.

100. Are the approximately 50 participants per cohort a firm target, or is there flexibility based on regional population size and demand?

Through the PHLTI, approximately 450 participants from state and local health departments will receive tailored leadership training across nine cohorts. Phase 1 includes a total of five (5) cohorts, training approximately 250 staff, and phase 2 includes a total of four (4) cohorts, training approximately 200 staff.

101. Will NYSDOH/PHCE make the results of the 2024–2025 Training Needs Assessment available to the selected contractor prior to curriculum development, or is that data accessible to applicants now for proposal planning purposes?

The selected contractor will have access to the findings of the Training Needs Assessment.

102. Is there a preferred or required Learning Management System (LMS) platform, or may the contractor propose their own solution in collaboration with an institutional partner?

Applicants must demonstrate the ability to manage and distribute training materials through a Learning Management System or comparable platform.

103. Must subcontractors and institutional partners be fully confirmed and named in the proposal, or may they be identified and formalized after award?

The selected contractor is allowed to partner with other organizations to complete this work. Partner roles must be reflected in the proposed budget and workplan.

104. Should facilitator costs for contracted subject matter experts be classified under Personal Services or Subcontracts on the budget form?

Please refer to the Budget Instructions sheet for further guidance on completing the budget.

105. Is the 10% indirect cost cap calculated on Personal Services only, or on all Modified Total Direct Costs (MTDC) as defined in the budget instructions?

Indirect costs may not exceed 10% of Modified Total Direct Costs (MTDC).

106. Is a recording of the March 16 informational session available?

Slides from the informational webinar can be found on the HRI Funding Opportunities webpage at <https://www.healthresearch.org/rfp-2026-01-public-health-leadership-institute-training/> or [here](#).

107. Are findings from the Training Needs Assessment available?

The selected contractor will have access to the findings of the Training Needs Assessment.

108. How far in advance will we receive notice about any restrictions or change in funding?

The selected contractor will receive notification on changes in funding as soon as the Department is made aware of.

109. How extensive should the lesson plan be? Is an outline acceptable?

Applicants are expected to propose their own curriculum and framework aligned with leadership development and RFP requirements.

110. If Phase 2 is contingent upon availability, how much time or funds do we have to finalize essential and legal contractual obligations?

Phase 2 is contingent upon funding availability and contractor performance.

111. Can in person-trainings be hybrid for individuals that have a reasonable accommodation or valid excuse for not being in person?

Any requests for reasonable accommodations should be discussed with and reviewed by the PHCE Unit.

112. How should success be measured in Year 1 vs. potential Phase 2?

The RFP identifies outcomes including improved leadership competencies, enhanced collaboration, increased data-driven decision-making, and strengthened emergency preparedness capacity.

113. Is there a preferred evaluation framework (e.g., Kirkpatrick, RE-AIM)?

Applicants are expected to propose their own curriculum and framework aligned with leadership development and RFP requirements.

114. Will participants be nominated, selected, or open enrollment?

Participants are not pre-identified. The contractor is responsible for registering and engaging participants statewide.

115. Are there existing partnerships or stakeholders we should integrate into the program?

The selected contractor is allowed to partner with other organizations to complete this work. Partner roles must be reflected in the proposed budget and workplan.

116. Are there restrictions on indirect costs or administrative overhead?

Administrative costs are capped at 10% MTDC and must be provided as line-item detail.

117. Will there be key milestones for each phase?

Phase 1 includes design, pilot, and implementation of five cohorts; Phase 2 includes implementation of four additional cohorts.

118. How quickly is program launch expected after award?

The anticipated contract start date is June 1, 2026.

119. In which cities of NYS can the in person trainings be held? For example, can the in person trainings be held in NYC and Albany?

The selected contractor is responsible for coordinating logistics, including venue selection.

