

**RFP Number (OHEHR 2026-02)**

**HEALTH RESEARCH, INC.**  
**New York State Department of Health**  
*Office of Health Equity and Human Rights*

**Request for Proposals**  
*Health Equity Consultants*

**KEY DATES**

<b>RFP Release Date:</b>	<b>May 18<sup>th</sup>, 2026</b>
<b>Questions Due:</b>	<b>June 1<sup>st</sup>, 2026 at 4PM EST</b>
<b>Letter to Receive Requests for Proposal Updates and Modifications (Optional) Due:</b>	<b>June 1<sup>st</sup>, 2026 at 4PM EST</b>
<b>RFP Updates Posted on or about:</b>	<b>June 8<sup>th</sup>, 2026</b>
<b>Proposals Due:</b>	<b>June 22<sup>nd</sup>, 2026 at 4PM EST</b>

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## I. Introduction

The mission of the New York State Department of Health is to protect and promote health and well-being for all, building on a foundation of health equity. Established in 2022, the Office of Health Equity and Human Rights leads the New York State Department of Health's commitment to advance health equity across New York State.

Under the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant awarded by the U.S. Centers for Disease Control and Prevention, the New York State Department of Health is strengthening public health organizational infrastructure and workforce development.

The Office of Health Equity and Human Rights, Office of the Deputy Commissioner requests proposals from qualified and experienced consultant(s) with expertise in the development and execution of trainings, qualitative and quantitative data collection (i.e. focus groups, organizational surveying), and/or related activities for the purpose of advancing health equity within an organization or entity.

This Request for Proposals has \$250,000 of available funding, distributed into five components of \$50,000 each for the anticipated period of July 1, 2026 - November 30, 2026.

This Request for Proposals covers five components:

Component A: Staff Training

Component B: Focus Groups

Component C: Organizational Survey

Component D: Advisory Boards and Council Member Training

Component E: Community Partner Training

## II. Who May Apply

### Minimum Eligibility Requirements:

Not-for-profit and private consultants are eligible to apply under this Request for Proposals. To be considered for award, consultants must have:

1. Five years of demonstrated experience in the development and execution of trainings, qualitative and quantitative data collection (i.e. focus groups, organizational surveying), and/or related activities for the purpose of advancing health equity within an organization or entity (public or private sector) with more than 500 full-time employees.
2. **At the time of proposal submission, consultant(s) must be registered as an incorporated entity with the Secretary of State OR have authority to conduct business in New York State** (further information can be obtained from the New York State Department of State at: <https://dos.ny.gov>).

Consultant(s) will be asked to attest to all minimum qualifications and provide a brief narrative of how they meet each minimum qualification in the Attachment 1: Proposal Cover Page and Attestation.

## III. Scope of Work and Deliverables by Component

### Component A: Staff Training

Scope of Work: The Office of Health Equity and Human Rights, Office of the Deputy Commissioner seeks to contract with a consultant with expertise in training staff in health equity, capacity building and systems change. Building on the successes of the activities from previous award years, the consultant is expected to meet with The Office of Health Equity and

Human Rights, Office of the Deputy Commissioner contract management team to gain an understanding of the training requirements. The consultant will develop one virtual training course to be delivered in a minimum of ten live sessions. Session length should range from 90 minutes to three hours. Training sessions will be administered to New York State Department of Health staff during the contracted period. The New York State Department of Health has approximately 5,500 staff. This training will provide staff with a more comprehensive understanding of practical applications of health equity principles and values. This training should include pre- and post-training knowledge assessments, discuss evidence-informed approaches to integrating health equity into public health practice, and bridge the theory to practice gap among staff. The training should be specific to the New York State Department of Health. One training needs to be recorded for future viewing and dissemination to new staff. The awarded consultant is expected to develop and provide a formal report to the Deputy Commissioner of the Office of Health Equity and Human Rights upon completion of the training series analysis, attaching the raw data collected. The report should outline findings and recommend next steps related to the New York State Department of Health's commitment to health equity.

#### Component A Deliverables:

1. Meet with the contract management team weekly. Meetings are subject to be cancelled or rescheduled due to time off, holidays, or other conflicts. Proposals should anticipate 20 meetings lasting about 30 minutes.
2. Read and review existing materials and training provided by The Office of Health Equity and Human Rights to help inform the development of the staff training.
3. Develop one virtual interactive staff training on integrating health equity into public health practice and bridging the theory to practice gap. The training will be delivered live to New York State Department of Health staff in a minimum of ten sessions, lasting a minimum of 90 minutes, up to three hours with the goal of a minimum of 10 participants per session. The training development must include:
  - a. A brief overview of health equity, bridging a theory to practice gap, pre and post knowledge surveys.
  - b. Develop a pre-knowledge survey to be provided to participants at the start of the training.
  - c. Develop a post-knowledge survey to be provided to participants at the conclusion of the training.
  - d. Create a proposed timeline of live staff training offerings to be approved by Office of Health Equity and Human Rights contract management team.
  - e. Create registration links that automatically provide the live virtual meeting link to participants once signed up.
  - f. Develop a marketing and recruitment plan for staff training to be disseminated by the Office of Health Equity and Human Rights contract management team.
    - i. Plan should include a minimum of one pre-written all staff email, a reminder email, and one flyer intended for staff.
4. Deliver a minimum of ten virtual interactive staff training(s) building on health equity and community engagement principles.
  - a. Ensure the trainings include the distribution of both pre-and post-knowledge surveys.
5. Using the same training created for the live staff training, record one asynchronous training for future use.
  - a. Provide the recorded training and pertinent materials (PowerPoint and/or accompanying handouts) to the contract management team.

6. Provide a written report and recommendations to the Deputy Commissioner of the New York State Department of Health, Office of Health Equity and Human Rights. The report should include:
  - a. A written evaluation of the effectiveness of the staff trainings.
  - b. All raw data from pre-post knowledge surveys attached.
  - c. Analysis of data from pre- and post-knowledge surveys.
  - d. Feedback from participants on the trainings.
  - e. Recommendations for follow-up trainings and staff development.

## **Component B: Focus Groups**

Scope of Work: The Office of Health Equity and Human Rights, Office of the Deputy Commissioner seeks to contract with a consultant with expertise in virtual focus group facilitation. The awarded consultant is expected to implement a series of focus groups for the New York State Department of Health staff. The discussion within the focus groups should center around the integration of a health equity foundation in all program areas. The consultant will be expected to conduct a minimum of ten virtual focus groups with a maximum of ten participants per group. The consultant will be responsible for recruiting and conducting focus groups across the New York State Department of Health with staff representatives from various backgrounds and subject matter expertise. The consultant will receive additional baseline knowledge prior to focus group facilitation. The focus groups will be conducted virtually and include staff from all areas of the New York State Department of Health including Regional Offices. The awarded consultant is expected to develop and provide a formal report to the Deputy Commissioner for the Office of Health Equity and Human Rights upon completion of the focus groups, attaching the raw data collected. The report should outline findings and recommend next steps related to the New York State Department of Health's commitment to health equity.

### Component B Deliverables:

1. Meet with the contract management team weekly. Meetings are subject to be cancelled or rescheduled due to time off, holidays, or other conflicts. Proposals should anticipate 20 meetings lasting about 30 minutes.
2. Read and review existing materials related to past focus groups and staff development. Materials will be provided by The Office of Health Equity and Human Rights to help inform the development of the focus groups.
3. Develop focus group questions, facilitator guidelines, consent forms for participants and any related presentation materials.
  - a. Create a proposed timeline of focus groups to be approved by the Office of Health Equity and Human Rights contract management team. The timeline should include a minimum of ten focus groups ranging from 60-90 minutes.
  - b. Create registration links that automatically provide the live virtual meeting link to participants once signed up. Focus Groups should have a minimum of 4 participants per session and a maximum of 12 participants per session.
  - c. Develop a marketing and recruitment plan for focus groups to be disseminated by the Office of Health Equity and Human Rights contract management team.
  - d. Plan should include a minimum of one pre-written all staff email and one flyer intended for staff.

4. Conduct focus groups, providing the contract management team with dates/times of each focus group and number of participants who attended.
5. Provide a written report and recommendations to the Deputy Commissioner of the New York State Department of Health, Office of Health Equity and Human Rights. The report should include:
  - a. Data, visualizations, graphics, key findings and analysis.
  - b. All raw data from focus groups should be attached.
  - c. Recommendations for next steps in staff development relating to The New York State Department of Health's mission, vision, and values.

### **Component C: Organizational Survey**

Scope of Work: The Office of Health Equity and Human Rights, Office of the Deputy Commissioner seeks to contract with a consultant with expertise in organizational surveying. The awarded consultant is expected to implement a department-wide employee survey to assess knowledge, capacity, and concerns related to health equity. The New York State Department of Health has approximately 5,500 staff. The awarded consultant is expected to develop and provide a formal report to the Deputy Commissioner for the Office of Health Equity and Human Rights upon completion of the organizational surveying, attaching the raw data collected. The report should outline findings and recommended next steps related to the New York State Department of Health's commitment to health equity.

#### Component C Deliverables:

1. Meet with the contract management team weekly. Meetings are subject to be cancelled or rescheduled due to time off, holidays, or other conflicts. Proposals should anticipate 20 meetings lasting about 30 minutes.
2. Read and review existing materials related to past department-wide health equity surveys. Materials will be provided by The Office of Health Equity and Human Rights to help inform the development of the survey.
3. Develop and design survey. Develop a user-friendly survey that is accessible and provides context/definitions. Survey should include both quantitative and qualitative questions. Input approved survey questions on a user-friendly platform. Create a proposed timeline of survey implementation.
  - a. Develop a marketing and recruitment plan for survey participation to be disseminated by the Office of Health Equity and Human Rights contract management team.
    - i. Plan should include a minimum of one pre-written all staff email and one flyer intended for staff.
4. Analyze and interpret survey data. Interpret both quantitative and qualitative data collected.
5. Provide a written report and recommendations to the Deputy Commissioner of the New York State Department of Health, Office of Health Equity and Human Rights. The report should include:
  - a. Data, visualizations, graphics, key findings and analysis.
  - b. All raw data should be attached.
  - c. Recommendations for next steps in staff development relating to The New York State Department of Health's mission, vision, and values.

### **Component D: Advisory Boards and Council Member Training**

Scope of Work: The Office of Health Equity and Human Rights, Office of the Deputy Commissioner seeks to contract a consultant with expertise in training decision-makers or policymakers in health

equity. The awarded consultant is expected to develop one training course for new and existing members of advisory boards and councils assigned to the New York State Department of Health. The consultant will develop one live training course to be delivered a minimum of ten virtual sessions. Session length should range from 90 minutes to three hours. Training sessions will be administered to the New York State Department of Health Advisory Boards and Council Members during the contracted period. The training must be recorded for asynchronous future use. The training is intended to provide orientation and onboarding for new and existing members of advisory boards and councils assigned to the New York State Department of Health, to equip advisory board and council members to better understand the connection between health equity and their policymaking position on an advisory board or council responsible for making decisions impacting millions of New Yorkers. This training should include pre- and post- training knowledge assessments, discuss evidence-informed approaches to integrating health equity into public health practice, and bridge the theory to practice. The training should be specific to the New York State Department of Health and be recorded for future viewing and dissemination to advisory board and council members. The awarded consultant is expected to develop and provide a formal report to the Deputy Commissioner for the Office of Health Equity and Human Rights upon completion of the training. The report must outline findings and recommend next steps related to the New York State Department of Health's commitment to health equity.

#### Component D Deliverables:

1. Meet with the contract management team weekly. Meetings are subject to be cancelled or rescheduled due to time off, holidays, or other conflicts. Proposals should anticipate 20 meetings lasting about 30 minutes.
2. Read and review existing background materials. Materials will be provided by The Office of Health Equity and Human Rights to help inform the development of the survey. Materials include:
  - a. New York State Department of Health advisory board and council structure, background, other relevant training materials provided.
  - b. New York State Department of Health's Health Equity Plan, and the relationship of the Health Equity Plan to the work of advisory boards and councils.
  - c. Roles and responsibilities of the New York State Department of Health advisory boards and councils.
  - d. How decisions of New York State Department of Health advisory boards and councils impact communities in New York State.
3. Develop one virtual interactive training to be delivered live on strengthening health equity-informed decision-making for New York State Department of Health's advisory boards and councils' members. The training should be offered in a minimum of ten sessions lasting a minimum of 90 minutes, up to three hours with the goal of a minimum of 10 participants per session. The training development must include:
  - a. A brief overview of the New York State Department of Health's Health Equity Plan. How to incorporate health equity and community impact in decision-making role of advisory boards and councils. Practical tools and best practice discussions for decision-makers to incorporate health equity into decisions, bridging a theory to practice gap.
  - b. Develop a pre-knowledge survey to be provided to participants at the start of the training.
  - c. Develop a post-knowledge survey to be provided to participants at the conclusion of the training.
  - d. Create a proposed timeline of advisory boards and councils' live training courses to be approved by Office of Health Equity and Human Rights contract management team.

- e. Create registration links that automatically provide the live virtual meeting link to participants once signed up.
- f. Develop a marketing and recruitment plan for advisory boards and councils' training to be disseminated by the Office of Health Equity and Human Rights contract management team.
  - a. Plan should include a minimum of one pre-written email and one flyer intended for advisory board and council members.
- 4. Deliver a minimum of ten virtual interactive advisory boards and council training(s) building on health equity and community engagement principles.
  - a. Ensure the trainings include the distribution of both pre-and post-knowledge surveys.
- 5. Using the same training created for the live training, record one asynchronous training for future use.
  - a. Provide the recorded training and pertinent materials (PowerPoint and/or accompanying handouts) to the contract management team.
- 6. Provide a written report and recommendations to the Deputy Commissioner of the Office of Health Equity and Human Rights. The report should include:
  - a. A written evaluation of the effectiveness of the advisory boards and councils' trainings.
  - b. All raw data from pre and post-training surveys attached.
  - c. Analysis of data from pre-training and post-training surveys.
  - d. Feedback from participants on the trainings.
  - e. Recommendations for follow-up trainings.

### **Component E: Community Partner Training**

Scope of Work: The Office of Health Equity and Human Rights, Office of the Deputy Commissioner seeks to contract with a consultant with expertise in training community partner stakeholders in health equity, capacity building and systems change. While the New York State Department of Health is increasing knowledge and practice of health equity (which thereby strengthens its public health infrastructure to achieve its organizational mission), simultaneously it is important to enhance community partner stakeholders' knowledge of health equity to ensure alignment and shared understanding. Building on the successes of the activities from previous award years, the awarded consultant is expected to develop a training for community partner stakeholders, with input from the Office of Health Equity and Human Rights staff, input from community members/stakeholders of the New York State Department of Health, and review of previous trainings conducted. Additionally, New York State Department of Health staff will have the ability to access this training to ensure continuity across all teams or units of staff. The consultant will develop one live training course to be delivered a minimum of ten virtual sessions. Session length should range from 90 minutes to three hours. Training sessions will be administered to the New York State Department of Health community partners during the contracted period. The training should be specific to the New York State Department of Health and be recorded for future viewing and dissemination to community partners. The awarded consultant is expected to develop and provide a formal report to the Deputy Commissioner for the Office of Health Equity and Human Rights upon completion of the community partner trainings. The report should outline findings and recommend next steps related to the New York State Department of Health's commitment to health equity.

### Component E Deliverables:

1. Meet with the contract management team weekly. Meetings are subject to be cancelled or rescheduled due to time off, holidays, or other conflicts. Proposals should anticipate 20 meetings lasting about 30 minutes.
2. Read and review existing materials and trainings.

- a. Conduct assessment of the landscape of existing materials and trainings that are currently available to community partners stakeholders that are relevant to health equity knowledge and practice building.
  - b. Materials include the New York State Department of Health’s Health Equity Plan.
3. Develop a virtual interactive training on building on health equity knowledge and practice for community partners. The training must be offered virtually live for a minimum of ten sessions, with the goal of a minimum of 10 participants per session, lasting a minimum of 90 minutes, up to three hours during the contracted period. The training development must include:
  - a. Develop a pre-knowledge survey to be provided to participants at the start of the training.
  - b. Develop a post-knowledge survey to be provided to participants at the conclusion of the training.
    - i. Pre- and post-knowledge surveys should include questions on regional coverage of community partners.
  - c. Develop a marketing and recruitment plan for Community Partner Training to be disseminated by the Office of Health Equity and Human Rights contract management team. The marketing and recruitment plan should include a timeline of trainings as well as the registration links.
  - d. Provide an overview of the New York State Department of Health’s Health Equity Plan. Include examples of practical applications of promoting health equity in communities.
  - e. Plan should include a minimum of one pre-written email and one flyer intended for Community Partners.
4. Deliver a minimum of ten live virtual interactive Community Partner Trainings building on health equity and community engagement principles.
  - a. Ensure the training include the distribution of both pre-and post-knowledge surveys.
5. Using the same training created for the live Community Partner training, record one asynchronous training for future use.
  - a. Provide the recorded training and pertinent materials (PowerPoint and/or accompanying handouts) to the contract management team.
6. Provide a written report and recommendations to the Deputy Commissioner of the Office of Health Equity and Human Rights. The report should include:
  - a. A written evaluation of the effectiveness of the Community Partner Training trainings.
  - b. All raw data from pre-post knowledge surveys attached.
  - c. Analysis of data from pre-and post-knowledge surveys.
  - d. Feedback from participants on the trainings.
  - e. Recommendations for follow-up trainings.

#### **IV. Administrative Requirements**

##### **A. Issuing Agency**

This Request for Proposals is issued by the New York State Department of Health’s Office of Health Equity and Human Rights in partnership with the New York State Department, Office of Public Health and Health Research, Inc. (HRI) supported by funding from the Centers for Disease Control and Prevention (CDC), Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant. Health Research Inc. and New York State Department of Health are responsible for the requirements specified herein and for the evaluation of all proposals.

## **B. Question and Answer Phase:**

All substantive questions must be submitted in writing to:  
[OHEHRADMIN@health.ny.gov](mailto:OHEHRADMIN@health.ny.gov) by June 1<sup>st</sup>, 2026 at 4PM EST.

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

Questions of a technical nature can be addressed in writing to [OHEHRADMIN@health.ny.gov](mailto:OHEHRADMIN@health.ny.gov). 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 consultant(s) 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 Request for Applications.

If prospective consultant(s) would like to receive notification when updates/modifications are posted (including responses to written questions), please complete and submit a Letter to Receive Request for Proposals (RFP) Updates and Modifications (see Attachment 2).

Submission of a Letter to Receive Request for Proposals (RFP) Updates and Modifications is not a requirement for submitting a proposal. Letters to Receive Request for Proposals Updates and Modifications should be emailed to [OHEHRADMIN@health.ny.gov](mailto:OHEHRADMIN@health.ny.gov) by June 1<sup>st</sup>, 2026 at 4PM EST.

## **C. Bidders Conference**

A Bidders Conference WILL NOT be held for this project.

#### **D. How to file a proposal**

**Consultant(s) submitting proposals for more than one component, must complete a separate proposal and submission for each component.**

Consultant(s) will use APPLY system for proposal submission. Please see Attachments 4 and 5 for more instructions on using the APPLY system.

Proposals must be submitted through APPLY by June 22nd, 2026, at 4PM EST.

Please see section V. of this Request for Proposals: "Completing the Proposal" for more information.

#### **E. Health Research Inc. (HRI) & New York State Department of Health's Reserved Rights**

##### **THE NEW YORK STATE DEPARTMENT OF HEALTH & HRI RESERVE THE RIGHT TO:**

1. Reject any or all proposals received in response to this Request for Proposals.
2. Withdraw the Request for Proposals at any time, at HRI's sole discretion.
3. Make an award under the Request for Proposals in whole or in part.
4. Disqualify any consultant(s) whose conduct and/or proposal fails to conform to the requirements of the Request for Proposals.
5. Seek clarifications and revisions of proposals.
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a consultant(s) qualifications, experience, ability or financial standing, and any material or information submitted by the consultant(s) in response to the agency's request for clarifying information in the course of evaluation and/or selection under the Request for Proposals.
7. Prior to application opening, amend the Request for Proposals specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to proposal opening, direct consultant(s) to submit proposal modifications addressing subsequent Request for Proposals 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 Request for Proposals.
12. Conduct contract negotiations with the next responsible consultant(s), should HRI be unsuccessful in negotiating with the selected consultant(s).
13. Utilize any and all ideas submitted with the proposals received.

14. Unless otherwise specified in the Request for Proposals, 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 consultant(s).
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 a proposal and/or to determine consultants' compliance with the requirements of the Request for Proposals.
17. Negotiate with successful consultant(s) within the scope of the Request for Proposals in the best interests of Health Research Inc.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all consultant(s).
19. Award contracts based on geographic or regional considerations to serve the best interests of Health Research Inc.

#### **F. Term of Contract**

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

It is expected that contracts resulting from this Request for Proposals will have the following time period: July 1, 2026 – November 30, 2026 and no renewals are expected.

#### **G. Payment & Reporting Requirements**

1. The consultant(s) shall submit invoices for accomplished deliverables and include the required reports of expenditures to:

[nyspheap@health.ny.gov](mailto:nyspheap@health.ny.gov) with a Carbon Copy (CC) to [OHEHRADMIN@health.ny.gov](mailto:OHEHRADMIN@health.ny.gov)

2. The consultant(s) shall submit the following periodic reports:  
consultant(s) are expected to meet with the contract management team in the form of a weekly check in to ensure progress on deliverables. No formal periodic report will be required.

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

#### **H. General Specifications**

1. By signing Attachment 1, each consultant(s) attests to its express authority to sign on behalf of the consultant(s).
2. Consultant(s) 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 consultants' 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 consultant may be disqualified from receiving awards if such consultant(s) 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 consultant(s) 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 consultant(s), 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 consultant(s).
6. Consultant(s) must maintain an active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

## **I. HRI General Terms & Conditions**

### 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, Non-Discrimination, and Notice of Labor Rights - 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 applicant 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. **Consultant shall, to the extent they apply, abide by (1) the requirements of 60-300.5(a) and 60-741.5(a), which prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities and require affirmative action to employ and advance in employment individuals without regard to protected veteran status or disability; (2) 29 CFR Part 471, Appendix A to Subpart A, and (3) E-Verify.**

- b. EEO Reporting - If Consultant is required by federal regulations to file Employer Information Report EEO-1 (standard form 100) or Federal Contractor Veterans' Employment Report VETS-4212, Consultant certifies that it has done so or will file such reports in accordance with applicable instructions and will continue to file such reports unless or until no longer required by law or regulation.
- 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 an 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 Applicants 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.
6. 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.

7. The following pertains only to Consultants located in New York City or doing business in New York City: Contractor agrees it is compliant with NYC Local Law 96 (2018) Stop Sexual Harassment in NYC Act.

## **V. Completing the Proposal**

### **A. Proposal Content**

**Consultant(s) submitting proposals for more than one component, must complete a separate proposal and submission for each component.** Consultant(s) shall complete the application

through the APPLY System. Please see Attachments 4 and 5 for more information on using APPLY. Link to the APPLY application: [https://healthresearchinc.smapply.io/prog/RFP\\_ohehr\\_2026-02](https://healthresearchinc.smapply.io/prog/RFP_ohehr_2026-02)

1. The Proposal Cover Page and Attestation (Attachment 1): The proposal cover page and attestation to minimum qualifications must be downloaded, completed in full and signed. The cover page should be uploaded to the appropriate question in the APPLY system.
2. Organizational chart and resumes of key personnel must be uploaded to the corresponding question in the APPLY system.

Consultant(s) must answer the following questions in text format through the APPLY system:

3. Organizational Capacity- Key personnel who are referenced in this section must have resumes attached to question 2 in the APPLY system as instructed.
  - a. Include a brief overview of organization and qualifications.
  - b. Include a brief narrative outlining each individual consultant’s qualifications working on the project.
4. Narrative of scope of work and deliverables
  - a. Provide a narrative outlining how you or your organization propose to accomplish each deliverable outlined in section III of this Request for Proposals. The narrative should be specific to the component the proposal addresses. Include specific details about the approach and methodology including length of sessions and number of training/focus groups if applicable.
5. Experience
  - a. Provide a brief narrative that provides an overview of experience with the deliverables of the component for which this proposal addresses as outlined in section III of this Request for Proposals.
6. Timeline
  - a. Provide a projected timeline assuming all deliverables must be completed in the contract period of July 1, 2026 – November 30, 2026.
7. Budget
  - a. Please complete and upload the corresponding budget template attachment for the Component in which this proposal addresses. The attachments can be found attached to the Request for Proposals and are labeled as Attachment 3a-3e).

## B. Review Process

Proposals meeting the minimum qualifications set forth in this Request for Proposals will be reviewed and evaluated competitively by Health Research Inc./New York State Department of Health. Proposals will be reviewed in groupings by component.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by a panel of reviewers. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will weigh 80% of a proposal’s total score and the information contained in the Cost Proposal will weigh 20% of a proposal’s total score. [e.g., 80% Technical, 20% Cost]. The proposal for each component with highest total score will be awarded. Maximum possible score by section is disclosed in the table below.

Section	Total Points Possible
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	(Out of 100)
Organizational Capacity	20
Narrative – Scope of Work and Deliverables	25
Experience	25
Timeline	10
Budget	20

The budget section will be evaluated using the cost score formula below.

$$\text{Cost Score} = \frac{\text{Lowest Bid}}{\text{Consultant(s) Bid}} \times \text{Maximum Cost Points of 20}$$

In the event of a tie score, the proposal with a higher score in the Narrative—Scope of Work and Deliverables section will be awarded.

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

If changes in funding amounts are necessary for this initiative, Health Research Inc, (HRI) and The New York State Department of Health reserves the right to modify funding.

A debriefing will not be offered for this Request for Proposals.

## VI. Attachments

**Attachment 1:** Proposal Cover Page and Attestation

**Attachment 2:** Letter to Receive Request for Proposals (RFP) Updates (not required)

**Attachment 3a:** Component A Staff Training Budget Template

**Attachment 3b:** Component B Focus Groups Budget Template

**Attachment 3c:** Component C Organizational Survey Budget Template

**Attachment 3d:** Component D Advisory Boards and Council Member Training Budget Template

**Attachment 3e:** Component E: Community Partner Training Budget Template

**Attachment 4:** Creating an Account in APPLY as an Individual or Organization

**Attachment 5:** Using APPLY to Submit Proposals for RFP Health Equity Consultants