

As outlined in page 10 of the Request for Proposals, questions must be received by June 1st, 2026, 4 PM to OHEHRADMIN@health.ny.gov to receive an answer. Questions received after June 1st will not be answered.

#	Category	Question	Answer
1	APPLY System- Word Limit	Is there a preferred word limit for each response in the APPLY system?	No, there is not a preferred word minimum or word limit for each response in the APPLY system. The APPLY system uses columns and rows for the text area. All written responses are set at the maximum of 25 rows and 80 columns in APPLY system. This is roughly 2,000 visible characters.
2	Minimum Qualifications (Eligibility)	On page 3, one of the requirements is the consultant must be registered as an incorporated entity with the Secretary of State. Does the business have to be registered in New York? We are registered in a neighboring state but can apply for authority to do business in New York. Would we need to secure authority when applying or by the contract start?	On May 27, 2026, Minimum Qualification #2 was amended to reflect: "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) Authority to conduct business in New York State would need to be in place at the time of the proposal submission in order to meet this minimum qualification.
3	Minimum Qualifications (Eligibility)	Section II Who May Apply. Your Request for Proposals states that consultants "...must be registered as incorporated entity with the Secretary of State." We are a [Out of New York State]-based LLC and could file with the NYS Secretary of State as an LLC by the start date of the engagement, if awarded (July 1, 2026). Would we be eligible for an engagement under these circumstances (ie, does the consultant have to be a corporation? Does an LLC status suffice?)	On May 27, 2026, Minimum Qualification #2 was amended to reflect: "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) An out-of-state LLC would need to have authority to conduct business

			in New York State at the time of the proposal submission in order to meet this minimum qualification.
4	Minimum Qualifications (Eligibility)	<p>We respectfully request clarification on the minimum eligibility requirement stating that consultants must be registered as an incorporated entity with the Secretary of State. For an out-of-state LLC, is active registration with the [Out of State] Secretary of State sufficient at the time of proposal submission, or must the company also obtain authority to do business through the New York Department of State before submitting the proposal?</p> <p>If New York foreign qualification is required, please clarify whether it must be completed before proposal submission or only before contract execution if selected for award.</p>	<p>On May 27, 2026, Minimum Qualification #2 was amended to reflect: “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.”)</p> <p>An out-of-state LLC would need to have authority to conduct business in New York State at the time of the proposal submission to meet this minimum qualification. Authority to conduct business in another state is not sufficient.</p>
5	Minimum Qualifications (Eligibility)	<p>Regarding Service-Disabled Veteran-Owned Business Status: Since [name of organization] has a pending Service-Disabled Veteran-Owned Business (SDVOB) certification, will the Office of Health Equity and Human Rights consider pending status in the evaluation of organizational diversity, or is full certification required by the proposal due date? We are currently WBE certified.</p>	<p>Service-Disabled Veteran-Owned Business Status is not a requirement of this Request for Proposals. Minority and Women Owned Business Enterprise (MWBE) certification is also not a requirement of this Request for Proposals. Please see page 3, section II. “Who May Apply” for additional information on minimum eligibility requirements.</p>
6	Minimum Qualifications (Eligibility)	<p>[Organization Name] is interested in applying for this RFP. We are a ... nonprofit...We have a quick question regarding the eligibility to apply:</p> <p>Consultant(s) must be registered as an incorporated entity with the Secretary of State (further information can be obtained from the New York State Department of State at: www.dos.state.ny.us). Since we are</p>	<p>On May 27, 2026, Minimum Qualification #2 was amended to reflect: “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</p>

		<p>not private consultants, do we have to meet this requirement?</p>	<p>Department of State at: https://dos.ny.gov.”</p> <p>Non-for-profits can have authority to conduct business in New York State. This includes filing a certificate of incorporation with the New York State Department of State (further information can be obtained from the New York State Department of State at: https://dos.ny.gov/certificate-incorporation-domestic-business-corporation.)</p>
7	<p>Minimum Qualifications (Eligibility)</p>	<p>Section II states consultants must be registered to conduct business in New York State. May consultants registered in other states satisfy this requirement by obtaining authority to do business in NYS before contract execution, rather than at the time of proposal submission</p>	<p>On May 27, 2026, Minimum Qualification #2 was amended to reflect: “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).”</p> <p>Authority to conduct business in New York State would need to be in place at the time of the proposal submission.</p>
8	<p>Minimum Qualifications (Eligibility)</p>	<p>The minimum eligibility requirement states five years of experience advancing health equity "within an organization or entity with more than 500 full-time employees." Does this requirement mean the consultant must have been employed by such an organization, or that the consultant must have delivered health equity-related services to an organization of that size?</p> <p>May a private consultant who has provided training and workforce</p>	<p>The consultant must have five (5) cumulative years of experience delivering related services to entities or organizations with more than 500 full-time employees.</p> <p>If a large health care organization consisted of over 500 full-time employees and the consultant was contracted to deliver five (5) total years of experience delivering related services to this workforce, then the consultant could attest to the requirement.</p>

		development services to large health care organizations attest to this requirement?	
9	Minimum Qualifications (Eligibility)	Must New York State business registration be completed prior to proposal submission, or is it required prior to contract execution?	<p>On 05/27/2026, Minimum Qualification #2 was amended to reflect: “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).”</p> <p>Minimum Qualification #2 must be met by the time of the proposal submission.</p>
10	Minimum Qualifications (Eligibility)	May a single consultant be awarded contracts for more than one component? If so, is there a limit on the number of components one consultant may be awarded?	Yes, a single consultant may be awarded more than one contract. A single consultant may apply for all components. However, a unique, separate proposal must be completed for each component a consultant is seeking to be reviewed for. A separate contract would result for each respective component awarded to the single contractor.
11	General Questions- All Components	Is there an incumbent consultant for each of the five components?	No, there is not an incumbent contractor for these five components at this time. The Request for Proposals is the competitive process to award contractors for work associated with each respective component.
12	General Questions- All Components	Are the components listed in order of intended completion? For example, it would seem that Component C (Organizational Survey) should be completed before developing a Staff-wide training (Component A) and/or conducting Focus Groups (Component B).	No, the components are not listed in any particular order. All work outlined in the deliverables of each respective component is expected to be completed simultaneously in the anticipated contract time frame of July 1, 2026 – November 30, 2026.

13	General Questions- All Components	Will there be coordination/collaboration between the consultants for the five components?	No, coordination/collaboration between consultants is not an outlined deliverable of any of the components.
14	General Questions- All Components	Are there particular issues or past incidents within the NYDOH that have prompted the need for this multifaceted training and assessment approach related to health equity?	No. The New York State Department of Health intends to strengthen public health organizational infrastructure and workforce development. Multifaceted trainings and approaches are standard practice.
15	General Questions- All Components	What is prompting this state-wide demand for integrating the principles of health equity into all public health programming?	The New York State Department of Health intends to strengthen public health organizational infrastructure and workforce development.
16	General Questions- All Components	Are there publicly available examples of the “successes of the activities from previous award years” (referred to on pages 3 and 8)? If these documents are not publicly available for viewing during the proposal stage, will the chosen consultants be given access to these examples?	No, there are not publicly available examples of successes of activities from previous years. These documents and materials will be provided to awarded consultant(s) at the time of contract.
17	General Questions- All Components	While the majority of the trainings and consultations are virtual, does the New York State Department of Health anticipate or require in-person meetings with the contract management team?	No, the New York State Department of Health does not anticipate nor require meeting with the contractor(s) in person. The New York State Department of Health does not anticipate nor require the contractor(s) to conduct any work respective to the components on site (in person).
18	General Questions- All Components	Will the New York State Department of Health require institutional review board (IRB) approval for data collected in Component A (pre and post-knowledge surveys), Component B (focus group questions and data collection methods/protocol), Component C (organizational survey and data collection methods/protocol), Component D (pre and post-	No, Institutional Review Board approval is not required for data collected in pre- and post-knowledge surveys or the organizational survey.

		knowledge surveys), and Component E (pre and post-knowledge surveys)?	
19	General Questions- All Components	Are there specific language accessibility (i.e., translation, interpretation, captioning) requirements for any of the components?	There are no specific language accessibility requirements for any of the components, however, some virtual meeting platforms allow for closed captioning.
20	General Questions- All Components	Is the New York State Department of Health responsible for participant recruitment and attendance outcomes, or is the consultant ultimately accountable for filling trainings, focus groups, and survey participation targets?	<p>The consultant is not responsible for participant attendance and dissemination of recruiting materials. Recruitment plans should outline the consultants' suggested materials to be used in advertisements to staff.</p> <p>The consultant will work collaboratively with the New York State Department of Health contract management team during weekly calls to execute the recruitment plan and check in on registration targets.</p>
21	General Questions- All Components	Will New York State Department of Health receive unlimited rights to the training materials and recording, or will the consultant retain ownership while granting usage rights?	Yes, the New York State Department of Health and Health Research Inc., will reserve rights to the asynchronous training recordings and training materials for future dissemination to staff.
22	Submitting multiple proposals	The Request for Proposals states that consultants submitting proposals for more than one component must complete a separate proposal and submission for each component. For consultants proposing across multiple components, may each separate submission reference a shared methodology, staffing structure, and implementation framework while tailoring the scope, timeline, and budget to the specific component?	Consultants submitting proposals for more than one component must submit a unique, separate proposal for each component. Shared methodology, staffing structure, and implementation framework language may be used across proposal submissions; however, each proposal must include component-specific scope, timeline, budget. Proposals will be evaluated independently according to the component they address.

23	Submitting Multiple Proposals	Can a consultant apply for more than one component?/Are consultants expected to apply for all five components?	<p>Consultant(s) submitting proposals for more than one component, must complete a unique, separate proposal submission for each component. A consultant may submit a proposal for each of the five components, resulting in a total of five unique, separate proposal submissions in the APPLY system. Each component must not exceed a maximum budget of \$50,000.</p> <p>Please see page 17, section V of the Request for Proposals for more information on proposal content.</p>
24	Submitting Multiple Proposals	For consultants submitting proposals for more than one component, may the organizational capacity narrative and personnel resumes be replicated across submissions, or must each proposal be entirely independent in its content?	Consultants submitting proposals for more than one component must submit a unique, separate proposal for each component. Shared methodology, staffing structure, and implementation framework language may be used across submissions; however, each proposal must include component specific scope, timeline, budget. Proposals will be evaluated independently according to the component they address.
25	Submitting Multiple Proposals	If an organization is going to apply to all components, does this mean that they would need to submit 5 applications, one for each component?	Yes, consultant(s) submitting proposals for more than one component, must complete a unique, separate proposal submission for each component. A consultant may submit a proposal for each of the five components, resulting in five separate proposals and submissions in the APPLY system.
26	Subcontracting	Are teaming or subcontracting arrangements permitted (e.g., two consulting firms jointly delivering a component)? If so, is there a	Subcontracting arrangements <u>between consulting firms</u> are not permitted. However, the primary contractor may subcontract

		<p>requirement that one firm serve as the prime contractor of record?</p>	<p>individual consultant(s) as part of this project. The primary contractor must be responsible for the completion of all work performed. Any payments between the primary contractor and other consultants are the responsibility of the primary contractor.</p> <p>Please list all consultant(s), including those subcontracted by the primary contractor in the budget template (Attachments 3a-3e). A subcontracting agreement between the primary contractor and subcontractor is not required as such agreements are the responsibility of the primary contractor.</p>
27	Scope of Work Project Timeline	<p>Should contracting with the consultant be delayed due to administrative state approvals, would the project timeline be adjusted?</p>	<p>At this time, proposals should assume the contract timeline of July 1, 2026 – November 30, 2026.</p>
28	Scope of Work	<p>Is the idea that separate entities submit proposals with a Scope of Work limited to one of the five components and a budget limited to \$50K? Can we apply to >1, or even all, of the components if the Scope of Work is within our capacity?</p>	<p>Consultant(s) submitting proposals for more than one component, must complete a separate proposal and submission for each component. A consultant may submit a proposal for each of the five components, resulting in five separate proposals and submissions in the APPLY system. Each component must not exceed a maximum budget of \$50,000.</p> <p>Please see page 17, section V of the Request for Proposals for more information on proposal content.</p>
29	Scope of Work and Funding	<p>For several of the components, the Scope of Work seems large relative to the budget. Given that the original source and amount of the funding (PHIG-Workforce, and Data Modernization components) to</p>	<p>The scope of work for each component can be found on pages 3-9 of the Request for Proposals. Each component must not exceed a maximum budget of \$50,000, resulting in a total of \$250,000</p>

		Department of Health, are there additional funds available to support some work elements beyond the \$250K mentioned in the Request for Proposals?	across the five components. Funding for this opportunity is through the U.S. Public Health Infrastructure, Workforce, and Data Systems Grant. There are no additional funds available at this time to support this Request for Proposals.
30	Weekly check-in	If a single consultant is awarded multiple components, may the weekly check-in meetings be consolidated across components, or must separate meetings be held for each component independently?	The deliverables for each component require a 30-minute virtual meeting. If a contractor is awarded multiple components, the deliverables of each respective component still need to be completed. However, the meetings could be combined into one timeframe with 30 minutes blocked off for each component.
31	Weekly check-in	If an organization is awarded for all components, will the meetings with the NYS DOH contract team be consolidated?	No. The deliverables for each component require a 30-minute virtual meeting. If a contractor is awarded multiple components, the deliverables of each respective component still need to be completed. However, the meetings could be combined into one timeframe with 30 minutes blocked off for each component.
32	Virtual Platform	Will NYSDOH or HRI provide the virtual meeting platform (e.g., Microsoft Teams, Zoom) for training sessions and focus groups, or is the consultant responsible for providing and managing the platform independently?	The consultant is responsible for providing and managing the meeting platform independently. Subscriptions to these platforms should be taken into consideration in the budget proposal.
33	Asynchronous Trainings	Where should completed asynchronous training recordings be hosted and delivered upon completion — on a NYSDOH-provided platform, or may consultants use their own secure hosting solution?	Completed asynchronous training recordings need to be provided to the New York State Department of Health contract management team upon completion. The asynchronous recording will be used on an internal New York State Department of Health training platform for future use.

34	Locating Information in the Request for Proposals	<p>I am in the process of applying the Health Equity Consultant Request For Proposals, however, there seems to be some information missing. It states to upload certain forms, but the blank forms aren't available anywhere to fill out. Also, it doesn't give much information about each category we can choose from and what deliverables New York State Department of Health is expecting. Is there another page that gives more information?</p>	<p>Please see the official Request for Proposals posting by clicking on this link: https://www.healthresearch.org/rfp-ohep-2026-02-health-equity-consultants/</p> <p>Specific deliverables for each component are outlined on page 3 – 9 of the Request for Proposals.</p> <p>The following information is hyperlinked on this webpage:</p> <ul style="list-style-type: none">• Request for Proposals• 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
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35	Attachment 1	<p>I am preparing a proposal submission for RFP #OHEHR 2026-02 Health Equity Consultants and was unable to locate Attachment 1 within the procurement documents.</p> <p>Would you be able to provide the attachment or direct me to where it can be accessed?</p>	<p>Attachment 1 is available for download at https://www.healthresearch.org/rfp-ohep-2026-02-health-equity-consultants/. Attachment 1 can be found below the Request for Proposals and above Attachment 2.</p>
36	Components Survey Tool	<p>For Components A, C, D, and E, does New York State Department of Health use a survey tool that the consultant will have access to for conducting the pre- and post-knowledge and organizational surveys?</p>	<p>No, the New York State Department of Health contract management team does not have a survey tool that the consultant would have access to for pre-post-surveys and organizational surveys. Subscriptions to these platforms should be taken into consideration in the budget proposal.</p>
37	Components Web Conference Tool	<p>For Components A-E, does New York State Department of Health have a preferred web-conference tool account that the consultant will have access to?</p>	<p>The consultant is responsible for providing and managing the web-conferencing tool. There is no preferred tool. Subscriptions to these platforms should be taken into consideration in the budget proposal.</p>
38	Components Web Conference Tool	<p>Is there a preferred platform (i.e., Zoom, Teams, etc.) for the delivery of the virtual trainings?</p>	<p>No, there is no preferred platform for delivery of virtual trainings. The contractor must receive appropriate internal New York State Department of Health approval for the platform they plan on using for training delivery. The platform must be able to be readily used by New York State Department of Health staff.</p>
39	Component A: Staff training	<p>For Component A, regarding Deliverables 4 and 5, is the requirement for "one asynchronous training for future use" intended to be satisfied by recording one of the live staff training sessions, or is NYSDOH seeking a separately produced asynchronous training (e.g., a dedicated recording with modified content, narration, editing, and/or</p>	<p>The development of a separately produced asynchronous recorded training needs to be provided to the New York State Department of Health contract management team. The content of the asynchronous training should mirror the live training. Live trainings are not permitted to be recorded.</p>

		<p>accessibility features)? RFP outlines “Deliver a minimum of ten virtual interactive staff training(s) building on health equity and community engagement principles. Using the same training created for the live staff training, record one asynchronous training for future use.” And the budget template shows two separate budget tables; however, Activity 5 says “TOTAL FOR DELIVERABLE #4” instead of Deliverable #5, so we are trying to determine if this recording is, in fact, a separate training session.</p>	<p>Please see addendum #2 for the correction to the Total for Deliverable discrepancy in budget templates.</p>
40	Component A: Staff training	<p>Who is responsible for participant recruitment? The Request for Proposals says the consultant develops the recruitment plan and materials, but New York State Department of Health disseminates them. Is New York State Department of Health also responsible for securing attendance?</p>	<p>The consultant is not responsible for participant attendance and dissemination of recruiting materials. Recruitment plans should outline the consultants’ recommended materials to be used in advertisements to staff.</p> <p>The consultant will work collaboratively with the New York State Department of Health contract management team during weekly calls to execute the recruitment plan and check in on registration targets.</p> <p>Attendance will not be mandatory.</p>
41	Component A: Staff training	<p>If attendance, scheduling, or operational considerations result in fewer or more sessions being delivered, how will deliverable completion and associated payment be determined?</p>	<p>Invoicing and payment are based on the completion of deliverables. The deliverables outlined in the proposal and contract must be met. The deliverables will specifically note a number of trainings. Consultant(s) are not responsible for staff attendance to the trainings.</p>
42	Component A: Staff training	<p>For Component A, the training must be "specific to the New York State Department of Health." May a consultant adapt an existing evidence-</p>	<p>Consultant(s) may draw from the existing frameworks, provided the consultant(s) has the appropriate rights, licenses or permissions to</p>

		based health equity training framework to New York State Department of Health's specific mission and programs, or is the expectation that training content be developed entirely from scratch?	use and modify such materials. Any adapted content should be developed to meet the training development deliverable outlined in the Component A: Staff Training scope of work of this Request for Proposals.
43	Component A: Staff training	For Component A, does New York State anticipate that staff trainings would be incorporated into future onboarding of new staff via online training modules?	This training will be made available to all New York State Department of Health employees. This training will not be a requirement of new hire or staff onboarding or annual trainings. This training will be optional.
44	Component A: Staff Training; Component D: Advisory Boards and Council Member Training; Component E: Community Partner Training	For Components A, D, and E, would New York State Department of Health find it sufficient to record one of the live trainings rather than conduct a pre-recorded training? Components of trainings may require participant engagement, interactive polls, etc.	No, a separately produced asynchronous training should be created and the recording provided to the New York State Department of Health contract management team. The content of the asynchronous training should mirror the live training. Live trainings are not permitted to be recorded. Asynchronous trainings do not need to include elements of live participant engagement, but may include worksheets or other materials that can be uploaded with the training for staff to use while taking the virtual asynchronous training.
45	Component A: Staff Training; Component D: Advisory Boards and Council Member Training; Component E: Community Partner Training	For Components A, D, and E, are there language considerations the consultant should have in mind given the funding source or would these be provided prior to curriculum/training development?	No, there are no specific language considerations. Any language access-related questions can be discussed in weekly check-ins with contract management team.

46	Component A: Staff Training; Component D: Advisory Boards and Council Member Training; Component E: Community Partner Training	For Components A, D, and E, does New York State Department of Health have a preferred timeline for each of the 10 trainings (e.g. 10 offerings over 2 weeks or a month)?	No, there is no preferred timeline of training schedule. The timeline should be included in the appropriate proposal question within the contract period of July 1, 2026 – November 30, 2026.
47	Component A: Staff Training; Component D: Advisory Boards and Council Member Training; Component E: Community Partner Training	For Components A, D, and E, how much involvement does New York State Department of Health anticipate in training development, i.e. will they provide feedback on conceptual framework and training objectives, training outline, and presentation drafts?	Yes, the New York State Department of Health contract management team will provide feedback on framework, training objectives, training outlines, presentation drafts, etc. The Contract management team will be available for awarded consultant(s) via email and weekly check-in meetings during the contract period.
48	Component A: Staff Training; Component D: Advisory Boards and Council Member Training; Component E: Community Partner Training	For Components A, D, and E, the Request for Proposals references "building on successes from previous award years." Will existing training materials, curricula, or resources from prior contractors be made available to newly awarded consultants? If so, in what format and at what point in the contract period?	Yes, existing materials will be made available to awarded consultant(s) at the start of the contract period.
49	Component A: Staff Training; Component D: Advisory Boards and Council Member	Regarding the training sessions for Components A, D, and E: please confirm whether the scope calls for one training course of 90 minutes to three hours in length, to be delivered a minimum of ten times, as opposed to a total training duration of 900+	Yes, this interpretation is correct. The deliverable calls for one training course of 90 minutes to three hours in length, to be delivered virtually live a minimum of ten times. The consultant must provide the proposed length and

	Training; Component E: Community Partner Training	minutes delivered across 10 engagements. Our interpretation is that the consultant develops one repeatable training module and delivers it across a minimum of ten separate live sessions. Please confirm if this is correct.	number of times (minimum of 10) in the proposal.
50	Component A: Staff Training and Component D: Advisory Boards and Council Member Training	For Components A and D, does NYSDOH have existing validated knowledge assessment instruments it prefers consultants to use or adapt for pre- and post-training surveys, or are consultants expected to develop these instruments independently?	At the time of contract, consultant(s) will be provided with background materials that include previous instruments used. Consultants are expected to develop the pre-and post-knowledge surveys independently.
51	Component B: Focus Groups	Has the New York State Department of Health conducted focus groups in the last 5 - 10 years related to incorporating health equity into programming? When did those take place? If so, are the results of that focus group publicly available and/or available for consultants to review?	Yes, the New York State Department of Health has had focus groups conducted in the past. Results from the focus groups will be provided to the awarded consultant at the start of the contract. These results are not publicly available.
52	Component B: Focus Groups	Will the New York State Department of Health provide any support for participant recruitment (e.g., distributing recruitment materials through internal channels), or is the consultant solely responsible for identifying and securing participants across all Department areas and Regional Offices?	Yes, the New York State Department of Health will conduct distribution of recruitment plans and materials through internal channels. The contractor is only required to create recruitment materials, plan for disseminating, email language, key dates, etc. The actual dissemination and advertisement will be conducted through internal channels.
53	Component B: Focus Groups	Will the consultant have access to a point of contact or liaison within each program area or Regional Office to facilitate recruitment and scheduling?	The New York State Department of Health will be responsible for contacting specific program leaders and regional office leaders to advertise opportunities for training. The contractor is only

			required to create recruitment materials, plan for disseminating, email language, key dates, etc. The actual dissemination and advertisement will be conducted through internal channels.
54	Component B: Focus Groups	Are incentives allowed for the focus groups and survey? If not, what is the New York State Department of Health prepared to do to increase participation (e.g. give time off to participate in a focus group during work hours?)	Incentives are not allowed for focus groups due to civil service law. To increase participation in workforce development efforts, the New York State Department of Health often uses a strategic multi-pronged approach internally when advertising professional development opportunities. All opportunities are optional and employees cannot be required to attend.
55	Component B: Focus Groups	On page 5, one of the requirements for the focus groups is "Create registration links that automatically provide the live virtual meeting link to participants once signed up." We do not automatically provide the links before our recruiting team fully vets the participants. Is it OK to provide links further along in the recruitment process?	Any participant within the New York State Department of Health organization that signs up for a focus group must be allowed to register for the focus group. A "rule" can be established when creating the meeting to ensure only certain email addresses are allowed to register. This would ensure registrants are within the organization. The registration can be capped at a certain number of participants. Demographic information of registrants cannot be asked such as identity related, regional office location, position title, professional field etc.
56	Component B: Focus Groups and Component C: Organizational Survey	Are Components B and C intended to be conducted prior to or after the staff training? The sequencing would inform whether results are used for curriculum/training development.	All components are intended to be conducted simultaneously during the contract period of July 1, 2026 – November 30, 2026.
57	Component B: Focus Groups	For Components B and C, are there specific New York State Department	The New York State Department of Health contract management team

	<p>and Component C: Organizational Survey</p>	<p>of Health or Health Research Inc. requirements for consent forms, confidentiality language, survey platforms, data security, recording, transcription, or de-identification of raw data?</p>	<p>is not permitted to be part of any external drives or invite an external user to internal drives. All documents, PowerPoints, recordings must be provided in submission through email.</p> <p>Consent forms: Consent forms need to be developed for all applicable components of this project. Both written and/or verbal consent at the beginning of a focus group is acceptable.</p> <p>Confidentiality language: Confidentiality language should be included in all training modules, focus groups, and surveys. Specific language can be discussed with the New York State Department of Health contract management team at the start of the contract.</p> <p>Survey platforms: The consultant must use a survey platform for the organizational survey and the pre- and post-knowledge surveys. The consultant(s) are responsible for securing and maintaining a platform for surveying.</p> <p>Data Security: Specific requirements for data security can be discussed with the contract management team during the contracted period.</p> <p>Recording Transcription: There is no requirement to provide a transcription of the recording.</p> <p>De-Identification of Raw Data: No demographic or identifying information may be collected during any training, survey, or focus group. There should be no</p>
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			identifiable data collected that would require de-identification. Names of focus group participants must be anonymized or named "Participant #" in all data collection and reporting.
58	Component C: Organizational Survey	When have past department-wide health equity surveys been conducted? Are those survey results externally/publicly available?	Previous iterations of surveys conducted are not publicly available. The awarded contractor will be provided with this information at the start of the contract period.
59	Component C: Organizational Survey	Does the New York State Department of Health implement other department-wide surveys on other topics?	Yes, the New York State Department of Health has implemented other Department-wide surveys in the past. Further information will be provided at the start of the contract period to the awarded contractor.
60	Component C: Organizational Survey	Is there a preferred survey platform (e.g., SurveyMonkey, Qualtrics, REDCap), or may the consultant propose the platform as part of their methodology?	There is no preferred survey platform. The consultant should include a platform subscription as part of their methodology and budget if needed or applicable.
61	Component C: Organizational Survey	Will New York State Department of Health distribute the survey link to all ~5,500 staff directly, or is the consultant responsible for dissemination beyond the marketing/recruitment plan?	The contract management team at the New York State Department of Health is responsible for distributing the staff survey link internally through internal channels. The consultant is not responsible for dissemination beyond the marketing and recruitment plan.
62	Component C: Organizational Survey	Regarding Component C (Software): For the Organizational Survey component, can the cost of specialized data visualization software (e.g., Tableau or Alteryx) be included as a direct project cost if it is utilized specifically for the delivery of automated reporting and dashboards for this contract?	Yes, as noted in Attachment 3a-3e budget template instructions, platform subscriptions would be categorized as "Other Than Personnel Service (OTPS)" and should be outlined in the table for Non-Personnel (OTPS) cost under the applicable deliverable. For example, if a Tableau subscription is needed for data analysis, the Tableau subscription would be listed under Non-Personnel

			(OTPS) Cost within the data analysis deliverable.
63	Component D: Advisory Boards and Council Member Training	Regarding Component D (Advisory Boards): Does the Office of Health Equity and Human Rights prefer a specific training modality (e.g., in-person vs. virtual), or should the proposal include a hybrid model to ensure maximum accessibility for board members?	Trainings are expected to be conducted virtually. Please see the Request for Proposals, Component D Advisory Boards and Council Member Training deliverables (page 6) for more information.
64	Component D: Advisory Boards and Council Member Training	For Component D, Advisory Boards and Council Member Training, are practical tools for health equity-informed decision-making expected to include role clarity, decision thresholds, escalation pathways, stakeholder impact considerations, and follow-through practices for advisory board and council members?	Practical tools can be defined by the consultant but should cover health equity principles, best practices for integrating health equity into the role, integrating health equity into decision-making strategies. The model to achieve that is up to the expertise, experience, and recommendation of the consultant in collaboration with the New York State Department of Health contract management team.
65	Component D: Advisory Boards and Council Member Training	For Component D, approximately how many active members currently serve across all New York State Department of Health advisory boards and councils? This will inform recruitment planning and session scheduling assumptions in the proposal.	There are approximately 800 Advisory Board and Council Member seats across the New York State Department of Health with approximately 650 active members. These numbers are subject to change.
66	Component E: Community Partner Training	How does New York State Department of Health define "community partners" for purposes of this component — does this refer to CBOs, local health departments, other state agencies, or a broader group?	Community partners could refer to Community Based Organizations (CBOs) throughout New York State, local health departments across New York State, other New York State agencies working with community members, community leaders and members of the general public in New York.
67	Component E: Community Partner Training	Will NYSDOH provide a contact list or directory of community partners to support recruitment, or is the consultant expected to independently identify and recruit participants?	The New York State Department of Health will provide a list of existing community partners. The consultant is welcome to identify additional community partners.

			However, actual communication of opportunities to community partners and general public will be conducted through the New York State Department of Health.
68	Component E: Community Partner Training	For Component E, does NYS DOH anticipate leveraging any existing community partner coalitions for recruitment? If so, are you able to share examples of type of organizations that would be expected to be engaged in the training?	Community partners could refer to Community Based Organizations (CBOs) throughout New York State, local health departments across New York State, other New York State agencies working with community members, community leaders and members of the general public in New York.
69	Budget	The RFP states \$50,000 per component. Are consultants expected to propose budgets at or below \$50,000, or may they propose a lesser amount? Is there a minimum budget threshold?	Yes, consultants are expected to propose budgets at or below \$50,000. There is no minimum budget threshold.
70	Budget	Are indirect/overhead costs or consultant profit margins allowable budget line items under the HRI budget templates?	Yes.
71	Budget	The Budget Breakdown table included in each component's budget attachment lists a budget period of "03/01/26 – 07/31/26," which does not match the contract period of 07/01/2026 – 11/30/2026 stated elsewhere in the RFP. Please confirm the correct budget period to be used in the Budget Breakdown table.	Amendment #2 published on 6/2/2026 reflects the correction to the budget templates (Attachments 3a-3e). Budgets should assume a contract period of July 1, 2026 – November 30, 2026.
72	Budget	Several deliverable total lines in the budget templates appear to be mislabeled — for example, the total line for Deliverable 5 is labeled "TOTAL FOR DELIVERABLE #4" across multiple components. Please confirm whether proposers should correct these labels in their submitted budgets or replicate the template as provided.	Amendment #2 published on June 2, 2026 reflects the correction to the budget templates (Attachments 3a-3e). Proposers may use the updated budget templates.

73	Budget	<p>In the Component A budget template, Activity 6 is labeled "Marketing and Recruitment Plan Development," however the corresponding Deliverable 6 describes the Written Report and Recommendations. Please confirm whether Activity 6 should be labeled "Written Report and Recommendations" to match the deliverable, or whether proposers should complete the budget template as labeled.</p>	<p>Amendment #2 published on June 2, 2026 reflects the correction to the budget templates (Attachments 3a-3e). Proposers may use the updated budget templates.</p>
74	Budget	<p>Since reimbursement is contingent upon satisfactory completion of deliverables, what is the expected timeline between deliverable submission, State acceptance, and payment release?</p>	<p>Payment is contingent upon programmatic approval and payment processing. We strive to process payments as soon as possible, but there are several factors such as receiving payment via check that we cannot foresee.</p>
75	Budget	<p>Are indirect costs or overhead rates allowable under this contract, or is the budget limited to direct personnel costs and OTPS?</p>	<p>Yes, indirect/overhead costs should be included as an inclusive rate or listed separately under Other Than Personnel Services (OTPS).</p>
76	Budget-Invoicing	<p>What documentation will be required to substantiate OTPS costs at the time of invoicing — for example, receipts, platform subscription confirmations, or vendor invoices?</p>	<p>No documentation will be required to substantiate the Other Than Personnel Services (OTPS) cost at the time of invoicing, the consultant(s) will need to complete the tasks outlined for each deliverable.</p>
77	Budget-Invoicing	<p>How would invoicing and payment be structured, is it by deliverable completion or monthly invoicing of hours/work performed?</p>	<p>The consultant(s) will submit invoices for accomplished deliverables, not monthly invoices. After each deliverable is accomplished, the consultants will submit an invoice outlining hours to complete the deliverable and work performed in those hours. Further invoicing instructions and</p>

			forms will be provided to the awarded contractor(s).
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