



Department of Health

Request for Proposals #C040649

Independent Evaluation of the New York Tobacco Control Program

Issued: September 30, 2024

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the New York State Department of Health (hereinafter referred to as the “**Department**” or as “**DOH**”) identifies the following designated person to whom all communications attempting to influence the Department’s conduct or decision regarding this procurement must be made.

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1.0 CALENDAR OF EVENTS

RFP #C040649- Independent Evaluation of the New York Tobacco Control Program	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	September 30, 2024
Deadline for Submission of Written Questions	Questions Due By October 18, 2024, 4:00 p.m. ET
Responses to Written Questions Posted by DOH	On or About November 8, 2024
Deadline for Submission of Proposals	Proposals Due On Or Before December 3, 2024, 4:00 p.m. ET
<i>Anticipated</i> Contract Start Date	10/1/2025

2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (the “Department” or “DOH”) is seeking competitive proposals from qualified Bidders to conduct an independent evaluation of the New York State Tobacco Control Program (TCP) as required by Public Health Law (HCRA 2000, [Public Health Law, Section 1399-jj](#)) and as further detailed in Section 4.0 (Scope of Work). Per Public Health Law, “The purpose of this evaluation is to direct the most efficient allocation of State resources devoted to tobacco education, and cessation to accomplish the maximum prevention and reduction of tobacco use among minors and adults. Such evaluation shall be provided to the governor, the majority leader of the senate and the speaker of the assembly on or before September first, two thousand one, and annually on or before such date thereafter. The comprehensive evaluation design shall be guided by the following: sound evaluation principles including, to the extent feasible, elements of controlled experimental methods; an evaluation of the comparative effectiveness of individual program designs which shall be used in funding decisions and program modifications; and an evaluation of other programs identified by state agencies, local lead agencies, and federal agencies.”

The evaluation of TCP should adhere to the general guidelines for evaluation of commercial tobacco control programs provided by such documents as the Centers for Disease Control and Prevention’s (CDC) Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs, CDC’s Identifying and Eliminating Tobacco-Related Disparities: Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs, the U.S. Department of Health and Human Services (HHS) Treating Tobacco Use and Dependence: Clinical Practice Guidelines and its 2008 Update, and the CDC and the Centers for Medicare & Medicaid Services (CMS) Million Hearts Tobacco Cessation Change Package. To ensure representation of health equity concepts in deliverables, it is recommended that Bidders also consult the Urban Institute’s Do No Harm Guide: Applying Equity Awareness in Data Visualization.

Commercial tobacco refers to tobacco that is mass-produced, sold for profit, and contains added chemicals. Commercial tobacco is manufactured by companies for use in cigarettes, smokeless tobacco, pipe tobacco, cigars, hookah, and other products. Nicotine is the primary addictive substance in commercial tobacco. Commercial tobacco is regulated by the Food and Drug Administration (FDA).

Commercial tobacco is different than sacred tobacco, which has a central role in many indigenous communities, making it paramount to distinguish its sacred use from commercial use. When referring to tobacco throughout this document, we are referring to commercial tobacco and tobacco products, not sacred tobacco.

It is the Department's intent to award one (1) contract from this procurement.

2.1 Introductory Background

The New York Health Care Reform Act of 2000 (HCRA 2000) created the Tobacco Use Prevention and Control Program (Tobacco Control Program) within the Department "to improve the health, quality of life, and economic well-being of all New York citizens" (Public Health Law Section 1399-jj). Details about the Tobacco Control Program can be found here:

https://www.health.ny.gov/prevention/tobacco_control/program_components.htm

New York State envisions a tobacco-free and vape-free society for all New Yorkers. The DOH Bureau of Tobacco Control administers the state's comprehensive TCP to reduce illness, disability, and death related to commercial tobacco use and secondhand smoke exposure, and to alleviate social and economic inequities caused by tobacco use. TCP uses an evidence-based, policy-driven and population-level approach modeled on the CDC "[Best Practices for Comprehensive Tobacco Control](#)," to address tobacco control and prevention with a commitment to promote health equity among populations disproportionately impacted by tobacco marketing and use. Priority areas are preventing initiation of tobacco and e-cigarette use by youth and young adults; reducing tobacco use among adults; eliminating exposure to secondhand smoke; advancing health equity among populations disproportionately affected by tobacco marketing and use; maintaining, strengthening and refining New York's effective tobacco control infrastructure; and contributing to the science of tobacco control.

The TCP engages in the following activities to prevent and control tobacco use in NY: identifies and addresses tobacco-related disparities and inequities on the local and state levels; educates communities and decision-makers about policy solutions that create and sustain the tobacco- and vape-free norm and make tobacco and e-cigarette use less desirable, less acceptable, and less accessible; works with medical and mental health care systems and organizations to increase awareness and availability of effective tobacco use disorder treatment with a focus on those that serve populations disproportionately impacted by tobacco use and dependence; funds the New York State Quitline to increase cessation and that serves as an ancillary to health care systems providing tobacco use dependence treatment; implements paid media campaigns to increase awareness of the problem of tobacco and e-cigarette use and how to get help quitting; works collaboratively with state and national partners to meet program goals; uses the most current research findings to drive program activities; and systematically evaluates its efforts to maximize impact and improve outcomes.

Since TCP's inception in 2000, the program's strategic actions, combined with local and state legislation, have led to: restrictions on smoking and vaping in most places of employment and other public spaces, the nation's highest state cigarette tax, a tax on vapor products, a ban on the sale of flavored vapor products, restrictions on the use of tobacco product coupons and promotions, a prohibition on the sales of tobacco products in pharmacies, enforcement of restrictions on minors' access to tobacco, and increased retailer penalties for tobacco sales violations. These policies have been effective in significantly decreasing the state's adult and youth smoking rates as well as youth electronic cigarette use rates.

This request for proposals seeks a vendor to develop and implement a five-year evaluation plan that will build on and advance previous independent evaluation services consistent with the evolution of the DOH TCP and the tobacco control environment in NYS. The new tobacco evaluation plan should be

informed by, but does not have to mirror, prior evaluation planning and activities. The DOH is looking for innovative and effective ways to evaluate the impact of the TCP in NYS. It should be noted that tobacco products include electronic cigarettes (also referred to as electronic nicotine delivery systems or ENDS, e-cigarettes, electronic vapor products) and as such, the evaluation plan should include e-cigarettes.

2.2 Important Information

The Bidder **must** review, and is requested to have its legal counsel review, [Attachment 8](#), the DOH Agreement (Standard Contract), as the successful Bidder must be willing to enter into the Contract awarded pursuant to this RFP in the terms of [Attachment 8](#), **subject only to any amendments to the Standard Contract agreed by the Department during the Question and Answer Phase of this RFP** (see, [Section 5.2](#)). Please note that this RFP and the awarded Bidder's Bid will become part of the Contract as Appendix B and C, respectively.

It should be noted that Appendix A of [Attachment 8](#), "Standard Clauses for New York State Contracts", contains important information, terms and conditions related to the Contract to be entered into as a result of this RFP and **will be incorporated, without change or amendment**, into the Contract entered into between DOH and the successful Bidder. By submitting a response to this RFP, the Bidder agrees to comply with all the provisions of the Contract, including all of the provisions of Appendix A.

Note, [Attachment 7](#), the Bidder's Certified Statements, **must** be submitted by each Bidder and includes a statement that the Bidder accepts, **without any added conditions, qualifications or exceptions**, the contract terms and conditions contained in this RFP including any exhibits and attachments, including, without limitation, [Attachment 8](#). It also includes a statement that the Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with its Bid, such alternate proposals or extraneous terms will not be evaluated by the DOH.

Any qualifications or exceptions proposed by a Bidder to this RFP should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1](#), (Calendar of Events). Any such qualifications or exceptions that are not proposed prior to the deadline for the submission of written questions will not be considered by DOH after contract award. Any amendments DOH makes to the RFP as a result of questions and answers will be publicized on the DOH web site and will be available and applicable to all Bidders equally.

2.3 Term of the Agreement

The term of the Contract that will be entered into pursuant to this RFP between the Department and the successful Bidder is expected to be for a period five (5) years commencing on the date shown on the Calendar of Events in [Section 1](#), subject to the availability of sufficient funding, successful Contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

3.0 BIDDERS' QUALIFICATIONS TO PROPOSE

3.1 Minimum Qualifications

The NYSDOH will only accept bid proposals from Bidders who meet all of the following minimum requirements:

- A minimum of five (5) years' experience evaluating large-scale public health programs, and developing, implementing, and interpreting studies to measure the effectiveness of public health programs. This experience must include all of the following:
 - Expertise in conducting quantitative and qualitative research;
 - Developing, implementing, analyzing, and interpreting cross-sectional, ethnographic and cohort studies;
 - Developing logic models and identifying program performance measures;
 - Conducting public health surveillance;
 - Integrating all of the above to perform an independent evaluation of a comprehensive public health intervention; and
 - Conducting equity-focused evaluation activities, which include the ability to reach historically disenfranchised populations when collecting data and the ability to apply health equity best practices to data analysis, interpretation, framing, and reporting activities.

Experience acquired concurrently is considered acceptable.

- Submission of a signed Refusal of Funds from Tobacco-related Entities Attestation ([Attachment 14](#)).

All Bidders must submit a signed [Attachment 14](#) with their proposal. The awarded bidder (Contractor) must have a written policy prohibiting any affiliation with a tobacco company or tobacco product manufacturer, including receipt of gifts, grants, contracts, financial support, in-kind support, and other relationships. The prime Contractor will ensure that subcontractors also have this written policy and that no subcontractors receiving funding through this award have any affiliations with a tobacco company or tobacco product manufacturer (See [Attachment 14](#)).

For the purposes of this RFP, a "prime Contractor" is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime Contractor undertakes to perform a complete contract and may employ (and manage) one or more subcontractors to carry out specific parts of the contract.

Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

3.2 Preferred Qualifications

Bidders that demonstrate three (3) or more years of experience evaluating comprehensive statewide tobacco control programs are preferred.

4.0 SCOPE OF WORK

This Section describes the Evaluation, Surveillance and Web-based Performance Monitoring services that are required to be provided by the selected Bidder. The selected Bidder must be able to provide all of these services throughout the contract term.

PLEASE NOTE: Bidders will be requested to provide responses that address all of the requirements of this RFP as part of its Technical Proposal.

The terms “bidders”, “vendors” and “proposers” are also used interchangeably. For purposes of this RFP, the use of the terms “shall”, “must” and “will” are used interchangeably when describing the Contractor’s/Bidder’s duties.

4.1 Tasks/Deliverables

The specific tasks and deliverables expected from this contract and related background information are outlined in this section. This RFP will select an independent evaluator for the NYS tobacco control program. As such, the awarded contractor will be responsible for selecting appropriate methods and topics for each deliverable. The contractor will determine these methods and topics through weekly conversations with DOH staff and through the required study proposals and data collection plans. DOH will maintain oversight by reviewing and approving all study proposals and data collection plans before each project moves forward.

4.1.1 Implementation Plan

The Contractor will submit an annual implementation plan, which describes a comprehensive, logical, achievable plan and timeline for organizing, implementing and accomplishing all contract deliverables. Per Public Health Law Section 1399-jj, this service is described as an independent evaluation. As such, it is expected that the Contractor will utilize appropriate methods and approaches for accomplishing evaluation objectives. All deliverables below include a study proposal or data collection plan. The DOH will have an opportunity to respond to all study proposals and data collection plans, providing feedback, input on health equity focus areas, feedback on proposed data collection and analysis methods, and suggested revisions prior to the Contractor beginning work on the deliverable. The Year 1 implementation plan is due within 60 calendar days of OSC contract approval. Years 2-5 implementation plans are due 30 days prior to the start of each contract year. The annual implementation plan will include a list and description of each of the expected deliverables for the contract year and how and when each will be submitted.

4.1.2 Media Tracking and Evaluation Studies

The TCP invests significant resources in paid advertising on television, radio, print, the Internet/digital media, and other venues. There are three categories of media that the TCP uses to counter the billion-dollar tobacco industry marketing that drives people to use tobacco and impacts their ability to quit. These are 1) Public health media campaigns focused on cessation and tobacco dependence treatment, 2) Healthcare provider media campaigns focused on tobacco dependence treatment education, and 3) Public awareness campaigns focused on relevant issues in tobacco control. Public health media campaigns are intended to reach people who currently use tobacco products; they have three goals: to motivate people who currently use tobacco products to make quit attempts and seek tobacco-dependence treatment using evidence-based methods, to increase awareness among those who currently use tobacco products of health insurance benefits for cessation aids, and to motivate people who smoke to talk to their health care provider about quitting. Media campaigns intended to reach health care providers also have three goals: to motivate health care providers to treat their patients who use tobacco products, to increase

awareness of health insurance benefits for cessation aids, and to increase use of evidence-based tobacco cessation treatments. Media campaigns intended to raise awareness about the problem of tobacco, targeted tobacco marketing, or new and emergent products aim to educate key partners and increase civic action to drive policy adoption. This significant investment requires careful planning and evaluation.

Historically, pre-testing and formative research have allowed the program to select ads that are likely to have the greatest impact on the intended audience. Hard-hitting media campaigns are a foundational approach to tobacco control. In most cases, the program selects ads that have “high” sensation value, defined as using strong emotional appeals and intense graphic content that research has shown are more likely to move a targeted audience to act (e.g., adults who use tobacco products to make a quit attempt or adults who do or do not use tobacco products to alter their attitude towards tobacco policies). When media campaigns are implemented, it is important to measure campaign reach as measured by ad awareness, audience reaction, and audience receptivity to ads.

The Contractor will provide pre-testing/formative research of 12 tobacco-related ads, selected by NYSDOH, annually and evaluate three campaigns of 3-4 tobacco-related ads annually. The Contractor will:

- Conduct formative research and pre-testing studies to inform choice of ads and messages.
- Monitor the implementation of the media plan with systematic tracking.
- Measure audience reactions and receptivity to paid public health advertising, ensuring that key populations of focus are included in survey samples.
- Track the number of adults who use tobacco products receiving services from the NYS Quitline as a function of media campaign reach.
- Track changes in behavior and public attitudes towards tobacco control policies among adults who use tobacco products (e.g., quit attempts) and health care providers (e.g., provision of medication and counseling) as a function of media campaign reach.
- Provide recommendations to adjust and/or approve paid public health marketing efforts.
- Ensure the evaluation represents the intended health equity focus when applicable.

For each study, the Contractor will provide:

- Formative research: A study proposal, data collection, and a management brief summarizing the study results and a slide deck with full study results.
- Campaign Evaluations: Study proposals, data collection, and management briefs summarizing study results and slide decks with full study results for three campaigns per year.

4.1.3 Community Programs – Health Systems for a Tobacco Free New York (HSTFNY) and the New York State Quitline

The TCP includes ten regional grantees and one statewide center of excellence through the Health Systems for a Tobacco-Free NY (HSTFNY) initiative. The HSTFNY program comprises a network of grantees, covering all New York State counties, who work with medical and mental health care systems to improve the reach and delivery of evidence-based tobacco dependence treatment to all New Yorkers who smoke cigarettes or use other tobacco products. The program's grantees identify and work with hospitals, community health centers, federally qualified health centers, and mental health and behavioral health service agencies. Grantees focus on agencies and organizations that serve people disproportionately affected by tobacco use, including populations experiencing lower educational attainment, lower income, serious mental illness, substance use disorders, or disability.

As an integral component of health systems change, the NYS Quitline (Quitline) provides free and confidential services that include information, tools, quit coaching, and support in English and Spanish. Services are available by phone call, online chat, and text. The Quitline provides free starter kits of nicotine replacement therapy (NRT), including patches to eligible New Yorkers who are ready to quit smoking or vaping. The Quitline also works with health care providers to ensure New York tobacco users have access to effective cessation treatments through patient referral programs, providing up-to-date information on evidence-based treatment, screening, and insurance coverage. The Contractor's evaluation of the Quitline will focus on measurement of the reach, utilization, and effectiveness of tobacco use cessation services provided by the Quitline. Reach is the proportion of individuals who use tobacco services who also use an evidence-based quit service from the Quitline. Utilization is overall use of Quitline and Quitsite services. Effectiveness is the impact on cessation attempts and sustained cessation relative to reach and utilization.

The Contractor will:

1. Evaluate and report on progress made by HSTFNY grantees in ensuring the uptake of US Public Health Service Clinical Guidelines for Tobacco Dependence Treatment (TDT) system-level changes to promote tobacco dependence treatment,
2. Report annually on reach, utilization, and effectiveness of the Quitline, and
3. Conduct one ad hoc study related to tobacco-related health systems/Quitline work in NYS. The Contractor will be expected to propose potential topics, with the final decision to be made by DOH.

For each of these three studies (in response to 1-3 above), the Contractor will provide a study proposal, conduct data collection, and provide a management brief summarizing study findings and a slide deck with full study results. These studies will have a health equity focus, which includes measuring and assessing disparities in TDT impacting priority populations and identifying structural barriers in access contributing to these disparities.

4.1.4 Community Programs – Advancing Tobacco Free Communities (ATFC)

The BTC funds 20 community-based grantee organizations (Advancing Tobacco Free Communities, or ATFC) to foster environments supportive of policies that reinforce New York State's commercial tobacco-free norm, and one statewide administrative coordinator to provide leadership and fiscal coordination for collaborative grantee activities. The program uses a bilateral approach of strategic community engagement and youth action. Grantees use a community-based strategy to create local environments that are receptive to or demand policy change to 1) reduce the impact of retail tobacco marketing on youth and adults, 2) increase opportunities for tobacco-free outdoor areas, and 3) reduce secondhand smoke and aerosol exposure in multiunit housing.

The Contractor will measure the impact of ATFC community programs on the tobacco control environment across NYS, maintaining a focus on health equity. This evaluation will provide a set of actionable items that the TCP could implement to improve the functioning of these programs and maximize the impact on their communities. The Contractor will conduct two (2) studies annually to evaluate this initiative. In addition, semi-annual focus groups with priority populations to gather formative information on emerging topics will be conducted. For each study and each round of focus groups, the Contractor will provide a study proposal, conduct data collection, and provide a management brief summarizing study findings and a slide deck with full study results.

4.1.5 Surveillance - New York Adult Tobacco Survey

The New York Adult Tobacco Survey (NY ATS) has been fielded continually since June 2003. The survey is designed to provide timely public health surveillance data to inform the TCP and support the

independent evaluation. The NY ATS assesses (a) adult tobacco-related behavior (including e-cigarettes), attitudes, and beliefs; (b) tobacco purchasing, cessation and cessation attempt behavior; (c) health status and health-related problems; (d) attitudes toward and exposure to secondhand smoke; (e) perceptions of risk related to tobacco use; (f) recollection of exposure to tobacco advertising or anti-tobacco health communications (awareness of anti-tobacco ads); (g) attitudes toward other smoking policies; and (h) sociodemographic information. Some key survey items have been included since inception (e.g., current smoking status); some questions may be included for a shorter period of time to assess time-sensitive issues (e.g., support for tax increase), and other questions may be rotated in and out of the survey instrument as necessary. In recent years, the NY ATS has stopped using phone-based recruitment and began using address-based sampling to invite respondents to a web-based survey. This shift in sampling has allowed the survey to reach people who are historically underrepresented in surveillance and has helped achieve a more representative sample for the survey. The eligible population is NYS residents who are non-institutionalized and at least 18 years old.

The Contractor is responsible for conducting a New York Adult Tobacco Survey (ATS) for non-institutionalized adults, 18 and older in New York State (NYS). The sampling design will allow for estimates for the entire state, New York City (NYC), and rest of state (NYS excluding NYC). Sample size is required to be adequate to provide statewide estimates of key indicators for various sociodemographic groups (including, but not limited to sex, race/ethnicity, household income, educational attainment, poor/good mental health, disability status). The survey design and estimated sample must enable estimates of key indicators (including, but not limited to current tobacco product use, past year quit attempts, provider assist for tobacco use cessation) with 95% confidence and a confidence interval of +/- 3 points for general population-based indicators and +/- 5 points for indicators within subpopulations. Given sample size limitations, this confidence interval guidance refers to tobacco use prevalence in the overall population and subpopulations, but not among subpopulations of adults who use tobacco. Contractors have discretion to offer incentives to survey participants, however, this is not required. The most recent instrument can be found in the Bidder's Library which has been posted with this RFP on the Department website.

The contractor must estimate response rates for all data collection modes used to administer the ATS using standard methods provided by the Council of American Research Organizations (CASRO) and the American Association for Public Opinion Research (AAPOR) methods.

Contractor responsibilities include: (1) Development and submission of an annual ATS data collection plan which includes proposed updates to the survey instrument, availability of the survey in English and Spanish, and plans to incorporate principles of health equity in surveillance, including involving communities most impacted by targeted tobacco marketing, tobacco use, and tobacco-related health outcomes to periodically provide input on the content of the survey and survey plans, (2) data collection, and (3) annual analytic and public use datasets and an annual codebook. Data from the ATS will contribute to the annual Key Outcome Indicator document (referenced in Deliverable 4.1.13).

4.1.6 Surveillance - National Adult Tobacco Comparison Data

National comparison data allows for comparison between NY and the US, providing an essential measure of program progress. Required topic areas are: (a) adult tobacco-related behavior, attitudes, and beliefs (including e-cigarettes); (b) tobacco purchasing and cessation attempt behavior; (c) health status and health-related problems; (d) attitudes toward and exposure to secondhand smoke; (e) perceptions of risk related to tobacco use; (f) recollection of exposure to tobacco advertising or anti-tobacco health communications; and (g) attitudes toward other smoking policies.

In recent years, the New York – National Adult Tobacco Survey stopped using phone-based recruitment and began using address-based sampling to invite respondents to a web-based survey. Other more experimental methods were also used to decrease cost and increase response rate. Contractors have discretion to offer incentives to survey participants, however, this is not required.

The Contractor will provide national estimates of key adult tobacco outcome indicators. Data must be for adults ages 18 and older across the United States. The data must provide national estimates of key indicators (including, but not limited to current smoking, past year quit attempts, provider assist for smoking cessation), with 95% confidence and a confidence interval of +/- 3 points for general population-based indicators. To date, this has been accomplished through primary data collection. The most recent instrument can be found in the Bidder's Library which has been posted with this RFP on the Department website. Bidders may choose to use data from existing national datasets or to conduct primary data collection.

Contractor responsibilities include: (1) Development and submission of an annual national data collection or analysis plan which includes plans to incorporate principles of health equity in surveillance as described in section 4.1.5 (if primary data will be collected via a survey, the survey will be made available in English and Spanish), (2) primary or secondary data collection, and (3) an annual analytic dataset and an annual codebook, applicable to those conducting primary data collection, or an annual management brief containing analysis of key indicators. Data from the national adult tobacco comparison data will contribute to the annual Key Outcome Indicator document (referenced in Deliverable 4.1.13).

4.1.7 Surveillance - New York Youth Tobacco Survey

The New York Youth Tobacco Survey (NY YTS) is a school-based survey of middle school and high school age youth conducted biennially since 2000. The Youth Tobacco Survey (YTS) was developed by the CDC and is updated for use in NY with input from the independent evaluator and the TCP.

The NY YTS includes questions about tobacco use (including e-cigarettes), exposure to environmental tobacco smoke, minors' ability to purchase or otherwise obtain tobacco products, knowledge and attitudes about tobacco, and familiarity with pro- and anti-tobacco media messages. The NY YTS is designed to collect data sufficient to provide accurate estimates separately for students in New York City (NYC, all five boroughs), for students in NYS attending schools outside NYC, and for the students in NYS as a whole.

The Contractor will conduct a New York Youth Tobacco Survey (NY YTS) in even-numbered years in the Spring of 2026 (contract year 1), 2028 (contract year 3) and 2030 (contract year 5) with preparation beginning in odd-numbered years in the Summer of 2025 (conducted by the previous Contractor), 2027 (contract year 2) and 2029 (contract year 4). In 2027 and 2029, the Contractor is required to submit a data collection plan to DOH which includes plans to incorporate principles of health equity in surveillance as described in section 4.1.5 and which is applicable to youth surveys, school sample selection, instrument development, and recruitment of schools. The most recent version of the NY YTS

instrument can be found in the Bidder's Library which has been posted with this RFP on the Department website.

This survey will use the same school-based methodology now used in New York and nationally and described in the 2024 Sampling and Weighting Report available in the Bidder's Library which has been posted with this RFP on the Department website. The Contractor must use guidelines similar to those utilized for the 2024 NY YTS administration. Using the Sampling and Weighting Report as a guide, the Contractor will sample about 75 schools, divided approximately evenly between middle and high schools and between all five boroughs of NYC and the Rest of the State. The most recent administrations of the YTS have had a paper and pencil and web-based versions. The Contractor must include both options for schools and students to choose from. The survey must be made available in both English and Spanish.

For 2026 (contract year 1), 2028 (contract year 3) and 2030 (contract year 5), the Contractor must plan field staff training, data collection, analysis and report development, and delivery of analytic and public use datasets and a codebook. For each data collection year, the Contractor will conduct field staff training, data collection, and provide a public and analytic use dataset and codebook. Data from the YTS will contribute to the annual Key Outcome Indicator document (referenced in Deliverable 4.1.13).

4.1.8 Surveillance - Retail Advertising of Tobacco Survey (RATS)

There are about 17,000 licensed tobacco and vapor product vendors in NYS. Exposure to retail tobacco marketing leads to increased youth initiation of smoking, creates difficulties for adults who smoke to quit or stay quit, and disproportionately impacts low-income communities. The TCP is currently working to support policy changes to protect communities from retail tobacco marketing.

Since 2004 the TCP has conducted an observational study of a sample of licensed vendors, either annually or biennially. Sample size ranged from a low of 800 (~4% of all vendors) retailers to a high of approximately 4,000 (~20% of all vendors). The list of vendors is updated annually based on paid registrations and is maintained and made available by the NYS Department of Taxation and Finance. Samples were stratified by geographic area and retailer outlet type.

Indicators measured include presence of tobacco products for sale, including the wide range of tobacco products currently available at licensed tobacco retailers (e.g., cigarettes, cigar products, e-cigarettes, smokeless tobacco and nicotine pouches/strips), tobacco product flavors available, presence of price promotions and discounts, assessment of tobacco product displays (e.g., approximate percentage of space taken up behind the counter), presence of exterior and interior tobacco-related advertising, retailer characteristics, and other signage indicators (e.g., tobacco advertising at or below child's eye level). By monitoring the retail environment, the program maintains awareness of the fast-paced tobacco-product landscape, how the industry is communicating with new and current tobacco-product users, and if retailers are compliant with policy initiatives aimed at reducing tobacco products and marketing exposure at the community level.

The Contractor will design and implement a sampling strategy and data collection plan that will track product advertising, displays, and price in licensed tobacco and vape shop retailers in NY. The sampling plan must provide information about how retail advertising varies by region (NYC, NYS excluding NYC, and NYS) and outlet and license type. During data collection years, Contractor field staff will need to be trained to complete the Retail Advertising of Tobacco Survey. A copy of the most recent instrument can be found in Bidder's Library which has been posted with this RFP on the Department website. This survey will take place twice in the five-year period, in 2027 and 2029. The sample will be drawn from the list of all licensed retailers available from the NYS Department of Taxation and Finance. The Contractor will provide training of field staff, field data collection, data analysis, and reporting of results to the TCP. For each data collection year, the Contractor will provide a

study proposal, data collection, management brief summarizing results, slide deck with full results, dataset, and codebook.

Data from the RATS will contribute to the annual Key Outcome Indicator document (referenced in Deliverable 4.1.13).

4.1.9 Surveillance - Local Opinion Leader Feedback

Feedback from key organizational and government decision makers related to tobacco policies (either in development, proposed or implemented) is essential to measure progress for community programming. The Local Opinion Leader Survey (LOLS) is a survey that has been conducted every 2-3 years since 2011. The survey targets the population of local officials (census of elected and appointed officials in NY counties and NYC boroughs and census of county health officials). In the past administration of the LOLS, the population consists of approximately 600-800 local officials. The purpose of the data collection activity is to document local opinion leader awareness of and support for select tobacco control policies and beliefs relevant to tobacco control issues.

The Contractor will propose a method to elicit feedback on tobacco policies from state and community decision makers. DOH will help to identify who or what roles specifically qualify as local opinion leaders however, the Contractor will be responsible for recruiting the sample. For each data collection year, the Contractor will provide a study proposal, data collection, management brief summarizing results, slide deck with full results, dataset, and codebook. In previous years, this has been achieved via the Local Opinion Leader Survey (LOLS). The Contractor may propose an alternate data collection method or continue with the LOLS. The study will take place in 2026 (contract year 1) and 2028 (contract year 3). Data from the LOLS or alternative data source will contribute to the annual Key Outcome Indicator document (referenced in Deliverable 4.1.13). The 2023 LOLS is available for reference in the Bidder's Library which has been posted with this RFP on the Department website.

4.1.10 Surveillance - Ad hoc surveillance study

Throughout the 5-year contract period, it is expected that new products will come to market, new technologies for data collection may become available, etc. This deliverable is intended to address key emerging issues during the contract period, with a focus on addressing health equity. The Contractor will conduct an annual ad hoc health equity-focused surveillance study on key topics to be negotiated with the TCP. The Contractor will provide an annual study proposal, data collection, management brief summarizing study results, and slide deck with full study results.

4.1.11 Web-Based Monitoring of Grantees

Collection of performance data from funded grantees is integral to assessing fidelity to work plan activities and allows BTC staff to provide regular feedback to grantees about their performance and areas for improvement. These data also contribute to the evaluation of the TCP.

Data on community activities are currently recorded by grantees into a web-based tool designed to facilitate program monitoring for TCP and to generate standardized reports for funded TCP grantees. These grantees – HSTFNY, Center for Health Systems Improvement, and ATFC – record their annual work plans at the beginning of their contract year, and then complete monthly progress reports online. Entries are reviewed monthly by contract managers and feedback is provided to the Contractor through the system. The monitoring system focuses on meaningful progress towards successful outcomes (e.g., local smoke free parks and beaches policies passed; face-to-face meetings with organizational decision makers held). Ten reports on progress toward outcomes will be generated annually.

The system is accessed by grantees through user accounts with a user ID and password. Multiple users on the same grant contract are able to share the same user ID and password. The system is equipped to generate email notifications to the TCP when grantees submit or make changes to entries and vice versa. The current system is utilized by over 100 users. Additional features to allow users to upload and share resources as well as for TCP to upload and post guidance documents are achieved through a bulletin board.

The awarded Contractor, if not the incumbent contractor, must design and maintain a web-based reporting system that provides the necessary tools to monitor grantees' progress toward outcomes and ensure that work plans are being followed. The system must be operational and available for use within 6 months after the start of the contract, which includes creation of a user manual. The awarded Contractor, if the incumbent, will be expected to complete a system review and update within 6 months after the start of the contract, which includes updates to the user manual. Thereafter, the system will be reviewed annually by the Contractor to determine the need for system changes. Annual updates to user manuals are required for all system updates. Monthly trainings and technical assistance to help grantees make work plan or monthly report entries as well as other trainings will be required as necessary. The monthly training sessions and technical assistance can be delivered remotely. Ten (10) periodic progress toward outcome reports will be required. The Contractor will need to maintain the current web-based reporting system data fields in whatever web-based reporting system is proposed.

4.1.12 Reporting and Dissemination - Annual Evaluation Report

Dissemination of evaluation, public health surveillance, and performance measurement information to key stakeholders and the public is an important function of the independent evaluation. All dissemination activities must incorporate plans to describe tobacco-related disparities, present and frame disparities data using best practices in data communication and visualization and health principles of health equity.

The Contractor is responsible for completing an annual Independent Evaluation Report (IER), including findings from all the evaluation and surveillance studies conducted during that year. This report is due to the Governor and NYS Legislature by September 1 of each year. To meet the September 1 deadline, the following schedule of deliverables must be followed by the Contractor:

- Detailed outline due the second week of March of each year
- First draft due the second week of May of each year
- TCP-approved second draft due July 1 of each year
- Final draft due for Department approval at the end of August of each year.

Links to past Independent Evaluation Reports can be found here:

https://www.health.ny.gov/prevention/tobacco_control/reports.htm

4.1.13 Reporting and Dissemination - Topical/Thematic Reports

The Contractor is required to complete four topical reports each year that vary in scope and breadth, one of which will be a "Key Outcome Indicator (KOI)" report, for which the Contractor will be required to submit two distinct deliverables, a preliminary draft and a final version. The annual Key Outcome Indicator (KOI) report will include data from all the surveillance systems the Contractor is responsible for as well as relevant data from other publicly available data sources. The report is a chart book with key outcomes depicted in charts and analyses annotated in a notes field. KOI reports will be specific to the Adult Tobacco Survey, National Adult Comparison sample, Youth Tobacco Survey, RATS, and related data sources. The other three reports will be thematic topical reports that broadly cover evaluation themes or other important and timely tobacco control topics, or they may focus on one theme in depth (e.g., demographic characteristics of adults who smoke, cessation, progress on the

point-of-sale initiative, etc.). At least one of the three thematic topical reports must contain a health equity focus.

These reports will be written for a broad audience to include program leadership and staff, other Department staff, program Contractors, and other stakeholders in the tobacco control community. The Contractor will propose potential topics via a study proposal with the final topics being approved by DOH. Final approved reports may be publicized by the Department in the form of press releases and the Contractor must be prepared to assist in that process. Reports will be posted on the Department's website, emailed to a relevant mailing list, and at times, printed for distribution at program meetings.

Links to past topical reports can be found here:

https://www.health.ny.gov/prevention/tobacco_control/reports.htm

4.1.14 Reporting and Dissemination – Manuscripts

Contributing to the scientific literature on tobacco control is an important goal of the program and the independent evaluation will provide ample opportunity and data for this purpose. Collaborations on research manuscripts with Department program leadership are encouraged and expected.

The Contractor will provide annually two manuscript proposals and two full manuscripts written for peer review and designed to contribute to the scientific literature on tobacco control.

Examples of past manuscripts include:

1. Nonnemaker J, Mann N, MacMonegle AJ, et al. Estimating the return on investment of the New York Tobacco Control Programme: a synthetic control study. *BMJ Open* 2024;14:e080525. doi:10.1136/bmjopen-2023-080525. <https://bmjopen.bmj.com/content/bmjopen/14/4/e080525.full.pdf>
2. Brown, E.M., Rogers, T., Spinks, J.G., Gammon, D., Nonnemaker, J., Farrelly, M.C. (2024) - Changes in Sales of Vaping Products and Cigarettes Associated with the New York State Flavored Vaping Product Sales Restriction. *Nicotine & Tobacco Research*, 26,135-141. <https://doi.org/10.1093/ntr/ntad158>
3. Coats, E.M., Farrelly, M.C., Henes, A., Sobolewski, J., Fogarty, M., Brown, E.M., Nonnemaker, J., Fajobi, O. (2023) Underage vaping behaviors and perceptions: Evidence from New York amid a changing regulatory and product landscape and an ongoing pandemic. *Journal of Public Health and Epidemiology*. 15(3):175-183. <https://doi.org/10.5897/JPHE2023.1437>
4. Hayes KA, Brown EM, Nonnemaker J, Juster H, Ortega-Peluso C, Farrelly MC, Davis K. (2023) Effectiveness of a media campaign promoting health care provider tobacco dependence treatment. *Preventive Medicine Reports*. 36:102403. <https://doi.org/10.1016%2Fj.pmedr.2023.102403>
5. Curry, L. E., Feld, A. L., Rogers, T., Coats, E. M., Nonnemaker, J., Anker, E., Ortega-Peluso, C., & Battles, H. (2022). Changes in Reported Secondhand Smoke Incursions and Smoking Behavior after Implementation of a Federal Smoke-Free Rule in New York State Federally Subsidized Public Housing. *International Journal of Environmental Research and Public Health*, 19(6), 3513. <https://doi.org/10.3390/ijerph19063513>

4.2 Staffing

The Contractor will ensure organizational capacity and a staffing structure that demonstrates capacity and expertise to complete all deliverables and provide oversight of the entire project while maintaining communication between the Contractor and all components of the TCP. Required staff include:

- A full-time project coordinator to ensure timely completion of all deliverables, timely submission of all deliverables for Department review, timely submission of annual implementation plan and, timely submission of payment vouchers to proper Department personnel.
- A scientific director who will oversee the evaluation, with an advanced degree (Masters or higher) in public health or the social sciences and a recent history of peer reviewed publications related to the evaluation of public health programs and/or tobacco control.
- Additional staff with competencies in public health surveillance, survey methodology, statistics, health systems evaluation, health equity, community programs evaluation, media evaluation, performance measurement, and reporting and dissemination.

The scientific director and any senior staff named must have qualifications (e.g., educational degree, professional experience, certifications, scientific publication, etc.) that demonstrate a thorough understanding of tobacco control science and practice and be capable of quickly developing an understanding of the TCP and New York-specific issues that might enhance or inhibit TCP success. Staff participation is expected in the following meetings:

- Weekly virtual meetings with DOH staff (relevant staff, depending on topic)
- Annual in-person reverse site visit to DOH (scientific director and relevant staff)
- Annual in-person or virtual presentation to the Tobacco Use Prevention and Control Advisory Board (scientific director)
- Annual in-person or virtual presentation to ATFC and HSTFNY Grantees statewide meeting (scientific director or designee)

The Contractor must submit resumes of staff for Department review prior to individuals commencing any work.

4.3 Reporting

The Contractor will submit reports as specified in Section 4.1 Tasks/Deliverables. The Contractor will maintain all reports in a shareable location administered by the Contractor (e.g., SharePoint) so that they can be accessed by DOH. The Contractor will submit a monthly list of all work completed, when submitting the monthly voucher.

4.4 Information Technology

The application and all systems and components supporting it, including, but not limited to, any forms and databases that include personal health, personal identification or other New York State information, must comply with all NYS security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

4.5 Security

The selected Contractor shall comply with all privacy and security policies and procedures of the Department (<https://its.ny.gov/policies>) and applicable State and Federal law and administrative guidance with respect to the performance of the Contract. The Contractor is required, if applicable, to execute a number of security and privacy agreements with the Department including a Business Associate Agreement (Appendix H) and a Data Use Agreement (DUA) at contract signing.

The Contractor is expected to provide secure and confidential backup, storage and transmission for hard copy and electronically stored information. Under no circumstances will any records be released to any person, agency, or organization without specific written permission of the DOH. The Contractor is obligated to ensure any Subcontractor hired by Contractor who stores, processes, analyzes or transmits MCD on behalf of Contractor has the appropriate security requirements in place. Contractor is required to include in all subcontracts and Business Associate Agreements with their Subcontractors language surrounding the security and privacy requirements as well as the language contained in the Confidentiality Language for Third Parties section of the DUA. If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Contractor or Subcontractor, DOH must be notified immediately.

The Contractor is required to maintain and provide to the Department upon request their data confidentiality plans and procedures for meeting security requirements as they relate to the deliverables and services within this RFP, including all plans as they relate to subcontractor work where applicable. Contractor will develop and maintain adequate fully trained staff to respond to all stakeholder inquiries while protecting confidentiality and maintaining the security and integrity of all systems. Staff must be trained to understand and observe requirements related to confidentiality and operating guidelines for functions included in this RFP.

The Contractor will comply fully with all current and future updates of the security procedures of the DOH as well as with all applicable State and Federal requirements, in performance of the Contract.

4.6 Transition

The transition represents a period when the current contract activities performed by the Contractor must be turned over to the Department, another Department agent or successor Contractor during or at the end of the Contract Term.

The Contractor shall ensure that any transition to the Department, Departmental agency or successor Contractor be done in a way that provides the Department with uninterrupted Evaluation, Surveillance and Web-based Performance Monitoring services. This includes a complete and total transfer of all data, files, reports, and records generated from the inception of the Contract through the end of the Contract to the Department or another Department agent should that be required during or upon expiration of its contract.

The Contractor shall provide technical and business process support as necessary and required by the Department to transition and assume contract requirements to the Department or another Department agent should that be required during or at the end of the Contract.

The Contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFP during the transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period.

Contractor is required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the Contract through the end of the Contract to the Department or another Department agent should that be required during or upon expiration of its Contract. The plan and documentation must be submitted to the Department no later than twelve (12) months before the last day of its Contract with the Department of Health or upon request of the Department.

4.7 Payment

Payment of invoices and/or vouchers submitted by the successful Bidder pursuant to the terms of the Contract entered into pursuant to this RFP by the Department shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

Payments will be made on a monthly basis, according to deliverables that have been completed, submitted and approved by the DOH contract manager.

Payment of: Section 4.1.1: Implementation Plan

- a. Payment upon completion of annual implementation plan

Payment of: Section 4.1.2: Media Tracking and Evaluation Studies

- a. Payment upon completion of study proposals for (1) annual formative evaluation of 12 tobacco-related ads and (3) annual full evaluations of campaigns consisting of 3-4 tobacco-related ads
- b. Monthly payment for data collection pertaining to (1) annual formative evaluation of 12 tobacco-related ads and (3) annual full evaluations of campaigns consisting of 3-4 tobacco-related ads
- c. Payment upon completion of management briefs summarizing the study results and slide decks with full study results for (1) annual formative evaluation and (3) annual full campaign evaluations

Payment of: Section 4.1.3: Community Programs – Health Systems for a Tobacco Free NY (HSTFNY) and the New York State Quitline

- a. Payment upon completion of each study proposal for (1) annual progress report for the HSTFNY initiative, (1) annual Quitline reach, utilization and effectiveness study and (1) annual ad hoc study related to tobacco-related health systems/Quitline work in NYS.
- b. Monthly payment for data collection pertaining to (1) annual progress report for the HSTFNY initiative, (1) annual Quitline reach, utilization and effectiveness study and (1) annual ad hoc study related to tobacco-related health systems/Quitline work in NYS
- c. Payment upon completion of management brief summarizing results and slide deck with full study results for (1) annual progress report for the HSTFNY initiative, (1) annual Quitline reach, utilization ad effectiveness study and (1) annual ad hoc study related to tobacco-related health systems/Quitline work in NYS

Payment of: Section 4.1.4: Community Programs – Advancing Tobacco Free Communities (ATFC)

- a. Payment upon completion of each study proposal for (2) annual studies to evaluate the ATFC initiative, and (2) annual focus group studies with priority populations to gather formative information on emerging topics
- b. Monthly payment for data collection pertaining to (2) annual studies to evaluate the ATFC initiative, and (2) annual focus group studies with priority populations to gather formative information on emerging topics
- c. Payment upon completion of management brief summarizing results and slide deck with full study results for (2) annual studies to evaluate the ATFC initiative, and (2) annual focus group studies with priority populations to gather formative information on emerging topics

Payment of: Section 4.1.5: Surveillance – New York Adult Tobacco Survey (ATS)

- a. Payment upon completion of an annual Adult Tobacco Survey data collection plan which includes proposed updates to the survey instrument, availability of the survey in English and Spanish, and plans to incorporate principles of health equity in surveillance, including involving communities most

impacted by targeted tobacco marketing, tobacco use, and tobacco-related health outcomes to periodically provide input on the content of the survey and survey plans

- b. Monthly payment for Adult Tobacco Survey data collection
- c. Payment upon completion of an annual analytic and public use datasets and annual codebook for the Adult Tobacco Survey

Payment of: Section 4.1.6: Surveillance – National Adult Tobacco Comparison Data

- a. Payment upon completion of an annual national data collection or analysis plan which includes plans to incorporate principles of health equity in surveillance as described in section 4.1.5 (if primary data will be collected via a survey, the survey will be made available in English and Spanish)
- b. Monthly payment for National Adult Tobacco Comparison Data primary or secondary data collection
- c. Payment upon completion of an annual analytic dataset and an annual codebook, applicable to those conducting primary data collection, or an annual management brief containing analysis of key indicators for the National Adult Tobacco Comparison data

Payment of: Section 4.1.7: Surveillance – Youth Tobacco Survey (YTS)

- a. Payment upon completion of survey preparation and submission of a data collection plan incorporating principles of health equity, school sample selection, survey instrument and school recruitment for New York YTS
- b. Payment upon completion of activities to conduct the New York YTS, including the completion of field staff training and monthly data collection
- c. For each data collection year, payment upon delivery of Youth Tobacco Survey analytic and public use datasets and codebooks

Payment of: Section 4.1.8: Surveillance – Retail Advertising of Tobacco Survey (RATS)

- a. For each data collection year, payment upon completion of a study proposal for the Retail Advertising of Tobacco Survey
- b. Monthly payment for Retail Advertising of Tobacco Survey data collection
- c. For each data collection year, payment for a management brief summarizing results and a slide deck with full study results for the Retail Advertising of Tobacco Survey
- d. For each data collection year, payment upon completion of a Retail Advertising of Tobacco Survey dataset and codebook

Payment of: Section 4.1.9: Surveillance – Local Opinion Leader Feedback

- a. For each data collection year, payment upon completion of a study proposal for the Local Opinion Leader Feedback Study
- b. Monthly payment for Local Opinion Leader Feedback data collection
- c. For each data collection year, payment for a management brief summarizing results and a slide deck with full study results for the Local Opinion Leader Feedback study
- d. For each data collection year, payment upon completion of a Local Opinion Leader Feedback dataset and codebook

Payment of: Section 4.1.10: Surveillance - Ad hoc Surveillance Study

- a. Payment upon completion of an annual study proposal for the Ad hoc Surveillance Study
- b. Monthly payment for Ad hoc Surveillance Study data collection
- c. Payment for a management brief summarizing results and a slide deck with full study results for the

annual Ad hoc Surveillance Study

Payment of: Section 4.1.11: Web-Based Monitoring of Grantees

- a. Payment upon completion of the development or update of web-based reporting system for grantee monthly performance measure reporting in Year 1. Payment for ongoing updates and maintenance of system in Years 2 – 5.
- b. Payment upon completion of development of user manual or updated user manual in Year 1 and annual updates to user manuals in Years 2-5
- c. Monthly payment for trainings and technical assistance to grantees to make work plan or monthly report entries as well as other trainings as necessary
- d. Payment upon completion of each of (10) progress toward outcome reports

Payment of: Section 4.1.12: Reporting and Dissemination – Annual Evaluation Report

- a. Payment upon completion of the detailed outline due the second week of March each year
- b. Payment upon completion of the first draft due the second week of May each year
- c. Payment upon completion of TCP-approved draft due July 1 each year
- d. Payment upon completion of final draft due the end of August each year

Payment of: Section 4.1.13: Reporting and Dissemination – Topical/Thematic Reports

- a. Payment upon completion of (1) draft Key Outcome Indicator Report and (1) final Key Outcome Indicator Report
- b. Payment upon completion of study proposals for (3) topical reports
- c. Payment upon completion of (3) topical reports

Payment of: Section 4.1.14: Reporting and Dissemination – Manuscripts

- a. Payment upon completion of study proposals for (2) manuscripts written for peer review and designed to contribute to the scientific literature on tobacco control
- b. Payment upon completion of (2) full manuscripts written for peer review and designed to contribute to the scientific literature on tobacco control

The Contractor shall submit invoices and/or Claim for Payment to the State's designated payment office:

Preferred Method: Email a .pdf copy of your signed Claim for Payment to the Business Service Center (BSC) at: AccountsPayable@ogs.ny.gov and cc to your Contract Manager and BCDER.FISCAL@health.ny.gov with a subject field as follows:

Subject: Unit 3450263; Contract Number C040649

Alternate Method: Mail signed, original Claim for Payment at the following U.S. postal address:

NYS Department of Health
Unit ID 3450263; Contract Number C040649
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900

4.8 Subcontracting

Bidders may propose the use of a subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that all the requirements of this RFP is met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any Bidder's staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Contract.

NOTE: Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime Contractor.

4.9 Contract Insurance Requirements

Prior to the start of work under the Contract, the Contractor shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of the Contract, insurance of the types and in the amounts set forth in [Attachment 8](#), the New York State Department of Health Contract, Section IV. Contract Insurance Requirements as well as below:

4.9.1. Professional Liability Insurance / Error and Omissions Liability Insurance

The Contractor and any subcontractor retained by the Contractor to work on the contract shall procure and maintain during and for a period of three (3) years after completion of the contract, Professional Liability Insurance/Errors and Omissions Liability Insurance in the amount of \$2,000,000 issued to and covering damage for liability imposed on the Contractor by the contract or law arising out of any negligent act, error, or omission in the rendering of or failure to render professional services required by the contract. The Professional Liability Insurance/Errors and Omissions Liability Insurance may be issued on a Claims-Made Policy form, in which case the Contractor shall purchase, at its sole expense, Tail Coverage of up to three (3) years after work is completed if coverage is cancelled or not renewed.

4.9.2. Data Breach and Privacy/Cyber Liability

The Contractor shall maintain, during the term of the contract, Data Breach and Privacy Liability Insurance (Cyber Insurance) including coverage for failure to protect confidential information and failure of the security of the Contractor's computer systems or the NYS DOH's systems due to the actions of the Contractor which results in unauthorized access to the Agency or its data. The Contractor shall carry and maintain coverage in the amount of \$2,000,000 issued to and covering damages arising from, but not limited to the following:

- Breach of duty to protect the security and confidentiality of nonpublic proprietary corporate information.
- Personally identifiable nonpublic information (e.g., medical, financial, or personal in nature in electronic or non-electronic form);
- Privacy notification costs;
- Regulatory defense and penalties;
- Website media liability; and
- Cyber theft of customer's property, including but not limited to data, PII, money and securities.

If the policy is written on a Claims-Made basis, the Contractor must provide to the NYS DOH proof that the policy provides the option to purchase Tail Coverage providing coverage for no less than one (1) year after work is completed in the event that coverage is canceled or not renewed. This requirement applies to both primary and Excess Liability Policies, as applicable.

4.10 Minority & Women-Owned Business Enterprise (M/WBE) Requirements

Pursuant to New York State Executive Law Article 15-A, the Department recognizes its obligation to promote opportunities for maximum feasible participation of **certified** minority- and woman-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

4.11 Business Participation Opportunities for M/WBEs

For purposes of this RFP, DOH hereby establishes an overall goal of 30% for M/WBE participation, 15% for Minority-Owned Business Enterprises (“MBEs”) participation and 15% for Women-Owned Business Enterprises (“WBEs”), based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms. The successful Bidder who becomes the Contractor under the Contract entered into with the Department pursuant to this RFP must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Contract consistent with the M/WBE participation goals established for this procurement, and Contractor must agree that DOH may withhold payment pending receipt of the required M/WBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right-hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged, and all communication efforts and responses should be well documented to establish Contractor’s “good faith efforts”.

By submitting a Bid in response to this RFP, a Bidder agrees to complete an M/WBE Utilization Plan ([Attachment 5](#), Form #1) for this RFP. DOH will review the submitted M/WBE Utilization Plan. If the Plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days after Bidder’s receipt of such notice. DOH may disqualify a Bidder as being non-responsive to this RFP under the following circumstances:

- a) If a Bidder fails to submit a M/WBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Bidder has failed to document good-faith efforts to provide meaningful participation by M/WBEs under the Contract in accordance with the goals for this RFP established by the Department;

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified in its M/WBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor’s Quarterly M/WBE Contractor Compliance & Payment Report to the DOH, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the M/WBE goals of the Contract.

If (a) the Department determines that the Contractor is not in compliance with the M/WBE requirements of the Contract and the Contractor refuses to comply with such requirements, or (b) the Department finds that the Contractor has willfully and intentionally failed to comply with the M/WBE participation

goals established in the Contract, the Contractor may be required to pay to the Department liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to M/WBEs had the Contractor achieved the contractual M/WBE goals; and (2) all sums actually paid to M/WBEs for work performed or materials supplied under the Contract.

A New York State certified Minority- and Women-Owned Businesses (M/WBE) may request that their firm's contact information be included on a list of M/WBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on the Department's website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to BCDER@health.ny.gov before the Deadline for Questions as specified in [Section 1](#). (Calendar of Events). Nothing prohibits an M/WBE Vendor from proposing as a prime Contractor.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.)

Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by NYS-certified Service-Disabled Veteran-Owned Businesses ("SDVOBs"), thereby further integrating such businesses into New York State's economy. DOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of DOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, DOH conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidders are encouraged to contact the Office of General Services' Division of Service-Disabled Veteran's Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

5.0 ADMINISTRATIVE INFORMATION

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of your proposal.

5.1 Restricted Period

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“RFP”), or solicitation of proposals, or any other method for soliciting a response from Bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies designated contacts on face page of this RFP to whom all communications attempting to influence this procurement must be made.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the Bidder is non-responsible and therefore ineligible for this contract award. Two (2) violations within four (4) years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in DOH procurements for a period of four (4) years.

5.2 Questions

Potential Bidders may submit written questions and requests for clarification pertaining to this RFP between the issuance of this RFP and the deadline for the submission of written questions specified in [Section 1](#) (Calendar of Events). All questions and requests for clarification of this RFP should cite the relevant RFP, including the RFP number and title RFP # C040649, Independent Evaluation of the NYS Tobacco Control Program, the section and paragraph number of this RFP or of the Attachment to this RFP to which the question relates, where applicable, and must be submitted via email to BCDER@health.ny.gov no later than the Deadline for Submission of Written Questions specified in [Section 1](#). (Calendar of Events). Questions received after the deadline **may not** be answered.

If a potential Bidder discovers any ambiguity, conflict, discrepancy, omission, or other apparent error in this RFP, the Bidder shall immediately notify DOH of such error in writing at BCDER@health.ny.gov and request that DOH clarify or modify the Terms of this RFP. If, prior to the deadline for the Submission of Bids, a Bidder fails to notify DOH of a known error or an error that reasonably should have been known, the Bidder shall assume the risk of bidding notwithstanding such apparent ambiguity, conflict, discrepancy, omission or other error. If awarded the Contract pursuant to the terms of this RFP, the Bidder shall not be entitled to an amendment to the terms of the Contract to correct or clarify any such ambiguity, conflict, discrepancy, omission or other error nor to any additional compensation by reason of the error or its correction.

5.3 Right to Modify RFP

DOH reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by DOH, at any time prior to the Deadline for Submission of Proposals specified in [Section 1.0](#) (Calendar of Events). Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed

necessary by DOH will be posted to the DOH website.

If a prospective Bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Bidder shall immediately notify DOH of such error in writing at BCDER@health.ny.gov and request clarification or modification of the RFP.

If, prior to the Deadline for Submission of Proposals, a Bidder fails to notify DOH of a known error or an error that reasonably should have been known, the Bidder shall assume the risk of proposing. If awarded the Contract, the Bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.4 DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the Department's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any Bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the State's investigation of a Bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the Bidder in response to the Department's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct Bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective Bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful Bidder within the scope of the RFP in the best interests of the State;
13. Conduct contract negotiations with the next responsible Bidder, should the Department be unsuccessful in negotiating with the selected Bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five days, any bid is subject to withdrawal communicated in a writing signed by the Bidder; and,
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 Bidder's proposal and/or to determine a Bidder's compliance with the requirements of the solicitation.

5.5 Debriefing

Once an award has been made, a Bidder may request a debriefing of their Bid. The debriefing will be limited solely to the Bidder's own Bid and will not include any discussion of other bids. A Bidder's request for a debriefing must be received by the Department no later than fifteen (15) calendar days after the date of the award notification to the successful Bidder or non-award announcement to the unsuccessful Bidder,

depending upon whether the Bidder requesting the debriefing is the successful Bidder or an unsuccessful Bidder.

5.6 Protest Procedures

In the event an unsuccessful Bidder wishes to protest the award resulting from this RFP, the protesting Bidder must follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the OSC's Guide to Financial Operations, which is available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

5.7 Freedom of Information Law ("FOIL")

All Bids may be disclosed or used by the Department to the extent permitted by law. The Department may disclose a Bid to any person for the purpose of assisting in evaluating the Bid or for any other lawful purpose. All Bids will become State agency records, which will be available to the public in accordance with the New York State Freedom of Information Law. **Any portion of the Bid that a Bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the Bid as specified in Section 6.1.2. of this RFP.** If the Department agrees with the proprietary claim, the designated portion of the Bidder's Bid will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

5.8 Piggybacking

New York State Finance Law section 163(10)(e) (see also <https://ogs.ny.gov/procurement/piggybacking-using-other-existing-contracts-0>) allows the Commissioner of the NYS Office of General Services to consent to the use of the Contract entered into pursuant to this RFP by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

6.0 PROPOSAL CONTENT

The following includes the format and information to be provided by each Bidder. Bidders responding to this RFP must satisfy all requirements stated in this RFP. All Bidders are requested to submit complete Administrative and Technical Proposals and are required to submit a complete Cost Proposal. A proposal that is incomplete in any material respect may be rejected.

To expedite review of the proposals, Bidders are requested to submit proposals in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in Attachment A, Proposal Documents. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

DOH will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals.

6.1 Administrative Proposal

The Administrative Proposal should contain all items listed below. An Administrative Proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

6.1.1 Bidder's Disclosure of Prior Non-Responsibility Determinations

Submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determinations."

6.1.2 Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of their proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.7](#), (Freedom of Information Law)

6.1.3 Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that Bidders file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at www.osc.state.ny.us/vendrep.

Bidders must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Bidders opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Bidders should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

6.1.4 Vendor Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates and subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the Bidder contractually.

6.1.5 M/WBE Forms

Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in [Attachment 5](#), "Guide to New York State DOH M/WBE RFP Required Forms."

6.1.6 Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), "Encouraging Use of New York State Businesses in Contract Performance" to indicate the New York Businesses you will use in the performance of the Contract.

6.1.7 Bidder's Certified Statements

Complete, sign and submit [Attachment 7](#), "Bidder's Certified Statements", which includes information regarding the Bidder. [Attachment 7](#) must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder.

6.1.8 References

Provide references using [Attachment 9](#), (References) for three organizations for whom the Bidder has provided public health evaluation services. Provide firm names, addresses, contact names, telephone numbers, and email addresses.

6.1.9 Diversity Practices Questionnaire

The Department has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents to this procurement is practical, feasible, and appropriate. Accordingly, respondents to this procurement should include as part of their response to this procurement, [Attachment 10](#) "Diversity Practices Questionnaire". Responses will be formally evaluated and scored.

6.1.10 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Bidder should complete and submit [Attachment 11](#) certifying that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

6.1.11 Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia

Bidder should complete and submit [Attachment 12](#) certifying the status of their business operations in Russia, if any, pursuant to Executive Order 16.

6.1.12 State Finance Law Consultant Disclosure Provisions

In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all Contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful Bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

The successful Bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department, the Office of the State Comptroller, and Department of Civil Service.

Submit State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report, available at: <http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and <http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

6.1.13 Sales and Compensating Use Tax Certification (Tax Law, § 5-a)

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain Contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such Contractor's sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain Contractors the obligation to certify whether or not the Contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and Contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offeror meeting the registration requirements but who is not so registered in accordance with the law.

The successful Bidder must file a properly completed Form ST-220-CA with the Department [^] and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Submit these Forms, available through these links:

- ST-220 CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf
- ST-220 TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

6.2 Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the Bidder to perform the services contained in this RFP. The Technical Proposal should demonstrate the qualifications of the Bidder and the staff to be assigned to provide services related to the services included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information requested to be provided by Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy.

While additional data may be presented, the following should be included. Please provide the information in the same order in which it is requested. Your proposal should contain sufficient information to assure DOH of its accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal cannot be included in the Technical Proposal documents.

6.2.1 Title Page

Submit a Title Page providing the RFP subject and number; the Bidder's name and address, the name, address, telephone number, and email address of the Bidder's contact person; and the date of the Proposal.

6.2.2 Table of Contents

The Table of Contents should clearly identify all material (by section and page number) included in the Bidder's proposal.

6.2.3 Documentation of Bidder's Eligibility Responsive to Section 3.1 of RFP

Bidders must be able to meet all the requirements stated in Section 3.1 of the RFP. The Bidder must submit documentation that provides sufficient evidence of meeting the criterion/criteria set forth in Section 3.1 Minimum Qualifications. This documentation may be in any format needed to demonstrate how the Bidder meets the minimum qualifications to propose.

The NYSDOH will only accept bid proposals from Bidders who meet all of the following minimum requirements:

A minimum of five (5) years' experience evaluating large-scale public health programs, and developing, implementing, and interpreting studies to measure the effectiveness of public health programs. This experience must include all of the following:

- Expertise in conducting quantitative and qualitative research;
- Developing, implementing, analyzing, and interpreting cross-sectional, ethnographic and cohort studies;
- Developing logic models and identifying program performance measures;
- Conducting public health surveillance;
- Integrating all of the above to perform an independent evaluation of a comprehensive public health intervention; and
- Conducting equity-focused evaluation activities, which include the ability to reach historically disenfranchised populations when collecting data and the ability to apply health equity best practices to data analysis, interpretation, framing, and reporting activities.

Experience acquired concurrently is considered acceptable.

All Bidders must submit a signed [Attachment 14](#) with their proposal. The awarded bidder (Contractor) must have a written policy prohibiting any affiliation with a tobacco company or tobacco product manufacturer, including receipt of gifts, grants, contracts, financial support, in-kind support, and other relationships. The prime Contractor will ensure that subcontractors also have this written policy and that no subcontractors receiving funding through this award have any affiliations with a tobacco company or tobacco product manufacturer ([See Attachment 14](#)).

Preferred Qualifications

Bidders that demonstrate three (3) or more years of experience evaluating comprehensive statewide tobacco control programs are preferred.

6.2.4 Technical Proposal Narrative

The Technical Proposal should provide satisfactory evidence of the Bidder's ability to meet, and expressly respond to, each element listed below. Elements of the Technical Proposal are as follows:

6.2.4.1.1 Implementation Plan

Bidder should describe their approach to designing an annual implementation plan as outlined in Tasks/Deliverables section 4.1.1. If the Bidder plans to subcontract for any of the deliverables listed

herein, the Bidder should describe the general scope of work to be performed by the subcontractor. Known subcontractors should be identified. Upon award, any proposed subcontractors must be approved by the NYS Department of Health.

6.2.4.1.2 Media Tracking and Evaluation Studies

Bidder should describe their plan to conduct media tracking and evaluation studies as outlined in Tasks/Deliverables section 4.1.2. The plan should cover each of the activities outlined in section 4.1.2 and for submitting the deliverables associated with proposed formative research and campaign evaluations.

6.2.4.1.3 Community Programs – Health Systems for a Tobacco Free New York and the New York State Quitline

The Bidder should describe their plan to conduct evaluation studies of community programs – Health Systems for a Tobacco Free New York and the New York State Quitline as described in Task/Deliverables section 4.1.3. The plan should cover activities proposed to evaluate and report progress made by HSTFNY grantees, report annually on the reach utilization and effectiveness of the Quitline, complete one ad hoc study related to tobacco-related health systems/Quitline activity and submit the deliverables associated with these studies.

6.2.4.1.4 Community Programs – Advancing Tobacco Free Communities

The Bidder should describe their plan to conduct evaluation studies of community programs – Advancing Tobacco Free Communities as described in Task/Deliverables section 4.1.4. The plan should describe proposal for completing semi-annual focus groups with priority population and two studies to evaluate progress the Advancing Tobacco Free Communities initiative.

6.2.4.1.5 New York Adult Tobacco Survey

The Bidder should describe their plan to conduct the NY ATS as described in Task/Deliverables section 4.1.5, to include strategies they would use to maximize response rates (estimate using CASRO and AAPOR methodologies), including but not limited to provision of incentives and use of alternative survey methodologies. Proposals should provide documentation regarding experience conducting adult health behavior surveillance, including the size, administration modes, response rates, ability to translate surveys from English to Spanish, and ability to reach historically underrepresented populations. Proposals should also include plans to incorporate principles of health equity in surveillance, including but not limited to involving communities most impacted by targeted tobacco marketing, tobacco use, and tobacco-related health outcomes to periodically provide input on the content of the survey, survey administration plans, and interpretation and presentation results.

6.2.4.1.6 National Adult Tobacco Comparison Data

The Bidder should describe their plan to develop and submit an annual national data collection or analysis plan, collect data, and provide an annual analytic dataset and codebook, as described in Task/Deliverables section 4.1.6. The bidder may propose primary or secondary data collection for this deliverable. If proposing primary data collection, describe proposed methodologies, expected response rates (using CASRO and AAPOR methodologies), any special strategies to increase or maintain response rates, including but not limited to provision of incentives and use of alternative survey methodologies, provide documentation regarding telephone, web-based and mail surveys the Bidder has conducted, and describe ability to translate surveys from English to Spanish. If proposing secondary data collection, indicate which data sources will be utilized, the procedures needed to

access the data source, and which measures will be available to satisfy the topic areas listed in Section 4.1.6. The response should be specific about how the national data will be aligned with New York's Adult Tobacco Survey data. Proposals should also include plans to incorporate principles of health equity in surveillance including data collection, analysis, and presentation.

6.2.4.1.7 New York Youth Tobacco Survey

The Bidder should describe their plan to conduct the New York Youth Tobacco Survey as described in Task/Deliverables section 4.1.7. Bidders should estimate expected response rates separately for schools and for students. Bidders should state expected response rates, any special strategies to maintain response rates and provide documentation regarding school-based surveys the Bidder has conducted. Proposals should provide documentation regarding experience conducting youth behavioral health surveillance including the size, administration modes, response rates, and ability to reach historically underrepresented populations. Proposals should also include plans to translate the survey from English to Spanish and to incorporate principles of health equity in surveillance, including but not limited to, a) involving communities most impacted by targeted tobacco marketing, tobacco use, and tobacco-related health outcomes to periodically provide input on the content of the survey, survey administration plans, and interpretation and presentation of results; b) use of analytical methods to monitor tobacco-related disparities; and c) application of best practices in tobacco disparities framing and data visualization.

6.2.4.1.8 Retail Advertising of Tobacco Survey

The Bidder should describe their plan to conduct the Retail Advertising of Tobacco Survey, on a biennial basis, as described in Task/Deliverables section 4.1.8. Proposals should provide documentation regarding experience conducting observational surveillance including the sample size, administration modes, and ability to reach historically underrepresented communities. Proposals should also include plans to incorporate principles of health equity in surveillance, including but not limited to, a) involving communities most impacted by targeted tobacco marketing, tobacco use, and tobacco-related health outcomes to periodically provide input on the content of the survey, survey administration plans, and interpretation and presentation of results; b) using analytical methods to monitor tobacco-related disparities; and c) applying best practices in tobacco disparities framing and data visualization.

6.2.4.1.9 Local Opinion Leader Feedback

The Bidder should describe their plan to conduct the Local Opinion Leader Feedback data collection activity, as described in Task/Deliverables section 4.1.9. The plan can include continued use of the Local Opinion Leader Survey (LOLS) or it may include an alternate method, which should be described. Bidders should detail how the sampling of local opinion leaders will take into consideration the diversity in political affiliations of local leaders throughout the state and result in feedback that reflect the geographic and political diversity.

Proposals should provide details regarding experience collecting quantitative and qualitative data from key partner groups including the sample size, methodologies used, and ability to reach historically underrepresented populations. Proposals should also include plans to incorporate principles of health equity in data collection, analysis, and presentation.

6.2.4.1.10 Ad hoc surveillance study

Bidders should describe their approach to conducting ad hoc surveillance studies as described in Task/Deliverables section 4.1.10. Examples of these types of studies include methodological studies of existing surveillance systems to increase response rates, and surveys with demographic groups to gather in-depth information on emerging or novel tobacco products. The Bidder should propose

potential topics knowing the final topics will be negotiated with the program; topics that prioritize measuring tobacco-related disparities are preferred. Proposals should provide documentation regarding experience conducting ad-hoc surveillance studies, including the sample size, methodologies used, and ability to reach historically underrepresented populations. Proposals should also include plans to incorporate principles of health equity in data collection, analysis, and presentation.

6.2.4.1.11 Web-Based Monitoring of Grantees

The Bidder should describe their plan to or experience with implement(ing) and maintain(ing) the web-based reporting system as described in Task/Deliverables section 4.1.11. Details should include experience with creating and updating user manuals, providing training and technical assistance, completing reporting and maintaining data fields and integrity.

6.2.4.1.12 Annual Evaluation Report

The Bidder should describe their plan to complete the annual IER as described in Task/Deliverables section 4.1.12, including details on how the schedule will be met to ensure completion by September 1 annually.

6.2.4.1.13 Topical/Thematic Reports

The Bidder should describe their plan to develop and submit the three topical report proposals, three final topical reports, one preliminary annual KOI document and one final KOI document required annually, as described in Task/Deliverables section 4.1.13.

6.2.4.1.14 Manuscripts

The Bidder should describe their experience with manuscript development and collaboration as well as their publication history. The Bidder should describe their plan to develop and submit two manuscripts for peer review, as described in Task/Deliverables section 4.1.14.

6.2.4.2 Staffing Requirements

- A. Bidder should describe their organizational capacity and staffing qualifications, including experience providing large-scale public health evaluation services, working with state agencies, including health departments, and experience with tobacco control evaluation and planning. Organizational capacity should match the scale and scope of this project, including ability to design and implement the required program evaluation, surveillance, web-based monitoring, and reporting activities. Staffing qualifications should indicate experience at all levels of this project including project development, data collection, data analysis, interpretation and synthesis of results, and report development for professional and public audiences. This section should show how your organization will successfully function and meet the requirements of this project.
- B. The Bidder should provide a staffing plan for completion of services that demonstrates their ability to meet the required deliverables and maintain adequate levels of management oversight for completion of contract services, including:
 - i. Title, responsibility, and type of staff available and physical location of Bidder's staff to be engaged in performance of the deliverables;
 - ii. How the Bidder plans to recruit and train an adequate number of staff;
 - iii. Bidder's ability to provide qualified staff to carry out the projected workload during the contract and how they plan to provide staff to meet the scope of work over the entire contract period;

- iv. Bidder's ability to provide sufficient additional management and administrative support staff necessary to organize, prepare, and carry out all management and administrative tasks associated with conducting the services; Management oversight must be adequate to ensure the integrity of evaluation projects throughout the course of the contract period;
 - v. Bidder's process for ensuring all Contractor and subcontractor staff are appropriately trained and how the training protocols provide for consistency among audit staff and the analysis of findings;
 - vi. How the Bidder intends to maintain the staffing levels and personnel planned;
 - vii. An organizational chart that delineates the titles of the staff responsible for fulfilling the tasks/deliverable detailed in Section 4.0 Scope of Work, their lines of communications, and demonstrates how the Bidder intends to organize staff and management for this project.
 - viii. Bidder should provide a flow chart describing how the Bidder will conduct internal management of this large-scale project.
- C. The Bidder should provide a job description for each position proposed to be utilized in the performance of the contract work. Resumes are not required to be submitted with this proposal and will not be evaluated.

6.2.4.3. Proposed Approach - Reporting

Bidder should describe how it plans to provide the reports described in Section 4.3. The Bidder should also describe how they will manage and maintain all reporting in a shareable location which they will administer. Provide examples of reports that demonstrate the Bidder's capacity to summarize monthly reports and contract deliverables, per Section 4.3

6.2.4.4. Proposed Approach – Information Technology

Bidder should describe their plan to ensure any applications, including systems and components supporting it, comply with all NYS security policies and standards. (Section 4.4)

6.2.4.5. Proposed Approach- Security

Bidder should describe their plan to comply with all privacy and security policies and procedures of the Department, applicable state and federal law and administrative guidance with respect to the performance of the contract. (Section 4.5)

6.2.4.6. Proposed Approach- Transition

Bidder should provide an overview of its transition plan that ensures a complete and total transfer of all files and records necessary to perform the scope of work and discussion of continuity of services for evaluation, surveillance and web-based performance monitoring activities (Section 4.6).

6.3 Cost Proposal

Submit a completed and signed [Attachment 13 – Cost Proposal](#). The Cost Proposal shall comply with the format and content requirements as detailed in this RFP and in Attachment 13. Failure to comply with the format and content requirements may result in disqualification.

There are four (4) tabs in the Cost Proposal:

Tab 1 - Instructions – this tab is only a guide. No data should be entered on this tab.

Tab 2 - Input Bid – bidders are to enter data in the blue cells only. All blue cells on this tab must be completed.

Tab 3 - Bid Calculation – this tab calculates the prices for all deliverables considering the anticipated quantity for each year. Bidders cannot enter data on this tab.

Tab 4 - Summary of Bid – print the name of the individual authorized to submit the bid.

Bidders are directed to print tabs 2-4 above and use a wet ink signature on the last page and scan the pages from tabs 2-4 to submit your cost proposal.

The bid price is to cover the cost of furnishing all of the product(s)/services sought to be procured, including but not limited to travel, materials, equipment, overhead, profit, and labor to the satisfaction of the Department and the performance of all work set forth in said specifications.

7.0 PROPOSAL SUBMISSION

A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal. Proposals should be submitted in all formats as prescribed below.

	Electronic Submission
Administrative Proposal	2 email PDF(s) labeled “Administrative Proposal” containing a standard searchable PDF file with copy/read permissions only.
Technical Proposal	2 email PDF(s) labeled “Technical Proposal” containing a standard searchable PDF file with copy/read permissions only.
Cost Proposal	2 email PDF(s) “Cost Proposal” containing standard searchable PDF file(s) with copy/read permissions only.

Email PDF/Electronic Submission Instructions:

1. Submit three (3) separate and searchable PDF proposals in three (3) separate emails to: DCDPFISCAL@health.ny.gov . Use this naming convention for the subject line of each email: <Type of Proposal Submission, Bidder Name, RFP#C040649>.
2. Include, as attachment to each email, the distinct PDF file labeled “Administrative Proposal”, “Technical Proposal”, or “Cost Proposal” followed by Company name and RFP number. Example: “Technical Proposal Submission, ABC Company, RFP#12345”.
3. All electronic bid submissions should be clear and include page numbers at the bottom of each page.
4. All electronic bid submissions should be in PDF Optical Character Recognition (OCR) searchable format.
5. The body of the email should also include bidder contact information and indicate the total number of pages intended, and, where indicated, each subset of pages listed. **Example: Administrative Proposal 14 pages total, Attachment 3 – 1 page.**
6. A font size of eleven (11) points or larger should be used. All submitted documents should contain appropriate header and footer information.
7. In the event an electronic submission cannot be read by the Department, the Department reserves the right to request a hard copy and/or electronic resubmission of any unreadable files. Offeror shall have 2 business days to respond to such requests and must certify the resubmission is identical to the original submission.
8. Where signatures are required, the proposals should have a handwritten signature (wet ink) and be signed in blue ink. A scan of the handwritten (wet ink) signature can be used for electronic

submission in the PDF. The Department reserves the right to request hard copy originals of all signature pages at any time.

9. The Department discourages overly lengthy Bids. Therefore, marketing brochures, user manuals or other materials beyond that sufficient to present a complete Bid, are not desired and will not be reviewed or evaluated. In order for the Department to evaluate bids fairly and completely, all Bids should follow the format described in this RFP and provide all requested information and no extraneous or additional information or material.
10. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation teams.

The proposal must be received by the NYSDOH, no later than the Deadline for Submission of Proposals specified in [Section 1.0](#), (Calendar of Events). Late bids will not be considered.

Submission of proposals in a manner other than as described in these instructions (e.g., fax) will not be accepted.

7.1 No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form, [Attachment 2](#).

8.0 METHOD OF AWARD

8.1 General Information

DOH will evaluate each proposal based on the “Best Value” concept. This means that the proposal that best “optimizes quality, cost, and efficiency among responsive and responsible offerors” shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH, at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this RFP may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations, and the result of each evaluation shall remain confidential until evaluations have been completed and a selection of the winning proposal is made.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **75%** of a proposal’s total score and the information contained in the Cost Proposal will be weighted **25%** of a proposal’s total score.

Bidders may be requested by DOH to clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, no Bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost and
- (2) proposed percentage of M/WBE participation.

8.2 Submission Review

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), including documentation requested for the Administrative Proposal, as stated in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of DOH, may be rejected.

8.3 Technical Evaluation

The technical evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of Program Staff of DOH will review and evaluate all proposals.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose (Section 3.0).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive Bidder.

The Technical Proposal evaluation is **75% (up to 75 points)** of the final score.

8.4 Cost Evaluation

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of 25 points. The maximum cost score will be allocated to the Cost Proposal with the lowest all-inclusive not-to-exceed maximum price. All other responsive proposals will receive a proportionate score based on the relation of their Cost Proposal to the Cost Proposal(s) offered at the lowest final cost, using this formula:

$$C = (A/B) * 25\%$$

A is Total price of lowest Cost Proposal;

B is Total price of Cost Proposal being scored; and

C is the Cost score.

The Cost Proposal evaluation is **25% (up to 25 points)** of the final score.

8.5 Composite Score

A composite score will be calculated by the DOH by adding the Technical Proposal points and the Cost Proposal points awarded. Finalists will be determined based on composite scores.

8.7 Reference Checks

The Bidder should submit references using [Attachment 9](#) (References). At the discretion of the Evaluation Committee, references may be checked at any point during the process to verify Bidder's qualifications to propose (Section 3.0).

8.8 Best and Final Offers

DOH reserves the right to request best and final offers. In the event DOH exercises this right, all Bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

8.9 Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Bidder with the highest composite score whose experience and qualifications have been verified.

The Department will notify the awarded Bidder and Bidders not awarded. The awarded Bidder will enter into a Contract substantially in accordance with the terms of Attachment 8, DOH Agreement, to provide the required product(s) or services as specified in this RFP. The resultant Contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

9.0 ATTACHMENTS

The following attachments are included in this RFP and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determinations](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State DOH M/WBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [DOH Agreement](#) (Standard Contract)
9. [References](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)
12. [Executive Order 16 Prohibiting Contracting with Business Conducting Business in Russia](#)
13. [Cost Proposal](#)
14. [Refusal of Funds from Tobacco-Related Entities Attestation](#)

The following attachment is included in this RFP:

- A. Proposal Document Checklist

ATTACHMENT A - PROPOSAL DOCUMENT CHECKLIST

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

RFP # C040649 – Independent Evaluation of the New York State Tobacco Control Program		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.1	Attachment 1 - Bidder's Disclosure of Prior Non-Responsibility Determinations	<input type="checkbox"/>
§ 6.1.2	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.3	Attachment 3 - Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.4	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.5	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 - Form 1	<input type="checkbox"/>
	Attachment 5 - Form 2 (If Applicable)	<input type="checkbox"/>
	Attachment 5 - Form 4	<input type="checkbox"/>
	Attachment 5 - Form 5 (If Applicable)	<input type="checkbox"/>
§ 6.1.6	Attachment 6 - Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.7	Attachment 7 - Bidder's Certified Statements	<input type="checkbox"/>
§ 6.1.8	Attachment 9 - References	<input type="checkbox"/>
§ 6.1.9	Attachment 10 - Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.10	Attachment 11 - EO 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
§ 6.1.11	Attachment 12 – EO 16 Contracting with Businesses Conducting Business in Russia	<input type="checkbox"/>
§ 6.1.12	State Finance Law Consultant Disclosure	<input type="checkbox"/>
§ 6.1.13	Sales and Compensating Use Tax Certification	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.1	Title Page	<input type="checkbox"/>
§ 6.2.2	Table of Contents	<input type="checkbox"/>
§ 6.2.3	Documentation of Bidder's Eligibility (Requirement)	<input type="checkbox"/>
§ 6.2.3	Attachment 14 - Refusal of Funds from Tobacco-related Entities Attestation	<input type="checkbox"/>
§ 6.2.4	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment 13- Cost Proposal	<input type="checkbox"/>

