Request for Proposals (RFP) Supplement

Technical Assistance Consultant

Capacity Building for Public Health Analysts in the Overdose Response Strategy

CDC Foundation
Non-Infectious Disease Programs

Date Issued: December 14, 2023
RFP Due Date: January 19, 2024, by 5:00pm Eastern Standard Time

CDC FOUNDATION CONTACT
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This Supplement revises the Request for Proposals (RFP) for a **Technical Assistance Consultant** issued on 12/14/2023 and addresses questions submitted during the inquiry period from 12/14/23 – 1/4/2024.

Failure to comply with any amended requirements and instructions included in this Supplement may result in a proposal being deemed non-responsive and ineligible for consideration for funding.

*Please note that only communication received in writing from the RFP Contact on behalf of the CDC Foundation shall serve to supplement, amend, or alter in any way, this RFP released by the CDC Foundation. Any other communication is not binding and should not be relied upon by any party in interpreting or responding to this RFP.*

For a copy of this Supplement or the Request for Proposals, please go to: [https://www.cdcfoundation.org/request-for-proposals](https://www.cdcfoundation.org/request-for-proposals)

### Questions and Answers

**Q1:** What are rough/baseline expectations or timeframes for the immediate, mid-, and long-term action steps?

**A1:** Assuming this refers to the full implementation of a technical assistance hub, we would expect to use this initial contract to lay out recommended timeframes for build out and implementation. We operate within the fiscal year timeframe of August 1 – July 31, so should we decide to move forward with build out and implementation, we would hope both the build out and implementation could occur by July, 2025.

**Q2:** Can CDCF please provide details about the scope of the content to be covered in the training and technical assistance hub (for example, specific systems and/or programmatic content that will be included in the scope of the training and TA work)? Have the areas of subject matter expertise been previously identified?

**A2:** The scope of content would align with our program goals and strategies as those are the core areas we provide training and technical assistance on for our staff. You can find more information on the exact scope of our program here: [https://orsprogram.org/program-overview/](https://orsprogram.org/program-overview/).

**Q3:** How many current ORS program TA functions and processes exist that will require assessment?

**A3:** We currently provide technical assistance through direct communication (virtual calls, written communication, resources, presentations, literature reviews) as well as monthly training webinars provided to all staff, and regularly meeting Learning Communities. We have five Learning Communities on topics that align with our program goals and strategies.

**Q4:** How many key staff (TA recipients and providers) will be available for interviews and discovery sessions?
A4: We can make any staff available that are needed to meet with across the program. We would prefer to have at least 12 recipients participate -- one Public Health Analyst and one Drug Intelligence Officer from each of our six regions, in addition to a subset of our national coordination team (providers), which could vary from 10 – 15 team members.

Q5: What minimum platform or infrastructure requirements exist for the long-term solution implementation? (i.e., technical constraints like Open Source products or required hosting platforms)

Q5: We do not have any immediate requirements, other than this would not be an external facing platform and we would like the system to at least have password protection for all staff. We will lean on the subcontractor for recommendations regarding other infrastructure requirements.

Q6: What is the make-up/personnel roles of the ORS National Team members that the selected partner will meet regularly with and report to?

A6: You can find a full list of our team (both management and coordination) under the ORS Leadership page of our website. Particular to this contract, the following team members will be working with the subcontractor:
Kiersten Nicholson, Grant Lead/Senior Emergency Response Officer
Jordan Crummett, Training and Technical Assistance Lead
Emma Kahn, Public Safety Policy Analyst
Sarah Ali, Senior Program Coordinator
Lindsay Wilson, Training and Technical Assistance Coordinator

Q7: Will the technical solution require HIPAA compliance or contain any PII?

A7: No, there will be no PII in the system therefore HIPPA compliance will not be necessary.

Q8: At this time, is there an estimated count or duration for the possible in-person meetings at the CDC Foundation headquarters? Are the travel expenses for any potential in-person meetings or sessions at CDCF HQ included in the project budget, or will they be separately handled?

A8: We do not anticipate the need for any in-person meetings throughout the timespan of the contract. Should a need arise, that can be handled separately. Applicants do not need to factor travel into their proposed budgets.

Q9: What is currently implemented for resources documentation/repository/TA request system if anything? Do you have any preferred frameworks/SaaS products?

A9: We currently use the Homeland Security Information Network (HSIN) for most communications, such as discussion boards, announcements, and maintaining a repository of resources and materials. We do not have a centralized system to track technical assistance currently being provided. We also do not have a preferred framework or SaaS product in mind for the potential future hub. We plan to lean on the subcontractor for support with identifying a feasible option, which is the intention for the work outlined in the RFP.
Q10: Could you please clarify whether software development services (such as for the development of the technical assistance hub) may be expected as part of the scope of work?

A10: As mentioned in the RFP, this solicitation is solely focused on preparing for a potential technical assistance hub. We do not anticipate needing any software development for this initial exploratory phase. Subsequent phases may include supporting the implementation of these recommendations and action steps, including software development if needed and/or necessary.

Q11: Can the proposal include links to online examples of relevant work? If so, would this content be considered in the evaluation of the proposal? Or is the applicant limited to including images and descriptions/commentary of previous work in the Project Narrative file?

A11: Yes, we highly recommend including any examples of relevant work in the proposal so that we may fully evaluate each application and understand each applicant’s applicable experience. Links would be acceptable where needed in lieu of attachments.

Q12: How many parties does CDC Foundation consider to be stakeholders to this effort beyond the core ORS team (i.e., PHAs, DIOs, contractors, CDC staff, technical assistance consultants, etc.)?

A12: The answer to this question is dependent on the definition of stakeholder. Our Public Health Analysts and Drug Intelligence Officers are the recipients of training and technical assistance that is provided by our national coordination team. We don’t anticipate any other subcontractors or consultants being involved in the work described in this solicitation, other than the one awarded this opportunity.