



# Veteran Suicide Prevention Demonstration Project: Evaluation Capacity Building

Request for Proposals (RFP) Instructional Design Consultant

Non-Infectious Disease Programs

**RFP Release: November 8, 2022**

**RFP Supplement Release: November 15, 2022**

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This Supplement revises the Request for Proposals (RFP) for **Veteran Suicide Prevention Demonstration Project: Instructional Design Consultant** issued on November 8, 2022, and addresses questions submitted in advance of the publication of this supplement to be released on November 15, 2022. All questions were submitted via email by 5:00 p.m. Monday, November 14, 2022.

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>

## **Questions and Answers**

### **Scope of Work**

#### *Development of the Tools*

**Q: What tools will be piloted in December? Will the consultant create those? Or are those existing?**

**A:** All tools will be developed by CDC and CDC Foundation. The selected subcontractor will support in developing questions and the method for collecting responses to understand the accessibility and usability of developed tools.

**Q: What are the current tools you use to develop the training?**

**A:** All current tools are developed by CDC and CDC Foundation aligning with the CDC Framework for Evaluation.

**Q: What percentage of content is developed?**

**A:** All content will be developed prior to onboarding of subcontractor.

**Q: What tools will we be using as part of the development process?**

**A:** At a minimum, 5-6 tools will be refined through the proposed scope of work. All other tools for identifying gaps in knowledge, accessibility, and usability of piloted tools are at the discretion of the subcontractor to include in their proposed approach. All questions, surveys, or other tools to complete the piloting phases are subject to the responsibility of selected subcontractor based on their proposed approach to complete this scope of work.

**Q: Do you have content that you want reviewed?**

**A:** Yes, all content will be developed prior to onboarding the subcontractor to complete the intended scope of work.

**Q: To clarify the scope, how many elements/documents/components are in the toolkit?**

**A:** At a minimum, 5-6 tools will be refined through the proposed scope of work.

**Q: Please describe or provide examples of the types of tools and resources that are currently provided through TA that will be adapted into the toolkit.**

**A:** All current tools are developed by CDC and CDC Foundation aligning with the CDC Framework for Evaluation.

*Piloting of the Tools*

**Q: What format will the Piloting be in?**

**A:** The piloting of tools will be with a select number of community-based organizations (3-6), who will be actively using the tools to complete evaluation projects, with the support of individualized and intensive technical assistance.

**Q: Would you want us to create user personas and determine how they are currently going through the content and how they should go through the content?**

**A:** No, it is not expected for the subcontractor to create user personas related to this content.

**Q: How many veterans are you hoping to get feedback from?**

**A:** The piloting of tools will be with a select number of community-based organizations (3-6), who will be actively using the tools to complete evaluation projects, with the support of individualized and intensive technical assistance.

**Q: Please clarify the anticipated data collection activities included in this scope of work.**

**A:** It is the intent of this RFP for organizations to identify in their proposal the proposed approach for completing this scope of work including the feedback tool development and data collection. Please refer to Section 4: Instructions for Applicants, page 7.

**Q: Will current VSPE grantees inform Phase I? If not, would the awardee be expected to identify and recruit VSOs to participate?**

**A:** The piloting of tools will be with a select number of community-based organizations (3-6), who will be actively using the tools to complete evaluation projects, with the support of individualized and intensive technical assistance.

**Q: The RFP indicates that the incumbent will "develop questions or surveys to appropriately understand gaps in knowledge, accessibility, and usability of existing tools." Are these questions for online surveys? Does CDC Foundation want focus groups as well? (Or is that up to the discretion of the applicant?)**

**A:** Yes, the development of surveys, focus groups, and implementation of data collection is at the discretion of the applicant as noted in Section 4.1 Submission of Proposals, page 8.

**Q: Who will disseminate the surveys/recruit for focus groups and/or individual interviews?**

**A:** The dissemination of the surveys is at the discretion of the applicant as noted in Section 4.1 Submission of Proposals, page 8, based on the applicants proposed approach to completing this scope of work.

**Q: The RFP references "survey of current VSO users." – Will surveying be limited to current VSO users only? Could it be expanded to include:**

- Potential VSO users who are eligible for programs but do not utilize them?**
- Family or community of VSO users and/or VSO-eligible individuals?**
- Service providers and employees of VSOs?**

**A:** No, As noted in the RFP the scope of work for this project is surveying and piloting a series of tools with select VSOs that are implementing evaluation projects. The piloting of tools will be with a select number of community-based organizations (3-6), who will be actively using the tools to complete evaluation projects, with the support of individualized and intensive technical assistance.

**Q: Gaps in Knowledge: Does the CDC Foundation have an existing comprehensive list of competencies, practices and/or procedures related to best practices in upstream suicide prevention? Accessibility and Usability: How are the most popular/successful similar tools accessed?**

**A:** As noted in the RFP Section 3: Scope of Work, page 6, the subcontractor will identify gaps in knowledge, accessibility and usability of existing tools. These tools are related to evaluation best practices. There is no repository of data on how VSO currently accesses related tools.

#### *Toolkit Development*

**Q: What software for eLearning?**

**A:** This RFP and proposed scope of work does not entail an eLearning platform or software.

**Q: Do they have an LMS to house the eLearning?**

**A:** This RFP and proposed scope of work does not entail a LMS to house an eLearning platform or software.

**Q: Estimate length of training time? How long is each training?**

**A:** This RFP does not propose a scope of work for training but for tools. At a minimum, 5-6 tools will be refined through the proposed scope of work.

**Q: Do you want help creating the toolkit?**

**A:** As stated in the RFP, Section 3: Scope of Work, page 7, the selected subcontractor will have the opportunity to collaborate and/or lead the design and formatting of the toolkit. Applicants with the communications and graphic design experience to complete this aspect of the scope of work should include said services as part of their proposed project approach.

**Q: Could you describe what you envision the interactive toolkit looking like? Do you have any samples or similar examples we could review?**

**A:** We are open to the final format of the toolkit and interactive components. At minimum, it is required to include the PDF worksheets developed and piloted through this project and subcontractors' scope of work. We imagine that the information curated through the piloting phase of this project will inform the format of the final toolkit.

**Q: Please clarify the potential scope and/or size of the toolkit.**

**A:** At a minimum, the toolkit will include 5-6 tools refined through the proposed scope of work.

**Q: Who will be recruiting participants for the piloting data collection activities? If the contractor conducts recruitment, will CDC Foundation provide the CBO/VSO sampling frame (recruitment list) or should the contractor develop it?**

**A:** The piloting of tools will be with a select number of community-based organizations (3-6), who will be actively using the tools to complete evaluation projects, with the support of individualized and intensive technical assistance.

**Q: For budgeting design and layout, what is the anticipated length of the toolkit at this point?**

**A:** At a minimum, 5-6 tools will be refined through the proposed scope of work.

**Q: Is the interactive tool kit intended to be used solely for VSOs to internally evaluate their programs, or will the CDC continue to support the evaluation and analysis of data collected after the toolkit has been created? In what capacity?**

**A:** The final product (toolkit), is intended for VSO to use to internally evaluate their programs without technical assistance of the CDC Foundation or CDC. Please note that the VSOs in the pilot phase of the tools will receive intensive evaluation technical assistance from the CDC Foundation.

**Q: Will there be any sort of instructor-led or live online training for VSO program providers on using the evaluation toolkit to collect data and interpret results?**

**A:** Currently it has not been determined if instructor-led or live online training will support the evaluation toolkit. As noted in the RFP Section 3: Scope of Work, page 3, the selected subcontractor will assist in the selection of the appropriate delivery methods for the tools and toolkit materials.

**Q: Do you have examples of other evaluation toolkits you have developed for similar programs that we could review?**

**A:** The CDC has developed similar evaluation tools or toolkits for different populations of interest however there are currently no tools developed relevant to VSOs or for suicide prevention.

**Q: Does CDC Foundation anticipate needing any supporting graphics for promotional items?**

**A:** As stated in the RFP, Section 3: Scope of Work, page 7, the selected subcontractor will have the opportunity to collaborate and/or lead the design and formatting of the toolkit. Applicants with the communications and graphic design experience to complete this aspect of the scope of work should include said services as part of their proposed project approach. However, there is no need for graphic design support aside from the development of the toolkit (I.e social media graphics, website development, or merchandise).

Dissemination

**Q: Does this initiative already have a website that can be leveraged for dissemination of the toolkit?**

**A:** Yes, the final toolkit will be housed on an already existing webpage. Web content will be developed to support the toolkit however Phase 3. Dissemination is not part of the scope listed as part of this RFP (Section 3: Scope of Work, page 6).

**Q: Do you anticipate that CDC Foundation social media channels would be used, or would the contractor be launching channels specific to this initiative?**

**A:** No, the subcontractor will not be launching social media channels as part of this scope of work. Dissemination is not part of the scope listed as part of this RFP (Section 3: Scope of Work, page 6).

**Budget**

Maximum Payable Amount

**Q: Could the agency provide the ceiling amount for this RFP?**

**A:** No, the Foundation will not be able to provide a ceiling amount for this RFP. Pricing proposals will be subject to negotiation if they fall outside the range of allowability for the services.

**Q: Is there a budget range for the work?**

**A:** No, the Foundation will not be able to provide a ceiling amount for this RFP. Pricing proposals will be subject to negotiation if they fall outside the range of allowability for the services.

**Q: On page 8 (Section 3: Financial Quote, b.iii) the RFP indicates that there are limited funds available for this project, however no mention of the available funding is provided. Can CDC Foundation provide a ceiling or range for available funding?**

**A:** No, the Foundation will not be able to provide a ceiling amount for this RFP. Pricing proposals will be subject to negotiation if they fall outside the range of allowability for the services.

**Q: We noted the language around limitations on overall budget and indirect rates. As a small business it is difficult for us to know whether/how best to pursue a proposal of this scope. Given the potential limited budget context, please provide a budget range.**

**A:** No, the Foundation will not be able to provide a ceiling amount for this RFP. Pricing proposals will be subject to negotiation if they fall outside the range of allowability for the services.

### *Budget Guidelines and Template*

**Q: The proposal references budget preparation guidelines and a budget template which we don't see as part of the pdf. How can we access these?**

**A:** The required budget template and budget guidelines can be found on the CDC Foundation website or with the link here: <https://www.cdcfoundation.org/request-for-proposals>.

**Q: The RFP indicates on page 3 that "The CDC foundation anticipates that award(s) resulting from this solicitation will meet the criteria of "subcontractor" as defined by 2 CFR 200.331; a final determination will be made at the time of award." On page 8 (Section 3: Financial Quote, b.iii) the RFP indicates that applicates should refrain from including indirect costs and refers to requirements for executing a grant. Can CDC Foundation clarify whether this opportunity is for a subcontract or a grant, and how applicants are to include their NICRA approved rates?**

**A:** The selection of proposal from this RFP will results in a sub-contractor agreement for an instructional design consultant. Applicants should include their approved NICRA rates in accordance with the budget template found with the solicitation posting on the CDC Foundation website: <https://www.cdcfoundation.org/request-for-proposals>. (See page 6 of the template).

## **Proposal Guidelines and Submission**

### *Costs Savings*

**Q: Section 3: Financial Quote requirements states: Please describe any cost savings for providing services to support each phase individually or combined in Section 4: Service Areas (page 3); Could the agency clarify if we have to draft an additional section (Section 4 – For Cost Savings) in the response proposal after Appendix A? Or could the agency clarify Section 4: Service Areas (page 3), since page 3 of the solicitation document does not list Service Areas for this contract?**

**A:** This RFP requests that each proposal address the proposed approach for completing the scope of work referenced in Section 3: Scope of Work (page 6) and provide a detailed budget and narrative supporting that approach (Section 4.1 Submission of Proposals, page 8). This detailed budget and narrative can include any cost saving opportunities for providing the services individually or combined as noted in the Scope of Work. Submitted proposals do not need to draft an additional section for cost savings.

**Q: On page 8 (Section 3: Financial Quote\_ the RFP references: “Please describe any cost savings for providing services to support each phase individually or combined in Section 4: Service Areas (page 3).” We did not find a Section 4: Service Areas in the RFP. Can CDC Foundation clarify which section this is?**

**A:** This statement was included to allow vendors any opportunity to showcase a wider variety of services than specifically requested to meet the requirements to do so and demonstrate any cost savings if any could be realized by incorporating those additional services in the proposal. If there are no cost savings to be realized, then please disregard. Submitted proposals do not need to draft an additional section for cost savings.

### *RFP Submission Deadline*

**Q: Would CDC Foundation consider extending the due date for this opportunity to December 2?**

**A:** Unfortunately, the RFP close date will close on November 21, 2022 @5:00 PM ET. In the event that the solicitation does not result in identification of a respondent then the solicitation process will recommence with a new closing date.

## **General RFP Questions**

### *Work Style*

**Q: How will the vendor work with your team? Who will the vendor work with on your team? Is the expectation that the effort will be collaborative throughout the development process, or would you prefer periodic check-ins at major development milestones?**



**A:** The selected subcontractor will work directly with CDC and CDC Foundation teams to implement this component of the project. It is intended through this RFP to determine the approach that provides the most appropriate and comprehensive scope of work to complete this work.

**Q: Access to SMEs? Who is the approver?**

**A:** Subcontractor will work directly with CDC and the CDC Foundation team including evaluation SME's. The final approver of deliverables within the noted scope of work (Section 3: Scope of Work, page 6) will be the CDC Foundation.

**Q: Would we have access to subject matter experts on suicide prevention programs?**

**A:** Yes, the project team will consist of CDC and CDC Foundation staff members.

*Deliverables and Work Products*

**Q: Are there accessibility guidelines we should adhere to? Which ones?**

**A:** All final tools will need to meet 2010 ADA Standards for Accessible Design. However, managing this component of the tool development is not part of the proposed scope of work for the selected subcontractor.

**Q: Are there DEI or other sensitivity guidelines we should review and consider as part of this project?**

**A:** Yes, this project focuses on suicide prevention in the veteran and military community, which requires sensitivity when discussing certain topics. In addition, the content is designed for community-based organizations of different sizes and scopes. The final tools and toolkit should be accessible and usable for the breadth of organizations in this space.

**Q: For "provide analysis on gaps in knowledge, accessibility and usability of tools (successes included) and potential solutions for identified gaps and challenges": Will this be in the form of a report or presentation? Is there be a preferred format for the report/analyses?**

**A:** Currently there is not a preferred format for the report and analysis. This is at the discretion of the applicant as noted in Section 4.1 Submission of Proposals, page 8, based on the applicants proposed approach to completing this scope of work.

**Q: In what format do you wish to receive recommendations for revisions of tools and modifications re: "best practice in educational and instructional guides" (report, a PPT presentation, etc.)?**

**A:** Currently there is not a preferred format for report of recommendations. This is at the discretion of the applicant as noted in Section 4.1 Submission of Proposals, page 8, based on the applicants proposed approach to completing this scope of work.

**Q: How many rounds of review of design and layout does CDC Foundation anticipate for the toolkit?**

**A:** This is at the discretion of the applicant as noted in Section 4.1 Submission of Proposals, page 8, based on the applicants proposed approach to completing this scope of work. At minimum one (1) round of revisions based on feedback on existing tools would be expected followed by a second (2) round of review for final clearance.

Other

**Q: How many vendors are invited to this RFP?**

**A:** This RFP was promoted on the CDC Foundation website.

**Q: Do most VSOs have access to reliable internet connections and modern electronic equipment (laptops, projectors, tablets, etc.)? Are staff trained in and comfortable with these resources?**

**A:** It is an assumption of the program that all VSOs have access to reliable internet and modern electronic equipment.

**Q: In the scope of this initiative, which VSO programs and services fall under the umbrella of an “upstream suicide prevention approach”? Which do not?**

**A:** All VSOs currently participating in this program are currently implementing a suicide prevention program that aligns with either the Community Integration Model or the Connectedness Model.

**Q: Will VSO program providers require training in best practices on how to collect and interpret data in general?**

**A:** No, the proposed scope of work for this project and selected subcontractor does not include training for VSOs as noted in Section 3: Scope of Work, page 6.

**Q: At present, is there widely-used uniform criteria for evaluating VSO programs? For evaluating suicide prevention success?**

**A:** No, there is not uniform criteria specific to VSO programs, however this project is designed around the CDC Framework for Evaluation.

**Q: What is the breakdown of the delivery format of the existing programs (online, face-to-face, self-paced, etc.)?**

**A:** To our knowledge there are no similar programs providing the extent capacity building for evaluation technical assistance for evaluation to VSOs.

**Q: How many VSO users have access to /are competent users of laptops, tablets and smartphones?**

**A:** It is an assumption of the program that all VSOs users of this pilot are competent users of laptops, tablets and smartphones.

**Q: What are the main obstacles to accessibility for veterans eligible for VSO programs?**

**A:** There are a variety of challenges for veterans in accessing VSO programs however as noted in the RFP the intended scope of work is in assessing the accessibility and usability of VSOs to use evaluation-based tools and not in providing services to veterans, as noted in Section 3: Scope of Work, page 6.