



Strengthened Community Partnerships for More Holistic Approaches to Interoperability: Design Sprint

Request for Proposals (RFP) Supplement

Data Innovation Initiative
Non-Infectious Disease Programs

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CDC FOUNDATION CONTACT

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This Supplement makes revisions to the Request for Proposals (RFP) for **Strengthened Community Partnerships for More Holistic Approaches to Interoperability: Design Sprint** issued on July 15, 2021 and addresses questions submitted to the RFP email inbox.

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

Q: Section 5.4, Place of Performance, states “The Contractor will carry out tasks at their offices and at the CDC Foundation Headquarters in Atlanta, GA when appropriate. The Contractor should include costs for up to two trips to Atlanta, GA in the proposed budget. The Design Sprint will take place virtually.” Since the design sprint will be taking place virtually, can you elaborate on any travel that may be required to Atlanta? If the vendor is unable to travel, does this exclude the vendor from bidding on this RFP?

A: We may ask the contractor to travel to Atlanta for project-related meetings, separate from the Design Sprint. However, we recognize that travel may not be feasible for many reasons, including but not limited to pandemic-related travel restrictions. Therefore, bidders are eligible to apply even if they can't travel to Atlanta.

Q: The RFP states that "The Design Sprint will take place virtually." If the successful vendor is able to travel at the appropriate time, would the other participants in the sprint be available for an in-person design sprint rather than virtual (are they all Atlanta based, or otherwise able to travel)?

A: The Design Sprint will be held virtually even if the contractor is able to travel. Design Sprint participants haven't been identified, but we think it's highly unlikely that all would be in Atlanta.

Q: What are CDCF expectations for fidelity and/or level of detail for the wireframes (design files, B/W, HTML, CSS)? Will they be given to a DevOps team, or can propose that our DevOps team can help lead implementation or further refinement?

A: The wireframes should be images that convey the layout and workflow for two interfaces. The wireframes will be handed off to a DevOps team. Additional support for implementation or refinement will not be necessary.

Q: Will our design team determine with CDCF the final number of wireframes? Are the final deliverable wireframes expected to flesh out all parts of the user journeys or just key sequences?

A: The CDC Foundation will work with the selected contractor and with contractors working on the overall project to determine the final number of wireframes for two interfaces. The final deliverable wireframes are to flesh out key sequences.

Q: Will there be any specific brand/design guidelines (i.e., CDCF brand, USDS templates) for us to adhere to in the final versions of wireframes?

A: No, there will not be any specific brand or design guidelines.

Q: What is the expected final format of the wireframes and dashboard? (PDF, Design file)

A: A PDF is sufficient.

Q: Will the CDCF provide a stakeholder with the domain expertise of SMART/HL7 Bulk FHIR that we can conduct user interviews and research questions with?

A: The CDC Foundation, in partnership with the contractors working on the overall project, will identify the public health and health care organizations, technical and policy experts, and other stakeholders, who will participate in the Design Sprint (see page 3 of the RFP). Stakeholders can include individuals for user interviews.

Q: Can the CDC Foundation provide information on how the deliverables/outcomes of the Design Sprint will be used? For example, as inputs to an RFP for engineering/development of a product, used as marketing assets to solicit more funding, etc.

A: The CDC Foundation was awarded a federal grant from the CDC titled *Strengthened Community Partnerships for More Holistic Approaches to Interoperability*. Through this project, the CDC Foundation is partnering with public health, health care and other stakeholders to define, prioritize and test ways that public health can leverage new data standards outlined in the 21st Century Cures Act to access well processed, up-to-date information on cohorts and populations more efficiently. Access to these data can drive decision-making, inform the public more quickly and with greater precision, as well as build a transformational nationwide approach to public health informatics.

Q: Page 5 section 4.1 "deliverable three" specifies "completed by December 10, 2021", but the page 9 section 6.3 timeline anticipates a mid-September start date and a 6 month period of performance. Can you confirm the timeline and expected deliverables beyond deliverable three?

A: Page 5, Deliverable 3, Design Sprint, specifies that the Design Sprint is to be completed by December 10. As noted in this section, the outputs from the Design Sprint are wireframes and written proceedings. The wireframes that result from the Design Sprint are to be delivered one week after completion of the Design Sprint. The due date for the written proceedings from the Design Sprint will be determined after the Design Sprint is scheduled.

We anticipate a 6-month period of performance to allow the contractor sufficient time to complete the sprint and deliver all outputs. Although the plan for the Design Sprint is to be completed 30 days post-award, we recognize that it may take additional time to find dates that work for all participants/stakeholders to take part in the sprint. We also recognize that a virtual design sprint may take more time to conduct (e.g., half-day meetings vs. full-day meetings). Last, although the wireframes are due within one week after the sprint is completed, we recognize that preparing the written proceedings may take more time and want to ensure that the contractor has sufficient time to prepare them.

Finally, page 5 notes that "Presently, there is no adequate way to determine whether additional Design Sprints will result from this solicitation. Should a need for additional Design Sprints be identified during the contract term, the CDC Foundation and the contractor will negotiate a contract amendment for additional services." This remains the case.

Q: Will the CDC Foundation assign a product owner to the Design Sprint team to assist with backlog creation/priorities and providing product vision and direction?

A: The technical team and the CDC Foundation will provide product vision and direction, advise on priorities, and identify key stakeholders. The contractor will gather requirements from key stakeholders.

Q: With a budget of \$150,000 and period of performance of six months, how large of a team does the CDC Foundation expect from the Design Sprint team vendor?

A: Bidders should propose a team that is appropriate for their proposed solution for the scope of work. As stated on Page 6, section 5.2, while the anticipated Maximum Payable Amount (MPA) for this contract is \$150,000, Bidders may propose a fee that exceeds the anticipated MPA if it is required to deliver its proposed solution for the scope of work. CDC Foundation will consider proposals meeting the proposal requirements (see Page 8, section 6.2) from eligible bidders (see Page 6, section 5.1) with a budget that exceeds the anticipated MPA.

Q: Will the CDC Foundation assist the Design Sprint team with getting access to users?

A: The CDC Foundation, in partnership with the contractors working on the overall project, will identify the public health and health care organizations, technical and policy experts, and other stakeholders, who will participate in the Design Sprint (see page 3 of the RFP). Stakeholders can include users.