



# COVID-19 Long-Term Recovery Impact Assessment and Collaborative Plan

## Vendor Questions and Answers

- 1. We are wondering if we could collaborate with another consulting group as a sub-contractor on this bid.**

A/: Yes, the vendor that is awarded this contract can partner with sub-contractors. Subcontractor information must be included in the proposal.

- 2. How is it envisioned that this plan will align with other strategic (CHIP) and operational plans?**

A/: The resulting COVID-19 long-term recovery plan will ideally align with the next Community Health Improvement Plan (CHIP) and other relevant plans at the BPHC and Citywide level. Our goal is to ensure that the plan is realistically able to be implemented, therefore alignment with relevant plans is important. BPHC will support identifying relevant plans; BPHC and City partners will provide input on how alignment can occur during the planning process.

- 3. Does the term “operationalize” mean designing, conducting, and managing data collection, planning, writing, and feedback processes?**

A/: One of the key deliverables for this contract is the actual recovery plan. The term “operationalize” is used in the RFP to refer to the implementation of this plan. This implementation would occur after the completion of the vendor contract, however the RFP seeks a vendor that is able to produce a plan that is realistic and provides clear guidance to BPHC and partners on its implementation.

- 4. Who will be responsible for outreach/confirming participation in data-gathering, feedback, and planning activities?**

A/: BPHC’s Office of Public Health Preparedness, along with the community organizations provided stipends through this contract, will conduct outreach to partners and residents. The selected vendor should support this outreach, e.g. identifying areas/populations in which outreach is needed, recommending methods and messaging, etc.

**5. Are there specific budget parameters besides the one for allocation of stipends?**

A/: The minimum allocation of \$50,000 for community organizations and resident stipends is the only specific parameter for the budget. The not-to-exceed amount for the full proposal is \$310,000.

**6. Have you worked with other, local contractors in a similar capacity?**

A/: The Boston Public Health Commission has previously engaged with vendors to support community input processes and needs assessments. This is the first project applying these methods to disaster recovery planning.

**7. What are the critical elements of a successful engagement beyond production of defined deliverables?**

A/: Critical elements of a successful engagement include buy-in and co-development of the deliverables with health and social service partners. These are essential for the ongoing implementation of the Recovery Plan.

**8. Learnings from our recent experiences in community engagement show us that authentic community engagement for a project like this takes 2-3 months of preparation and 5-6 months for engagement. Is there any possibility of expanding the timeline?**

A/: The full timeline of the contract cannot be extended, although there is space for the specific deliverable timelines to be shifted within the full length of the contract. BPHC has been engaging with community partners for many years and the intention would be to utilize these existing partnerships and ongoing engagement to support the community engagement component of this work.

**9. What role will BPHC's Research and Evaluation office have in this work?**

A/: BPHC's programs and internal service centers – including Research and Evaluation – will be among the key stakeholders involved in this project from the initial planning stages.

**10. Can the timeline be extended in consideration of statewide data collection efforts that may strengthen the assessment?**

A/: The one-year timeline for the initial contract cannot be extended. If there are significant efforts that would positively contribute to this RFP, BPHC may choose to exercise the 2 one-year options for renewal.

**11. Please advise if the funding for Community Stakeholders can be used to support their organizational programs? Or are all of the funds intended for individual participants?**

A/: The \$50,000 required minimum for community organizations and residents should be used to support the organization's time and resources for this work and to support resident engagement in the process.

**12. Under Drafting and Publishing Final Plan on page 5 of the RFP, can BPHC please provide additional guidance about “format that aligns with traditional emergency management practices” for the final plan format?**

A/: BPHC’s Office of Public Health Preparedness has expertise in emergency management and planning, particularly from the public health perspective. OPHP will provide guidance during the recovery planning process on the content and format of the written plan, including providing examples of other current emergency plans.

This RFP is asking for proposals to focus on a recovery plan within the scope of the Health and Social Services Recovery Support Function (click [here](#) for more information). Recovery plans focused on this scope are uncommon, and long-term recovery plans typically span all Recovery Support Functions. That said, here is an example recovery plan after a tornado in Kansas:  
<https://icma.org/documents/greensburg-kansas-recovery-plan>

More resources on disaster recovery from the FEMA perspective can be found here:  
<https://www.fema.gov/emergency-managers/practitioners/recovery-resources>

A primer on Community Recovery from the CDC can be found here:  
[https://www.cdc.gov/cpr/readiness/00\\_docs/capability2.pdf](https://www.cdc.gov/cpr/readiness/00_docs/capability2.pdf)

**13. Does BPHC have a preference on stipends vs giveaways to encourage public participation in the process?**

A/: BPHC will be providing COVID-19 Recovery resources for residents that are funded separately from this RFP. Our preference is to provide stipends to residents, however the final decision on what is most appropriate will be made in collaboration with the community partners.

-End of the Q&A-