Line	Question	Response
1	Will OSAH provide historical participation and performance information for the existing workforce-development program, including attendance, geographic reach, participant disciplines, satisfaction/evaluation results, continuing-education completions, and other available outcome data?	Yes, that can be made available once a contractor is awarded.
2	Will the successful Contractor receive access to existing OSAH-owned curricula, training materials, speaker/presenter resources, participant databases, registration templates, evaluation tools, prior-year reports, marketing materials, event procedures, and other program assets currently used to administer these workforce-development activities? If so, please identify which portions of the existing program the Contractor will be expected to continue or modify versus develop as new products.	Yes, for those that are not part of the intellectual property of the current vendor.
3	Appendix D's sample travel budget refers to attendance at the annual Head to Toe Conference, but the Detailed Scope does not explicitly identify which workforce-development requirement corresponds to that event. Is the workforce-development opportunity for general school professionals identified in Scope Item 1 intended to be the annual Head to Toe Conference, or is Scope Item 1 a separate workforce-development activity? Please identify which existing OSAH workforce-development programs or events are expected to continue under the resulting contract	Head to Toe, School Health Updates, Youth Track at Head to Toe, School Health Assistant Training, School Nurse Academy, school based health center provider training, others that present themselves throughout the year
4	Scope Item 1 requires the Contractor to ensure that appropriate continuing education and academic credit are available. Please identify the anticipated types of continuing education and/or academic credit required for the respective audiences, such as nursing continuing education, behavioral-health continuing education, CME, educator professional development, academic credit, or other credentials. Must the prime Contractor itself hold applicable continuing-education provider accreditation, or may these requirements be satisfied through qualified subcontractors, educational institutions, or accredited partner organizations?	Nursing, social work, counseling, certified health education specialist (CHES). A subcontractor is allowed.
5	The Mandatory Specifications require experience as a provider of “youth behavioral health services as defined in the Scope of Work.” However, the Detailed Scope of Work primarily describes school-health workforce development, professional development, youth leadership, and provider training rather than direct behavioral-health treatment. Please clarify whether direct delivery of youth behavioral-health clinical services is required to satisfy this specification, or whether experience providing workforce development, professional education, prevention, youth leadership, school health, behavioral-health training, and related capacity-building services is responsive to this requirement.	This is a typographical error. Experience providing workforce development, professional education, prevention, youth leadership, school health, behavioral-health training, and related capacity-building services is responsive to this.

6	The RFP requires at least three external references from similar projects/programs performed within the last three years. May an Offeror identify organizational references associated with qualifying work performed by a named subcontractor when that subcontractor and the referenced personnel will perform the corresponding services under the proposed OSAH contract, or must all three organizational references represent projects performed directly by the prime Offeror?	These are required by the prime offeror and not as a subcontractor.
7	Section IV.B.1 requires the Offeror to describe its workforce-development experience and also requires describing the experience of proposed subcontractors. The Desirable Specifications provide additional points for at least five years of similar experience. May the relevant workforce-development experience of named subcontractors and proposed key personnel be considered when evaluating Organizational Experience and the five-year Desirable Specification, or must the five years of qualifying experience have been performed directly by the Offeror/prime contractor?	The qualifying experience must be performed by the Offeror
8	The RFP requires Offerors to develop a detailed four-year Cost Proposal but does not appear to identify an available annual budget, estimated contract value, or not-to-exceed amount. Appendix D appears to provide an illustrative sample budget rather than a stated funding limit. Please identify the anticipated annual funding available for this program and/or the maximum not-to-exceed value anticipated for the resulting contract over the four-year term. If available, please also provide the approximate annual expenditure or contract value for the incumbent/current OSAH workforce-development program to help Offerors develop realistic staffing, subcontracting, travel, training, and event-management assumptions.	Prior funding was $1.2 million annually. This is not representative of the funding available for the next contract cycle. Please propose your anticipated budget to complete these activities.
9	Section I.B states that OSAH will seek a single Professional Services Contract, and Section I.C refers to a single-award contract. However, the RFP also refers to funding statewide “partners,” and the Agency reserves the right to accept all or a portion of an Offeror's proposal. Please confirm whether NMDOH intends to make one award to a single prime contractor responsible for the entire Scope of Work, or whether NMDOH may make multiple awards or divide specific workforce-development workstreams among more than one Offeror.	Historically, NMDOH has only made a single award.
10	The RFP specifies web-based workforce-development opportunities for New School Nurses. For the School Health Assistant, Youth Leadership, Regional School Health, and School-Based Health Center Provider activities, the RFP does not appear to prescribe a specific delivery format. Please confirm whether Offerors may propose in-person, virtual, or hybrid delivery for these activities based on participant needs, geographic access, and program objectives. Please also provide, if available, the anticipated timing and approximate participant volume for each required workforce-development activity.	Various delivery styles will be considered. Nursing Academy-ongoing. Health Assistant-ongoing. Youth Leadership-annually in February. School Health Updates-annually in the Fall. SBHC-annually with Head to Toe.

11	The Evaluation Point Summary identifies Technical Specifications as "600 Total Points." However, the listed technical factors appear to total 800 points: Organizational Experience (200), Organizational References (200), Mandatory Specifications (325), and up to 75 additional Desirable Specification points for minimum experience, state-agency collaboration, and long-term capacity building.Please confirm the correct total technical points and evaluation weighting for Sections B.1 through B.4.	First initial posting to the NMHealth Website was incorrect, however bonfire did have the correct attachment. An updated RFP packet has been uploaded to include the correct points on the NM Health Website. Technical Specifications is a total of 800 points and business specifications are at 200 points.
12	The RFP permits subcontractors and requires describing the experience of proposed subcontractors. For purposes of evaluating Organizational Experience, Mandatory Specifications, and the desirable specification awarding additional points for a minimum of five years of similar experience, may the experience and qualifications of the Offeror's proposed subcontractors and key personnel be considered together with the experience of the prime Offeror?	No, only the offerors experience will be used
13	The Scope of Work specifically identifies web-based workforce development opportunities for New School Nurses, while other workforce development activities do not specify a required delivery format. May the Offeror propose virtual or hybrid delivery for other workforce development activities where appropriate to the target population and program objectives, or should Offerors assume those activities are expected to be delivered in person?	Yes, that is acceptable. A subcontractor must be identified with you and the offeror should report direct cost from a subcontractor. No overhead/profit can be mentioned.
14	For the five regional school health updates, one for each public health region, does OSAH anticipate that each regional update will be conducted physically within its respective region, or may an Offeror propose virtual or hybrid regional delivery when that approach meets OSAH's participation and workforce-development objectives?	These updates will be in person.
15	Section IV.A.1(e) requires "in-person site inspections" as part of site selection. Is this requirement applicable specifically to the general school-professional workforce development opportunity described in Section IV.A.1, or should Offerors anticipate in-person site inspections for additional workforce-development activities under Sections IV.A.2 through IV.A.7?	It is just a requirement for the general school -professional development opportunity.
16	Multiple deliverables require the Contractor to identify key partnerships and organize committees of clinical and content experts. Will OSAH provide access to existing statewide partners, school districts, school-based health centers, professional associations, subject-matter experts, or existing advisory groups, or should Offerors assume responsibility for independently developing and maintaining these relationships?	While OSAH may be able to assist, Offerors should assume responsibility.
17	Are clinical/content experts, presenters, trainers, and committee participants expected to be employees or subcontractors of the Offeror, or may Offerors utilize a combination of subcontractors, partner organizations, volunteer experts, and other qualified professionals appropriate to each workforce-development activity?	They are not expected to be employees or subcontractors of the offeror
18	Section IV.A.1(i) requires the Contractor to ensure continuing education and academic credit are available. Please clarify which professional disciplines and/or credentialing bodies OSAH expects continuing education or academic credit to be available through, and whether OSAH currently maintains relationships or approvals that the Contractor may utilize.	OSAH has a relationship with some credentialing bodies. Nursing, social work, counseling and certified health education specialist are the primary credentialing bodies that will be expected.

19	Can OSAH provide historical or anticipated participation levels for the workforce-development activities identified in Sections IV.A.1 through IV.A.6, including approximate attendance for statewide events, regional updates, School Health Assistant activities, youth leadership activities, and school-based health center provider activities?	School health conference 650-700, Regional updates 60-75 each, Youth leadership 90-100, SBHC 60-75
20	Should Offerors assume responsibility for budgeting and paying all facility, venue, audiovisual, equipment, food/beverage, participant material, and other event-related costs required to perform the proposed workforce-development activities, or are any facilities or resources anticipated to be provided by OSAH or partner organizations?	Offerors should assume responsibility.
21	The RFP defines "Hourly Rate" as a fully loaded maximum hourly rate that includes travel, per diem, fringe benefits, overhead, and subcontractor personnel where appropriate, while Appendix D separately provides a Travel budget category. Please clarify whether personnel travel time, mileage, lodging, and per diem should be included in the proposed hourly rates, reported separately in the Travel category, or allocated between the two categories.	Any of the listed is acceptable as long as there is a complete justification.
22	For subcontracted services, should Offerors report the subcontractor's direct cost in the Subcontracts category and incorporate the prime contractor's project management/administrative oversight into personnel or other appropriate cost categories, or does OSAH prescribe a different methodology for allocating prime-contractor management and administrative costs associated with subcontractors?	Either is fine as long as it is clear and justified.
23	For "additional workforce development opportunities as identified and as additional resources become available," should Offerors include contingency pricing or estimated costs for these activities in the initial Cost Proposal, or will additional activities and associated funding be negotiated or authorized after contract award as resources become available?	Additional activities and associated funding be negotiated or authorized after contract award as resources become available.
24	Please confirm whether the stated minimum quantities—one general school-professional opportunity, four School Health Assistant opportunities, one youth-leadership opportunity, five regional updates, and one school-based health-center provider opportunity—must be delivered during each contract year or only once across the potential four-year contract term.	Each contract year.
25	Does NMDOH anticipate initially awarding a one-year contract with annual renewals, or establishing a multiyear Scope of Work and budget at the time of award?	This is a multi-year that shall not exceed 4 years.
26	May staffing levels, event costs, participant assumptions, and other budget categories be adjusted during annual contract negotiations based on actual participation, NMDOH priorities, inflation, and prior-year experience?	It is possible for amendments to take care of inflation, however recommended responses for each year should be estimated for inflation.
27	Please clarify whether quarterly invoices will be paid based on: -Actual documented personnel time and allowable expenses;-Completed and accepted deliverables; -Predetermined quarterly amounts; -Fixed prices assigned to individual workforce-development activities; or -A combination of these methods.	Completed and accepted deliverables.
28	If a firm incurs event deposits, venue costs, travel, speaker fees, platform costs, or material expenses before the quarter in which an event occurs, may those allowable incurred expenses be invoiced during the quarter incurred?	Yes.
29	Will NMDOH permit advance payment, direct vendor payment, or another arrangement for substantial venue deposits or other major costs that would otherwise require the contractor to carry significant working capital?	Yes.

30	May the contractor move funds among approved personnel, travel, supplies, subcontract, and other-cost categories without a contract amendment? If so, what percentage or dollar threshold requires prior written approval?	Yes, no threshold, but must be pre-approved.
31	May unspent funds carry forward into the next contract year, or must they be expended and invoiced within the applicable State fiscal year?	They must be expended with the applicable fiscal year.
32	May an Offeror include a reasonable profit or fee and an indirect-cost or administrative rate in its Cost Response? If permitted, should those amounts be included in personnel rates, listed under “Other,” or presented as separate budget lines?	An administrative rate is permitted under the other category.
33	For each workstream other than the expressly web-based New School Nurse opportunities, please identify whether NMDOH expects in-person, virtual, or hybrid delivery.	In-Person.
34	Does NMDOH have an expected minimum duration for each workforce-development opportunity—for example, a one-hour webinar, half-day workshop, full-day training, or multiday conference?	No.
36	Does NMDOH expect the contractor to propose and secure all locations, or will State, school district, public-health-office, or other government facilities be available at no cost?	Contractor to propose and secure all locations
38	May required workforce-development opportunities be incorporated into existing NMDOH, school-health, nursing, or partner conferences, or must each be organized as a separate contractor-managed event?	It will depend on the opportunity. There may be some overlap, but they historically have been separate events.
39	Are meals, refreshments, participant travel, lodging, stipends, youth incentives, childcare, interpretation, accessibility accommodations, or substitute-staff expenses allowable contract costs?	Yes.
40	Is the general school-professional workforce-development opportunity intended to be a statewide conference or a smaller training activity?	Yes.
41	The RFP requires the contractor to manage sponsors and exhibits. Is the contractor expected to solicit sponsorship revenue and exhibitor fees? If so, how must those revenues be accounted for and applied to contract costs?	Yes, should be included as part of overall cost/revenue in budget.
42	May participants be charged registration fees, or must participation be provided without cost? If fees are permitted, who establishes, collects, and retains them?	Yes, it is done in partnership with the department.
43	Will NMDOH appoint the planning committee and retain final approval over speakers, agenda, branding, venue, promotion, and continuing-education applications?	Yes.
44	Will NMDOH provide required logos, brand standards, historical agendas, participant lists, evaluation instruments, and other materials from prior events?	Yes.
45	Please identify the specific continuing-education or academic credits expected for nurses, counselors, social workers, health educators, administrators, and other participating professionals.	OSAH has a relationship with some credentialing bodies. Nursing, social work, counseling and certified health education specialist are the primary credentialing bodies that will be expected.

46	Does NMDOH currently have relationships with approved continuing-education providers, or must the contractor independently secure all accrediting partnerships?	OSAH has a relationship with some credentialing bodies. Nursing, social work, counseling and certified health education specialist are the primary credentialing bodies that will be expected.
47	Are application fees, accrediting-organization fees, certificate expenses, transcript services, and staff time required to administer continuing education allowable contract costs?	Yes.
48	May the contractor use one accredited nursing school or nursing-education organization to develop clinical content, supply qualified instructors, and facilitate appropriate nursing continuing-education credit across multiple workstreams?	Yes.
49	Does OSAH have an existing School Health Assistant curriculum, competency framework, needs assessment, or prior professional-development plan that the contractor must update, or should the contractor develop a new plan and curriculum?	DOH Has an existing curriculum.
50	May the four required opportunities constitute a sequential training series delivered to the same cohort, or must they be separate standalone opportunities available to different participants?	They should be separate opportunities.
51	Are there specific clinical protocols, medication-administration topics, emergency-response standards, or other subjects NMDOH requires or prohibits for School Health Assistant training?	Curriculum is already established.
52	Must School Health Assistant training be delivered by licensed registered nurses, nurse educators, physicians, or other specifically credentialed professionals?	No.
53	How many New School Nurse web-based workforce-development opportunities does NMDOH anticipate during each contract year?	4-5
54	Does NMDOH envision: -Live webinars; -Self-paced learning modules; -A structured cohort program; -Recorded training sessions; -Individual technical assistance; or -A combination of these methods?	A combination of these methods.
55	How many new school nurses are expected to enroll annually, and does NMDOH have historical hiring or participation data that Offerors may use for pricing?	It has varied from year to year, but typically 30-40.
56	Should Offerors price the New School Nurse program using an annual fixed amount, a per-enrollee rate, a per-session rate, or curriculum-development costs plus ongoing participant-support costs?	Curriculum-development costs plus ongoing participant-support costs are best.
57	Will NMDOH provide an existing learning-management system, webinar platform, or website, or must the contractor supply and administer the technology?	DOH has an existing LMS.
58	Who will own the curriculum, recordings, learning modules, participant materials, assessments, and other intellectual property developed under the contract?	The Department.
59	Must the web-based program meet specific accessibility, cybersecurity, data-hosting, or State technology requirements?	Yes.
60	How many youth engagement teams, communities, schools, and individual youth participants are expected?	90-100 annually
61	Will NMDOH provide required parental-consent, media-release, transportation, supervision, background-check, and youth-safety requirements?	Yes.
62	Are participant stipends, gift cards, meals, transportation, lodging, and other engagement supports allowable costs?	Yes.
63	Does NMDOH expect youth to participate in the planning committee and curriculum development, or only attend the resulting leadership opportunity?	Youth should participate in the planning and development.
64	Should all five regional updates use substantially the same curriculum, or should the contractor conduct a separate needs assessment and develop region-specific content for each location?	Either is acceptable.

65	Will NMDOH introduce the contractor to regional public-health personnel, school districts, tribal entities, and other local partners, or will the contractor be responsible for independently establishing those relationships?	DOH can support this effort.
66	Should the Cost Response include travel for EC personnel, speakers, and nursing-school instructors to all five regions during each contract year?	Yes.
67	Which professionals should be included in the school-based health-center provider opportunity—medical, behavioral-health, dental, administrative, community-health, or all provider groups?	All provider groups.
68	For the required determination of “how much did you do, how well did you do it, and is anyone better off,” what specific outcome indicators does NMDOH expect the contractor to collect?	This will be further negotiated once the vendor has been chosen.
69	Is the contractor responsible only for immediate post-training evaluation, or must it conduct follow-up surveys or measure longer-term changes in knowledge, practice, retention, or student-health outcomes?	Long term change would be best.
70	May NMDOH provide the quarterly progress-report template before proposals are due so Offerors can properly estimate data-collection and reporting effort?	It is not available at this time.
71	What participant-level information must be collected, and will any information constitute protected health, education, personnel, or other confidential data?	No PHI will be collected.
72	Will NMDOH provide a reporting database, or must the contractor develop and maintain the registration, attendance, evaluation, and performance-reporting system?	Contractor is responsible for all aspects of the database.
73	Who owns participant records and evaluation data, and what security, transfer, destruction, and retention requirements will apply? And if data ownership is anticipated to be sold to NMDOH and included in price sheet?	Records will be required to be submitted to the department as requested.
74	Does NMDOH require the contractor’s project director, trainers, evaluators, or curriculum developers to hold specified degrees, licenses, certifications, or minimum years of experience?	No.
75	For the committees of clinical and content experts required under multiple workstreams, does NMDOH expect separate committees for each workstream or permit one multidisciplinary advisory committee with specialized subgroups?	Either is acceptable.
76	May individual subject-matter experts be retained as independent contractors or speakers without being treated as major organizational subcontractors for proposal-evaluation purposes?	Yes.
77	May clinical experts, content experts, youth representatives, and other committee members receive stipends or consulting fees from the contract?	Yes.
78	Should Offerors include hourly, per-session, or fixed-event rates for future ad-hoc activities in the original Cost Response?	Any of the listed is acceptable.
79	Does this phrase refer to unused funds within the contractor’s existing not-to-exceed budget, newly appropriated funds, NMDOH staff availability, or another limitation?	It will depend on the opportunity. There may be some overlap, but they historically have been separate events.
80	Will each additional workforce-development opportunity require a written work order, approved budget, or contract amendment before the contractor incurs costs?	Yes.
81	The desirable criteria reward collaboration. Is there any minimum subcontracting or formal partnership requirement, or may an Offeror receive full consideration by demonstrating collaboration through advisory committees, speakers, nursing-school participation, letters of support, and relationships with public agencies?	Full Consideration may be received if the response is clear and responsive.

82	For the three required organizational references from similar projects/programs performed within the last three years, must each reference be for a contract performed directly by the prime Offeror, or may references include relevant engagements performed by proposed key personnel or subcontractors who will perform substantially similar responsibilities under this contract?	Yes, the reference must be for the prime offeror.
83	Section IV.B.2(e) requests identification of "Staff assigned to reference engagement that will be designated for work per this RFP." If an Offeror has relevant organizational references but the personnel who performed the referenced engagement will not be assigned to this contract, may the reference still be submitted and evaluated?	Organizational reference must be for the organization; Key staff does not play a part in response from reference.
84	For an Offeror that does not have independently audited financial statements, a Form 10-K, or three complete preceding years of financial statements, please identify the types of alternative financial documentation OSAH will consider sufficient to establish financial stability beyond the example of a D&B report.	Offeror shall provide as many fiscal year financial statements as possible, no more than 3 proving financial stability. A letter from the organization CPA/CFO, shall indicate why an independently audited financial statement is unavailable.
85	Section IV.B.2 requires at least three external references from similar projects/programs performed for private, state, or large local government clients. If an Offeror has performed a relevant workforce or youth-development program collaboratively with legally separate nonprofit, private-sector, or community organizations, may those collaborating organizations serve as external organizational references when they can independently verify the Offeror's role, performance, personnel, and successful execution of the program? Additionally, would an affiliated organization with a legal ownership or governance relationship to the Offeror qualify as an "external reference," or should Offerors limit references to unaffiliated organizations?	Organizational References shall be requested to external organizations who are not directly employed by requesting offeror.
86	Appendix C states that payment will be tendered within 30 days after NMDOH accepts the services. Does the 30-day period begin when NMDOH receives a complete quarterly invoice and report, or only after a separate programmatic acceptance occurs?	30-day payment period commences upon receipt of the invoice by the program, rather than upon the vendors submissions of the invoice.
87	If EC identifies principal staff and a nursing-school subcontractor in its proposal, may it later add or replace individual trainers, speakers, facilitators, or technical consultants with NMDOH's written approval without a formal contract amendment?	Offeror / contractor shall identify any changes to sub-contractor to the department as soon as possible. Changes may not require a formal amendment to contract.