



Request for Quote
New York City Department of Health and Mental Hygiene

EMERGENCY PURCHASE
Whole Genome Sequence Analysis (WGS) Services
2019 novel coronavirus (COVID-19) Emergency Response

Release Date: February 3, 2021
RESPONSE DEADLINE: February 5, 2021 at 5:00pm

Please read entire Request before responding

I. Overview

The New York City Department of Health and Mental Hygiene (DOHMH) is seeking appropriately qualified vendor(s) to perform Whole Genome Sequencing of SARS-CoV-2 in remnant positive diagnostic specimens or derivatives thereof. Sequencing would be performed using recognized standard technology and in accordance with Centers for Disease Control and Prevention (CDC) recommendations.

In accordance with New York City procurement rules, this is an Emergency Purchase; **the selected vendor(s) would be expected to commence services immediately upon notification of award, prior to contract execution and registration. The vendor should expect a delay in initial payment as a result of this process.**

DOHMH anticipates that the term of the agreement resulting from this RFQ would be for one year from the notification of award.

II. Scope of Services

The selected contractor(s) would, at DOHMH's request, perform Whole Genome Sequence Analysis (WGS) Services and provide the data generated thereof:

1. The contractor would be expected to perform Whole Genome Sequence Analysis (WGS) Services as defined in Section II.3 below for an agreed upon number of specimens per week.
2. Each week (defined as a seven consecutive day period), the contractor will sequence the agreed upon number of specimens. If the available number of specimens is less than the agreed upon number, the contractor will contact DOHMH in writing. If the available number of specimens is more than the agreed upon number, the contractor will select the specimens to be sequenced based on the criteria in section II.4 below. It is expected that the total time from specimen receipt to the generation and analysis of Whole Genome Sequence data will be no longer than seven days.
3. Whole Genome Sequence Analysis (WGS) Services is defined as:
 - a. All laboratory work required to generate whole genome sequence data, including, but not limited to: RNA extraction (if applicable), library preparation, sequence generation, raw sequence quality analysis to include generation of FASTQ file, and sequence alignment using standard, recognized protocols. Sequencing depth must meet minimum standards set by the scientific community for SARS-CoV-2 for the technology used. Refer to procedures developed by the Artic Network as an example.

- b. Sequence analysis must be performed using standard protocols recommended by the scientific community, and WGS data of the consensus genome (FASTA file) must be uploaded to GISAID (with associated required metadata). GISAID upload must be completed within 3 days of completion of sequence analysis.
 - c. WGS data with metadata must also be provided to the DOHMH Public Health Laboratory (PHL) by a mechanism defined by DOHMH within 3 days of completion of sequence analysis. FASTA and FASTQ files and demographic data as outlined below must be provided to PHL upon completion of the WGS analysis.
4. The Contractor will perform WGS of SARS-CoV-2 in remnant positive diagnostic specimens or derivatives. The Contractor may sequence specimens they already have access to, or the Contractor may sequence specimens that are submitted to the Contractor at the direction of DOHMH. In either case, the Contractor shall perform WGS on specimens that meet criteria for sequencing as defined by DOHMH. This will include laboratory-based criteria (may include, but not limited to, diagnostic test result, specimen type, maximum cycle threshold (Ct) values or minimum RNA concentration) and epidemiology-based criteria (may include, but not limited to, patient demographic information such as geographic area of residence, age, etc.).
5. DOHMH shall have no obligation to pay for any WGS Analysis Services that are not performed in accordance with the specifications defined herein. WGS Analysis Services for a specimen are considered complete and billable to the contract when all deliverables defined in section II.3a-c and section II.6 are met as defined by DOHMH.
6. Contractor will comply with the following specifications for purposes of conducting WGS Analysis Services:
 - a. Each WGS result shall have complete or near complete genomes that meets or exceeds accepted standards for SARS-CoV-2 sequence based on the platform used;
 - b. A successfully completed WGS test is defined when FASTA and FAST Q files and GISAID required demographics are submitted to PHL and sequence and associated required demographic data is uploaded to and accepted by GISAID. Upon request and as is allowable, patient identifiable information will be provided to NYC PHL.
 - c. All criteria in point 6a and 6b must be completed for the Contractor to be eligible for payment.
7. After WGS is performed on specimens, the Contractor would store remnant specimens at -80C for a period of time to be agreed upon by the Contractor and DOHMH, and the Contractor would send remnant specimens to the NYC DOHMH PHL upon request.
8. All WGS data generated under this contract will become the property of DOHMH. Any further analyses or publications including or related to the data generated must be reviewed and approved by DOHMH prior to conducting the analysis and/or publication of data or analyses based on the data.
9. Maintain and/or ensure that all work will be conducted in accordance with the contracted terms and conditions, as well as with any applicable federal, state and local laws, rules and regulations. This includes laws concerning patient privacy and confidentiality. Contractor agrees to use appropriate safeguards to maintain the confidentiality and security of the data and to prevent unauthorized use or disclosure of the data by implementing and maintaining appropriate protection policies and procedures and complying with any data privacy and security provisions required by DOHMH.

III. Qualification Requirements

Preference will be given to vendor(s) that meet the following qualification requirements:

- a. Demonstrated success in performing whole genome sequence analysis of SARS-CoV-2 using recognized standard technology and in accordance with CDC recommendations.
- b. Demonstrated success in performing whole genome sequencing analysis of other pathogens using recognized standard technology and in accordance with CDC recommendations.
- c. Ability to perform at least 96 sequences of positive COVID-19 tests per week upon contract notification, with the capability to ramp up to at least approximately 150-350 sequences per week after 4 weeks.
- d. Ability to report results within the timeframe described in Section II above.
- e. Capability to immediately deploy sufficient staff to perform the services described in Section II above.
- f. Capability to ensure that all work will be conducted in accordance with the contracted terms and conditions, as well as with any applicable federal, state and local laws, rules and regulations. This includes laws concerning patient privacy and confidentiality.
- g. Capability to provide reporting as specified in the Scope of Services (Section II above).

IV. Insurance Requirements

The selected vendor will need to supply adequate proof of insurance coverage as follows, **prior to the commencement of work**:

- A Certificate of Liability Insurance evidencing liability coverage levels indicated in the second bullet below (“ACORD” certificate). This certificate should include the following language in the description of operations box: “The City of New York, including its employees and officials, are named as additional insured by written contract”. The Certificate of Liability insurance should also name the following as the Certificate Holder:

New York City Department of Health and Mental Hygiene
Office of the ACCO
42-09 28th Street, 17th Fl, CN30A
Long Island City, NY 11101

- At minimum, liability coverage amounts must be:
 - Commercial General Liability
 - \$2,000,000 per occurrence
 - \$4,000,000 general aggregate
 - \$3,000,000 products – completed operations aggregate
 - If a vehicle is used by the contractor, Automobility Liability
 - \$2,000,000 per claim
 - Professional Liability/Errors & Omissions
 - \$1,000,000 per occurrence / \$2,000,000 in the aggregate
- An additional insured endorsement (form ISO CG 20 26 or ISO CG 20 10 or equivalent form) with the following named as additional insured: “The City of New York, including its employees and officials, are named as additional insured by written contract”.

- Separate proof of Workers Compensation insurance (either the form from the NY State Workers Compensation Fund, form U-26.3, or the certificate indicated self-insurance, form C-105.2).
- Separate proof of insurance coverage under NY State Disability Benefits Law, form DB-120.1.

V. Subcontracting

Subcontracting is permitted under the contract that results from this Request, with DOHMH's prior written approval. DOHMH expects that the vendor would make every effort to subcontract with New York City-certified M/WBE vendors, should subcontracting be done. The contractor will be required to enter subcontracts, and payments to subcontractors, in the NYC Payee Information Portal (PIP).

VI. Selection

DOHMH intends to award this Emergency Purchase to the responsive and responsible vendor(s) that meet the qualification requirements; can initiate services quickly; and that also offer(s) a fair and reasonable price.

VII. How to Respond

- Due Date and Time: February 5, 2021 at 5:00pm
- If you would like to respond, but are unable to meet the deadline, please email DOHMHEmergencyRFQ@health.nyc.gov before the Due Date and Time
- How to Respond: email the completed Response Form and completed Price Quote Form to DOHMHEmergencyRFQ@health.nyc.gov

*This is a request for information only.
This request does not constitute an agreement between DOHMH and any vendor.*



RESPONSE FORM

Request for Quote

New York City Department of Health and Mental Hygiene

EMERGENCY PURCHASE: Whole Genome Sequence Analysis (WGS) Services

2019 novel coronavirus (COVID-19) Emergency Response

Email the completed Response Form and Price Quote form to DOHMHEmergencyRFQ@health.nyc.gov by 2/5/21 at 5:00pm

Proposer Name: _____ **Proposer EIN:** _____

Proposer Address: _____

Name of Authorized Contact: _____ **Title:** _____

Signature of Authorized Contact: _____

Authorized Contact's Phone: _____ **Authorized Contact's Email:** _____

Please answer all of the following questions:

1. What date is your firm able to start work? _____
2. Does your firm have successful experience performing whole genome sequence analysis of SARS-CoV-2? Yes No
If yes, please list clients over the past year. Add an attachment if necessary.
3. Does your firm have successful experience performing whole genome sequence analysis of other pathogens? Yes No
If yes, please list clients and nature of work performed in the past 5 years. Add an attachment if necessary.
4. Please indicate the following quantities:
 - a. How many sequences can you complete per week **immediately** using specimens from New York City residents you already have access to? _____
 - b. How many sequences do you anticipate that you can complete per week **after 4 weeks** using specimens from New York City residents you already have access to? _____
 - c. How many sequences can you complete per week **immediately** if DOHMH provides the specimens? _____
 - d. How many sequences do you anticipate that you can complete per week **after 4 weeks** if DOHMH provides the specimens? _____
5. Does your firm have the capability to immediately deploy sufficient staff to perform the services described in Section II of this RFQ? Yes No
6. Does your firm have the capability to perform the reporting requirements described in Section II of this RFQ? Yes No
7. Does your firm have the capability to ensure that all work will be conducted in accordance with the contracted terms and conditions, as well as with any applicable federal, state and local laws, rules and regulations. This includes laws concerning patient privacy and confidentiality. Yes No
8. Under this emergency procurement, the selected vendor will be required to commence services upon notification of selection, **prior to contract execution and registration**. Do you understand that there will be a delay in payment as a result? Yes No
9. Do you plan to subcontract any services? Yes No
What percent of services are you willing and able to subcontract to M/WBE vendors? _____
10. Do you understand and agree that all WGS data generated under a resulting contract will become the property of DOHMH, and that any further analyses or publications including or related to the data generated must be reviewed and approved by DOHMH prior to conducting the analysis and/or publication of data or analyses based on the data? Yes No
11. If selected, will your firm be able to provide proof of insurance at the coverage levels indicated above (Section IV, Insurance Requirements)? Yes No

NOTE: DOHMH will check City of New York financial systems, PASSPort and other systems to determine quality and quantity of services provided to public entities in New York City.



PRICE QUOTE FORM

Request for Quote

New York City Department of Health and Mental Hygiene

EMERGENCY PURCHASE: Whole Genome Sequence Analysis (WGS) Services

2019 novel coronavirus (COVID-19) Emergency Response

INSTRUCTIONS: Please complete the following Price Quote Form. Please note that:

- The contractor shall only be paid for approved work performed. There is no minimum or maximum guarantee of work associated with the resulting contract.
- The Sequencing Price shall be an all-inclusive unit rate, fixed for the duration of the agreement, covering all costs associated with the performance of all work. Such costs may include, but are not limited to, salary, fringe, travel, equipment, supplies, overhead, gas, parking, tolls, subcontracted services, waste disposal costs.
- DOHMH will not pay for any other line item type. No other fees or fee schedules will be included in the resulting contract.

Sequencing Type	Sequencing Price
SARS-COV-2	\$_____ per result as defined in Section II

Name of Proposer _____

Name of Authorized Contact Person (printed) _____

Signature of Authorized Contact Person (signature) _____

Date _____