

March 19, 2026

TO: ALL OFFERORS
FROM: Rick Williamson
Management Analyst III
SUBJECT: ADDENDUM #1 TO HSS 26-060 Food Is Medicine Infrastructure Initiative

ADDENDUM #1

All other terms and conditions remain the same.

If you have any questions, please contact me at ricky.williamson@delaware.gov.

Public Q&A

1. Staff Requirements

Feb 26, 2026 11:34 AM EST

The RFP requires hiring 4-5 Community Health Workers (CHWs) and 1 Registered Dietitian (RD) specifically for rural Kent and Sussex counties. Does the State allow for telehealth models where the RD is based elsewhere but serves the rural sites virtually?
PROGRAM response:
The State allows for telehealth models where the RD serves rural sites virtually, but prefers the RD to be locally based.

2. Registered Dietitian (RD) Credentials

Feb 26, 2026 11:34 AM EST

The RFP requires hiring one Registered Dietitian (RD) to serve rural practices. Does this RD need to hold a Delaware state license, or can they be licensed in another state and provide services via telehealth, given the mobile-platform nature of this component?
PROGRAM response:
Delaware state licensure is required for individuals practicing and/or labeling themselves as Dietitians or Nutritionists in the state of Delaware.

3. Community Health Workers (CHWs)

Feb 26, 2026 11:34 AM EST

For the 4–5 Community Health Workers (CHWs) to be hired, what is the expected clinical supervision model? Can the Registered Dietitian manage these CHWs remotely through our platform, or is in-person, local supervision required?
PROGRAM response:
In-person, local supervision is preferred. Bidders are requested to provide a detailed description of their proposed supervision approach.

4. Telehealth Platforms

Feb 26, 2026 11:35 AM EST

Goal 1.2 mentions telehealth platforms. Does the state have a specific preference for 'synchronous' (live video) versus 'asynchronous' (messaging/recorded) nutrition counseling within the mobile platform?
PROGRAM response:
Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.

5. Journal Costs

Feb 26, 2026 11:36 AM EST

Component 1 requires publishing findings in peer-reviewed journals. Does the State provide a budget for publication fees, or should those be incorporated into administrative costs?
PROGRAM response:
All expenses, including publication fees, must be included in the proposed budget.

6. Multi-Components

Feb 26, 2026 11:43 AM EST

If our primary proposal focuses on Component 2, but our solution inherently addresses several key objectives outlined in Component 3. Should these cross-functional benefits be detailed within the Component 2 response to demonstrate added value, or would the evaluation committee prefer they be listed separately?

PROGRAM response:

Bidders are welcome to present their proposal in a manner that best describes their approach and methodology to implementing the services as described in the RFP. Bidders should include detailed plans, approach, intended outcomes, and prior experience relevant to each component specified in the RFP.

7. Funding for CHWs

Feb 26, 2026 11:47 AM EST

How would the funding for CHWs look?

PROGRAM response:

Funding awarded through this RFP can support the hiring and deployment of 4-5 community health workers to serve patients in rural health practices across Kent and Sussex counties.

8. Technical Requirements for Medical Evaluations

Feb 26, 2026 3:10 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS: Program Components; Paragraph 6, Pg 50.

Text: 1. Develop and implement sustainable billing mechanisms, including: • CPT code 99213 culinary medicine consultations

QUESTION: Will the technical requirement be expanded to also include medical evaluations (e.g., Medical Components Present/Assessment of a diagnosed condition)?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling the requirements as described in the RFP.

9. Medical Evaluation

Feb 26, 2026 3:10 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS: Program Components; Paragraph 6, Pg 50.

Text: 4. Prepare reports and publish findings in peer-reviewed journals.

QUESTION: Is this requirement actually publishing or submitted for publishing to recognize various time constraints beyond the control of the submitter?

PROGRAM response:

The expectation is to have articles published, whether in house or through submission to peer-reviewed journals, with the intent to have findings included in peer reviewed publications.

10. Value Based Payment Arrangements

Feb 26, 2026 3:11 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS:
Program Components; Paragraph 6, Pg 50.

Text: 5. Support DPH in securing value-based payment arrangements with at least two payers by Year 4.

QUESTION: Will DPH be offering these value-based payment arrangement incentives?

PROGRAM response:

The selected vendor will be expected to develop and implement sustainable billing mechanisms, including coordinating provider payments, and support DPH in securing value-based payment arrangements with at least two payers by Year 4. Bidders should propose a detailed approach to this work as part of their response

11. Rural Practitioners

Feb 26, 2026 3:12 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS:
Program Components; Paragraph 8, Pg 51.

Text: Component 3: Training and Pilot; 1. Certify 15 Culinary Medicine Teachers to train 150 rural practitioners (70% serving rural populations).

QUESTION: Define rural practitioners.

PROGRAM response:

Rural practitioners are defined as practitioners who are serving 70% rural populations. Delaware is using the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy definition of rural.

<https://www.hrsa.gov/rural-health/about-us/what-is-rural>

12. Rural Location - Practitioner

Feb 26, 2026 3:13 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS: Program Components; Paragraph 8, Pg 51.

Text: Component 3: Training and Pilot; 1. Certify 15 Culinary Medicine Teachers to train 150 rural practitioners (70% serving rural populations).

QUESTION: If a practitioner is not physically located in a rural zip code, but predominantly serves a rural population, is that 'allowed'?

PROGRAM response:

Yes, any practitioner serving at least 70% rural populations is allowable.

13. Priority Population Characteristics

Feb 26, 2026 3:14 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS:
Reporting and Communication Requirements; Paragraph 7; Pg. 52

Text: D. Priority Population

QUESTION: Should the priority population include ALL those characteristics listed or any one of those characteristics listed?

PROGRAM response:

Bidders are welcome to target one, or multiple, of the priority populations identified. Priority populations do not need to include all characteristics listed. Bidders should describe in detail the populations they intend to work with.

14. Reduction in ED Visits

Feb 26, 2026 3:18 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS:
Reporting and Communication Requirements; Paragraph 8, Pg. 53

Text: Healthcare Utilization & Food Security

QUESTION: 20% reduction in ED visits: is that absolute reduction or relative reduction comparing to where the ED visit was at baseline? Where is the 20% data coming from?

PROGRAM response:

The outcomes described on page 53 of the RFP are the overall outcomes for this RHTP initiative and are expected to be achieved by the end of the Year specified (end of Year 5 for the healthcare utilization and food security outcome). The 20% reduction in ED visits refers to a relative reduction compared to baseline among program participants. Bidders should detail their proposed evaluation methodology in their submission.

15. Reduction in Food Insecurity

Feb 26, 2026 3:19 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS:
Reporting and Communication Requirements; Paragraph 8, Pg. 53

Text: Healthcare Utilization & Food Security

QUESTION: 25% reduction in food insecurity: is that absolute reduction or relative reduction comparing where the rate was at baseline?

PROGRAM response:

The outcomes described on page 53 of the RFP are the overall outcomes for this RHTP initiative and are expected to be achieved by the end of the Year specified (end of Year 5 for the healthcare utilization and food security outcome). The 25% reduction in food insecurity refers to a relative reduction compared to baseline among program participants. Bidders should detail their proposed evaluation methodology in their submission.

16. Food Insecurity Prescriptive Tool

Feb 26, 2026 3:19 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS:
Reporting and Communication Requirements; Paragraph 8, Pg. 53

Text: Healthcare Utilization & Food Security

QUESTION: - 25% reduction in food insecurity: is there a prescriptive tool to measure food insecurity?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to measuring food insecurity, including any validated screening tools. Bidders should identify proposed evaluation measures in their submission.

17. Budget and Budget Narrative

Feb 26, 2026 3:21 PM EST

Section: Appendix F - Project Cost Template; Appendix B.F.5; Pg 2
QUESTION: Please clarify what budget information is being requested in the 4th table listed in Appendix F. There is a reference to Appendix B.F.5 and it states "Budget and Budget Narrative - Line-item budget not included in above".

PROGRAM response:

The 4th table in Appendix F is intended to capture any additional line-item budget detail not covered in the preceding tables. Bidders should use this section to provide supplemental budget information as described in Appendix B, Section F.5 of the RFP.

18. RD License

Feb 26, 2026 3:21 PM EST

Section: Appendix B SCOPE OF WORK AND TECHNICAL REQUIREMENTS;
Paragraph Component 2/Number 1; Pg. 51

Text: Hire and deploy 4-5 community health workers and 1 registered dietitian to serve patients in rural health practices across Kent and Sussex counties.

QUESTION: Does the Registered Dietician need to be licensed to Delaware?

PROGRAM response:

Yes, the Registered Dietician must be licensed in Delaware.

19. RD Bill for Services

Feb 26, 2026 3:23 PM EST

Section: Appendix B SCOPE OF WORK AND TECHNICAL REQUIREMENTS;
Paragraph Component 2/Number 1; Pg. 51

Text: Hire and deploy 4-5 community health workers and 1 registered dietitian to serve patients in rural health practices across Kent and Sussex counties.

QUESTION: Can the Registered Dietician bill for services?

PROGRAM response:

Funding awarded through this RFP can support the hiring and deployment of one registered dietitian to serve patients in rural health practices across Kent and Sussex counties. Funding can also support the nutrition counseling, education, and care coordination services provided by the dietitian. The registered dietitian is not permitted to bill for additional services.

20. Nutrition Counseling

Feb 26, 2026 3:37 PM EST

Section: Appendix B SCOPE OF WORK AND TECHNICAL REQUIREMENTS;
Paragraph Component 2/Number 2; Pg. 51

Text: Provide individualized nutrition counseling, education, and care coordination for patients with diet-sensitive chronic conditions.

QUESTION: Is the vendor required to provide individualized nutrition counseling to patients with diet-sensitive chronic conditions or can these services be subcontracted?

PROGRAM response:

The vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting assignments; however, vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.

21. Nutrition Counseling Group Classes

Feb 26, 2026 3:38 PM EST

Section: Appendix B SCOPE OF WORK AND TECHNICAL REQUIREMENTS;
Paragraph Component 2/Number 2; Pg. 51
Text: Provide individualized nutrition counseling, education, and care coordination for patients with diet-sensitive chronic conditions.
QUESTION: Could this be accomplished through group classes?
PROGRAM response:
Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.

22. Technology Solutions

Feb 26, 2026 3:39 PM EST

Section: Appendix B SCOPE OF WORK AND TECHNICAL REQUIREMENTS;
Paragraph Component 2/Number 3; Pg. 51
Text: 3. Deploy and maintain technology solutions, including:

- EMR decision-support tools for providers
- Telehealth nutrition consultation platforms
- Patient-facing mobile applications
- Remote patient monitoring systems

QUESTION: Do all solutions need to be deployed or is it optional which ones are deployed?
PROGRAM response:
Bidders are requested to provide a detailed description of their proposed approach to fulfilling the requirements as described in the RFP.

23. Rural Population Determination

Feb 26, 2026 3:45 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS:
Program Components; Paragraph 8, Pg 51.
Text: Component 3: Training and Pilot;
QUESTION: How is the “70% serving rural populations” being determined? If by zip code, can you share the list of zip codes?
PROGRAM response:
Delaware uses the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy definition of rural.
<https://www.hrsa.gov/rural-health/about-us/what-is-rural>

24. Culinary Medicine

Feb 26, 2026 3:47 PM EST

Section: APPENDIX B: SCOPE OF WORK AND TECHNICAL REQUIREMENTS:
Program Components; Paragraph 8, Pg 51.

Text: Component 3: Training and Pilot; 1. Certify 15 Culinary Medicine Teachers to train 150 rural practitioners (70% serving rural populations).

QUESTION: Is there a specific curriculum & cost for the culinary medicine program? If so, can grant dollars cover the cost? Can the culinary medicine teachers be virtual?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement. Culinary medicine training materials and associated costs may be included in bidder's proposed budget. While virtual teachers are permitted, the state prefers that successful vendor(s) are locally based.

25. Anticipated Indirect Rate

Feb 26, 2026 4:19 PM EST

What is the anticipated indirect rate for this grant? I see the state used 9.1% in its Federal proposal, should we expect to use that rate as well?

PROGRAM response:

Per Delaware's approved Rural Health Transformation Program application, administrative costs, including both direct and indirect costs, are limited to 9.1% of the total budget. Bidders should structure their budgets accordingly.

26. 5 year or 1 year budget?

Feb 26, 2026 4:20 PM EST

Should we include a budget for 5 years or only 1 year? If it's for 1 year, can we modify that budget for subsequent years?

PROGRAM response:

Bidders should include a detailed budget for project year 1 and a broad, estimated budget for the remaining four years. Budgets for subsequent years will be negotiated and contingent upon vendor performance and availability of Federal funding.

27. Federal flow through funds?

Feb 26, 2026 4:22 PM EST

Is this considered Federal flow through funds?

PROGRAM response:

Yes, these are considered Federal flow through funds.

28. Funding availability and Caps

Feb 27, 2026 9:52 AM EST

Can you provide the total amount available for funding for this opportunity? Similar, is there guidance about recommended funding levels for each year or the overall program?

PROGRAM response:

Bidders are required to submit a detailed proposed budget and budget narrative that clearly demonstrates the costs needed to perform the scope of work as described in the RFP.

29. F&A Costs for Budgeting

Feb 27, 2026 9:53 AM EST

Will you accept F&A costs? Is there a cap to what can be requested and/or will you honor a federally negotiated rate?

PROGRAM response:

Per Delaware's approved Rural Health Transformation Program application, administrative costs, including both direct and indirect costs, are limited to 9.1% of the total budget. Bidders should structure their budgets accordingly.

30. Integrated billing and decision support tools

Feb 27, 2026 10:55 AM EST

Can DPH further describe the technical requirements for EMR connectivity as it relates to decision support and billing tools?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement. Successful bidder(s) will be knowledgeable regarding all facets of EMR connectivity as related to implementing the components of this RFP.

31. Integrated billing and decision support tools

Feb 27, 2026 10:56 AM EST

Is it sufficient for billing and decision support tools to be integrated into the DHIN or must they be integrated into each EMR used by Delaware providers?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement. Billing and decision support tools should be integrated into each EMR used by participating Delaware providers.

32. Integrated billing and decision support tools

Feb 27, 2026 10:56 AM EST

Are there specific healthcare providers and/or EMR systems that the state is prioritizing for initial integration?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement. Bidders should detail their proposed approach to identifying healthcare providers and EMR systems for program implementation.

33. Integrated billing and decision support tools

Feb 27, 2026 10:57 AM EST

Will healthcare providers be allocated a budget or resources to support EMR integration?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling the requirements as described in the RFP.

34. Pilot program

Feb 27, 2026 10:57 AM EST

Can DPH clarify whether the target goal of a 20% reduction in ED visits outcome refers to all-cause ED utilization or ED visits related specifically to diet-sensitive chronic conditions?

PROGRAM response:

Yes, the target goal of a 20% reduction in ED visits refers to ED visits related to diet-sensitive chronic conditions in patients who received culinary medicine consultations as part of the FIM program.

35. Pilot program

Feb 27, 2026 10:57 AM EST

Does DPH expect the pilot to last 6 months total or that each patient participates in a 6 month intervention on a rolling basis?

PROGRAM response:

Each patient should participate in a 6-month intervention. Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.

36. Pilot program

Feb 27, 2026 10:58 AM EST

Does DPH have minimum expectations regarding patient digital engagement (e.g., required app utilization, telehealth frequency, RPM adherence thresholds)?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.

37. Q1.

Feb 27, 2026 11:32 AM EST

Is this RFP for Year 1 only, or for all five years (assuming the state obtains additional funding)? Some of the aims infer a Five year contract (Component 1: Aim 5).

PROGRAM response:

The RFP awarded term will be one year with four optional one-year extensions. Bidders should propose their approach for all 5 years. Please refer to RFP Section V.C.1.

38. Q2.

Feb 27, 2026 11:32 AM EST

Should we assume the aims should be completed within Year 1 unless otherwise stated?

PROGRAM response:

Bidders are encouraged to propose a detailed workplan showcasing their approach and timeline to achieving the required outcomes as outlined in the RFP. This is expected to be a 5-year program. Workplans for subsequent years will be negotiated and contingent upon vendor performance and availability of Federal funding.

39. Q3.

Feb 27, 2026 11:33 AM EST

Does the state plan to foster connections between vendor and health systems/rural practitioners in Kent and Sussex counties? Will health systems/rural practitioners have additional incentives to participate?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement. The selected bidder will be responsible for identifying partners, and building, fostering, and maintaining relationships with participating health systems and practitioners.

40. Q4.

Feb 27, 2026 11:34 AM EST

For component 3, is the intent to have the 150 previously trained rural practitioners provide the various services for the 375 participants in rural Kent and Sussex counties with diabetes or hypertension? Or is the training of the 150 rural practitioners a separate aim from the six-month pilot program for the 375 participants?

PROGRAM response:

The 150 previously trained rural practitioners may provide the various services required for the pilot program. The aim of the six-month pilot is to collect and analyze clinical, utilization, and programmatic data to inform replication and expansion efforts. Bidders are encouraged to propose a detailed workplan showcasing their approach and timeline to achieving the required outcomes as outlined in the RFP.

41. Q5.

Feb 27, 2026 11:34 AM EST

For component 3, can food be included in the pilot? Especially if it is sourced locally in collaboration with Delaware Council on Farm & Food Policy utilizing funding outside of RHTP dollars?

PROGRAM response:

Locally sourced food can be included in the pilot, utilizing funding outside of the RHTP dollars. Purchase of food with RHTP funds awarded through this RFP is prohibited.

42. Yr 1 Budget dates

Feb 27, 2026 11:53 AM EST

Is the year one Budget Period of performance July 1 2026 - Oct 30, 2026?

PROGRAM response:

The year one budget period of performance is July 1, 2026 - June 30, 2027.

43. Budget

Feb 27, 2026 11:56 AM EST

Would it be possible to respond to questions about budget dates and indirect rates before March 27?

PROGRAM response:

Responses to questions will be posted by March 27. Additional questions were addressed at the pre-bid meeting on March 13.

44. Goal #1

Feb 27, 2026 12:40 PM EST

In GOAL #1, it states "... Deliver food prescriptions, medically tailored meals/groceries, and culinary medicine consultations to individuals with diet-sensitive chronic conditions (e.g., diabetes, hypertension, chronic kidney disease)." and again, in GOAL #4, it states: "... Partner with rural health providers, FQHCs, hospitals, payers, food banks, the Delaware Council on Farm and Food Policy, and the Delaware Food is Medicine Committee to integrate nutrition into care delivery." Assuming the procurement of healthy food is part of the FIM initiatives, is it acceptable to include food expenses in the overall budget? In the RFP, you reference 'priority populations' being individuals with diet-sensitive chronic conditions (e.g., diabetes, hypertension, chronic kidney disease): Are other chronic conditions acceptable criteria for pilot participation?

PROGRAM response:

Purchase of food with RHTP funds awarded through this RFP is prohibited. Other diet-related chronic conditions are acceptable criteria for pilot participation. Bidders should detail their proposed approach to identifying and engaging priority populations. Criteria will be reviewed and approved by the state and advisory groups prior to pilot implementation.

45. Component 2

Feb 27, 2026 12:41 PM EST

Under Component 2 (Technology & Workforce), the RFP states that the vendor is to deploy and maintain 'telehealth nutrition counseling platforms.' We are seeking clarity on the type of telehealth that is to be used: Is it a telehealth visit directly with the provider(s) where the vendor provides a nutrition counseling platform that connects the patient to the practitioner/ RD to receive personalized coaching? Or is it a specialized platform built around providing access to the patient for nutrition consultation?

PROGRAM response:

As stated in Goal 1.2 in the RFP, Bidders are expected to "Provide nutrition education and counseling through in-person, telehealth, and/or mobile platforms to support adherence to medically tailored diets". Bidders are requested to provide a detailed description of their proposed approach to fulfilling the requirements as described in the RFP.

46. Component 2

Feb 27, 2026 12:43 PM EST

Under Component 2 (Technology & Workforce), the RFP states that the vendor is to deploy and maintain 'patient-facing mobile applications': Is this an app that would provide both provider and patient-facing aspects? Under Component 3 (Training and Pilot), the initiative will "certify 15 Culinary Medicine Teachers to train 150 rural practitioners (70% serving rural populations). Is this 70% of the 150 rural practitioners? Can CCMS practitioners provide care in non-rural areas of Delaware, such as the upper part of the state?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling the requirements as described in the RFP. Rural practitioners are defined as practitioners who are serving 70% rural populations.

47. Culinary Medicine Training

Feb 27, 2026 12:44 PM EST

What type of “rural practitioners” would qualify to be trained by the 15 Culinary Medicine Teachers?

PROGRAM response:

Rural practitioners are defined as practitioners who are serving 70% rural populations.

48. Component 3

Feb 27, 2026 12:45 PM EST

Under Component 3 (Training and Pilot) and multiple places in the RFP, it states a six-month pilot program for 375 participants is to be implemented in rural Kent and Sussex counties: We are seeking clarity on timing of a ‘six month pilot’ over course of what could hypothetically be five (5) years: When would the 6-month pilot commence (i.e. within YR1?) Re: Clearly, programming occurs after [15] culinary medicine teachers’ complete certification and bidders have trained [150] rural practitioners. Is the ‘six-month’ pilot simply the length of the program that will be administered repeatedly during the course of a 1 to 5-year project plan to eventually capture all 375 participants? What if the pilot is planned to commence in Year 3, would bidders then be expected to demonstrate these results at the conclusion of a ‘6-month pilot’ [at the end of Year 3]? Seeking to understand how a ‘6-month pilot’ is situated within a potential 5-year program plan.

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement. Bidders are encouraged to propose a detailed workplan showcasing their approach and timeline to achieving the required outcomes as outlined in the RFP.

49. Component 3

Feb 27, 2026 12:46 PM EST

Under Component 3 (Training and Pilot; section 2. c.) The pilot is to include remote monitoring and follow-up: What type of remote monitoring would be acceptable to consider? (i.e., Pulse Oximeters? CGMs? Real-time BP cuffs? Similar blue tooth-enabled wearables? Are there any restrictions on potential remote patient monitoring equipment?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement. Bidders are welcome to propose patient monitoring equipment that would support implementation of the proposed scope of work.

50. Component 3

Feb 27, 2026 12:47 PM EST

Under Component 3 (Training and Pilot; section 3): It states that bidders are to identify pilot communities in consultation with the Delaware Council on Farm & Food Policy: What is the role of a pilot community? What are your defining criteria for an eligible community? What defines a pilot community - what criteria (i.e., SDOHs, disease prevalence, food insecurity, healthy food access?)

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement. Identified pilot communities will be reviewed and approved by the state and advisory groups to pilot implementation.

51. Component 2 & 3

Feb 27, 2026 12:48 PM EST

In both Component 2 items 2 & 3, it states the vendor is to provide individualized nutrition counseling and care coordination for patients with diet-sensitive chronic conditions. Which patients are the focus here? Are they the 375 patients that would be part of the pilot or other?

PROGRAM response:

The individualized nutrition counseling, education, and care coordination referenced in Component 2 is for individuals served by the 4-5 community health workers and 1 registered dietitian deployed in rural health practices across Kent and Sussex counties. The nutrition education, culinary medicine consultations, and remote monitoring and follow-up referenced in Component 3 is for individuals served by the 150 rural practitioners trained through that initiative.

52. Proposed Outcome #1

Feb 27, 2026 12:49 PM EST

What is the standard/expectation with community-based nutrition education: Is it a requirement for in-person, hands-on learning (during early phases?) or could it be virtual Under Proposed Outcomes #1, it states that vendors are expected to contribute to achieving "40% of participants achieve > 0.5-point HbA1c reduction and/or > 5 mmHg blood pressure reduction by the end of year 5": Can vendors exceed 375? Are we limiting these efforts to just 375 patients, or could it be more? Can we treat patients without having them participate in the pilot OR do they need to be registered pilot participants?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.

53. Proposed Outcome #2

Feb 27, 2026 12:49 PM EST

Under Proposed Outcomes #2, it states that vendors should seek a 20% reduction in ED visits: Is this among pilot participants only?), 25% reduction in food insecurity by the end of Year 5. Again, among pilot participants?

PROGRAM response:

Outcome targets described on page 53 of the RFP apply to any FIM program participants. Bidders should detail their proposed evaluation methodology in their submission.

54. Proposed Outcome #3

Feb 27, 2026 12:50 PM EST

Under Proposed Outcomes #3 (Workforce Capacity), it states vendors will be allowed to hire 5-6 staff: Are there any restrictions on what the positions could be? Could it be a multi-disciplinary team encompassing CHWs, clinicians, RDs, Program Manager(s)? Is this allowed?

PROGRAM response:

Please refer to page 51 of the RFP. The selected bidder(s) will hire and deploy 4-5 community health workers and 1 registered dietitian to serve patients in rural health practices across Kent and Sussex counties.

55. Proposed Outcome #3

Feb 27, 2026 12:51 PM EST

Under Proposed Outcome #3, it states vendors need to hire said workforce with an “80% retention”: Over what period of time? What will the reporting requirements to meet the 80% staff retention rate? Also, under Proposed Outcome #3, it states vendors are to train 150 rural practitioners with 80% implementing FIM within 6 months: Is this within 6 months of completion of their CM training/certification? And that vendors are to certify 15 Culinary Medicine teachers by Year 3: If the CM certification requires two years, then this would likely be the initial activity conducted under the initiative, with training for the 150 rural practitioners taking place afterward. If these practitioners are then qualified to implement FIM, it would be in Year 3 at best. We are seeking clarity around “vendors are to train 150 rural practitioners with 80% implementing FIM within 6 months”.

PROGRAM response:

The outcomes described on page 53 of the RFP are the overall outcomes for this RHTP initiative and are expected to be achieved by the end of the year specified (i.e., Year 4 for the Outcome #3). Bidders are encouraged to propose a detailed workplan showcasing their approach and timeline to achieving these outcomes, including proposed evaluation methodologies.

56. Proposed Outcome #4

Feb 27, 2026 12:51 PM EST

Under Proposed Outcomes #4 (Sustainable Infrastructure), it states vendors are to demonstrate a \$500,000 annual FIM reimbursement: At what point in time? Is this to be demonstrated by a specific year (i.e., after year 3, year 4 or year 5? and that vendors are to demonstrate “ > 5 new partnerships annually”: At what point in time? Do existing CBOs/partnerships that would be expanding to include FIM roles count towards the “ > 5 new partnerships annually”? Can the state provide an example of the type of partnership that is envisioned under this initiative?

PROGRAM response:

The outcomes described on page 53 of the RFP are the overall outcomes for this RHTP initiative and are expected to be achieved by the end of the year specified. Bidders are encouraged to propose a detailed workplan showcasing their approach and timeline to achieving these outcomes. New partnerships, as described in the RFP, refers to partnerships that have not been previously established. Please refer to page 8 of the RFP, Goal 4.1, for a list of sample partnerships.

57. Question #1 - DHSS Food Is Medicine

Feb 27, 2026 1:02 PM EST

Section - RFP Evaluation Process

If a single vendor proposes to deliver multiple components, will scoring treat that as one integrated proposal or separate evaluations?

PROGRAM response:

We will treat your bid as a single bid with multiple components included in your submission.

58. Question #2 - DHSS Food Is Medicine

Feb 27, 2026 1:04 PM EST

Section - RFP Evaluation Process

Would Delaware be open to a different structure that proposes incorporating component 1 and the technology pieces of components 2 and 3 under an overarching governance structure?

Given the distinct capabilities required for the technology sub-components vs workforce/service delivery sub-components in 2 and 3, there are efficiency and quality gains in having one vendor lead all technology elements across components.

PROGRAM response:

Bidders are welcome to present their proposal in a manner that best describes their approach and methodology to implementing the services as described in the RFP.

59. Question #3 - DHSS Food Is Medicine

Feb 27, 2026 1:05 PM EST

Section - RFP Evaluation Process

Is there a minimum or maximum contract value per component, or is budget entirely vendor-proposed?

PROGRAM response:

Bidders are required to submit a detailed proposed budget and budget narrative that clearly demonstrates the costs needed to perform the scope of work as described in the RFP.

60. Question #4 - DHSS Food Is Medicine

Feb 27, 2026 1:05 PM EST

Section - RFP Evaluation Process

The contract term is one year with four optional one-year extensions. Is funding already appropriated for Year 1, and is there any indication of funding intent for subsequent years?

PROGRAM response:

Funding has been appropriated for Year 1. Funding for subsequent years will be contingent upon vendor performance and availability of Federal funding.

61. Question #5 - DHSS Food Is Medicine

Feb 27, 2026 1:06 PM EST

Section - RFP Evaluation Process

Are there incumbent vendors currently delivering any FIM-related services in Kent and Sussex counties?

PROGRAM response:

Food is Medicine work is currently being implemented by various partners across the state. However, this is the first year of this RFP.

62. Question #6 - DHSS Food Is Medicine

Feb 27, 2026 1:06 PM EST

Section - RFP Evaluation Process

What is the current state of EMR adoption among participating rural providers in Kent and Sussex counties — what systems are in use (Epic, Cerner, etc.)?

PROGRAM response:

The selected vendor is expected to demonstrate a strong understanding of current efforts in Delaware, including knowledge of EMR systems and use among identified health systems. Bidders should demonstrate strong knowledge and understanding of EMR systems and implementation.

63. Question #7 - DHSS Food Is Medicine

Feb 27, 2026 1:07 PM EST

Section - IV. Professional Services RFP Administrative Information; B. RFP Submissions; pg. 15

Is it acceptable for a vendor to submit as prime for one component and be included as a sub in another vendor's submission for other components?

PROGRAM response:

Bidder who is a "primary vendor" cannot be a subcontractor of another bidder.

Please refer to RFP.Section IV.B.12 & RFP.Section IV.B.13.

Use of subcontractors must be clearly explained in the proposal, and major subcontractors must be identified by name.

The prime vendor shall be wholly responsible for the entire contract performance whether or not subcontractors are used.

64. Question #8 - DHSS Food Is Medicine

Feb 27, 2026 1:08 PM EST

Section - Appendix B; pg. 50

Has DPH already initiated discussions with Medicaid managed care organizations or ACOs regarding "in lieu of services" pathways, or will the vendor be expected to initiate those relationships from scratch?

PROGRAM response:

The selected vendor is expected to demonstrate a strong understanding of current efforts in Delaware to guide and lead payer pathway development in coordination with relevant stakeholders. Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.

65. Clarification Questions – RFP HSS 26-060 Food is Medicine Infrastructure Initiative

Feb 27, 2026 2:48 PM EST

Thank you for the opportunity to review RFP HSS 26-060 – Food is Medicine Infrastructure Initiative. We appreciate the comprehensive scope and would like to submit the following clarification questions to better align our proposal with the Division of Public Health's goals and expectations.

a. Component Strategy Clarification

If a vendor proposes on all three components (Payment Infrastructure, Technology & Workforce, and Training & Pilot), will proposals demonstrating integrated cross-component coordination receive additional evaluation consideration?

PROGRAM response:

We will treat your bid as a single bid with multiple components included in your submission.

b. Rural Operational Presence

Will preference be given to vendors with an existing operational presence or established partnerships in Kent and Sussex counties?

PROGRAM response:

Bidders should detail existing operational presence or established partnerships. Please refer to page 20-21 in the RFP for evaluation criteria.

c. Food Production & Meal Procurement Model

For medically tailored meals and groceries, does DPH anticipate centralized meal production, distributed local sourcing, or vendor-designed operational models?

PROGRAM response:

Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.

d. Local Agricultural Alignment

Are vendors expected to prioritize Delaware-grown agricultural products, and will demonstrated alignment with the Delaware Council on Farm & Food Policy be weighted in the evaluation process?

PROGRAM response:

Local food procurement is a priority of the Delaware Council on Farm and Food Policy and the Food is Medicine Committee, as described on pages 4-5 in the RFP. Please refer to page 20-21 in the RFP for evaluation criteria.

66. Clarification Questions – RFP HSS 26-060 Food is Medicine Infrastructure Initiative (cont)

e.	<p>EMR Integration Expectations Does DPH require integration with specific EMR platforms currently used by rural FQHCs and hospitals, or should vendors propose flexible integration solutions compatible across systems?</p> <p>PROGRAM response: Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.</p>
f.	<p>Data Ownership & Reporting Structure Who will retain ownership of program data, and will vendors have access to de-identified datasets for evaluation and research publication purposes?</p> <p>PROGRAM response: DPH will retain ownership of all program and participant data generated through this initiative. Vendors may be granted access to de-identified datasets for the purposes of program evaluation, performance monitoring, and required reporting activities, subject to DPH data use policies and applicable privacy protections. Any use of program data for research publications, presentations, or other external dissemination must receive prior review and approval from DPH. Vendors may be required to collaborate with DPH staff in the interpretation of findings and preparation of materials to ensure accuracy and appropriate representation of the program.</p>
g.	<p>Clinical Outcome Benchmarks For the Year 5 outcome targets (e.g., ≥ 0.5 HbA1c reduction and ≥ 5 mmHg blood pressure reduction), are these benchmarks expected across total enrolled participants or among active/completer cohorts?</p> <p>PROGRAM response: The outcomes described on page 53 of the RFP are the overall outcomes for this RHTP initiative and are expected to be achieved by the end of the year specified. They apply to all FIM program participants. Bidders should detail their proposed evaluation methodology in their submission.</p>
h.	<p>8. Referral Volume Projections Does DPH have estimated referral volumes from participating FQHCs, hospitals, and primary care providers in Kent and Sussex counties to assist with workforce and operational planning?</p> <p>PROGRAM response: DPH does not have estimated referral volumes at this time. Bidders should detail their proposed approach to workforce and operational planning.</p>

67. Clarification Questions – RFP HSS 26-060 Food is Medicine Infrastructure Initiative (cont)

- i. Culinary Medicine CPT Billing
Has CPT 99213 billing for culinary medicine consultations been previously tested with Delaware Medicaid or managed care organizations, or is the selected vendor expected to lead payer pathway development?
PROGRAM response:
The selected vendor is expected to demonstrate a strong understanding of current efforts in Delaware to guide and lead payer pathway development. Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.
- j. Value-Based Payment Arrangements
What level of financial risk-sharing is anticipated under ACO or value-based arrangements (e.g., shared savings only versus shared savings with downside risk)?
PROGRAM response:
Bidders are requested to provide a detailed description of their proposed approach to fulfilling the requirements as described in the RFP.
- k. Workforce Structure Expectations
Must Community Health Workers and Registered Dietitians be full-time employees of the prime contractor, or are subcontractor or contract-based staffing models acceptable?
PROGRAM response:
The vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting assignments; however, vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.
- l. Technology Hosting & Security Requirements
Are there specific Delaware Department of Technology and Information (DTI) security or hosting requirements for patient-facing mobile applications, telehealth platforms, and remote monitoring systems?
PROGRAM response:
Specific DTI requirements will be addressed with the selected vendor during contract negotiations and implementation planning. DPH will work with vendor at that time to ensure that any patient-facing mobile applications, telehealth platforms, and remote monitoring systems meet applicable State of Delaware technology and security standards.
- m. Sustainability Beyond Year 1
Beyond Year 1 funding, does DPH anticipate continuation funding contingent on performance benchmarks, or should vendors plan for transition to reimbursement-supported sustainability models?
PROGRAM response:
The terms of the contract between the successful bidder and the State will be for one year with four optional one-year extensions. Budgets for subsequent years will be negotiated and contingent upon vendor performance and availability of Federal funding. Bidders are encouraged to detail proposed reimbursement-supported sustainability models.

68. Clarification Questions – RFP HSS 26-060 Food is Medicine Infrastructure Initiative (cont)

n.	Food Distribution Logistics For meal delivery in rural communities, are vendors expected to provide direct-to-home delivery, clinic-based pickup, or hybrid distribution models? PROGRAM response: Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.
o.	Competitive Differentiation In addition to the listed evaluation criteria, are there specific elements that will distinguish high-scoring proposals in this procurement? PROGRAM response: Please refer to page 20-21 in the RFP for evaluation criteria.
p.	Would DPH consider phased implementation beginning with pilot sites to demonstrate early clinical and operational outcomes prior to broader rural expansion? PROGRAM response: Bidders are requested to provide a detailed description of their proposed approach to fulfilling the requirements as described in the RFP.
<p>We appreciate your guidance and look forward to developing a proposal that supports DPH's vision for sustainable, equitable Food is Medicine infrastructure in rural Delaware.</p> <p>Respectfully, Taisha Holmes-Bulgin, BSN, RN Founder & Executive Director Revitalization Wellness Consultants</p>	

69. Is a technology/workflow platform required?

<i>Feb 27, 2026 3:42 PM EST</i>
Does DPH expect an actual technology platform for referral/fulfillment tracking and reporting, or is a program design + operational model sufficient if reporting requirements are met? PROGRAM response: Bidders are requested to provide a detailed description of their proposed approach to fulfilling the requirements as described in the RFP.

70. Referral-to-fulfillment workflow expectations

<i>Feb 27, 2026 3:42 PM EST</i>
What are the required workflow steps DPH expects to be tracked (screening, referral, eligibility, enrollment, fulfillment, follow-up), and which step counts as "completion"? PROGRAM response: Bidders are requested to provide a detailed description of their proposed approach to fulfilling the requirements as described in the RFP.

71. Clinical outcomes measurement

<i>Feb 27, 2026 3:43 PM EST</i>
Which clinical outcomes are required vs optional (e.g., HbA1c, blood pressure), and what is the expected data source (EHR extract, claims, self-report)? PROGRAM response: Bidders are encouraged to provide detailed proposed evaluation methodologies and approaches, including clinical outcomes. Bidders should identify proposed evaluation measures in submission.

72. Equity reporting requirements

<i>Feb 27, 2026 3:43 PM EST</i>
What demographic fields and equity stratifications are required in reporting (race/ethnicity, language, geography/tract, payer, etc.)? PROGRAM response: Bidders are encouraged to provide detailed proposed evaluation methodologies and approaches. Bidders should identify proposed evaluation measures in submission.

73. Partner network requirements

<i>Feb 27, 2026 3:43 PM EST</i>
Does DPH require specific partner types (MTM providers, produce Rx vendors, food pharmacies, Medicaid plans/MCOs), and is there a minimum number of partners? PROGRAM response: DPH does not require specific partner types. Please refer to page 8 of the RFP, Goal 4.1, for a list of sample partnerships. Bidders should detail their proposed approach to identifying and engaging partners. Please refer to page 53 of the RFP for required outcomes related to partnership development.

74. Sustainability/billing expectations

<i>Feb 27, 2026 3:44 PM EST</i>
Does DPH expect a defined reimbursement approach (e.g., Medicaid pathways, value-based contracting), or is a sustainability plan narrative sufficient? PROGRAM response: Bidders are encouraged to present their proposal in a manner that best describes their approach and methodology to implementing the services as described in the RFP. Bidders should include detailed plans, approach, intended outcomes, and prior experience relevant to each component specified in the RFP.

75. Costs

<i>Feb 27, 2026 4:17 PM EST</i>
Are indirect or administrative costs (e.g., rent, executive oversight, finance/HR support) allowable under this RFP? If so, is there a cap or maximum percentage permitted? PROGRAM response: Yes, indirect and administrative costs are allowable. Per Delaware’s approved Rural Health Transformation Program application, administrative costs, including both direct and indirect costs, are limited to 9.1% of the total budget. Bidders should structure their budgets accordingly.

76. Costs

Feb 27, 2026 4:17 PM EST

Are participant-facing expenses such as incentives (e.g., small cooking appliances) or transportation reimbursement for nutrition counseling appointments allowable?

PROGRAM response:

Yes, these expenses are allowable if they are reasonable, directly support patient engagement in program activities, and are clearly justified in the proposed budget. All costs must align with the scope of work and project goals described in the RFP and comply with applicable federal and state cost principles.

77. Technology Expenses

Feb 27, 2026 4:18 PM EST

For technology-related expenses (e.g., EMR integration, telehealth platforms, data systems), are both one-time implementation costs and ongoing subscription/licensing fees allowable? If ongoing costs are allowable, must they be limited to the first contract year?

PROGRAM response:

Yes, these expenses are allowable throughout the project period.

78. Costs

Feb 27, 2026 4:18 PM EST

Are costs associated with continuous glucose monitors for patients enrolled in the FIM intervention allowable?

PROGRAM response:

Yes, these expenses are allowable.

79. Costs

Feb 27, 2026 4:18 PM EST

Are costs associated with recruitment, onboarding, certification, and training of workforce staff (e.g., community health worker certification) allowable in Year 1?

PROGRAM response:

Yes, these expenses are allowable.

80. Capital Expenditures

Feb 27, 2026 4:18 PM EST

Are capital expenditures (e.g., kitchen equipment, refrigeration, vehicles, IT hardware) allowable under this initiative? If so, are there thresholds requiring prior approval?

PROGRAM response:

Equipment and supplies are allowable costs. New construction is not an allowable use of RHTP funds.

81. Unallowable Costs

Feb 27, 2026 4:19 PM EST

Can the State provide clarification on any specific cost categories that are explicitly unallowable?

PROGRAM response:

The following are all prohibited uses of RHTP funds:

- Purchase of food
- New construction or building expansion
- Significant retrofitting or buildings, cosmetic upgrades, or any other cost that materially increases the value of real estate
- Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law
- Payments for clinical services that are reimbursable by insurance

82. Appendix F

Feb 27, 2026 4:19 PM EST

If a cost supports multiple components of the proposal, how should it be allocated in Appendix F? Is proportional allocation acceptable?

PROGRAM response:

Bidders are welcome to present their budget proposal in a manner that best describes their project expenses. Bidders should include a detailed budget breakdown and narrative for each component specified in the RFP.

83. Costs

Feb 27, 2026 4:19 PM EST

May vendors include a contingency line item for unforeseen costs? If so, is there a maximum allowable percentage?

PROGRAM response:

Bidders are welcome to present their budget proposal in a manner that best describes their project expenses. Bidders should include a detailed budget breakdown and narrative for each component specified in the RFP.

84. Deliverables

Feb 27, 2026 4:20 PM EST

Are deliverables expected to be fully achieved within the first contract year, or may they be phased across the base year and optional renewal periods?

PROGRAM response:

Bidders are encouraged to propose a detailed workplan showcasing their approach and timeline to achieving the required outcomes as outlined in the RFP.

85. Timeline

Feb 27, 2026 4:20 PM EST

Are there required milestones that must be completed by specific calendar dates, or is the timeline subject to negotiation in the final workplan?

PROGRAM response:

Final timeline is subject to negotiation in the final workplan.

86. Timeline

Feb 27, 2026 4:20 PM EST

For pilot activities described in the RFP, must implementation begin immediately upon contract execution, or is there flexibility within Year 1 provided all required outcomes are achieved?

PROGRAM response:

Bidders are encouraged to propose a detailed workplan showcasing their approach and timeline to achieving the required outcomes as outlined in the RFP.

87. Benchmarks

Feb 27, 2026 4:21 PM EST

Does the State have predefined outcome measures or minimum performance benchmarks that must be met, or should vendors propose performance indicators aligned with the project goals?

PROGRAM response:

Please refer to pages 52-53 in the RFP for predefined outcome measures. Bidders are encouraged to provide detailed proposed evaluation methodologies and approaches.

88. Budget

Feb 27, 2026 4:21 PM EST

Should vendors submit budgets for only the initial one-year term, or should pricing projections for renewal years also be included?

PROGRAM response:

Bidders should include a detailed budget for project year 1 and a broad, estimated budget for the remaining four years. Budgets for subsequent years will be negotiated and contingent upon vendor performance and availability of Federal funding.

89. Length of the pilot

What is the length of the pilot or is that open to the design of the vendor?

PROGRAM response:

Each patient should participate in a 6-month intervention. Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement.

90. Should all 375 participants needed go through a six month pilot

Should all 375 participants needed go through a six month pilot, but not necessarily concurrently? So that's separate from the four or five CHWS that are hired in component 2? And for component 2, the scope of work for the CHWS, is there a required sample size of intervention for that or duration?

PROGRAM response:

Each patient should participate in a 6-month intervention. Bidders are requested to provide a detailed description of their proposed approach to fulfilling this requirement. The individualized nutrition counseling, education, and care coordination referenced in Component 2 is for individuals served by the 4-5 community health workers and 1 registered dietitian deployed in rural health practices across Kent and Sussex counties. The nutrition education, culinary medicine consultations, and remote monitoring and follow-up referenced in Component 3 is for individuals served by the 150 rural practitioners trained through that initiative.

91. What would the award amount be?

What would the award amount be? Is the award amount proposed, is that for all five (5) years or for one (1) year?

PROGRAM response:

Bidders are required to submit a detailed proposed budget and budget narrative that clearly demonstrates the costs needed to perform the scope of work as described in the RFP. Bidders should include a detailed budget for project year 1 and a broad, estimated budget for the remaining four years. Budgets for subsequent years will be negotiated and contingent upon vendor performance and availability of Federal funding.

92. Can funding go to support medically tailored meals from vendors

With restrictions for food, can funding go to support medically tailored meals from vendors that provides those?

PROGRAM response:

Purchase of food with RHTP funds awarded through this RFP is prohibited.

93. Proposal ceiling amount

Should we base our proposal ceiling amount on our proposal or the ceiling amount outlined on the website?

PROGRAM response:

Bidders are required to submit a detailed proposed budget and budget narrative that clearly demonstrates the costs needed to perform the scope of work as described in the RFP.

94. Provisions of the NOFO with CMS are flow down to the vendor?

These funds are considered federal flow through funds. Does that mean that some provisions of the NOFO with CMS are flow down to the vendor including caps on salaries and other provisions?

PROGRAM response:

RHTP funding is provided through a federal cooperative agreement, therefore contractors will be required to comply with applicable federal procurement standards and any federal requirements that are expressly included in the resulting contract or required by the award terms. Contractors are not otherwise subject to the full scope of NOFO programmatic requirements, such as salary rate limitations, unless those requirements are specifically incorporated into the agreement.

95. Can a subcontractor be a subcontractor on multiple awards?

Can a subcontractor be a subcontractor on multiple awards?

PROGRAM response:

Yes, a subcontractor may be a subcontractor on multiple awards. Please refer to page 16, Section IV.B.12. A primary vendor may not participate in more than one proposal in any form. Sub-contracting vendors may participate in multiple joint venture proposals.

96. Could there be more multiple awards?

Could there be more multiple awards?

PROGRAM response:

Bidders may propose to deliver services for one, multiple, or all three program components. Per the RFP Section IV.B.17, the State of Delaware may award a contract for a particular professional service to two or more vendors if the agency head makes a determination that such an award is in the best interest of the State of Delaware.

97. Are there any funding limits?

Are there any funding limits?

PROGRAM response:

Bidders are required to submit a detailed proposed budget and budget narrative that clearly demonstrates the costs needed to perform the scope of work as described in the RFP.