



PO BOX 66699; ALBANY, NY 12206  
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2/12/2025

The following Q&A will serve as Amendment #1 to NYSIF's Request for Proposals (RFP) for Industrial Hygienist Services with Risk Control Responses, bid number 2025-09-INS. Material in this Amendment supersedes any contradictory material in the RFP.

**Please note that the due date for the submission of bids remains unchanged.**

All bids are due 2/20/25, by 2:00 p.m.(eastern).

Please note, there has been a revision to the attached Appendix Z.

Sincerely,

*Allison Lund*  
Allison Lund

**Industrial Hygienist Services with Risk Control Responses**  
**RFP #2025-09-INS**  
**Amendment 1**

Question #	RFP Page #	RFP Section and Sub-Section Reference #/Heading	Question	NYSIF Response
1	14-15	2.2A Scope of Services	Based on past contracts, is there an approximate breakdown of which services are expected to be utilized the most? In particular in Regions 8 & 9.	In general, Noise and Air Quality.
2	14	2.2A1 Scope of Services	What type of respirators are to be tested either qualitative or quantitative? N95? P100? Full Face? PAPR?	While any are possible, most likely, half face cartridge respirators.
3	14	2.2A1 Scope of Services	For the Quantitative Respiratory Fit Testing - approximately how many people are expected to come to our facility weekly?	NYSIF has had few fit testing requests. It is estimated that NYSIF may have people coming once or twice in the course of a year, at most, with the number dependent on the size of the company and number of affected employees.
4	14	2.2A1 Scope of Services	For the Quantitative Respiratory Fit Testing - will there be a schedule or is the expectation for personnel to drop in whenever the facility is open?	This would be up to the vendor. It is anticipated that the frequency of requests will be minimal given NYSIF's current experience.
5	15	2.2A8 Scope of Services	Is there specific tests that NYSIF is looking for this section, Testing for Environmental Contaminates	NYSIF would look to the vendor and their expertise for an answer/recommendation.
6			Does this bid involve maintenance or cleaning?	Overall, this question is unclear. If this question is in reference to the maintenance and cleaning of respirators, then NYSIF may ask for employer program recommendations.



**APPENDIX Z**  
**REVISED FEE SCHEDULE PROPOSAL**  
**INDUSTRIAL HYGIENIST SERVICES**  
**BID # 2025-09-INS**

Bidder	_____	Contact	_____
DBA, if any	_____	Title	_____
Federal ID #	_____	Email Address	_____
Type of Firm	_____	Telephone #	_____
Address	_____	Fax #	_____
	_____	Web Address	_____

**REGION:** \_\_\_\_\_

The rates must be all-inclusive and include all ancillary costs associated with the delivery of services to NYSIF. All prices shall include all direct and indirect costs, including, but not limited to, travel, direction labor costs, overhead, fee or profit, clerical support, equipment, materials, supplies, managerial (administrative) support, system maintenance, system trouble shooting and modifications, all documents, reports, forms, reproduction(s), marketing and any other costs associated with the delivery of all required services in the RFP.

No other add-on costs are permitted. As detailed in Section 2.2.D of the RFP, NYSIF may, by amendment to the contract, entertain changes in fees for Billings for additional, enhanced or modified equipment requested and approved by NYSIF.

Bidders are not to change, delete, or make any additions to this form, and are to supply only the bid information that is required. If any changes, deletions, or additions are made by the bidder, or if all of the required bid information is not provided, then at NYSIF's discretion, the bid may be disqualified.

**HOURLY RATE**

This rate will be used when the Industrial Hygienist is visiting NYSIF's Policy Holder facilities.

<b>Title</b>	<b>Hourly Bid Rate</b>
<b>Industrial Hygienist</b>	\$ _____
<b>Certified Industrial Hygienist</b>	\$ _____

The Industrial Hygienist rate will be the only rate considered for evaluation purposes. Rates for the Certified Industrial Hygienist must be market comparable. NYSIF reserves the right to negotiate the Certified Industrial Hygienist rate to a market accurate rate prior to assigning work.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PER EXAM/FITTING RATE**

If applicable, this rate will be used when clients are visiting the Industrial Hygienists testing facility for the exam/fitting.

Title	Per Exam/Fitting Rate
<u>Industrial Hygienist Exam/Fitting</u>	\$ _____

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Bidders must provide a listing of any and all equipment required to perform the services outlined under this RFQ.**

<b>ANCILLARY EQUIPMENT PRICE LIST</b>						
<b>ITEM</b>	<b>EQUIPMENT TITLE</b>	<b>ASSOCIATED SERVICE</b>	<b>UNIT COST</b>			
			<b>PER UNIT</b>	<b>PER DAY</b>	<b>PER WEEK</b>	<b>PER MONTH</b>
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Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>ANCILLARY EQUIPMENT PRICE LIST (SUPPLEMENTAL PAGE)</b>						
<b>ITEM</b>	<b>EQUIPMENT TITLE</b>	<b>ASSOCIATED SERVICE</b>	<b>UNIT COST</b>			
			<b>PER UNIT</b>	<b>PER DAY</b>	<b>PER WEEK</b>	<b>PER MONTH</b>
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Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_