**Instructions**: Provide detailed responses in the text boxes to the questions below. If additional attachments are required as specified below, submit the attachments in the order they are requested below. There is no page limit for this Appendix E – Technical Response to Questions or any associated attachments.

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| **Vendor Name** |  |

1. **Describe, in narrative form, your ability to perform the entire scope of work in this RFA, including any specialized certifications, classes, trainings and/or seminars attended. Please include resumes and an organizational chart.**

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1. **Describe your knowledge of the COVID-19 testing and vaccinations service needs including but not limited to ensuring services to individuals with limited or no access to routine healthcare populations.**

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1. **Describe, in narrative form, your experience providing COVID-19 testing and vaccination services as outlined in this RFA.**

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1. **Describe, in narrative form, your knowledge and experiences with utilizing telehealth platforms and technologies.**

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