**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 C – Technical Response to Questions or any associated attachments.

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| **Vendor Name** |  |

**1. Describe your organization’s experience with the following:**

1. **Assisting state health departments with assessing readiness for accreditation by addressing the ten PHAB domains.**
2. **Planning, initiating, executing, and monitoring project management activities related to the PHAB readiness assessment.**

**(c) Developing final assessment reports for state departments related to accreditation readiness.**

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1. **Describe your knowledge of the PHAB accreditation process, including the ten domains referenced in Section 2.1.1. of this RFA.**

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1. **Describe your organization’s capacity to provide all services required in this RFA. Please include your agency’s organizational chart, resumes for key staff who will be responsible for managing the programmatic, administrative and financial requirements, and any specialized staff training completed relevant to providing services in this RFA. Please also include a proposed staffing plan.**

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