



Appendix D – Technical Response to Questions

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 D – Technical Response to Questions or any associated attachments.

Vendor Name	
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- 1. Describe your organization’s capacity to provide all the services required in this RFA. Please also include resources available to your organization to execute the Scope of Services described in Section 2.1.**

- 2. Describe your organization’s experience providing the services requested in this RFA. Please specifically address your experience with:**
 - a. Working with NH or other states on their State Health Assessment, State Health Improvement plan, and the stage(s) of the cycle your organization executed.**
 - b. Working with legislated councils, including New Hampshire or other states.**



- 3. Describe your organization’s understanding of State Health Improvement planning. Please include any work your organization executes with membership committees, councils, etc., and the outreach you provided for engagement.**

- 4. Describe your proposed staff plan that demonstrates your capability to provide services. Please include your agency’s organizational chart, resumes for key staff who will have responsibility for managing the delivery of services, and a proposed staffing plan and job description for any vacant positions.**



New Hampshire Department of Health and Human Services
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