



**Request for Proposal  
Questions and Responses  
February 13, 2026**

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**Request for Proposal: Evaluation Consultant for the Development of a Multi-Violence Lethality Assessment Tool**

**Proposal Due Date: 2/20/2026**

*Q1: Survivor Advisor Compensation: Should compensation for 6-10 survivor advisors be included in this budget, or is it covered separately?*

A: Compensation for survivor advisors will be covered separately and should not be included in the proposer's budget.

*Q2: Language Access: Should trauma-informed interpretation/translation be included in this budget (and for how many languages), or is it covered separately?*

A: Translation and interpretation costs will be covered separately by the Boston Public Health Commission (BPHC). Proposers do not need to include language access costs in their budgets.

*Q3: Cultural, Linguistic, & Lived Expertise: We are a team with a variety of cultural, linguistic, and lived expertise in gender-based violence across the US, including a team member based in Boston. Are there any key cultural, linguistic, or lived experience expertise perspectives that would be particularly helpful to include on the consulting team for this project?*

A: BPHC values consulting teams that bring diverse cultural, linguistic, and lived experience perspectives, particularly those grounded in communities most impacted by violence. Relevant expertise may include professional and/or lived experience working with or being part of communities disproportionately impacted by domestic, sexual, and community violence, including Black, Indigenous, and other communities of color; LGBTQ+ communities; immigrant and refugee populations; individuals with disabilities; individuals experiencing homelessness; and people impacted by incarceration or systemic inequities. Local or regional experience in Greater Boston highly encouraged.

***Q4: For the Minimum Qualification related to violence prevention/intervention experience, is BPHC primarily seeking sector-specific program history, or would experience conducting trauma-informed, participatory evaluation of public health and human services initiatives serving populations impacted by violence and related risk factors be considered responsive to this requirement?***

A: Experience conducting trauma-informed, participatory evaluation of public health and human services initiatives serving populations impacted by violence and related risk factors will be considered responsive to this requirement. Preference will be given to evaluators who have worked directly with survivors of domestic violence, sexual violence, and/or community violence.

***Q5: Is there an incumbent?***

A: There is no incumbent for this RFP. This is a new body of work. While the need for a multi-violence lethality assessment tool has been raised through prior trainings, partnerships, and cross-sector discussions, no consultant has previously been engaged and no funding has been allocated to develop or explore this work.