



Request for Proposal  
Questions and Responses  
4/22/2026

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Request for Proposal: Trauma Recovery and Community Response Services for Boston Residents Impacted by Community Violence  
Proposal Due Date: 5/15/2026

*Q1: Can you please confirm the indirect costs rate or rate maximum that is allowable on this award? Thanks so much!*

*A: Organization may use their approved rate on file.*

*Q2: Will applicants receive detailed CHRN operational protocols (including referral, dispatch, and escalation workflows) prior to RFP deadline or contract execution so they can assess feasibility and staffing alignment?*

*A: Yes, they will be sent along with the execution of the contract*

*Q3: For required budgeting submissions, we request an estimated and/or average number of responses conducted by the CHRN team on an annual basis over the past 5 years. Further, is there a minimum or maximum funding range anticipated even if final budgets are negotiated? And, while this initial RFP addresses FY27, are there options available to renew the contract annually, provided the working relationship and results meet the expectations of BPHC?*

A: Due to the evolving landscape and significant external factors over the last five years (including the COVID-19 pandemic and various structural and policy shifts within Boston) historical data is not a definitive predictor for FY27 requirements.

Furthermore, in FY26 CHRN has recently expanded its response criteria to better serve community needs. We anticipate this shift will lead to an **increase** in incident volume across all neighborhoods. To provide a clearer picture of the current weight and frequency of requests, we have provided an estimated breakdown of incident distribution by neighborhood based on recent trends.

**Estimated CHRN Incident Response by Neighborhood**

Official Boston Neighborhood	Estimated % of Total Response Volume
Dorchester	55%
Roxbury	20%
Mattapan	15%
Hyde Park, Jamaica Plain, West Roxbury, Downtown, South Boston, South End	5%

Allston/Brighton, East Boston, Charlestown, Roslindale, West End, Fenway-Kenmore	<5%
Back Bay, Bay Village, Beacon Hill, Chinatown, North End, Wharf District	<1%

Further, there is no pre-determined minimum or maximum funding range for this cycle. We require that budget proposals be built directly from the ground up, based specifically on the activities outlined in your application. **Our goal is to support realistic and feasible projects.** Applicants should request the precise amount necessary to fulfill their detailed proposal successfully. This approach ensures that funding is allocated based on **actual** operational needs rather than a general ceiling, allowing for more effective and responsible community impact.

Contract Duration & Renewals: Initial contracts are awarded for FY27. Extensions or recompetes beyond this period are determined on a case-by-case basis.

- Consistently meeting program performance expectations
- Full adherence to all grant compliance and reporting requirements.

*Q4: Are CBTI in-person trainings intended as standardized CHRN protocol onboarding for all funded staff regardless of prior trauma training background, or, may experienced trauma response organizations or subcontractors satisfy these requirements through comparable existing training credentials?*

**A: CBTI in-person trainings serve as standardized CHRN protocol onboarding and are required for all funded staff, regardless of their prior trauma-related training or experience.**

*Q5: For organizations or subcontractors with existing trauma response staff, is there an expectation of those responding immediately or long-term have multiple language capabilities? If so, is that request communicated by the HRT when activating the response team?*

**A: Multiple language capabilities are not required; however, it's preferred given the population we serve. Yes, HRT will communicate if needed.**

*Q6: For organizations or subcontractors whose staff already hold current equivalent certifications (such as PFA and ICS) and/or provide trauma response training under state-funded contracts, does BPHC allow equivalency recognition or waiver of duplicate CBTI-required training components, and if so, what documentation is required?*

**A: CBTI does other training as identified by CHRN's leadership team or training manager. PFA and ICS must be within a year of expiration when a person is hired. We will require these two training courses to be done yearly, on-line, self-paced training.**

*Q7: Can BPHC clarify whether the RFR is structured as two distinct applicant categories (Community Healing Partner Teams and Licensed Clinical Partners), and whether applicants must select only one category or may apply under both?*

*A: Same structure of work, one focuses on clinical aspects and Healing Teams on response. Applicants may apply for both.*

*Q8: For Licensed Clinical applicants, is 24/7 incident response coverage required, or does the 24/7 on-call expectation apply only to Community Healing Partner Teams applicants? If so, can response be telephonic or virtual?*

*A: 24/7 on-call expectation applies to clinical applicants; it can be done by telephone or virtual.*

*Q9: For Licensed Clinical applicants, may organizations propose a trauma recovery model that does not include 30-minute on-scene deployment?*

*A: No, for the clinical applicant does not need to respond on scene however a 30 min window is required for a call back from the support line.*

*Q10: If an organization does not directly provide long-term therapy, will formal internal rapid-access referral pathways and external referral partnerships with community behavioral health providers satisfy the continuity-of-care requirement for Licensed Clinical applicants?*

*A: Yes*

*Q11: Can multiple organizations jointly apply as one proposal (i.e. community outreach partner + trauma clinical partner), and if so, is one designated fiscal lead required?*

*A: Yes*

*Q12: For Community Healing Team applicants, may subcontracted partners fulfill portions of the required 24/7 response obligations (for example, one partner providing field response and another providing trauma recovery services)?*

*A: Yes, 24/7 response applies to clinical applicants and response.*

*Q13: Are letters of commitment or MOUs from referral/community partners required at submission, or may partnerships be finalized after award notification?*

*A: No.*

*Q14: What is the budget total that we can request?*

*A: You can ask for a budget based on the application component and number of staff needed to fulfill the work requirement, refer to question 15.*

*Q15: On page 12, budget requirements: must the budget include all four items (personnel cost including fringe, training and capacity-building expenses, operational and administrative cost, and community violence awareness events.)?*

**A: Yes, please include all items for which you intend to invoice, in alignment with your organization’s plan to carry out the designated roles and responsibilities.**

*Q16: On page 17, item 7, Commitment to Quality Improvement and Collaboration, it asks to please affirm and describe your commitment to the following collaborative activities. However, the activities are missing from the RFP.*

**A:** This affirmation of Quality Improvement and Collaboration is required for both the "Licensed Clinicians, Health Centers, and Hospitals" and "Community Partner Teams" applications. The items listed in this section refer specifically to the activities outlined earlier in the application process.

By completing this section, you are affirming your commitment to participating in BPHC quality improvement activities, monthly learning sessions, mandatory trainings, interagency working groups, and various committees.

#### **Key Definitions**

- Quality Improvement Activities:
  - Demonstrated capacity to track referrals and outcomes.
  - Commitment to submitting monthly summary forms & biannual evaluations.
  - Technical readiness to execute a BAA/MOU for secure, efficient data sharing.
- Collaborative Activities:
  - Participation in BPHC/CHRN learning sessions and mandatory trainings.
  - Active involvement in post-incident debriefings as a network member.
  - Fulfilling collaborative responsibilities alongside the CHRN internal team to ensure the community receives a comprehensive, supportive response.

*Q17: Can you please confirm the maximum budget request figures (both direct and indirect)? Thank you.*

**A:** The cap for city grants has not been established. Make the budget based on the activities your organization will be performing. Organizations may use their approved rate.