



REQUEST FOR PROPOSAL # WFEFE48

BRAND AND ADVERTISING AGENCY OF RECORD

QUESTIONS & ANSWERS

OCTOBER 9, 2026

1. **Q: What is WMCH Health's comfort level with the use of AI across the agency relationship? Are there areas where you are comfortable with AI being used to support strategy, creative development, media planning, content, production, or analysis, and are there areas where you would prefer it not be used?**

A: WMCH Health is open to responsible use of AI where it improves efficiency, insight or creative development, subject to appropriate privacy, security, confidentiality, intellectual-property and brand safeguards.

2. **Q: Is generative AI currently used at WMCH Health for creative concepting or other marketing activity, and are there policies governing or restricting agency use of AI on WMCH Health work?**

A: WMCH Health is open to responsible use of AI where it improves efficiency, insight or creative development, subject to appropriate privacy, security, confidentiality, intellectual-property and brand safeguards.

3. **Q: Who are the priority external audiences for the enterprise brand launch, and are there particular audiences, service lines or geographic markets that should receive greater emphasis during the first year?**

A: Priority audiences include consumers/patients and families across the Hudson Valley and surrounding markets, as well as physicians/referral audiences and other key stakeholders. Specific geographic and service-line priorities will be informed by launch strategy.

4. **Q: Could you specify your target audience(s) and any current challenges with them?**

A: Priority audiences include consumers/patients and families across the Hudson Valley and surrounding markets, as well as physicians/referral audiences and other key stakeholders. Specific geographic and service-line priorities will be informed by launch strategy.

5. **Q: Which "previously developed base elements" exist today? For example: logo or symbol, wordmark, color, typography, photography direction. Are there visual or verbal guidelines today to extend the brand from?**

A: A robust Brand Guideline has been developed and will be shared following onboarding. Fixed elements are inclusive of name, logo, colors and font elements.

6. **Q: What does a "complete system" include in your definition? For example: motion, sonic identity (audio production is in scope), iconography, illustration, data visualization, photography and casting guidelines, accessibility standards, template libraries.**
A: Core brand identity elements and guidelines will be provided. The AOR should recommend and develop extensions needed to support the brand platform, launch and ongoing implementation; not every listed element should be assumed as a required deliverable.
7. **Q: Can you share any more details about the expectations for visual and verbal brand identity development, refinement, and evolution? The appendices indicate much of this work is final, though the RFP notes a need for refinement and evolution. Any guidance on expectations here is greatly appreciated.**
A: Core brand identity elements and guidelines will be provided. The AOR should recommend and develop extensions needed to support the brand platform, launch and ongoing implementation; not every listed element should be assumed as a required deliverable.
8. **Q: What format do you expect for guidelines and governance, such as a PDF, an online brand portal, or a digital asset management system? Is there an existing platform?**
A: Guidelines will be shared in a PDF format. There is no existing Digital Asset Management system.
9. **Q: Of the brand work already completed, what should the new AOR treat as established, and where do you want us to challenge or push further? Specifically, positioning, messaging, visual identity, architecture, and launch strategy.**
A: Visual identity and architecture are largely fixed following the approval of the brand guidelines. Input on positioning, messaging and launch strategy are most valuable.
10. **Q: Is the latest positioning what is currently shared on the About Us page, or has a new brand positioning been define?**
A: Interim brand positioning is being developed; the AOR will support further development of brand positioning as part of their partnership with WMCHHealth.
11. **Q: Will the identity guidelines, positioning work and underlying research be available to the selected AOR at notice of award (Oct 26) or at engagement start (mid-November)? Is limited onboarding, such as briefings and document review, permitted between award and the formal start? (Appendix 1)**
A: Guidelines, early positioning work and underlying research will be made available no later than upon engagement start. Opportunity to review in advance can be discussed with WMCHHealth following notice of award.
12. **Q: Are there additional assets that can be shared with us to understand the current state?**
A: Not at this time.

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13. **Q: What brand development work has been drafted/completed to-date or is expected to be completed by the time of engagement?**

A: The brand guidelines are in the final stages of approval, and early consumer research & an interim brand strategy are being developed prior to end of year to support internal launch activities in early January.

14. **Q: How final is the enterprise brand positioning now in development? What latitude does "assess and refine" allow?**

A: The brand guidelines are in the final stages of approval, and early consumer research & an interim brand strategy are being developed prior to end of year to support internal launch activities in early January.

The AOR will be expected to take all inputs and help guide the future state of the brand strategy development through the remainder of launch and beyond, with a long-view of where the brand will go.

15. **Q: In terms of "evolution and extension" of the visual and verbal identity, what elements are up for evolution?**

A: The core identity and guidelines will be established. The AOR should focus on evolving and extending the system as needed to create the enterprise creative platform, launch campaign and ongoing brand expression.

16. **Q: Has the brand architecture been decided, meaning how the enterprise brand will relate to individual hospitals, Maria Fareri Children's Hospital, institutes and service lines (for example, endorsed, co-branded or fully migrated)? If it hasn't been decided, is architecture within the AOR's scope?**

A: These decisions have been made, and the process of detailed nomenclature mappings and approvals has begun.

17. **Q: If architecture is in scope, would naming be of interest as well? Are you open, or do you anticipate, any evolutions with member hospital naming?**

A: These decisions have been made, and the process of detailed nomenclature mappings and approvals has begun.

18. **Q: Appendix 1, brand architecture and nomenclature. Appendix 1 states that the new enterprise brand incorporates a new name, and that an important part of the challenge is building recognition for the enterprise brand while respecting the established equity of WMCHHealth's hospitals, programs and relationships. Do the finalized core identity elements include decisions on how individual hospitals, programs and service lines will be named and endorsed under the new enterprise name, or will brand architecture and nomenclature be within the scope of the selected Agency of Record?**

A: These decisions have been made, and the process of detailed nomenclature mappings and approvals has begun.

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19. **Q: Are there any existing ways of working that your internal teams and audiences are used to that will help make "brand training development and delivery" easier for your teams?**

A: A scalable digital-first approach is preferred, supported by appropriate tools and materials for ongoing use.

20. **Q: What is BrandActive's scope on this initiative, and how should the AOR coordinate with it?**

A: In addition to supporting the AOR RFP, BrandActive is currently supporting Branded Asset transition planning & implementation, asset-specific extended guideline development, Nomenclature mapping, and Change Management

21. **Q: What will BrandActive's ongoing role be, and how will responsibilities be divided between BrandActive, WMCHHealth, the appointed AOR and other agency partners? Please clarify ownership of launch planning, internal activation and training, implementation coordination and brand governance.**

A: In addition to supporting the AOR RFP, BrandActive is supporting Branded Asset transition planning & implementation, asset-specific extended guideline development, Nomenclature mapping, and Change Management. Activities will be divided based on specialty.

Launch planning & internal activation & training would be an activity primarily owned by the internal communications team and the AOR, with BrandActive providing project timeline, change insights, and asset-level implementation details

22. **Q: Will BrandActive stay involved in guidelines, identity rollout or brand stewardship after the AOR is engaged? If so, how will the two roles be divided?**

A: In addition to supporting the AOR RFP, BrandActive is supporting Branded Asset transition planning & implementation, asset-specific extended guideline development, Nomenclature mapping, and Change Management.

BrandActive is not scoped to provide strategic brand development or identity rollout beyond the branded assets (e.g., Media / campaigns / activations are not in BrandActive's scope).

23. **Q: Is a new website or other digital rebuild planned for the external launch? If so, on what timeline, and with which partner?**

A: An update to the existing website is planned as part of the external launch. There is already a partner in place working on this transition.

24. **Q: As WMCHHealth continues its transformation, what tangible evidence of these efforts will be visible at launch and over the following 12–18 months? We would like to understand the major clinical, access, facility, technology, physician, and organizational proof points that can substantiate the brand story.**

A: Within 2-weeks of the launch window, we anticipate the company website, lab coats, ID badges, technical platforms, emails, priority marketing materials, and some limited signage and fleet will feature the new brand.

Following that period there will be an increasing amount of brand presence in market (all signage

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including new wayfinding, all fleet, existing marketing collateral, forms, event materials, etc.), with most assets due to be transitioned by end of 2027.

25. Q: What annual agency fee range has WMCHHealth planned for this engagement? A range helps proposers size a staffing plan that fits.

A: WMCHHealth is not providing a prescribed agency fee range at this stage. Respondents should propose the staffing model and fee structure they believe are appropriate for the scope outlined in the RFP.

26. Q: What budget or planning range should we work within for the first year, distinguishing agency fees from third-party production costs?

A: WMCHHealth is not providing a prescribed agency fee range at this stage. Respondents should propose the staffing model and fee structure they believe are appropriate for the scope outlined in the RFP.

27. Q: What will be the year 1 agency fee budget/range?

A: WMCHHealth is not providing a prescribed agency fee range at this stage. Respondents should propose the staffing model and fee structure they believe are appropriate for the scope outlined in the RFP.

28. Q: Has WMCHHealth established an anticipated annual agency fee budget or budget range for the Brand + Advertising AOR engagement, exclusive of Production Hard Costs? If so, please provide the anticipated range to help respondents develop an appropriately scaled staffing and compensation model.

A: WMCHHealth is not providing a prescribed agency fee range at this stage. Respondents should propose the staffing model and fee structure they believe are appropriate for the scope outlined in the RFP.

29. Q: Does WMCHHealth have an anticipated budget range for the first year of this engagement?

A: WMCHHealth is not providing a prescribed agency fee range at this stage. Respondents should propose the staffing model and fee structure they believe are appropriate for the scope outlined in the RFP.

30. Q: Is there a budget range for year-one agency fees?

A: WMCHHealth is not providing a prescribed agency fee range at this stage. Respondents should propose the staffing model and fee structure they believe are appropriate for the scope outlined in the RFP.

31. Q: Can you please share your total anticipated annual budget for this initiative? How does this break down by agency fees, production, etc.?

A: WMCHHealth is not providing a prescribed agency fee range at this stage. Respondents should propose the staffing model and fee structure they believe are appropriate for the scope outlined in the RFP.

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- 32. Q: Section 4 and Appendix 1. Will WMCHHealth share a working annual budget or fee range for the Agency of Record assignment, along with current annual agency fee spend on brand and advertising, excluding media?**
A: WMCHHealth is not providing a prescribed agency fee range at this stage. Respondents should propose the staffing model and fee structure they believe are appropriate for the scope outlined in the RFP.
- 33. Q: Is there an anticipated annual budget or fee range for the engagement? (RFP 2.9 H)**
A: WMCHHealth is not providing a prescribed agency fee range at this stage. Respondents should propose the staffing model and fee structure they believe are appropriate for the scope outlined in the RFP.
- 34. Q: What is the budget range and split between production and media?**
A: WMCHHealth uses a broad mix of paid, owned and earned channels across enterprise and service-line marketing. More detailed historical media plans and channel information will be shared with the selected AOR.
- 35. Q: Can you give us an indication of your paid media spend in a typical 12 month period?**
A: WMCHHealth uses a broad mix of paid, owned and earned channels across enterprise and service-line marketing. More detailed historical media plans and channel information will be shared with the selected AOR.
- 36. Q: Can you share what a typical media plan looks like across paid, owned and earned media to give us a sense of deliverables, marketing mix and cadence over a 12 month period?**
A: WMCHHealth uses a broad mix of paid, owned and earned channels across enterprise and service-line marketing. More detailed historical media plans and channel information will be shared with the selected AOR.
- 37. Q: Can WMCHHealth share a planned range for year-one media investment and the expected channel mix (broadcast, streaming, audio, out-of-home, digital, print)?**
A: WMCHHealth uses a broad mix of paid, owned and earned channels across enterprise and service-line marketing. More detailed historical media plans and channel information will be shared with the selected AOR.
- 38. Q: Can you provide more detail on the current / future media plans that this AOR will execute against? What are the key channels and content formats we should be considering (paid, owned, earned)? Can you share more on overall media investment levels?**
A: WMCHHealth uses a broad mix of paid, owned and earned channels across enterprise and service-line marketing. More detailed historical media plans and channel information will be shared with the selected AOR.

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39. **Q: For Case Study 1, can WMCHHealth clarify how it defines a “complex, multi-market enterprise”? Should respondents interpret this primarily as geographic markets, distinct operating entities/service lines, or either?**
A: Interpretation of multi-market can reflect an organization with different regional operations, similar to how WMCHHealth is currently managed, and / or reflect on an organization with distinct operating entities/service lines.
40. **Q: For Case Study 1, must the example involve launching an entirely new brand, or would a major enterprise rebrand or repositioning also be relevant if it brought multiple entities or audiences under a new brand platform?**
A: If the enterprise rebrand was of significant magnitude that it effectively constituted a new brand launch (e.g., new name, nomenclature, visual identity, tone), a case study response about the launch of that platform would be acceptable.
41. **Q: Case Study One: Does this have to be a healthcare related case study example or can we show you examples outside of your category if we can demonstrate it's relevance?**
A: The case study response is not required to be healthcare focused. Please respond with the case you feel best represents the scope of work.
42. **Q: Case Study Two: Does this have to be a healthcare related case study example or can we show you examples outside of your category if we can demonstrate it's relevance?**
A: The case study response is not required to be healthcare focused. Please respond with the case you feel best represents the scope of work.
43. **Q: Portfolio Examples: Does this have to be a healthcare related case study example or can we show you examples outside of your category if we can demonstrate it's relevance?**
A: The case study response is not required to be healthcare focused. Please respond with the case you feel best represents the scope of work.
44. **Q: For Case Study 2, is there any preference for healthcare-related work, or should respondents select the assignment that best demonstrates the strategic and creative capabilities most relevant to WMCHHealth?**
A: The case study response is not required to be healthcare focused. Please respond with the case you feel best represents the scope of work.
45. **Q: Beyond the challenges described in Appendix 1, are there any other brand or advertising issues WMCHHealth would like the selected AOR to address?**
A: A central opportunity is translating the new enterprise identity into a differentiated, integrated brand platform that can work consistently across audiences, markets, channels and services.
46. **Q: As you look across the competitive landscape, what concerns you most? Which competitors or competitive dynamics create the greatest challenges, and where do you feel WMCHHealth is consistently under the most pressure?**
A: A central opportunity is translating the new enterprise identity into a differentiated, integrated brand platform that can work consistently across audiences, markets, channels and services.

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47. **Q: What do you see as the biggest opportunities and challenges as it relates to internal and external stakeholder socialization and adoption of the new brand?**
A: A central opportunity is translating the new enterprise identity into a differentiated, integrated brand platform that can work consistently across audiences, markets, channels and services.
48. **Q: Help us understand any current priorities between brand awareness evergreen campaigns and seasonal, cyclical campaign needs?**
A: Establishing the new enterprise brand and building awareness will be the immediate priority. Over time, the new brand platform should also inform ongoing enterprise and service-line marketing.
49. **Q: Beyond the brand objectives outlined in Appendix 1, are there specific business or marketing objectives WMCHHealth expects the new enterprise brand and advertising platform to support over the next 12–24 months?**
A: Objectives include building awareness and understanding of the new enterprise brand, strengthening recognition of the network, supporting patient access and growth, and creating a more consistent expression across the system.
50. **Q: Are there any specific business objectives or goals that the campaign will be tied to?**
A: Objectives include building awareness and understanding of the new enterprise brand, strengthening recognition of the network, supporting patient access and growth, and creating a more consistent expression across the system.
51. **Q: Can you share more on the overarching strategic priorities for WMCHHealth? What are the business and growth goals this work is being done in service of?**
A: Objectives include building awareness and understanding of the new enterprise brand, strengthening recognition of the network, supporting patient access and growth, and creating a more consistent expression across the system.
52. **Q: Which service lines does WMCHHealth expect to prioritize during the first year?**
A: Specific first-year service-line priorities are still being finalized and will be shared with the selected AOR.
53. **Q: Which service lines are the priorities for year one, and in what sequence?**
A: Specific first-year service-line priorities are still being finalized and will be shared with the selected AOR.
54. **Q: Appendix 1 lists extension of the platform into priority service-line marketing among the anticipated first-year priorities, and Section 4 places creative across brand and service line assignments in scope. Which service lines are the priorities for year one, and what growth objectives is the creative expected to support?**
A: Specific first-year service-line priorities are still being finalized and will be shared with the selected AOR.

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55. **Q: If we worked currently with another healthcare provider in another state (outside of NY State) would you view this as a conflict of interest or competitive conflict?**
A: No, we are most concerned with any conflicts within our direct market.
56. **Q: Are there any healthcare brands whose creative you particularly admire? What out-of-category brands stand out to you?**
A: We prefer not to prescribe specific reference brands at this stage. We are looking for a distinctive solution grounded in WMCHHealth's strategy, audiences and competitive environment.
57. **Q: Appendix 3 states an interest in creative that departs from category convention, and Section 3.1 weighs multi-channel creative that differentiates from competitors within the category. What healthcare and non-healthcare creative work is currently inspiring your team?**
A: We prefer not to prescribe specific reference brands at this stage. We are looking for a distinctive solution grounded in WMCHHealth's strategy, audiences and competitive environment.
58. **Q: How are digital brand touchpoints currently managed (website, patient portals, social channels), and what do you see as priorities for this initiative?**
A: These touchpoints are managed within existing agency relationships, overseen by the internal team. We see these channels as integral to the go to market strategy to be developed.
59. **Q: Who will serve as the executive sponsor for the enterprise brand?**
A: The Chief Strategy Officer for WMCHHealth.
60. **Q: Which team owns internal communications and employee engagement?**
A: Internal & employee engagement is managed by an internal team that reports up through Marketing.
61. **Q: How many agencies will we be expected to liaise with, and across what disciplines?**
A: The AOR is expected to lead enterprise brand strategy, creative platform and integrated launch thinking, working collaboratively with WMCHHealth and specialist channel partners responsible for execution within their disciplines.
62. **Q: Can WMCHHealth provide additional detail on the anticipated division of responsibilities and handoffs between the Brand and Advertising AOR and WMCHHealth's media, search/SEO, social, PR and digital/website partners, particularly for channel strategy, adaptation/versioning and delivery of creative assets?**
A: The AOR is expected to lead enterprise brand strategy, creative platform and integrated launch thinking, working collaboratively with WMCHHealth and specialist channel partners responsible for execution within their disciplines.
63. **Q: In its stewardship role, will the AOR review or approve partner agency work for brand consistency, or is the role advisory?**
A: The AOR will act as a partner and strategic advisor on brand consistency, but not as point of oversight or approver of other agency work.

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64. Q: Will the agency that developed the new branding be involved, and if so, how / to what extent?

A: The current agency who developed brand will hand over the final guidelines.

65. Q: Which partner agencies currently hold media, digital and public relations?

A: WMCHHealth currently works with specialist partners across PR, social, CRM/digital, website and media. Specific partner relationships will be shared with the selected AOR as appropriate.

66. Q: If allowed to share, who are the current agencies on the WCMHealth roster (media, PR, digital)?

A: WMCHHealth currently works with specialist partners across PR, social, CRM/digital, website and media. Specific partner relationships will be shared with the selected AOR as appropriate.

67. Q: Does WMCHHealth currently work with a creative or advertising agency? Will any existing campaigns stay in market through launch?

A: WMCHHealth currently works with specialist partners across PR, social, CRM/digital, website and media. Specific partner relationships will be shared with the selected AOR as appropriate.

Transition planning for campaigns that are to remain in market is underway where necessary.

68. Q: Can you share more about existing agency partners you are working with and in what capacity are they supporting WMCHHealth?

A: WMCHHealth currently works with specialist partners across PR, social, CRM/digital, website and media. Specific partner relationships will be shared with the selected AOR as appropriate.

69. Q: Which agencies are on WMCHHealth's current roster, and in which disciplines? Is there an incumbent brand or creative agency? (Section 4)

A: WMCHHealth currently works with specialist partners across PR, social, CRM/digital, website and media. Specific partner relationships will be shared with the selected AOR as appropriate.

70. Q: Could you please provide additional detail on the current agency roster and clarify the expected division of responsibilities among the Brand and Advertising AOR, media agency, internal teams, and other partners, including who owns briefs, integrated planning, asset adaptation, measurement, and final decision-making?

A: WMCHHealth currently works with specialist partners across PR, social, CRM/digital, website and media. Specific partner relationships will be shared with the selected AOR as appropriate.

71. Q: Is there a current brand or creative agency of record, and will it be invited to propose?

A: WMCHHealth works with a series of agencies, however we do not currently have an Agency of Record.

72. Q: Is there an incumbent brand/advertising agency and if so, are they participating in this pitch?

A: WMCHHealth works with a series of agencies, however we do not currently have an Agency of Record.

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- 73. Q: Does WMCHHealth have a current Brand and Advertising AOR or incumbent agency? If so, what aspects of the current agency model or relationship is WMCHHealth seeking to evolve through this review?**

A: WMCHHealth works with a series of agencies, however we do not currently have an Agency of Record.

- 74. Q: Does WMCHHealth currently have an incumbent Brand and Advertising AOR? If so, which agency and for how long?**

A: WMCHHealth works with a series of agencies, however we do not currently have an Agency of Record.

- 75. Q: Do you currently have a media agency in place? Are they currently delivering reporting metrics for media and campaigns?**

A: Yes. WMCHHealth currently has media support and existing campaign reporting. The selected AOR will collaborate with the appropriate partners.

- 76. Q: Will finalist presentations be in person in Valhalla or virtual, and how long will they be?**

A: At this time our intention is to hold the finalist presentations in person in Valhalla, however we will discuss with all finalists upon selection. We anticipate that the finalist presentations will be 2 hours.

Finalist presentations will comprise of reviewing the already provided RFP documents, and a Q&A. No new content should be prepared for the session.

- 77. Q: Can you share more information about the finalist presentations stage? Are you anticipating in-person presentations, and do you have a sense of the agenda or what you would most like finalists to demonstrate?**

A: At this time our intention is to hold the finalist presentations in person in Valhalla, however we will discuss with all finalists upon selection. We anticipate that the finalist presentations will be 2 hours.

Finalist presentations will comprise of reviewing the already provided RFP documents, and a Q&A. No new content should be prepared for the session.

- 78. Q: Section 2.4 lists Finalist Presentations for October 19 through 22. For finalists, what is the intended format (e.g. virtual/in person) and length for that session, and should finalists expect to present creative or just strategic thinking specific to the assignment?**

A: At this time our intention is to hold the finalist presentations in person in Valhalla, however we will discuss with all finalists upon selection. We anticipate that the finalist presentations will be 2 hours.

Finalist presentations will comprise of reviewing the already provided RFP documents, and a Q&A. No new content should be prepared for the session.

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79. **Q: Given the anticipated mid-November start, January internal launch, and late-March external launch, what governance and approval structure should the AOR plan for? Please identify the principal stakeholder groups involved in strategic and creative approvals and any expected legal, clinical, regulatory, or executive review stages.**

A: The primary touchpoints for approval will be the Marketing Leadership team, reporting up through the Chief Strategy Officer and Chief Executive Officer.

Other stakeholders (legal, regulatory, clinical, etc.) will be engaged as needed.

80. **Q: What's the approval and decision-maker structure?**

A: The primary touchpoints for approval will be the Marketing Leadership team, reporting up through the Chief Strategy Officer and Chief Executive Officer.

Other stakeholders (legal, regulatory, clinical, etc.) will be engaged as needed.

81. **Q: Given the compressed timeline between engagement and the internal and external launches, can WMCHHealth describe the anticipated governance and approval structure for brand strategy, messaging and creative work, including key stakeholders and expected review/approval timelines?**

A: The primary touchpoints for approval will be the Marketing Leadership team, reporting up through the Chief Strategy Officer and Chief Executive Officer.

Other stakeholders (legal, regulatory, clinical, etc.) will be engaged as needed.

82. **Q: Please describe the approval process for brand and advertising work, for example marketing, executive leadership, board, legal and compliance, and individual hospital leadership. What turnaround times are typical?**

A: The primary touchpoints for approval will be the Marketing Leadership team, reporting up through the Chief Strategy Officer and Chief Executive Officer.

Other stakeholders (legal, regulatory, clinical, etc.) will be engaged as needed.

83. **Q: Is there an established review and approval process and calendar for launch materials? Will key approvers be available during the November and December holiday period? (Appendix 1)**

A: The primary touchpoints for approval will be the Marketing Leadership team, reporting up through the Chief Strategy Officer and Chief Executive Officer.

Other stakeholders (legal, regulatory, clinical, etc.) will be engaged as needed.

84. **Q: Section 1.2 describes WMCHHealth as serving nearly 2.5 million residents across more than 6,000 square miles, and Section 1.1 lists the eight acute care locations. How does WMCHHealth currently define its primary, secondary and extended service areas, and does that definition differ by hospital or by service line?**

A: For the positioning of this RFP, we recommend taking a system-wide view to the network.

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85. **Q: Can you provide more detail on the facilities / locations and service lines that will be supported under this AOR? Do they tend to go to market collectively under WMCHHealth, or is there a need to support multiple unique parts of the WMCHHealth organization?**
A: While the current structure supports regional / service line level campaigns, and so is traditionally more fractured in approach. The intention for the launch planning is to go to market with a unified brand strategy, that can be applied consistently across the system.
86. **Q: What would a successful rebrand look like one, three, and five years after launch? What business, brand, or organizational outcomes are the highest priority?**
A: Success will include growing awareness, recognition and understanding of the enterprise brand; strengthening consideration and preference; and establishing a consistent brand experience across the network. Specific benchmarks and KPIs will be developed with the selected AOR.
87. **Q: What KPI's/Outcomes are you setting to measure success in this assignment in terms of what the finished campaign you run in market needs to achieve?**
A: The AOR will work with WMCHHealth to establish the launch measurement framework, baseline and KPIs, building on existing research and available data.
88. **Q: What would WMCHHealth consider the most important measures of success for the AOR relationship and enterprise brand launch during the first 12 months? Are there existing brand health, awareness, consideration, reputation or business KPIs and benchmarks that the selected agency will be expected to influence?**
A: The AOR will work with WMCHHealth to establish the launch measurement framework, baseline and KPIs, building on existing research and available data.
89. **Q: Has WMCHHealth established specific KPIs or benchmarks for measuring the success of the new brand and advertising?**
A: The AOR will work with WMCHHealth to establish the launch measurement framework, baseline and KPIs, building on existing research and available data.
90. **Q: Do you currently have any brand and/or comms measurement in place for in-market creative?**
A: WMCHHealth has existing CRM, digital, media and analytics capabilities supported by internal teams and external partners. Relevant platforms, data and partner responsibilities will be shared with the selected AOR during onboarding.
91. **Q: In unpacking the performance measurement and brand tracking requirements, can you provide more details on current measurement systems and what existing agency partners (e.g., media partners) are already measuring and reporting on?**
A: WMCHHealth has existing CRM, digital, media and analytics capabilities supported by internal teams and external partners. Relevant platforms, data and partner responsibilities will be shared with the selected AOR during onboarding.

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92. **Q: Section 4 asks the AOR to contribute to channel and campaign measures owned by partner agencies as part of performance measurement. How are media performance insights currently shared by your media partner to inform and optimize creative, and at what frequency?**
A: WMCHealth has existing CRM, digital, media and analytics capabilities supported by internal teams and external partners. Relevant platforms, data and partner responsibilities will be shared with the selected AOR during onboarding.
93. **Q: Section 4 includes performance measurement, framework definition and brand health tracking within the AOR scope. Could you share detail on WMCHealth's current marketing technology and ad technology environment, including CRM, business intelligence and analytics platforms, and which partners administer them?**
A: WMCHealth has existing CRM, digital, media and analytics capabilities supported by internal teams and external partners. Relevant platforms, data and partner responsibilities will be shared with the selected AOR during onboarding.
94. **Q: What is already planned or in progress for the early January internal launch? Which internal launch deliverables does WMCHealth expect from the AOR in the first weeks of the engagement?**
A: Early research and an Interim framework is being developed to create a Sizzle Reel to be shared with the board in Early January, and the internal communications team is outlining a high-level launch . Support is needed from the AOR on remaining activations that will cascade following the board meeting in early January.
95. **Q: What AOR deliverables are expected for the early January internal launch (for example messaging, a leadership toolkit, employee-facing creative)? Which of these are owned by internal teams or other roster partners? (Appendix 1)**
A: Early research and an Interim framework is being developed to create a Sizzle Reel to be shared with the board in Early January. Support is needed from the AOR on remaining activations that will cascade following the board meeting in early January.
- As part of internal activations, we would expect some kind of internal event, and a SWAG giveaway.
96. **Q: Can WMCHealth provide additional detail on the anticipated scope of the internal brand launch and activation, including priority employee audiences, channels and expected deliverables?**
A: For internal launch, we are looking to have a cascade of communications and internal events to introduce the brand.

Cascade will begin with the Board, then Leadership, then the broader internal community.

Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.

97. **Q: Could you provide an indicative first-year workload, including priority service lines, anticipated campaigns and asset requirements by channel? In particular, what deliverables are expected for the January internal launch and March external launch? This would help us establish a clear basis for the staffing and fee proposal.**

A: For internal launch, we are looking to have a cascade of communications and internal events to introduce the brand.

External launch will be focused on an introductory brand awareness campaign supported by linear, digital, social, and print deliverables.

98. **Q: What is the target date for the internal and external brand launch? Is it tied to the opening of the Critical Care Tower?**

A: The current target date is the final week of March 2027. It will follow a few weeks after the opening of the Critical Care Tower (March 1).

99. **Q: Are the internal (early January) and external (late March) launch dates fixed, or is there flexibility?**

A: While the exact dates are not yet fixed, the time periods are 100% fixed, with the internal launch activations starting in early January 2027, and the external launch occurring in the final week of March 2027.

100. **Q: For purposes of Appendix 3, how should respondents interpret the requirement that work be originated, developed, and led by the “office named as the bidding entity” where the proposed team is distributed across various offices/locations, who work under the same corporate umbrella? Do the same eligibility requirements apply to the two case studies requested in Appendix 2?**

A: Our intention with this ask is that the work referenced / proposed in the RFP is reflective of current active staff capabilities, and ideally of some that would be likely to work directly with WMCHHealth.

101. **Q: When identifying the individuals who did the work, should respondents include only individuals who would also be proposed for the WMCHHealth account, or may the case study include broader contributors as long as the roles of the proposed WMCHHealth team members are clearly identified?**

A: Our intention with this ask is that the work referenced / proposed in the RFP is reflective of current active staff capabilities, and ideally of some that would be likely to work directly with WMCHHealth.

102. **Q: Should respondents anticipate a specific cadence or level of on-site presence at WMCHHealth locations for stakeholder engagement, creative presentations, training or launch activities?**

A: We expect that most work will take place remotely, however there may be some limited opportunity / need to be available on site.

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103. Q: Can meetings and brand training be conducted virtually, or will in-person attendance be required?

A: We expect that most work will take place remotely, however there may be some limited opportunity / need to be available on site.

104. Q: Who do you consider to be your top 3 competitors in terms of other local/regional healthcare providers?

A: Key regional competitors include Northwell Health, Montefiore Health System and NewYork-Presbyterian, with additional competitors varying by geography and service line.

105. Q: For video, photography and audio support – can you provide an idea on the volume of these assets needed over the duration of the year[KR1.1][CC1.2], based on the media plan?

A: Final volume has not yet been determined and will depend on the approved creative platform, media strategy and campaign plan.

106. Q: How ready is the organization to actively and collectively bring the new brand to life? Do you have any existing processes or initiatives in place to support with the transition from an internal perspective?

A: We are currently undergoing a change management assessment which includes a readiness assessment. Findings from the assessment will support internal communications and launch around the new brand.

107. Q: Who will be the AOR's day-to-day lead, and who holds final decision authority on brand and creative? We would love a RACI if available.

A: The primary touchpoints for approval will be the Marketing Leadership team, reporting up through the Chief Strategic Officer and Chief Executive Officer.

Other stakeholders (legal, regulatory, clinical, etc.) will be engaged as needed.

108. Q: Do you foresee this engagement being a retainer-based or a project-by-project relationship?

A: We anticipate a retainer-based relationship. This is expected to be an annual fee, invoiced in twelve (12) monthly installments. Prior to each annual renewal, WMC and the agency will review scope and fee considering the prior year and planned strategy for the year ahead, adjusting scope and fee as mutually agreed. Proposals should include staffing and fees for Year 1, based on the scope provided in this RFP. Renewal terms are set out in Attachment A, Article III.

109. Q: Does WMCHHealth have a preferred compensation structure for the engagement, for example, annual retainer, monthly retainer, project-based fees or a hybrid model, or should respondents recommend the structure they believe best aligns with the anticipated scope and volume of work?

A: We anticipate a retainer-based relationship. This is expected to be an annual fee, invoiced in twelve (12) monthly installments. Prior to each annual renewal, WMC and the agency will review scope and fee considering the prior year and planned strategy for the year ahead, adjusting scope and fee as mutually agreed. Proposals should include staffing and fees for Year 1, based on the scope provided in this RFP. Renewal terms are set out in Attachment A, Article III.

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110. Q: Does WMCHHealth prefer a retainer, a project-based model, or a hybrid?

A: We anticipate a retainer-based relationship. This is expected to be an annual fee, invoiced in twelve (12) monthly installments. Prior to each annual renewal, WMC and the agency will review scope and fee considering the prior year and planned strategy for the year ahead, adjusting scope and fee as mutually agreed. Proposals should include staffing and fees for Year 1, based on the scope provided in this RFP. Renewal terms are set out in Attachment A, Article III.

111. Q: What is the preferred terms for construct of this proposal (i.e., should we assume a one-year AOR or another method of engagement)?

A: We anticipate a retainer-based relationship. This is expected to be an annual fee, invoiced in twelve (12) monthly installments. Prior to each annual renewal, WMC and the agency will review scope and fee considering the prior year and planned strategy for the year ahead, adjusting scope and fee as mutually agreed. Proposals should include staffing and fees for Year 1, based on the scope provided in this RFP. Renewal terms are set out in Attachment A, Article III.

112. Q: Does WMCHHealth prefer a particular compensation structure (retainer, project-based, hourly or hybrid)? (RFP 2.9 H, 3.1)

A: We anticipate a retainer-based relationship. This is expected to be an annual fee, invoiced in twelve (12) monthly installments. Prior to each annual renewal, WMC and the agency will review scope and fee considering the prior year and planned strategy for the year ahead, adjusting scope and fee as mutually agreed. Proposals should include staffing and fees for Year 1, based on the scope provided in this RFP. Renewal terms are set out in Attachment A, Article III.

113. Q: Section 2.9.H, Fee Proposal and Rate Card. Given the phasing described in Appendix 1, should the fee proposal be structured as scope-based fees for the launch phase with a retainer thereafter, as a single annual retainer, or as both for comparison?

A: We anticipate a retainer-based relationship. To that extent, please structure staffing and fee proposals as an annual retainer, invoiced across twelve (12) monthly installments. Projects not scoped within the retainer may be quoted separately at the time of each project.

114. Q: Under Attachment A 4.3 and 4.4, may the AOR reference WMCHHealth as a client and show work in credentials or case studies, with prior written approval? (Attachment A 4.3, 4.4)

A: Potentially, following public launch and with prior written WMCHHealth approval.

115. Q: What aspects of past partnerships have been most successful, and where are you seeking improvement?

A: Successful partnerships have been collaborative, responsive and deeply engaged with our business. We are looking to strengthen strategic integration, proactive thinking, creative excellence and coordination across partners.

116. Q: What three things does the WMCHHealth marketing team value most in an agency partnership?

A: Successful partnerships have been collaborative, responsive and deeply engaged with our business. We are looking to strengthen strategic integration, proactive thinking, creative excellence and coordination across partners.

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117. Q: Section 4 describes the selected AOR working in collaboration with WMCHHealth and its other partners. How is the WMCHHealth marketing team we would work with day to day structured across the Network's hospitals and locations?

A: The Marketing team is a centralized function for the health system, with specialties by function or regional focus as appropriate. It is further supported by agency partners on specific scopes / offerings.

118. Q: Should the fee proposal treat the launch period (November to March) separately from ongoing work for the rest of the year?

A: We anticipate a retainer-based relationship. This is expected to be an annual fee, invoiced in twelve (12) monthly installments. Prior to each annual renewal, WMC and the agency will review scope and fee considering the prior year and planned strategy for the year ahead, adjusting scope and fee as mutually agreed. Proposals should include staffing and fees for Year 1, based on the scope provided in this RFP. Renewal terms are set out in Attachment A, Article III.

119. Q: Are there preferred production vendors or pre-negotiated rate agreements (for example talent, stock, printing) the AOR should plan to use? (Section 4)

A: While some existing agreements are in place with print / stock vendors, we are open to establishing relationships with new vendors that better fit the production in question.

120. Q: For larger productions, will WMCHHealth consider paying third-party vendors directly or providing deposits? If not, Beardwood can manage, but production fees will need to be invoiced upfront.

A: WMCHHealth is open to appropriate arrangements for significant third-party production costs, subject to review and approval.

121. Q: Section 4 states that agency fees cover production management. Please confirm production management (for example, producer time) may be estimated and itemized per project within agency fees. (Section 4)

A: Yes. Production management may be estimated within agency fees, with third-party production hard costs estimated and approved separately.

122. Q: What new research and brand-health tracking activity should be included in our proposal? Please clarify whether the AOR is expected to design, commission and manage fieldwork, or work with an existing research partner and/or build upon research already completed or underway, and where those costs should sit.

A: Existing research is being conducted and will be shared with the AOR, however future research conducted would be at the recommendation of, and executed by, the AOR.

123. Q: Should respondents assume that the consumer, market and brand research supporting the initial enterprise positioning will be sufficient for the launch assignment, or should the proposed scope and fee include any additional primary research?

A: Existing research is being conducted and will be shared with the AOR, however future research conducted would be at the recommendation of, and executed by, the AOR.

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- 124. Q: Is WMCHHealth interested in validation research on the initial positioning before it's finalized? If so, should the proposal include that research, or will WMCHHealth confirm research needs after engagement?**
A: Existing research is being conducted and will be shared with the AOR, however future research conducted would be at the recommendation of, and executed by, the AOR.
- 125. Q: What research/reporting exists beyond mentioned quarterly business reports? Will additional research be required as part of scope? [re: need for confirmation stated in RFP]**
A: Existing research is being conducted and will be shared with the AOR, however future research conducted would be at the recommendation of, and executed by, the AOR.
- 126. Q: Section 4 includes research interpretation and application within the AOR scope. Does WMCHHealth currently use consumer personas or audience segmentations for enterprise brand or service line marketing, and would those be shared with the selected agency?**
A: Research is currently underway and is a shift in focus to previous market assessment. All current research and brand development available to WMCHHealth will be shared.
- 127. Q: Will the consumer, market and brand research informing the positioning be shared with the selected AOR?**
A: Yes, all current research and brand development available to WMCHHealth will be shared.
- 128. Q: Appendix 1 notes that the initial enterprise brand positioning is in development, informed by consumer, market and brand research, and Section 4 places research interpretation and application within the AOR scope. Will that research be made available to the selected agency, and how recently was it fielded? We are particularly interested in whether the market, audience and competitive work is from the last six to twelve months.**
A: Yes, all current research and brand development available to WMCHHealth will be shared.
- 129. Q: What will the AOR receive at engagement to support the initial positioning (research reports, underlying data, positioning documentation)? How much does WMCHHealth expect the AOR to have in refining it?**
A: Yes, all current research and brand development available to WMCHHealth will be shared. Refinement will depend on strategy development once relationship begins.
- 130. Q: Section 5.1 allows awards to more than one proposer. Does WMCHHealth anticipate splitting brand and advertising responsibilities?**
A: We do not anticipate that at this time.
- 131. Q: Where client confidentiality limits disclosure of quantitative results, will qualitative outcomes, indexed performance, ranges or anonymized metrics be acceptable, provided the methodology and basis of measurement are clearly explained?**
A: Yes, please provide as much information as is possible for context, however we understand there are confidentiality agreements in place that may limit full disclosure.

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- 132. Q: For 2.9 E.2.iv, may clients bound by confidentiality agreements be listed by sector rather than by name? (RFP 2.9 E.2.iv)**
A: Yes, please provide as much information as is possible for context, however we understand there are confidentiality agreements in place that may limit full disclosure.
- 133. Q: Will submitted questions and responses from all interested agencies be posted for everyone to review?**
A: Yes. This is a requirement of the RFP process.
- 134. Q: How many service-line campaign assignments does WMCHHealth anticipate in the first year?**
A: A fixed number has not yet been established. Respondents should recommend a staffing model capable of supporting the enterprise launch plus prioritized service-line assignments as needs are defined.
- 135. Q: How many service line campaigns are expected in Year 1? What are they?**
A: A fixed number has not yet been established. Respondents should recommend a staffing model capable of supporting the enterprise launch plus prioritized service-line assignments as needs are defined.
- 136. Q: Which service lines should respondents anticipate supporting during the first year, and approximately how many service-line advertising or creative assignments should be assumed for purposes of staffing and pricing?**
A: A fixed number has not yet been established. Respondents should recommend a staffing model capable of supporting the enterprise launch plus prioritized service-line assignments as needs are defined.
- 137. Q: Are there additional graphic elements or touchpoints that the AOR is expected to build, such as signage, wayfinding or environmental applications?**
A: No, these are being managed under a separate scope.
- 138. Q: Will there be web design/development needs as part of this engagement?**
A: No, web design is managed by an existing vendor.
- 139. Q: Does the scope include Spanish language or other multilingual adaptation or transcreation needs, and is the Agency of Record expected to manage translation and transcreation?**
A: Spanish may be a consideration as part of future campaign development. Coordination of translation (as needed) is ideally managed by the AOR for any production within their scope.
- 140. Q: Beyond service-line assignments, can WMCHHealth provide guidance on the anticipated annual volume of enterprise campaigns, major brand initiatives and ongoing creative assignments respondents should assume when developing the staffing and fee proposal?**
A: The first-year emphasis will be the enterprise brand launch and establishment of the creative platform. Additional enterprise and ongoing assignments will be prioritized and scoped with the selected AOR.

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- 141. Q: Are brand architecture and hospital naming within the AOR's scope, or have those decisions been made?**
A: These decisions have been made, and the process of detailed mappings and approvals has begun.
- 142. Q: How will the individual hospitals / medical centers need support?**
A: This will vary based on location and need, however the Marketing function is a centralized team supporting across network.
- 143. Q: Internal brand training: How many people or groups of people are expected to be trained?**
A: Training will focus initially on key internal teams and external partners responsible for creating, implementing and maintaining the brand.
- 144. Q: What role will WMCHHealth's in-house creative and marketing team play? Which work is expected to be produced internally, and which by the AOR?**
A: WMCHHealth's internal team will remain actively involved in strategy, brand stewardship and ongoing execution. The AOR will provide strategic and creative leadership, campaign development and additional executional support as defined by scope.
- 145. Q: What level of customization or continued individual brand expression should respondents anticipate across hospitals, programs and service lines as the new enterprise brand is introduced, versus migration toward a consistent enterprise-level expression?**
A: The direction is toward a consistent enterprise-level expression, with appropriate flexibility where individual entities, services or audiences require it.
- 146. Q: Appendices 2 and 3, submission limits. Is there a page or length limit for the proposal, the Case Studies PDF or the Portfolio of Work PDF? Appendix 3 requests a statement of approximately 150 words for each portfolio example; please confirm whether a comparable length guideline applies to the case studies. Please also confirm whether the 15MB threshold and download link approach described in Appendices 2 and 3 applies to the proposal document and fee proposal, and whether there is a total size limit for the submission email.**
A: There is no page or length limit for the Proposal or Case Studies.

For Portfolio of Work, we request that you limit your submission to up to seven portfolio examples (multiple samples/images within an example are permitted), with a succinct statement (of around 150 words) on what the work was solving for and the approach taken.

Our email systems will not accept file attachments larger than 15MB. If a file exceeds 15MB, please provide a download link, requiring no login or password, active through December 31, 2026. This includes your Proposal, although we would recommend keeping embedded imagery and other drivers of large file size to a minimum within this document, to allow for easier screen reading and printing of your submission.

Please avoid sending multiple emails. If sending a file that is smaller than 15MB is not possible, please provide a link (as outlined above) where the complete Proposal and Appendices can be accessed.

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147. Q: Is there a page limit, required file format, or maximum email or attachment size for the proposal? May the submission be sent across multiple emails? (RFP 2.5, 2.9)

A: There is no page or length limit for the Proposal or Case Studies.

For Portfolio of Work, we request that you limit your submission to up to seven portfolio examples (multiple samples/images within an example are permitted), with a succinct statement (of around 150 words) on what the work was solving for and the approach taken.

Our email systems will not accept file attachments larger than 15MB. If a file exceeds 15MB, please provide a download link, requiring no login or password, active through December 31, 2026. This includes your Proposal, although we would recommend keeping embedded imagery and other drivers of large file size to a minimum within this document, to allow for easier screen reading and printing of your submission.

Please avoid sending multiple emails. If sending a file that is smaller than 15MB is not possible, please provide a link (as outlined above) where the complete Proposal and Appendices can be accessed.

148. Q: Does the 15MB limit apply to the main proposal as well as the case studies and portfolio?

A: There is no page or length limit for the Proposal or Case Studies.

For Portfolio of Work, we request that you limit your submission to up to seven portfolio examples (multiple samples/images within an example are permitted), with a succinct statement (of around 150 words) on what the work was solving for and the approach taken.

Our email systems will not accept file attachments larger than 15MB. If a file exceeds 15MB, please provide a download link, requiring no login or password, active through December 31, 2026. This includes your Proposal, although we would recommend keeping embedded imagery and other drivers of large file size to a minimum within this document, to allow for easier screen reading and printing of your submission.

Please avoid sending multiple emails. If sending a file that is smaller than 15MB is not possible, please provide a link (as outlined above) where the complete Proposal and Appendices can be accessed.

149. Q: Beyond the details noted in the RFP, are there any anticipated milestones, timeline considerations, launch dates, or dependencies for the brand rollout?

A: The dates are not yet fixed, however we view the internal launch as a phased approach starting in early January 2027, and the external launch as occurring in the final week of March 2027

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- 150. Q: Are there any internal (or external) milestones the team is working towards for this work to be shared?**
A: The dates are not yet fixed, however we view the internal launch as a phased approach starting in early January 2027, and the external launch as occurring in the final week of March 2027.
- 151. Q: Do you have a typical schedule of creative refreshes throughout the year or a calendar of key initiatives that will need to be supported?**
A: WMCHHealth has an established annual marketing calendar. The immediate AOR priority will be the enterprise brand launch and platform, with ongoing assignments determined through annual planning and scoping.
- 152. Q: With invoices paid within 90 days, may hard costs and planned media be paid in advanced upon written approval of an estimate? (Section 4, Attachment A 2.4)**
A: Pursuant to Section 5.1 – Reservation of Rights – of the RFP, “The Corporation reserves the right to negotiate with the successful proposer within the scope of the RFP in the best interests of the Corporation.” This includes the right to negotiate any variation from WMCHHealth’s Standard Terms and Conditions contained in Attachment A of the RFP, including payment terms.
- 153. Q: Schedule B-1 calls for professional liability on an occurrence basis. Is claims-made coverage with an extended reporting period acceptable?**
A: Pursuant to Section 5.1 – Reservation of Rights – of the RFP, “The Corporation reserves the right to negotiate with the successful proposer within the scope of the RFP in the best interests of the Corporation.” This includes the right to negotiate any variation from WMCHHealth’s Standard Terms and Conditions contained in Attachment A of the RFP, including the insurance requirements in Schedule B-1 of Attachment A.
- 154. Q: Are the insurance requirements flexible for smaller agencies - is this something that can be negotiated?**
A: Pursuant to Section 5.1 – Reservation of Rights – of the RFP, “The Corporation reserves the right to negotiate with the successful proposer within the scope of the RFP in the best interests of the Corporation.” This includes the right to negotiate any variation from WMCHHealth’s Standard Terms and Conditions contained in Attachment A of the RFP, including the insurance requirements in Schedule B-1 of Attachment A.
- 155. Q: Will WMCHHealth accept professional liability coverage written on a claims-made basis with an appropriate extended reporting period (tail)? (Schedule B-1(d))**
A: Pursuant to Section 5.1 – Reservation of Rights – of the RFP, “The Corporation reserves the right to negotiate with the successful proposer within the scope of the RFP in the best interests of the Corporation.” This includes the right to negotiate any variation from WMCHHealth’s Standard Terms and Conditions contained in Attachment A of the RFP, including the insurance requirements in Schedule B-1 of Attachment A.
- 156. Q: Schedule B-1(h) references Subsections (3) through (8). Please confirm which underlying coverages the umbrella must sit over. (Schedule B-1(h))**
A: Pursuant to Section 5.1 – Reservation of Rights – of the RFP, “The Corporation reserves the right to negotiate with the successful proposer within the scope of the RFP in the best interests of

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the Corporation.” This includes the right to negotiate any variation from WMCHHealth’s Standard Terms and Conditions contained in Attachment A of the RFP, including the insurance requirements in Schedule B-1 of Attachment A.

- 157. Q: Please confirm the agency's pre-existing intellectual property stays with the agency. This covers proprietary methodologies, tools, software, templates and know-how developed independently of this engagement. WMCHHealth would receive all rights needed to use the final deliverables. (Attachment A 2.3, Section 4)**

A: Section 2.3 of Attachment A of the RFP only pertains to work product performed and provided during the contracted services, not pre-existing intellectual property.

- 158. Q: Section 4 identifies talent as a Production Hard Cost to be estimated and approved by WMCHHealth in writing before commitment. Is WMCHHealth a SAG-AFTRA signatory, and is the use of union talent required for produced video and audio?**

A: We are not a SAG-AFTRA signatory and do not anticipate a requirement to work with union talent.

- 159. Q: Attachment A 4.1.1, "Indemnification by Corporation," currently states that the Corporation shall defend, indemnify and hold harmless "the Corporation, its officers, employees and agents." Please confirm the intended language is that the Corporation shall defend, indemnify and hold harmless the Vendor, consistent with the mutual structure of Section 4.18.1. Please also confirm whether this section should be numbered 4.18.2. (Attachment A 4.1.1)**

A: The “Indemnification by Corporation” section has been updated in Addendum 1 to the RFP.

- 160. Q: May proposers present Section 2.9 items in a different order if the table of contents and a cross-reference table map every item A through K to its page? (RFP 2.9)**

A: Yes. Section 2.9 states, in part, “Proposals must include the following sections...” The order stated from A to K would be preferred for uniformity/consistency, but the order is not required.

- 161. Q: Are electronic signatures acceptable for the transmittal letter and Attachments C, D, E and G? Attachment E references a "signed original." Please confirm whether an e-signed or scanned PDF satisfies this requirement. (RFP 2.6 E, Attachment E)**

A: Yes, electronic signatures and/or signed and scanned documents are acceptable.

- 162. Q: As a privately held company, may MSI submit the financial statement requested in 2.9 E.7 marked confidential under Section 5.2? Are reviewed (unaudited) or summary financial statements acceptable? (RFP 2.9 E.7, 5.2)**

A: Proposals, including financial statements, that are submitted will be kept confidential.

- 163. Q: Is the M/WBE Utilization Plan referenced in Attachment G, Question 8, required with the proposal or only upon award? (Attachment G)**

A: Please submit a draft M/WBE Utilization Plan as referenced in Section 8 of Attachment G if your company plans to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent.

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164. Q: Section 6.3 provides for exceptions to Attachment A. Will proposed exceptions be addressed during post-award negotiation, or weighed in proposal evaluation? (RFP 6.3)

A: Pursuant to Section 5.1 – Reservation of Rights – of the RFP, “The Corporation reserves the right to negotiate with the successful proposer within the scope of the RFP in the best interests of the Corporation.” Pursuant to Section 6.3 of the RFP, “Any exceptions to Corporation’s Standard Terms and Conditions may disqualify a vendor’s proposal.”

165. Q: Given 90-day payment terms, may approved Production Hard Costs be paid by WMCHHealth directly to vendors, or pre-billed on approval of the estimate?

A: Pursuant to Section 5.1 – Reservation of Rights – of the RFP, “The Corporation reserves the right to negotiate with the successful proposer within the scope of the RFP in the best interests of the Corporation.” This includes the right to negotiate any variation from WMCHHealth’s Standard Terms and Conditions contained in Attachment A of the RFP, including payment terms.

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