

**New York State
Department of Health
AIDS Institute**
*Division of HIV/STD/HCV Prevention
Office of Population Health and Prevention Programs*

**Request for Applications (RFA)
RFA #20146
Internal Program #22-0002
Grants Gateway # DOH01-HSHPA-2023, DOH01-HSHPB-2023**

HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men and Young People Through the Use of Youth Health Advocates

This procurement has two (2) components. In order to apply for this RFA, eligible applicants must be prequalified in the New York State Grants Gateway and must submit an application via the New York State Grants Gateway.

Applicants may apply for each component of the RFA but may not submit more than one (1) application for each component.

Component A: HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men with a Focus on Communities of Color

Component B: HIV/STI/HCV Prevention and Related Services for Young People Through the Use of Youth Health Advocates

KEY DATES

RFA Release Date:	May 5, 2022
Questions Due:	May 19, 2022 by 4:00 PM ET
Questions, Answers and Updates Posted (on or about):	June 2, 2022
Applications Due:	June 22, 2022 by 4:00 PM ET

DOH Contact Name & Address:

Nkechi Oguagha
Director, Office of Population Health and Prevention Programs
New York State Department of Health, AIDS Institute
Email: ymsmyhaRFA@health.ny.gov

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I. INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI), Office of Population Health and Prevention Programs, announces the availability of \$5,400,000 annually in New York State (NYS) funds to identify service providers to develop and/or enhance comprehensive HIV/ Sexually Transmitted Infections (STI)/Hepatitis C (HCV) programs through the implementation of proven high impact prevention strategies and innovative interventions for Young Gay Men/Young Men who have Sex with Men (YMSM) ages 13-29 and Young People Through the Use of Youth Health Advocates (YHAs) ages 13-24 with a focus on communities of color (Black, Latino/Latinx, Native American/Indigenous people, and Asian populations).

This procurement aims to address issues related to health equity and the key social determinants of health (SDOH) impacting the HIV/STI/HCV and sexual health needs of the priority population(s). Programs funded through these initiatives will provide services that seek to reduce barriers to and strengthen the quality-of-care experiences and health outcomes for Young Gay Men/YMSM and Young People utilizing sexual health, health equity, and SDOH frameworks.

This RFA contains two (2) components:

Component A: HIV/STI/HCV Prevention and Related Services for Young Gay Men/YMSM with a Focus on Communities of Color

Component B: HIV/STI/HCV Prevention and Related Services for Young People Through the Use of YHA

A. Background/Intent

The RFA focuses on addressing health disparities by supporting programs that promote HIV/STI/HCV prevention and sexual health and wellness services for Young Gay Men/YMSM through the implementation of sexual health, health equity, and SDOH frameworks. The purpose of this funding is to identify service providers to implement culturally affirming, strength-based, sex-positive approaches to support and increase access to HIV/STI/HCV prevention interventions, sexual and behavioral health services, and innovative interventions for Young Gay Men/YMSM ages 13-29 with a focus on communities of color (Black, Latino/Latinx, Native American/Indigenous people and Asian populations).

To effectively address HIV/STI/HCV transmission and sustained engagement in medical care and achieve NYS's [Ending the Epidemic](#) (ETE) goals, the NYSDOH AI recognizes the importance of a holistic (biological, psychological, and social) approach which extends beyond an individual's risk behaviors, particularly for disproportionately affected communities.

Although this funding prioritizes communities of color, it is important to highlight the disproportionate impact of HIV amongst Black people. Black people have shouldered the heaviest burdens of HIV. In 2018, Black people, who make up 13% of the US population, represented [42% of all new HIV diagnoses](#). Only 51% of Black people living with HIV (PLWH) in the US were virally suppressed compared with 56% of PLWH overall.

In NYS, the rate of [new HIV diagnoses among Black individuals in 2020 was 8.1 times](#) higher than the rate for non-Hispanic White individuals. Also, in 2020, Black people constituted 14.4% of the population of New York State, but 45.1% of PLWH. Promising reductions in HIV diagnoses were made from 2014 to 2018 among Black people overall, but HIV diagnoses *increased* 7% for Black people 25 to 34 years of age. The data highlights the importance of supporting interventions and services that center this population.

It is important to note the diversity of the priority populations in this RFA including, but not limited to sexual identity, sexual expression, gender identity, gender expression, social networks, age, race/ethnicity, language, culture, religion, education, socioeconomic status, as well as knowledge and use of technology. In addition, the populations to be reached by this solicitation historically confront health disparities. It is likely that successful efforts to engage these populations will be those that acknowledge this diversity and the overlapping risks and challenges these populations face and will attempt to take a holistic approach that addresses SDOH in order to improve their health status and general well-being.

Partner and Stakeholder Input:

The NYSDOH AI conducted a series of discussion group conference calls in November and December 2019 to gather information from providers and clients/consumers regarding the key service needs of the priority populations of Young Gay Men/YMSM and Young People. The discussion groups were comprised of participants from all regions of the State including New York City, Long Island, the Capital District, Hudson Valley, Western and Central New York. The development of this RFA was guided by the input received during these meetings as well by the recommendations received from the YMSM and YHA initiative Learning Collaborative meetings and the various ETE Workgroup Recommendations:
https://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm

This RFA is also informed by the lessons learned and best practices of the programs currently funded by the NYSDOH AI to serve the priority populations and communities. This valuable input is reflected in the **HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men and Young People Through the Use of Youth Health Advocates Guiding Principles (Attachment 1)** and the scope of services funded through this RFA.

In June 2014, NYS announced a three-point plan to end the AIDS epidemic in NYS.¹ This plan provided a roadmap to significantly reduce HIV infections to a historic low by the end of 2020, with the goal of achieving the first ever decrease in HIV prevalence. The plan also aimed to improve the health of all HIV positive New Yorkers and was the first jurisdictional effort of its kind in the U.S. The three points highlighted in the plan are:

- 1) Identify persons with HIV who remain undiagnosed and get them linked to care;
- 2) Link and retain persons diagnosed with HIV in health care to maximize viral

¹ https://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm

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suppression; and

3) Increase access to Pre-Exposure Prophylaxis (PrEP) for persons who are HIV negative.

NYS has been laying the groundwork for ending the AIDS epidemic since the disease emerged in the early 1980s. NYS's response to the HIV/AIDS epidemic has involved the development of comprehensive service delivery systems that evolved over time in sync with the evolution of AIDS from a terminal illness to a manageable chronic disease. This strategy enabled the state to implement new technologies as they were introduced, including new treatments, new diagnostic tests and, more recently, PrEP. By building upon each individual success and relying on a strong administrative infrastructure, the state was able to roll out innovative programs quickly to achieve the greatest impact. Ending the epidemic in NYS is within reach, thanks to aggressive and systematic public health initiatives that have made it possible to drive down rates of new infections. The State's ETE initiative was launched with visionary leadership and extensive stakeholder leadership and participation.

The RFA specifically addresses these ETE Blueprint (BP) recommendations:

BP2: Expand targeted testing;

BP4: Improve referral and engagement;

BP5: Continuously act to monitor and improve rates of viral suppression;

BP8: Enhance and streamline services to support the non-medical needs of all persons living with HIV;

BP11: Undertake a statewide education campaign on PrEP and Post-Exposure Prophylaxis (PEP);

BP22: Access to care for residents of rural, suburban and other areas of the state;

BP23: Promote comprehensive sexual health education;

BP25: Treatment as prevention information and anti-stigma media campaign; and

BP29: Expand and enhance the use of data to track and report progress.

The ETE BP continues to guide all ETE efforts. The ETE Addendum Report is a written report that provides an overview of the past five years of New York State's ETE initiatives, as well as a summary of the community feedback sessions that were conducted in 2020 to assist in identifying areas of focus for ETE beyond 2020.

The ETE BP and the ETE Addendum report are available on the NYSDOH website at: www.health.ny.gov/endingtheepidemic

In 2017, the NYSDOH was the first state health department to sign onto the [Prevention Access Campaign Consensus statement](#) that the *risk of sexual transmission of HIV from a person living with HIV who has an undetectable viral load is negligible*. More specifically, there is now evidence-based confirmation that the risk of HIV transmission from a person living with HIV who is on Antiretroviral Therapy (ART), and has achieved an undetectable viral load in their blood for at least six (6) months, is negligible (negligible is defined as: *so small or unimportant*

as to be not worth considering; insignificant).² These developments address the concept of Treatment as Prevention (TasP), referred to as Undetectable=Untransmittable, or U=U. The evidence affirming TasP provides another pillar in our progress toward ending the epidemic. More information on Undetectable=Untransmittable (U=U) is available on the NYSDOH's website at: <https://health.ny.gov/endingtheepidemic>.

In November 2021, NYS released its [plan](#) to eliminate hepatitis C as a public health problem in NYS by 2030. To achieve the goal of hepatitis C elimination, concerted efforts are needed to ensure access to timely diagnosis, care, and treatment for all people with the hepatitis C. NYS plans to eliminate hepatitis C by:

- Enhancing hepatitis C prevention, testing and linkage to care services for people who inject drugs, people who are incarcerated, men who have sex with men, and other populations disproportionately impacted by HCV infection;
- Expanding hepatitis C screening and testing to identify people living with hepatitis C who are unaware of their status and link them to care;
- Providing access to clinically appropriate medical care and affordable hepatitis C treatment without restrictions and ensure the availability of necessary supportive services for all New Yorkers living with hepatitis C;
- Enhancing NYS hepatitis C surveillance, set and track hepatitis C elimination targets, and make this information available to the public; and
- Addressing SDOH.

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the NYS Prevention Agenda. The NHAS is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic.³ Information on the NHAS and updates to the strategy through 2020 can be found at: <https://www.hiv.gov/federal-response/hiv-national-strategic-plan/national-hiv-aids-strategies-2010-2020>. The NYS Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them.⁴ The NYS Prevention Agenda can be found on the following website: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/.

In addition, the NYSDOH AI is committed to achieving health equity by promoting the implementation of interventions and services that focus not only on HIV prevention and care efforts, but also on how programs, practices, and policies affect communities of color and other populations that experience health disparities.

Demonstration of a Commitment to Health Equity

Health Equity (HE) is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of

² Undetectable = Untransmittable. www.preventionaccess.org. U=U consensus statement: Risk of sexual transmission of HIV from a person living with HIV who has an undetectable viral load. www.preventionaccess.org/consensus

³ National HIV/AIDS Strategy

⁴ Prevention Agenda 2019-2024: New York State's Health Improvement Plan

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health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education, health care/services, and safe environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma), and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race, racism, and genocide in the United States that perpetuate many of the racial inequities we see manifested today. Because health equity can never truly be achieved without racial equity, we work toward achieving both.

The NYSDOH AI works closely with its community partners to identify and respond to current needs. The needs are wide and varied, but they center on addressing SDOH e.g., socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare services, and discrimination.

The NYSDOH AI is committed to ensuring our funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health and social inequities. We are all accountable to pay attention to the intersections of race and health equity. We are committed to the implementation of new and tailored approaches to address the challenges faced by our Black/Brown, Indigenous, and People of Color (BIPOC) communities. In our mission to ensure that everyone has a fair chance to experience optimal health, we are employing the following health equity principles:

- Be Explicit.
- Identify and Effectively Address Racism and Racial Implicit Biases.
- Adopt a “Health in all Policies” Approach.
- Create an Internal Organization-Wide Culture of Equity.
- Respect and Involve Communities in Health Equity Initiatives.
- Measure and Evaluate Progress in Reducing Health Disparities.

B. Available Funding

Component A

Approximately **\$4,000,000** in State funding is available annually, over a five-year period, to support grants for HIV/STI/HCV prevention, linkage, navigation, and retention services for Young Gay Men and YMSM with a focus on communities of color.

Funding for Component A will be allocated as stated in the chart below.

Annual awards will not exceed \$200,000.

NYSDOH Region	Anticipated Number of Awards	Annual Award Amount
Bronx	1-2	\$200,000
Brooklyn	1-2	\$200,000
Manhattan	1-2	\$200,000

Queens	1-2	\$200,000
Staten Island	0-1	\$200,000
Long Island (Nassau and Suffolk counties)	1-2	\$200,000
Hudson Valley (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties)	1	\$200,000
Northeastern New York (Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties)	1-2	\$200,000
Central New York and Southern Tier (Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, and Tompkins counties)	1-2	\$200,000
Finger Lakes (Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates counties)	1-2	\$200,000
Western New York (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties)	1-2	\$200,000

Component B

Approximately **\$1,400,000** in State funding is available annually, over a five-year period, to support grants for HIV/STI/HCV prevention, linkage, navigation, and retention services for Young People with a focus on communities of color.

Funding for Component B will be allocated as stated in the chart below.
Annual awards will not exceed \$200,000.

NYSDOH Region	Anticipated Number of Awards	Annual Award Amount
New York City (NYC)	2-3	\$200,000
Rest of State (ROS)	2-4	\$200,000

Applicants may apply for each component of the RFA but may not submit more than one (1) application for each component. If more than one application is submitted for each Component, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

- Awards will be made to the highest scoring applicants in each region, up to the minimum number of awards indicated for that region. Remaining funding will be awarded to the next

highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.

- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, NYSDOH AI reserves the right to:
 - Fund an application scoring in the range of (60-69) from a region and/or
 - Apply unawarded funding to the next highest scoring applicant(s) in other region(s) until the maximum number of awards per region is met.
- If there is an insufficient number of fundable applications in a region, the maximum number of awards may not be met for that region. NYSDOH AI reserves the right to re-solicit any region where there are an insufficient number of fundable applications.
- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region, NYSDOH AI reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- NYSDOH reserves the right to revise the award amounts as necessary due to changes in availability of funding.
- NYSDOH AI reserves the right to shift funding from one Component of the RFA to another Component should there be an insufficient number of fundable applications received in any Component.

Should additional funding become available, the NYSDOH AI may select the next highest scoring organization from the pool of applicants deemed not funded due to limited resources. If it is determined that the needed expertise/services are not available among these organizations, the NYSDOH AI reserves the right to establish additional competitive solicitations.

Current Contractors: If you choose to not apply for funding, the NYSDOH AI highly recommends notifying your community partners of your intent. This will ensure community members and providers are aware of the discontinuation of the program and services.

II. WHO MAY APPLY

A. Minimum Eligibility Requirements

All applicants must meet the following minimum eligibility requirements for **each component**:

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date and time the applications are due;

- Applicant must be a registered not-for-profit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code or tribal organization;
- Applicant must address *ALL* components of the chosen Program Model;
- Applicant must be located in and provide services within the region for which they are applying; and
- Applicant must upload **Attachment 2: Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**. This form, once signed, should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Additionally, for Component B applicants ONLY:

- Applicant must provide YHA training and complete **Attachment 3: NYSDOH AI's Locally Developed Interventions** and address each of the seven elements listed for YHA training.

III. PROJECT NARRATIVE/WORK PLAN OUTCOMES

A. Program Model Description

Component A

The purpose of this funding is to support a high impact approach to prevention and support services to achieve ETE and Beyond initiative goals and reduce/eliminate disparities and inequities in HIV incidence particularly amongst Young Black and Latino Gay Men/YMSM. Funding supports programs that provide a comprehensive range of HIV/STI/HCV prevention interventions and related supportive services for Young Gay Men/YMSM (ages 13-29) with a focus on communities of color (Black, Latino/Latinx, Native American/Indigenous people, and Asian populations). Component A funding aims to identify service providers to develop and/or enhance HIV/STI/HCV prevention through comprehensive sexual health and wellness services for Young Gay Men/YMSM through the implementation of proven strategies and innovative interventions.

Applicants will demonstrate their ability to reduce/eliminate the disparity in HIV incidence, particularly amongst Young Black and Latino Gay Men/YMSM. Programming must build on individual and community assets and be comprised of focused client engagement, comprehensive risk reduction interventions, access to healthcare, and navigation and retention services to address the HIV/STI/HCV care and prevention needs of Young Gay Men and YMSM.

The overall goals are to:

- Prevent new HIV/STI/HCV infections by increasing access to comprehensive sexual health information, behavioral, and biomedical interventions such as PrEP/PEP, and essential supportive services; and
- Identify individuals who are living with HIV/STI/HCV and unaware of their status and ensure access to early, high quality medical care and prevention services.

The initiative aims to impact the NYSDOH AI efforts to:

- Reduce disease incidence;
- Decrease risk of sexual and drug using behaviors among persons living with HIV and persons who engage in behaviors that put them at risk of HIV/STI/HCV infection;
- Increase the number of persons living with HIV/STI/HCV who are aware of their status; and
- Increase the number of persons living with HIV/STI/HCV who are linked to prevention, partner services, and treatment/medical care.

Grantees are expected to:

- Conduct client recruitment and engagement in a manner that is culturally and linguistically sensitive and appropriate;
- Integrate direct provision of HIV testing, including access to HIV self-tests;
- Integrate direct provision of or documented referrals to STI and HCV screening;
- Establish, build, and/or maintain collaboration agreements (e.g., memoranda of understanding (MOU), memoranda of agreement, service agreements) with other community-based organizations and medical providers to ensure delivery of comprehensive services across the care continuum (Please see **Attachment 4: NYSDOH AI's Cross Sector Collaborations Requirements**); Establish MOUs with organizations that center communities of color;
- Provide appropriate access to PrEP and PEP;
- Screen for and address SDOH that impact the priority populations with the goal of reducing health inequities/disparities identified within communities of color
- Support persons living with HIV in maintaining their treatment regimen in order to improve their overall health outcomes and prevent transmission of HIV to their sexual and needle sharing partners; and
- Incorporate condom promotion, education, and distribution into all funded program activities.

Program Models: Component A

Applicants are required to select one of the Program Models described below. The program model will serve as the foundation for the delivery of services. Applicants should select the program model that best addresses the unmet needs of the priority population, and which will most effectively be integrated into the applicant's continuum of services.

This RFA recognizes the community's expertise in reaching the priority population. Therefore, applicants may propose the specific services/methods that they know will best engage the priority population and reach the intended goals and outcomes of this RFA.

Program Model 1

- 1) **HIV Testing:** Direct provision of HIV testing with linkage to prevention and HIV medical care; including access to HIV self-tests;
- 2) **STI and/or HCV screening:** Direct provision of STI and/or HCV screening and treatment;

3) **Implement at least one (1) SDOH Intervention:** Identify and address at least one SDOH that is informed by an assessment of the populations' priority needs. Intervention(s) must aim to increase client stability and reduce barriers to accessing HIV prevention and care services and other essential support services. Examples include but are not limited to:

- **Employment:** interventions that increase access to opportunities for employment, including related education and employment/workforce/vocational services for young gay men/YMSM; job readiness services and employment workshops;
- **Education:** interventions that increase access to respectful, safer, and affirming educational opportunities;
- **Healthcare:** interventions that increase access to physical, sexual, mental, and behavioral healthcare that is regionally accessible, affordable, and delivered by staff that are both skilled in providing care to young gay men/YMSM and provide services in an affirming manner;
- **Housing Navigation:** interventions that increase access to safe, quality, affordable, and gender-affirming housing, and the supports necessary to maintain that housing;
- **Counseling Services:** psychosocial counseling provided by a licensed mental health professional;
- **Legal Services:** legal workshops/clinics; and
- Other innovative interventions that support initiative and program objectives; and

4) **Implement at least one (1) Prevention Support Service or Health Promotion (Optional)**

Activity: Health Promotion including community events and media campaigns that address, but are not limited: to healthcare access, testing, stigma, racism, homophobia, and/or transphobia. Health promotion activities should aim to reach priority populations, providers, frontline staff, and/or the community/general population at large; Peer Services/Peer Training Programs; a high impact prevention public health strategy (i.e., Antiretroviral Treatment Access Study (ARTAS), Social Network Strategy for HIV Testing, Testing Together); [HIV Navigation Services](#) as defined by the Center for Disease Control (CDC); an Evidence-Based Behavioral Intervention (EBI) specific to YMSM; formalized PrEP and PEP support program; and/or locally developed interventions that:

- i. Support access to HIV testing, STI and HCV screening, and linkage and navigation services with an emphasis on access to PrEP/PEP and PrEP support services; or
- ii. Increase social support, reduce social isolation, and increase self-esteem for young gay men/YMSM.

Program Model 2

- 1) **HIV Testing:** Direct Provision of HIV Testing with linkage to prevention and HIV medical care; including access to HIV self-tests;
- 2) **Referral/Linkage to STI and/or HCV Screening:** Provided via documented MOU or Linkage Agreements, and;
- 3) **Implement at least one (1) SDOH Intervention:** Identify and address at least one SDOH that is informed by an assessment of the populations' priority needs. Interventions must aim to increase client stability and reduce barriers to accessing HIV prevention and care services and other essential support services. Examples include but are not limited to:
 - **Employment:** interventions that increase access to opportunities for employment, including related education and employment/workforce/vocational services for young gay men/YMSM; job readiness services and employment workshops;
 - **Education:** interventions that increase access to respectful, safer, and affirming educational opportunities;
 - **Healthcare:** interventions that increase access to physical, sexual, mental, and behavioral healthcare that is regionally accessible, affordable, and delivered by staff that are both skilled in providing care to young gay men/YMSM and provide services in an affirming manner;
 - **Housing Navigation:** interventions that increase access to safe, quality, affordable and gender-affirming housing, and the supports necessary to maintain that housing;
 - **Counseling Services:** psychosocial counseling provided by a licensed mental health professional;
 - **Legal Services:** legal workshops/clinics; and
 - Other innovative interventions that support initiative and program objectives.
- 4) **Implement at least one (1) Prevention Support Services and/or Health Promotion Activities (Required):** Health Promotion including community events and media campaigns that address, but are not limited to: healthcare access, testing, stigma, racism, homophobia, and/or transphobia. Health promotion activities should aim to reach priority populations, providers, frontline staff, and/or the community/general population at large; Peer Services/Peer Training Programs; a high impact prevention public health strategy (i.e., ARTAS, Social Network Strategy for HIV Testing, Testing Together); [HIV Navigation Services](#) as defined by the CDC; an EBI specific to gay men/MSM; formalized PrEP and PEP support program; and/or locally developed interventions that:
 - i. Support access to HIV testing, STI and HCV screening, and linkage and navigation services with an emphasis on access to PrEP/PEP and PrEP support services; or
 - ii. Increase social support, reduce social isolation, and increase self-esteem for young gay men/YMSM.

Failure to address ALL components of the chosen Program Model will result in the application being deemed ineligible.

Minimum Service Targets Component A

The priority population for this component is Young Gay Men/YMSM ages 13-29 with a focus on communities of color.

Notes: Service targets are specific to Young Gay Men/YMSM 13-29. Serving individuals outside of this population will not count towards minimum program service targets.

Applicants should serve a minimum of 300 unduplicated clients annually through all funded program services.

Program Model Intervention	Annual Service Targets	Clarification(s)
HIV Testing	200 unduplicated clients	An annual service target of three (3) newly diagnosed individuals applies for NYC. An annual service target of two (2) newly diagnosed individuals applies for the Rest of State (ROS).
STI and/or HCV Screening and/or Referral	150 unduplicated clients	N/A
SDOH Intervention	A minimum of 75 unduplicated clients annually	A minimum of 25% of clients served through these services should be linked to HIV testing and/or STI/HCV screening.
Prevention/Supportive Services Intervention, High Impact Prevention Public Health Strategy, EBI, and Locally Developed Interventions or Health Promotion Activity	A minimum of 75 unduplicated clients annually	A minimum of 25% of clients served through these services should be linked to HIV testing and/or STI/HCV screening.
Notes: Clients served are required to be unduplicated within interventions but not between interventions. For example, the same client can participate in multiple activities (e.g., the same 150 clients could receive HIV testing and receive screening for STIs) and may also participate in a prevention/supportive intervention, high impact public health strategy, EBI, or locally developed intervention.		

All proposed interventions will support and demonstrate connection to HIV testing, STI and HCV screening, and linkage and navigation services, and access to PrEP/PEP

Scope of Services Component A

Direct Provision of HIV Testing

Targeted HIV testing should occur in a variety of settings most effective in identifying members of the priority population with undiagnosed HIV infection (e.g., onsite testing within the organization; venue-based testing; provision, of HIV self-test kits; and/or mobile testing/field testing). Applicants are strongly encouraged to include HIV self-testing as a component of their HIV testing services when in person testing is not practical or preferable to the client. HIV self-testing is an effective way to reach persons who are uncomfortable or unable to access HIV testing at an office or mobile site. HIV testing services must include linkage to prevention, medical, and social services available in the region to address individualized prevention needs, improve health, and enhance quality of life.

This RFA does not support the direct provision of routine HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.

The NYSDOH AI recommends using an HIV AG/AB rapid test for initial HIV screening. Other FDA-approved rapid HIV tests using capillary whole blood specimens are allowable as directed by the authorizing medical provider and/or limited-service laboratory director. **The RFA supports oral fluid use for the FDA-approved OraQuick® in home HIV test only.**

All grantees will be required to adhere to **Attachment 5: NYSDOH AI's Targeted HIV Testing Requirements** for in person testing encounters. All grantees implementing HIV home/self-test programs will be required to follow **Attachment 6: NYSDOH AI Division of HIV/STD/HCV Prevention HIV Home/Self-Test Program Guidance**.

STI and HCV Screening

STI screening services must include linkage to prevention, medical, and social services available in the region to address individualized prevention needs, improve health, and enhance quality of life. STI screening should occur in a variety of settings most effective in identifying members of the priority population (e.g., onsite testing within the organization; venue-based testing; provision, mobile testing/field testing). Three site testing (urethral, rectal, and pharyngeal) should be conducted as appropriate on clients seeking testing services.

Hepatitis screening, education regarding hepatitis transmission and prevention, HCV risk reduction strategies, healthy liver messages, and information about hepatitis A and B vaccination should also be addressed.

All grantees directly providing STI and HCV screening will be required to adhere to **Attachment 7: NYSDOH AI's STI/HCV Screening Requirements**.

***For STI and HCV screening, applicants applying for Program Model 2 may propose to provide STI and HCV screening directly and/or through referrals.**

Health Promotion Activities

Health Promotion Activities include raising the priority population's health awareness through educational activities, media campaigns, community activities (when appropriate and practical), etc. Activities must utilize culturally affirming, strengths-based, sex-positive approaches to support and increase access to sexual and behavioral health high impact prevention information and services. Interventions and activities may address and promote access to health, wellness, and human services; and provide education and training in areas such as: the promotion of timely health care and treatment; lack of health insurance; information regarding health risks such as HIV, sexually transmitted infections, viral hepatitis and other infectious and chronic diseases; sexual and reproductive health; and PrEP and PEP.

SDOH Interventions

A variety of factors may influence high-risk behaviors as well as the ability for members of the priority population to be retained in care. Interventions must address SDOH that adversely affect HIV and sexual health related outcomes in efforts to promote and achieve health equity among the priority population. Interventions should aim to address barriers to HIV/STI/HCV prevention that increase vulnerability to HIV/STI/HCV and impede individuals from accessing needed services. Key SDOH such as economic stability, education, social and community factors, health care etc. should be considered when developing interventions that address the HIV related needs of young gay men/YMSM. Applicants can propose innovative strategies, interventions, and activities that are designed to provide support to the priority population (Black, Latino/Latinx, Native American/Indigenous people, and Asian Young Gay Men/MSM) and that prevent new HIV/STI/HCV transmissions, link clients to HIV prevention and care services, and provide essential support services that aid in reducing HIV-related disparities and health inequities.

Prevention Support Services

Proposed Prevention Support Services should employ a health equity lens by integrating multiple approaches to reach the priority population and address [SDOH](#) and [factors that influence high risk behaviors](#), participation and retention in program services, and healthcare access. Interventions will include the implementation of evidence-based practices and interventions that address SDOH and the underlying causes of risk behaviors such as social isolation, substance use, trauma, childhood sexual abuse and sexual/physical violence, lack of housing, employment, and transportation needs amongst other issues. Interventions may be provided on the group and individual level (in person and/or virtually). Includes: [PEP](#) and [PrEP](#) Support Program; Prevention/Supportive Interventions; Peer Services/Peer Training Programs; [High Impact Prevention Public Health Strategy](#); [Evidence Based Behavioral Interventions](#) including Locally Developed Interventions, [HIV Navigation Services](#) Support Group services; and Drop-In Center services.

Component B

The purpose of this funding is to support a high impact approach to prevention that provides a comprehensive range of interventions and services that promotes sexual health with an emphasis on HIV/STI/HCV prevention for Young People ages 13-24 with a focus on communities of

color. YHA will be representative of the priority populations (Black, Latino/Latinx, Native American/Indigenous people, and Asian young people). The initiative's foundation is built upon the principles and practices of positive youth development and youth empowerment.

See the links below for reference. <https://www.childtrends.org/why-positive-youth-development-works>; <https://www.hhs.gov/ash/oah/adolescent-development/positive-youth-development/index.html>; <http://www.actforyouth.net/>

The initiative aims to utilize a sexual health framework to create supportive conditions/environments that allow young people to develop the knowledge, attitudes, behaviors, beliefs, and skills to make healthy choices that support their sexual health and well-being. The initiative will provide access to HIV/STI/HCV testing, screening, biomedical interventions such as PrEP/PEP, prevention and supportive services, and ensure access to early, high quality medical care, and prevention services.

The overall goals are to:

- Prevent new HIV/STI/HCV infections;
- Increase HIV/STI/HCV testing and screening services; and
- Facilitate access to prevention, medical, and essential supportive services.

The initiative aims to impact the NYSDOH AI's efforts to:

- Increase the number of young people who regularly access comprehensive sexual and reproductive health care information, services, risk reduction supplies (e.g., male and female condoms), contraceptives; PrEP and PEP, Expanded Partner Therapy (EPT), and other supportive services from youth friendly/supportive providers;
- Increase the number of young people who adopt practices that reduce their risk for STIs and HIV infection including abstinence, delaying sexual activity, reducing the number of sexual partners, consistently practicing safer sex, and reducing alcohol and substance use;
- Increase opportunities for young people to receive education about comprehensive sexual health and who are knowledgeable about how to reduce their risk for STIs, HIV infection, unintended pregnancy, and maintain optimal sexual health; and
- Increase capacity of organizations to meet the needs of the young people they serve.

Grantees are expected to:

- Conduct client recruitment and community engagement activities;
- Integrate direct provision of or documented referrals to HIV, STI, and HCV screening, including expanding access to HIV self-tests;
- Establish, build, and/or maintain collaboration agreements (e.g., MOUs, memorandums of agreement, service agreements) with other community-based organizations and medical providers to ensure delivery of comprehensive services across the care continuum (Please see **Attachment 4: NYSDOH AI's Cross Sector Collaborations Requirements**);
- Provide appropriate access to PrEP and PEP;

- Support persons living with HIV in maintaining their treatment regimen in order to improve their overall health outcomes and prevent transmission of HIV to their sexual and needle sharing partners; and
- Incorporate condom promotion, education, and distribution into all funded program activities.

Program Model Component B

Grantees are required to implement one of the Program Models described below. The program model will serve as the foundation for the delivery of services. Applicants should select the program model that best addresses the unmet needs of the priority population, and which will most effectively be integrated into the applicant’s continuum of services.

This RFA recognizes the community’s expertise in reaching the priority population. Therefore, applicants should propose the specific services/methods that will best engage the priority population and reach the intended goals and outcomes of this RFA.

It recognizes that young people must be involved in and have significant roles in program development, implementation, service delivery, and program assessment. The implementation of interventions that consist of youth engagement and empowerment/mobilization, health advocacy, and youth connectedness to their peers, families, schools, and communities can bring about positive changes and outcomes that promote young people’s overall health and well-being.

Funded programs will be required to train and support young people to serve as YHAs. Funded programs will address the SDOH, community barriers, and environmental factors that impede young people’s access to comprehensive sexual health education and services which increase their risk for STIs, HCV, HIV infection, and unintended pregnancy. Programs will build on their community’s assets and strengths to create an environment that promotes and supports the sexual health and comprehensive well-being of its youth. Interventions should be structured to occur on the individual, group, and community levels. Intervention strategies must aim to enhance the ability of the community to more effectively provide sexual health structures, supports and services, HIV/STI/HCV prevention and treatment services, as well as supports for such services utilizing young people as YHAs to serve as leaders and influencers in community change efforts.

Program Model 1

1. YHA Training Program/YHA Service Delivery;
2. Referral to HIV/STI/HCV Testing/Screening;
3. Two (2) Prevention Interventions for Young People; and
4. One (1) Community Level or Structural Level Intervention - **Applicants are required to select *One Focus Area* from the list in Scope of Services, pg. 23.**

Program Model 2

1. YHA Training Program/YHA Service Delivery;
2. Direct Provision of HIV/STI/HCV Testing/Screening;
3. One (1) Prevention Intervention for Young People; and
4. One (1) Community Level or Structural Level Intervention - **Applicants**

are required to select *One Focus Area* from the list in Scope of Services, pg. 23.

Failure to address ALL components of the chosen Program Model will result in the application being deemed ineligible.

Minimum Service Targets Component B

Notes: Service targets are specific to Young People ages 13-24 with a focus on communities of color. Serving individuals outside of this population will not count towards minimum program service targets.

Minimum Service Targets for Component B -Program Model 1 Interventions

Applicants should serve a minimum of **200** unduplicated clients annually through all funded program services.

Program Model 1 Intervention	Annual Service Targets
YHA Training	6-10 YHAs
Referral to HIV Testing	50 unduplicated clients
Referral to STI and/or HCV Screening	50 unduplicated clients
Two Prevention Interventions, High Impact Prevention Public Health Strategy, EBI, and Locally Developed Interventions	A minimum of 150 unduplicated clients annually
Community or Structural Level Interventions	Based on community assessment

Minimum Service Targets for Component B - Program Model 2 Interventions

Applicants should serve a minimum of **200** unduplicated clients annually through all funded program services.

Program Model 2 Intervention	Annual Service Targets
YHA Training	6-10 YHAs
HIV Testing – Direct Provision and/or HIV self-tests	50 unduplicated clients
STI and/or HCV Screening- Direct Provision or Referral	50 unduplicated clients
One (1) Prevention Intervention, High Impact Prevention Public Health Strategy, EBI, and/or Locally Developed Intervention(s)	A minimum of 100 unduplicated clients annually
One (1) Community or Structural	Based on community

Level Intervention(s)	assessment
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Scope of Services Component B

YHA Training/YHA Service Delivery

To enhance the delivery of services to the priority population, applicants should employ a diverse group of 6-10 young people working as YHAs. YHAs are required to be young people between the ages of 13-24 who are representative of the priority population(s). YHAs should be young people who are engaging in or having previously engaged in behaviors that place them at high risk of HIV/STI/HCV infection. YHAs must be involved in and have significant roles in program development, implementation, service delivery, and evaluation. YHAs will make key program decisions, coordinate and conduct program activities, and create program material and social media and social marketing messages, in collaboration with program staff. All YHA trainings and responsibilities should be developmentally and age appropriate and should be supervised by experienced program staff.

YHAs will require comprehensive and ongoing training, supervision, and support. At minimum, training of YHAs should develop knowledge and skills related to:

- Group facilitation and communication;
- Leadership and motivation;
- Community mobilization;
- Cultural competency;
- SDOH and health inequities/disparities;
- Accurate HIV/STD/HCV prevention, transmission, and treatment information;
- Available services and procedures for referring and linking clients to services;
- Biomedical interventions (PrEP and nPEP);
- Opioid Overdose Prevention;
- Confidentiality; and
- Delivery of evidence-based interventions

Prevention Interventions for Young People

To address a variety of factors that may influence high risk behaviors as well as the ability for young people to access services, prevention interventions must be delivered to the priority population(s). Prevention interventions will help individuals develop the intentions and skills to adopt healthier behaviors and/or focus on creating an environment that supports healthy behaviors. Interventions may include both evidence-based and locally developed models. Interventions may be implemented to address the underlying causes of risk behaviors such as substance use, trauma, childhood sexual abuse and sexual/physical violence, dating/intimate partner violence, and/or stigma amongst others. *It is expected that YHAs will deliver or assist in the delivery of the interventions.*

Proposed Prevention Interventions should employ a health equity lens by integrating multiple approaches to reach the priority population and address [SDOH](#) and [factors that influence negative high risk behaviors](#), participation and retention in program services, and factors that

impede healthcare access. Interventions will be provided by the trained YHAs at the group and individual levels and may include: [PrEP](#) and [PEP](#) services and support programs, sexual health promotion and education, Peer Services/Peer Training Programs, [High Impact Prevention Public Health Strategy](#), [Evidence Based Behavioral Interventions](#), and [HIV Navigation Services](#).

Direct Provision of HIV Testing

Targeted HIV testing should occur in a variety of settings most effective in identifying members of the priority population with undiagnosed HIV infection (e.g., onsite testing within the organization; venue-based testing; provision of HIV self-test kits; and/or mobile testing/field testing). Applicants are strongly encouraged to include HIV self-testing as a component of their HIV testing services when in person testing is not practical or preferable to the client. HIV self-testing is an effective way to reach persons who are uncomfortable or unable to access HIV testing at an office or mobile site. HIV testing services are required to include linkage to prevention, medical, and social services available in the region to address individualized prevention needs, improve health, and enhance quality of life. All funded applicants implementing HIV home/self-test programs must follow **Attachment 6: NYSDOH AI Division of HIV/STD/HCV Prevention HIV Home/Self-Test Program Guidance**

This RFA does not support the direct provision of routine HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.

The NYSDOH AI recommends using an HIV AG/AB rapid test for initial HIV screening. Other FDA-approved rapid HIV tests using capillary whole blood specimens are allowable as directed by the authorizing medical provider and/or limited-service laboratory director. *The RFA supports oral fluid use for the FDA-approved OraQuick® in home HIV test only.*

HIV Testing through Referral/Linkage Agreements

Applicants that propose to provide HIV testing through a referral/linkage agreement are expected to have documented working relationships with agencies that provide these services at the time of engagement with the priority population. MOUs/Linkage Agreements should specify how clients will be directly linked to testing services and how the applicant agency will obtain results regarding the outcome of the linkage. Funded applicants are required to be able to document that the referred clients receive HIV testing and obtain test results.

STI and HCV Screening STI screening services must include linkage to prevention, medical, and social services available in the region to address individualized prevention needs, improve health, and enhance quality of life. STI screening should occur in a variety of settings most effective in identifying members of the priority population with (e.g., onsite testing within the organization; venue-based testing; and/or mobile testing/field testing). Three site testing should be conducted as appropriate on clients seeking testing services.

Hepatitis screening, education regarding hepatitis transmission and prevention, hepatitis C risk reduction strategies, healthy liver messages, and information about hepatitis A and B vaccination should also be addressed.

All funded applicants directly providing STI and HCV screening will be required to adhere to **Attachment 7: NYSDOH AI's STI/HCV Screening Requirements.**

***For STI and HCV screening, applicants may propose to provide STI and HCV screening directly and/or through referrals.**

Community Level Interventions

Community Level Interventions should assess and identify community needs and offer innovative strategies that rely on assets-based approaches that leverage existing community strengths and resources and gain community input/build support for eliminating barriers to prevention and healthcare access. This RFA supports proposals that promote a broad health and wellness approach, collaborating with others to influence the sexual health of young people throughout the identified community. Various levels of intervention may be employed including strategies that involve individuals, families, social networks, and/or organizations. Interventions may be regional, citywide, neighborhood focused, and/or community based (i.e. community organizations or coalitions, advisory committees, school based etc.). ***Applicants are required to select one Focus Area as outlined on page 23 of this RFA.***

It is expected that YHAs will deliver or assist in the delivery of the interventions.

Structural Interventions

Structural Interventions should promote proven social, environmental, policy and systems-based approaches that support and actively engage young people in the process of community development and change. This can be completed by addressing community barriers and SDOH in addition to the environmental factors identified through community needs assessments that impede young people's access to comprehensive sexual health education, supports and services which can increase their risk for HIV/STI/HCV, and unintended pregnancy. Making systematic changes through improved laws, rules, and regulations (policy), organizational components/systems and programming to encourage, make available, and enable healthy choices for young people. ***Applicants are required to select one Focus Area as outlined on page 23 of this RFA.*** Structural Interventions must impact the sexual health of young people in the community.

For more information on structural and community level interventions visit:

<https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/structural-and-community-level-interventions-for>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1473169/>

<https://www.cdc.gov/std/health-disparities/cars.htm>

It is expected that YHAs will deliver or assist in the delivery of the interventions.

Component B Focus Areas for Community Level and Structural Level Interventions:

When proposing a Community Level or Structural Level Intervention, applicants are required to select One Focus Area from the list below.

Note: Selection of proposed intervention Focus Area(s) should be based on an assessment of community needs conducted prior to the submission of the application

Focus Areas

Select One Focus Area to be successfully developed/implemented/evaluated over the 5-year contract cycle

- Expand young people’s access to comprehensive sexual health education and STI/HIV/unintended pregnancy risk reduction education in the school setting;
- Increase access to STI and HIV risk reduction supplies (e.g., male and female condoms) and contraceptives through the expansion of Condom Access Programs in school districts;
- Provide support and technical assistance to youth serving providers to inform and implement services that respond to the communities they serve:
 - Enhance provider capacity to provide youth friendly; culturally relevant prevention, support and health care services for young people including HIV testing and STI /HCV screening in community settings;
 - Promote or develop the use of young people as part of health and prevention care teams (e.g., clinicians, health educators, peer navigators);
 - Identify clinics and providers that are youth friendly and can deliver services to young people with no or low-cost treatment options and create MOUs to increase referral and engagement in services; and
 - Establish relationships with and collaborate with the local providers, clinics, or county health departments to increase community awareness and use of PrEP, PEP, and EPT to bring more young people in for care and treatment; and
- Develop collaborations through private/public partnerships (e.g., school districts, universities, commercial entities etc.) and develop sexual health media campaigns for young people.

B. Program Requirements

All grantees selected for funding for either component will be required to:

- Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>);
- Adhere to all objectives, tasks, and performance measures as listed in **Attachment 8: Component A, Work Plan or Attachment 9: Component B, Work Plan**;
- Collaborate with other organizations and medical providers funded by the NYSDOH AI;
- Submit educational materials to NYSDOH AI Contract Manager for approvals by the NYSDOH AI Materials Review Board prior to use;
- Participate in a collaborative process with the NYSDOH AI to assess program outcomes and provide monthly narrative reports describing the progress of the program with respect to implementation, success in meeting workplan performance measures, significant accomplishments achieved, barriers encountered, and plans to address noted problems;
- Submit statistical reports on clients served and other data using the AIDS Institute Reporting System (AIRS). Successful applicants must demonstrate the personnel and

hardware related capacity to collect and report all required data using AIRS. Details on this software product may be obtained by accessing the following internet address, www.airsny.org; and

- Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or determinants can lead to disparities and ultimately inequities in health and health outcomes. Strategies should prioritize those populations that are most impacted, negatively, by social and structural determinants of health.

Please see **Attachment 10: Health Equity Definitions and Examples** of social and structural determinants of health.

Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH AI. All subcontractors should be approved by the NYSDOH AI.

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the NYSDOH AI, Division of HIV/STD/HCV Prevention, Office of Population Health and Prevention Programs. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted in writing via email to Nkechi Oguagha, Director of the Office of Population Health and Prevention Programs, Division of HIV/STD/HCV Prevention at: ymsmyhaRFA@health.ny.gov.

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. **Written questions will be accepted until the date posted on the cover of this RFA.** This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to MWBE forms.

Questions of a technical nature can also be addressed in writing at the email address listed above. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

All questions submitted should state “HIV Prevention Services for YMSM and Young People RFA” in the subject line.

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the NYSDOH contact listed on the cover of this RFA.

- <https://grantsmanagement.ny.gov/resources-grant-applicants>
- Grants Gateway Videos: <https://grantsmanagement.ny.gov/videos-grant-applicants>
- Grants Gateway Team Email: grantsgateway@its.ny.gov
Phone: 518-474-5595
Hours: Monday thru Friday 8am to 4pm
(Application Completion, Policy, Prequalification and Registration questions)
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(After hours support w/usernames and lockouts)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx, and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>.

Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted on or about the date identified on the cover sheet of this RFA.

C. Letter of Intent

Letters of Intent are **not** a requirement of this RFA.

D. Applicant Conference

An Applicant Conference will **not** be held.

E. How to File an Application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <https://grantsmanagement.ny.gov/> and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant

Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsmanagement.ny.gov/live-webinars>.

To apply for this opportunity:

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name **HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men and Young People Through the Use of Youth Health Advocates RFA**.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application.** Both NYSDOH and Grants Gateway staff are available to answer applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA.

PLEASE NOTE: Although NYSDOH and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding.

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process, please pay particular attention to the following:

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.

- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

PLEASE NOTE: Waiting until the last several days to complete your application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

F. Department of Health’s Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.

6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

Any State contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that NYS contracts resulting from this RFA will have the following multi-year time period: **March 1, 2023 – February 29, 2028**. Continued funding throughout this five year period is contingent upon availability of funding and state budget appropriations. NYSDOH AI also reserves the right to revise the award amount as necessary due to changes in the availability of NYSDOH AI funding.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed twenty-five (25) percent.
2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment emails (below) or, if requested by the Department, through the Grants Gateway:

Reports - doh.sm.DHP.FMU
Vouchers - fmuvouchers@health.ny.gov

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363.

CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work Plan.

3. The funded grant contractor will be required to submit the following periodic reports at the address above or, to the State's designated payment office or, if requested by the Department, through the Grants Gateway:
 - Narrative description of the program's progress in relation to its objectives, major or significant accomplishments achieved during the reporting period and any problems encountered and plan to address noted problems;
 - Electronically reported statistical data extracts of those served including participant demographic information. In addition, when requested, participant satisfaction assessments will be provided to the NYSDOH AI. Contractors will also be required to participate in a collaborative process with the NYSDOH AI to assess outcome of training and/or training related activities; and
 - Monthly client service and outcome data through the AIRS. <http://www.airсны.org/>.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“NYSDOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of NYSDOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 30% as follows:

- 1) For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that NYSDOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at:

<https://ny.newnycontracts.com>. The directory is found on this page under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging

with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an **MWBE Utilization Plan** as directed in **Attachment 11** of this RFA. NYSDOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, NYSDOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a MWBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a notice of deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If NYSDOH determines that the Grantee has failed to document good-faith efforts to meet the established NYSDOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

K. Vendor Responsibility Questionnaire

The New York State Department of Health strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire> or go directly to the VendRep system online at <https://www.osc.state.ny.us/state->

[vendors/vendrep/vendrep-system.](#)

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ITServiceDesk@osc.ny.gov.

Applicants opting to complete online should complete and upload the Vendor Responsibility Attestation (**Attachment 12**) of the RFA. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the same section.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, and upload it with their Application in the Pre-Submission uploads section in place of the Attestation.

L. Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Management Website](#).

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Management Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway

- On the Grants Management Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsgateway@its.ny.gov . If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsgateway@its.ny.gov

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the *Submit Document Vault Link* located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

M. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.

4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
 - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
 - c. If, in the judgment of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. COMPLETING THE APPLICATION

A. Application Format and Content

Please refer to the Grants Gateway: Vendor User Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at: <https://grantsmanagement.ny.gov/vendor-user-manual>. Additional information for applicants is available at: <https://grantsmanagement.ny.gov/resources-grant-applicants>.

Also, you must use Internet Explorer (11 or higher) or Microsoft Edge to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

Please respond to each of the sections described below when completing the Grants Gateway online application. Your responses comprise your application. Please respond to all items within each section. When responding to the statements and questions, be mindful that application reviewers may not be familiar with your agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

All applicants are required to complete and upload **Attachment 13: Application Cover Page**. Attachment 13 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Component A

Application Format

1.	Program Abstract	Not Scored	
2.	Community and Agency Description	Maximum Score:	13 points
3.	Health Equity	Maximum Score:	15 points
4.	Program Design and Implementation	Maximum Score:	52 points
5.	Budget and Justification	Maximum Score:	<u>20 points</u>
6.	Work Plan	Not Scored	
			100 points

1. Program Abstract Not scored

Applicants should provide a program abstract with the following information:

- 1a) Summarize your proposed program. Indicate the program model selected and briefly describe the program design, proposed services, and interventions/activities and anticipated outcomes.
- 1b) The geographic region to be served.
- 1c) A description of the anticipated outcomes and challenges in delivering the proposed program services.

2. Community and Agency Description Maximum Score: 13 Points

- 2a) Describe your organization’s existing sexual health and HIV/STI/HCV prevention related activities/services, highlighting those serving the priority population of YMSM with a focus on communities of color. Include the length of time each service has been provided and an estimate of the number of individuals from the priority population of Young Gay Men/YMSM that your organization has served through program services over the past two (2) years.
- 2b) Describe the gaps and strengths in services for the priority population in the region and how these gaps will be addressed with this funding. Include how community/population strengths and assets will be leveraged to benefit the program.
- 2c) Describe how the agency has created an affirming environment for Young Gay Men/YMSM with a focus on communities of color. Include evidence/information to support that your agency has a history providing ethnically, linguistically, and culturally affirming responsive services for Young Gay Men/YMSM with a focus on communities

of color. Responses should address the following areas: staff recruitment, staff training, client services, development of agency, and program policies and procedures.

2d) Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal. Include the results of the program and successes of those grants. Also indicate if the agency ever had to terminate, or had a grant terminated, prior to the contract end. If so, describe the circumstances related to the contract termination. If your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results the program and the successes in achieving those results.

3. Health Equity

Maximum Score: 15 Points

3a) Which SDOH(s) barriers will you address with the priority population served by this funding?

3b) Please provide the most current data that you have used to identify the SDOH barriers affecting the population served by the funding.

3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the SDOH(s). (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their ability to access HIV testing, PrEP/PEP, or other prevention services?).

3d) What is your organization's policy around addressing SDOH(s)? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?

3e) How does the organization's leadership reflect the population served?

4. Program Design and Implementation

Maximum Score: 52 Points

4a) Briefly describe your proposed program model. Please address the following items in your response:

- i. Describe the community or communities you will serve through this funding. Include a description of the priority population(s); geographic area to be served; service location(s) within the proposed service area; and site accessibility for the priority population.
- ii. Describe your overall program design. Include specific strategies for implementing the program services, any innovative strategies you will utilize to implement the program model, the rationale for the selection of the strategy or strategies and why your program is well positioned to implement the proposed program model. Strategies should align with the prescribed program model.

- 4b) Explain how members of the priority population of Young Gay Men/YMSM were involved in the development of the program design (e.g., community needs assessment and other planning/assessment activities) and how their input will continue to be incorporated in the program design and implementation of the proposed program services.
- 4c) Describe the activities that your program will implement to promote and meet the program objectives outlined in the RFA and workplan. Include the specific public health strategy, EBI and/or locally developed intervention, Prevention/Support Services, and/or Health Promotion interventions that will be implemented and describe how the proposed strategy/intervention(s) are designed to support connection to HIV testing, STI and HCV screening, PrEP/PEP, and/or linkage and navigation services. Explain how the proposed services will meet the needs of the priority population(s) and the total number of individuals projected to be served in a 12-month period. Applicants proposing a locally developed intervention and/or Peer Services/Peer Training Program should complete **Attachment 3: NYSDOH AI's Institute Locally Developed Interventions**. This attachment can be found in and uploaded to the Pre-Submission Uploads section of the Grants Gateway online application.
- 4d) Describe the specific interventions that will be implemented to address SDOH impacting young gay men/YMSM. Include how the proposed intervention(s) was selected and include data to support the need for the intervention. Explain how the proposed services will meet the needs of the priority population(s) and how the intervention will provide connection to HIV testing, STI and HCV screening, PrEP/PEP, and/or linkage and navigation services. Indicate the total number of individuals projected to be served in a 12-month period.
- 4e) Describe the targeted client recruitment and engagement strategies that will be used to engage individuals in the proposed services/interventions. Applicants should demonstrate access to the priority population and the ability to bring them in for each proposed service. If social media has been chosen for client recruitment/engagement activities, indicate the social media tools that will be used and how they will be utilized in the proposed program.
- 4f) Describe how, by whom, and where targeted HIV testing will be provided. Include which rapid HIV test technology(ies) will be used. Indicate whether the program will offer HIV self-test and how it will be implemented within the program. A copy of the agency's valid CLIA Permit should be uploaded as **Attachment 14** in the pre-submission section of the Grants Gateway online application.
- 4g) Explain the process for how confirmatory HIV testing will be conducted including how you will ensure the timely provision of test results and how you will follow up with and locate individuals who test HIV positive and do not show up for a test result appointment. For newly diagnosed clients, please describe how your program will ensure timely reporting of the diagnosis to NYSDOH, as well as linkage to HIV medical care with HIV-related lab work within 30 days of diagnosis, Partner Services, and prevention

services.

Applicants are required to answer questions for the method by which STI and HCV screening will be provided (i.e., direct, paid subcontract or via linkage).

Direct STI and HCV Screening – Program Model 1

If directly providing STI and HCV Screening, please complete questions “4.h.- 4.k.” below.

- 4h) Indicate which STI screening methods (e.g., syphilis serology, NAAT) will be used. Include the name of the lab to be used for processing specimens and whether they have current CLEP approval to conduct the necessary laboratory tests on the specimen types. A copy of the agency’s valid **CLIA Permit** should be uploaded as **Attachment 14** in the pre-submission section of the Grants Gateway online application.
- 4i) Indicate which anatomic sites (e.g., urethral, rectal, pharyngeal) will be tested for STIs: Include a description of the procedures that are currently in place for three site testing.
- 4j) Explain how your program will ensure linkage to STI treatment and medical care within 72 hours of diagnosis including scheduling the medical appointment and follow up to confirm client has accessed treatment/care. For clients with HCV reactive results, include how your program will ensure linkage to HCV diagnostic testing and/or medical care including scheduling the medical appointment and follow up to confirm client has accessed treatment/care.
- 4k) Explain how you will ensure support and linkages to Partner Services and prevention services for STI positive individuals and include how you will fulfill your reporting obligations under NYS Sanitary Code for HCV and/or STIs and/or applicable public health law.

Documented referral to STI and HCV Screening – Program Model 2

If providing STI and HCV screening via documented referral, please complete question “4l” below.

- 4l) Describe the process used to refer clients to STI and HCV screening services and include the process that will be used to document and confirm that services were received.
- 4m) Describe your process for delivering linkage and navigation services from client readiness to case closure. Include how you will track linkages to ensure services were received and the outcomes of the linkages.
- 4n) Complete **Attachment 15: Services Linkage Chart** to indicate the services clients will be linked to for medical, prevention and supportive services providers. **Attachment 15** can be found in the Pre-Submission Uploads section of the Grants Gateway online application.
- 4o) Indicate how you will monitor progress in meeting program objectives, completing

tasks/activities, and achieving key performance indicators as indicated in **Component A Work Plan (Attachment 8)**. Include information on how your results will inform future program changes.

- 4p) Describe how the proposed program will be staffed. Include staff titles, roles and responsibilities of each position needed to operate and manage the proposed program, including Peers (as appropriate) and AIRS data collection and entry, also indicating whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. Provide information to demonstrate that your agency/program and staff have the capacity to work with populations and cultures that fall outside that of the dominate agency culture. The **Organizational Chart** should be uploaded as **Attachment 16** in the Pre-Submission Uploads section of the online application.

5. Budgets and Justifications

Maximum Score: 20 Points

Complete and submit a budget following these instructions:

- 5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (**March 1, 2023 – February 29, 2024**) must be entered into the Grants Gateway. Refer to **Attachment 17: Grants Gateway Expenditure Budget Instructions**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and work plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable.
- 5b) For staff listed in the Personal Services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested. Indicate how the positions relate to program implementation. Indicate whether each position is to be hired (TBH) or existing staff.
- 5c) For each item listed under Non-Personal Services, describe how it is necessary for program implementation. Non-Personal services include Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses, and Other costs.
- 5d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities must show total support and revenue and total expenditures. The **Statement of Activities** for the past three (3) years should be uploaded to the Grants Gateway as **Attachment 18**.

5e) Applicants are required to upload a copy of their agency **Time and Effort policy** as **Attachment 19** in the Pre-Submission uploads section of the Grants Gateway online application.

5f) Applicants are required to complete **Attachment 20: Funding History for HIV/STI/HCV**.

5g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).

5h) Funding requests must adhere to the following guidelines:

- An indirect cost rate of up to 10% of total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the NYSDOH AI to provide program services in accordance with the requirements of this RFA must apply for continuation of funding.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Not Scored

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Component A Work Plan, Attachment 8. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded grantees will be held to the Objective, Tasks and Performance Measures as listed in Attachment 8: Component A – HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men Work Plan.

Component B

Application Format

- | | | |
|----|----------------------------------|--------------------------|
| 1. | Program Abstract | Not Scored |
| 2. | Community and Agency Description | Maximum Score: 13 points |
| 3. | Health Equity | Maximum Score: 15 points |

4.	Program Design and Implementation	Maximum Score:	52 points
5.	Budget and Justification	Maximum Score:	<u>20 points</u>
6.	Work Plan	Not Scored	
			100 points

1. Program Abstract **Not scored**

Applicants should provide a program abstract with the following information:

- 1a) Summarize your proposed program. Indicate the program model selected and briefly describe the program design, proposed services, and interventions/activities and anticipated outcomes.
- 1b) The geographic region to be served.
- 1c) A description of the anticipated outcomes and challenges in delivering the proposed program services.

2. Community and Agency Description **Maximum Score: 13 Points**

- 2a) Describe your organization’s existing sexual health and HIV/STI/HCV prevention related activities/services, highlighting those serving the priority population of Young People with a focus on communities of color. Include the length of time each service has been provided and an estimate of the number of individuals from the priority population of Young People that your organization has served through program services over the past two (2) years.
- 2b) Describe the gaps and strengths in services for the priority population in the region and how these gaps will be addressed with this funding. Include how community/population strengths and assets will be leveraged to benefit the program?
- 2c) Describe how the agency has created an affirming environment for young people with a focus on communities of color. Include evidence/information to support that your agency has a history providing ethnically, linguistically, and culturally affirming/responsive services for Young People with a focus on communities of color. Responses should address the following areas: staff recruitment, staff training, client services, development of agency, and program policies and procedures.
- 2d) Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal. Include the results of the program and successes of those grants, also indicate if the agency ever had to terminate, or had a grant terminated, prior to the contract end. If so, describe the circumstance related to the contract termination. If your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results the program and the successes in achieving those results.

3. Health Equity

Maximum Score: 15 Points

- 3a) Which SDOH(s) barriers will you address with the priority population of Young People with a focus on communities of color served by this funding?
- 3b) Please provide the most current data that you have used to identify the SDOH barriers affecting the population served by the funding.
- 3c) Describe how will you monitor and evaluate the immediate impact of your efforts to address the SDOH(s). (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their adherence with treatment?)
- 3d) What is your organization's policy around addressing SDOH(s)? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing SDOH?
- 3e) How does the organization's leadership reflect the population served?

4. Program Design and Implementation

Maximum Score: 52 Points

- 4a) Briefly describe your proposed program model. Please address the following items in your response:
 - i. Describe the community or communities you will serve through this funding. Include a description of the priority population(s); geographic area to be served; service location(s) within the proposed service area; and site accessibility for the priority population.
 - ii. Describe your overall program design. Include specific strategies for implementing the program services, any innovative strategies you will utilize to implement the program model, the rationale for the selection of the strategy or strategies, and why your program is well positioned to implement the proposed program model. Strategies should align with the prescribed program model.
- 4b) Explain how members of the priority population were involved in the development of the program design (e.g., community needs assessment and other planning/assessment activities) and how their input will continue to be incorporated in the program design and implementation of the proposed program services.
- 4c) Applicants are required to complete Section C of **Attachment 3: NYSDOH AI's Locally Developed Interventions** and address each of the seven elements listed for YHA training. This attachment can be found in and uploaded to the Pre-Submission Uploads section of the Grants Gateway online application.
- 4d) Describe the activities that your program will implement to promote and meet the program objectives outlined in the RFA and workplan. Include the Prevention Intervention for Young People that will be implemented and how the proposed

intervention is designed to support connection to HIV testing, STI and HCV screening, PrEP/PEP, and linkage and navigation to services. Explain how the proposed services will meet the needs of the priority population(s) and indicate the total number of individuals to be served in a 12-month period. If proposing a Locally Developed Intervention, complete **Attachment 3: NYSDOH AI Locally Developed Interventions**. This attachment can be found in and uploaded to the Pre-Submission Uploads section of the Grants Gateway online application.

- 4e) Describe the Community Level or Structural Level Interventions that will be conducted. Indicate the Focus Area for the intervention. Describe why and how the intervention(s) was selected.
- 4f) Describe the targeted client recruitment and engagement strategies that will be used to engage individuals in the proposed services/interventions. Applicants should demonstrate access to the priority population and the ability to bring them in for each proposed service. If social media has been chosen for client recruitment/engagement activities, indicate the social media tools that will be used and how they will be utilized in the proposed program.

Applicants proposing Program Model 2 – Direct HIV, STI and HCV Screening, please complete questions “4.g.- 4.h” below.

- 4g) If proposing Program Model 2 (Direct HIV/STI/HCV screening) describe how, by whom, and where targeted HIV testing will be provided. Include which rapid HIV test technology(ies) will be used. Indicate whether the program will offer HIV self-test and how it will be implemented within the program. A copy of the agency’s valid **CLIA Permit** should be uploaded as **Attachment 14** in the pre-submission section of the Grants Gateway online application. If proposing Program Model 1 (Referral/Linkage to HIV testing), describe the process used to refer/link clients to HIV Testing Services. Agencies proposing to provide HIV testing via linkage do not need to upload a CLIA Permit.). Agencies proposing to provide HIV testing via linkage do not need to upload a CLIA Permit.
- 4h) If proposed Program Model 2 (Direct HIV/STI/HCV Screening, explain the process for how confirmatory HIV testing will be conducted including how you will ensure the timely provision of test results and how will you follow up with and locate individuals who test HIV positive and do not show up for a test result appointment. For newly diagnosed clients, please describe how your program will ensure timely reporting of the diagnosis to NYSDOH, as well as linkage to HIV medical care with HIV-related lab work within 30 days of diagnosis; Partner Services; and prevention services. If proposing Program Model 1, describe the process that will be used to document and confirm that HIV testing services were received.

Direct STI and HCV Screening

If directly providing STI and HCV Screening, applicants are instructed to complete questions “4.i.- 4.l.” below.

- 4i) Indicate which STI screening methods (e.g., syphilis serology, NAAT) that will be used. Include the name of the lab to be used for processing specimens and whether they have current CLEP approval to conduct the necessary laboratory tests on the specimen types. A copy of the agency's valid **CLIA Permit** should be uploaded as **Attachment 14** in the Grants Gateway online application.
- 4j) Indicate which anatomic sites (e.g., urethral, rectal, pharyngeal) will be tested for STIs. Include a description of the procedures currently in place for three site STI testing.
- 4k) Explain how your program will ensure linkage to STI treatment and medical care within 72 hours of diagnosis including scheduling the medical appointment and follow up to confirm client has accessed treatment/care. For clients with HCV reactive results, explain how your program will ensure linkage to HCV diagnostic testing and/or medical care including scheduling the medical appointment and follow up to confirm client has accessed treatment/care.
- 4l) Explain how you will ensure support and linkages to Partner Services and prevention services for STI positive individuals and include how you will fulfill your reporting obligations under NYS Sanitary Code for HCV and/or STIs and/or applicable public health law.

Documented referral to STI and HCV Screening

If providing STI and HCV screening via documented referral, please complete question "4.m" below.

- 4m) Describe the process used to refer clients to STI and HCV screening services. Include the process that will be used to document and confirm that services were received.
- 4n) Describe your process for delivering linkage and navigation services from client readiness to case closure. Include a description of how you will track linkages to ensure services were received and the outcomes of the linkages.
- 4o) Complete **Attachment 15: Services Linkage Chart** to indicate the services clients will be linked to for medical, prevention and supportive services providers. **Attachment 15** can be found in the Pre-Submission Uploads section of the Grants Gateway online application.
- 4p) Indicate how you will monitor progress in meeting program objectives, completing tasks/activities, and achieving key performance indicators as indicated in the **Component B Work Plan (Attachment 9)**. Include how your results will inform future program changes.

- 4q) Describe the YHA's role in implementation/expansion/evaluation of each program element (e.g., delivery of evidence-based interventions, community-level, and structural-level interventions).
- 4r) Describe how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including YHA and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. Provide information to demonstrate that your agency/program and staff have the capacity to work with populations and cultures that fall outside that of the dominate agency culture. The **Organizational Chart** should be uploaded as **Attachment 16** in the Pre-Submission Uploads section of the online application.

5. Budgets and Justifications

Maximum Score: 20 Points

Complete and submit a budget following these instructions:

- 5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (**March 1, 2023 – February 29, 2024**) must be entered into the Grants Gateway. Refer to **Attachment 17: Grants Gateway Expenditure Budget Instructions**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and work plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable.
- 5b) For staff listed in the Personal Services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested. Indicate how the positions relate to program implementation. Indicate whether each position is to be hired (TBH) or existing staff.
- 5c) For each item listed under Non-Personal Services, describe how it is necessary for program implementation. Non-Personal services include Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses, and Other costs.
- 5d) For the last three (3) years, does your organizations' **Statement of Activities** from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities must show total support and revenue and total expenditures. The **Statement of Activities** for the past three (3) years should be uploaded to the Grants Gateway as **Attachment 18**.

5e) Applicants are required to upload a copy of their agency **Time and Effort policy** as **Attachment 19**.

5f) Applicants are required to complete **Attachment 20: Funding History for HIV/STI/HCV**.

5g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).

5h) Funding requests must adhere to the following guidelines:

- An indirect cost rate of up to 10% of total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the NYSDOH AI to provide program services in accordance with the requirements of this RFA must apply for continuation of funding.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Not Scored

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Component B Work Plan, Attachment 9. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded grantees will be held to the Objective, Tasks and Performance Measures as listed in **Attachment 9: Component B – HIV/STI/HCV Prevention and Related Services for Young People Through the Use of YHA Work Plan**.

It is the applicant’s responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

All applications may be disclosed or used by NYSDOH to the extent permitted by law.

NYSDOH may disclose an application to any person for the purpose of assisting in evaluating

HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men and Young People Through the Use of Youth Health Advocates RFA

the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If NYSDOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the NYSDOH AI using an objective rating system reflective of the required items specified for each component.

The NYSDOH AI anticipates that there may be more worthy applications than can be funded with available resources. Please see Section I. B of the RFA for specific review and award information. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) not funded, due to limited resources and 3) not approved. Not funded applications may be awarded should additional funds become available.

In the event of a tie score, the applicant with the highest score for Section 3 – Health Equity – will receive the award.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

NYSDOH AI reserves the right to revise the award amounts as necessary due to changes in the availability of funding. If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. NYSDOH AI reserves the right to review and rescind all subcontracts.

Once an award has been made, applicants may request a debriefing of their application (whether their application was funded or not funded). Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

To request a debriefing, please send an email to ymsmyhaRFA@health.ny.gov. In the subject line, please write: Debriefing Request HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men and Young People Through the Use of Youth Health Advocates RFA.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>. (Section XI. 17.)

VI. ATTACHMENTS

Please note that certain attachments are accessed under the “Pre-Submission Uploads” section of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

Attachment 1: HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men and Young People Through the Use of Youth Health Advocates Guiding Principles and Resources**

Attachment 2: Statement of Assurances*

Attachment 3: NYSDOH AI Locally Developed Interventions*

Attachment 4: NYSDOH AI’s Cross Sector Collaborations Requirements**

Attachment 5: NYSDOH AI’s Targeted HIV Testing Requirements**

Attachment 6: NYSDOH AI Division of HIV/STD/HCV Prevention HIV Home/Self-Test Program Guidance**

Attachment 7: NYSDOH AI’s STI and HCV Screening Requirements**

Attachment 8: Component A – HIV/STI/HCV Prevention and Related Services for Young Gay Men/YMSM with a Focus on Communities of Color Work Plan**

Attachment 9: Component B – HIV/STI/HCV Prevention and Related Services for Young People Through the Use of YHA Work Plan**

Attachment 10: Health Equity Definitions and Examples**

Attachment 11: Minority & Women-Owned Business Enterprise Requirement Forms*

Attachment 12: Vendor Responsibility Attestation*

Attachment 13: Application Cover Page*

Attachment 14: CLIA permit(s) for HIV, STI, and/or HCV testing*

Attachment 15: Services Linkage Chart*

Attachment 16: Organizational Chart*

Attachment 17: Grants Gateway Expenditure Budget Instructions**

Attachment 18: Statement of Activities for the Past Three (3) years*

Attachment 19: Agency Time and Effort Policy*

Attachment 20: Funding History for HIV/STI/HCV*

*These attachments are located / included in the Pre-Submission Upload section of the Grants Gateway online Application.

**These attachments are attached to the RFA and are for applicant information only. These attachments do not need to be completed.

Attachment 1

HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men and Young People Through the Use of Youth Health Advocates

Guiding Principles and General Program Requirements

(Component A and Component B)

When responding to this RFA, applicants should demonstrate that they will:

- Provide interventions and services that are ethnically, culturally, linguistically, and age appropriate, and delivered at a developmental and literacy level suitable for clients;
- Respond to and address a range of cultural and gender norms within priority population(s)/communities that may inhibit or support the adoption and practice of safer behaviors;
- Involve members of the priority population in the planning and design of the proposed program; and
- Coordinate services with other HIV/STI/HCV health and human service providers and participates in local HIV-related planning groups. Funded programs are expected to collaborate with local health departments, regional offices of the NYSDOH as well as other health and human service providers in identifying and responding to emerging trends.

Involvement of the Priority Population in Service Delivery

Applicants are expected to involve Young People and Young Gay Men/YMSM who are living with HIV and Young People and Young Gay Men/YMSM who engage in behaviors that place them at risk for HIV/STIs/HCV in the planning and design of the proposed program. Funded programs are expected to maintain the priority population's ongoing involvement in an advisory capacity.

Safe and Secure Program Environment

Community input and recommendations regarding best practices emphasize the need for programs serving Young People, Young Gay Men/YMSM to create environments where clients feel safe and supported, both physically and psychologically, and where their differences are respected and appreciated. Applicants will be expected to develop and maintain a "safe space" where clients can discuss health, social and emotional issues, as well as receive services (e.g., risk reduction counseling, HIV/STI/HCV prevention interventions, HIV/STI/HCV testing etc.). A key component to creating a safe program environment is hiring staff and peers who are welcoming and who will work with clients in a respectful manner.

Comprehensive Sexual Health Education

Comprehensive sexual health education addresses the root issues that help Young People and Young Gay Men/YMSM make responsible decisions to keep themselves safe and healthy. Programs should use a holistic approach to provide Young People and Young Gay Men/YMSM with complete, accurate and developmentally appropriate sexual health education that helps them reduce their risk of HIV/STI/HCV, and unintended pregnancies.

Comprehensive sexual health education includes age and developmentally appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision making, abstinence, contraception, and disease prevention. It provides opportunities for developing skills as well as learning. Programs should provide Young People and Young Gay Men/YMSM with the tools to make informed decisions, build healthy

relationships, stress the value of abstinence while also preparing them for when/if they become sexually active. Programs should provide medically accurate information; encourage family communication about sexuality with parents/guardians; teach young people and young gay men/YMSM the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical and sexual advances; and teach young people how alcohol and drugs can affect responsible decision making.

Youth Development Approach

The NYSDOH AI encourages programs that serve young people to integrate the principles and practices of youth development into its service models. A youth development approach extends and enhances the traditional harm reduction and prevention models by focusing on strengthening the protective factors that contribute to promoting healthy outcomes for young people.

A youth development approach focuses on young people's assets (capacities, strengths) and not solely on their deficits (negative behaviors, problems). This approach requires a shift away from a crisis mentality that concentrates on stopping problems, to one that implements strategies designed to increase young people's exposure to positive and constructive relationships and activities that promote healthy and responsible choices.

Programs that use a youth development approach work with young people to help them realize their fullest potential. Applicants that propose to serve young people are expected to incorporate youth development principles and practices into their proposed programs.

Youth Friendly/Accessible Services

A range of barriers hinder adolescents' use of health-related services. When designing programs, providers should deliver services that are sensitive to young people's needs and experiences in order to reach those who are most at risk. Youth-friendly services should be accessible to young people regardless of their socioeconomic circumstances.

Programs should have policies and attributes that are youth friendly and attract young people to the facility or program, provide a comfortable and appropriate setting for youth, meet the needs of young people, and should be able to retain them for follow-up and repeat visits. Youth friendly/accessible programs are those where the:

- Facility hours are convenient for adolescents;
- Facility location(s) is convenient/accessible for adolescents;
- Facility has adequate space and sufficient privacy;
- Facility has comfortable surroundings for adolescents;
- Staff have been specially trained to work with or to provide services to adolescents;
- Staff treat adolescent clients with respect;
- Staff honor privacy and confidentiality of adolescent clients;
- Staff allow adequate time for adolescent client and provider interaction(s);
- Peer counselors are available on site;
- Necessary referrals are available;
- Drop-in clients are welcomed, and appointments are arranged rapidly;
- Educational materials are available on site for clients to take home;
- Adolescents perceive that they are welcome regardless of their age, gender identity/sexual orientation; and
- Adolescents perceive that providers will be attentive to their needs.

Trauma-Informed Approach

Applicants that are proposing to serve young people and YMSM are encouraged to adopt the

principles and practices of a trauma-informed approach to care, especially with respect to the delivery of services for the proposed program. A trauma-informed approach is expected to be understood and adopted by agency staff at multiple points of service delivery. By adopting this approach, applicants recognize the importance of addressing an individual's underlying mental health issues/needs that may adversely impact their coping skills, self-protective behaviors, and decision-making. Ultimately, clients will be supported to become safer emotionally, physically, and socially.

A significant number of individuals who engage in behaviors that place them at risk for HIV or who are HIV positive are victims of violence and/or may have a history of childhood sexual abuse, rape or incest. Some may have experienced physical or emotional abuse when disclosing her HIV status to partners or family members. Co-factors such as substance use and mental health issues may also be present, further emphasizing the importance of providing comprehensive and integrated services with a trauma informed lens. Providers should have an understanding of the unique challenges that young people and YMSM who have experienced trauma may face and should effectively engage individuals with past/current experiences of trauma and violence so that they are not further stigmatized but instead are linked to appropriate treatment and support services.

Health and Wellness Approach

The NYSDOH AI encourages programs that serve young people and YMSM to integrate the concepts of health and wellness into their HIV/STI/HCV prevention services programs. The health and wellness model promotes comprehensive approaches that address the physical, psychological, and environmental impacts on an individual's overall health.

In the context of an HIV/STI/HCV prevention program, a health and wellness approach would enable a program to recognize and address how various health-related factors interact and increase a person's risk for HIV infection, STIs, and HCV. For example, high incidences of substance use, partner violence, childhood sexual abuse, trauma, and depression among young people and YMSM increase their risk for HIV, STIs, and HCV. Programs funded to provide HIV/STI prevention services should be prepared to address (at minimum), either directly or through referral, such issues as: access to healthcare; overall sexual health care needs; substance use/alcohol services; mental health services; and partner violence prevention services.

Programs that incorporate a health and wellness approach into their HIV/STI/HCV prevention programs will be better prepared to help clients access healthcare services thus, enhancing their HIV/STI/HCV prevention efforts.

Resources

Why Positive Youth Development Works

Positive youth development is an intentional, pro-social approach that engages youth within youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

<https://www.childtrends.org/blog/why-positive-youth-development-works#:~:text=Positive%20youth%20development%20is%20an,outcomes%20for%20young%20people%20by>

US Dept of Health and Human Services: Resources on Positive Youth Development

<https://www.hhs.gov/ash/oah/adolescent-development/positive-youth-development/resources/index.html>

Child Trends: Programs for Youth and Young Adults

This document provides definitions for terms used in the youth and young adult development field that are defined on [Child Trends](https://www.childtrends.org/)'. These terms are often misunderstood by practitioners, policymakers, and funders. A shared understanding of these terms will benefit practitioners who work with young people, grant writers who need to explain the value of their work, and program managers seeking to develop new youth programming or train staff. This comprehensive, easy-to-navigate resource provides accurate, science-based definitions of terms for use by program providers, policymakers, and funders.

<https://www.childtrends.org/wp-content/uploads/2020/03/Science-Informed-Definitions.pdf>

Trauma-Informed Approach

ACT for Youth: Using a Trauma-Informed Approach

Childhood experiences can have an impact on health and well-being into adulthood. The more Adverse Childhood Experiences (ACEs) a person has, the greater the possibility of negative health outcomes. Engaging young people through a trauma-informed approach has proven to increase positive health outcomes.

http://actforyouth.net/sexual_health/community/capp/trauma.cfm

<https://www.acf.hhs.gov/trauma-toolkit/trauma-concept>

Attachment 4 NYSDOH AI's Cross Sector Collaborations Requirements

Funded applicants are required to establish collaboration agreements (e.g., memorandum of understanding [MOU], memorandum of agreement [MOA], service agreements) with a comprehensive network of medical providers, community-based organizations, and State and local health departments to ensure adequate coverage of HIV/STI/HCV prevention and care services for clients of the priority population(s). The goal of the network is to encourage collaboration, facilitate information exchange, reduce duplication of efforts, and to facilitate timely client-centered linkages. Signed Authorization for Release of Health Information and Confidential HIV-Related Information (DOH-2557) forms must be signed by clients to authorize the release of health information including HIV-related information between medical providers and community-based organizations. **NYSDOH AI encourages that releases be made valid for a period of two (2) years or based on the client's request for a shorter timeframe.**

When establishing collaboration agreements, consider the following:

1. Proximity and accessibility of the medical provider and/or community-based organization within your service area(s);
2. The medical provider's capacity and history as it relates to care and treatment of HIV positive persons, STI and HCV services, and priority population; and
3. The community-based organization's capacity and history of providing supportive services to the priority population, HIV positive persons, and those of unknown HIV status (e.g., housing, substance abuse services, counseling, mental health services, treatment adherence, etc.).

Establish collaboration agreements that include, but are not limited to, the following:

1. Name and address of the provider(s);
2. Name, title, and contact information for the primary point of contact for the provider;
3. Description of the services provided at the agency and/or medical provider;
4. Description of reimbursement mechanisms;
5. Specific linkage procedures;
6. Description of the exchange of patient identifying health information;
7. Description of how agencies will obtain results regarding the outcome of the linkage;
8. Medical Care: Description of the agreed-upon processes that will be used to link newly diagnosed and out-of-care HIV positive individuals to **HIV medical care with CD4 or viral load tests performed within 30 days of date of diagnosis** and client's readiness to reengaging in HIV medical care; and
9. Essential Supportive Services: Description of the agreed-upon processes that will be used to deliver supporting services pending client's readiness to engage in services.

Attachment 5 NYSDOH AI's Targeted HIV Testing Requirements

HIV testing is an essential part of a comprehensive high-impact HIV prevention program. Applicant organizations will be required to develop new or enhance existing *targeted* HIV testing programs aimed at reaching members of the priority population(s) at risk of acquiring HIV and not already confirmed to be HIV positive. Targeted HIV testing should occur in a variety of settings most effective in identifying members of the priority population(s) with undiagnosed HIV infection. Examples include but are not limited to onsite testing within the organization; venue-based testing; and/or mobile testing/field testing.

This RFA does not support direct provision of HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.

The New York State Department of Health AIDS Institute (NYSDOH AI) recommends using an HIV AG/AB rapid test for initial HIV screening. Other FDA-approved rapid HIV tests using capillary whole blood specimens are allowable as directed by the authorizing medical provider and/or limited service laboratory director. **The RFA supports oral fluid use for the FDA-approved OraQuick® in home HIV test only.** Agencies implementing HIV home/self-test programs must follow the **NYSDOH AI Division of HIV/STD/HCV Prevention HIV Home/Self-Test Program Guidance (Attachment 6).**

The NYSDOH regulates HIV testing. HIV testing must operate under the supervision of a medical provider (e.g., MD, NP, PA).

As a part of the HIV testing session, applicant organizations are expected to:

1. Complete a brief assessment to ascertain clients' risks (e.g., sexual risk behaviors, drug use behaviors);
2. Provide brief risk reduction education messaging when appropriate;
 - Brief risk reduction education messaging provides factual HIV education (e.g., transmission, window period, and risk reduction methods) associated with and appropriate for the HIV rapid test result.
3. Link clients to appropriate prevention strategies and activities following rapid and/or confirmatory testing;
 - Persons with a non-reactive HIV test result who are at high or substantial risk for HIV infection must receive: linkages to PrEP and PEP services; screening or referral for screening for STIs and HCV; and linkage to other prevention and essential support services.
 - For rapid reactive/newly identified HIV cases, contractors are required to:
 - a) Confirm the positive rapid test result;
 - Applicants that propose to provide confirmatory HIV testing through a linkage agreement are expected to have documented working relationships with agencies that provide these services

at the time of engagement with the priority population. Collaboration Agreements, as described in **Attachment 4 – AIDS Institute’s Cross Sector Collaborations Requirements** section should specify how clients will be directly **linked to confirmatory testing services within 72 hours of receiving their rapid reactive result** and how the applicant agency will obtain results regarding the outcome of the linkage. Applicants are required to document that the referred client(s) received HIV confirmatory testing and obtain test results.

- b). Report confirmed cases of HIV to the NYSDOH within 14 days of diagnosis;
 - Note: NYS Public Health Law (PHL) Article 21 (Chapter 163 of the Laws of 1998) requires the reporting of persons living with HIV as well as AIDS to the NYSDOH. The Medical Provider Report Form (PRF) (DOH-4189) must be completed within 14 days of diagnosis. The PRF can be completed electronically using the Provider Portal on the NYSDOH Health Commerce System at <https://commerce.health.ny.gov>. Information regarding electronic reporting or paper forms is available from the NYSDOH by calling 518-474-4284; contractors located in NYC should call 212-442-3388.
 - Note: Applicants that propose to refer/link to another entity for confirmatory testing: it is the responsibility of the provider conducting the confirmatory testing to report the diagnosis to the NYSDOH within 14 days of diagnosis.
 - c). Link individuals to HIV medical care with CD4 or viral load tests performed within 30 days of date of diagnosis;
 - A formalized collaboration agreement with local public health providers and appropriate medical care providers is required. More information on collaboration agreements is described in **Attachment 4 – AIDS Institute’s Cross Sector Collaborations Requirements section**.
 - d). Link individuals to Partner Services; For more information on Partner Services, visit www.health.ny.gov/diseases/communicable/STI/partner_services; and
 - e). Provide follow up for persons who are confirmed HIV positive to ensure linkage to HIV medical care and Partner Services.
4. As appropriate, individuals should be linked to essential support services and offered screening or referred for screening for STI and HCV.

Applicants directly providing HIV testing are required to have the following:

- Prior experience conducting HIV testing services or can demonstrate the capacity to provide testing activities;
- Successful history engaging and working with the priority population(s);
- Medical provider (i.e., MD, NP, PA) of record under whose license specimens are

collected and processed (Note: The provider can be an employee or any medical provider with whom the agency has a contractual or referral relationship.);

- A valid CLIA permit and limited service laboratory registration with the NYSDOH Wadsworth Center, Clinical Laboratory Evaluation Program (CLEP);
- An approved laboratory quality assurance protocol describing in detail how laboratory testing will be performed.
- Appropriate liability insurance;
- Procedures for contacting persons tested with results and linkage to treatment; and
- Meet disease reporting requirements as part of the point-of-service testing protocols.

Funded applicants providing HIV testing must develop protocols specific to their intervention and site(s) and submit them for approval to the NYSDOH *prior* to initiating testing services. Agency protocols must include guidance for activities that are carried out prior to, during and after HIV testing. Required protocols include:

- Staff training;
- Management of biohazardous waste and sharps;
- Client risk assessment for testing;
- Completion of required documentation for client intake;
- Testing logs for tracking purposes;
- Requisitions for HIV clinical laboratory testing;
- Specimen collection and handling procedures;
- Transport of specimens for laboratory processing services;
- Result tracking and medical records maintenance;
- Interpretation and delivery of results to clients (posttest);
- Facilitation of immediate access to medical treatment;
- Referral and facilitation of partner services for partner notification;
- Disease reporting to the NYSDOH AI within 14 business days;
- Blood borne pathogens, OSHA requirements, and medical waste disposal; and
- A process to insure culturally and linguistically appropriate services.

HIV testing should also be used as an access point for linking persons who engage in high-risk behaviors who test HIV negative to needed behavioral, health, and supportive services. HIV negative test results provide an opportunity to expand the menu of prevention offerings to populations already identified as being at high risk for HIV/STI/HCV acquisition. Individuals should be engaged in prevention interventions as long as they continue to engage in behaviors that put them at risk for HIV infection. This includes linkage to high impact behavioral interventions and strategies, STI and HCV screening, essential support services, etc. Linkage to affordable health insurance and culturally affirming and responsive care is a priority for those who test HIV positive as well as those who test negative but remain at risk for infection. Assessments for medical care, social services, and insurance coverage should be integrated into prevention activities.

In March of 2016, the Centers for Disease Control and Prevention released program guidance for HIV testing providers called *Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers* that contractors can use as a resource.

HIV Home/Self-Test Kit Requirements Guidance

HIV home/self-testing can be an important part of a comprehensive HIV/STI/HCV testing and screening program and may provide an accessible option for persons who are uncomfortable or unable to come to an office or mobile site for testing. Prior to including home/self-testing as part of your current HIV/STI/HCV testing and screening program, agencies need to consider the pros and cons of home/self-testing and whether home/self-testing is a good option for the populations to be prioritized. Those seeking to add home/self-testing to their testing program need to negotiate this with their contract manager and have the following systems and protocols in place.

Policy & Procedure Requirements

Contractors proposing to provide HIV home/self-test (HIVST) kits with AIDS Institute contract funds must develop protocols specific to their program, intervention and site(s), and submit for approval to the Division of HIV/STD/HCV Prevention prior to initiating this service.

Protocols must address the provision of HIVST kits; the defined priority population(s) to be tested; and how those services will be carried out in regards to: client confidentiality; registering and screening clients; delivering kits to clients; documenting tests distributed; risk assessment; follow up to ensure test kits were used and results received; provision of or linkage to confirmatory testing (when indicated), and HIV medical care and treatment. As appropriate, referrals to behavioral and biomedical (i.e., Pre Exposure Prophylaxis or PrEP, Post Exposure Prophylaxis or PEP) prevention services must also be provided.

Agency policies and procedures must include guidance for activities that are conducted prior to, during, and after the provision of an HIVST kit.

These must include:

- Staff training;
- Confidentiality specific to HIVST kit program including virtual interactions (e.g. texting, FaceTime, Zoom, WhatsApp, etc.);
- Client recruitment;
- Client risk assessment for screening (*please note, the OraQuick in-home test is not FDA approved for persons under the age of 17 and the AIDS Institute will not support the provision of HIVST to persons under 17*);
- Counseling messages, including messaging regarding the window period for OraQuick;
- Prevention messages;
- Completion of required documentation for client registration;
- Purchasing of kits;
- Confidential distribution of kits;
- Information provided with the HIVST kit or as part of the home/self-testing process (e.g. PrEP/PEP, STI screening, safer sex supplies);

Interested in making HIVST kits available as part of your HIV testing program? Reach out to your contract manager to inquire about initiating services.

- Result tracking and records maintenance;
- Facilitation of immediate access to confirmatory testing and HIV medical treatment as appropriate;
- Referral and facilitation of Partner Services for partner notification for confirmed positive tests;
- Referral to supportive services, as appropriate;
- A process to ensure culturally/linguistically appropriate services; and
- Documentation of HIVST test kits in the AIDS Institute Reporting System (AIRS) as per the AIRS guidance.

*****IMPORTANT INFORMATION ON THE WINDOW PERIOD*****

Clients must be informed that the OraQuick in-home HIV Test is designed to detect infections resulting from exposures that occurred 3 months or more prior to the test. Clients reporting more recent risk exposures with signs and symptoms of acute HIV infection should be directed to immediately contact a medical provider.

Agency Requirements

- Successful history engaging and working with the priority population(s);
- Procedures for ensuring client uses the HIVST kit and linkage to treatment and supportive services as appropriate;
- Have collaboration agreements with medical providers for direct linkage to medical evaluation and treatment

Agencies do not need to update their Limited Service Laboratory Registration to reflect the addition/provision of HIVST kits. HIVST kits are FDA approved for commercial use and are not considered a CLIA-waived point of care test.

Agencies should recognize that not all clients will want/need counseling or assistance when taking the test and are cautioned not to make the requirements to get a test overly restrictive.

HIVST Resources

- OraQuick in-home test kit can be purchased at CustomerCare@orasure.com or 1- 800-OraSure (1-800-672-7873)
- OraSure website: <http://www.oraquick.com/>
- Centers for Disease Control resource: <https://www.cdc.gov/hiv/testing/self-testing.html>

Attachment 7

NYSDOH AI's STI and HCV Screening Requirements

The direct provision of STI and HCV screening services is limited to healthcare providers and non-healthcare providers who have at least two (2) years of experience successfully providing these services or can demonstrate the capacity to provide integrated screening activities on-site.

Non-healthcare providers who do not have a history of providing STI and HCV screening services or have not demonstrated the capacity are required to refer and link clients who engage in high-risk behaviors to medical providers for these services. Applicants are expected to have documented working relationships with agencies that provide STI and HCV screening at the time of engagement with the priority population. Collaboration agreements should specify how clients will be directly linked to screening services and how the applicant agency will obtain test results and outcomes of referral and linkage services, where appropriate.

Applicants proposing to directly provide STI and HCV screening are required to have the following:

- Prior experience conducting these services or can demonstrate the capacity to provide integrated screening activities on-site;
- Successful history engaging and working with the priority population;
- Medical provider (i.e., MD, NP, PA) of record under whose license specimens are collected and processed;
- A valid CLIA permit and limited service laboratory registration with the Wadsworth Center, Clinical Laboratory Evaluation Program (CLEP);
- An approved laboratory quality assurance protocol describing in detail how laboratory testing will be performed;
- Staff who can perform venipuncture and supervise the collection and handling of urine specimens and client-collected vaginal, rectal and pharyngeal swabs;
- Appropriate liability insurance;
- A collaboration/contract with a NYS-licensed laboratory to process specimens;
 - Agencies performing Extra-Genital NAAT testing must collaborate with laboratories approved by NYSDOH Wadsworth Center.
- Procedures for contacting persons tested with results and linkage to treatment;
- Meet disease reporting requirements as part of the point-of-service testing protocols; and
- Have collaboration agreements with medical providers and/or Sexual Health Centers/STI Clinics to provide medical evaluation and treatment.
 - STI positive clients: Collaboration agreements should specify how clients will be directly linked to services **within three (3) business days of receiving their STI positive results** and how the applicant agency will obtain results regarding the outcome of the linkage. Funded applicants must document that the referred clients receive treatment and/or medical evaluation and obtain test/treatment results. More information on collaboration agreements is described in **Attachment 4 – NYSDOH AI's Cross Sector Collaborations Requirements**.
 - HCV rapid reactive and/or HCV RNA detectable clients: Collaboration

agreements should specify how clients will be directly linked to medical services and how the applicant agency will obtain results regarding the outcome of the linkage. Funded applicants are required to be able to document that the referred clients receive treatment and/or medical evaluation and obtain test/treatment results. More information on collaboration agreements is described in **Attachment 4 – NYSDOH AI’s Cross Sector Collaborations Requirements.**

Contractors with the capacity to provide integrated screening activities are highly encouraged to provide extragenital nucleic acid amplification testing (NAAT). Urine-based screening alone has been shown to miss a significant proportion of extragenital chlamydial and gonococcal infections. Because extragenital (oropharyngeal and/or rectal) infections are common in men who engage in high risk behaviors and the majority are asymptomatic, routine extragenital screening of this population is recommended. It is recommended that applicants and/or referral agencies establish relationships with laboratories approved by the NYSDOH CLEP to provide high quality, comprehensive STI services that include extragenital testing for chlamydia and gonorrhea. Applicants can search for [approved laboratories](#) by visiting the CLEP website or by calling (518) 485-5378.

Other STI screening and testing should be conducted in accordance with current guidelines and standards of care for the detection and treatment of chlamydia, gonorrhea, and/or syphilis as outlined in [2015 CDC STD Treatment Guidelines, MMWR](#) on recommendations for providing STD Quality Clinical Care, and [HIV Clinical Care Guidelines for STI care.](#)

Clients who engage in sexual intercourse and who accept the offer for the screenings should be screened for the following:

1. Syphilis serology, with a confirmatory test to establish whether persons with reactive serologies have incident untreated syphilis, have partially treated syphilis, or are manifesting a slow serologic response to appropriate prior therapy;
2. A test for urethral infection with gonorrhea and chlamydia in clients who have had insertive intercourse during the preceding year; testing of the urine or vaginal swab using NAAT is the preferred approach;
3. A test for rectal infection with gonorrhea and chlamydia in clients who have had receptive anal intercourse during the preceding year; NAAT of rectal swabs is the preferred approach; and
4. A test for oral infection with gonorrhea and chlamydia in clients who have had performed oral intercourse during the preceding year; NAAT of pharyngeal swabs is the preferred approach.

Funded applicants electing to provide direct STI and/or HCV screening need to develop protocols specific to their intervention and site(s) and submit for approval to NYSDOH AI prior to initiating screening services.

Protocols must address the provision of confidential HCV and STI screening for syphilis, gonorrhea and chlamydia and other STIs as appropriate; the defined priority population(s) to be tested; and, the settings where access to testing services and how those services will be carried out with regard to: registering clients; documenting tests performed; rationale/risk assessments;

follow-up appointments for receipt of results; and, direct linkage to medical care and treatment when indicated. Protocols must be specific to the testing model that is developed. The NYSDOH AI regulates medical HCV and STI screening.

Funded applicants who conduct testing directly with agency staff must have a medical provider (i.e., MD, NP, PA) of record under whose license staff are authorized to collect (or direct clients to collect) urine, rectal and/or pharyngeal specimens from client(s) being screened for STIs. Screenings for syphilis, gonorrhea and chlamydia, must adhere to NYS Sanitary Code (10NYCRR §2.12) concerning the reporting requirements of communicable diseases to the appropriate authorities. the appropriate authorities.

Funded applicant's agency policies and procedures must include guidance for activities that are carried out prior to, during and after STI testing and HCV screening. These must include:

- Staff training;
- Management of biohazardous waste and sharps;
- Client risk assessment for screening;
- HCV testing of minors (< 18 years of age);
- Completion of required documentation for client registration;
- Determination of client insurance status;
- Testing logs for tracking purposes;
- Requisitions for clinical laboratory testing;
- Specimen collection and handling of blood, urine, and client-collected vaginal, rectal and/or pharyngeal swabs;
- Transport of specimens for laboratory processing services;
- Result tracking and medical records maintenance;
- Interpretation and delivery of results to clients (posttest);
 - Note: For reactive syphilis tests, testing providers must contact the patient's local health department to request a syphilis serology search in order to interpret test results before notifying the client. The testing provider must initiate this communication, therefore funded applicants choosing to offer syphilis testing via subcontract and/or referral must coordinate communication with the appropriate provider.
- Facilitation of immediate access to medical treatment;
- Referral and facilitation of partner services for partner notification;
- Disease reporting to the local health department as required by statute based on the patient's residence;
- Blood borne pathogens, OSHA requirements and medical waste disposal; and
- A process to insure culturally/linguistically appropriate services.

Revised September 2020

**ATTACHMENT 8 – Component A WORK PLAN
SUMMARY**

PROJECT NAME: HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men
- Component A

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD

From: March 1, 2023

To: February 29, 2028

The purpose of this funding is to to implement culturally affirming, strength-based, sex-positive approaches to support and increase access to HIV/STI/HCV prevention interventions, sexual and behavioral health services, and innovative interventions for Young Gay Men/YMSM ages 13-29 with a focus on communities of color (Black, Latino/Latinx, Native American/Indigenous people and Asian populations). Programming focuses on addressing health disparities by supporting programs that promote HIV/STI/HCV prevention and, sexual health and wellness services for the Young Gay Men/YMSM through the implementation of sexual health, health equity, and social determinants of health frameworks.

The overall goals are to:

- Prevent new HIV/STI/HCV infections by increasing access to comprehensive sexual health information, behavioral and biomedical interventions such as PrEP/PEP, and essential supportive services; and
- Identify individuals who are living with HIV/STI/HCV and unaware of their status and ensure access to early, high quality medical care and prevention services.

Funding allows for the provision of health promotion services utilizing a culturally affirming, strength-based, sex-positive approach to support and increase access to sexual and behavioral health high impact prevention services with a focus on HIV, STI, HCV testing, treatment, care, and access to both pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP); and prevention support services that integrate multiple approaches to reach the priority population and address SDOH and factors that influence risk behaviors, participation and retention in program services, and impede healthcare access. Interventions must include the implementation of evidence-based/locally developed practices and interventions that address SDOH/the living and working conditions that influence health and the underlying causes of risk behaviors.

Supported activities may include, but are not limited to:

- Direct provision of HIV/STI/HCV testing and screening with linkage to prevention and care;
- HIV self-testing
- HIV navigation services;
- PrEP and PEP;
- Health promotion education including community events and media campaigns;
- Prevention support services;
- Community engagement;
- Peer services/peer training programs; and
- High impact prevention public health strategy, evidence-based behavioral interventions, and/or locally developed interventions.

The anticipated outcomes are:

- Prevent new HIV/STI/HCV infections;
- Increase the number of young gay men and YMSM who know their HIV/STI/HCV status;
- Ensure access to early, high quality medical care and prevention services for individuals living with HIV/STI/HCV;
- Increase access to comprehensive sexual health information;
- Increase engagement and participation in prevention services including PrEP and PEP;
- Reduce stigma and increase social connectedness; and
- Increase engagement and participation in essential supportive services.

This funding will support two program models.

Indicate Program Model Selected

_____ Program Model 1

_____ Program Model 2

Sections of the work plan

HIV Testing and Linkage to Prevention & HIV Care Services (REQUIRED) – Objectives 1-9

STI and HCV Screening* (REQUIRED FOR PROGRAM MODEL 1) – Objectives 10-14 (*If your agency is not conducting STI & HCV Screening, please follow Objective 15)

SDOH Intervention (REQUIRED) – Objective 16

Prevention/Support Services or Health Promotion (IF APPLICABLE) – Objectives 17-19

High Impact Public Health Strategy, Evidence Based Effective Intervention, and/or Locally Developed Interventions (IF APPLICABLE) – Objective 20

HIV Navigation Services -- Staff and/or Peer Led (IF APPLICABLE) – Objectives 21-22

Pre- Exposure Prophylaxis (PrEP) Support Program (IF APPLICABLE) – Objective 23

PrEP/PEP – Objective 24 (REQUIRED)

Condom Promotion, Education and Distribution (REQUIRED) – Objective 25

Evaluation and Reporting (REQUIRED) – Objectives 26-27

Instructions: For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 8: Component A Work Plan. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

HIV Testing and Linkage to Prevention & HIV Care Services (REQUIRED)		
Objective	Tasks (Activities)	Performance Measures
1. Meet key performance indicators and monitor service delivery	<p>1.1 Monitor service delivery and data to ensure targeted testing is achieving program goals</p> <p>1.2 Conduct confidential HIV testing in accordance with NYS public health law (PHL) as well as contractual obligations</p>	<p>1.1.1 At least 85% of HIV tests will be conducted relative to the number projected (projected vs. actual)</p> <p>1.2.1 100% of HIV testing will be conducted as per NYS PHL and contract obligations</p>
2. Increase the number clients that know their HIV status	<p>2.1 Recruit clients who engage in behaviors that put them at risk for HIV</p> <p>2.2 Develop a recruitment strategy with appropriate messaging and is responsive to the needs of the priority population. Strategies can include: Outreach (Street based, Venue based, Internet); Internal or External referrals; and Collaborations with PS.</p>	<p>2.1.1 90% of clients recruited report a behavior that puts them at risk</p> <p>2.2.1 90% of clients tested in non-clinical settings will be members of the identified priority population</p>
3. Identify at least 3 newly dx. HIV+ persons for NYC providers and 2 for ROS providers	<p>3.1 Implement effective strategies to locate individuals who are HIV positive and are not aware of their status</p>	<p>3.1.1 The minimum number of clients tested will be identified as HIV positive for the first time</p>
4. Ensure that 100% of HIV positive clients receive their test results	<p>4.1 Provide client with a confirmed test result in accordance with NYS PHL.</p> <p>4.2 Have a protocol in place to follow-up with clients if clients do not return for their test results. Protocol should include how to work with NYS and/or local health department Partner Services (PS) staff to help locate clients where possible</p>	<p>4.1.1 100% of HIV positive test results will be returned to clients</p> <p>4.2.1 Protocol will be implemented with all clients in need of follow up</p>
5. Link newly identified HIV positive clients to medical care and PS	<p>5.1 Have a protocol in place that aligns with the Director of the AIDS Institute's Call to Action for intra-agency or external referrals which ensures rapid access to HIV treatment</p> <p>5.2 Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment with HIV-related lab work (e.g., viral load, CD4, genotype) and determine if treatment was initiated</p> <p>5.3 Establish collaboration agreements with regional and/or local partner services staff to accept referrals for partner services. Inform clients about Partner Services and provide linkage/referral</p>	<p>5.1.1 90% of newly identified HIV positive clients who receive their test result will be linked to HIV medical care with HIV-related lab work and the offer of treatment initiation within 3 days of HIV diagnosis</p> <p>5.2.1 100% of client referrals to medical providers will be verified</p> <p>5.3.1 100% of newly identified HIV positive clients will receive information about, and referral to, Partner Services</p>

HIV Testing and Linkage to Prevention & HIV Care Services (REQUIRED)		
Objective	Tasks (Activities)	Performance Measures
6. Report all newly identified HIV positive clients to the NYSDOH	6.1 Utilize the Medical Provider Report Form (PRF) (DOH-4189) [or complete electronically (ePRF) using the Provider Portal on the NYSDOH Health Commerce System], to report confirmed cases of HIV to NYSDOH within 14 days of diagnosis	6.1.1 100% of newly identified HIV positive clients will have a PRF or ePRF completed and submitted to NYSDOH within 14 days of diagnosis
7. Link newly identified HIV positive persons to prevention and support services	7.1 Discuss action plan with client, to address barriers preventing the client from implementing behavior change that decreases the transmission risks and refer client to prevention services (e.g., treatment as prevention, condom use, partner on PrEP) 7.2 Refer newly identified HIV positive clients to HIV prevention and support services, as appropriate (e.g., navigation/peer support, individual/group interventions, etc.)	7.1.1 100% of newly identified HIV positive clients who receive their test results will be screened for risk reduction intervention needs 7.2.1 At least 90% of newly identified HIV positive clients who are screened and identified as needing risk reduction intervention will be provided an intervention and will be linked to prevention and support services within 30 days of receiving their test result
8. Refer, test &/or screen clients testing for HIV for STI & HCV services	8.1 Engage in Program Collaboration/Service Integration. Ensure comprehensive risk assessments conducted address client risks for STDs & HCV in addition to HIV. Provide information & documented linkage to testing & treatment for STD/HCV (as appropriate)	8.1.1 100% of newly identified HIV positive clients who receive their test results will be offered testing/screening or referred for testing/screening for STIs and HCV
9. Increase the number of individuals who are linked to PrEP/PEP	9.1 Establish collaboration agreements with PrEP/PEP prescribers to accept linkages/referrals for PrEP/PEP 9.2 As appropriate, link clients with prevention services, including non-occupational Post-Exposure Prophylaxis (PEP) and/or Pre-Exposure Prophylaxis (PrEP)	9.1.1 100% of HIV negative clients not already on PrEP at the time of HIV testing will be screened for PrEP 9.2.1 65% of HIV negative clients who are screened and identified as eligible for PrEP will be referred to a PrEP prescriber

STI and HCV Screening (REQUIRED FOR PROGRAM MODEL 1)		
Objective	Tasks (Activities)	Performance Measures
10. Meet key performance indicators and monitor service delivery	10.1 Conduct STI and HCV screening and linkage to services in accordance with NYS public health law and contractual obligations	10.1.1 At least 85 % of STI and HCV screenings will be conducted relative to the number projected (projected vs. actual)
11. Ensure that 100% of STI positive clients receive their test results	11.1 Provide client with confirmed test result in accordance with NYS public health law	11.1.1 100% of STI positive test results will be returned to clients
12. Link STI positive clients to medical care and PS and report to local HD	<p>12.1 Have a protocol in place for external or intra-agency referrals which ensures linkage to treatment and medical care within 3 business days of receiving their results</p> <p>12.2 Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment and received treatment</p> <p>12.3 Utilize the Confidential Case Report Form (DOH-389) for Rest of State Providers (non-NYC based providers) or the Universal Report Form for NYC-based providers, to report confirmed STD cases to the local health department within 24 hours of diagnosis</p>	<p>12.1.1 100% of STI positive clients who receive their test result will be referred to treatment and medical care within 3 business days of receiving their test result</p> <p>12.2.1 100% of client referrals to medical providers will be verified</p> <p>12.3.1 100% of STI positive clients will have a DOH 389 or URF completed and submitted to the local health department within 24 hours of diagnosis. Additionally, a phone call must be made to the local health department immediately following any new confirmed case of early syphilis.</p>
13. Ensure 100% of HCV reactive clients receive their test result	<p>13.1 Provide client with results of HCV screening. If providing diagnostic HCV testing directly, provide client with test result in accordance with NYS public health law</p> <p>13.2 If providing diagnostic HCV testing directly: Utilize the Confidential Case Report Form (DOH-389) to report HCV RNA results to the local health department within 24 hours of diagnosis.</p>	<p>13.1. 100% of HCV reactive test results will be returned to clients</p> <p>13.2. 100% of HCV RNA tests will have a DOH 389 completed and submitted to the local health department within 24 hours of diagnosis.</p>

STI and HCV Screening (REQUIRED FOR PROGRAM MODEL 1)		
Objective	Tasks (Activities)	Performance Measures
14. Link HCV reactive clients to medical care and treatment	14.1 Establish collaboration agreements with providers to accept referrals for HCV diagnostic testing. If providing diagnostic HCV testing directly, link client to medical provider for evaluation and medical care	14.1.1 All established collaboration agreements with medical providers will ensure rapid access to HCV treatment and expedited referrals
If your agency is not conducting STI and HCV Screening, please follow the guidance provided below		
15. Refer eligible clients to STI and HCV screening	15.1 Ensure the comprehensive risk assessment conducted also addresses client risks for STIs and HCV 15.2 Refer for STI and HCV screening in accordance with public health law and contractual obligations	15.1.1 100% of comprehensive risk assessments will integrate STI and HCV risk information 15.2.1 65% will accept the referral for STI and HCV screening
Social Determinants of Health Intervention (REQUIRED)		
Objective	Task/Activities	Performance Measures
16. Address at least one SDOH	16.1 Ensure all clients (regardless of HIV status) are screened for SDOH 16.2 Deliver interventions/ services that address SDOH	16.1.1 100% of clients screened for SDOH 16.2.1 100% of clients receive who are identified and screened for a SODH will be provided with an SDOH intervention/service
Prevention/Support Services or Health Promotion (IF APPLICABLE)		
Objective	Tasks (Activities)	Performance Measures
17. Deliver prevention interventions	17.1 Implement prevention interventions as per program guidance. 17.2 Implement public health strategies or evidenced based interventions that are applicable and respond to the prevention needs of the priority population	17.1.1 At least 90% of clients who are enrolled in each funded intervention(s) will be from the identified priority population 17.2.1 At least 90% clients enrolled relative to the number projected (projected vs. actual)
18. Deliver prevention support interventions	18.1 Implement supportive interventions as per program guidance.	18.1.1 At least 90% of clients who are

	18.2 Implement supportive interventions that are applicable and respond to the service needs of the priority population. Interventions supported include employment, education, healthcare, housing and sexual health education	enrolled in each funded intervention(s) will be from the identified priority population 18.2.1 At least 90% clients enrolled relative to the number projected (projected vs. actual)
19. Implement a Peer Training Program	19.1 Follow a structured peer training curriculum, which includes initial and on-going training of peers (this may be a CDC approved EBI or locally developed intervention) 19.2 Integrate peers (including hiring of peers/certified peers) in the implementation of funded program interventions and services and provide ongoing supervision and support	19.1.1 Train 10-20 peers through a minimum of 2 multi-session group cycles annually 19.2.1 100% of trained peers will be provided with ongoing supervision and support
High Impact Public Health Strategy, Evidence Based Effective Intervention, and/or Locally Developed Interventions (IF APPLICABLE)		
Objective	Tasks (Activities)	Performance Measures
20. Deliver a strategy; EBI ; or locally developed intervention	20.1 Implement at least 1 high impact public health strategy; an evidenced-based behavioral intervention ; and/or locally developed intervention. Locally developed interventions (LDIs) must adhere to the AI's 15 Common Factors of Effective Interventions	20.1.1 At least 90% clients enrolled relative to the number projected (projected vs. actual).
HIV Navigation Services -- Staff and/or Peer Led (IF APPLICABLE)		
Objective	Task/Activities	Performance Measures
21. Link clients living with HIV to care, prevention and support services	21.1 Deliver HIV Navigation Services as per program guidance. 21.2 Ensure all clients living with HIV are linked to medical care and essential support services. Clients with a reported HIV negative partner must be made aware of PrEP/PEP and be provided with referrals 21.3 Ensure clients living with HIV in need of medication adherence are linked to treatment adherence services and monitor with the goal of viral suppression	21.1.1 HIV Navigation Services are delivered in accordance with program guidance. 21.2.1 100% of HIV positive clients not in care will be linked to medical care and essential support services 21.3.1 80% of all HIV positive clients who are screened and identified as needing ART medication adherence support services will be provided/linked to these services and will be monitored for treatment adherence - goal of viral suppression
22. Link HIV negative clients to care, prevention, and essential support services	22.1 Conduct HIV Navigation Services as per program guidance 22.2 Link clients to HIV testing, STI and/or HCV screening as per	22.1.2 HIV Navigation Services are conducted as per program guidance.

	<p>assessment and action plan</p> <p>22.3 Link clients to prevention services as per assessment and action plan</p> <p>22.4 Link clients to essential support services as per assessment and action plan</p> <p>22.5 Make clients aware of PrEP/PEP and provide linkages</p> <p>22.6 Ensure clients not already on PrEP at the time of enrollment are screened and are linked to PrEP prescriber</p>	<p>22.2.1 90% of clients with unknown HIV/STI, and/or HCV status will be linked to testing and/or screening</p> <p>22.3.1 90% of clients who are screened and identified as needing risk reduction intervention will be provided an intervention within 30 days</p> <p>22.4.1 90% of clients in HIV Navigation Services will be linked to essential support services as per action plan</p> <p>22.5.1 100% of clients will be made aware of PrEP/PEP</p> <p>22.6.1 100% of clients not already on PrEP at the time program enrollment will be screened for PrEP and provided with linkages</p>
Pre- Exposure Prophylaxis (PrEP) Support Program (IF APPLICABLE)		
Objective	Tasks (Activities)	Performance Measures
23. Provide non-medical PrEP support services	<p>23.1 Conduct non-medical PrEP support services as per program guidance.</p> <p>23.2 Link interested/ready and eligible client to a PrEP prescriber.</p>	<p>23.1.1 90% of clients recruited must be eligible for PrEP support services as per program guidance</p> <p>23.2.1 All eligible PrEP ready clients will be linked to a PrEP prescriber</p>
PrEP/PEP (REQUIRED)		
Objective	Tasks (Activities)	Performance Measures
24. Increase awareness of PrEP and PEP among clients	<p>24.1 Raise awareness and educate clients about PrEP screen and assess the priority population for PrEP, and link appropriate clients to medical providers for PrEP assessment and possible PrEP initiation.</p> <p>24.2 Ensure that all clients are made aware that they can seek PEP within 36 hours of condomless sex.</p> <p>24.3 Develop and implement social media and other campaigns to raise community awareness about PrEP/PEP.</p>	<p>24.1.1 100% of HIV negative clients not already on PrEP will be screened for PrEP</p> <p>24.2.1 100% of HIV negative clients not on PEP will be informed of PEP services.</p> <p>24.3.1 100% of social media used will be relevant to the priority population in the geographic area selected. (optional)</p>

Condom Promotion, Education and Distribution (REQUIRED)		
Objective	Tasks (Activities)	Performance Measures
25. Increase correct and consistent condom use	25.1 Promote and/or distribute condoms during each client level encounter with persons living with and populations at highest risk. As appropriate, provide condom education as needed when distributing condoms.	25.1.1 85% of clients will be provided condoms at each client level encounter
Evaluation and Reporting (REQUIRED)		
Objective	Tasks (Activities)	Performance Measures
26. Submit timely data, narrative, and fiscal reports/documents	26.1 Collect and submit data and create narrative reports in accordance with Division and NYSDOH AI protocols	26.1.1 100% of monthly AIRS extracts will be submitted by the established deadline (aggregate data only for 2 events) 26.2.1 100% of data and narrative reports submitted will be up to date (within 30 days of last service) 26.3.1 100% of fiscal reports/documents as per protocols by the established deadlines
	26.2 Submit monthly AIRS extracts to the NYSDOH AI via the Health Commerce System	
	26.3 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, audits, etc.) in accordance with Division/NYSDOH AI protocols and the State Master Contract	
27. Flexibility in programming for directing resources effectively	27.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	27.1.1 N/A
	27.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.	27.2.1 Aid with non-work plan public health issues if/when they arise.
	27.3 Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-work plan work.	27.3.1 Aid with non-work plan public health issues if/when they arise.

**ATTACHMENT 9 – Component B WORK PLAN
SUMMARY**

PROJECT NAME: HIV/STI/HCV Prevention and Related Services for Young People Through the Use of Youth Health Advocates – Component B

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD

From: March 1, 2023

To: February 29, 2028

The purpose of this funding is to support a high impact approach to prevention and support that provide a comprehensive range of interventions and supportive services that support sexual health with an emphasis on HIV/STI/HCV prevention for Young People ages 13-24 with a focus on communities of color. YHA will be representative of the priority populations (Black, Latino/Latinx, Native American/Indigenous people, and Asian young people). The initiative's foundation is built upon the principles and practices of positive youth development and youth empowerment.

The initiative aims to utilize a sexual health framework to create supportive conditions/environments that allow young people to develop the knowledge, attitudes, behaviors, beliefs, and skills to make healthy choices that support their sexual health and well-being. The initiative will provide access to HIV/STI/HCV testing, screening, biomedical interventions such as PrEP/PEP, prevention and supportive services, and ensure access to early, high quality medical care and prevention services.

The overall goals are to:

- Prevent new HIV/STI/HCV infections;
- Increase HIV/STI/HCV testing and screening services; and
- Facilitate access to prevention, medical, and essential supportive services.

The initiative aims to impact the NYSDOH AI's efforts to:

- Increase the number of young people who regularly access comprehensive sexual and reproductive health care information, services, risk reduction supplies (e.g., male and female condoms), contraceptives; PrEP and PEP, Expanded Partner Therapy (EPT) and other supportive services from youth friendly/supportive providers;
- Increase the number of young people who adopt practices that reduce their risk for STIs and HIV infection including abstinence, delaying sexual activity, reducing the number of sexual partners, consistently practicing safer sex, and reducing alcohol and substance use;
- Increase opportunities for young people to receive education about comprehensive sexual health and who are knowledgeable about how to reduce their risk for STIs, HIV infection, and unintended pregnancy and maintain optimal sexual health; and
- Increase capacity of organizations to meet the needs of the young people they serve.

This funding will support two program models.

Indicate Program Model Selected

Program Model 1

Program Model 2

Sections of the work plan

HIV Testing and Linkage to Prevention & HIV Care Services (REQUIRED FOR PROGRAM MODEL 2) – Objectives 1-8

Referral for HIV testing (IF APPLICABLE) – Objective 9

STI and HCV Screening* (REQUIRED FOR PROGRAM MODEL 2) – Objectives 10-14 (* If your agency is not conducting STI and HCV Screening, please follow the

guidance in Objective 15)

YHA Training/YHA Service Delivery (REQUIRED) – Objectives 16-17

High Impact Public Health Strategy, Evidence Based Effective Intervention, and/or Locally Developed Interventions (IF APPLICABLE) – Objective 18

Peer Services/Peer Training (IF APPLICABLE) – Objective 19

Community Level Interventions (REQUIRED) – Objective 20

Structural Interventions (REQUIRED) – Objective 21

HIV Navigation Services -- Staff and/or Peer Led (IF APPLICABLE) – Objectives 22-23

Pre- Exposure Prophylaxis (PrEP) Support Program (IF APPLICABLE) – Objective 24

PrEP/PEP – Objective 25 (REQUIRED)

Condom Promotion, Education and Distribution (REQUIRED) – Objective 26

Evaluation and Reporting (REQUIRED) – Objectives 27-28

Instructions: For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 9: Component B Work Plan. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

HIV Testing and Linkage to Prevention & HIV Care Services (REQUIRED FOR PROGRAM MODEL 2)		
Objective	Tasks (Activities)	Performance Measures
1. Meet key performance indicators and monitor service delivery	<p>1.1 Monitor service delivery and data to ensure targeted testing is achieving program goals</p> <p>1.2 Conduct confidential HIV testing in accordance with NYS public health law (PHL) as well as contractual obligations</p>	<p>1.1.1 At least 85% of HIV tests will be conducted relative to the number projected (projected vs. actual)</p> <p>1.2.1 100% of HIV testing will be conducted as per NYS PHL and contract obligations</p>
2. Increase the number clients that know their HIV status	<p>2.1 Recruit clients who engage in behaviors that put them at risk for HIV</p> <p>2.2 Develop a recruitment strategy with appropriate messaging and is responsive to the needs of the priority population: Strategies can include: Outreach (Street based, Venue based, Internet); Internal or External referrals; and Collaborations with PS.</p>	<p>2.1.1 90% of clients recruited report a behavior that puts them at risk</p> <p>2.2.1 90% of clients tested in non-clinical settings will be members of the identified priority population</p>
3. Ensure that 100% of HIV positive clients receive their test results	<p>3.1 Provide client with a confirmed test result in accordance with NYS PHL.</p> <p>3.2 Have a protocol in place to follow-up with clients if clients do not return for their test results. Protocol should include how to work with NYS and/or local health department Partner Services (PS) staff to help locate clients where possible</p>	<p>3.1.1 100% of HIV positive test results will be returned to clients</p> <p>3.2.1 Protocol will be implemented with all clients in need of follow up</p>
4. Link newly identified HIV positive clients to medical care and PS	<p>4.1 Have a protocol in place that aligns with the Director of the NYSDOH AI's Call to Action for intra-agency or external referrals which ensures rapid access to HIV treatment</p> <p>4.2 Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment with HIV-related lab work (e.g., viral load, CD4, genotype) and determine if treatment was initiated</p> <p>4.3 Establish collaboration agreements with regional and/or local partner services staff to accept referrals for partner services. Inform clients about Partner Services and provide linkage/referral</p>	<p>4.1.1 90% of newly identified HIV positive clients who receive their test result will be linked to HIV medical care with HIV-related lab work and the offer of treatment initiation within 3 days of HIV diagnosis</p> <p>4.2.1 100% of client referrals to medical providers will be verified</p> <p>4.3.1 100% of newly identified HIV positive clients will receive information about, and referral to, Partner Services</p>
5. Report all newly identified HIV positive clients to the NYSDOH	<p>5.1 Utilize the Medical Provider Report Form (PRF) (DOH-4189) [or complete electronically (ePRF) using the Provider Portal on the NYSDOH Health Commerce System], to report confirmed cases of HIV to NYSDOH within 14 days of diagnosis</p>	<p>5.1.1 100% of newly identified HIV positive clients will have a PRF or ePRF completed and submitted to NYSDOH within 14 days of diagnosis</p>

<p>6. Link newly identified HIV positive persons to prevention and support services</p>	<p>6.1 Discuss action plan with client, to address barriers preventing the client from implementing behavior change that decreases the transmission risks and refer client to prevention services (e.g., treatment as prevention, condom use, partner on PrEP) 6.2 Refer newly identified HIV positive clients to HIV prevention and support services, as appropriate (e.g., navigation/peer support, individual/group interventions, etc.)</p>	<p>6.1.1 100% of newly identified HIV positive clients who receive their test results will be screened for risk reduction intervention needs 6.2.1 At least 90% of newly identified HIV positive clients who are screened and identified as needing risk reduction intervention will be provided an intervention and will be linked to prevention and support services within 30 days of receiving their test result</p>
<p>7. Refer, test &/or screen clients testing for HIV for STI & HCV services</p>	<p>7.1 Engage in Program Collaboration/Service Integration. Ensure comprehensive risk assessments conducted address client risks for STDs & HCV in addition to HIV. Provide information & documented linkage to testing & treatment for STD/HCV (as appropriate)</p>	<p>7.1.1 100% of newly identified HIV positive clients who receive their test results will be offered testing/screening or referred for testing/screening for STIs and HCV</p>
<p>8. Increase the number of individuals who are linked to PrEP/PEP</p>	<p>8.1 Establish collaboration agreements with PrEP/PEP prescribers to accept linkages/referrals for PrEP/PEP 8.2 As appropriate, link clients with prevention services, including non-occupational Post-Exposure Prophylaxis (PEP) and/or Pre-Exposure Prophylaxis (PrEP)</p>	<p>8.1.1 100% of HIV negative clients not already on PrEP at the time of HIV testing will be screened for PrEP 8.2.1 65% of HIV negative clients who are screened and identified as eligible for PrEP will be referred to a PrEP prescriber</p>
Referral for HIV testing (IF APPLICABLE)		
<p>9. Refer clients who engage in behaviors that place them at risk clients for HIV testing,</p>	<p>9.1 Integrate the provision of information, risk assessment and documented linkage to HIV testing. 9.2 Ensure the risk assessment conducted also addresses client risks for STIs and for HCV 9.3 Refer for STI/HCV testing in accordance with PHL and contractual obligations.</p>	<p>9.1.1 100% of clients will receive a comprehensive risk assessment 9.2.1 100% of comprehensive risk assessments will integrate STI and HCV risk information 9.3.1 85% will accept the referral for STI and HCV screening</p>

STI and HCV Screening (REQUIRED FOR PROGRAM MODEL 2)		
Objective	Tasks (Activities)	Performance Measures
10. Meet key performance indicators and monitor service delivery	10.1 Conduct STI and HCV screening and linkage to services in accordance with NYS public health law and contractual obligations	10.1.1 At least 85 % of STI and HCV screenings will be conducted relative to the number projected (projected vs. actual)
11. Ensure that 100% of STI positive clients receive their test results	11.1 Provide client with confirmed test result in accordance with NYS public health law	11.1.1 100% of STI positive test results will be returned to clients
12. Link STI positive clients to medical care and PS and report to local HD	<p>12.1 Have a protocol in place for external or intra-agency referrals which ensures linkage to treatment and medical care within 3 business days of receiving their results</p> <p>12.2 Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment and received treatment</p> <p>12.3 Utilize the Confidential Case Report Form (DOH-389) for Rest of State Providers (non-NYC based providers) or the Universal Report Form for NYC-based providers, to report confirmed STD cases to the local health department within 24 hours of diagnosis</p>	<p>12.1.1 100% of STI positive clients who receive their test result will be referred to treatment and medical care within 3 business days of receiving their test result</p> <p>12.2.1 100% of client referrals to medical providers will be verified</p> <p>12.3.1 100% of STI positive clients will have a DOH 389 or URF completed and submitted to the local health department within 24 hours of diagnosis. Additionally, a phone call must be made to the local health department immediately following any new confirmed case of early syphilis.</p>

<p>13. Ensure 100% of HCV reactive clients receive their test result</p>	<p>13.1 Provide client with results of HCV screening. If providing diagnostic HCV testing directly, provide client with test result in accordance with NYS public health law</p> <p>13.2 If providing diagnostic HCV testing directly: Utilize the Confidential Case Report Form (DOH-389) to report HCV RNA results to the local health department within 24 hours of diagnosis.</p>	<p>13.1.1 100% of HCV reactive test results will be returned to clients</p> <p>13.2.1 100% of HCV RNA tests will have a DOH 389 completed and submitted to the local health department within 24 hours of diagnosis.</p>
<p>14. Link HCV reactive clients to medical care and treatment</p>	<p>14.1 Establish collaboration agreements with providers to accept referrals for HCV diagnostic testing. If providing diagnostic HCV testing directly, link client to medical provider for evaluation and medical care</p>	<p>14.1.1 All established collaboration agreements with medical providers will ensure rapid access to HCV treatment and expedited referrals</p>
<p>If your agency is not conducting STI and HCV Screening, please follow the guidance provided below</p>		
<p>15. Refer eligible clients to STI and HCV screening</p>	<p>15.1 Ensure the comprehensive risk assessment conducted also addresses client risks for STIs and HCV</p> <p>15.2 Refer for STI and HCV screening in accordance with public health law and contractual obligations</p>	<p>15.1.1 100% of comprehensive risk assessments will integrate STI and HCV risk information</p> <p>15.2.1 85% will accept the referral for STI and HCV screening</p>

YHA Training/YHA Service Delivery (REQUIRED)		
Objective	Tasks (Activities)	Performance Measures
<p>16. Implement Youth Health Advocate Training</p>	<p>16.1 Implement a YHA training/YHA service delivery as per program guidance</p> <p>16.2 Integrate YHAs into the implementation of program activities</p> <p>16.3 Provision of ongoing YHA supervision and support</p>	<p>16.1.1 Train 6 – 10 YHAs annually.</p> <p>16.2.1 90% of trained YHAs will be integrated into implementation of program activities</p> <p>16.3.1 100% of trained YHAs will receive ongoing supervision and support</p>
Prevention Services		
Objective	Tasks (Activities)	Performance Measures

17. Deliver prevention interventions	<p>17.1 Implement prevention interventions as per program guidance.</p> <p>17.2 Implement public health strategies or evidenced based interventions that are applicable and respond to the prevention needs of the priority population</p>	<p>17.1.1 At least 90% of clients who are enrolled in each funded intervention(s) will be from the identified priority population</p> <p>17.2.1 At least 90% clients enrolled relative to the number projected (projected vs. actual)</p>
High Impact Public Health Strategy, Evidence Based Effective Intervention, and/or Locally Developed Interventions (IF APPLICABLE)		
Objective	Tasks (Activities)	Performance Measures
18. Deliver, high impact public health strategy; EBI ; or locally developed intervention	18.1 Implement at least 1 high impact public health strategy; an evidenced-based behavioral intervention ; and/or locally developed intervention. Locally developed interventions (LDIs) must adhere to the AI's 15 Common Factors of Effective Interventions	18.1.1 At least 90% clients enrolled relative to the number projected (projected vs. actual).
Peer Services/Peer Training (IF APPLICABLE)		
Objective	Tasks (Activities)	Performance Measures
19. Implement a Peer Training Program	<p>19.1 Follow a structured peer training curriculum, which includes initial and on-going training of peers (this may be a CDC approved EBI or locally developed intervention)</p> <p>19.2 Integrate peers (including hiring of peers/certified peers) in the implementation of funded program interventions and services and provide ongoing supervision and support</p>	<p>19.1.1 Train 10-20 peers through a minimum of 2 multi-session group cycles annually</p> <p>19.2.1 100% of trained peers will be provided with ongoing supervision and support</p>
Community Level Interventions (REQUIRED)		
Objective	Tasks (Activities)	Performance Measures
20. Deliver community level intervention(s)	20.1 Implement at least 1 community level intervention based on identified focus area(s)	20.1.1 All community level interventions will address identified community needs and support the elimination of barriers to prevention and healthcare access for young people.
Structural Interventions (REQUIRED)		
Objective	Tasks (Activities)	Performance Measures

<p>21. Deliver structural level intervention(s)</p>	<p>21.1 Implement at least 1 structural level intervention based on identified focus area(s)</p>	<p>21.1.1 All structural level interventions will support and actively engage young people in the process of community development and change and will address factors that impede young people’s access to comprehensive sexual health education, supports, and services.</p>
<p>HIV Navigation Services -- Staff and/or Peer Led (IF APPLICABLE)</p>		
<p>Objective</p>	<p>Task/Activities</p>	<p>Performance Measures</p>
<p>22. Link clients living with HIV to care, prevention and support services</p>	<p>22.1 Deliver HIV Navigation Services as per program guidance. 22.2 Ensure all clients living with HIV are linked to medical care and essential support services. Clients with a reported HIV negative partner must be made aware of PrEP/PEP and be provided with referrals 22.3 Ensure clients living with HIV in need of medication adherence are linked to treatment adherence services and monitor with the goal of viral suppression</p>	<p>22.1.1 HIV Navigation Services are delivered in accordance with program guidance. 22.2.1 100% of HIV positive clients not in care will be linked to medical care and essential support services 22.3.1 80% of all HIV positive clients who are screened and identified as needing ART medication adherence support services will be provided/linked to these services and will be monitored for treatment adherence - goal of viral suppression</p>
<p>23. Link HIV negative clients to care, prevention, and essential support services</p>	<p>23.1 Conduct HIV Navigation Services as per program guidance 23.2 Link clients to HIV testing, STI and/or HCV screening as per assessment and action plan 23.3 Link clients to prevention services as per assessment and action plan 23.4 Link clients to essential support services as per assessment and action plan 23.5 Make clients aware of PrEP/PEP and provide linkages 23.6 Ensure clients not already on PrEP at the time of enrollment are screened and are linked to PrEP prescriber</p>	<p>23.1.1 HIV Navigation Services are conducted as per program guidance. 23.2.1 90% of clients with unknown HIV/STI, and/or HCV status will be linked to testing and/or screening 23.3.1 90% of clients who are screened and identified as needing risk reduction intervention will be provided an intervention within 30 days 23.4.1 90% of clients in HIV Navigation Services will be linked to essential support services as per action plan 23.5.1 100% of clients will be made aware of PrEP/PEP</p>

			23.6.1 100% of clients not already on PrEP at the time program enrollment will be screened for PrEP and provided with linkages
Pre- Exposure Prophylaxis (PrEP) Support Program (IF APPLICABLE)			
Objective		Tasks (Activities)	Performance Measures
24. Provide non-medical PrEP support services		24.1 Conduct non-medical PrEP support services as per program guidance. 24.2 Link interested/ready and eligible client to a PrEP prescriber.	24.1.1 90% of clients recruited must be eligible for PrEP support services as per program guidance 24.2.1 All eligible PrEP ready clients will be linked to a PrEP prescriber
PrEP/PEP (REQUIRED)			
Objective		Tasks (Activities)	Performance Measures
25. Increase awareness of PrEP and PEP among clients		25.1 Raise awareness and educate clients about PrEP screen and assess the priority population for PrEP, and link appropriate clients to medical providers for PrEP assessment and possible PrEP initiation. 25.2 Ensure that all clients are made aware that they can seek PEP within 36 hours of condomless sex. 25.3 Develop and implement social media and other campaigns to raise community awareness about PrEP/PEP.	25.1.1 100% of HIV negative clients not already on PrEP will be screened for PrEP 25.2.1 100% of HIV negative clients not on PEP will be informed of PEP services. 25.3.1 100% of social media used will be relevant to the priority population in the geographic area selected (optional)
Condom Promotion, Education and Distribution (REQUIRED)			
Objective		Tasks (Activities)	Performance Measures
26. Increase correct and consistent condom use		26.1 Promote and/or distribute condoms during each client level encounter with persons living with and populations at highest risk. As appropriate, provide condom education as needed when distributing condoms.	26.1.1 85% of clients will be provided condoms at each client level encounter
Evaluation and Reporting (REQUIRED)			
Objective		Tasks (Activities)	Performance Measures
27. Submit timely data, narrative, and fiscal reports/documents		27.1 Collect and submit data and create narrative reports in accordance with Division and AI protocols 27.2 Submit monthly AIRS extracts to the AIDS Institute via the Health Commerce System	27.1.1 100% of monthly AIRS extracts will be submitted by the established deadline (aggregate data only for 2 events) 27.2.1 100% of data and narrative reports

	27.3 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, audits, etc.) in accordance with Division/AI protocols and the State Master Contract	submitted will be up to date (within 30 days of last service) 27.3.1 100% of fiscal reports/documents as per protocols by the established deadlines
28. Flexibility in programming for directing resources effectively	28.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	28.1.1 N/A
	28.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the NYSDOH AI to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.	28.2.1 Aid with non-work plan public health issues if/when they arise.
	28.3 Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-work plan work.	28.3.1 Aid with non-work plan public health issues if/when they arise.

Attachment 10 Health Equity Definitions and Examples

SOCIAL DETERMINANTS OF HEALTH (SDOH): Social determinants of health (SDOH) are the overarching factors in society that impact health. SDOH include:

- Secure employment, safe, bias-free working conditions and equitable living wages;
- Healthy environment, including clean water and air;
- Safe neighborhoods and housing;
- Food security and access to healthy food;
- Access to comprehensive, quality health care services;
- Access to transportation;
- Quality education; and
- Access to a social support network.

Inequities in access to SDOH are a result of structural racism, sexism, homophobia, transphobia, poverty, stigma, and other forms of oppression that are perpetuated by current social structures and institutions.

STRUCTURAL RACISM: The combination of public policies, institutional practices, social and economic forces that systematically privilege White people and disadvantage Black, Indigenous and other people of color. This term underscores that current racial inequities within society are not the result of personal prejudice held by individuals. Adapted from [Aspen Institute](#) and [Bailey, Feldman, Bassett](#).

HEALTH DISPARITIES: The statistical difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States. [USDHHS](#).

HEALTH INEQUITIES: Disparities in health that result from social or policy conditions that are unfair or unjust.

HEALTH EQUITY: Health equity is achieved when no one is limited in achieving good health because of their social position or any other SDOH. The goal of health equity is to eliminate health inequities that are avoidable and unjust through proactive and inclusive processes.

Examples of how social and structural determinants can impact our health include:
(note: this is not an exhaustive list)

- Stigma and discrimination are pervasive within healthcare and social support service delivery systems and exacerbate health inequities. Explicit and implicit biases persist among health and social service providers related to HIV status, race/ethnicity, sexual orientation, gender identity and expression, age, mental health, socioeconomic status, immigration status, substance use, criminal justice involvement, and the exchange of sex for money, drugs, housing, or other resources; these result in stigma and discrimination in healthcare and are demonstrated barriers to uptake and sustained engagement in HIV prevention and care services.
- Other overlapping social and structural determinants of health further exacerbate health inequities including housing status, food insecurity, poverty, unemployment, neighborhood conditions, mental health issues, domestic violence, sexism, homophobia, transphobia, ableism, agism, racism, and other complex and integrated systems of oppression. These social and structural determinants of health are barriers to achieving positive health outcomes.
- Culturally and linguistically appropriate services are one way to improve the quality of services provided to all individuals, which will ultimately help reduce disparities and inequities and achieve health equity. The provision of services that are responsive to the individuals' first or preferred language, health beliefs, practices and needs of diverse populations, individuals and clients can help close the gaps in health outcomes. [What is CLAS? - Think Cultural Health](#)

Attachment 17

Grants Gateway Expenditure Budget Instructions

This guidance document is intended to help applicants with understanding the types and level of detail required in Grants Gateway for each individual budget line. For Grantee questions and instructions about entering an application in the Grants Gateway, please go to <https://grantsreform.ny.gov/Grantees> for more training and guidance resources.

Please be aware of the following:

- NYSDOH AI Program Managers may require additional information or clarification necessary for approval of requested amounts on funded applications; and
- The allowability of costs are subject to the OMB Uniform Guidance.

Grants Gateway Categories of Expense

There are two major Budget Categories, Personal Services and Non-Personal Services. Each of these categories include individual sub-categories for more specific budget items that can be requested in a budget. Each line requires different information.

1. Personal Services

- a. Salary (including peers who receive W2s)
- b. Fringe

2. Non-Personal Services

- a. Contractual (subcontractors, peers who receive 1099s, etc.)
- b. Travel
- c. Equipment
- d. Space/Property & Utilities
- e. Operating Expenses (supplies, audit expenses, postage, etc.)
- f. Other (indirect costs only)

Guidance on allowable expenditures can be found in the “Basic Considerations for Allowability of Costs” document. This document can be found here: <http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rqn=div5>.

Title 2 → Subtitle A → Chapter II → Part 200 — UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS, Subpart E - **Basic Considerations, §200.402 - §200.475**

PERSONAL SERVICES – SALARY

For each salary position funded on the proposed contract, provide the following:

Details:

- **Position/Title:** Enter the title and the incumbent’s name. If the position is yet to be filled, enter “TBH” (to be hired.)

- **Role/Responsibility:** Enter the position description, including the duties supported by the contract.

Financial:

- **Annualized Salary Per Position:** Enter the full salary for 12 months regardless of funding source.
- **STD Work Week (hrs):** Enter the standard work week for this position regardless of funding. If it is a full-time position, this is often either 35, 37.5 or 40 hours per week. If it is a part-time position, enter the expected number of hours per week the person will work.
- **% Funded:** Enter the percent of effort to be funded on this proposed contract.
- **# of Months Funded:** Enter number of months this position will be funded during the proposed contract period. Use months only; do not use pay periods.
- **Total Grant Funds:** Enter the total amount for this position requested during the proposed contract period. **Grants Gateway will not automatically calculate this. Please check your calculation for accuracy.**

Items to Note:

- The Total Match Funds and Total Other Funds lines are not used. You will not be able to enter information on those lines.
- While Grants Gateway does not calculate the Line Total, it does calculate the cumulative Category Total.

PERSONAL SERVICES - FRINGE

Details:

- **Fringe – Type/Description:** Enter a description (examples, fringe rate, union fringe rate, nonunion fringe rate, part-time fringe rate, full-time fringe rate) and the percentage.
- **Justification:** Specify whether fringe is based on federally approved rate, audited financials or actual costs.

Financial:

- **Total Grant Funds:** Enter the total amount of fringe requested for this proposed contract period.

CONTRACTUAL

Details:

- **Contractual – Type/Description:** Enter the name of the agency, consultant or TBA (if not yet selected). Use a separate Contractual line for each subcontractor or consultant. Include an estimated cost for these services.
- **Justification:** Briefly describe the services to be provided.

Financial:

HIV/STI/HCV Prevention and Related Services for Young Gay Men/Young Men who have Sex with Men and Young People Through the Use of Youth Health Advocates RFA

- **Total Grant Funds:** Enter the total amount requested for the subcontractor.

TRAVEL

Details:

- **Travel – Type/Description:** Describe the type of travel cost and/or related expenses.
- **Justification:** Briefly describe how the travel relates to the proposed contract.

Financial:

- **Total Grant Funds:** Enter the total amount requested for the Travel item.

EQUIPMENT

Details:

- **Equipment – Type/Description:** Describe the equipment and who it is for.
- **Justification:** Briefly describe how this equipment relates to the proposed contract and why it is necessary.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Equipment item.

Items to Note:

- Equipment is defined as any item costing \$1,000 or more.
- Rental equipment (if applicable) can be included in this section.

SPACE/PROPERTY RENT or Own

Details:

- **Space/Property: Rent or Own – Type/Description:** Describe the property, whether it is the agency's main site or satellite and provide the address. Use a separate Space line for each different location.
- **Justification:** Explain why this proposed contract is paying for the space costs at this location.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Space/Property item.

UTILITY

Details:

- **Utility – Type/Description:** Describe the utility expense.
- **Justification:** Indicate the property address for which this expense will be incurred.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Utility item.

OPERATING EXPENSES

This section is used to itemize costs associated with the operation of the program, including but not limited to insurance/bonding, photocopying, advertising, and supplies.

Details:

- **Operating Expenses – Type/Description:** Describe what is being purchased.
 1. Supplies – Briefly describe items being purchased.
 2. Equipment – Include all items with a total cost under \$1,000, including computer software. Use a separate line for each group of items.
 3. Telecommunications – Include costs for all telephone lines funded by this proposed contract, fax and modem lines, telecommunications installation costs, hotlines, long distance, cell phones, and internet expenses.
 4. Miscellaneous – Includes postage, printing, insurance, equipment maintenance, stipends, media advertising, recruitment, or other appropriate costs.
 - For incentives, briefly detail the types of incentives to be purchased and what they will be used for.
- **Justification:** Describe how this item relates to the contract and why it is necessary.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Operating Expense item.

Items to Note:

- Participant Support and Incentives – the following chart is in accordance with AIDS Institute policy:

Type	Allowable using State Funding?
Participant Support	
Food Vouchers	YES
Pharmacy Cards	YES
Metro Cards	YES
Gasoline Cards	YES
Bus Passes	YES
Incentives	
Gift Card – non-cash	YES
Cash or Cash equivalent (e.g., VISA Card)	NO
Movie Tickets	NO
Theater Tickets	NO
Promotional Items *	YES*

*Promotional items must be promoting a specific program or intervention, such as Ending the Epidemic, or HIV testing, or Know your Status, rather than generically promoting the organization.

- Reimbursement for employee parking at regular work site or transportation costs to and from work is not allowable on AI contracts, unless the employee is in travel status as defined by agency's Policies and Procedures.
- Reimbursement for refreshment for employee or the Board of Directors (BOD) is not allowable. This includes food, coffee, tea, and water for staff meetings, staff break areas, or BOD meetings.

OTHER

Details:

- **Other Expenses – Type/Description:** This section will **only** be used to document Indirect Costs. Enter the words “Indirect Cost rate” and the rate being requested.
- **Justification:** Enter whether or not this rate is based on a federally approved rate agreement.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Expense item.

Items to Note:

- Up to 10% is allowed for all applicants.
- Up to 20% is allowed if applicant has a federally approved rate that can justify the request.
- No cost that is billed directly to this contract can be part of the indirect rate.