New York State
Department of Health
Division of HIV and Hepatitis Health Care
Bureau of HIV Ambulatory Care Services

Request for Applications
Grants Gateway #'s: DOH01-IEA-2023, DOH01-IEB-2023
RFA Number: 20205
Internal Program # 22-0006

Improving Equity through Clinical HIV Prevention in Community Health Settings

This procurement encompasses two (2) components.

Eligible applicants must be prequalified in the New York State Grants Gateway, unless exempt, and apply via the New York State Grants Gateway for each component applied.

Applicants may submit more than one application as per the guidance specific to the component.

Component A: PrEP Services in Primary Care Settings (PrEP Services)
(Applicants may submit one (1) application per site per region)

Component B: Young Adult Community Access Programs (YACAP)
(Applicants may submit one (1) application per region)

KEY DATES

RFA Release Date:	**August 25, 2022**
Questions Due:	**September 8, 2022 by 4:00 PM**
Questions, Answers and Updates Posted: (on or about)	**September 22, 2022**
Applications Due:	**October 11, 2022 by 4:00 PM**

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I. INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI), Division of HIV and Hepatitis Health Care, Bureau of Ambulatory Care Services announces the availability of $8,400,130 annually for five (5) years in state funds to improve health equity in medically underserved areas (MUAs) experiencing disproportionate incidences of human immunodeficiency virus (HIV) and sexually transmitted infections (STIs) and to address the social determinants of health (SDOH) that fuel inequities in HIV and STI transmission rates and outcomes.

This solicitation will support activities that increase HIV, STI, and hepatitis C (HCV), screening, diagnosis, treatment, and prevention; Pre-Exposure Prophylaxis (PrEP) prescribing, including rapid start and engagement in HIV clinical care and treatment for individuals unaware of their status.

This Request for Applications (RFA) has two (2) distinct components:

Component A: PrEP Services in Primary Care Settings

Component B: Young Adult Community Access Programs (YACAP)

A. Background/Intent

New York State (NYS) has experienced success in "Bending the Curve". This achievement was partially attained by advancing biomedical interventions such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) in areas experiencing disparate HIV and sexual health outcomes. As a result, NYS has achieved the highest PrEP coverage rate in the nation, and PrEP remains the singular biomedical intervention capable of preventing HIV acquisition.

In NYS, the HIV epidemic disproportionately impacts Black, Indigenous, and People of Color (BIPOC), especially young people, non-Hispanic Black/African American women, gay, bisexual, transgender, gender-nonconforming persons, and men who have sex with men (MSM). Disparities in PrEP initiation among BIPOC individuals remain significantly below the rates merited and ending the epidemic (ETE) targets projected to eliminate HIV in NYS[1]. Additional efforts are needed to achieve equitable uptake of PrEP across race and ethnicity, gender, sexual orientation, and age groups.

The NYS Annual HIV Surveillance Report For Persons Diagnosed Through December 2020[2] confirms HIV disparities experienced in NYS among BIPOC, Adolescent Young Adult (AYA),

1 ETE Metrics – Ending the Epidemic (etedashboardny.org)
2 https://www.health.ny.gov/diseases/aids/general/statistics/annual/2020/2020_annual_surveillance_report.pdf

and LGBTGNC[3] communities, such as:

- Non-Hispanic Black individuals represented 14.8%[4] of the population and 46% of new HIV diagnoses;
- Hispanics/Latino individuals represented 19.5%[5] of the population and 29.7% of new HIV diagnoses; and
- BIPOC communities, when combined, represented 44.8% of the population and 80.5% of new HIV diagnoses.

The overrepresentation of BIPOC communities among new HIV diagnoses is more alarming when compared to their non-Hispanic White counterparts, who represented 55.2% of the population and 19.5% of new HIV diagnoses.

The surveillance report contains other disparities related to new HIV diagnoses that intersect with race/ethnicity, such as:

- Adolescents and young adults ages 13 - 29 represented 36.8% of new HIV diagnoses;
- Persons 30 - 39 years of age represented 31% of new diagnoses; and
- MSMs represented 49.9% of new HIV diagnoses.

The NYSDOH Sexually Transmitted Infections Surveillance Report[6] for 2019 shows increased infection rates for all reportable STIs, with non-Hispanic Black individuals disproportionately reflected. The most alarming STI rise is the number of diagnosed primary and secondary syphilis cases.

- In 2019, Non-Hispanic Black individuals had the highest annual primary and secondary syphilis rates at 34%;
- Males disproportionately account for 91.9% of primary and secondary syphilis diagnoses;
- Of the males diagnosed, 70.2% reported other males as their sex partners; and
- Males between 20 and 39 years of age had the highest syphilis diagnoses rate.

While males are overrepresented in this cohort, other disparities noted in the report include:

- Rates of syphilis diagnoses among persons reported as female increased by 68%;
- Non-Hispanic Black individuals represented 37.7% of gonorrhea diagnoses;
- Non-Hispanic Black individuals represented 27.7% of chlamydia diagnoses;
- Between 2013-2021, BIPOC child-bearers represented 71% of all congenital syphilis cases; and
- 53% of diagnosed STIs were among people younger than 26 years of age.

In addition to the 2019 surveillance data, findings reported in the CDC Vital Signs Report

3 For purposes of this RFA, the term LGBTGNC (referring to lesbian, gay, bisexual, transgender, and gender non-conforming) is intended to reflect the complete array of non-heterosexual, non-cis-gender gender identities and sexual orientations. The term LGBTGNC is intended to be inclusive of persons who identify as pansexual, queer, two-spirit, intersex, gender nonbinary, gender fluid, and additional identities not listed. Use of the term LGBTGNC should not be understood to be at the exclusion of any sexual and/or gender identity.

4 https://www.census.gov/library/stories/state-by-state/new-york-population-change-between-census-decade.html

5 NEW YORK: 2020 Census

6 https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2019.pdf

(*MMWR* Dec.2021)[7] confirm the ongoing racial and ethnic differences in knowledge of HIV status, HIV prevention, and treatment outcomes among gay and bisexual men. These results indicate that non-Hispanic Black and Hispanic/Latino gay and bisexual men experience higher rates of stigma, making them less likely to get tested, use prevention services like PrEP, receive clinical care, and become virally suppressed.

NYS 2020 surveillance data trends validate the correlation between the increasing proportion of new HIV cases attributed to sexual transmission, accounting for 68.8%[8] of new HIV diagnoses in NYC and 77.4%[9] of new HIV diagnoses in Rest-of-State (ROS). These data confirm the overwhelming HIV and STI disparities experienced in BIPOC, Adolescent Young Adult, and LGBTGNC communities, including the need to develop responsive HIV prevention strategies to reduce new HIV infections.

Community health care centers that use a health equity lens can become well positioned to respond to SDOH needs and proactively reduce intersectional factors that promote racial and ethnic disparities. In addition, community providers of HIV/STI/HCV care and treatment services possess specific awareness of the social environment and health determinants experienced by their patient census[10].

Through this RFA, the NYSDOH AIDS Institute recommits its support to partnering with new and existing community health care centers that aim to reduce HIV and STI incidence and disparity, address SDOH needs and increase PrEP use among prioritized populations. Successful applicants will 1) employ a social justice/racial equity[11] framework, 2) apply a health equity lens[12], 3) affirm sexual and gender identity, 4) incorporate a sexual health framework[13], 5) use trauma-informed practices[14] and provide 6) health literate care[15].

This RFA will support innovative and intentional strategies that successfully engage BIPOC and LGBTGNC communities experiencing disparate HIV, STI, and HCV outcomes and reduce barriers to care such as racism, sexism, and stigma. Applicants will provide coordinated systems of care that increase HIV, STI, and HCV, screening, diagnosis, treatment, and prevention; PrEP initiation, including rapid start; and expedited engagement in HIV clinical care, including rapid initiation of antiretroviral therapy (RIA) for individuals newly diagnosed.

Health equity 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 health. This RFA intends to increase health equity in BIPOC and LGBTGNC communities by funding programs that identify and respond to health determinants and address institutional and structural

7 https://www.cdc.gov/mmwr/volumes/70/wr/mm7048e1.htm?s_cid=mm7048e1_w
8 https://www.health.ny.gov/diseases/aids/general/statistics/annual/2020/2020_annual_surveillance_report.pdf
9 https://www.health.ny.gov/diseases/aids/general/statistics/annual/2020/2020_annual_surveillance_report.pdf
10 IAF-CHCsLeveragingSDH.pdf (kresge.org)
11 https://www.apha.org/-/media/Files/PDF/advocacy/SPEAK/210825_Racial_Equity_Fact_Sheet.ashx
12 https://www.hivtrainingny.org/Uploads/Guidance_for_Applying_a_Health_Equity_Lens_to_HIV.pdf
13 https://www.hivguidelines.org/sti-care/sexual-health-framework/
14 https://omh.ny.gov/omhweb/resources/newsltr/docs/omhnews-october2018.pdf
15 https://www.ahrq.gov/health-literacy/publications/index.html#Frameworks

racism. HIV health disparities are inextricably linked to a complex blend of social determinants[16] that impede improved HIV, STI, and HCV prevention and care outcomes.

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 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 social determinants, 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, 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**.**

In June 2014, NYS announced a three-point plan to end the AIDS epidemic in NYS.[17] 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.

16 Social determinants of health among adults with diagnosed HIV infection, 2018 (cdc.gov)
17 https://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm

2) Link and retain persons diagnosed with HIV in health care to maximize viral 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 Ending the Epidemic (ETE) initiative was launched with visionary leadership and extensive stakeholder leadership and participation.

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

BP1: Make routine HIV testing truly routine

BP2: Expand targeted testing

BP3: Address acute HIV infection

BP4: Improve referral and engagement

BP12: Include a variety of statewide programs for distribution and increased access to PrEP and nPEP
BP13: Create a coordinated statewide mechanism for persons to access PrEP and nPEP and prevention-focused care
BP 19: Institute an integrated comprehensive approach to transgender health care and human rights
BP 28: Equitable funding where resources follow the statistics of the epidemic:

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 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 social determinants of health.

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.[18] Information on the NHAS and updates to the strategy through 2025 can be found at: https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025. 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. [19] The NYS Prevention Agenda can be found on the following website: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/.

B. Available Funding

Component A – PrEP Services in Primary Care Settings

Up to $5,440,130 annually in State funding is available annually for five years to support programs funded through this RFA. Funding will be allocated as stated in the chart below. Annual awards will not exceed $225,000.

NYSDOH Region	Annual Award Amount	Number of Awards
Long Island: Nassau and Suffolk	$225,000	2-3
New York City – Manhattan	$225,000	1-2
New York City - Brooklyn	$225,000	2-3
New York City - Bronx	$225,000	2-3
New York City - Queens/Staten Island	$225,000	0-1
Lower Hudson Valley: Putnam, Rockland, and	$225,000	1-2

[18] National HIV/AIDS Strategy
[19] Prevention Agenda 2019-2024: New York State's Health Improvement Plan

Westchester counties		
Mid-Hudson Valley: Dutchess, Orange, Sullivan, and Ulster counties	$225,000	0-1
Northeastern New York: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Clinton, Essex, Franklin, and Hamilton	$225,000	1-2
Central New York: Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, and St. Lawrence	$225,000	0-1
Southern Tier: Broome, Chenango, Chemung, Cortland, Delaware, Otsego, Tompkins, and Tioga	$225,000	0-1
Finger Lakes: Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates	$225,000	1-2
Western New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming	$225,000	2-3

Applicants for Component A may submit one (1) application per site per region. Applications that are multi-site or propose rendering services in non-Article 28 settings will be deemed ineligible and disqualified from further consideration.

Component B: Young Adult Community Access Programs (YACAP)

Up to $2,960,000 annually in State funding is available annually for five years to support programs funded through this RFA.

Funding will be allocated as stated in the chart below. Annual awards will not exceed $340,000 for Rest of State (ROS) and $400,000 for the NYC regions.

NYSDOH Region	Annual Award Amount	Number of Awards
*Rest of State (ROS)	$340,000	4
New York City – Manhattan	$400,000	1
New York City - Brooklyn	$400,000	1
New York City - Bronx	$400,000	1
New York City - Queens/Staten Island	$400,000	0-1

***ROS includes:** **Long Island and all regions/counties outside of New York City**

Applicants for Component B may submit one (1) application per region. A separate application must be submitted for each additional region proposed. Applications that are multi-site or propose rendering services in non-Article 28 settings will be deemed ineligible and disqualified from further consideration.

Applicants should select their primary region of service on the application cover page. The chosen region should be the location experiencing the highest HIV and STI disparities rates by the priority population and the availability of comprehensive supportive networks.

- 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 AI 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 an 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.

Applicants directly funded by the New York City Department of Health and Mental Hygiene or other Request for Proposals (RFP) to provide like/similar services as contained

in this RFA for the proposed site, should demonstrate additional need and that NYSDOH funds will be used to supplement, not supplant, program services.

II. WHO MAY APPLY

A. Component A and B Minimum Eligibility Requirements:

Applicants must meet the following minimum eligibility requirements:

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due.
- Applicant must submit **Attachment 1 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on Attachment 1.
- Applicant must be a not-for-profit health care organization licensed by the New York State Department of Health (NYSDOH) under Article 28 of the New York State (NYS) Public Health Law with proposed services rendered in Article 28 sites: and
- Applicant must possess current not-for-profit 501© (3) Tax-Exempt Status.
- Applicant's service site must be located within medically underserved areas (MUAs) as designated by the Health Resources and Services Administration (HRSA) experiencing disproportionate incidences of HIV, sexually transmitted infections (STIs), and social determinants of health. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. (https://data.hrsa.gov/tools/shortage-area/mua-find)
- Applicant must utilize an electronic health record system (EHR). Applicants must complete **Attachment 2 - Electronic Health Records (EHR) Assessment.** Attachment 2 must be uploaded to the Grants Gateway in the Pre-Submission Uploads section of the online application.
- Applicant must have the electronic capacity to collect SDOH and Sexual Orientation Gender Identity (SOGI) data.
- Applicant must propose services in a single site. Applications that are multi-site will be deemed ineligible and disqualified from further consideration.

III. PROJECT NARRATIVE/WORK PLAN OUTCOMES (ALL COMPONENTS)

This RFA aims to improve HIV health equity and reduce HIV, STI, and HCV disparities experienced by the priority populations by increasing clinical engagement and providing service delivery models designed to mitigate the impact of racism and SDOH that adversely affect HIV health outcomes.

Applicants should propose comprehensive, patient-centered health engagement models that utilize a health equity lens[20], incorporate the **Bureau of HIV Ambulatory Care Services Guiding Principles (Attachment 3)**, and routinely collect and analyze SDOH data. Successful

20 https://www.hivtrainingny.org/Uploads/Guidance_for_Applying_a_Health_Equity_Lens_to_HIV.pdf

models use SDOH data to develop tailored clinical-community partnerships responsive to the spectrum of non-medical social needs that contribute to health disparity. Programs also implement self-correcting strategies to ensure resources continuously target those disproportionately impacted. If applying for Component A, applicants are expected to integrate the **Component A Work Plan (Attachment 4)** into the proposed model. If applying for Component B, applicants are expected to integrate the **Component B Work Plan (Attachment 5)** into the proposed model.

Applicants will demonstrate current organizational engagement with the priority population for the component applied using HIV and STI surveillance data, organizational HIV cascade information, and internal and community disparity data for the selected region.

Proposed models will align with current NYSDOH AI priorities, ETE goals, and AIDS Institute Clinical Guidelines and include strategies intended to reduce racial and ethnic health disparities experienced by the priority population(s).

The RFA components in this solicitation are flexible, with opportunities for applicants to present innovation-based programs tailored to the needs and service gaps identified through organizational community needs assessments, demonstrated experience with the priority populations, and feedback from priority population members.

Innovative or evidence-based services consistent with the goals and eligible costs stipulated in this RFA are encouraged.

RFA Priority Population(s) and Client Eligibility per Component	
Component A	**Integrating PrEP and Sexual Health within Community Primary Care Settings located statewide and in areas of increased HIV and STI Prevalence**
Priority Population(s)	BIPOC, LGBTGNC women, men who have sex with men, gay, bisexual, transgender, and gender-nonconforming persons.
Client eligibility	Eligible clients are individuals at risk of acquiring HIV who would benefit from access to a PrEP prescriber, sexual health services, assistance to maintain engagement in PrEP, and referral(s) to services to reduce social determinants of health.
Component B	**Young Adult Community Access Programs (YACAP) serve communities statewide with increased HIV and STI prevalence.**
Priority Population(s)	Young adults and adolescents ages (13-29) who are BIPOC, LGBTGNC, women, young men who have sex with men, gay, bisexual, transgender, and gender-nonconforming persons; and individuals social and structural determinants of health such as runaway/ homeless youth, individuals involved in the street economy/sex trafficking, individual who use substances, and those who have experienced trauma, physical, mental, or sexual abuse.
Client eligibility	Young adults and adolescents ages (13-29) who would benefit from access to a PrEP prescriber, sexual health services, assistance to maintain engagement in PrEP, and referral(s) to services to reduce social 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.

A. Program Model Description

Component A: PrEP Services in Primary Care Settings

PrEP services models are integrated within primary care, and sexual health settings and systemically identify members of the priority populations experiencing the disproportionate incidences of HIV and STIs, and SDOH needs that impact engagement in care. In addition, applicant organizations are encouraged to routinely assess internal systems, barriers, and capacity concerns that reduce engagement with the priority population.

Organizations may leverage resources to ensure the availability of a comprehensive scope of services that includes patient identification and engagement, outreach, linkage, navigation, and expedited partner therapy. Program models are designed to increase HIV, STI, and HCV

screening, diagnosis, treatment, and prevention activities; PrEP and PEP initiation and rapid start therapy; and rapid engagement in HIV clinical care and treatment for individuals newly aware of their status. Innovative program models include activities that increase PrEP and PEP awareness, access, medication acceptability and prescribing. Examples include: adopting a "status-neutral" approach to HIV and STI screening, conducting sexual health screening during primary care visits, and increasing access to PrEP services through telehealth, mobile lab services, at-home STI or HIV testing, or STI self-swabbing.

PrEP service programs are patient-centered and designed to identify and reduce barriers to starting PrEP. Design elements should include constructs that address convenience, trust, culture, racial bias, confidentiality, and stigma. Effective models use a sexual health framework to provide sexual orientation and gender identity (SOGI) affirming care and treatment services. SOGI affirmation includes acknowledging the physical, emotional, and spiritual benefits of sexual expression and fostering discussions of sexual health needs to increase the likelihood of return visits for information, care, and treatment when required. Applicant models will include mechanisms to collect and analyze SDOH data and redirect resources toward patients experiencing the highest HIV and STI disparities rates.

At its core, PrEP services models use a team approach to support the range of clinical services outlined in the NYS DOH AI Clinical Guidelines. In addition, clinical providers work with the PrEP team to identify SDOH needs and coordinate care and referrals to address the psychosocial and non-medical social determinants of health that contribute to disparate health outcomes.

Applicants should note that critical components of fundable models include the systemic screening of patients to identify SDOH needs and the construction of tailored referral networks to address the non-medical determinants and social service needs identified. Grantees are expected to build strong collaborative relationships with organizations experienced in providing culturally responsive care and engagement services to the specified priority population(s). Effective community partners work collaboratively with the applicant organization to address structural or social determinants of health. Grantees will maintain streamlined referral processes that track linkage and referral outcomes to completion and provide this data and feedback to the partner organization.

Proposed staffing patterns should support patient identification and engagement, patient education, screening and assessment of sexual health needs, SDOH screening, coordination of clinical services, linkage and navigation, and internal and external referral coordination systems.

Grant funding should support positions and services that are not reimbursable through third-party payers. Staffing patterns allow a cumulative maximum of 20 percent of one full-time equivalent clinician to provide non-reimbursable services such as program development and guidance, quality improvement, education and training, and case conferencing. The 20 percent limit does not apply to a clinician whose position is solely administrative.

Applicants are not required to have each of these positions in place to be eligible to apply:

PrEP Services staffing needs to include

- PrEP Clinical Champion – The "PrEP Champion" is an individual within the organization who is a proponent of using PrEP, is in a key policy and decision-making position, leads quality improvement activities, and has the time and ability to provide the momentum needed for program success. Additionally, the PrEP Clinical Champion ensures that the health center's point of care processes identify and engage patients who would benefit from receiving PrEP.
- One (1) Program Manager at no less than one half (0.5) Full-Time Equivalent (FTE). This individual is responsible for program implementation, oversight, staff and program management, and PrEP Services program outcomes.
- One or more (1.0) FTE PrEP Specialists (or equivalent title)

Additional staff to be considered include:
- Data Entry
- Quality Improvement
- Peer/Community Health Worker
- Social Worker/Behavioral Health Counselor

Grantees will provide qualified program administrators, managers, direct service, data, and peers to implement the program effectively and represent the population(s) prioritized through the proposal.

Expected Outcomes:
To increase access and delivery of comprehensive PrEP, PEP, and sexual health services in community health settings in areas experiencing disparate HIV and STI outcomes. Funding will support increased access to HIV and sexually transmitted infection (STI) screening, diagnosis, and treatment; PrEP and prescribing and rapid treatment/therapy; and engagement in medical care, HIV treatment, and supportive services in communities disproportionately impacted.

- Increase access and acceptability of PrEP as a biomedical intervention, sexual health, behavioral health, and supportive services;
- Increase the number of individuals from BIPOC, LGBTQ, and other disproportionately impacted communities who initiate a PrEP regimen;
- Increase early identification of HIV and STIs;
- Increase access to immediate initiation of STI treatment, expedited partner therapy (EPT), antiretroviral therapy (ART), and engagement in primary health care;
- Decrease HIV and STI transmission rates;
- Reduce the number of SDOHs that adversely affect engagement in clinical care and treatment outcomes; and
- Reduce PrEP and STI racial and ethnic disparities experienced by BIPOC and other disparately affected communities.

Program Model Description:

Component B: Young Adult Community Access Programs (YACAP)

YACAP models deliver sexual health, PrEP, supportive, and behavioral health services to reduce disparate HIV and STI transmission rates and outcomes BIPOC and LGBTGNC adolescents and young adults (AYAs) ages 13 to 29 years.

YACAPs services are provided in Article 28 licensed settings operating as full or part-time clinics such as mobile medical units, health services storefront locations, or a health care center located in a medically underserved area where AYAs experience disparate HIV and STI rates and outcomes. Applicants are encouraged to be innovative to increase access to and ensure full-time availability of services at times convenient to the priority population.

YACAP program models are adolescent and young adult-centric and intend to initiate and facilitate AYA engagement in ongoing primary care and sexual health services. The primary goal of the program model is to assist AYAs in obtaining timely, essential, and appropriate medical, prevention, and supportive services, including insurance navigation, assistance navigating complex medical systems, and referrals to community partner organizations to address identified social and structural determinants of health. Programs will be required to provide on-site behavioral health screening and counseling services.

Program models should utilize a sexual health framework that includes HIV, HCV, and STI testing and treatment; extragenital testing, PrEP/PEP education, screening, and initiation; pregnancy testing and family planning; partner services including EPT, and the provision of or referral for immunizations.

Grantees are expected to provide a comprehensive scope of services to address the medical and non-medical needs of AYAs. YACAP models apply service delivery strategies that decrease structural and system-level barriers (location, operational hours, cost) and social barriers, such as racial bias, fear, and stigma. This includes the development of tailored referral networks comprised of community organizations versed in responding to the myriad of complex AYA needs. Effective community partners work collaboratively with the applicant organization to address structural or social determinants of health. Successful programs will maintain streamlined referral processes that track linkage and referral outcomes to completion and provide this data and feedback to the partner organization.

Peer services are an essential component of the program and necessary to meet and engage young adults “where they are.” Peer delivered interventions can include targeted outreach and recruitment, client escort, appointment reminders, treatment adherence, navigation, and other supportive services.

YACAP staffing needs to include

Applicants are not required to have each of these positions currently in place to be eligible to apply:

- One (1.0) Full-Time Equivalent (FTE) staff person responsible for program deliverables and coordination (e.g., Program Manager).

- Funded applicant must employ or subcontract with a mental health provider (Psychiatrist, Psychologist, Psychiatric Nurse Practitioner, licensed clinical social worker, licensed mental health counselor); and
- Funded applicant must employ or subcontract with a substance use provider experienced in delivering therapeutic services to young adults at-risk for or living with HIV.

Additional staffing positions to be considered include:

- Outreach Coordinator
- Clinical Lead
- Case Manager
- Social Worker
- Peer/Community Health Worker
- Patient Navigator
- Data Entry
- Quality Improvement

Grantees will provide qualified program administrators, managers, direct service staff, data, and peers representing the population(s) prioritized through the proposal.

Grant funding should support positions and services that are not reimbursable through third-party payers. Staffing patterns allow a maximum cumulative effort of 40 percent of one full-time equivalent clinician to provide non-reimbursable services such as program development and guidance, quality improvement, education and training, and case conferencing. The 40 percent limit does not apply to a clinician whose position is solely administrative.

Expected Outcomes

- Increase access to quality HIV, sexual health, behavioral health, prevention, and supportive services for young adults at risk of HIV acquisition;
- Increase the number of AYAs receiving sexual health services, aware of their status, and connected to care;
- Increase early identification of HIV with immediate initiation of antiretroviral therapy (ART) and linkage to care;
- Increase PrEP initiation and sexual health screening among AYA;
- Increase access to immediate initiation of STI treatment, Expedited Partner Therapy (EPT), and linkage to comprehensive health care;
- Develop active community linkage and referral networks to meet social determinants of health needs: health care, environment, education, social, community, psychosocial, and economic stability;
- Reduce the number of SDOH needs that adversely affect engagement in clinical care and treatment outcomes;
- Increase Peer involvement to improve AYA's ability to navigate complex health care and supportive services systems to ensure linkage to appropriate resources to address unmet needs; and

- Reduce stigma associated with HIV, STIs, mental health, and substance use among BIPOC and LGBTGNC AYA.

B. Requirements for ALL COMPONENTS

All applicants selected for funding will be required to:

1. Adhere to the **Bureau of HIV Ambulatory Care Services RFA Guiding Principles (Attachment 3).**
2. Adhere to all objectives, tasks, and performance measures listed in **Work Plan Attachment for the Component applied for (Component A Work Plan – Attachment 4 and Component B Work Plan – Attachment 5);**
3. Participate in a collaborative process with the NYSDOH AI to assess program outcomes and provide monthly narrative reports describing the progress of the program concerning 1) implementation, 2) client recruitment, 3) significant accomplishments achieved, and 4) barriers encountered and plans to address noted problems.
4. Submit statistical reports on clients served, and other data using the AIDS Institute Reporting System (AIRS). Successful applicants must demonstrate the capacity to collect and report all required data, both personnel and hardware-related using AIRS. AIRS is a data reporting system that is required by the NYSDOH AI to report client demographic information as well as program activities. NYSDOH AI requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. NYSDOH AI provides and supports the AIRS software to enable providers to meet data submission requirements. Details on this software product may be obtained by accessing the following Internet address, www.airsny.org;
5. 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 6** for **Health Equity Definitions and Examples** of social and structural determinants of health.
6. Providers should maximize training offered by the NYSDOH AI's Clinical Education Initiative (CEI) to meet these goals. For a list of PrEP related training, visit CEI's website: http://ceitraining.org/prep/ . In addition, PrEP training should be available to community partners and linkage organizations comprising the PrEP network.

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute (NYSDOH AI, The Department), Division of HIV and Hepatitis Health Care/Bureau of HIV Ambulatory Care Services. 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 via email to:

2022.ImprovingHE.RFA@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 "*ImprovingHE*" 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/user names 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 be posted on the

Grants Gateway website. All such updates will be posted by the date identified on the cover 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 for this project.

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 **Improving Equity Through Clinical HIV Prevention in Community Health Settings**
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 offerer's application and/or to determine an offerer'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: **July 1, 2023 - June 30, 2028.** Continued funding throughout this period is contingent upon availability of funding and state budget appropriations. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of 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 monthly invoices and required reports of expenditures to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

AIDS Institute
New York State Department of Health
Empire State Plaza
Corning Tower, Room 459
Albany, NY 12237

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 (below) or, if requested by the Department, through the Grants Gateway:
    - A monthly narrative addressing program implementation, barriers and accomplishments.
    - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS). http://www.airsny.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 7** 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 8)** 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 Gateway 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 included with 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.

The Grants Gateway works well in most cases with all browsers, including Microsoft Edge, Google Chrome, Safari, and Firefox. However, you will need to use Internet Explorer Compatibility Mode in Microsoft Edge if you need to save 500-character limit fields in the Work Plan. You can access Internet Explorer mode by right-clicking on a tab in Edge and selecting the option "Reload Tab in Internet Explorer Mode".

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 the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

All applicants should complete and upload **Attachment 9** (**Application Cover Page**). Attachment 9 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Application Format – ALL COMPONENTS

1.	Program Abstract	Not Scored	
2.	Community and Agency Description	Maximum Score:	15 points
3.	Health Equity	Maximum Score:	15 points
4.	Program Design and Implementation	Maximum Score:	50 points
5.	Budget and Justification	Maximum Score:	20 points
			100 points

1. Program Abstract **Not Scored**

Applicants should provide a program abstract with the following information for the component for which they are applying:

1a) Describe the proposed program model. Include the program purpose, goals, objectives, and expected outcomes.

1b) Describe the unmet service gaps or patient needs the proposed program and funding will meet. How were these needs identified?

1c) Describe the priority population(s) to be served, including age, gender, and race/ethnicity. Include the organizational systems the applicant will use to ensure program services reach the priority populations experiencing the most significant disparate outcomes. How will success be measured?

2. Community and Agency Description **Total 15 Points**

2a) Describe why the applicant is qualified to implement the proposed program. Provide the patient demographic profile for the proposed service site, including age, gender, race, economic status, immigration status, insurance status, risk behavior, HIV and STI prevalence, sexual orientation (if available), and other significant characteristics as appropriate. In addition, provide a community profile for the catchment area proposed. Include demographic factors such as age, race, gender, HIV and STI prevalence rates, poverty status, utilization of social services, the prevalence of homeless or unsheltered individuals, crime rates, health-related disparity data, and other structural or environmental determinates as appropriate. Include quantitative and qualitative evidence to support this response and the proposed priority population(s) selection.

2b) Describe the health center's experience providing comprehensive and co-located HIV and STI clinical treatment and prevention services. Complete **Attachment 10: Service Delivery Experience Table** and upload to Grants Gateway in the Pre-Submission Uploads section of the online application indicating the years of experience providing the listed services and an estimate of how many individuals received those services.

2c) Describe the organization's capacity to collect SOGI data in the EHR. Describe how

SOGI data and the patient's preferred name and gender pronouns are collected and used. How is SOGI data used to identify and reduce health care disparities in LGBTGNC communities? If the organization does not currently collect this information, describe plans to electronically collect SOGI data and the patient's preferred name and gender pronouns.

2d) Describe the community partner agencies that will provide services to the priority population(s) to address identified SDOH needs or are unavailable onsite. Include why the partner agency was selected and is qualified to serve the priority population. Describe how partnerships will be established, expanded or modified, and maintained throughout the length of the proposed program. Denote if the association is formal and current or if development is required. Describe the ongoing process to assess partnership relevance and its effectiveness in addressing the SDOH needs of the priority population(s). How will the applicant track the outcomes of those referred?

3. Health Equity — Total 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 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 this?

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

4. Program Design and Implementation — Total 50 Points

4a) Describe the geographic community where services are proposed. Include a description of the health center, current engagement with the priority population selected, and how the proposed program will decrease patient barriers to engagement and disparate HIV and STI health outcomes. Applicants are instructed to complete **Attachment 11: Site, Days, and Hours of Operations Chart** and upload **Attachment 11** in the Pre-Submission Uploads section of the Grants Gateway online application.

4b) Describe the design and structure of the proposed program/services. Detail the program design's specific strategies, evidenced-based interventions, or innovations incorporating the **Bureau of HIV Ambulatory Care Services Guiding Principles (Attachment 3).**

4c) Describe barriers to patient identification and engagement in HIV and STI preventative treatment and care. Include how the proposed program will address those barriers.

4d) Include a description of supplemental services that will address the SDOH needs to be identified by the priority population.

4e) Identify and describe your proposed program services/activities and the expected outcomes. Explain how each activity will be implemented and how it will achieve the proposed results and RFA intent. Applicants are required to complete the **Program Implementation Timeline (Attachment 12)**. **Attachment 12** should be uploaded to the Grants Gateway in the Pre-Submission Uploads section of the online application.

4f) Describe the organizations process of identifying disparate HIV and STI health outcomes within the health center patient population. Include the strategies the applicant will use to monitor disparate HIV and STI outcomes. Include the correction process to ensure grant resources consistently target patients experiencing the highest HIV and STI disparity. Provide an example of an HIV or STI disparity identified in the past two years and the actions taken to mitigate that disparity.

4g) Describe how members of the priority population were included in or contributed to the program design development.

4h) Describe the key community partnerships required to implement the proposed program successfully. Describe who and how patient navigation and engagement in partner agency services will be facilitated, monitored, and assessed for effectiveness. Applicants must complete **Attachment 13: Accessibility, Referral, Navigation, and Service Continuum Chart** and upload Attachment 13 in the Pre-Submission Uploads section of the Grants Gateway online application.

4i) Describe the data collection and reporting process from the point of service delivery to entry into AIRS. Include how your organization will collect, analyze, and report client-level and programmatic data. Identify the organization's electronic health record (EHR) and its capacity to collect SOGI and SDOH data.

4j) Describe how the proposed staffing pattern meets the minimum requirements described in the component you are applying. Provide a brief description of this project's management, supervisory, and implementation structure, including staff roles and responsibilities associated with the proposed project. Indicate each staff person's required qualifications and expertise and whether this person is an existing staff person.

4k) Describe how the proposed staffing pattern ensures the provision of a comprehensive scope of services as per the RFA intent. Include staff responsible for oversight of AIRS

data and fiscal management. Also include in-kind staff with responsibilities related to the proposed program. Applicants must complete **Attachment 14 – Agency Capacity and Staffing Information and Attachment 15: Program Organizational Chart** and upload Attachment 14 and Attachment 15 in the Pre-Submission Uploads section of the Grants Gateway online application. Attachment 15 should be representative of the proposed staffing structure of the program.

4l) Describe how clinicians will work with the multi-disciplinary team to address the patient's medical, behavioral, and determinants of health needs. Describe the onsite HIV and STI treatment and prevention services.

4m) Indicate the training that will be available to program staff and who will provide this training to ensure the quality of program services. Include the health equity and SOGI training plan, if applicable, and methods for training across disciplines to achieve the goals of the RFA.

4n) Describe the organizational structure of your agency's Quality Improvement Program. Indicate the staff responsible for clinical leadership. Include how the proposed program fits into the quality improvement structure including the process to monitor program performance and achieve the expected outcomes of the RFA..

5. Budgets and Justifications — Total 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 (July 1, 2023 – June 30, 2024) must be entered into the Grants Gateway. Refer to **Grants Gateway Expenditure Budget Instructions - Attachment 16**. 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. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

For Component A - Grant funding should support positions and services that are not reimbursable through third-party payers. Staffing patterns allow a cumulative maximum of **20 percent** of one full-time equivalent clinician to provide non-reimbursable services such as program development and guidance, quality improvement, education and training, and case conferencing. The 20 percent limit does not apply to a clinician whose position is solely administrative.

For Component B - Grant funding should support positions and services that are not reimbursable through third-party payers. Staffing patterns allow a cumulative maximum of **40 percent** of one full-time equivalent clinician to provide non-reimbursable services such as program development and guidance, quality improvement, education and training, and case conferencing. The 40 percent limit does not apply to a clinician whose position is solely administrative.

Funds under this RFA are considered dollars of "last resort" and can only be used when there are no options for other reimbursement. Grant funding cannot be used to reimburse for services that are able to be billed to a third party (i.e., Medicaid, ADAP, PrEP-AP, private health insurance, Gilead patient assistance, co-pay assistance programs, etc.). A provider cannot use grant funds in lieu of billing for services to a third party.

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 past three (3) years** should be uploaded to the Grants Gateway as **Attachment 17.**

5e) Applicants are required to upload a copy of their agency **Time and Effort Policy** as **Attachment 18** in the Pre-Submission uploads section of the Grants Gateway online application.

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

5g) Applicants are required to complete and upload **Attachment 19: Funding History for HIV Services** in the Pre-Submission uploads section of the Grants Gateway online application.

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

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in the Component specific Work Plan for which an application is being submitted. 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.

Applicants will be held to the Objective, Tasks and Performance Measures as listed in Component specific Work Plan for which an application is being submitted. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway 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 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 **2022.ImprovingHE.RFA@health.ny.gov**. In the subject line, please write: Debriefing Request (Name of 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 NS Grants Gateway in the user role of either a "Grantee" or a "Grantee Contract Signatory".

Attachment 1: Statement of Assurances*
Attachment 2: Electronic Health Records (EHR) Assessment*
Attachment 3: Bureau of HIV Ambulatory Care Services Guiding Principles**
Attachment 4: Component A Work Plan**
Attachment 5: Component B Work Plan YACAP **
Attachment 6: Health Equity Definitions and Examples**
Attachment 7: MWBE Utilization Plan *
Attachment 8: Vendor Responsibility Attestation *
Attachment 9: Application Cover Page*
Attachment 10: Service Delivery Experience Table *
Attachment 11: Sites, Days and Hours of Operations Chart*
Attachment 12: Program Implementation Timeline *
Attachment 13: Accessibility, Referral, Navigation, and Service Continuum Assessment Chart*
Attachment 14: Agency Capacity and Staffing Information*
Attachment 15: Program Organizational Chart*
Attachment 16: Grants Gateway Expenditure Budget Instructions**
Attachment 17: Statement of Activities for past three (3) years*
Attachment 18: Time and Effort Policy*
Attachment 19: Funding History for HIV Services*

*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 3
Bureau of HIV Ambulatory Care RFA Guiding Principles

1. **Priority Populations - LGBTQ, Young MSM, BIPOC, and disparately impacted communities**

The HIV/AIDS epidemic disproportionately affects BIPOC communities and other at-risk populations (i.e., men who have sex with men, people living with mental illness, substance users, and women of color). Therefore, the AIDS Institute is committed to improving access to prevention and health care services and reducing HIV disparities experienced among these communities. Successful applicants will demonstrate the disparate outcome(s) experienced and how proposed program activities will result in access to a full continuum of high-quality HIV services and a reduction in the number of social determinants of health experienced by the priority population(s) served through the proposed program.

2. **Social Determinants of Health and Health Equity**

Successful applicants will incorporate the principles outlined in the Health Equity Competencies for Health Care Providers[1] and Health Care Organization Considerations in Support of Health Equity[2] resource tools in the program models proposed. Applicants will also apply a health equity lens[3] to develop organizational responses that reduce the social determinants of health experienced by health center patients and actively improve the health outcomes of the priority population(s) to be served through the funding. Applicants can access additional health equity resources at the AIDS Institute Health Equity Corner[4].

3. **Development of Referral Service Agreements**

Clearly defined referral agreements focused on specific services needed by the priority population(s), which are not available at the funded location, will enhance access to patient care. These clinical community partnerships should be tailored and meet the needs of the priority population(s). Best practice suggests a Memorandum or Letter of Agreement between two entities to establish a formal mechanism for patient referral, service provision, and tracking of referral outcomes and delineate the responsibilities of each party.

4. **Hepatitis Screening, Diagnosis, and Care in HIV Primary Care Settings**

Persons with HIV infection are disproportionately affected by viral hepatitis; about one-third of HIV-infected persons are co-infected with hepatitis B or hepatitis C, which can cause longterm
(chronic) illness and death. Therefore, integrating HCV screening, diagnosis, and
treatment into primary care settings will increase the capacity to serve and improve health outcomes for PLWH/A.

5. **Cultural and Linguistic Competency**

Program models should reflect the intrinsic differences derived from preferred language, culture, race/ethnicity, health literacy, religion, and developmental characteristics. The provision of culturally and linguistically appropriate services (CLAS) is a way to improve the

1 https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/health_equity_providers.pdf
2 https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/organization_considerations.pdf
3 https://www.hivtrainingny.org/Uploads/Guidance_for_Applying_a_Health_Equity_Lens_to_HIV.pdf
4 https://www.hivtrainingny.org/Uploads/Guidance_for_Applying_a_Health_Equity_Lens_to_HIV.pdf

quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. Program models and services provided ensure accordance with current National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) Standards5.

6. **Trauma-Informed Care**
The experience of trauma is widespread, especially among those in the highest need of health services, social services, and prevention services. Adverse life experiences are a risk factor for severe health conditions and likely contribute to an individual's avoidance of and discomfort with medical procedures. Trauma-informed care recognizes the presence of trauma in society, acknowledges the role of trauma, avoids re-traumatization, and incorporates strategies to promote an individual's comfort and engagement with primary care.

7. **Consumer Involvement**
Consumer participation in program development enhances services and contributes to the quality of care. Consumer advisory groups, focus groups, and quality improvement committees are mechanisms to obtain consumer input. Peers can also be utilized as advocates, providing health education, risk reduction interventions, and support to other patients, specifically newly diagnosed patients. In addition, grant-funded programs are encouraged to facilitate patient involvement in the city, county, and statewide planning groups and statewide consumeroriented conferences sponsored by the AIDS Institute.

8. **Integration of HIV/STD/HCV Prevention and Treatment**
The AIDS Institute supports a continuum of care inclusive of HIV/STD/HCV prevention and treatment. Integrate prevention and support services to improve the health and well-being of persons living with STDs and viral hepatitis into HIV primary care. In general, primary care, routine prevention, and testing contribute to early diagnoses, improved health outcomes, and reduced transmission to others.
Providers are encouraged to use existing infrastructure to sustain activities supporting early identification and diagnosis of HIV infection through routine HIV testing as required by Chapter 308 of the Laws of 2010 HIV Testing in New York State.

9. **HIV Clinical Expertise**
The AIDS Institute's Office of the Medical Director encourages facilities providing HIV clinical care to employ physicians with significant expertise in HIV medicine. In addition, when needed, providers are encouraged to develop formal relationships with an HIV clinician to co-manage or consult with complex clinical cases.

10. **Quality of Care Standards**
All HIV prevention and health care programs must develop and maintain continuous quality improvement programs which meet the AIDS Institute's standards of care. These standards include agency leadership and commitment, staff development and training, participation of staff from all levels and various disciplines, and systematic selection and review of performance criteria, including consumer satisfaction.

5 https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf

All funded health facilities under this RFA will be required to submit annually the Ryan White HIV/AIDS Program Services Report (RSR) and facilitate data collection and analysis of HIV clinical data to assess and improve the quality of care.

11. **Use of Behavioral Science-Based Prevention Strategies**
Programs may incorporate interventions designed to prevent primary and secondary transmission of HIV based on empirically proven strategies with a foundation in the behavioral sciences. Behavioral science-based approaches have proven effective in disease prevention and behavior change and are effective in HIV prevention. They include specific constructs for understanding how behavior change works and strategies for facilitating and maintaining the reduction and elimination of unwanted high-risk behaviors. If used in the program model, staff should be trained and competent in utilizing behavior change theories in service delivery. Examples of behavior change theories include but are not limited to the Theory of Reasoned Action, Social Cognitive Theory, and Transtheoretical Model of Behavior Change.

12. Health Literacy Universal Precautions[6]

Health literacy universal precautions is an approach that 1) assumes everyone could use help understanding health information, 2) considers it the responsibility of the health care system to make sure patients understand health information, 3) focuses on making health care environments more literacy friendly and ensures training for providers to communicate more effectively. Health literacy impacts all levels of the health care delivery system. Therefore, a universal precautions approach to health literacy is essential to improve health outcomes, reduce disparities and reduce costs. In addition, health literacy universal precautions aim to simplify communication and confirm patient comprehension, minimize the risk of miscommunication, make the health care system easier to navigate, and support patients' efforts to improve their health.

The AIDS Institute recognizes the importance of health literacy universal precautions to improve quality, reduce costs, and reduce health disparities. Funded providers will integrate health literacy universal precautions into their funded program policies, staff training requirements, care models, and quality improvement activities to ensure patient understanding at all points of contact. Best practice recommendations for health literacy universal precautions include expanding these guiding principles agency-wide.

13. **Harm Reduction Approach Strategies**
The NYS Department of Health encourages using a harm reduction approach by programs funded to provide HIV/STD/Hepatitis prevention services. Harm reduction is a perspective and a set of practical strategies to reduce the negative consequences of behaviors. In addition, a harm reduction approach recognizes the importance of working with a patient's level of acceptance of services.

6 https://www.ahrq.gov/health-literacy/improve/precautions/index.html

14. **Undetectable=Untransmittable (U=U)**

    The NYSDOH supports the clinical evidence that people who take antiretroviral therapy (ART) as prescribed and have achieved and maintained an undetectable viral load for six months or greater have a negligible risk of sexually transmitting the virus. PLWH who are engaged in ongoing clinical care may rely on antiretroviral therapy as a strategy to prevent sexual transmission to an HIV-negative partner, provided there are no active sexually transmitted infections (STIs)

15. **Development of Medical Self-Management**

    Research supports self-management interventions, such as self-monitoring and informed decision making, that lead to improvements in health outcomes and health status and increase patient empowerment. Medical self-management support transforms the patient-provider relationship into a more collaborative partnership and organizes the health care team around the pivotal role of the patient in their care. The process engages patients and providers to identify health goals, choose specific actions, acquire needed information, and monitor progress.

16. **Affiliation with Medicaid Managed Care (MMC), Medicaid Health Homes, and SNPS for NYC Medicaid Beneficiaries**

    Enrollees in managed care with chronic illnesses or co-morbidities have access to specialists and plan disease management staff for care and benefits coordination if needed. Agencies must be committed to maximizing patient participation in health insurance programs. Eligible enrollees for the health benefits marketplace should be encouraged by Article 28 facilities to select an appropriate coverage plan responsive to the enrollee's medical needs. Access to care coverage maximizes available resources and supports continued engagement in care.

ATTACHMENT 4 – WORK PLAN

SUMMARY

PROJECT NAME: Improving Equity through Clinical HIV Prevention in Community Health Settings Component A PrEP

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: July 1, 2023_ To: June 30, 2028

PROJECT SUMMARY: **Component A PrEP Services** – The New York State Department of Health AIDS Institute (NYSDOH AI) supports increased access to and delivery of comprehensive Pre-Exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) using a sexual health framework in community health settings located in areas experiencing disparate HIV and STI outcomes. PrEP services models are integrated within health care systems and use disparity data to focus grant resources on activities that reduce social determinants of health and increase PrEP initiation among BIPOC, LGBTQ, and others disproportionately impacted by HIV and STIs. Programs routinely review surveillance, organizational, and community disparity data for the location funded and appropriately reallocate resources toward communities experiencing the highest rates of inequity.

Program model activities increase PrEP awareness, medication access and acceptability, PrEP prescribing and initiation, STI screening and treatment, and reduce structural and systemic barriers to engagement in care and treatment. PrEP Services programs will:

- Increase initiation of PrEP among disparately impacted communities
- Increase access to rapid or same-day PrEP initiation
- Increase early identification of HIV and STIs.
- Increase access to immediate initiation of STI treatment, expedited partner therapy (EPT), antiretroviral therapy (ART), and engagement in primary health care.
- Decrease rates of HIV and STI transmission.
- Reduce SDOH impact on patient engagement in clinical care and treatment.
- Reduce PrEP and STI racial and ethnic disparities
- Reduce stigma

Funded agencies agree to comply with current NYSDOH Clinical Guidelines, BHACS Initiative Standards, and BHACS Guiding Principles

Component A Priority Populations: Black, Indigenous, People of Color, LGBTQ, men who have sex with men, women, gay, bisexual, transgender, gender-nonconforming persons, or other communities experiencing the highest rates of HIV and STI disparity.

Instructions: For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as 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 listed in Attachment 4: Work Plan. Applicants are not required to enter any Objectives, Tasks, or Performance Measures into the Grants Gateway Work Plan.

OBJECTIVE		TASKS		PERFORMANCE MEASURES
1: Program Operations and Administration		1.1. Ensure systems that provide administrative leadership, guidance, and support to integrate PrEP Services into the agency's overall programming achieve the outcomes indicated in the RFA.		1.1.1 Formal meetings with agency leadership to review program progress achieving contract deliverables are routinely conducted, documented, and available for review.
		1.2 Establish support from the agency's administrative leadership to integrate PrEP Services into the agency's overall programming and ensure success.		1.2.1 Program monitoring and routine communication with program staff indicate the provision of adequate resources and program oversight.

		1.3 Provide oversight, guidance, and leadership to prescribing clinicians to ensure alignment with current AI clinical guidelines.		1.3.1 Clinicians prescribing practices align with current AI PrEP, PEP, and STI clinical guidelines
		1.4 Contractor will create program-specific policies and procedures.		1.4.1 Comprehensive program policies and procedures will be created and updated as appropriate as indicated in the standards. In addition, during monitoring reviews, program policies and procedures review will occur to ensure the development, implementation, and adherence of 100% of required policies.
		1.5 Contractor will ensure that the most recent version of AIRS is maintained. In addition, adequate resources will be made available for data entry and management, including developing and maintaining an AIRS backup system.		1.5.1 Contractor will submit 100% of all monthly AIRS data extracts and narrative reports (using the prescribed template), adhering to established timeframes.
		1.6 Contractor will document all PrEP Services program-related services in the patient's medical record and the AI Reporting System. Supervisory		1.6.1 100% of program services will be entered into the patient's medical record and AIRS. Adherence will

		staff review AIRS reports monthly before submission to ensure accuracy and completeness.		be monitored through quarterly reports sent to the contract manager by the Division Data Unit.
		1.7 Contractors will hire appropriate and qualified personnel to perform the functions required under the contract. Changes in program staff (hiring, terminations, etc.) will be documented in monthly reports and discussed with the contract manager.		1.7.1 Contractors will provide evidence that staff meet relevant qualifications and communicate how program coverage is maintained through monthly reports, ongoing communication with the contract manager, and program monitoring reviews.
		1.8 Participate in Regional ETE, NY Links, and community meetings to remain abreast of developing strategies and provide agency feedback.		1.8.1 Participation is maintained at community meetings at least quarterly.
		1.9 Establish agency and program systems to implement the Initiative Program Standards		1.9.1 Programs adhere to the current Initiative Program Standards
2: Increase PrEP and PEP access, patient identification and engagement, and medication initiation among patients at highest risk for HIV acquisition.		2.1 Develop systems that identify patients experiencing disparate HIV and STI outcomes and would benefit from receiving PEP, PrEP, STI, or other sexual health services.		2.1.1 Program performance and outcomes will be measured against current ETE target metrics and performance measures outlined in the Initiative Program Standards.

		2.2 Coordinate and monitor medical treatment and supportive service interventions to align with NYSDOH PrEP, PEP, and Sexual Health Guidelines.		2.2.1 Program performance metrics will be measured against ETE target metrics for PrEP Utilization and 100% adherence to the performance measures outlined in the Initiative Program Standards.
		2.3 Ensure PEP, PrEP, and sexual health-related services are available at convenient locations and times when patients can access them.		2.3.1 The availability of after-hours, weekend, or non-traditional hours will be evaluated annually and modified to meet patient needs when appropriate.
3: Identify and address SDOH-related barriers.		3.1 Establish a system to track the outcomes of referrals for SDOH-related services that impact retention and adherence.		3.1.1 Contractor will document and track 100% of all referrals and outcomes in AIRS tracking mechanism/data reports. Referrals are tracked to completion.
		3.2 Develop partnerships with service organizations that address determinants of health and support early access to and engagement in PEP, PrEP, and sexual health services.		3.2.1 Contractors will show evidence of active linkage agreements with partners to address determinants and other services needed but not available at the funded locations.

4: Program Evaluation and Quality Management		4.1 Develop and implement activities that monitor and evaluate program processes and quality of care outcomes.		4.1.1 Program performance will be measured per the AI Quality Improvement Program and measures outlined in the Initiative Program Standards.
		4.2 Contractor will participate in PrEP Services Provider calls and conduct quality improvement activities to address areas of low performance.		4.2.1 Contractor participates in 100% of Provider Meetings conducted and submits the results of 100% of PrEP quality improvement activities to the contract manager or during provider meetings when directed.
		4.3 Contractor will develop a mechanism for incorporating consumer feedback into quality improvement.		4.3.1 100% of all programs will have mechanisms to collect and measure consumer satisfaction and obtain consumer feedback. Measurement outcomes are submitted upon completion or made available during program monitoring.
5: Flexibility in programming for directing resources effectively		5.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.		5.1.1 N/A
		5.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS		5.2.1 Aid with non-work plan public health issues if/when they arise.

		Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice. 5.3 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.		5.3.1 Aid with non-work plan public health issues if/when they arise.

ATTACHMENT 5– COMPONENT B WORK PLAN
SUMMARY

PROJECT NAME: Improving Equity through Clinical HIV Prevention in Community Health Settings – Component B Work Plan YACAP

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: July 1, 2023 To: June 30, 2024

PROJECT SUMMARY: **Component B Young Adult Community Access Programs (YACAP)** provide clinical HIV and STI prevention and treatment services to adolescents and young adults experiencing disparate health outcomes. Programs will assist young adults with obtaining timely, essential, and appropriate medical, prevention, and supportive services. In addition, through assessment and referral based on individuals' social determinants of health needs, programs may assist with obtaining health insurance, including drug and medical assistance programs; referrals to other community services, patient stabilization or crisis intervention services, housing, and food programs. YACAP programs will:

- Increase access to and engagement in integrated care, quality HIV, sexual health, behavioral health, prevention, and supportive services for young adults at risk of acquiring HIV.
- Increase early identification of HIV with immediate initiation of antiretroviral therapy (ART) and linkage to care.
- Expand access to integrated PrEP, PEP, and sexual health screening.
- Increase consumer identification, engagement, and prescribing of PrEP within community health settings serving those disproportionately impacted by HIV.
- Increase access to immediate initiation of STI treatment, Expedited Partner Therapy (EPT), and linkage to comprehensive health care.
- Reduce the incidence of HIV and other sexually transmitted infections (STIs).
- Development of tailored community referral networks to meet social determinants of health needs: health care, environment, education, social/community/psychosocial, and economic stability.
- Improve patients' ability to navigate complex health care and supportive services systems.
- Increase health equity and reduce the stigma associated with PrEP, PEP, sexual health, HIV, mental health, and substance use.
- Reduce health disparities through increased use of community-driven strategies that respond to social determinants of health and provide co-located behavioral and supportive services.
- Reduce SDOH impact on patient engagement in clinical care and treatment.
- Reduce PrEP and STI racial and ethnic disparities.

Component B Priority Populations: Adolescent and young adults ages (13-29) who are BIPOC, LGBTQ, women, men who have sex with men, gay, bisexual, transgender, and gender-nonconforming persons; and individuals experiencing challenges related to social determinants of health such as runaway/ homeless youth, individuals involved in the street economy/sex trafficking, individuals who use substances, and those who have experienced trauma, physical, mental, or sexual abuse.

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 listed in Attachment 5: Component B Work Plan YACAP. Applicants are not required to enter any Objectives, Tasks, or Performance Measures into the Grants Gateway Work Plan.

OBJECTIVE		TASKS		PERFORMANCE MEASURES	
1: Program Operations and Administration		1.1 Ensure systems that provide administrative leadership, guidance, and support to integrate YACAP into the agency's overall programming achieve the outcomes indicated in the RFA.		1.1.1 Formal meetings with agency leadership to review program progress achieving contract deliverables are routinely conducted, documented, and available for review.	
		1.2 Establish support from the agency's administrative leadership to integrate YACAP into the agency's overall programming and ensure success.		1.2.1 Program monitoring and routine communication with program staff indicates adequate resources and program oversight is provided	
		1.3 Contractor will create program-specific policies and procedures.		1.3.1 Comprehensive program policies and procedures as indicated in the standards and will be created and updated as appropriate. Policies and Procedures will be reviewed during the program monitoring reviews to ensure 100% of required policies have been documented and implemented.	

		1.4 Contractor will ensure that the most recent version of AIRS is maintained. Adequate resources will be made available for data entry and management, including the development and maintenance of an AIRS backup system.		1.4.1 Contractor will submit 100% of all monthly AIRS data extracts and narrative reports (using the prescribed template), adhering to established timeframes.	
		1.5 Contractor will document all YACAP services in the patient's medical record and in AI Reporting System. AIRS reports will be reviewed by supervisory staff monthly to ensure accuracy and completeness before submission.		1.5.1 100% of program services will be entered in the patient's medical record and in AIRS. In addition, adherence will be monitored through quarterly reports sent to the contract manager by the Division Data Unit.	
		1.6 Contractors will hire appropriate and qualified personnel to perform the functions required under the contract. Changes in program staff (hiring, terminations, etc.) will be documented in monthly reports and discussed with the contract manager.		1.6.1 Contractors will provide evidence that staff meet relevant qualifications and that coverage is maintained through the submission of monthly reports, ongoing communication with the contract manager, and during program monitoring reviews.	
		1.7 Participate in Regional ETE, NY Links, and community meetings to remain abreast of developing strategies and provide agency feedback.		1.7.1 Participation is maintained at community meetings at least quarterly.	
		1.8 Establish agency and program systems to implement the Initiative Program Standards		1.8.1 Programs adhere to the current Initiative Program Standards	

2: Improve linkage and retention in HIV clinical care for PLWHA		2.1 Develop systems that support expedited engagement and retention in HIV clinical care and adherence to current AIDS Institute Clinical Guidance.		2.1.1 Program performance and outcomes will be measured against current ETE target metrics and performance measures outlined in the Initiative Program Standards.	
		2.2 Coordinate and monitor medical treatment, interventions, and supportive services to ensure adherence to HIV/AIDS treatment and viral load suppression to improve health outcomes.		2.2.1 Program performance metrics will be measured against ETE target metrics for PrEP, PEP utilization, HIV testing, STI prevalence, and performance measures outlined in the Initiative Program Standards.	
3: Identify and address SDOH-related barriers.		3.1 Establish a system to track the outcomes of referrals for SDOH-related services that impact retention and adherence.		3.1.1 Contractor will document and track 100% of all referrals and outcomes in AIRS. Tracking mechanism/data reports. Referrals are tracked to completion.	
		3.2 Develop partnerships with service organizations that address determinants of health and support early access to and engagement in HIV care.		3.2.1 Contractors will show evidence of active linkage agreements with partners to address determinants and other services needed but not available at the funded locations.	
4: Program Evaluation and Quality Management		4.1 Develop and implement activities that monitor and evaluate program processes, quality of care, and outcomes.		4.1.1 Program performance will be measured as per the ETE metrics and measures outlined in the Initiative Program Standards.	
		4.2 Contractor will participate in AIDS Institute quality improvement activities.		4.2.1 Contractor will submit annual quality improvement project.	

		4.3 Contractor will develop a mechanism for incorporating consumer feedback into quality improvement.		4.3.1 100% of all programs will have a documented and implemented mechanism for measuring consumer satisfaction. Documentation will be made available during program monitoring reviews.	
5: Flexibility in programming for directing resources effectively		5.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.		5.1.1 N/A	
		5.2 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. 5.3 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.		5.2.1 Aid with non-work plan public health issues if/when they arise. 5.3.1 Aid with non-work plan public health issues if/when they arise.	

Attachment 6
Health Equity Definitions and Examples

SOCIAL DETERMINANTS OF HEALTH (SDOH): Social determinants of health (SDOH) are the overarchingfactors 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 economicforces that systematically privilege White people and disadvantage Black, Indigenous and other people ofcolor. 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 theirsocial position or any other social determinant of health. 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 healthcareand are demonstrated barriers to uptake and sustained engagement in HIV prevention and care services.
- Other overlapping social and structural determinants of heath further exacerbate health inequities includinghousing 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 toall 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 16
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=1728c16d0aca3b9aabbd3c25d38d5483&mc=true&node=pt2.1.200&rgn=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:

- **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.

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.