New York State
Department of Health
AIDS Institute
Division of HIV and Hepatitis Health Care
Bureau of Hepatitis Health Care and Epidemiology

Request for Applications
Grants Gateway #'s: Component A – DOH01-HCVNA-2023
Component B – DOH01-HCVNB-2023
RFA Number: #20234
Internal Program #22-0009

Hepatitis C Navigation and Care Coordination in High-Risk Settings

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

Applicants may submit separate applications for each component. However, no more than one (1) application per component will be accepted in response to this RFA.

Component A: Hepatitis C Navigation Services in High-Risk Settings

Component B: Nurse Care Coordination in Opioid Treatment Programs

KEY DATES

RFA Release Date:	**November 9, 2022**
Questions Due:	**November 30, 2022, by 4:00 PM**
Questions, Answers and Updates Posted: (on or about)	**December 14, 2022**
Applications Due:	**January 11, 2023, by 4:00 PM**

DOH Contact Name & Address:

Colleen Flanigan
Director, Bureau of Hepatitis Health Care
NYS Department of Health
AIDS Institute
hepatabc@health.ny.gov

Table of Contents

I.   INTRODUCTION

The New York State Department of Health (NYSDOH) AIDS Institute (AI), Division of HIV and Hepatitis Health Care/Bureau of Hepatitis Health Care announces the availability of New York State funds to increase the number of people living with the hepatitis C virus (HCV) who are linked to HCV care, initiate and complete treatment and are cured of HCV and reduce disparities associated with treatment access. The intent of the Request for Applications (RFA) is to fund $2,650,000 per year for five years.

A. Background/Intent

Hepatitis C is a major public health problem with approximately 2.4 million people in the U.S. and an estimated 116,000 New Yorkers living with the disease. From 1999 to 2013, the national HCV-related death rate increased each year[1], and by 2013 the annual number of deaths attributable to HCV infection outnumbered all reportable infectious diseases combined, including HIV and TB.[2] In 2016–2017, the national HCV-associated mortality declined but rates remained high among people reported as non-Hispanic American Indians/Alaska Native, non-Hispanic Black, and Baby Boomers, highlighting the need for increased efforts to improve linkage to care among populations experiencing disproportionate mortality.[3] New effective direct acting antiviral treatments offer the opportunity to eliminate HCV worldwide.

Despite advances in new HCV treatments, challenges remain to get individuals linked to care after screening or testing positive. The linkage to care (LTC) step bridges individuals screened for and diagnosed with HCV in other settings to treatment in health care settings. LTC is frequently the step along the HCV care cascade where there are large drop offs.[4,5,6] Injection drug use (IDU) continues to be the primary driver for new infections in New York State. People who use drugs are disproportionately impacted by policies that criminalize substance use, perpetuate social injustices, and stigma, which perpetuate inequitable access and prevent them from successfully utilizing services to prevent, identify and treat HCV through the traditional health system. The correctional system and programs providing harm reduction and substance use treatment are uniquely positioned as points of contact with communities impacted by HCV who experience the greatest health inequities. The NYS Hepatitis C Elimination Plan identifies correctional facilities (state and local), harm reduction programs, and substance use treatment programs as priority settings to focus NYS's hepatitis C elimination work.

---

1 Centers for Disease Control and Prevention. National Center for Health Statistics mortality data on CDC WONDER, 1999-2018. U.S. Department of Health and Human Services. https://wonder.cdc.gov/mcd.html. Accessed March 23, 2022.

2 Ly KN, Xing J, Klevens RM, Jiles RB, Ward JW, Holmberg SD. The increasing burden of mortality from viral hepatitis in the United States 1999 and 2007. Ann Intern Med 2012;156:271-278.

3 Ly KN, Minino AM, Liu SJ, Roberts H, Hughes EM, Ward JW, Jiles RB. HCV Mortality in US Regions and Jurisdictions CID. 2020:71

4 Jordan AE, Perlman DC, Reed J, Smith DJ, Hagan. Patterns and gaps identified in a systematic review of hepatitis C virus care continuum in studies among people who use drugs. Front Public Health 2017;5: 348.

5 Linas BP, Barter DM, Leff JA, Assoumou SA, Salomon JA, Weinstein MC, et al. The hepatitis C cascade: identifying priorities to improve clinical outcomes. PLoS One 2014;9(5):e97317

6 Reau N, Mathena SR, Strezewski J, Chirikov VV. National examination of HCV linkage to care in the United States. Hepatology 2018; 68: 892A-893A.

Patient navigation (PN) is an intervention used in chronic and infectious disease management to improve health outcomes by addressing patient and system-level barriers to care and treatment. PN services have been particularly effective at addressing social determinants of health needs and improving health outcomes in populations that experience the greatest health disparities.[7] Studies have shown higher linkage to HCV care rates when dedicated PN staff are there to support clients and act as intermediary between the client and the health care setting[8,9,10] by assessing for and addressing barriers to linkage to care such as transportation, housing and stigma.

Because injection drug use (IDU) is the primary risk for HCV, the prevalence of HCV in opioid treatment programs (OTPs) is high. In NYS, among clients discharged in 2019 from NYS Office of Addiction Services and Supports (OASAS) certified OTPs, 49% indicated IDU. Despite national HCV clinical guidelines recommending HCV treatment among current and former PWID, many OTPs do not treat onsite due to lack of infrastructure.[11] According to a 2018 survey conducted by the NYSDOH AI of OASAS certified OTPs, less than 20% were offering HCV treatment on site. The most common barrier cited by one-third of the programs was lack of staff to support medical care coordination. Since 2018, there has been an increase in utilization of telehealth by OTPs to treat HCV; however, lack of support for care coordination remains a barrier.

The intent of this solicitation is to provide funding to support PN services for clients served in high-risk settings and nurse care coordination services at OTPs providing HCV treatment onsite or via telehealth through a memorandum of understanding (MOU) with an experienced HCV provider. The funding is also intended to mitigate inequities for people infected with HCV and who inject drugs.

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;

7 Ford MM, Johnson N, Desai P, Rude E, Laraque F. From care to cure: demonstrating a model of clinical patient navigation for hepatitis C care and treatment in high need patients. Clinical Infectious Diseases. 2017;64:685-691.

8 Coyle C, Viner K, Huges E, Kwakwa H, Zibbell JE, Vellossi C, Holtzman D. Identification and linkage to care of HVC-infected persons in five health Centers – Philadelphia, Pennsylvania, 2012-2014. MMWR Morb Mortal Wkly Rep 2015;64:459-463.

9 Ford M, Jordan AE, Johnson N, Rude E, Laraque F, Varma J, et al. Check hep C: A community-based approach to hepatitis C diagnosis and linkage to care in high-risk population. JPHMP 2018; 24(1): 41-48.

10 Falade-Nwulia O, Metha SH, Lasola J, La10tkin C, Niculescu A, O'Connor C, et al. Public health clinical based hepatitis C testing and linkage to care in Baltimore. Journal of Viral Hepatitis 2016;23(5):366-374.

11 AASLD-IDSA. Recommendations for testing, managing, and treating hepatitis C. http://www.hcvguidelines.org. [February 22, 2022].

- 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 needs and concerns that can impact successful linkage to HCV care and treatment initiation and completion.

B. Available Funding

Up to $2,650,000 in New York State funding is available annually to support programs funded through this RFA.

Component A: A total of $1,050,000 in New York State funding is available to support HCV linkage and navigation services for clients in high-risk settings. Up to seven (7) awards will be made under Component A.

Funding will be allocated as stated in the chart below. Annual awards will not exceed $150,000.

Region	Maximum Annual Award Amount	Number of Awards
Northeast: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington	$150,000	0-1
Central NY: Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego and St. Lawrence	$150,000	0-1
Finger Lakes: Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates	$150,000	0-1
Hudson Valley: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester	$150,000	0-1
North Country: Clinton, Essex, Franklin and Hamilton	$150,000	0-1
Southern Tier: Broome, Chenango, Chemung, Cortland, Delaware, Otsego, Tompkins and Tioga	$150,000	0-1
Western NY: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming	$150,000	0-1

Component B: A total of $1,600,000 in New York State funding is available to support nurse-led care coordination services in OTPs. Up to eight (8) awards will be made under Component B.

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

Region	Maximum Annual Award Amount	Number of Awards
Northeast: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady,	$200,000	0-1

Schoharie, Warren and Washington		
Central NY: Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego and St. Lawrence	$200,000	0-1
Finger Lakes: Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates	$200,000	0-1
Hudson Valley: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester	$200,000	0-1
Long Island: Suffolk and Nassau	$200,000	0-1
NYC: Manhattan, Brooklyn, Bronx, Queens, Staten Island	$200,000	0-2
Western NY: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming	$200,000	0-1

Applicants are requested to select their primary region of service on the cover page of the application. The primary region of service for the application should be based on the location where the largest number of clients is served. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region. If an applicant fails to indicate a primary service region, it will be assigned a primary service region based on the location where the largest number of clients is proposed to be served.

Applicants may submit separate applications for each component. However, no more than one (1) application per component per applicant will be accepted in response to this RFA. If more than one (1) application is submitted for the same component, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

- Awards will be made to the highest scoring applicants in each region, up to the maximum 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 Grantees: 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 possible discontinuation of the program and services.

II. WHO MAY APPLY

A. Minimum Eligibility Requirements - Component A

All Component A 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 has submitted **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.** Applicants are instructed to upload the signed **Attachment 1** in in the Pre-Submission Uploads section of the online application of the Grants Gateway.

- Applicant must be a not-for-profit health care organization licensed by the NYSDOH under Article 28 of the NYS Public Health Law.

- Applicant must have a minimum of two years of experience treating HCV.

B. Minimum Eligibility Requirements - Component B

All Component B 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 has submitted **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**. Applicants are instructed to upload the signed **Attachment 1** in in the Pre-Submission Uploads section of the online application of the Grants Gateway.

- Applicant must be a not-for-profit opioid treatment program (OTP) certified by NYS Office of Addiction Services and Supports (OASAS) pursuant to Article 32 of the mental hygiene law and 14 NYCRR Part 822 to provide opioid treatment services.

- Applicant must be certified by NYS Office of Addiction Services and Supports (OASAS) to provide opioid treatment services as listed on the OASAS website: https://oasas.ny.gov/providers/program-certification.

- Applicant must have at least two years of experience providing HCV treatment onsite **or** applicants must provide HCV treatment via telehealth through a Memorandum of Understanding (MOU) with an HCV provider who has at least two years of experience providing HCV treatment.

III.   PROJECT NARRATIVE/WORK PLAN OUTCOMES

A. Program Model Description

Component A: Funding through this RFA will support Article 28 facilities to navigate HCV clients from high-risk settings back to the Article 28 facility where HCV treatment is being provided. This will be accomplished by employing an HCV navigator to provide HCV linkage and navigation services from high-risk settings such as substance use disorder treatment and harm reduction programs, to persons released from state prisons and local jails, and other high-risk settings. Services include HCV education and counseling, HCV testing, assessment of HCV treatment barriers, assessment of social determinants of health and referrals for identified needs, arranging for appointments with the HCV provider, assessing transportation barriers, monitoring HCV treatment adherence, appointment reminders, and motivational interviewing.

Component A: Staffing Requirements: Funded programs will be expected to employ the equivalent of one full-time HCV navigator. The navigator must, at a minimum, have a bachelor's degree from an accredited college or university in a related field, such as social work, public health or nursing. The navigator must also be trained in phlebotomy. The navigator will work closely with the HCV treatment provider.

Component A: Required Settings for Navigation Services: Funded applicants will be expected to provide the HCV navigation services outlined below in the following high-risk settings located in their catchment area:
- NYS prisons
  - Funded applicants will be required to accept referrals from all NYS Department of Corrections and Community Supervision (DOCCS) Health Services and the AIDS Institute funded Criminal Justice Initiative Providers embedded in the state prisons.
- Local county jails
- Drug User Health Hubs, if located within the applicant catchment area
- Substance Use Disorder Treatment Programs

Funded applicants may also provide HCV navigation services from other high-risk settings/programs such as harm reduction programs, homeless shelters, alternative sentencing programs, and other high-risk settings that serve PWID, as approved by AI.

Component A: Priority population: Persons living with HCV in high-risk settings.

Component A: Anticipated Outcomes: Funded applicants are expected to achieve the following outcomes:

- Increased awareness of HCV infection status among people served in high-risk settings;
- Increased linkage to HCV treatment among people served in high-risk settings;
- Decreased number of barriers, which create inequitable access to HCV treatment, among people served in high-risk settings;
- Increased number of people served in high-risk settings who initiate and complete HCV treatment; and
- Increased cure of HCV among persons served in high-risk settings.

Component B: Funding through this RFA will support nurse-led HCV care coordination activities in NYS OASAS licensed OTPs. This will be accomplished by identifying OTP clients living with HCV; assessing for HCV treatment barriers, including social determinants of health; conducting HCV testing, including pre-treatment laboratory testing; administrating hepatitis A and B vaccinations; coordinating clinical visits with the HCV provider onsite or via telehealth; monitoring treatment adherence; coordinating and tracking referrals; appointment reminders; and motivational interviewing.

The nurse-led care coordination services will be complemented by services delivered by a person with lived HCV experience employed to provide HCV education, counseling, and supportive services to all OTP clients**.**

Component B: Staffing Requirements: Funded programs will be expected to employ the equivalent of at least one full-time NYS licensed registered professional nurse trained in phlebotomy and a peer with lived HCV experience.

Component B: Priority population: Persons living with HCV receiving services at NYS OTPs.

Component B: Anticipated Outcomes: Funded applicants are expected to achieve the following outcomes:

- Increased awareness of HCV infection status among people served in OTPs;
- Increased linkage to HCV treatment among people served in OTPs;
- Increased number of people served in OTPs who initiate and complete HCV treatment;
- Decreased number of barriers, which create inequitable access to HCV treatment, among people served in OTPs and;
- Increased cure of HCV among persons served at OTPs.

B. Requirements for the Program

Component A:

Funded applicants will be expected to implement the following activities and services:

1. **High-risk setting enrollment plan:** Funded applicants will be expected to develop an enrollment plan identifying the high-risk settings in its catchment area where HCV navigation services will be provided. The enrollment plan should include a point of contact for each setting, identification of which provider will conduct the HCV testing, and a projected number of HCV clients to be enrolled from each high-risk setting during the first year. At the time of application, applicants will be expected to provide a letter of intent from each setting listed in the recruitment plan. Within six (6) months

of receipt of funding, memorandums of understanding with each setting must be formalized.

Note: Clients are enrolled in the HCV Navigation Program once they are diagnosed with HCV infection (HCV RNA detectable).

2. **HCV testing:** In order to identify clients living with HCV, funded applicants will be expected to provide HCV testing at the high-risk settings, if the high-risk setting is not already conducting HCV testing. Testing may include HCV antibody and/or HCV RNA testing, depending on what testing is being provided by the high-risk setting.

3. **HCV navigation services:** Funded applicants will employ an equivalent of one full-time HCV navigator to provide HCV navigation services to persons living with HCV. HCV navigation services must be provided in-person, virtually (through HIPAA-compliant telehealth application) or a combination of both. Navigation services include:

   - Development of a client-centered patient navigation care plan;
   - Health promotion and HCV education;
   - Assessment of social determinants of health, a plan to address the client's needs and referrals for services;
   - Arranging for appointments with the HCV provider;
   - Monitoring HCV treatment adherence;
   - Client engagement and retention services;
   - Arranging transportation or client escort; and
   - Motivational interviewing.

Component B:

Funded applicants will be expected to implement the following activities and services:

1. **HCV education and counseling:** Funded applicants must provide HCV education and risk reduction counseling services for OTP clients at risk for or living with HCV. Education must address HCV disease, prevention, testing, treatment and treatment adherence, harm reduction/risk reduction, re-infection, and health promotion.

2. **HCV client identification:** Funded applicants must develop a process for identifying OTP clients living with HCV by using the electronic health record to identify OTP clients previously or currently diagnosed with HCV or by conducting HCV testing onsite.

3. **Hepatitis A and B vaccination:** Vaccination against hepatitis A and hepatitis B is recommended for all susceptible persons with HCV infection. Funded applicants must evaluate the hepatitis A and B vaccination status for all OTP clients diagnosed with HCV. Susceptible OTP clients with HCV must be offered vaccination onsite. The NYS Vaccines for Adults (VFA) Program provides vaccines at no cost to eligible adults. Funded applicants are eligible to enroll as VFA providers. For more information about the VFA program go to:

4. **Care coordination:** Funded applicants must have a plan to address the needs and coordinate care for OTP clients living with HCV. Programs must assess and address the social and/or structural determinants of health that can lead to disparities and inequities in health. Programs are expected to develop a care plan to mitigate treatment barriers and support retention, treatment adherence and healthy living. Care coordination activities include coordination of onsite/ telehealth visits with the HCV provider; facilitation of pretreatment labs; facilitation of insurance approval for HCV treatment; monitoring treatment adherence and appointment reminders; assistance addressing social determinants of health impacting HCV care, and coordination of medical and non-medical referrals.

5. **HCV peer-delivered services:** Funded applicants must provide services delivered by persons with lived experience in HCV. Peer services may include HCV education and counseling, appointment reminders, treatment adherence support, motivational interviewing and other supportive services.

Funded applicants for either Component A or B will also be required to:

1. Ensure on-going **workforce development** of staff on HCV and related services. Staff training must address HCV disease, prevention, testing, treatment and treatment adherence, harm reduction/risk reduction and re-infection. Training must reflect use of a trauma-informed and harm reduction approach to address how identity, culture, community, and oppression can affect a person's experience of stigma, access to supports and resources, and opportunities for safety. Funded applicants will be expected to have staff trained within the first six months of contract execution. Training resources are available through the NYSDOH AI for funded contractors at: https://www.health.ny.gov/diseases/aids/general/about/education.htm

2. Adhere to **Health Literacy Universal Precautions** (https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html)

3. Demonstrate **cultural responsiveness and linguistic competency:** Access to quality health care should be a basic right for any person, regardless of their culture, language or risk-related behavior. Stigma, especially as it relates to drug use and mental health, continues to be a significant barrier to accessing services for people with HCV. Stigma can also have an adverse impact on care and HCV treatment uptake, treatment adherence, and quality of life. Programs should be designed with an understanding of the differences that derive from language, culture, race/ethnicity, religion, age and developmental characteristics.

4. Apply a **trauma-informed approach:** Trauma and adversity affect a person's physical and mental well-being and can influence how they respond to the environment, relationships, interventions, and treatment services. A trauma-informed approach acknowledges the prevalence of trauma; recognizes how trauma affects all individuals involved with the program, including its own workforce; and responds by proactively resisting re-traumatization. Trauma-informed care applies a universal precautions approach based on five guiding values and principles: Safety,

Trustworthiness, Choice, Collaboration, and Empowerment, to avoid re-traumatization.

5. Demonstrate a **commitment to health equity:** 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 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.

   a. The NYSDOH AI is committed to ensuring our funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health and social inequities. We are all accountable to pay attention to the intersections of race and health equity. We are committed to the implementation of new and tailored approaches to address the challenges faced by our Black/Brown, Indigenous, and People of Color 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

6. 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 2** for **Health Equity Definitions and Examples** of social and structural determinants of health.

7. Adhere to all objectives, tasks and performance measures as listed in **Component A: HCV Navigation in High-Risk Settings Work Plan -Attachment 3** or **Componen**t B: **Nurse Care Coordination in OTPs Work Plan – Attachment 4.**

8. Ensure that accurate and current **policies and procedures** for the program are in place that address the following program components: client identification and enrollment protocol; program eligibility/enrollment; peer services; client appointment follow-up; client referrals and follow-up; HIPAA confidentiality; staff time and effort; equipment; materials review; case conferencing; support services; client complaints; case closure; third party reimbursement; and client incentives. Policies will be expected to be finalized within six months of contract start date. Written policies and procedures are to be reviewed and updated at least annually.

9. Participate in a **collaborative process** with the NYSDOH AI to assess program outcomes. This will be accomplished by providing monthly narrative reports, conducting ongoing continuous quality improvement activities, attending quarterly provider calls, and participating in one annual in-person provider meeting. Programs are expected to describe their progress with respect to: 1) program implementation; 2) client enrollment; 3) success in meeting the work plan objectives and performance measures **Component A: HCV Navigation in High-Risk Settings Work Plan - Attachment 3** or **Component B: Nurse Care Coordination in OTPs Work Plan – Attachment 4**; 4) significant accomplishments achieved; and 5) barriers encountered and plans to address noted problems.

10. 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;

IV.   ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health (hereinafter referred to as NYSDOH, or the Department), AIDS Institute (AI), Division of HIV and Hepatitis Health Care, Bureau of Hepatitis Health Care. The Department is responsible for the requirements specified herein and for the evaluation of all Applications. *See,* Section V.C. (Review and Award Process).

B. Question and Answer Phase

All substantive questions by Applicants with respect to any aspect of the RFA must be submitted in writing to Colleen Flanigan, NYSDOH, at the following email address: *hepatabc@health.ny.gov.* This includes Minority and Women Owned Business Enterprise (M/WBE) questions and questions pertaining to the M/WBE forms. *See,* Section IV.H. (Minority & Women-Owned Business Enterprise (M/WBE) Requirements). Questions of a technical nature related to formatting or other minor details related to preparation of an Application may

also be addressed in writing to the email address noted 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.

To the degree possible, each question submitted by a potential Applicant pursuant to the terms of this RFA should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the Cover Page of this RFA.

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 responses to questions submitted with respect to this RFA which result in clarifications of or exceptions to the terms, conditions, and provisions of this RFA, including those relating to the terms and conditions of the Master Contract for Grants that will be required to be entered into by each successful Applicant, are to be raised prior to the submission of an Application and will be published by the Department to ensure equal access and knowledge by all prospective Applicants at https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx by the date specified on the Cover Page of this RFA.

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/.

All Questions must be received by the date and time specified on the Cover Page of this RFA, under "Key Dates", opposite the heading "Questions Due".

All questions submitted by email should state the RFA Title and Number set forth on the Cover Page (*RFA# 20234, HCV Navigation and Care Coordination*) in the subject line of the email.
Questions and answers, as well as any updates, addendums to, and/or other modifications of this RFA, will be posted on these websites. All such questions and answers, updates, addendums to, and other modifications to this RFA will be posted by the date identified on the Cover Page of this RFA under "Key Dates".

C. Letter of Interest

Applicants are not required to submit a Letters of Interest.

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 Page of this RFA under the heading "Key Dates".

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 (that is, to submit an Application):

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 <INSERT RFA NAME>.
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, a prospective Applicant is **strongly encouraged** to submit their Application at least **48 hours prior to the** Application's due date and time specified on the Cover Page of this RFA. 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. (Question and Answer Phase) 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 for the submission of an Application, there is no guarantee that they will be resolved in time for the Application to be submitted on time and, therefore, considered for funding.

The Grants Gateway will always notify an Applicant of successful submission of the Applicant's Application. If a prospective Applicant 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, if not exempt, on the date and time Applications in response to this Requestion for Applications (RFA) are due as specified in the "Key Dates" set forth on the Cover Page of this RFA. Be sure to maintain prequalification status between funding opportunities. **NOTE:** Three of a not-for-profit's essential financial documents - the IRS990, its Financial Statement, and its 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 on behalf of an Applicant.
- Prior to submission, the Grants Gateway will automatically initiate a global error checking process to protect against an incomplete Application. An Applicant may need to attend to certain parts of the Application prior to being able to submit the Application successfully. An Applicant must be sure to allow time after pressing the submit button to clean up any global errors that may arise. An Applicant can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).
- Applicants 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. Applicants 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.

Applications will not be accepted via fax, e-mail, paper 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, in the Department's sole discretion.

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 Department'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. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.

13. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with the selected Applicant.

14. Utilize any and all ideas submitted with the Applications received, at the Department's sole discretion.

15. Unless otherwise specified in the RFA, every offer in an Applicant's Application is firm and not revocable for a period of 60 days from the Application opening.

16. Waive or modify minor irregularities in Applications received after prior notification to the Applicant.

17. 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 Applicant's Application and/or to determine an Applicant's compliance with the requirements of the RFA.

18. Eliminate any term of this RFA that cannot be complied with by any of the Applicants.

19. Award grants based on geographic or regional considerations to serve the best interests of the State.

G. Term of Contract

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

It is expected that contracts resulting from this RFA will have the following multi-year time period: **November 1, 2023 – October 31, 2028**.

Continued funding throughout this period is contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract. 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 a successful not-for-profit grant Applicant under this RFA (a "Grantee") in an amount not to exceed 25% percent of the annual grant provided for under the Grantee's Contract.

2. The Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

bhacsfiscal@health.ny.gov

A Grantee must provide complete and accurate billing invoices in order to receive payment of the grant funding provided for under the terms of its Grant Contract. 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 Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner of Health, 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. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under its Grant 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 claims for reimbursement by the State (Department) 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 Grantee will be required to submit the following reports to the Department of Health at the address above 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 Contract for Grants.

I.   Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified minority- and women-owned business enterprises (M/WBEs) 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 M/WBEs

For purposes of this solicitation, the 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 total amount of the Budget provided for the Work Plan in the Grant Contract entered into pursuant to this RFA.

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this RFA 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 M/WBE firms). A Grantee awarded a Grant Contract pursuant to this RFA must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Grant Contract and Grantee will agree under the terms of its Grant Contract that NYSDOH may withhold payment pending receipt of the required M/WBE documentation required by the Department or the OSC. For guidance on how NYSDOH will determine "good faith efforts," refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs 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 a Granteeto evidence its good faith efforts to encourage M/WBE participation in the performance of its obligations under its Grant Contract.

By submitting an Application, each Applicant and potential Grantee agrees to complete an **M/WBE Utilization plan** as directed in **Attachment 5** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted be each Grantee. If a Grantee's M/WBE Utilization 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 M/WBE 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 M/WBE participation goals for the procurement.

In addition, Grantees 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 of a grant to a successful Applicant pursuant to the terms of this RFA and in order to initiate a Grant Contract with the New York State Department of Health, a Grantee 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, The Applicant should include the Vendor Identification number in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should 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 Department strongly encourages each Applicant to 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.

An Applicant 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 6)** 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

Each not-for-profit Applicant subject to prequalification is required to prequalify prior to submitting its Application in the Grants Gateway.

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 a not-for-profit Applicant to register in the Grants Gateway and complete the Vendor Prequalification process in order for any Application submitted by that Applicant to be evaluated. Information on these initiatives can be found on the Grants Management Website.

An Application received from a not-for-profit Applicant that (a) has not Registered in the

Grants Gateway or (b) has not Prequalified in the Grants Gateway on the Application's due date specified on the Cover Page of this RFA <u>cannot</u> 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 <u>Vendor Prequalification Manual</u> on the Grants Management Website details the requirements and an <u>online tutorial</u> are available to walk users through the process.

1)   Register for the Grants Gateway

5a) On the Grants Management Website, download a copy of the <u>Registration Form for Administrator</u>. 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 <u>grantsgateway@its.ny.gov</u>. If you do not know your Password, please click the <u>Forgot Password</u> link from the main log in page and follow the prompts.

2)   Complete your Prequalification Application

1.   Log in to the <u>Grants Gateway</u>. **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.

2.   Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the New York State agency from which you have received the most grants. 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.

3.   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.

4.   Specific questions about the prequalification process should be referred to your primary New York State agency representative or to the Grants Gateway Team at <u>grantsgateway@its.ny.gov</u>.

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.

All potential Applicants are strongly encouraged to begin Grants Gateway Registration and Prequalification 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. Grantees 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 any Contract awarded pursuant to this RFA 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 Master Contract for Grants. Any exceptions allowed by the Department during the Question and Answer Phase of this RFA (*See,* Section IV.B.) must be clearly noted in a cover letter included with the Application submitted by an Applicant wishing to incorporate any of such exceptions in its Applicants and in the Grant Contract awarded pursuant to this RFA if it is a successful (funded) Applicant.

4. An Applicant may be disqualified from receiving an award 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, in the State of New York or otherwise.

5. Provisions Upon Default

a. If an Applicant is awarded a grant pursuant to this RFA, the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department 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 Grantee, 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 Grantee.

c. If, in the judgement of the Department, the Grantee 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 Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee 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 Grantee 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 your agency and its services. Your answers should be specific, succinct, and responsive to the statements and questions as outlined. Please be aware that the value assigned to each section described below indicates the relative weight that will be given to each section of your Application when scoring your Application.

It is each Applicant's responsibility to ensure that all materials included in its Application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the Application deadline date and time specified on the Cover Page of this RFA.

All applicants are required to complete and upload **Application Cover Page - Attachment 7. Attachment 7** can be found in the Pre-Submission Uploads section of the Grants Gateway.

- Pre-Submission Uploads

As a reminder, the following attachments need to be uploaded under the Pre-Submission Uploads section of the Grants Gateway in order to submit an application in the system. (Please note: Some attachments are Component specific and noted as such in the list below.)

Attachment 1: Statement of Assurances
Attachment 5: M/WBE Utilization Plan
Attachment 6: Vendor Responsibility Attestation
Attachment 7: Application Cover Page
Attachment 8: Agency Organizational Chart
Attachment 9: Funding History for HCV-related Services
Attachment 10: Plan to Address Social Determinants of Health
Attachment 11: Timeline for HCV Program Implementation
Attachment 12: High-Risk Setting Enrollment Plan – Component A

Attachment 13: Letter(s) of Intent for High-Risk Settings – Component A
Attachment 14: HCV Navigation Engagement and Retention Plan – Component A
Attachment 15: Agency Capacity and Staffing Information – Component A
Attachment 17: Statement of Activities for Past Three (3) Years
Attachment 18: Agency Time and Effort Policy
Attachment 19: Plan to Deliver Essential HCV Care Coordination Services – Component B
Attachment 20: Memorandums of Understanding (MOUs) – Component B
Attachment 21: Agency Capacity and Staffing Information – Component B

Application Format

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

Component A

1.   **Program Abstract**   **Not Scored**
     Applicants should provide a brief summary of the proposed program and outcomes with
     the following information:

     1a) A description of the proposed program. Include the services to be provided, where
         they will be provided, and how.

     1b) What types of outcomes does your organization expect to achieve? How will success
         be measured?

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

     2a) Describe why your organization is qualified to implement the program model outlined
         in Section III, A - Program Model Description - Component A. Include both
         quantitative and qualitative evidence to support this question.

     2b) Describe your organization's current capacity to provide HCV treatment. Provide the
         number of clients diagnosed with HCV your organization has served in the past two
         (2) years. How many of those clients diagnosed with HCV were treated for HCV?
         How many were cured? Where and how will the HCV navigator be integrated within
         the overall organization? Applicants are instructed to upload their **Agency
         Organizational Chart as Attachment 8** in the Pre-Submission Uploads section of
         the Grants Gateway online application. Organizational charts must be submitted as a
         .PDF document.

     2c) Please describe any current or prior grants your organization has received from the
         AIDS Institute or other funders that are relevant to this proposal. Include the
         outcomes of those grants. If your organization has not received funding from the
         AIDS Institute or other funders, describe any similar types of HCV programs that

your organization has undertaken in the past, including the identified results of the program. Applicants are instructed to complete and upload the **Funding History for HCV-related Services as Attachment 9** in the Pre-Submission Uploads section of the Grants Gateway online application.

3.   **Health Equity**   **Total 15 Points**

3a) Applicants are required to indicate how their program will address each of the five key areas of social determinants of health (SDOH) by completing **Plan to Address Social Determinants of Health - Attachment 10**. Which SDOH(s) barriers will you address with the priority population served by this funding? Which SDOH(s) barriers will you partner with other organizations to address the SDOH barriers for the priority population served by this funding? Please include any MOUs with these organizations as one (1) combined .pdf file as part of **Attachment 10.** Applicants are instructed to complete and upload the **Plan to Address Social Determinants of Health as Attachment 10** in the Pre-Submission Uploads section of the Grants Gateway online application.

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

3c) Describe how will you monitor and evaluate the immediate impact of your efforts to address the SDOH(s). (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their adherence with treatment?)

3d) What is your organization's policy around addressing SDOH? 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 your overall HCV navigation for high-risk settings program design. Include specific strategies for implementing the program services and for complying with the program model and requirements described in Section III, A and B- Program Model Description and Program Requirements-Component A. Describe any innovative strategies you will utilize to implement your program model. Strategies should align with the work plan objectives, tasks and performance measures. Include a timeline for implementation of the program. Applicants are required to complete and upload the **Timeline for HCV Navigation Program Implementation - Attachment 11** in the Pre-Submission Uploads section of the Grants Gateway online application.

4b) Describe the high-risk settings you plan to serve through this funding. Include a description of the priority population served within each setting, prevalence of HCV, rationale for selecting each setting and the types of services to be provided. Include which agency will conduct the HCV testing services (antibody and RNA confirmatory) and provide an estimate of the number of clients your organization proposes to enroll (navigate to care) in each high-risk setting, during the first year.

Applicants are instructed to complete and upload the **High-Risk Setting Enrollment Plan- Attachment 12 (Component A only)** in the Pre-Submission Uploads section of the Grants Gateway**.** A **Letter of Intent** for each high-risk setting must be included as one combined .pdf document and uploaded to the Pre-Submission Uploads section of the Grants Gateway as **Attachment 13 (Component A only).** A MOU with each high-risk setting will be required within the first six months of the start of the contract.

4c) Describe your plan for engaging and retaining clients through the HCV care continuum (from HCV diagnosis through cure). Describe how you will track each client's movement through the care cascade. Describe how you will locate clients presumed to be lost to follow-up, such as utilizing health information exchanges, providing cell phones, using social media, motivational interviewing strategies and incentives (e.g., gift cards, phones, phone/minutes cards, public transportation, food, etc.). Complete **HCV Engagement and Retention Plan- Attachment 14 (Component A only). Attachment 14** should be uploaded in the Pre-Submission Uploads section of the Grants Gateway online application.

4d) Applicants are instructed to complete and upload the **Agency Capacity and Staffing Information – Component A - Attachment 15** in the Pre-Submission Uploads section, describing each position's roles and responsibilities, along with job qualifications, credentials, certifications and experience required for each position. If in-kind staff are included in the proposed program, they should be included in the staffing detail.

4e) Describe how your program will provide trauma-informed, culturally responsive, stigma- free affirming services.

4f) Describe how your program will provide continuous monitoring and evaluation of the proposed program activities.

4g) Describe how data will flow from point of service delivery to entry into AIRS. Include how your organization will collect, analyze and report client level and programmatic data. If using an electronic health record (EHR), describe how data is extrapolated from this to AIRS and other tracking systems.

4h) Describe the plan to ensure on-going HCV education and training of the HCV navigator, including HCV testing and phlebotomy.

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 **(November 1, 2023 – October 31, 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.

5c) For each item listed under non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities must show total support and revenue and total expenditures. The **Statement of Activities for the Past Three Years** should be uploaded in the Pre-Submission uploads section of 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) Funding requests must adhere to the following guidelines:
- An indirect cost rate of up to 10% of modified total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of modified 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 AI 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 **HCV Navigation in High-Risk Settings Work Plan - Attachment 3 (Component A).** In the Grants Gateway **Work Plan Organizational Capacity**

section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in **HCV Navigation in High-Risk Settings Work Plan - Attachment 3 (Component A)**. 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.

Component B

1.   Program Abstract   Not Scored

Applicants should provide a brief summary of the proposed program and outcomes with the following information:

1a) Describe the proposed program model. Include the services to be provided and how they will be provided.

1b) What types of outcomes does your organization expect to achieve? How will success be measured?

2. Community and Agency Description   Total 15 Points

2a) Describe why your organization is qualified to implement the proposed program model outlined in Section III, A - Program Model Description - Component B. Include both quantitative and qualitative evidence to support this question, include demographics of the OTP population served, the proportion of OTP clients served in the past year with IDU as risk and the proportion of OTP clients served in the past year with an HCV diagnosis. How will the nurse care coordinator work within the existing OTP program? Applicants are instructed to upload their **Agency Organizational Chart as Attachment 8** in the Pre-Submission Uploads section of the Grants Gateway online application. Organizational charts must be submitted as a .PDF document.

2b) Describe your organization's capacity to provide HCV treatment. Describe how treatment is provided, by whom and any HCV treatment outcomes. How will the nurse care coordinator work with the HCV provider?

2c) Please describe any current or prior grants your organization has received from the AIDS Institute or other funders that are relevant to this proposal. Include the outcomes of those grants. If your organization has not received funding from the AIDS Institute or other funders, describe any similar types of HCV programs that your organization has undertaken in the past, including the outcomes of the program.

Applicants are instructed to complete and upload the **Funding History for HCV-related Services as Attachment 9** in the Pre-Submission Uploads section of the Grants Gateway online application.

3. **Health Equity**   **Total 15 Points**

    3a) Applicants are required to indicate how their program will address each of the five key areas of social determinants of health by completing the **Plan to Address Social Determinants of Health - Attachment 10**. Which SDOH(s) barriers will you address with the priority population served by this funding? Which SDOH(s) barriers will you partner with other organizations to address the SDOH barriers for the priority population served by this funding? Please include any MOUs with these organizations as one (1) combined .pdf file as part of **Attachment 10.** Applicants are instructed to complete and upload the **Plan to Address Social Determinants of Health** as **Attachment 10** in the Pre-Submission Uploads section of the Grants Gateway online application.

    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? 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 your overall HCV Nurse Care Coordination Program design. Include specific strategies for implementing the program services and for complying with the program model and requirements outlined in Section III, A and B- Program Model Description and Program Requirements-Component B. Applicants are required to complete **Plan to Deliver Essential HCV Care Coordination Services – Attachment 19 (Component B)**. How will the program requirements be integrated into the existing OTP? Describe how your program will address gaps in HCV services experienced by the priority population? Provide an estimate of the number of clients your organization proposes to serve in the first year of your HCV nurse care coordination program. Applicants are required to complete and upload the **Timeline for HCV Navigation Program Implementation - Attachment 11 (Component B)** in the Pre-Submission Uploads section of the Grants Gateway online application.

4b) Describe the role a peer will play in the HCV nurse care coordination program, including the services provided, how the peer will be recruited, trained, and supervised.

4c) Describe the plan for referral of clients for services that cannot be offered onsite by your program, including referrals external to your program. Describe how these referrals will be tracked. Include any **MOUs with community partners** to provide services not available through the program as **Attachment 20. Attachment 20** can be found in the Pre-Submission uploads section of the Grants Gateway online application.

4d) Applicants are instructed to complete and upload the **Agency Capacity and Staffing Information – Component B - Attachment 21** in the Pre-Submission Uploads section, describing each position's roles and responsibilities, along with job qualifications, credentials, certifications and experience required for each position. If in-kind staff are included in the proposed program, they should be included in the staffing detail.

4e) Describe how your program will provide trauma-informed, culturally responsive, stigma- free affirming services.

4f) Describe how your program will provide continuous monitoring and evaluation of the proposed program activities.

4g) Describe how data will flow from point of service delivery to entry into AIRS. Include how your organization will collect, analyze and report client level and programmatic data. If using an electronic health record (EHR), describe how data is extrapolated from this to AIRS and other tracking systems.

4h) Describe the plan to ensure on-going HCV education and training of the nurse care coordinator, including phlebotomy, and other OTP staff.

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 **(November 1, 2023 – October 31, 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.

5c) For each item listed under non-Personal services, describe how it is necessary for program implementation. Non-Personal services include Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities must show total support and revenue and total expenditures. The **Statement of Activities for the Past Three Years** should be uploaded Pre-Submission uploads section of 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) Funding requests must adhere to the following guidelines:

- An indirect cost rate of up to 10% of modified total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of modified 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 **Nurse Care Coordination in OTPs Work Plan - Attachment 4 (Component B).** In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in **Nurse Care Coordination in OTPs Work Plan - Attachment 4 (Component B)**: Work Plan. Applicants are <u>not</u> 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, and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **Any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.** If NYSDOH agrees with the Applicant's claim regarding the proprietary nature of any portion of an Application, 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

An Application which meets ALL of the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH AI. An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An Application that does not provide all required information will be omitted from consideration.

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 (for example, an Application missing information that is not essential to timely review and would not impact review scores) MAY be processed and evaluated, at the discretion of the State, but any issues with an Application which are identified by the Department **must** 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.

If changes in funding amounts are necessary for this initiative or if additional funding becomes

available, funding will be modified and awarded in the same manner as outlined in the award process described above.

Applicants will be deemed to fall into one of three categories: 1) not approved, 2) not funded due to limited resources, and 3) approved and funded. Not funded applications may be awarded should additional funds become available.

Once awards have been made pursuant to the terms of this RFA, an Applicant may request a debriefing of their own Application (whether their application was funded or not funded). The debriefing will be limited only to the strengths and weaknesses of the Application submitted by the Applicant requesting a debriefing and will not include any discussion of ANY OTHER Applications. Requests for a debriefing must be received by the Department no later than fifteen (15) Calendar days from date of the award or non-award announcement to the Applicant requesting a debriefing.

To request a debriefing, please send an email to *Colleen Flanigan at hepatabc@health.ny.gov* . In the subject line, please write*:* Debriefing Request HCV Navigation and Care Coordination in High-risk Settings.

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.

Any unsuccessful Applicants who wish to protest the award or awards resulting from this RFA 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 to this RFA are accessed under the "Pre-Submission Uploads" section of the Grants Gateway 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, a prospective Applicant must be registered and logged into the NYS Grants Gateway in the user role of either a "Grantee" or a "Grantee Contract Signatory".

Attachment 1:   Statement of Assurances*
Attachment 2:   Health Equity Definitions and Examples**
Attachment 3:   HCV Navigation in High-Risk Settings Work Plan – Component A**
Attachment 4:   Nurse Care Coordination in OTPs Work Plan – Component B**
Attachment 5:   M/WBE Utilization Plan*
Attachment 6:   Vendor Responsibility Attestation*
Attachment 7:   Application Cover Page*
Attachment 8:   Agency Organizational Chart
Attachment 9:   Funding History for HCV-related Services*
Attachment 10: Plan to Address Social Determinants of Health*
Attachment 11: Timeline for HCV Program Implementation*
Attachment 12: High-Risk Setting Enrollment Plan – Component A*
Attachment 13: Letter(s) of Intent for High-Risk Settings – Component A
Attachment 14: HCV Navigation Engagement and Retention Plan – Component A*
Attachment 15: Agency Capacity and Staffing Information – Component A*
Attachment 16: Grants Gateway Expenditure Budget Instructions**
Attachment 17: Statement of Activities for Past Three (3) Years
Attachment 18: Agency Time and Effort Policy
Attachment 19: Plan to Deliver Essential HCV Care Coordination Services – Component B*
Attachment 20: Memorandums of Understanding (MOUs) – Component B
Attachment 21: Agency Capacity and Staffing Information – Component B*

*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 2
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 anexhaustive 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 3
Work Plan – Component A
SUMMARY

RFA #20234
Internal Program #22-0009

PROJECT NAME: HCV Navigation in High-Risk Settings Work Plan (Component A)

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD: From: <u>November 1, 2023</u>

To: October 31, 2024

PROJECT SUMMARY:

Funding through this RFA will support Article 28 facilities to navigate HCV clients from high-risk settings back to the HCV care and treatment program at the Article 28 facility. This will be accomplished by employing an HCV patient navigator to provide HCV linkage and navigation services from high-risk settings including substance use disorder treatment programs, and to persons released from state prisons and local jails, and other high-risk settings, such as harm reduction programs. Services include HCV education and counseling, HCV testing, assessment of HCV treatment barriers, assessment of social determinants of health and referrals for identified needs, arranging for appointments with the HCV provider, assessing transportation barriers, monitoring HCV treatment adherence, appointment reminders, and motivational interviewing.

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 <u>will not</u> be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 3: Work Plan. Applicants are <u>not</u> required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
1 Increase the number of people from high-risk settings with known HCV status	1.1 Develop and maintain a high risk-setting Enrollment Plan.	1.1.1 The Enrollment Plan will be developed and incorporated into regular program monitoring and evaluation. The Plan will be submitted to the AIDS Institute at least annually or as requested.
	1.2 Establish MOUs with high-risk settings identified in the Enrollment Plan.	1.2.1 MOUs are in place within 6 months of contract execution and reviewed annually.
	1.3 Develop a protocol with high-risk settings to ensure all clients are offered the opportunity to be HCV tested.	1.3.1 HCV testing protocol is developed within 6 months of contract execution for HCV screening of all individuals from high-risk settings.
	1.4 Offer and conduct HCV rapid antibody screening and HCV RNA testing, if high risk setting does not conduct its own testing.	1.4.1 100% of enrolled clients in the HCV Navigation Program will have a documented HCV status of – Infected (chronic/acute).

OBJECTIVE	TASKS	PERFORMANCE MEASURES
2 Increase the number of enrolled persons who complete HCV treatment	2.1 Provide HCV navigation services, outlined in RFA, are provided either in-person, virtually (through HIPAA-compliant telehealth application) or a combination of both.	2.1.1 Evidence of each of HCV navigation services are documented in the EHR.
		2.1.2 At least 85% of all confirmed HCV (+) clients will attend the appointment with the HCV provider.
		2.1.3 At least 90% of patients linked to HCV medical care will begin treatment.
		2.1.4 At least 75% of patients who initiated treatment will complete HCV treatment.
	2.2 Develop a client Engagement and Retention Plan to address and improve client engagement and retention in HCV care and treatment.	2.2.1 A client Engagement and Retention Plan is developed and submitted at least annually.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
3 Maintain program infrastructure to provide HCV navigation services	3.1 Hire and maintain an HCV Navigator.	3.1.1 One (1) FTE equivalent HCV Navigator(s) are hired and maintained throughout the contract period.
	3.2 HCV Navigator is trained in phlebotomy	3.2.1 HCV Navigator is skilled and proficient in phlebotomy.
	3.3 HCV Navigator is trained on: HCV disease, prevention, treatment and reinfection; HCV testing (including appropriate counseling messages based on test result); Motivational interviewing and HIPAA/Confidentiality.	3.3.1 Copies of staff training certificates, or a list of staff training attended by program staff is maintained.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
4 Maintain a stigma-free, equitable program responsive to people with HCV	4.1 Establish and maintain a non-discriminatory and stigma-free environment that promotes health equity.	4.1.1 Agency has policies in place to recognize the signs of stigma, promote health equity and respond to incidence of discrimination and avoid inadvertently re-stigmatizing people who use drugs.
	4.2 Ensure Health Literacy Universal Precautions are instituted. Culturally and linguistically appropriate education materials are available. Linguistically appropriate services are available during regular hours of operation at no cost to the client.	4.2.1 Linguistically appropriate services are provided by certified interpreters or bilingual staff during regular hours of operation at no cost to the client.
	4.3 Program clients are involved in program design, implementation and evaluation.	4.3.1 Mechanism developed to receive and implement client involvement and feedback on service delivery.
	4.4 Staff are trained on the principles of harm reduction, trauma-informed care, and health literacy, and effective communication.	4.4.1 Staff to be trained within 6 months of employment and copies of staff training certificates, or a list of staff training attended by program staff is maintained.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
5 Develop and maintain a system for data collection and reporting.	5.1 Implement the AIRS system.	5.1.1 AIRS extracts are submitted in a timely manner.
	5.2 Ensure systems are in place to collect and report data across the HCV care continuum.	5.2.1 AIRS data reports are reviewed by program staff at least quarterly to ensure accuracy and completeness.
		5.2.2 A tracking system is in place for the navigator to monitor each client's progress through navigation services and the HCV care continuum (treatment initiation, completion, and outcome).
		5.2.3 Data on program outcomes is shared and discussed with each high-risk setting.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
6 Engage in continuous quality improvement	6.1 Routinely examine agency data as it relates to program goals and work plan performance measures.	6.1.1 N/A
	6.2 Develop and implement CQI activities to improve areas of deficiency.	6.2.1 Summarize CQI activities in monthly narrative, including identified areas in need of improvement, steps taken to improve and resulting outcomes.
	6.3 Participate in initiative-related meetings and calls with the AI.	6.3.1 Program staff attend quarterly program calls.
		6.3.2 Program attendance at one annual in-person provider meeting.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
7 Establish and maintain policies for the HCV Navigation Program	7.1 Ensure accurate and current policies and procedures that address each of the key HCV Navigation Program components are in place within six months of contract execution and reviewed at least annually.	7.1.1 Written policies and procedures for the HCV Navigation Program are established and reviewed at least annually
		7.1.2 Written policies and procedures are in place for Client Incentives *(if applicable)*.
		7.1.3 Written policies and procedures are in place for HIPAA Confidentiality.
		7.1.4 Written policies and procedures are in place for Client Complaints.
		7.1.5 Written policies and procedures are in place for Materials Review.
		7.1.6 Written policies and procedures are in place for Time and Effort.
		7.1.7 Written policies and procedures are in place for Equipment.
		7.1.8 Written policies and procedures are in place for Third Party Revenue Reimbursement.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
8 Flexibility in programming for directing resources effectively	8.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	8.1.1 N/A
	8.2 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.	8.2.1 Aid with non-work plan public health issues if/when they arise.
	8.3 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.	8.3.1 Aid with non-work plan public health issues if/when they arise.

Attachment 4
Work Plan – Component B
SUMMARY

RFA #20234
Internal Program #22-0009

PROJECT NAME: Nurse Care Coordination in Opioid Treatment Programs (OTPs) Work Plan – (Component B)

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD: From: November 1, 2023

                                        To: October 31, 2024

Provide an overview of the project including goals, tasks, desired outcomes and performance measures:

The intent of this initiative is to support nurse-led care coordination activities to integrate HCV services onsite or via telehealth in OASAS licensed Opioid Treatment Programs (OTPs) that will lead to:

- Increased awareness of HCV infection status among people served in OTPs.
- Increased linkage to HCV treatment among people served in OTPs.
- Increased number of people served in OTPs who initiate and complete HCV treatment.
- Decreased number barriers people served in OTPs face when accessing, initiating and completing HCV treatment.
- Increased cure of HCV.

This will be accomplished by identifying OTP clients living with HCV; assessing for HCV treatment barriers, including social determinants of health; conducting HCV testing, including pre-treatment laboratory testing; administrating hepatitis A and B vaccinations; coordinating clinical visits with an HCV provider onsite or via telehealth; monitoring treatment adherence; coordinating and tracking referrals; appointment reminders; and motivational interviewing.

The nurse-led care coordination services will be complemented by services delivered by a person with lived HCV experience employed to provide HCV education, counseling, and supportive services to all OTP clients.

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 Increase hepatitis C awareness and knowledge	1.1 Ensure OTP staff receive training around HCV. Trainings should address advances in HCV prevention, testing, treatment, harm reduction and reinfection prevention.	1.1.1 Copies of staff training certificates, or a list of staff training attended by program staff is maintained.
	1.2 Provide HCV education and counseling to OTP clients at risk for or living with HCV.	1.2.1. HCV educational materials are readily available for all patients.
	1.3 Conduct health promotion and HCV risk reduction counseling activities for OTP clients with HCV to promote liver wellness and prevent reinfection.	1.3.1. N/A

OBJECTIVE	TASKS	PERFORMANCE MEASURES
2 Increase the number of OTP clients with known hepatitis C status	2.1 The nurse care coordinator is proficient in phlebotomy.	2.1.1 N/A
	2.2 Provide HCV screening and diagnostic testing onsite at the OTP.	2.2.1 A written protocol is developed to identify OTP clients in need of HCV testing and/or linkage to HCV care.
		2.2.2 All OTP clients have a known HCV status.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
3 Increase the number of OTP clients vaccinated for hepatitis A and B	3.1 Evaluate the Hepatitis A and B vaccination status for all OTP clients diagnosed with HCV and offer vaccine to those susceptible.	3.1.1 All OTP clients diagnosed with HCV have a known hepatitis A and B vaccination status.
	3.2 HAV and HBV vaccine is available to all susceptible OTP clients diagnosed with HCV.	3.2.1 N/A

OBJECTIVE	TASKS	PERFORMANCE MEASURES
4 Maintain effective and efficient HCV care coordination services	4.1 Hire and maintain nursing staff to conduct care coordination activities.	4.1.1 Nursing Staff who conduct care coordination activities are hired and maintained throughout the contract period.
	4.2 Conduct assessment of social determinants of health and needs with all clients using the AI-approved tool.	4.2.1 100% of clients enrolled in the program with status of 'Infected-Chronic or Acute' receive an assessment of social determinants of health within 30 days after enrollment.
	4.3 Develop, implement and monitor a care coordination plan for OTP clients with HCV that addresses treatment barriers and supports linkage and retention in HCV care, treatment adherence and healthy living.	4.3.1 100% of clients enrolled in the program with a status of 'Infected-Chronic or Acute' have a care coordination plan within 30 days after enrollment.
	4.4 Develop and maintain relationships with community referral resources and other providers to address client needs and comorbidities.	4.4.1 Written linkage agreements are available for all offsite services.
	4.5 Provide HCV treatment onsite or via telehealth to OTP clients diagnosed with HCV.	4.5.1 HCV treatment is available to all OTP clients diagnosed with HCV.
		4.5.2 80% of clients who have an 'Infected-Chronic or Acute' status will be assessed by the HCV provider.
	4.6 Facilitate pretreatment lab work	4.6.1 N/A
	4.7 Facilitate insurance approval for HCV treatment.	4.7.1 N/A
	4.8 Coordinate access to comprehensive HCV care and treatment onsite or via telehealth.	4.8.1 85% of clients assessed for HCV treatment will initiate treatment.
	4.9 Employ HCV treatment adherence strategies to ensure adherence to and completion of HCV treatment.	4.9.1 80% of clients who initiate treatment will complete HCV treatment.
	4.10 Employ strategies to ensure adherence to provider appointments.	4.10.1 N/A
	4.11 Employ strategies to ensure final assessment of SVR.	4.11.1 >90% of clients finishing treatment obtain the final lab assessment of SVR.

	4.12 Program staff are trained on motivational interviewing techniques.	4.12.1 Copies of staff training certificates, or a list of staff training attended by program staff is maintained.
	4.13 Document all care coordination activities in AIRS.	4.13.1 Data is entered into AIRS monthly.
	4.14 Participate in data to care activities.	4.14.1 AIRS Epi Extract submitted monthly.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
5 Ensure the availability of peer-delivered services	5.1 Ensure the availability of peer-delivered services across the care continuum from client recruitment to cure.	5.1.1 At least one peer will be employed by the program during the contract period.
	5.2 Ensure a plan is in place for peer recruitment, training, supervision and evaluation of peers and the peer-delivered services.	5.2.1 N/A
	5.3 Document all peer interventions in AIRS.	5.3.1. Data is entered into AIRS monthly.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
6 Maintain a stigma-free program responsive to the needs of people with HCV	6.1 Establish and maintain a non-discriminatory and stigma-free environment.	6.1.1 Agency has policies in place to recognize the signs of stigma, respond to incidence of discrimination and avoid inadvertently re-stigmatizing people who use drugs.
	6.2 Culturally and linguistically appropriate client education materials are available.	6.2.1 N/A
	6.3 Linguistically appropriate services are provided by certified interpreters or bilingual staff during regular hours of operation at no cost to the client.	6.3.1 N/A
	6.4 Program clients are involved in program design, implementation and evaluation.	6.4.1 Clients are afforded opportunities to provide input into the HCV care and treatment model.
	6.5 Provide a mechanism for clients to provide feedback on service planning, delivery, and quality.	6.5.1 N/A
	6.6 Staff are trained on the principles of harm reduction.	6.6.1 Copies of staff training certificates, or a list of staff training attended by program staff is maintained.
	6.7 Staff are trained on the principles of trauma-informed care.	6.7.1 Copies of staff training certificates, or a list of staff training attended by program staff is maintained.
	6.8 Training on health literacy and effective communication is provided for staff initially and on an as-needed basis thereafter.	6.8.1 Copies of staff training certificates, or a list of staff training attended by program staff is maintained.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
7 Establish and maintain a system for data collection and reporting.	7.1 Implement the AIRS system.	7.1.1 AIRS extracts are submitted in a timely manner.
	7.2 Ensure systems are in place to collect and report data across the HCV care continuum.	7.2.1 AIRS data reports are reviewed by program staff at least quarterly to ensure accuracy and completeness.
		7.2.2 A tracking system is in place for the navigator to monitor each client's progress through navigation services and the HCV care continuum (treatment initiation, completion, and outcome).

OBJECTIVE	TASKS	PERFORMANCE MEASURES
8 Engage in continuous quality improvement	8.1 Routinely examine agency data as it relates to program goals and work plan performance measures.	8.1.1 N/A
	8.2 Develop and implement CQI activities to improve areas of deficiency.	8.2.1 Summarize CQI activities in monthly narrative, including identified areas in need of improvement, steps taken to improve and resulting outcomes.
	8.3 Participate in initiative-related meetings and calls with the AI.	8.3.1 Program staff attend quarterly program calls.
		8.3.2 Program attendance at one annual in-person provider meeting.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
9 Establish policies & procedures for the HCV Nurse Care Coordination program	9.1 Ensure accurate and current policies and procedures that address each of the key HCV program components are in place within six months of contract execution and reviewed at least annually.	9.1.1. Written policies and procedures for the HCV Nurse Care Coordination established and describe Program eligibility and enrollment, coordination of care with the HCV provider, client appointment follow-up, client referrals and follow-up and case closure.
		9.1.2. Written policies and procedures are in place for Peer Services.
		9.1.3. Written policies and procedures are in place for Client Incentives *(if applicable)*.
		9.1.4. Written policies and procedures are in place for HIPAA Confidentiality.
		9.1.5. Written policies and procedures are in place for Client Complaints.
		9.1.6. Written policies and procedures are in place for Materials Review.
		9.1.7. Written policies and procedures are in place for Time and Effort.
		9.1.8. Written policies and procedures are in place for Equipment.
		9.1.9. Written policies and procedures are in place for Third Party Revenue Reimbursement.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
10 Flexibility in programming for directing resources effectively	10.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	10.1.1 N/A
	10.2 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.	10.2.1 Aid with non-work plan public health issues if/when they arise.
	10.3 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.	10.3.1 Aid with non-work plan public health issues if/when they arise.

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 Resources for Grant Applicants | Grants Management (ny.gov) for more training and guidance resources.

Please be aware of the following:
- AIDS Institute 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 Office of Management & Budget (OMB) Uniform Guidance. (https://www.cfo.gov/financial-assistance/resources/uniform-guidance.html)

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.

Items to Note:

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

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

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

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

OTHER

Details:
- **Other Expenses – Type/Description:** This section will **only** be used to document Indirect Costs. Enter the words "Indirect Cost rate" and the rate being requested.

- **Justification:** Enter whether or not this rate is based on a federally approved rate agreement.

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

Items to Note:
- An indirect cost rate of up to 10% of modified total direct costs can be requested.
- If your organization has a federally approved rate, an indirect cost rate of up to 20% of modified 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.
- No cost that is billed directly to this contract can be part of the indirect rate.