

Request for Proposals

Public Health Solutions
On behalf of
New York City Department of Health and Mental Hygiene
Bureau of Hepatitis, HIV, and Sexually Transmitted Infections

Improving Family and Community Acceptance of LGBTQ+ Youth Solicitation #: 2023.03.STI.01.01

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For a copy of this Request for Proposals, visit:

<https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities>

1. Basic Information

RFP Release Date	March 24, 2023		
Proposal Due Date	April 21, 2023, at 05:00pm ET		
RFP Contact	Tashi Lhatso, Public Health Solutions RFP Email: procurement@healthsolutions.org		
Funding Source	<p>This project is funded entirely by City Tax Levy (CTL) funds.</p> <p>Public Health Solutions (PHS) has entered into an agreement with the New York City Department of Health and Mental Hygiene (NYC Health Department) for PHS to procure and administer certain subrecipient agreements (subawards) for the Division of Disease Control/Bureau of Hepatitis, HIV, and Sexually Transmitted Infections.</p>		
Anticipated Number of Subawards and Subaward Term	<ul style="list-style-type: none"> Anticipated number of Subawards: up to 2. The anticipated subaward term is July 1, 2023 – June 30, 2025, with an option to renew for one year. All subawards and subsequent continuations are contingent on the availability of funds, successful performance of contractual subaward terms, and continued need for services. 		
Anticipated Funding and Payment Structure	<p><u>Total Anticipated Funding Amount:</u> \$1,500,000. <u>Total Anticipated Annual Funding:</u> \$750,000. <i>(This is the total available annual amount and may be split by up to 2 awards)</i></p> <p>PHS on behalf of NYC Health Department reserves the right to increase or decrease the total funding amount depending on funding availability.</p>		
	Project Year	Annual Subaward	Reimbursement Method
			Milestone-based
			Cost-based
	Year One	\$750,000 <i>(This is the total annual amount and may be split by up to 2 awards)</i>	All staff hired = 33% of annual subaward amount PHS and NYC Health Department-approved workplan = 17% of annual subaward amount 50% of annual subaward amount (months 1-6)
Year Two	\$750,000 <i>(This is the total annual amount and may be split by up to 2 awards)</i>		Cost-based Monthly reimbursement based on approved annual budget 100% of annual subaward amount
Minimum Applicant Eligibility Requirements	<p>To be eligible for proposal review under this RFP, applicants must:</p> <ol style="list-style-type: none"> Be legally incorporated by the New York State Department of State as a not-for-profit corporation; Have federal tax-exempt status under Section 501(c)(3) of the Internal Revenue Code; and Currently operating a brick-and-mortar site located in one of New York City's five boroughs. 		

	<i>Note: Non-profit organizations are prohibited from serving as pass-through entities to for-profit organizations.</i>
Subcontracting	Subrecipients awarded under this solicitation may subcontract services, as needed. Sub-subrecipients for contracted services are subject to the same eligibility requirements and limitations as awarded subrecipients.
Required Documents	<p>The following Proposal and Administrative Documents must be submitted.</p> <p><u>Required Proposal Files</u></p> <ol style="list-style-type: none"> Attachment A: Structured Proposal Form (<i>template provided; must be submitted as a Microsoft Word file</i>) Attachment B: Budget Form (<i>template provided; must be submitted as a Microsoft Excel file</i>) Attachment C: Information Cover Sheet (<i>template provided</i>) Attachment D: Organizational Chart (<i>no template provided</i>) Attachment E: Curricula Vitae or Resumes of Key Staff (leadership and program level) (<i>no template provided</i>) Attachment F: Staffing Plan (<i>no template provided</i>) <p><u>Required Administrative Files</u></p> <ol style="list-style-type: none"> Attachment G: Board of Directors’ Statement on applicant’s letterhead and signed by the Board of Directors Chair/President or Secretary (<i>sample statement provided</i>) Attachment H: Internal Revenue Service 501(c)(3) Determination Letter Attachment I: New York State Certificate of Incorporation (full copy, including any amendments) Attachment J: Current Board of Directors List (<i>no template provided</i>) Attachment K: Most recent audited Annual Financial Statement; if total expenditures associated with federal funding exceed \$750,000 a year, a Single Audit Report is required
New York City Payee Information Portal (PIP)	<ul style="list-style-type: none"> Subrecipients must have a valid Vendor Number in the New York City Financial Management System (FMS). Applicants that do not have an FMS Vendor Number may obtain one by completing the Payee Information Portal (PIP) Activation process at: https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService.
Questions Regarding this RFP	<ul style="list-style-type: none"> Questions regarding this RFP must be submitted via the PHS Procurement Portal by April 5, 2023, 05:00 pm ET. To submit a question, visit https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities. Select the “View Opportunity” button for this RFP. From the Project Details page, click the “Ask a Question” button which will prompt you to the “Vendor Discussions” tab. Click on “Start a new Vendor Discussion” to begin the process of submitting your questions. For more information on how to submit a question through the PHS Procurement Portal, visit: https://vendorsupport.gobonfire.com/hc/en-us/articles/6832480724503-How-do-I-contact-the-Project-Owner. The Supplement will be posted on the PHS Procurement Portal: https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities An email notification will be sent to all individuals who download this RFP, submit questions to the PHS Procurement Portal. Please note that not all written inquiries will receive written responses. Note that PHS and DOHMH may not respond to questions received after April 5, 2023. All inquiries concerning this RFP, from the date of issuance until the subawards notifications, must be submitted via the PHS Procurement Portal.

	<ul style="list-style-type: none">• Communications regarding this RFP between applicants and NYC Health Department and PHS staff is not permitted.
Notice of Intent to Respond (Intent to Bid)	<ul style="list-style-type: none">• Notices of Intent to Respond must be submitted via the PHS Procurement Portal by April 18, 2023.• Applicants are not required to submit a Notice of Intent to Respond, though they are encouraged to do so to allow PHS to plan for the proposal evaluation process.• Organizations that do not intend to respond may select “No” in the Intent to Bid tab. We advise that organizations that undergo this action submit a reason as it helps provide feedback to PHS and NYC Health Department.

2. Proposal Submission Instructions

Downloading the RFP Documents

To download the RFP documents, visit the PHS Procurement Portal at <https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities>.

Users must be registered and logged into their PHS Procurement Portal Account. Users with existing Vendor Accounts with Bonfire do not need to register for a new account to access PHS RFPs or submit proposals to PHS.

- Step 1: On the “Open Public Opportunities” tab, select the “View Opportunity” button to the right of the appropriate RFP.
- Step 2: Scroll down to the segment titled “Supporting Documentation” and click on the “Download” button to all the RFP documents you wish to download.

Registering as a Vendor in the PHS Procurement Portal

To use the PHS Procurement Portal, you must first [register for a new vendor account](https://healthsolutions.bonfirehub.com/portal/?tab=login) at <https://healthsolutions.bonfirehub.com/portal/?tab=login>

- Step 1: Account Confirmation (*required*)
 - Fill out all listed fields and click on Create Account. If the account was created successfully, you will see a “Success” message.
 - To continue with the registration process, check your email inbox for confirmation. Open the email and click on the “Complete your registration” button, where a new page will open prompting you to create a password.
- Step 2: Account Information (*required*)
 - Fill out all required (marked with an asterisk) fields.
- Step 3: Documentation (*optional*)
- Step 4: Commodity Codes (*optional*)
- Step 5: Complete Registration (*required*)

Note: Any optional steps can also be completed after registration.

Submitting Proposals via the ‘PHS Procurement Portal:

All the documents listed in the Required Documents section in Basic Information must be completed and submitted via the PHS Procurement Portal by the proposal due date and time.

- Step 1: Navigate to the “Open Public Opportunities” tab and select the “View Opportunity” button to the right of the appropriate RFP.
- Step 2: Scroll down to the segment titled “Submission”. Indicate “Yes” to the question asking for your intention to bid on this opportunity. Click ‘Submit.’
- Step 3: After confirmation, the “Prepare” Tab will open. Since the PHS Procurement Portal is a new procurement system, it is recommended to watch the accompanying video for a quick overview of the submission process. When you are ready, select “Prepare Your Submission.”

- Step 4: On the Submission page, upload the required files and submit and finalize your proposal.

Note: After the “RFP Close Date,” you will be unable to modify your proposal and uploaded files. You should NOT submit a hard copy of your proposal or submit via email. Use of the PHS Procurement Portal is REQUIRED. Proposals sent by hard copy or email will NOT be considered as submitted.

Please be aware that uploading a proposal will involve multiple files representing different required proposal documents. Please allow sufficient time to check that you have included all necessary digital file attachments. Please ensure that you have a working login, and familiarize yourself with the PHS Procurement Portal, at least one week before the proposal submission deadline.

Note that proposals received after the Proposal Due Date may be deemed non-responsive and not eligible for further review.

It is the responsibility of the submitting organization to ensure delivery of the proposal to Public Health Solutions via the PHS Procurement Portal by the submission deadline. A confirmation of receipt of the proposal submission will be sent by email. Note that the email confirmation is confirming the delivery and receipt of the proposal submission and is **not** a confirmation that the proposal submission is complete or responsive.

All communication (e.g., submitting a question, indicating a notice of intent to submit, etc.) will all be conducted via the PHS Procurement Portal.

Proposal Format Requirements

Applicants must adhere to the following formatting requirements:

1. Each document of the proposal should be titled using the following naming convention: *Applicant Name_ << Document Title as listed in RFP>>_LGBTQRF*.
2. Proposal documents must be submitted in the format specified in [insert section name] the RFP (e.g., Budget as a Microsoft Excel file).
3. Structured Proposal Form must be 1.08-spaced, except for any required tables and any supportive charts, which may be single-spaced.
4. Minimum font size is Calibri 11-point except for any required tables and any included supportive charts, which may use a 10-point or larger font.
5. Each page of the Structured Proposal Form, including attachments, must be consecutively numbered.
6. The Structured Proposal Form must remain in the same sequence and format as provided. Questions should not be renumbered or reordered, (the text of the question may be omitted).
7. Each page of the proposal should include as a header or footer the applicant’s name.

3. Introduction and Project Background

On June 17, 2022, New York City Mayor Eric Adams, the Mayor’s Office of Equity’s Unity Project, and the New York City Department of Youth and Community Development announced an investment of nearly \$6.7 million to provide new and expanded services for the LGBTQ+ community as part of the Unity Project. Of this new funding, \$1.5 million was directed to the NYC Health Department to launch a new initiative addressing family acceptance of lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQ+) youth.

The purpose of the Family Acceptance of LGBTQ+ Youth project is to encourage parents, caregivers, family members, and communities to accept and support their LGBTQ+ youth to promote health and well-being among this population. Research shows that family rejection is strongly associated with increased mental health issues, suicidality, substance use, and sexual risk behaviors among LGBTQ+ youth.¹ Family rejection can also lead to decreased tangible support (e.g., housing, food) and social support from parents and caregivers, which may lead to certain sexual risk behaviors (e.g., survival or transactional sex) and increased risk of acquiring HIV or other STIs.² Family rejection is among the primary drivers of housing instability among LGBTQ+ youth. Reports estimate that between 40% and 50% of youth experiencing homelessness in New York City identify as LGBTQ+.³ Alternately, evidence shows that family acceptance is linked with higher self-esteem, greater social support, and reduced depression, substance abuse, and suicidal ideation.⁵

Research into family accepting behaviors has consistently shown how such support leads to promoting greater self-esteem, social support, and overall health.⁶ This support is buttressed by:

- Engaging, approaching, and connecting with families and caregivers by meeting them “where they are,” and viewing each family as an ally.
- Letting parents and caregivers tell their story.
- Giving families respectful language to talk about sexual orientation and gender identity.
- Educating families on how family rejecting behaviors affect their LGBTQ+ child.
- Educating families on how supportive and accepting behaviors affect their LGBTQ+ child.
- Families that do not accept their child’s sexual orientation and gender identity can still support their LGBTQ+ child and decrease rejecting behaviors to protect them from harm.

¹ Michael E. Newcomb *et al.*, *The Influence of Families on LGBTQ Youth Health: A Call to Action for Innovation in Research & Intervention Development*, 6 (4) LGBTQ HEALTH 139-145 (Jun. 1, 2019); Family Acceptance Project, San Francisco State University (last accessed Aug. 24, 2022), available at <https://familyproject.sfsu.edu/>.

² Jason D. P. Bird *et al.*, “I Had to Go to the Streets to Get Love”: Pathways From Parental Rejection to HIV Risk Among Young Gay and Bisexual Men, 64 (3) J. HOMOSEXUALITY 321-342 (Apr. 19, 2016).

³ QUEER STUDENTS OF ARCHITECTURE, PLANNING, & PRESERVATION, COLUMBIA UNIVERSITY’S GRADUATE SCHOOL OF ARCHITECTURE, PLANNING, & PRESERVATION, SAFE SPACE HOUSING LGBTQ YOUTH EXPERIENCING HOMELESS (2019), available at <https://www.arch.columbia.edu/books/reader/432-safe-space-housing-lgbtq-youth-experiencing-homelessness>; N.Y.C. CENTER FOR INNOVATION THROUGH DATA INTELLIGENCE *ET AL.*, NEW YORK CITY YOUTH COUNT REPORT 2017 (2018), available at https://www1.nyc.gov/assets/cidi/downloads/pdfs/youth_count_report_2017_final.pdf; Ali Forney Center (last accessed Aug. 24, 2022), available at <https://www.aliforneycenter.org/>

⁵ Drydakis, N. Social Rejection, Family Acceptance, Economic Recession, and Physical and Mental Health of Sexual Minorities. *Sex Res Soc Policy* 19, 1318–1340 (2022). <https://doi.org/10.1007/s13178-021-00640-4>

⁶ Ryan, C., Russell, S. T., Huebner, D. M., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.

⁷ Substance Abuse and Mental Health Services Administration, A Practitioner’s Resource Guide: Helping Families to Support Their LGBT Children. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

- A little change makes a difference in decreasing family rejecting behaviors and in increasing support for their LGBTQ+ child.
- Increasing support opportunities for families and caregivers.⁷

The Family Acceptance of LGBTQ+ Youth project aims to increase positive outcomes by promoting family and community acceptance of LGBTQ+ youth and creating safer, healthier spaces for LGBTQ+ youth and the adults in their lives. The project is designed to reach LGBTQ+ youth (up to 21 years old) and their parents, caregivers, families, and community members, including teachers and other school-based staff, and will offer educational workshops, support groups, role model stories, social marketing campaigns, and short films.

NYC Health Department plans to allocate funding for this project to up to two local community-based organizations through a Request for Proposals (RFP) process administered by PHS and anticipates awarding up to two subawards.

Goals and Objectives

The objective of the Family and Community Acceptance among LGBTQ+ Youth project is to promote LGBTQ+ youth health and well-being. Specific goals include:

1. Increasing **knowledge and awareness** of accepting behaviors among families, caregivers, and community members and of the impact of these accepting behaviors on the physical health, mental health, and well-being of LGBTQ+ youth, through education regarding:
 - A. Sexuality and young adult development
 - B. Gender and identity
 - C. Examples of family accepting and rejecting behaviors
 - D. Role of family rejecting and family accepting on LGBTQ+ youth and their well-being
2. Increasing **acceptance** of LGBTQ+ youth within their family and community networks by:
 - A. Providing counseling and education to those engaging in rejecting behaviors
 - B. Providing resources to support families and caregivers to engage in allyship with their LGBTQ+ youth
 - C. Assuring opportunities for support to foster nonjudgmental spaces where families and caregivers can tell their story and share their experiences and expressions of care and concern for their LGBTQ+ youth

Project activities will focus on reaching parents, caregivers, teachers, and community members who have or support an LGBTQ+ youth (up to 21 years old). Successful applications will propose delivering additional support, including active mentoring, for LGBTQ+ youth through project activities.

Race to Justice Statement of Support

NYC Health Department is committed to the elimination of health inequities due to racism and other forms of systemic oppression. NYC Health Department's racial equity goals include:

- A. Ending racial disparities within NYC Health Department and ensuring fairness in hiring and promotions, greater opportunities in contracting and equitable services to all residents living in New York City.
- B. Strengthening collaborations with New York City's communities to counter racism and other oppressive systems to ensuring access to services and supporting or changing existing services

using racial equity-based best practices.

- C. Collaborating with community stakeholders to eliminate racial inequity in areas that disproportionately impact the populations that we serve.

To achieve this, NYC Health Department has committed to the following:

Normalize – Establish racial equity as a key value by developing a shared understanding of key concepts and creating a sense of urgency to make changes.

Organize – Build staff and organizational capacity, skills, and competencies through training while also building infrastructure to support the work, like internal organizational change teams and collaboration with key stakeholders.

Operationalize – Put theory into action by implementing new tools for decision-making, measurement, and accountability.

The NYC Health Department’s Bureau of Hepatitis, HIV, and Sexually Transmitted Infections will oversee the Improving Family and Community Acceptance of LGBTQ+ Youth project. The Mission and Vision of the bureau are stated below.

Bureau of Hepatitis, HIV, and Sexually Transmitted Infections Mission and Vision

The NYC Health Department’s Bureau of Hepatitis, HIV, and Sexually Transmitted Infections will oversee the Improving Family and Community Acceptance of LGBTQ+ Youth project. The Mission and Vision of the bureau are stated below.

The Bureau of Hepatitis, HIV, and Sexually Transmitted Infections (BHHS) oversees the NYC Health Department’s viral hepatitis, HIV, and sexually transmitted infections (STIs) work. The bureau envisions a New York City without transmission or illness related to viral hepatitis, HIV, and STIs, and works to improve the lives of New Yorkers by ending transmission, illness, stigma, and inequities related to viral hepatitis, HIV and STIs using an approach that is strengths-based, community-driven, and intersectional. Our structure promotes a syndemic approach — one that considers co-occurring diseases and their common drivers, including race, ethnicity, gender, sex, and socioeconomic status, among others, and combined impacts — in addressing the health and experiences of New Yorkers related to viral hepatitis, HIV, and STIs.

4. Project Expectation and Proposal Instructions

A. Organizational Experience (20 Points)

1. Project Expectations

- a. The applicant should have at least two years of experience in:
 - i. Providing services or education in support of LGBTQ+ youth;
 - ii. Providing educational workshops and support groups among parents;
 - iii. Providing educational workshops and support groups among community members; and
 - iv. Building relationships and working with school-based staff.
- b. The applicant must demonstrate ability to provide programs and services that serve communities residing in multiple New York City boroughs.
- c. Organizations must articulate the needs of LGBTQ+ youth and craft thoughtful and intentional services, programming, and other opportunities to encourage parents, caregivers, family members, and communities to accept and support their LGBTQ+ youth, thereby promoting the health and well-being of this population.
- d. The applicant must demonstrate experience responsibly managing or the ability to responsibly manage grant funds in a manner that adheres to the funding objectives and federal, state, and local requirements.

2. Proposal Instruction

- a. Complete the Organizational Experience section of the Structured Proposal Form (Attachment A).

3. Evaluation

- a. This section will be evaluated based on the extent to which the applicant demonstrates successful relevant organizational experience based on the criteria listed in the Project Expectations section. It is worth a maximum of **20 points** in the Proposal Evaluation.

B. Proposed Project Approach, Service Delivery, and Implementation (30 Points)

1. Project Expectations

- a. The applicant must demonstrate how it will develop and provide educational workshops, educational content, and support groups focused on promoting LGBTQ+ youth health and well-being that:
 - i. Increase **knowledge and awareness** of accepting behaviors among families, caregivers, and community and these accepting behaviors' impact on physical health, mental health, and well-being of LGBTQ+ youth; and
 - ii. Increase **acceptance** of LGBTQ+ youth within their family and community networks to support building of self-esteem, well-being, and buffering of rejection and negative reactions from others.

The applicant must show how it intends to develop, implement, and evaluate activities to support RFP goals as specified in Table X. Strategies supported by this funding include: (1) educational resource (print or online) development, (2) educational workshops and support groups, (3) social marketing, (4) role model stories, and (5) short films. Applicants may suggest additional types of strategies in their workplans, subject to PHS and NYC Health Department approval; however, all proposed activities must respond to the funding goals as specified in Table X. In proposed workplans, activities may support

multiple RFP goals (e.g., an applicant may elect to deliver an educational workshop that increases knowledge as well as supporting behaviors).

2. Implementation Timeline

During the first 6 months of the subaward, anticipated 7/1/2023-12/31/2023, the subrecipient will:

- a) Provide a PHS and NYC Health Department-approved workplan by month 3;
- b) Ensure all staff for subaward hired by month 4;
- c) Be operational to deliver services by month 6.

During months 7-24 of the subaward, the subrecipient will adhere to the general timeline as proposed in their workplan. See Section E and page 17 for reimbursement details.

Table X: Crosswalk between Funding Goals and Strategies

Funding Goal	Strategies	Examples/Topics
<p>Increasing <u>knowledge and awareness</u> of accepting behaviors among families, caregivers, and community and impact on physical health, mental health, and well-being of LGBTQ+ youth, through education on:</p> <ol style="list-style-type: none"> 1) Sexuality and young adult development 2) Gender and identity 3) Examples of family accepting and rejecting behaviors 4) Role of family rejecting and family accepting on LGBTQ+ youth health and well-being 	<p>Education: Crafting and creating engagement through educational resources (print or online), educational workshops, or targeted social marketing campaigns and other projects</p>	<ul style="list-style-type: none"> • Sexuality, sexual orientation, gender identity, and gender expression among youth • Outlining examples of family accepting and rejecting behaviors • Associations between family rejection behaviors and negative physical and mental health outcomes • Associations between family and community acceptance and favorable outcomes • Promoting support of LGBTQ+ youth • Resources to help parents, caregivers, and families improve relationships with LGBTQ+ youth
<p>Increasing <u>acceptance</u> of LGBTQ+ youth within their family and community networks by:</p> <ol style="list-style-type: none"> 5) Providing counseling and education to those engaging in rejecting behaviors 6) Providing resources to support families and caregivers to engage in allyship with their LGBTQ+ youth <ul style="list-style-type: none"> - Assuring opportunities for support to foster nonjudgmental spaces where families and 	<p>Education: Crafting and creating engagement through educational resources (print or online), educational workshops, or targeted social marketing campaigns or other projects</p>	<ul style="list-style-type: none"> • Creating a supportive and safe home for LGBTQ+ youth • Respectful language around sexual orientation and gender identity • Encouraging healthy communication • How to integrate accepting, and avoid rejecting, behaviors • Reducing risk for substance use, depression, and HIV and other STIs, and promoting sexual health and wellness • Reducing risk of harassment and violence, including physical, sexual, and gender-based violence

<p>caregivers can tell their story and share their experiences and expressions of care and concern for their LGBTQ+ youth</p>	<p>Support Groups: Providing opportunities for those in various communities to share their experiences and concerns</p>	<ul style="list-style-type: none"> • Parents who have LGBTQ+ youth • Caregivers who have LGBTQ+ youth • Families who identify as Black and have LGBTQ+ youth • Families who identify as Asian or Pacific Islander and have LGBTQ+ youth • Families who identify as Latino/a and have LGBTQ+ youth • LGBTQ+ youth to talk with other LGBTQ+ youth or mentors
	<p>Role Model Stories: Presenting stories and testimonials of parents, caregivers, families, teachers and other school-based staff, and community members who have participated in the initiative and made changes toward greater acceptance of their LGBTQ+ youth</p>	<ul style="list-style-type: none"> • Live interviews or storytelling performances • Video recordings of interviews or storytelling performances • Letters, blogs, or other written materials
	<p>Short Films: Creating shorts which highlight narratives in support of LGBTQ+ youth</p>	<ul style="list-style-type: none"> • Youth stories • Families detailing how they support their LGBTQ+ youth • Community members describing their support of LGBTQ+ youth

3. Performance Expectations

By month 3, the subrecipient is expected to develop a proposed workplan responding to funding goals with reach to target populations for this RFP for NYC Health Department and PHS review. By month 6, the subrecipient will be prepared to begin approved activities.

In developing and implementing their workplans, the subrecipient must:

- a) Create allyship and promote healthy communication;
- b) Uplift the voices of parents, caregivers, and LGBTQ+ youth through story-telling opportunities, and/or facilitation roles;
- c) Provide education free of bias and misinformation; and
- d) Integrate evidence-based recommendations into their educational content and delivery to reflect best practices.

The subrecipient must promptly communicate any challenges to implementation to PHS and NYC Health Department.

The subrecipient(s) will maintain records to provide an annual narrative report to NYC Health Department describing successes and challenges of project implementation, including integration of project deliverables into project workflow as outlined in Section D, Reporting.

4. Proposal Instruction

- a) Complete the Proposed Approach section of the Structured Proposal Form (Attachment A).

5. Evaluation

- a) This section will be evaluated based on the quality of the proposed approach, its responsiveness to the needs of LGBTQ+ youth and their families and communities, and the extent to which the applicant satisfactorily describes the organization's ability to meet program expectations based on the criteria listed in this section. Successful applicants will be able to demonstrate reach of project services that span more than one borough. It is worth a maximum of **30 points** in the Proposal Evaluation.

C. Organizational Capacity, Staffing, and Qualifications (25 Points)

The subrecipient must develop and implement a staffing plan to ensure oversight of all required services in the proposed workplan, ensuring staff and leadership are effective at engaging with LGBTQ+ youth and their families. Applicants should be able to demonstrate active support of their LGBTQ+ staff.

Key Domains

Successful applicants will have individuals on staff whose work addresses the following key domains:

- a) Youth engagement and support
- b) Community engagement
- c) Educational workshop facilitation
- d) Educational workshop and program planning
- e) Conflict mediation
- f) LGBTQ+ content and advocacy expertise
- g) Communications specialist
- h) Outreach specialist
- i) Program monitoring and evaluation

1. Program Expectations

Applicants must:

- a) Demonstrate the organizational, programmatic, and managerial capability to perform the services described in this RFP.
- b) Demonstrate that the proposed workplan aligns with the organization's history, mission, and services.
- c) Describe how the staffing plan addresses vacancies with a comprehensive contingency plan and active recruitment. Priority will be given to applications that include the recommended staff key domains as outlined in the section above and relevant service working with LGBTQ+ populations.
- d) Implement recruitment and retention plans which prioritize staffing that is representative of communities that identify as racial and ethnic minorities, LGBTQ+, and people with disabilities, and if the applicant's proposal includes hiring,
- e) Ensure all staff follow culturally and linguistically appropriate standards to serve their populations and have relevant knowledge and skills.

- f) Have the capacity to provide services in the languages preferred by their clients.
- g) Ensure the [New York City LGBTQ Health Care Bill of Rights](#) is upheld by all project staff, including clinical and nonclinical partners.
- h) Collaborate with NYC Health Department staff to identify areas for training and technical assistance to successfully implement the proposed project.

Table Y: Recommended Minimum Staffing

Staff Position	Recommended Credentials
<p>Program Manager: leads implementation of workplan; conducts financial planning and reporting; oversees data reporting and reporting of key indicators detailed on page 15. Supports staff capacity building and training. Ensures staff, partners, educational materials, educational workshops, and relevant materials uphold the New York City LGBTQ Health Care Bill of Rights.</p>	<p>Bachelor of Arts (BA)/Bachelor of Science (BS) or Licensed Master Social Worker (LMSW) degree, and at least 2 years of experience providing services or education in support of LGBTQ+ youth experience</p>
<p>Outreach Specialist: Collaborates with NYC Health Department on review of outreach activities and procedures; implements outreach and engagement protocols; works with other project staff to identify additional outreach and engagement opportunities.</p>	<p>High school degree or equivalent, and demonstrated experience or certified health educator, demonstrated experience providing education to LGBTQ+ youth</p>
<p>Data Analyst: Develops and maintains data collection systems, and processes to fulfill data reporting requirements as described on page 15. Ensures quality and confidentiality of client data.</p>	<p>High school degree or equivalent with at least 2 years of data management experience; or BA or BS with data management experience</p>

2. Proposal Instructions

- a) Complete the relevant section of the Structured Proposal Form (Attachment A).
- b) Complete Staffing Plan (Attachment F).
- c) Attach a one-page Organizational Chart showing how the program and program staff will be incorporated into the existing organizational structure (Attachment D).

3. Evaluation

- a) The Organizational Structure and Staffing Plan section is worth 25 points. This section will be evaluated based the proposed staffing plan and staff qualifications based on the criteria listed in this section.

D. Project Monitoring and Evaluation, Data Management, and Reporting (20 Points)

A successful applicant(s) will have a plan in place to collect data on and measure:

Dimension	Key Indicators
Environmental scan	<ul style="list-style-type: none"> • Interest among families, caregivers, community members and/or LGBTQ+ youth in participating • Baseline levels of perceived family acceptance among families, caregivers, and community members • Baseline levels of perceived family acceptance among LGBTQ+ youth • Baseline resources (materials, expertise, etc.) that exist around family acceptance
Reach	<ul style="list-style-type: none"> • Number of participants in subaward-funded activities (e.g. educational workshops or support groups) • Number of unique participants attending 1 or more activities
Impact of services	<ul style="list-style-type: none"> • Changes in pre- and post-test measures of understanding and acceptance <ul style="list-style-type: none"> ○ Best ways to support and reach parents, caregivers, family, teachers, and community members; ○ How to foster LGBTQ+ inclusive and respectful language; ○ Shifting anti-LGBTQ+ attitudes; and ○ Integration for how to affirm LGBTQ+ youth. • Familiarity with family acceptance resources and best practices

The subrecipient must synthesize and utilize evaluation to improve subsequent implementation, for example by:

- a) Identifying additional educational workshop topics, as needed
- b) Refining additional educational workshop content or facilitation
- c) Identifying additional groups to outreach educational workshops among

2. Data Management

- a. Comply with all applicable confidentiality and privacy laws, including federal, New York State and New York City laws in order to protect client privacy.
- b. Applicants should have a detailed plan to ensure client privacy and confidentiality (including data quality and security)
- c. Collect and manage data (i.e., pre- and post-test questionnaires) that protects and maintains participant confidentiality.
- d. Ensure privacy of participants within programs (educational workshops, social media, role modeling and storytelling)
 - I. Support group and workshop participants will be reminded of the importance of confidentiality for all sessions.
 - II. Make clear to all participants how and where their experiences and/or stories will be used and who will have access to it.
 - III. Ensure an opt-in policy for those willing to share their experiences outside of educational workshops and support groups (i.e., stories and experiences that are online)
- e. Ensure data transmitted to NYC Health Department is free of any identifying information.

- f. Implement protocols to collect, analyze, and report out all project data, ensure quality assurance, interpret reports, and perform project evaluations and continuous quality improvement.
- g. Complete an annual narrative report describing successes and challenges of project implementation, including integration of project deliverables into program workflow.

3. Reporting:

- a. Quarterly reporting will follow an included template that asks the agency to reflect on:
 - I. Overall program progress: Narrative on progress toward workplan successes, challenges, and identified areas of improvement
 - II. Services: Information regarding services provided in reporting period with detailed metrics on reach and impact (see above)
- b. The subrecipient must electronically submit supporting data to NYC Health Department via email on a quarterly schedule during the contract period, as follows:
 - 1. By April 30 (for period January 1 – March 31)
 - 2. By July 30 (for period April 1 - June 30)
 - 3. By October 31 (for period July 1-Sept 30)
 - 4. By January 31 (for period Oct 1-December 31)

All data submitted to NYC Health Department must be de-identified so an individual identity cannot be gleaned from the data.

4. Proposal Instructions

- a) Complete the relevant section of the Structured Proposal Form (Attachment A).

5. Evaluation

- a) The Project Monitoring and Evaluation, Data Management and Security, and Reporting section is worth 20 points. This section will be evaluated based on the quality of the proposed approach to program monitoring, data management and reporting criteria listed in this section as well as the extent to which the applicant demonstrates expertise in these areas.

E. Budget Management (5 points)

Total Anticipated Funding Amount: \$1,500,000 (\$750,000 per year for 2 years).

If 2 awards are made, the annual and total amounts above will be split based on the proposed budgets.

Services provided under this RFP will use a hybrid reimbursement model that combines a milestone-based payment mechanism during the first six (6) months of the project (See page 17 table Z to see details of the reimbursement structure). The first 6 months of the contract are devoted to scaling up program, including hiring or sub-contracting (as needed) and developing materials and a PHS and NYC Health Department-approved workplan. Months 7-24 of the contract will follow a cost-based reimbursement mechanism based on approved annual budget. At this point, the subrecipient must have all staff in place and materials ready to begin after month six.

In year one, 50% of the program operating costs will be paid at a fixed rate upon the completion of the following milestones in months 1-6: 33% when all staff are hired and 17% when the program workplan is

approved by NYC Health Department. Additionally, subrecipients have the ability to receive an advance of up to 25% of their approved budget should they want one and are approved for one. These funds will be recouped over a ten (10)-month period, beginning with payments due to the subrecipient in the first month of the applicable budget period. In year two, all the program operating costs will be reimbursed upon submission of vouchers showing actual program costs. An example of the reimbursement breakdown is below in Table Z for a program awarded the maximum allowable funds (i.e., \$750,000).

Table Z: Reimbursement Breakdown

Project Year	Annual Subaward	Reimbursement Method	
		Milestone-based	Cost-based
Year One	\$750,000 <i>(This is the total annual amount and may be split by up to 2 awards)</i>	All staff hired = 33% of annual subaward amount	Monthly reimbursement based on approved annual budget
		PHS and NYC Health Department-approved workplan = 17% of annual subaward amount	
		50% of annual subaward amount (months 1-6)	50% of annual subaward amount (months 7-12)
Year Two	\$750,000		Cost-based
	<i>(This is the total annual amount and may be split by up to 2 awards)</i>		Monthly reimbursement based on approved annual budget
			100% of annual subaward amount

1. Project Expectations

- a) Develop and implement a budget that is consistent with the provision of the proposed services. The program would operate a budget based on the anticipated available funding stated above and demonstrate the capacity to establish and manage appropriate operating budgets.
- b) Develop an annual budget for the first year of operation. The budget should include:
 - i. Competitive salaries for staff outlined in Table Y, that correspond to the individual’s experience, and qualifications providing family support and education services. Salaries or wages should comply with the New York City Living Wage laws.
 - ii. All other than personnel services expenses needed to complete the stated activities (e.g., staff supplies, workshop facilitation space, educational materials, evaluation resources, social marketing budget, etc.)
 - iii. Any indirect costs requested by the subrecipient, must be in accordance with the City of New York Health and Human Services Cost Policies and Procedures Manual (nyc.gov); hereafter referred to as “Cost Manual”. Per the Cost Manual, if requesting indirect costs, options include:

- a) At or below 10% de minimum Indirect Cost Rate (ICR) applied to a modified total direct cost base.
 - b) If available, an organization’s federally negotiated Indirect Cost Rate, specified within a Negotiated Indirect Cost Rate Agreement (NICRA), applied to a modified total direct cost base. If selecting this option, the subrecipient must enclose a copy of its NICRA with its application.
 - c) If available, an organization’s New York City-approved Indirect Cost Rate, specified within an Independent Accountant’s Report signed by an independent Certified Public Accountant, applied to a modified total direct cost base. If selecting this option, the subrecipient must enclose a copy of its Accepted ICR and Verification Documentation, which the City would have previously uploaded to the subrecipient’s organizational profile in PASSPort.
- iv. Adhere to all federal, state, and local funding reporting requirements.

2. Proposal Instructions

- a) Complete the relevant section of the Structured Proposal Form (Attachment A).
- b) Submit a line-item budget for the first year of the program (Attachment B).

3. Evaluation

- a) The Budget Management section is worth 5 points. This section will be evaluated based the quality of the proposer’s approach to budget management based on the criteria listed in this section.

5. List of Attachments

The following attachments for this RFP can be downloaded from the PHS Procurement Portal:

<https://healthsolutions.bonfirehub.com/portal/?tab=openOpportunities>

1. Attachment A: Structured Proposal Form (*must be submitted in MS Word*)
2. Attachment B: Budget Form (*must be submitted in MS Excel*)
3. Attachment C: Information Cover Sheet
4. Attachment G: Board of Directors' Statement – written on your letterhead and signed by the Chair/President or Secretary of the Board of Directors (*see sample statement provided*)
5. Attachment L: PHS Procurement Portal – Asking a Question Instructions

The following Required Documents must be submitted via Public Health Solutions Bonfire Procurement Portal:

1. Attachment A: Structured Proposal Form (*template provided; must be submitted in MS Word*)
2. Attachment B: Budget Form (*template provided; must be submitted in MS Excel*)
3. Attachment C: Information Cover Sheet (*template provided*)
4. Attachment D: Organizational Chart (*no template provided*)
5. Attachment E: Curricula Vitae or Resumes of Key Staff (leadership and program level) (*no template provided*)
6. Attachment F: Staffing Plan (*no template provided*)
7. Attachment G: Board of Directors' Statement – written on your letterhead and signed by the Chair/President or Secretary of the Board of Directors (*see sample statement provided*)
8. Attachment H: Internal Revenue Service 501(c)(3) Determination Letter
9. Attachment I: New York State Certificate of Incorporation (full copy, including any amendments)
10. Attachment J: Current Board of Directors List (*no template provided*)
11. Attachment K: Most recent audited Annual Financial Statement; if total expenditures associated with federal funding exceed \$750,000 a year, a Single Audit Report is required

6. Basis for Subaward and Procedures

A. Proposal Evaluation

All proposals received by PHS, on behalf of NYC Health Department will be reviewed to determine whether they are responsive or non-responsive to the requirements of this RFP. Proposals that are determined by PHS and NYC Health Department to be non-responsive will not move to the next stage of the review process.

Responsive proposals will be evaluated according to the evaluation criteria outlined in this RFP. Proposals will be scored on a scale of 0-100 points. Only proposals that have an average score of 70 points or more will be considered viable and eligible for consideration for funding.

As part of the proposal review process, NYC Health Department and PHS reserve the right to conduct site visits and/or interviews and/or to request that applicants make presentations and/or demonstrations, as NYC Health Department and PHS deem applicable and appropriate. Although discussions may be conducted with applicants submitting responsive and viable proposals, NYC Health Department and PHS reserve the right to select subawards based on initial proposals received, without discussions; therefore, the applicant's initial proposal should contain its best programmatic and price terms.

PHS will also conduct integrity checks, of potential subrecipient(s) as part of the solicitation process, including but not limited to, review of audited financial statements, and internet searches.

B. Subawards

Subawards will be given to the responsible applicants whose proposals are determined to be the most qualified to PHS, in collaboration with NYC Health Department, taking into consideration the factors which are set forth in this RFP. Subawards will be made to the highest rated applicants whose proposals are technically viable. PHS, in collaboration with NYC Health Department, may:

- Increase/decrease the total funding amount depending on funding availability.
- Award more than one subaward dependent on the proposed budgets of applicants.
- Make subaward funding out of rank order to ensure appropriate distribution of services across geographic areas.
- Prior to subaward execution, determine the length of the initial subaward term and each option to renew, if any.
- Prior to subaward execution and during the term of the subaward (by written agreement), change the reimbursement structure/model, program service size, and program type depending on the needs of the system.

Subawards shall be subject to timely completion of negotiations between PHS and the subrecipients.

Final subaward decisions will be made by PHS in collaboration with NYC Health Department. At the discretion of NYC Health Department, final subawards may be less than requested to distribute funds among subrecipients to ensure adequate distribution of services throughout New York City.

Final subaward decisions may also consider past subaward performance (if subrecipient has current subaward(s) or had subaward(s) within the last two years with PHS) or reference/background checks for subrecipients without any prior or recent subaward relationship with PHS.

Final subaward execution is contingent upon successful completion of negotiations; subrecipient background check; and demonstration of all required insurance coverage and all other requirements of and approvals by PHS, NYC Health Department, the City of New York, the State of New York, and the U.S. government, as applicable.

7. Insurance Requirements

The following insurance requirements will be incorporated into the final agreements with Public Health Solutions:

Insurance Requirements

- a. The Subrecipient shall maintain workers' compensation insurance, employers' liability insurance, and disability benefits insurance, in accordance with law on behalf of, or regarding, all employees providing services under the Agreement.
- b. The Subrecipient represents and warrants that it has, and covenants to maintain continuously during the term of the Agreement, the following types of insurance, as applicable:
 - i. Commercial general liability insurance, covering operations under the Agreement, in amounts as follows: one million dollars (\$1,000,000) per occurrence; one million dollars (\$1,000,000) personal and advertising injury (unless waived in writing by the Department); two million dollars (\$2,000,000) in the aggregate. Coverage must be at least as broad as the coverage provided by the most recently issued ISO Form CG 00 01, primary and non-contributory, and "occurrence" based rather than "claims-made". Such coverage shall list Public Health Solutions and the City of New York, including its officials and employees, as an additional insured with coverage at least as broad as the most recently issued ISO Form CG 20 10 or CG 20 26.
 - ii. If vehicles are used in the provision of services under the Agreement, commercial automobile liability insurance for liability arising out of ownership, maintenance, or use of any owned, non-owned, or hired vehicles to be used in connection with the Agreement, in the amount of one million dollars (\$1,000,000) per accident combined single limit. Coverage shall be at least as broad as the most recently issued ISO Form CA 00 01.
 - iii. If Subrecipient is performing professional services under the Agreement, professional liability insurance or errors & omissions insurance of at least one million dollars (\$1,000,000) per claim. Claims-made policies may be accepted for professional liability insurance. All such policies shall have an extended reporting period option or automatic coverage of not less than two years. If available as an option, the Subrecipient shall purchase extended reporting period coverage effective on cancellation or termination of such insurance unless a new policy is secured with a retroactive date, including at least the last policy year.
- c. All insurance required above must be provided by companies that may lawfully issue such policies; have an A.M. Best rating of at least A- / VII, a Standard & Poor's rating of at least A, a Moody's Investors Service rating of at least A3, a Fitch Ratings rating of at least A-, or a similar rating by any other nationally recognized statistical rating organization acceptable to Public Health Solutions unless prior written approval is obtained from Public Health Solutions; and be primary (and non-contributing) to any insurance or self-insurance maintained by Public Health Solutions or the City.