

New York State
Department of Health
Division of HIV, STD, HCV Prevention
Office of LGBTQ Services

Request for Applications

Health and Human Services for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, + (LGBTQI+) Individuals, Families, and Communities
RFA #20440 / Internal Program #23-0011

Grants Gateway #s: DOH01-HHSA-2024; DOH01-HHSB-2024; DOH01-HHSC-2024; DOH01-HHSD-2024; DOH01-HHSE-2024; DOH01-HHSF-2024; DOH01-HHSG-2024

(For the purposes of this RFA, LGBTQI+ is an inclusive term for lesbian, gay, bisexual, transgender, gender nonconforming, non-binary, queer/questioning, intersex individuals and TGNCNB is an inclusive term of gender expansive individuals including but not limited to transgender, gender nonconforming, and non-binary individuals)

This is a procurement which encompasses seven (7) components.

COMPONENT A: Direct Services to LGBTQI+ Individuals, Families, and Communities (DOH01-HHSA-2024)

COMPONENT B: Direct Services to TGNCNB Individuals, Families, and Communities – an allocation of the Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund (DOH01-HHSB-2024)

COMPONENT C: Training, Technical Assistance, and Capacity Building for Component A and Component B Grantees and New York State LGBT Health and Human Services Network Members on Program Evaluation (DOH01-HHSC-2024)

COMPONENT D: Statewide Coordination of New York State LGBT Health and Human Services Network (The Network) (DOH01-HHSD-2024)

COMPONENT E: Training, Technical Assistance, and Capacity Building to Specifically Address the Needs of LGBTQI+ Black, Indigenous, People of Color, and Immigrant Individuals, Families, and Communities (DOH01-HHSE-2024)

COMPONENT F: Small Grants Program to Specifically Address the Needs of LGBTQI+ Community (DOH01-HHSF-2024)

COMPONENT G: New York State LGBTQI+ Health and Human Services Needs Assessment (DOH01-HHSG-2024)

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 apply for multiple components of the RFA; however, applicants may only submit one (1) application for EITHER Component A or Component B. If an applicant submits an application for both Component A and Component B or two applications for either component, the first application received for either Component A or Component B will be the only application reviewed and considered for funding.

One (1) application per Component can be submitted, however, applicants may not submit more than two (2) applications in total in response to the RFA. If more than two (2) applications are submitted in response to this RFA, the first two (2) applications that are received, with the stipulation stated above regarding Components A and B, will be reviewed and considered for funding. All other applications will be rejected.

KEY DATES

Release Date:	November 14, 2023
Applicant Conference:	November 20, 2023, at 10:00 AM ET
Registration:	https://aidsinstituteny-org.zoom.us/webinar/register/WN_uTG8vGxLQ6W9wqebSZRIUg
Questions Due:	November 28, 2023, by 4:00 PM ET
Questions, Answers and Updates Posted: (on or about)	December 12, 2023
Applications Due:	January 4, 2024, by 4:00 PM ET

DOH Contact Name & Address:

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I. INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI), Division of HIV, STD, HCV Prevention, Office of LGBTQ Services announces the availability of \$12,000,000 annually in New York State (NYS) funds to provide services to address key social determinants of health impacting Lesbian, Gay, Bisexual, and Transgender, Queer/Questioning, Intersex, (LGBTQI+) Individuals, Families, and Communities as outlined below.

Component A: Direct Services to LGBTQI+ Individuals, Families, and Communities

Description: The purpose of Component A funding is to identify service providers to develop and/or enhance comprehensive health and human services for LGBTQI+ individuals, families, and communities through the implementation of proven strategies and/or innovative interventions. The component aims to address issues related to the key social determinants of health impacting LGBTQI+ communities: health and racial equity, economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

Component B: Direct Services to TGNCNB Individuals, Families, and Communities – an allocation of the Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund

Description: The purpose of Component B funding is to identify service providers, prioritizing Transgender, Gender Non-Conforming, Non-Binary (TGNCNB) led and staffed providers, to develop and/or enhance comprehensive health and human services for TGNCNB individuals, families, and communities through the implementation of proven strategies and/or innovative interventions. The component aims to address issues related to the key social determinants of health impacting TGNCNB communities: health and racial equity, economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors. This component is an allocation of the Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund.

Component C: Training, Technical Assistance, and Capacity Building for Component A and Component B Grantees and New York State LGBT Health and Human Services Network Members on Program Evaluation

Description: The purpose of Component C funding is to identify one (1) statewide service provider to develop and implement training, technical assistance, and capacity building for Component A and B grantees and New York State LGBT Health and Human Services Network members regarding development of program performance measures and program evaluation.

Funding allows for the provision of training, technical assistance, and capacity building on the following:

- developing program performance measures and processes to collect and analyze data to inform program design, implementation, and evaluation;
- developing systems to document and report service delivery, client, and community outcomes; and
- developing, identifying, implementing, and evaluating culturally-adapted equity-centered evidence-based interventions, program, and practices.

Component D: Statewide Coordination of New York State LGBT Health and Human Services Network (The Network)

Description: The purpose of Component D funding is to support one (1) organization with a statewide reach to provide leadership, coordination, technical assistance, capacity building, health promotion/awareness, education, and support to organizational members of the NYS LGBT Health and Human Services Network (The Network).

Component E: Training, Technical Assistance, and Capacity Building to Specifically Address the Needs of LGBTQI+ Black, Indigenous, People of Color, and Immigrant Individuals, Families, and Communities.

Description: The purpose of Component E funding is to support one (1) organization with a statewide reach to provide support and provide technical assistance to meet current and emerging needs of the Office of LGBTQ Services-funded providers as it relates to the priority population's social determinants of health, access to affirming health care, and racial/ethnic equity regardless of immigration status.

Component F: Small Grants Program to Specifically Address the Needs of LGBTQI+ Community

Description: The purpose of Component F funding is to support one (1) organization with a statewide reach to develop and administer a small grants program to specifically address the needs of LGBTQI+ communities by supporting organizations that have capacity issues due to historic barriers faced by the LGBTQI+ community.

Component G: New York State LGBTQI+ Health and Human Services Needs Assessment

Description: The purpose of Component G funding is to support one (1) organization with a statewide reach to develop, implement, analyze, and disseminate a longitudinal NYS LGBTQI+ Health and Human Services Needs Assessment including an annual health priority agenda comprised of statewide, regional, and population-specific data. This will be developed via a coordinated and collaborative process to establish a common framework to address LGBTQI+ social determinants of health and equity.

A. Background/Intent

LGBTQI+ Health Disparities and Inequities:

LGBTQI+ individuals continue to face persistent systemic inequities and [health disparities](#) linked to multiple social and economic determinants of health including societal stigma, hostility towards sexual and gender diversity, denial of civil and human rights, employment and/or housing discrimination, lack of affirmative and affordable healthcare or insurance, racism, poverty, and lack of support, among others. As a result, LGBTQI+ individuals, especially those who identify as Black, Indigenous, or People of Color (BIPOC), may experience [poorer health and face increased health burdens](#).

Higher rates of [sexually transmitted infections](#), substance use disorders (SUDs), [mental health conditions and suicide](#), obesity and eating disorders, breast and cervical cancers, and greater risk of heart disease have been widely reported among the LGBTQI+ population. Furthermore, transgender individuals experience high rates of [psychiatric and substance use disorders](#) and stress that include long-term effects of stigma, prejudice and discrimination. Considering these challenges, and as [anti-trans legislation](#) continues to rise across the nation, it is more important than ever that inclusive and gender-affirming healthcare and support services are available to all LGBTQI+ individuals, families, and communities.

Lack of knowledgeable providers and limited availability of and access to affirming healthcare can negatively impact the health outcomes and wellbeing of older LGBTQI+ New Yorkers. When people experience discrimination or a hostile environment based on their sexual orientation, gender identity or gender expression while receiving healthcare services, they may not disclose important information about themselves which can prevent the delivery of adequate care, thus increasing their risks and negatively impacting their overall health and quality of life. Moreover, people may even delay or avoid seeking care or services when in need, which can result in life-threatening situations.

According to the 2021 NYS [LGBTQ+ Health and Human Services Needs Assessment](#), accessing LGBTQI+-affirming services is still a challenge across the state of New York, particularly for people of color,

residents of rural areas, and transgender and gender nonconforming individuals. Limited availability of LGBTQI+-affirming services, lack of knowledgeable providers and a lack of LGBTQI+ support groups were reported as the main barriers to seeking care. Furthermore, behavioral health services were the most highly reported need among the respondents. However, a third of respondents reporting behavioral health needs were unable to receive services or care due to lack of affirming providers in their region. Challenges to seeking and receiving services related to gender transition were also reported, particularly in rural areas due to distance/geographic limitations and limited availability of transition care. Transgender and gender nonconforming individuals also reported specific needs related to their identity and gender expression including changing gender markers (and name when applicable) and hormone replacement therapy for medical transition. Also, respondents reported higher levels of food insecurity and poorer overall health than the national average.

The NYSDOH AI aims to eliminate disparities and inequities in health care access by increasing the availability and quality of health care and human services for New York's unserved and underserved populations. The LGBTQI+ Health and Human Services initiative focuses on addressing disparities through building a wider, more sensitive, and appropriate system to promote health and human services for LGBTQI+ individuals, families, and communities. The LGBTQI+ Health and Human Services initiative aims to address issues related to the key social determinants of health impacting LGBTQI+ communities: health and racial equity, economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

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

- 1) Identify persons living with HIV who remain undiagnosed and get them linked to care;
- 2) Link and retain persons diagnosed with HIV in health care to maximize viral suppression; and
- 3) Increase access to Pre-Exposure Prophylaxis (PrEP) for persons who are HIV negative.

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

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

- BP4: Improve referral and engagement;
- BP16: Ensure access to stable housing;
- BP18: Health, housing and human rights for LGBT communities;
- BP19: Institute an integrated comprehensive approach to transgender health care and human rights;
- BP22: Access to care for residents of rural, suburban and other areas of the state;
- BP23: Provide comprehensive sexual health education; and
- BP30: Increase access to opportunities for employment and employment/vocational services.

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

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

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

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

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

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the NYS Prevention Agenda. The NHAS is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic.² Information on the NHAS and updates to the strategy through 2025 can be found at: <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025>. The NYS Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them.³ The NYS Prevention Agenda can be found on the following website: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/.

Demonstration of a Commitment to Health Equity:

Health Equity (HE) is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education, health care/services, and safe environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma) and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race and racism 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.

² [National HIV/AIDS Strategy](#)

³ [Prevention Agenda 2019-2024: New York State's Health Improvement Plan](#)

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

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

B. Available Funding

Up to \$12,000,000 in State funding is available annually to support programs funded through this RFA.

Component A: Direct Services to LGBTQI+ Individuals, Families, and Communities

A total of **\$8,580,000** annually for five years in State funding is available for Component A.. Funding will support service providers to develop and/or enhance comprehensive health and human services for LGBTQI+ individuals, families, and communities through the implementation of proven strategies and/or innovative interventions. The initiative aims to address issues related to the key social determinants of health impacting LGBTQI+ communities: health and racial equity, economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

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

NYSDOH Region	Annual Award Amount	Number of Awards
New York City – Manhattan	\$195,000	8-9
New York City – Brooklyn	\$195,000	3-4
New York City – Bronx	\$195,000	1-2
New York City – Queens/ Staten Island	\$195,000	1-2
NYC Metro (Multi-borough)	\$195,000	1-2
Long Island – Nassau County	\$195,000	1-2
Long Island – Suffolk County	\$195,000	1-2
Hudson Valley (Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester)	\$195,000	3-4
Northeastern New York (Counties: Albany, Clinton, Columbia, Essex, Fulton, Franklin, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington)	\$195,000	4-6
Central New York/Southern Tier (Counties: Broome, Chemung, Chenango, Cortland, Delaware, Onondaga, Otsego, Madison, Cayuga, Oswego, Oneida, Herkimer, Lewis, Jefferson, Tioga, Tompkins, and St. Lawrence)	\$195,000	2-4

Finger Lakes (Counties: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates)	\$195,000	2-3
Western New York (Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming)	\$195,000	2-3

Applicants are instructed to select their primary region of service on **Attachment 1, Application Cover Page for Components A, B, C, D, E and G**. 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.

Component B: Direct Services to TGNCNB Individuals, Families, and Communities – an allocation of the Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund

A total of \$2,000,000 annually for five years in State funding is available for Component B through the Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund. Funding will support service providers, prioritizing TGNCNB led and staffed providers, to develop and/or enhance comprehensive health and human services for TGNCNB individuals, families, and communities through the implementation of proven strategies and/or innovative interventions. The initiative aims to address issues related to the key social determinants of health impacting TGNCNB communities: health and racial equity, economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

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

NYSDOH Region	Annual Award Amount	Number of Awards
*New York City	\$245,000	0-1
Long Island - Nassau County	\$195,000	0-1
Long Island – Suffolk County	\$195,000	0-1
Hudson Valley (Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester)	\$195,000	0-1
Northeastern New York (Counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington)	\$195,000	0-1
Central New York (Counties: Onondaga, Madison, Cayuga, Oswego, Oneida, Herkimer, Lewis, Jefferson and St. Lawrence)	\$195,000	0-1
North Country (Counties of Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis and St. Lawrence)	\$195,000	0-1
Southern Tier (Counties: Otsego, Delaware, Cortland, Chenango, Tompkins, Chemung, Tioga and Broome)	\$195,000	0-1

Finger Lakes (Counties: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates)	\$195,000	0-1
Western New York (Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming)	\$195,000	0-1

***For applicants applying to serve the New York City region for Component B, applicants should indicate which borough or boroughs they are proposing to serve on Attachment 1, Application Cover Page for Components A, B, C, D, E and G.**

Applicants are instructed to select their primary region of service on **Attachment 1, Application Cover Page for Components A, B, C, D, E and G**. 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.

Component C: Training, Technical Assistance, and Capacity Building for Component A and Component B Grantees and New York State LGBT Health and Human Services Network Members on Program Evaluation

A total of **\$260,000** annually for five years in State funding is available for Component C. Funding will support one (1) statewide service provider to develop and implement training, technical assistance, and capacity building for Component A and Component B grantees and New York State LGBT Health and Human Services Network members regarding development of program performance measures and program evaluation.

Applicants are instructed to complete **Attachment 1, Application Cover Page for Components A, B, C, D, E and G**.

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

NYSDOH Region	Annual Award Amount	Number of Awards
Statewide	\$260,000	1

Component D: Statewide Coordination of New York State LGBT Health and Human Services Network (The Network)

A total of **\$375,000** annually for five years in State funding is available for Component D. Funding will support one (1) statewide service provider with a statewide reach to provide leadership, coordination, technical assistance, capacity building, health promotion/awareness, education, and support to organizational members of the NYS LGBT Health and Human Services Network (The Network).

Applicants are instructed to complete **Attachment 1, Application Cover Page for Components A, B, C, D, E and G**.

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

NYSDOH Region	Annual Award Amount	Number of Awards
Statewide	\$375,000	1

Component E: Training, Technical Assistance, and Capacity Building to Specifically Address the Needs of LGBTQI+ Black, Indigenous, People of Color, and Immigrant Individuals, Families, and Communities.

A total of **\$260,000** annually for five years in State funding is available for Component E. Funding for Component E will support one (1) organization with a statewide reach to provide support and technical assistance to meet emerging needs of providers funded through Component A and Component B of this solicitation.

Applicants are instructed to complete **Attachment 1, Application Cover Page for Components A, B, C, D, E and G.**

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

NYSDOH Region	Annual Award Amount	Number of Awards
Statewide	\$260,000	1

Component F: Small Grants Program to Specifically Address the Needs of LGBTQI+ Community

A total of **\$250,000** annually for five years in State funding is available for Component F. Funding will support one (1) organization with a statewide reach to provide administration of a small grants program to specifically address the needs of LGBTQI+ communities by supporting organizations that have capacity limitations due to historic barriers faced by the LGBTQI+ community.

Applicants are instructed to complete **Attachment 2, Application Cover Page for Component F.**

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

NYSDOH Region	Annual Award Amount	Number of Awards
Statewide	\$250,000	1

Component G: New York State LGBTQI+ Health and Human Services Needs Assessment

A total of **\$275,000** annually for five years in State funding is available for Component G. Funding will support one (1) organization with a statewide reach to develop, implement, analyze, and disseminate a longitudinal NYS LGBTQI+ Health and Human Services Needs Assessment including an annual health priority agenda comprised of statewide, regional, and population-specific data. These deliverables should be met via a coordinated and collaborative process to establish a common framework to address the LGBTQI+ social determinants of health and equity.

Applicants are instructed to complete **Attachment 1, Application Cover Page for Components A, B, C, D, E and G.**

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

NYSDOH Region	Annual Award Amount	Number of Awards
Statewide	\$275,000	1

Applicants may apply for multiple components of the RFA; however, applicants may only submit one application for EITHER Component A or Component B. If an applicant submits an application for both Component A and Component B or two applications for either component, the first application received for either Component A or Component B will be the only application reviewed and considered for funding.

One application per Component can be submitted, however, applicants may not submit more than two (2) applications in total in response to the RFA. If more than two (2) applications are submitted in response to this RFA, the first two (2) applications that are received, with the stipulation stated above regarding Components A and B, will be reviewed and considered for funding. All other applications will be rejected.

For All Components of the RFA:

- Awards will be made to the highest scoring applicants in each region, up to the minimum number of awards indicated for that region. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, the 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. The 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, the NYSDOH AI reserves the right to exceed the maximum number of awards.
- The NYSDOH AI reserves the right to revise the award amounts as necessary due to changes in availability of funding.
- The NYSDOH AI reserves the right to shift funding from one Component of the RFA to another Component should there be an insufficient number of fundable applications received in any Component.

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

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

II. WHO MAY APPLY

A. Minimum Eligibility Requirements for Components A, C, D, E and G

All 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 and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA;
- Applicant must submit **Attachment 3 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 3**.

Attachment 3 can be found in the Pre-Submission uploads section of the Grants Gateway online application and once completed should be uploaded in the same section;

- Applicant must be a not-for-profit (NFP) in New York State including New York State Department of Health licensed Article 28 Facilities, 501(c)(3) tax exempt health and human service organizations (community-based organizations), health centers, civic organizations, academic institutions or government entities; and
- Applicant must be located in or provide services within the region in which applicant is proposing to provide services.

B. Minimum Eligibility Requirements for Component B: Direct Services to TGNCNB Individuals, Families, and Communities - an allocation of the Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund

All applicants must meet the following minimum eligibility requirements:

- Applicant must be an organization that attests to be one of the following: TGNCNB-led, TGNCNB-staffed, or serving TGNCNB individuals, families, and communities. Applicant must submit **Attachment 4, Attestation of Agency TGNCNB Status for Component B** in the Pre-Submission uploads section of the Grants Gateway online application;
- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA.
- Applicant must submit **Attachment 3 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 3**. **Attachment 3** can be found in the Pre-Submission uploads section of the Grants Gateway online application and once completed should be uploaded in the same section.
- Applicant must be a not-for-profit 501(c)(3) tax exempt health and human service organization in New York State such as a community-based organization, or government entity; and
- Applicant must be located in or providing services within the region in which applicant is proposing to provide services.

C. Minimum Eligibility Requirements for Component F: Small Grants Program to Specifically Address the Needs of LGBTQI+ Community

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA.
- Applicant must be a not-for-profit 501(c)(3) tax exempt organization in New York State such as a public charity, foundation, a charitable trust that provides grants to organizations, institutions, or individuals for charitable purposes, or a government entity;
- Applicant must have at least five (5) years of experience providing grants to organizations, institutions, or individuals for charitable purposes; and
- Applicant must submit **Attachment 3 – Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 3**. **Attachment 3** can be found in the Pre-Submission uploads section of the Grants Gateway online application and once completed should be uploaded in the same section.

III. PROJECT NARRATIVE/WORK PLAN OUTCOMES

A. Program Model Description

COMPONENT A: Direct Health and Human Services to LGBTQI+ Individuals, Families and Communities

Funding for Component A will support programs that demonstrate the capacity to increase access to health care and improve the quality and appropriateness of LGBTQI+ health and human services. Funding will also support programs that improve health outcomes and quality of life for LGBTQI+ individuals and families through the promotion of health equity by striving to ensure full and equal access to affirming health and human services, through the elimination of bias and discrimination based on sexual orientation and gender identity.

Applicants for Component A should demonstrate they will:

- Provide services that are ethnically, culturally, linguistically and age appropriate, and delivered at suitable developmental and literacy levels;
- Respond to and address the range of sexual and gender diversity within the LGBTQI+ community;
- Have the organizational capacity and experience to conduct the required activities;
- Involve members of the priority population in the planning and design of the proposed program; and
- Have a program design that is inclusive of services specific to one or more of the priority LGBTQI+ populations identified in this RFA.

Applicants are instructed to select three (3) Impact Areas from the list below:

- **Health Promotion** - interventions and activities that address and promote access to health, wellness, and human services for LGBTQI+ individuals. Provide promotion of timely health care and treatment; address contextual factors that impact social determinants of health; convey information regarding health disparities and inequities that disproportionately impact LGBTQI+ individuals, families, and communities, e.g., substance use, tobacco use, behavioral health, chronic diseases, sexual health, reproductive health, nutrition, and aging issues.
- **Education and Training** – educational activities regarding LGBTQI+ access to health care and changes in health care delivery. Provide education and training in areas such as: how to provide welcoming and affirming health care; necessity for timely access to health care and treatment; conveying information regarding health disparities and inequities that disproportionately impact LGBTQI+ individuals, families, and communities; e.g., substance use, tobacco use, behavioral health, chronic diseases, sexual health, reproductive health, nutrition, and aging issues.
- **Behavioral Health (Mental Health, Harm Reduction, and Substance Use Services)** - activities that raise awareness of and promote access to services for conditions such as: isolation, depression, stress, and anxiety, suicidal thoughts and behaviors, substance use and harm reduction services.
- **Prevention and Support Services** - activities that raise awareness of and promote access to services such as: support for relationship and family building services, prevention, and support services for LGBTQI+ individuals who have experienced discrimination, bias crimes, and domestic violence. Includes access to legal services, homeless services, and services addressing harassment and discrimination in employment and housing.
- **Employment Opportunities** - interventions that increase access to opportunities for employment, including related education and employment/workforce development/vocational services, job readiness services, and employment workshops.
- **Educational Opportunities** - interventions that increase access to respectful, safer and LGBTQI+-affirming educational opportunities. The interventions should increase awareness of the Sexual Orientation Non-Discrimination Act (SONDA), Gender Expression Non-Discrimination Act (GENDA), and Dignity for All Students Act (DASA) within educational settings and participants/students should be aware of their rights and resources regarding SONDA, GENDA, and DASA.
- **Housing Navigation** - interventions that increase access to safe, quality, affordable and gender-affirming housing and the supports necessary to maintain that housing.
- **LGBTQI+ Cultural Responsiveness** - increasing LGBTQI+ cultural responsiveness for the general community by decreasing or eliminating provider bias or insensitivity through cultural

responsiveness training for social service, health, academic institutions, and legal systems, including but not limited to issues of race, discrimination, age and gender identity/expression.

The Scope of Services funded under Component A can be provided as interventions delivered to individuals, groups, community, or supportive services. To the extent possible, all interventions should be based in behavioral theory. Please reference **Theory at a Glance: Application to Health Promotion and Health Behavior (Second Edition)**.

Long-Term Outcomes – Component A.

Applicants are instructed to address a minimum of two (2) Long-term Outcomes for each Impact Area selected for a total of six (6) or more Long-term Outcomes. Listed below are twelve (12) potential outcomes that applicants can select from; or applicants can identify their own. Applicants will be evaluated on the quality of the proposed approaches to achieve the Long-term Outcomes.

- Increase LGBTQI+ cultural responsiveness for the general community;
- Reduce health risks, including sexual health risks among LGBTQI+ individuals;
- Increase social support and reduce social isolation in the LGBTQI+ community;
- Increase access to and utilization of Behavioral Health and Drug User Health services for LGBTQI+ individuals;
- Increase self-esteem for LGBTQI+ individuals;
- Increase awareness of LGBTQI+ existence and diversity;
- Increase LGBTQI+ community capacity to strengthen coalition and expand interagency referral linkages;
- Increase LGBTQI+ self-advocacy and leadership;
- Increase safety and reduce violence directed at the LGBTQI+ community;
- Develop and/or enhance Gay Straight Alliance (GSA) capacity building;
- Increase access to housing for LGBTQI+ individuals who are unstably housed; or
- Increase access to welcoming and affirming education and employment opportunities.

Please see **Attachment 5 – Long-term Outcomes** for a more comprehensive description of outcomes. See Section III. B. of the RFA for additional information regarding program evaluation requirements.

Program deliverables will be determined by the chosen Impact Areas and Long-term Outcomes. These deliverables are identified in **Attachment 6 - Work Plan Instructions - Component A.**

Applicants may subcontract components of the scope of work up to fifty percent (50%) of the total contract amount. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH AI. All subcontractors should be approved by the NYSDOH AI.

Component B: Direct Services to TGNCNB Individuals, Families, and Communities – an allocation of the Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund

Funding for Component B will support programs that demonstrate the capacity to increase access to health care and improve the quality and appropriateness of TGNCNB health and human services. Funding will also support programs that improve health outcomes and quality of life for TGNCNB individuals and families through the promotion of health equity by striving to ensure full and equal access to affirming health and human services, through the elimination of bias and discrimination based on sexual orientation and gender identity.

Applicants for Component B should demonstrate they will:

- Provide services that are ethnically, culturally, linguistically and age appropriate, and delivered at suitable developmental and literacy levels;
- Respond to and address the range of sexual and gender diversity within the TGNCNB community;
- Have the organizational capacity and experience to conduct the required activities;
- Involve members of the priority population in the planning and design of the proposed program; and
- Have a program design that is inclusive of services specific to one or more of the priority TGNCNB populations identified in this RFA.

Applicants **are instructed to select three (3)** impact areas from the list below:

- **Health Promotion** - interventions and activities that address and promote access to health, wellness, and human services for TGNCNB individuals. Provide promotion of timely health care and treatment; address contextual factors that impact social determinants of health; convey information regarding health disparities and inequities that disproportionately impact TGNCNB individuals, families, and communities, e.g., substance use, tobacco use, behavioral health, chronic diseases, sexual health, reproductive health, nutrition, and aging issues.
- **Education and Training** – educational activities regarding TGNCNB access to health care and changes in health care delivery. Provide education and training in areas such as: how to provide welcoming and affirming health care; necessity for timely access to health care and treatment; conveying information regarding health disparities and inequities that disproportionately impact TGNCNB individuals, families, and communities, e.g., substance use, tobacco use, behavioral health, chronic diseases, sexual health, reproductive health, nutrition, and aging issues.
- **Behavioral Health (Mental Health, Harm Reduction, and Substance Use Services)** - activities that raise awareness of and promote access to services for conditions such as: isolation, depression, stress, and anxiety, suicidal thoughts and behaviors, substance use and harm reduction services.
- **Prevention and Support Services** - activities that raise awareness of and promote access to services such as: support for relationship and family building services, prevention, and support services for TGNCNB individuals who have experienced discrimination, bias crimes, and domestic violence. Includes access to legal services, homeless services, and services addressing harassment and discrimination in employment and housing.
- **Employment Opportunities** - interventions that increase access to opportunities for employment, including related education and employment/workforce development/vocational services, job readiness services, and employment workshops.
- **Educational Opportunities** - interventions that increase access to respectful, safer and TGNCNB affirming educational opportunities. The interventions should increase awareness of the Sexual Orientation Non-Discrimination Act (SONDA), Gender Expression Non-Discrimination Act (GENDA), and Dignity for All Students Act (DASA) within educational settings and participants/students should be aware of their rights and resources regarding SONDA, GENDA, and DASA.
- **Housing Navigation** - interventions that increase access to safe, quality, affordable and gender-affirming housing and the supports necessary to maintain that housing.
- **TGNCNB Cultural Responsiveness** - increasing TGNCNB cultural responsiveness for the general community by decreasing or eliminating provider bias or insensitivity through cultural responsiveness training for social service, health, academic institutions, and legal systems, including but not limited to issues of race, discrimination, age and gender identity/expression.

The Scope of Services funded under Component B can be provided as interventions delivered to individuals, groups, community, or supportive services. To the extent possible, all interventions should be based in behavioral theory. Please reference [Theory at a Glance: Application to Health Promotion and Health Behavior \(Second Edition\)](#).

Long-Term Outcomes – Component B.

Applicants are instructed to address a minimum of two (2) Long-term Outcomes for each Impact Area selected for a total of six (6) or more Long-term Outcomes. Listed below are twelve (12) potential outcomes that applicants can select from; or applicants can identify their own. Applicants will be evaluated on the quality of the proposed approaches to achieve the Long-term Outcomes.

- Increase TGNCNB cultural responsiveness for the general community;
- Reduce health risks, including sexual health risks among TGNCNB individuals;
- Increase social support and reduce social isolation in the TGNCNB community;
- Increase access to and utilization of Behavioral Health and Drug User Health services for TGNCNB individuals;
- Increase self-esteem for TGNCNB individuals;
- Increase awareness of TGNCNB existence and diversity;
- Increase TGNCNB community capacity to strengthen coalition and expand interagency referral linkages;
- Increase TGNCNB self-advocacy and leadership;
- Increase safety and reduce violence directed at the TGNCNB community;
- Develop and/or enhance Gay Straight Alliance (GSA) capacity building;
- Increase access to housing for TGNCNB individuals who are unstably housed; or
- Increase access to welcoming and affirming education and employment opportunities.

Please see **Attachment 5 – Long-term Outcomes** for a more comprehensive description of outcomes. See Section III. B. of the RFA for additional information regarding program evaluation requirements.

Program deliverables will be determined by the chosen Impact Areas and Long-term Outcomes. These deliverables are identified in **Attachment 7 – Work Plan Instructions – Component B.**

Applicants may subcontract components of the scope of work up to fifty percent (50%) of the total contract amount. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH AI. All subcontractors should be approved by the NYSDOH AI.

COMPONENT C: Training, Technical Assistance, and Capacity Building for Component A and Component B Grantees and New York State LGBT Health and Human Services Network Members on Program Evaluation

The purpose of Component C funding is to support one (1) statewide service provider who will implement a program to assess the capacity of Component A and Component B grantees and members of the NYS LGBT Health and Human Services Network as it relates to program design and evaluation. Funding allows for the provision of training, technical assistance, and capacity building on developing program performance measures, the processes to collect and analyze data to inform program design, implementation, and outcome evaluation, developing systems to document and report service delivery, client, and community outcomes, and how to develop, identify, implement, and evaluate culturally adapted equity-centered evidence-based interventions, program, and practices.

Supported activities should include, but are not limited to:

- Assessment of providers to determine level of proficiency with program evaluation;
- Training on formative and essential practices of program design, implementation, and evaluation;

- Training on the design, implementation, and evaluation of equity-centered services and programming;
- Provision of capacity building assistance to develop performance measures;
- Development of data collection tools/instruments, and processes;
- Consistent provision of technical assistance and capacity building via varying modalities (e.g., in person, virtual, hybrid, etc.);
- Development of toolkit(s) and resources for programs, providers, and the Office of LGBTQ Services that support equitable service delivery of funded activities; and
- Participation in a collaborative process with Office of LGBTQ Services-funded providers to develop an annual Statewide LGBTQI+ health agenda to address LGBTQI+ social determinants of health, inclusive of access to affirming LGBTQI+ healthcare, equity, and the identified needs of Component A and Component B grantees and Network members.

Applicants for Component C should demonstrate they will:

- Provide services that are ethnically, culturally, linguistically and age appropriate, and delivered at suitable developmental and literacy levels;
- Respond to and addresses a range of cultural and gender norms within priority population(s)/communities;
- Have the organizational capacity and experience to conduct required activities; and
- Involve members of the priority population in the planning and design of the proposed program.

The applicant selected for funding will be required to adhere to the following **Scope of Services:**

- **Organizational/Program Support:** Support Component A and Component B grantees in meeting the goals of the initiative. Specifically, support will be provided via an array of activities that advance the goals of the LGBTQI+ HHS initiative and the health and human service needs of NYS's LGBTQI+ and TGNCNB population. Activities include annual assessment of membership and community needs, strategic planning, program and organizational development, technical assistance, organizational capacity building, community engagement/mobilization, collaboration, and cultural competency training.
- **Information and Technical Assistance to New York State Agencies:** Develop a mechanism to respond to requests for information and technical assistance from New York State agencies by referring them to Office of LGBTQ-funded providers or other appropriate organizations or individuals to assist them in developing services and initiatives that are responsive to LGBTQI+ and TGNCNB individuals and families.
- **Data and Evaluation:** The funded applicant will be required to provide monthly narrative descriptions of the program's progress in meeting workplan objectives, quarterly service data and demographics reports, and participate in a collaborative process with the AIDS Institute to evaluate the outcome of services and activities. Data evaluation findings will be incorporated into quality improvement activities. In addition, the funded applicant will be required to participate with the AIDS Institute in evaluation activities and trainings designed to increase contractor's capacity to demonstrate outcomes.

The program deliverables are to:

- Enhance the organizational capacity of Component A and Component B grantees and Network member organizations to address the needs of NYS's LGBTQI+ population;
- Conduct a formal assessment of Component A and Component B grantees and The Network membership's technical assistance needs;
- Provide or arrange for technical assistance in program development for Component A and Component B grantees and Network member organizations; and
- Develop and consistently implement technical assistance for Component A and Component B grantees and Network member organizations.

COMPONENT D: Statewide Coordination of New York State LGBT Health and Human Services Network (The Network)

Funding for Component D will support one (1) organization with a statewide reach to provide leadership, coordination, technical assistance, capacity building, health and health equity promotion/awareness, education and support to members of The Network and funded organizations of the AIDS Institute's LGBTQI+ HHS initiative: Health and Human Services for LGBTQI+ Individuals, Families, and Communities.

Applicants for Component D should demonstrate they will:

- Provide services that are ethnically, culturally, linguistically and age appropriate, and delivered at suitable developmental and literacy levels;
- Respond to and addresses a range of cultural and gender norms within priority population(s)/communities;
- Have the organizational capacity and experience to conduct required activities; and
- Involve members of the priority population in the planning and design of the proposed program.

Funding allows for activities that support a network of organizations to deliver services to LGBTQI+ individuals, families, and communities, reduce barriers to accessing health and human services, and develop the expertise to provide affirming culturally appropriate services and resources.

Supported activities should include, but are not limited to:

- Organizational/Program Support for The Network. Specifically, support will be provided via an array of activities that advance the goals of The Network and the health and human service needs of NYS's LGBTQI+ population. Activities include annual assessment of membership, strategic planning, program and organizational development, technical assistance, organizational capacity building, community engagement/mobilization, collaboration, and cultural competency training;
- Responding to requests for information and technical assistance from New York State agencies, when appropriate, making referrals to Office of LGBTQ Services-funded providers or other suitable organization(s) or individual(s) to assist in the development of services and initiatives which are responsive to LGBTQ+ individuals, families, and communities;
- Coordination of a Network advisory/coordinating body representative of Network membership e.g., region, gender identity/gender expression, sexual orientation and race/ethnicity;
- Maintenance of a mechanism(s) to facilitate clear and transparent communication with Network members;
- Developing and maintaining a web-based statewide directory of LGBTQI+ health and human service providers; and
- Participation in a collaborative process with Office of LGBTQ Services-funded providers to develop an annual Statewide LGBTQI+ health agenda to address LGBTQI+ social determinants of health, inclusive of LGBTQI+ health, racial equity, and the identified needs of Network members.

The program deliverables are to:

- Enhance the organizational capacity of Network member organizations to address the needs of NYS's LGBTQI+ population;
- Conduct a formal assessment of membership technical assistance needs;
- Coordinate and consistently implement technical assistance for Network member organizations;
- Maintain a mechanism to respond to requests received from State agencies and other government entities to promote awareness, sensitivity and knowledge of LGBTQI+ issues and concerns;
- Enhance the capacity of Network member organizations to utilize social media to reach priority populations; and
- Develop a collaborative strategic plan and an annual Statewide LGBTQI+ health agenda based on the identified needs of Network members.

COMPONENT E: Training, Technical Assistance, and Capacity Building to Specifically Address the Needs of LGBTQI+ Black, Indigenous, People of Color and, Immigrant Individuals, Families, and Communities.

Funding for Component E will support one (1) organization with a statewide reach to provide support and technical assistance to meet emerging needs of providers funded through Component A and Component B of this solicitation.

Funding allows for the provision of:

- Organizational/Program Support to assist Office of LGBTQ Services-funded providers in meeting the goals of the initiative. Specifically, support will be provided via an array of activities that advance the goals of the LGBTQI+ HHS initiative, the Lorena Borjas Transgender Wellness and Equity Fund, and address the needs of LGBTQI+ BIPOC and LGBTQI+ Immigrants;
- Activities including annual assessment of Office of LGBTQ Services-funded providers and community needs, technical assistance, organizational capacity building, community engagement/mobilization, collaboration, and cultural competency training as it relates to the priority population's social determinants of health, access to affirming health care, and racial/ethnic equity regardless of immigration status;
- Responses to requests for information and technical assistance from New York State agencies, when appropriate, making referrals to Office of LGBTQ Services-funded providers or other suitable organization(s) or individual(s) to assist in the development of services and initiatives which are responsive to LGBTQI+ BIPOC and LGBTQI+ immigrant individuals, families, and communities; and
- Opportunities for collaboration with other funded providers to develop a strategic plan and an annual Statewide LGBTQI+ health agenda based on the identified needs.

Supported activities should include, but are not limited to:

- Organizational/Program Support: Support Office of LGBTQ Services providers in meeting the goals of their funded initiative. Specifically, support will be provided via an array of activities that advance the goals of the Health and Human Services for LGBTQI+ Individuals, Families, and Communities RFA.
- Annual assessment of funded provider and community needs, program development, technical assistance, organizational capacity building, collaboration, and cultural competency training;
- Development of a statewide health promotion/awareness campaign: Raise awareness of the priority health issues and concerns affecting NYS's LGBTQI+ BIPOC/Immigrant populations through the development of a statewide campaign;
- Providing information and technical assistance to New York State Agencies: Develop a mechanism to respond to requests for information and technical assistance from New York State agencies, by making referrals to Office of LGBTQ Services-funded providers or other appropriate organization(s) or individual(s) to assist them in developing services and initiatives that are responsive to LGBTQI+ BIPOC/Immigrant individuals, families, and communities; and
- Participation in a collaborative process with Office of LGBTQ Services-funded providers to develop an annual Statewide LGBTQI+ health agenda to address LGBTQI+ social determinants of health, inclusive of LGBTQI+ and TGNCNBI health and racial equity, and the identified needs of Component A and Component B-funded providers and Network members.

The program deliverables are to:

- Enhance the organizational capacity of Office of LGBTQ Services-funded providers and Network member organizations to address the needs of NYS's LGBTQ+ population;
- Conduct a formal assessment of technical assistance needs of Office of LGBTQ Services-funded providers and LGBT Network member organizations;
- Provide or arrange for provision of technical assistance in program development for Office of LGBTQ Services-funded providers and LGBT Network member organizations;
- Develop a mechanism to respond to requests received from State agencies and other government entities to promote awareness, sensitivity and knowledge of LGBTQI+ issues and concerns; and

- Participate in a collaborative process to develop an annual Statewide LGBTQI+ health agenda to address LGBTQI+ social determinants of health, inclusive of LGBTQI+ health and racial equity, inclusive of the identified needs of Component A and Component B-funded providers and Network members.

Component F: Small Grants Program to Specifically Address the Needs of LGBTQI+ Community

Funding for Component F will support one (1) organization with a statewide reach to award mini-grants to LGBTQI+-serving community-based organizations who are not eligible and/or lack the capacity to contract with NYS. The mini-grants are for a programs, events, or activities specifically for LGBTQI+ individuals, families, and communities. The initiative aims to address issues related to the key SDOH impacting LGBTQI+ individuals, families, and communities: racial equity, economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

The funded applicant will be responsible for the administration and fiscal oversight of mini-grants for organizations serving LGBTQI+ individuals, families, and communities. This includes but is not limited to:

- Developing an application process for selecting and awarding mini-grants;
- Developing a process for mini-grant distribution;
- Submitting vouchers and supporting documentation for mini-grant distribution reimbursement;
- Ensuring expenses are reimbursable per the Office of Management and Budget circular;
- Advancing funding to mini-grant awardees;
- Ensuring the availability of financial resources to issue advances to the mini-grant recipient;
- Ensuring individual mini-grants do not exceed \$15,000 per agency per contract period; and
- Ensuring mini-grant awardees are not currently receiving funding from Component A or Component B of this solicitation for the proposed program, services or event.

The funded applicant is allowed up to 20% of the total award for staffing and administrative costs.

The funding allows for mini-grants not to exceed \$15,000 to be awarded for services to:

- Increase the capacity of grassroots organizations working at the local level that demonstrate New York State's investment in organizations serving LGBTQI+ individuals, families, and communities;
- Increase LGBTQI+ cultural competence by investing in cultural competency programs or curriculums that are designed by, or in consultation with the LGBTQI+ community;
- Address inequities in current funding distribution for organizations serving LGBTQI+ individuals, families, and communities;
- Enable unemployed LGBTQI+ individuals to become gainfully employed through job training and job placement services provided by organizations serving LGBTQI+ individuals;
- Foster new and emerging LGBTQI+ leadership through capacity building support;
- Support events/activities for LGBTQI+ individuals, families, and communities; and
- Decrease homelessness and increase access to social services by investing in organizations primarily serving LGBTQI+ individuals, families, and communities and that provide housing solutions dedicated to LGBTQI+ individuals, families, and communities.

The funded applicant will demonstrate that they have:

- A clear and equitable process for procurement and awarding grants;
- The availability of financial resources to support the distribution of mini-grants;
- The capacity to provide services that are ethnically, culturally, linguistically and age appropriate, and delivered at suitable developmental and literacy levels;
- The ability to respond to and address the range of sexual orientation and gender diversity within the LGBTQI+ communities;
- The organizational capacity and experience to conduct the required activities;
- The ability to involve members of the LGBTQI+ population in the planning and design of the proposed program; and

- A program design that is inclusive of services specific to LGBTQI+ individuals, families, and communities.

The funded applicant will ensure organizations receiving grant funds will increase their capacity to:

- Expand and/or enhance existing programs and services including events and activities for LGBTQI+ individuals, families, and communities;
- Increase LGBTQI+ cultural competence by investing in cultural competency programs or curriculums, and address inequities in current funding distribution for organizations serving LGBTQI+ individuals, families, and communities;
- Increase LGBTQI+ cultural competence by investing in cultural competency programs or curriculums which appropriately respond to and address the range of gender diversity within the LGBTQI+ community;
- Increase the capacity of grassroots organizations working with members of the LGBTQI+ community to be engaged in planning; and
- Design programming to ensure that the program design is inclusive of services specific to one or more of the LGBTQI+ populations prioritized.

COMPONENT G: New York State LGBTQI+ Health and Human Services Needs Assessment

Funding for Component G will support one (1) organization with a statewide reach to develop, implement, analyze, and disseminate a longitudinal NYS LGBTQI+ Health and Human Services Needs Assessment.

Funding allows for conducting the statewide NYS LGBTQI+ Health and Human Services Needs Assessment, including the dissemination of findings. The work product is required to utilize CLAS (<https://thinkculturalhealth.hhs.gov/clas>) and literacy and numeracy standards (<https://www.cdc.gov/healthliteracy/learn/UnderstandingLiteracy.html>). These reports should be disseminated in a consistent, timely manner, comprised of statewide, regional, and population-specific data. The funded agency will be expected to coordinate a collaborative process to develop an annual Statewide LGBTQI+ health agenda to address LGBTQI+ social determinants of health, inclusive of LGBTQI+ health and racial equity and the development of a corresponding Blueprint document on how to address the upstream and downstream factors that drive social determinants of health, health disparities and inequities that impact LGBTQI+ individuals, families, and communities.

Supported activities include, but are not limited to, the development of needs assessment methodology and tools, analysis of data, implementation, and dissemination of findings.

The anticipated outcomes are:

- An annual statewide LGBTQI+ health agenda that addresses LGBTQI+ social determinants of health, inclusive of health and racial equity; and
- A five (5) year longitudinal statewide LGBTQI+ needs assessment which includes a comprehensive report detailing the methodology, design, and findings.

The program deliverables are to:

- Coordinate a collaborative process with other Office of LGBTQ Services-funded providers to develop an annual Statewide LGBTQI+ Health Agenda to benchmark the state of LGBTQI+ health and address LGBTQI+ social determinants of health. The Health Agenda will be inclusive of racial and gender equity, the identified needs of Office of LGBTQ Services-funded providers and Network members to address the current, emerging, and critical health and human service needs of LGBTQI+ New Yorkers. The LGBTQI+ Health Agenda will serve as a guide to address issues related to the key social determinants of health impacting LGBTQI+ communities;
- Produce and disseminate annually a LGBTQI+ Health Agenda on the status of the upstream and downstream factors that impact social determinants of health, health disparities and inequities that impact LGBTQI+ individuals, families and, communities;

- Produce and disseminate annually a Blueprint on how to address of the upstream and downstream factors that impact social determinants of health, health disparities and inequities that impact LGBTQI+ individuals, families, and communities;
- Produce and disseminate a five-year longitudinal statewide LGBTQI+ needs assessment; and
- Create a social marketing campaign/toolkit to raise awareness of the upstream and downstream factors that impact social determinants of health and convey information regarding health disparities and inequities that disproportionately impact LGBTQI+ individuals, families, and communities.

Applicants may subcontract components of the scope of work up to fifty percent (50%) of the total contract amount. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH AI. All subcontractors should be approved by the NYSDOH AI.

B. Requirements for the Program

All applicants selected for funding will be required to:

1. Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>);
2. Adhere to all objectives, tasks and performance measures as listed in each of the Component specific **Work Plans**.
3. Serve a cross-section of clients who are representative of the overall LGBTQI+ population demographics within the selected community;
4. Participate in a collaborative process with the NYSDOH AI to assess program outcomes and provide monthly narrative reports describing the progress of the program with respect to: 1) implementation, 2) client recruitment, 3) success in meeting the deliverables outlined in the Work Plans for the Component for which you are applying, 4) significant accomplishments achieved, and 5) barriers encountered and plans to address noted problems;
5. 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.airсны.org; and
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 8 for Health Equity Definitions and Examples** of social and structural determinants of health.

7. **Applicants for Component C, Component D, Component E, Component F, and Component G: Complete Attachment 9 - Logic Model.** The Logic Model is located in the Pre-Submission Uploads section of the Grants Gateway online application and once completed should be uploaded in the same section.

For information regarding creating program logic models please reference the following: [Creating Program Logic Models](#) or [Logic Model Toolkit](#)

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute (hereinafter referred to as NYSDOH AI, or the Department), Division of HIV/STD/HCV Prevention, Office of LGBTQ Services. 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 Kraig Pannell, NYSDOH AI, Office of LGBTQ Services, at the following email address: lgbthhs@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#22040, Health and Human Services for LGBTQI+ Individuals, Families, and Communities in the subject line of the email.

C. Letter of Interest

Letters of Interest are not a requirement of this RFA.

D. Applicant Conference

An Applicant Conference **will** be held for this project. This conference will be held on the date and time posted on the Cover Page of this RFA. The Department requests that potential Applicants register for this conference by https://aidsinstituteny-org.zoom.us/webinar/register/WN_uTG8vGxLQ6W9wqebSZRIUg to ensure that adequate accommodations be made for the number of prospective attendees.

The failure of any potential Applicant to attend the Applicant Conference will not preclude the submission of an Application by that Applicant.

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: **Health and Human Services for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex,+ (LGBTQI+) Individuals, Families, and Communities.**
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.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

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, 2024 – October 31, 2029**. 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:

AIDS Institute
New York State Department of Health
Empire State Plaza
Albany, NY 12237
Reports - fmubudgets@health.ny.gov
Vouchers - fmuvouchers@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.airсны.org/>

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

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the 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 ("M/WBE") 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 Grantee to 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 10** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted by 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** as **Attachment 11** 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 cannot be evaluated. Such Applications will be disqualified from further consideration.

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

1) Register for the Grants Gateway

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

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

2) Complete your Prequalification Application

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

3) Submit Your Prequalification Application

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

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/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 indicated 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.

Pre-Submission Uploads – Component A

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.

- Attachment 1: Application Cover Page: Components A, B, C, D, E and G
- Attachment 3: Statement of Assurances
- Attachment 10: M/WBE Utilization Plan
- Attachment 11: Vendor Responsibility Attestation
- Attachment 12: Agency Capacity and Staffing Information
- Attachment 14: Statement of Activities for the Past Three (3) Years
- Attachment 15: Agency Time and Effort Policy
- Attachment 16: Funding History for HIV Services

Program Specific Questions – Component A

All applicants for Component A are required to complete and upload **Attachment 1 (Application Cover Page: Components A, B, C, D, E and G)**. Attachment 1 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Application Format Component A

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:	<u>20 points</u>
		100 points

1. Program Abstract Not Scored

Applicants should provide a program abstract with the following information:

- 1a) Describe the proposed program. Include what will be completed and how.
- 1b) What are the Project goals and objectives?

1c)What is the geographic region to be served?

1d)Describe the priority population. Indicate the total number of unduplicated clients to be served.

1e)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 how your organization is qualified to implement the proposed program model. Include both quantitative and qualitative evidence to address this question.

2b) Describe the priority population (e.g., sexual orientation, gender identity/expression, race and ethnicity, etc.) and provide an estimate of the number of clients your organization proposes to serve in your LGBTQI+ HHS initiative program. Include the number of clients you have served within the priority population identified for the past two (2) years.

2c) What are the other programs and agencies in the geographic area that are relevant to your proposed program model? Describe how you will leverage these programs to maximize benefit to the priority population you have identified in your community without supplanting other resources.

2d) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. OR, if your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

3. Health Equity

Total 15 Points

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

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

3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the SDOH. (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 (i.e., staff knowledge, staff training, support for collaboration and evaluation) at addressing this?

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

4. Program Design and Implementation

Total 50 Points

4a) Describe the community or communities you will serve through this funding. Include a description of the priority population, the geographic area to be served, the service location(s) within the proposed service area, and site accessibility for the priority population.

4b) Describe your overall program design. Include specific strategies and interventions for implementing the program services and complying with the Program Model. Describe any innovative strategies you will utilize to implement your program model. To the extent possible, all strategies and interventions should be based in behavioral theory, adhere to Health Literacy Universal Precautions, and address and assess the specific social and/or structural determinants of health of the priority population. **The applicant is instructed to include three (3) Impact Areas with a minimum of two (2) Long-term Outcomes per Impact Area in the Program Design as outlined in Section III,**

Project Narrative/Work Plan Outcomes, A, Program Model Description, Component A. The program model should align with the Work Plan.

- 4c) Describe key community partnerships required for successful implementation of the proposed program and how clients' access to and engagement in these services will be facilitated, coordinated, recorded and reported.
- 4d) What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?
- 4e) Indicate previous outcomes and any changes that were made to the model being proposed to improve it. If this is a new service, include a rationale for why your organization expects this model will work. Include any evidence of pilot programs to demonstrate potential success.
- 4f) 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.
- 4g) How does your proposed staffing plan support the described program model and what modifications have you made that will enhance service delivery and improve program outcomes? Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures and experience required for each position. Staff roles and responsibilities for AIRS activities (System administration, data entry, data quality control and AIDS Institute reporting) should be included. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are instructed to complete **Attachment 12 – Agency Capacity and Staffing Information** and upload it in the Pre-Submission Uploads section of the Grants Gateway.
- 4h) Describe the plan for initial and ongoing staff training and support.

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, 2024 - October 31, 2025) must be entered into the Grants Gateway. Refer to **Grants Gateway Expenditure Budget Instructions - Attachment 13**. 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 (i.e., 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 Expenses.
- 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** should be uploaded to the Grants Gateway as **Attachment 14**. The **Statement of Activities** cannot be submitted as a “secure” or password protected document.

5e) Applicants are required to upload a copy of their **Agency Time and Effort Policy** as **Attachment 15** in the Pre-Submission uploads section of the Grants Gateway online application.

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

5g) Applicants are required to complete and upload the **Funding History for HIV Services as Attachment 16** in the Pre-Submission uploads section of the Grants Gateway.

5h) 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. 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 completion of the **Component A Work Plan**, applicants are required to follow the **Instructions on Attachment 6**. Applicants are required to complete the Work Plan in the **Work Plan Overview Form Section** of the Grants Gateway online Application. The Work Plan should describe the objectives, tasks (activities) and performance measures (outcomes) necessary to meet program requirements. Please note that successful applicants may be asked to modify Work Plans prior to initiation of the contract to address issues identified during the review process.

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in **Attachment 6 – Component A Work Plan Instructions**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Applicants are instructed to review Attachment 17 – LGBT HHS Glossary of Terms for examples of services and service definitions.

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.

Pre-Submission Uploads – Component B

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.

Attachment 1: Application Cover Page: Components A, B, C, D, E and G

Attachment 3: Statement of Assurances

Attachment 4: Attestation of Agency TGNCNB Status

Attachment 10: M/WBE Utilization Plan

Attachment 11: Vendor Responsibility Attestation

Attachment 12: Agency Capacity and Staffing Information

Attachment 14: Statement of Activities for the Past Three (3) Years

Attachment 15: Agency Time and Effort Policy

Attachment 16: Funding History for HIV Services

Program Specific Questions – Component B

All applicants for Component B are required to complete and upload **Attachment 1 (Application Cover Page: Components A, B, C, D, E and G)**. Attachment 1 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Application Format Component B

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:	<u>20 points</u>
		<u>100 points</u>

1. Program Abstract Not Scored

Applicants should provide a program abstract with the following information:

1a) Describe the proposed program. Include what will be completed and how.

1b) What are the Project goals and objectives?

1c) What is the geographic region to be served?

1d) Describe the priority population. Indicate the total number of unduplicated clients to be served.

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

2. Community and Agency Description Total 15 Points

2a) The minimum eligibility qualifications require that applicants must be an organization that attests to be one of the following: TGNCNB-led, TGNCNB-staffed, or serving TGNCNB individuals, families, and communities. Please demonstrate how your agency meets this minimum qualification. If the organization is led by or staffed by TGNCNB persons, describe their roles and responsibilities and state the number and overall percentage of leadership or staff who disclose their gender identity as TGNCNB. If your organization is TGNCNB-serving, state the number of TGNCNB individuals expected to be served over the course of the five (5) year period.

- 2b) Describe how your organization is qualified to implement the proposed program model. Include both quantitative and qualitative evidence to address this question.
- 2c) Describe the priority population to be served and provide an estimate of the number of TGNCNB clients your organization proposes to serve in your program. Include the number of clients you have served within the TGNCNB population for the past two (2) years.
- 2d) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. OR, if your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

3. Health Equity

Total 15 Points

- 3a) Which SDOH barriers will you address with the priority population served by this funding?
- 3b) Please provide the most current data that you have used to identify the SDOH barriers affecting the population served by the funding.
- 3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the SDOH. (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 (i.e., staff knowledge, staff training, support for collaboration and evaluation) at addressing this?
- 3e) How does the organization's leadership reflect the population served?

4. Program Design and Implementation

Total 50 Points

- 4a) Describe the community or communities you will serve through this funding. Include a description of the priority population, the geographic area to be served, the service location(s) within the proposed service area, and site accessibility for the priority population.
- 4b) Describe your overall program design. Include specific strategies and interventions for implementing the program services and complying with the Program Model. Describe any innovative strategies you will utilize to implement your program model. To the extent possible, all strategies and interventions should be based in behavioral theory, adhere to Health Literacy Universal Precautions, and address and assess the specific social and/or structural determinants of health of the priority population. **Applicant is instructed to include three (3) Impact Areas with a minimum of two (2) Long-term Outcomes per Impact Area in the Program Design as outlined in Section III, Project Narrative/Work Plan Outcomes, A, Program Model Description, Component B.** The program model should align with the Work Plan.
- 4c) Describe key community partnerships required for successful implementation of the proposed program and how clients' access to and engagement in these services will be facilitated, coordinated, recorded and reported.
- 4d) What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?
- 4e) Indicate previous outcomes and any changes that were made to the model being proposed to improve it. If this is a new service, include a rationale for why your organization expects this model will work. Include any evidence of pilot programs to demonstrate potential success.

- 4f) 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.
- 4g) How does your proposed staffing plan meet the description of interventions and activities as outlined in the Program Model and what modifications have you made that will enhance service delivery and improve program outcomes? Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures and experience required for each position. Staff roles and responsibilities for AIRS activities (System administration, data entry, data quality control and AIDS Institute reporting) should be included). If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are instructed to complete **Attachment 12 – Agency Capacity and Staffing Information** and upload it in the Pre-Submission Uploads section of the Grants Gateway.
- 4h) Describe the plan for initial and ongoing staff training and support.

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, 2024 - October 31, 2025**) must be entered into the Grants Gateway. Refer to **Grants Gateway Expenditure Budget Instructions - Attachment 13**. 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 (i.e., 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 Expenses.
- 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** should be uploaded to the Grants Gateway as **Attachment 14**. The **Statement of Activities** cannot be submitted as a "secure" or password protected document.
- 5e) Applicants are required to upload a copy of their **Agency Time and Effort Policy** as **Attachment 15** in the Pre-Submission uploads section of the Grants Gateway online application.
- 5f) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 5g) Applicants are required to complete and upload the **Funding History for HIV Services** as **Attachment 16** in the Pre-Submission uploads section of the Grants Gateway.

5h) 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. 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 completion of the **Component B Work Plan**, applicants are required to follow the **Instructions on Attachment 7**. Applicants are required to complete the Work Plan in the **Work Plan Overview Form Section** of the Grants Gateway online Application. The Work Plan should describe the objectives, tasks (activities) and performance measures (outcomes) necessary to meet program requirements. Please note that successful applicants may be asked to modify Work Plans prior to initiation of the contract to address issues identified during the review process.

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in **Attachment 7 – Component B Work Plan Instructions**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Applicants are instructed to review Attachment 17 – LGBT HHS Glossary of Terms for examples of services and service definitions.

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.

Pre-Submission Uploads- Components C, D, E and G

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.

- Attachment 1: Application Cover Page: Components A, B, C, D, E and G
- Attachment 3: Statement of Assurances
- Attachment 9: Logic Model: Components C, D, E, F, and G
- Attachment 10: M/WBE Utilization Plan
- Attachment 11: Vendor Responsibility Attestation
- Attachment 12: Agency Capacity and Staffing Information
- Attachment 14: Statement of Activities for the Past Three (3) Years
- Attachment 15: Agency Time and Effort Policy
- Attachment 16: Funding History for HIV Services

Program Specific Questions - Components C, D, E and G

All applicants are required to complete and upload **Attachment 1 (Application Cover Page: Components A, B, C, D, E and G)**. Attachment 1 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Application Format Components C, D, E and G

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:	<u>20 points</u>
		100 points

1. Program Abstract

Not Scored

Applicants should provide a program abstract with the following information:

- 1a) Describe the proposed program. Include what will be completed and how.
- 1b) What are the Project goals and objectives?
- 1c) Describe your organization's capacity to provide the proposed services throughout New York State.
- 1d) 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 how your organization is qualified to implement the proposed program model. Include both quantitative and qualitative evidence to address this question.
- 2b) Describe your organization's experience delivering services to the LGBTQI+ population over the past two (2) years. Include examples of services provided and outcomes.
- 2c) What other programs and agencies are relevant to your proposed program model? Describe how you will leverage these programs to maximize benefit to LGBTQI+ New Yorkers without supplanting other resources.
- 2d) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. OR if your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

3. Health Equity

Total 15 Points

- 3a) How will your program increase the knowledge, skills, and capacity of the recipients of your services to address SDOH impacting LGBTQI+ individuals, communities, and families?
- 3b) Please describe the current SDOH barriers affecting the LGBTQI+ individuals, communities, and families that you plan to address with this funding.

- 3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the SDOH. (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 (i.e., 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 program design. Include specific strategies for implementing the program services and complying with the purpose, activities, and scope of service. Describe any innovative strategies you will utilize to implement your program design.
- 4b) Describe how you will provide technical assistance that is ethnically, culturally, linguistically and age appropriate, and delivered at suitable developmental and literacy levels. Include a description of pedagogy, materials, resources, and modalities of service provision.
- 4c) What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?
- 4d) Provide a rationale for why your organization expects your model will work. Include any evidence of pilot programs to demonstrate potential success.
- 4e) Describe your data collection process and how data will flow from point of service delivery to monthly progress reporting and data submission to the AIDS Institute. Include how your organization will collect, analyze, and report service and programmatic data. Identify what data tracking methodology or system will be utilized and how data will be extrapolated for submission.
- 4f) How does your proposed staffing plan meet the purpose, activities, and outcomes of the Component for which you are applying? What assumptions and considerations have you made that will enhance service delivery and improve program outcomes? Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures, and experience required for each position. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are instructed to complete and upload **Attachment 12 – Agency Capacity and Staffing Information** in the Pre-Submission uploads section of the Grants Gateway.
- 4g) Describe the plan for initial and ongoing staff training and support.
- 4h) **Completion of Logic Model.** Please complete the **Logic Model, Attachment 9** and upload Attachment 9 in the Pre-Submission uploads section of the Grants Gateway.

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, 2024 - October 31, 2025** must be entered into the Grants Gateway. Refer to **Grants Gateway Expenditure Budget Instructions - Attachment 13**. 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 (i.e., 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 Expenses.
- 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** should be uploaded to the Grants Gateway as **Attachment 14**. The **Statement of Activities** cannot be submitted as a "secure" or password protected document.
- 5e) Applicants are required to upload a copy of their **Agency Time and Effort policy** as **Attachment 15** in the Pre-Submission uploads section of the Grants Gateway online application.
- 5f) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 5g) Applicants are required to complete and upload the **Funding History for HIV Services** as **Attachment 16** in the Pre-Submission uploads section of the Grants Gateway.
- 5h) 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. 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 (*for currently funded RFAs*).
 - 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 **Component C Work Plan: Attachment 18; Component D Work Plan: Attachment 19; Component E Work Plan: Attachment 20; and Component G Work Plan: Attachment 21**. 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 **Component C Work Plan: Attachment 18; Component D Work Plan: Attachment 19; Component E Work Plan:**

Attachment 20; and Component G Work Plan: Attachment 21. 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.

Pre-Submission Uploads- Component F

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.

- Attachment 2: Application Cover Page: Component F
- Attachment 3: Statement of Assurances
- Attachment 9: Logic Model
- Attachment 10: M/WBE Utilization Plan
- Attachment 11: Vendor Responsibility Attestation
- Attachment 12: Agency Capacity and Staffing Information
- Attachment 14: Statement of Activities for the Past Three (3) Years
- Attachment 15: Agency Time and Effort Policy
- Attachment 16: Funding History for HIV Services
- Attachment 22: Agency Organizational Chart – Component F only

Program Specific Questions – Component F

All applicants are required to complete and upload **Attachment 2 (Application Cover Page for Component F)**. Attachment 2 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Application Format Component F

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:	<u>20 points</u>
		100 points

1. Program Abstract **Not Scored**

Applicants should provide a program abstract with the following information:

- 1a) Describe your organization’s mission, vision, values and purpose.
- 1b) Describe the proposed program. Include what will be completed and how.
- 1c) What are the Project goals and objectives?
- 1d) Describe your organization’s capacity to provide the proposed services throughout New York State.

- 1e) 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 your organization's existing programs/services that serve LGBTQI+ individuals, families, and communities. Include the length of time each service has been provided and an estimate of the number of individuals from the priority population that your organization has served through program services over the past two (2) years.
- 2b) Describe the gaps and strengths in services for the priority population in the region and how these gaps will be addressed with this funding. Include how community/population strengths and assets will be leveraged to benefit the program.
- 2c) Describe how your organization has created an affirming environment for LGBTQI+ individuals, families, and communities. Include evidence/information to support that your organization has a history providing ethnically, linguistically, and culturally affirming/responsive services for LGBTQI+ individuals, families, and communities. Responses should address the following areas: staff recruitment, staff training, client services, development of organization, and program policies and procedures.
- 2d) Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal. Include the results of the program and successes of those grants OR, if your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results the program and the successes in achieving those results.

3. Health Equity

Total 15 Points

- 3a) How will you ensure that SDOH barriers are addressed by awardees of the mini-grants?
- 3b) Please identify and describe the SDOH barriers impacting LGBTQI+ individuals, communities, and families and how you plan to address them through this funding.
- 3c) How will you monitor and evaluate the impact of mini-grant awardees on their efforts to address SDOH barriers?
- 3d) What is your organization's approach to 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 the community or communities that will be served through the mini-grant program.
- 4b) Describe your overall program design. Describe your organization's experience with the administration and fiscal oversight of grant awards. Include specific strategies for implementing the mini-grant awards outlined in the Scope of Services section of the RFA. Describe the application and award process and any innovative strategies you will utilize.
- 4c) Indicate how you will monitor progress to ensure the mini-grant awards reach the LGBTQI+ population and the awards are used to address the needs of the community as outlined in the Scope of Services. Include information on how your results will inform future program changes.

- 4d) Describe how the community was involved in the development of and will be involved in the implementation of this program.
- 4e) Indicate how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and data collection, data entry, and reporting. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. Applicants are required to complete **Attachment 12 – Agency Capacity and Staffing Information**. Applicants are instructed to upload their **Agency Capacity and Staffing Information** as Attachment 12 and their **Agency Organizational Chart as Attachment 22** in the Pre-Submission Uploads section of the Grants Gateway online application. **Organizational Charts must be uploaded as a .pdf document.**
- 4f) Describe the plan for initial and ongoing staff training and support.
- 4g) **Completion of Logic Model.** Please complete the **Logic Model, Attachment 9** and upload Attachment 9 in the Pre-Submission uploads section of the Grants Gateway.

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 in which they are applying. The budget for year one **November 1, 2024 – October 31, 2025**) must be entered into the Grants Gateway. Refer to **Grants Gateway Expenditure Budget Instructions - Attachment 13**. 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** should be uploaded to the Grants Gateway as **Attachment 14**.
- 5e) Applicants are required to upload a copy of their **Agency Time and Effort policy** as **Attachment 15** in the Pre-Submission uploads section of the Grants Gateway online application.
- 5f) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).

5g) Applicants are required to complete **Funding History for HIV Services as Attachment 16** in the Pre-Submission uploads section of the Grants Gateway online application.

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

- An indirect cost rate of up to 10% of total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. 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.
- The funded applicant is allowed up to 20% of the total award for staffing and administrative costs.

6. Work Plan

For the **Component F Grants Gateway Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan Component F: **Attachment 23**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in **Attachment 23: Component F Work Plan**. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

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

B. Freedom of Information Law

All Applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State agency records 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. Should there still be a tie score, the applicant with the highest score in Section 4. Program Design and Implementation 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.

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.

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.

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 Kraig Pannell at lgbthhs@health.ny.gov. In the subject line, please write: *Debriefing Request Health and Human Services for LGBTQI+ RFA*.

Unsuccessful Applicants who wish to protest the award(s) resulting from this RFA on legal and/or factual grounds, should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <https://www.osc.state.ny.us/state-agencies/gfo/chapter-xi/xi17-protest-procedures> (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: Application Cover Page: Components A, B, C, D, E and G*

Attachment 2: Application Cover Page: Component F*

Attachment 3: Statement of Assurances*

Attachment 4: Attestation of Agency TGNCNB Status for Component B*

Attachment 5: Long-term Outcomes**

Attachment 6: Work Plan Instructions - Component A**

Attachment 7: Work Plan Instructions – Component B**

Attachment 8: Health Equity Definitions and Examples**
Attachment 9: Logic Model: Components C, D, E, F, and G*
Attachment 10: M/WBE Utilization Plan*
Attachment 11: Vendor Responsibility Attestation*
Attachment 12: Agency Capacity and Staffing Information*
Attachment 13: Grants Gateway Expenditure Budget Instructions**
Attachment 14: Statement of Activities for the Past Three (3) Years
Attachment 15: Agency Time and Effort Policy
Attachment 16: Funding History for HIV Services*
Attachment 17: LGBT HHS Glossary of Terms**
Attachment 18: Work Plan - Component C**
Attachment 19: Work Plan - Component D**
Attachment 20: Work Plan - Component E**
Attachment 21: Work Plan - Component G**
Attachment 22: Agency Organizational Chart – Component F only*
Attachment 23: Work Plan - Component F**

*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 5 Long-Term Outcomes

Health and Human Services for LGBTQI+ Individuals, Families, and Communities Components A and B RFA #20440 Internal Program #23-0011

Component A

Increased LGBTQI+ Cultural Responsiveness for the General Community - Increase LGBTQI+ cultural competency for the general community by decreasing or eliminating provider bias or insensitivity through cultural competency training for social service, health, academic institutions, and legal systems.

Reduced Health Risks, including Sexual Health Risks among LGBTQI+ Individuals - Improve physical & mental health of LGBTQI+ Individuals, specifically focusing on reduction in substance abuse and risk behaviors such as unprotected sex or suicide attempts.

Increased Social Support and Reduced Social Isolation in the LGBTQI+ Community - Increase peer support and information exchange; increase sense of belonging; reduce social isolation; enhance opportunities for positive socialization in the LGBTQI+ community.

Increased Access to and Utilization of Behavioral Health, and Drug User Health Services for LGBTQI+ Individuals - Increase the ability of LGBTQI+ individuals to access basic health and human services needs by assisting with establishing access to health care, legal services, housing, etc.; increase access to and utilization of LGBTQI+ affirming social or health services; can be directly provided or by referral.

Increased Self-Esteem for LGBTQI+ Individuals - Increase self-esteem and its two components (self-efficacy, self-acceptance), self-empowerment and self-advocacy.

Increased Awareness of LGBTQI+ Existence and Diversity - Increase community awareness of LGBTQI+ existence, issues, and needs; increase awareness of diversity among LGBTQI+ individuals; includes knowledge of definitions of LGBTQI+ terms, and attitudes towards LGBTQI+ people.

Increased LGBTQI+ Community Capacity - Build the capacity of LGBTQI+ community coalitions, build networks, and expand interagency referral linkages.

Increased LGBTQI+ Self-Advocacy and Leadership - Create new LGBTQI+ community leadership and increase LGBTQI+ self-advocacy skills.

Increased Safety and Reduced Violence Directed at the LGBTQI+ Community - Increase safety and reduce violence against LGBTQI+ people through the provision of support services and by education of other agencies including legal and law enforcement officials.

Develop and/or Enhance Gay Straight Alliance (GSA) Capacity Building - Build capacity of Gay-Straight Alliances in schools, including their ability to work to change school climate.

Increased Access to Housing for LGBTQI+ Individuals who are Unstably Housed - Assist in acquiring and maintaining safe and affirming housing and support services for homeless LGBTQI+ people by providing referrals, legal services or referrals, and counseling assistance.

Increased Access to Welcoming and Affirming Education and Employment Opportunities - Improve access to education, job training, and entitlements for LGBTQI+ individuals, particularly transgender, gender non-conforming, Non-Binary (TGNCNB) people who experience some of the most profound barriers to employment.

Component B

Increased TGNCNB Cultural Responsiveness for the General Community - Increase TGNCNB cultural competency for the general community by decreasing or eliminating provider bias or insensitivity through cultural competency training for social service, health, academic institutions, and legal systems.

Reduced Health Risks, including Sexual Health Risks among TGNCNB Individuals - Improve physical & mental health of TGNCNB Individuals, specifically focusing on reduction in substance abuse and risk behaviors such as unprotected sex or suicide attempts.

Increased Social Support and Reduced Social Isolation in the TGNCNB Community - Increase peer support and information exchange; increase sense of belonging; reduce social isolation; enhance opportunities for positive socialization in the TGNCNB community.

Increased Access to and Utilization of Behavioral Health and Drug User Health services for TGNCNB Individuals - Increase the ability of TGNCNB individuals to access basic health and human services needs by assisting with establishing access to health care, legal services, housing, etc.; increase access to and utilization of TGNCNB affirming social or health services; can be directly provided or by referral.

Increased Self-Esteem for TGNCNB Individuals - Increase self-esteem and its two components (self-efficacy, self-acceptance), self-empowerment and self-advocacy.

Increased Awareness of TGNCNB Existence and Diversity - Increase community awareness of TGNCNB existence, issues, and needs; increase awareness of diversity among TGNCNB individuals; includes knowledge of definitions of TGNCNB terms, and attitudes towards TGNCNB people.

Increased TGNCNB Community Capacity - Create new TGNCNB community leadership and increase TGNCNB self-advocacy skills. Build the capacity of TGNCNB community coalitions to build networks, expand collaboration through interagency referrals and linkages to services, and to impact social change for the betterment of TGNCNB individuals, families and communities

Increased TGNCNB Self-Advocacy and Leadership – Create and foster new TGNCNB community leadership and increase TGNCNB self-advocacy skills.

Increased Safety and Reduced Violence Directed at the TGNCNB Community - Increase safety and reduce violence against TGNCNB people through the provision of support services and by education of other agencies including legal and law enforcement officials.

Develop and/or Enhance Gay Straight Alliance (GSA) capacity building - Build capacity of Gay-Straight Alliances in schools, including their ability to work to change school climate.

Increased Access to Housing for TGNCNB Individuals who are Unstably Housed - Assist in acquiring and maintaining safe and affirming housing and support services for homeless TGNCNB people by providing referrals, legal services or referrals, and counseling assistance.

Increased Access to Welcoming and Affirming Education and Employment Opportunities – Provide educational and vocational training developed by or in partnership with TGNNB individuals to increase the employment status and educational attainment of TGNCNB people.

Attachment 6 – Component A Work Plan Instructions

Project Name: Health and Human Services for LGBTQI+ Individuals, Families, and Communities
RFA #20440
Internal Program #23-0011

Component A: Direct Services to LGBTQI+ Individuals, Families, and Communities

Instructions for Completing the Open Work Plan in the Grants Gateway Online Application

Work Plan Period: 11/1/2024 – 10/31/2029

Applicants are required to complete the Work Plan in the ***Work Plan Overview Form Section*** of the Grants Gateway online Application. The Work Plan should describe the objectives, tasks (activities) and performance measures (outcomes) necessary to meet program requirements. Please note that successful applicants may be asked to modify Work Plans prior to initiation of the contract to address issues identified during the review process.

A. Project Summary Instructions

Applicants are required to copy and paste the following information into the *Project Summary Section* of the Work Plan Overview Form section in the Grants Gateway:

Service providers should develop and/or enhance comprehensive health and human services for lesbian, gay, bisexual and transgender (LGBTQI+) individuals, families and communities through the implementation of proven strategies and/or innovative interventions. Component A aims to address issues related to the key social determinants of health impacting LGBTQI+ communities: health and racial equity, economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

The goals of Component A are to:

- Increase LGBTQI+ cultural responsiveness for the general community;
- Reduce health risks, including sexual health risks among LGBTQI+ individuals;
- Increase social support and reduce social isolation in the LGBTQI+ community;
- Increase access to and utilization of Behavioral Health and Drug User Health services for LGBTQI+ individuals;
- Increase self-esteem for LGBTQI+ individuals;
- Increase awareness of LGBTQI+ existence and diversity;
- Increase LGBTQI+ community capacity to strengthen coalition and expand interagency referral linkages;
- Increase LGBTQI+ self-advocacy and leadership;
- Increase safety and reduce violence directed at the LGBTQI+ community;
- Develop and/or enhance Gay Straight Alliance (GSA) capacity building;
- Increase access to housing for LGBTQI+ individuals who are unstably housed; or
- Increase access to welcoming and affirming education and employment opportunities.

Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, or to accommodate advances in best practice.

B. Organizational Capacity Instructions

Applicants should list as N/A in the *Organizational Capacity Section* of the Work Plan in the Grants Gateway.

C. Project Details

This section contains three areas, Objectives, Tasks (activities) and Performance Measures (outcomes). Please see below for the instructions for each area.

1. OBJECTIVE Instructions

Applicants are required to select **three (3)** Impact Areas from the list below. Indicate the three (3) selected Impact Areas in the **Objective Area** in the Project Details section of the Work Plan in the Grants Gateway. Each Impact Area selected should be entered as the Objective Name. The selected Impact Areas should also be listed as the Objective Description.

- Health Promotion,
- Education and Training
- Behavioral Health (Mental Health, Harm Reduction, and Substance Use Services) Prevention and Support Services
- Employment Opportunities
- Educational Opportunities
- Housing Navigation
- LGBTQI+ Cultural Responsiveness

2. TASK (Activities/Services) Instructions

Applicants are required to provide a brief description of the specific activities/services that will be conducted for each focus area selected. Each Objective selected requires a task to be entered in the **Task Area** in the Project Details section of the Work Plan. One or more tasks must be entered for each objective. The Scope of Services (activities/services) funded under Component A can be provided as Interventions Delivered to Individuals (IDI), Intervention Delivered to Groups (IDG), Community Level Interventions (CLI) or Supportive Services. Please see **Attachment 17 - LGBT HHS Glossary of Terms** for examples of services and service definitions.

3. PERFORMANCE MEASURE (Outcomes) Instructions

Applicants are required to address a minimum of two (2) Long-term Outcomes for each Impact Area selected for a total of six (6) or more Long-term Outcomes. Long-term Outcomes for each Impact Area should be entered as Performance Measures in the Project Details section of the Work Plan. Listed below are twelve (12) potential outcomes that applicants can select from; or applicants can identify their own. Applicants will be evaluated on the quality of the proposed approaches to achieve the Long-term Outcomes.

- Increase LGBTQI+ cultural responsiveness for the general community;
- Reduce health risks, including sexual health risks among LGBTQI+ individuals;
- Increase social support and reduce social isolation in the LGBTQI+ community;
- Increase access to and utilization of Behavioral Health and Drug User Health services for LGBTQI+ individuals;
- Increase self-esteem for LGBTQI+ individuals;
- Increase awareness of LGBTQI+ existence and diversity;
- Increase LGBTQI+ community capacity to strengthen coalition and expand interagency referral linkages;
- Increase LGBTQI+ self-advocacy and leadership;
- Increase safety and reduce violence directed at the LGBTQI+ community;
- Develop and/or enhance Gay Straight Alliance (GSA) capacity building;
- Increase access to housing for LGBTQI+ individuals who are unstably housed; or
- Increase access to welcoming and affirming education and employment opportunities.

4. **Applicants are instructed to include the following Objectives as Objective 4 and Objective 5 in the Component A Work Plan. Applicants are instructed to include the Tasks and Performance Measures as shown in the chart below to the Component A Work Plan.**

<p>4. Ensure flexibility in programming.</p>	<p>4.1 Flexibility in programming to ensure that resources are effectively directed to the populations and communities most in need.</p> <p>4.2 Contract activities and deliverables may be modified at any point in this contract upon direction of the AI to address emerging needs or disparities, emerging HIV/STI/HCV epidemiologic patterns, or to accommodate advances in best practice.</p> <p>4.3 Assist with other priority public health issues if/when they arise (e.g., local STI case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-work plan work.</p>	<p>4.1.1 N/A</p> <p>4.2.1 Aid with non-workplan public health issues if/when they arise.</p> <p>4.3.1 100% of emerging issues identified will be coordinated as per AIDS Institute guidance.</p>
<p>5. Submit timely data, narrative, and fiscal reports/documents.</p>	<p>5.1 Collect and submit data and create narrative reports in accordance with Division and AI protocols.</p> <p>5.2 Submit monthly AIRS extracts to the AIDS Institute via the Health Commerce System.</p> <p>5.3 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, etc.) in accordance with Division/AI protocols and the State Master Contract.</p> <p>5.4 Monitor contract expenditures quarterly and address underspending accordingly.</p>	<p>5.1.1 100% of monthly AIRS extracts will be submitted by the established deadline.</p> <p>5.2.1 100% of data and narrative reports submitted will be up to date (within 30 days of last service).</p> <p>5.3.1 100% of fiscal documents will be submitted by the established deadlines.</p> <p>5.4.1 100% of contract dollars will be spent annually.</p>

****Please note: After funding is awarded, funded applicants will be required to develop outcome measures specific to each task/activity.***

Attachment 7 – Component B Work Plan Instructions

Project Name: Health and Human Services for LGBTQI+ Individuals, Families, and Communities
RFA #20440
Internal Program #23-0011

Component B: Direct Services to TGNCNB Individuals, Families, and Communities – an allocation of the Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund

Instructions for Completing the Open Work Plan in the Grants Gateway Online Application

Work Plan Period: 11/01/2024 – 10/31/2029

Applicants are required to complete the Work Plan in the ***Work Plan Overview Form Section*** of the Grants Gateway online Application. The Work plan should describe the objectives, tasks (activities) and performance measures (outcomes) necessary to meet program requirements. Please note that successful applicants may be asked to modify work plans prior to initiation of the contract to address issues identified during the review process.

A. Project Summary Instructions

Applicants are required to copy and paste the following information into the *Project Summary Section* of the Work Plan Overview Form section in the Grants Gateway:

Service providers should develop and/or enhance comprehensive health and human services for transgender, gender non-conforming, non-binary (TGNCNB) individuals, families and communities through the implementation of proven strategies and/or innovative interventions. Component B aims to address issues related to the key social determinants of health impacting TGNCNB communities: health and racial equity, economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

The goals of Component B are to:

- Increase TGNCNB cultural responsiveness for the general community;
- Reduce health risks, including sexual health risks among TGNCNB individuals;
- Increase social support and reduce social isolation in the TGNCNB community;
- Increase access to and utilization of Behavioral Health and Drug User Health services for TGNCNB individuals;
- Increase self-esteem for TGNCNB individuals;
- Increase awareness of TGNCNB existence and diversity;
- Increase TGNCNB community capacity to strengthen coalition and expand interagency referral linkages;
- Increase TGNCNB self-advocacy and leadership;
- Increase safety and reduce violence directed at the TGNCNB community;
- Develop and/or enhance Gay Straight Alliance (GSA) capacity building;
- Increase access to housing for TGNCNB individuals who are unstably housed; or
- Increase access to welcoming and affirming education and employment opportunities.

Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, or to accommodate advances in best practice.

B. Organizational Capacity Instructions

Applicants should list as N/A in the *Organizational Capacity Section of the Work Plan in the Grants Gateway*.

C. Project Details

This section contains three areas, Objectives, Tasks (activities) and Performance Measures (outcomes). Please see below for the instructions for each area.

1. OBJECTIVE Instructions

Applicants are required to select **three (3)** Impact Areas from the list below. Indicate the three (3) selected Impact Areas in the **Objective Area** in the Project Details section of the Work Plan in the Grants Gateway. Each Impact Area selected should be entered as the Objective Name. The selected Impact Areas should also be listed as the Objective Description.

- Health Promotion
- Education and Training
- Behavioral Health (**Mental Health, Harm Reduction, and Substance Use Services**)
- Prevention and Support Services
- Employment Opportunities
- Educational Opportunities
- Housing Navigation
- TGNCNB Cultural Responsiveness

2. TASK (Activities/Services) Instructions

Applicants are required to provide a brief description of the specific activities/services that will be conducted for each focus area selected. Each Objective selected requires a task to be entered in the **Task Area** in the Project Details section of the Work Plan. One or more tasks must be entered for each objective. The Scope of Services (activities/services) funded under Component B can be provided as Interventions Delivered to Individuals (IDI), Intervention Delivered to Groups (IDG), Community Level Interventions (CLI) or Supportive Services. Please see **Attachment 17 - LGBT HHS Glossary of Terms** for examples of services and service definitions.

3. PERFORMANCE MEASURE (Outcomes) Instructions

Applicants are required to address a minimum of two (2) Long-term Outcomes for each Impact Area selected for a total of six (6) or more Long-term Outcomes. Long-term Outcomes for each Impact Area should be entered as Performance Measures in the Project Details section of the Work Plan. Listed below are twelve (12) potential outcomes that applicants can select from; or applicants can identify their own. Applicants will be evaluated on the quality of the proposed approaches to achieve the Long-term Outcomes.

- Increase TGNCNB cultural responsiveness for the general community;
- Reduce health risks, including sexual health risks among TGNCNB individuals;
- Increase social support and reduce social isolation in the TGNCNB community;
- Increase access to and utilization of Behavioral Health and Drug User Health services for TGNCNB individuals;
- Increase self-esteem for TGNCNB individuals;
- Increase awareness of TGNCNB existence and diversity;
- Increase TGNCNB community capacity to strengthen coalition and expand interagency referral linkages;
- Increase TGNCNB self-advocacy and leadership;
- Increase safety and reduce violence directed at the TGNCNB community;
- Develop and/or enhance Gay Straight Alliance (GSA) capacity building;
- Increase access to housing for TGNCNB individuals who are unstably housed; or
- Increase access to welcoming and affirming education and employment opportunities.

5. Applicants are instructed to include the following Objectives as Objective 4 and Objective 5 in the Component B Work Plan. Applicants are instructed to include the Tasks and Performance Measures as shown in the chart below to the Component B Work Plan.

<p>4. Ensure flexibility in programming.</p>	<p>4.1 Flexibility in programming to ensure that resources are effectively directed to the populations and communities most in need.</p> <p>4.2 Contract activities and deliverables may be modified at any point in this contract upon direction of the AI to address emerging needs or disparities, emerging HIV/STI/HCV epidemiologic patterns, or to accommodate advances in best practice.</p> <p>4.3 Assist with other priority public health issues if/when they arise (e.g., local STI case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-work plan work.</p>	<p>4.1.1N/A</p> <p>4.2.1 Aid with non-workplan public health issues if/when they arise.</p> <p>4.3.1 100% of emerging issues identified will be coordinated as per AIDS Institute guidance.</p>
<p>5. Submit timely data, narrative, and fiscal reports/documents.</p>	<p>5.1 Collect and submit data and create narrative reports in accordance with Division and AI protocols.</p> <p>5.2 Submit monthly AIRS extracts to the AIDS Institute via the Health Commerce System.</p> <p>5.3 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, etc.) in accordance with Division/AI protocols and the State Master Contract.</p> <p>5.4 Monitor contract expenditures quarterly and address underspending accordingly.</p>	<p>5.1.1 100% of monthly AIRS extracts will be submitted by the established deadline.</p> <p>5.2.1 100% of data and narrative reports submitted will be up to date (within 30 days of last service).</p> <p>5.3.1 100% of fiscal documents will be submitted by the established deadlines.</p> <p>5.4.1 100% of contract dollars will be spent annually.</p>

****Please note: After funding is awarded, funded applicants will be required to develop outcome measures specific to each task/activity.***

Attachment 8 Health Equity Definitions and Examples

Health and Human Services for LGBTQI+ Individuals, Families, and Communities RFA #20440 Internal Program #23-0011

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

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

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

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

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

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

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

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

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

Attachment 13
Grants Gateway Expenditure Budget Instructions

Health and Human Services for LGBTQI+ Individuals, Families, and Communities

RFA #20440
Internal Program #23-0011

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 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=1728c16d0aca3b9aabb3c25d38d5483&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 not allowable. This includes food, coffee, tea, and water for staff meetings, staff break areas, or BOD meetings.

OTHER

Details:

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

Financial:

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

Items to Note:

- 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.

Attachment 17
LGBTQI+ Health & Human Services Initiative
Glossary of Terms

**Health and Human Services for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning,
Intersex,+ (LGBTQI+) Individuals, Families, and Communities**
RFA #20440
Internal Program #23-0011

The terms in this glossary are adopted and / or adapted from an existing Glossary of Terms utilized for other AIDS Institute programs and services.

The terms in this glossary are to be utilized as they relate to the intentions of the LGBTQI+ Health and Human Services Initiative (LGBTQI+ HHS). The primary intentions of the LGBTQI+ HHS are to increase access to health care; to improve the quality and appropriateness of LGBTQI+ health and human services and to improve health outcomes and quality of life for LGBTQI+ individuals and families through the promotion of full and equal access to health and human services, and by eliminating bias and discrimination based on sexual orientation and gender identity.

Behavioral Theory

A behavioral theory describes the factors or relationships that influence behavior and provides direction on how to change them. Behaviors that place people at risk for HIV/STI infection and transmission are often the result of many complex factors operating at multiple levels. Theories of behavior change usually address one or more of these levels and include individual, interpersonal, community, and institutional/policy and environmental factors. Behavioral theories used in HIV/STI prevention are drawn from several disciplines, including psychology, sociology and anthropology and researchers often use a combination of factors from several theories to guide the development of HIV/STI prevention interventions.

Additional information on behavioral theories is available at:

<http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>

Case Management

Case management is a multi-step process to ensure timely access to and coordination of medical and psychosocial services and, in some models, his or her family or support system.

Clearinghouse

A centralized repository of information and materials on HIV/AIDS/STI and distribution system that responds to requests from the general public.

Client

An individual who receives at least one agency service.

Client Advocacy

The process of interceding on behalf of a client to obtain needed care and supportive services. Client advocacy activities are directed toward immediate problem-solving, not based on establishing long term relationships or ongoing services as in case management.

Client-level Services

Activities and interventions provided to a client of the agency (see definition of *Client*). Excludes outreach, Community Level Intervention, Health Communication/Public Information.

Client Recruitment

Strategies to promote awareness of and to engage individuals from the target population in program.

Clients—Existing

Clients receiving services during the current contract period who will continue to receive services during the new

contract period.

Clients—New

Clients who will receive a service for the first time during the specified contract period.

Community-Level Interventions (CLI)

Interventions intended to generate awareness of, interest in and commitment to LGBTQI+ communities and LGBTQI+ health and human service-related matters. CLI's encourage individuals and community organizations to increase community support of the behaviors known to reduce health disparities and access to care among the LGBTQI+ populations. These interventions seek to facilitate change by influencing attitudes, norms and practices. Activities include community mobilization, social marketing campaigns, community-wide events and policy interventions.

Community Mobilization

A process that engages community members in a variety of strategies to define, prioritize and address issues in a specific and defined community for the purpose of bringing about change. Community mobilization strategies include dissemination of information, activities to generate support and foster cooperation across public and private sectors in the community, and marshalling community resources to respond to an issue related to the overall intention of the LGBTQI+ HHS.

Community-Wide Event

Development and sponsorship of events in a specific and defined community to promote the intent of the LGBTQI+ HHS Initiative.

Comprehensive Case Management

Case management services intended for individuals with multiple, complex needs who require intensive, long-term service(s).

Contact

An individual who is engaged through *Prevention Outreach* or participates in a *Community-level Intervention (CLI)* or *Health Communication/Public Information (HC/PI)* intervention.

Crisis Intervention

An immediate response by a service provider to address a client's emergency need, i.e. emergency medical situation, domestic violence, mental health crisis, etc.

Cycle

The number of times a complete multiple-session intervention will be delivered to its intended audience during the contract period.

Electronic Media

Means by which information is conveyed to large audiences via radio and television such as public service announcements, news broadcasts, etc.

Encounter

An encounter is a session with a client (see definition of *Client*).

Escort

The act of accompanying a client to a medical or other appointment for care and supportive services.

Event

An event is a planned and structured Outreach activity, Community level intervention (CLI) or Health Communication/Public Information intervention that takes place on a specific date and time.

General Information

Outreach activities that primarily focus on the provision LGBTQI+ educational and awareness materials.

Health Communication/Public Information (HCPI)

The delivery of planned messages and/or promotion of activities related to the intent of the LGBTQI+ HHS targeted to a specific audience. The purpose is to increase awareness, build general support, support community, and/or provide individuals with information about LGBTQI+ programs and available health & human services. HCPI interventions are implemented through Electronic Media, Internet/WWW, Print Media, Clearinghouse and Presentations/Lectures.

Hotline

Telephone service offering the general public up-to-date information on local resources for accessing LGBTQI+ culturally competent care and related services (e.g. counseling, testing and support groups).

Incentive

Incentives can be provided to a client to encourage or maintain participation in program services and activities. Allowable incentives are determined by the contract funding source.

[\(Refer to the incentive guidance document for additional information.\)](#)

Internet/World-Wide Web

Means by which messages are conveyed to a large-scale audience via Internet websites and social networking media.

Intervention

A specific activity (or set of related activities) intended to change the knowledge, attitudes, beliefs, behaviors or practices of individuals and populations.

Interventions Delivered to an Individual (IDI)

Services provided to one client at a time. IDIs assist clients in making individual plans and ongoing appraisals. These interventions include skills building activities and facilitate linkages to services in both clinic and community settings. This intervention type may also help clients make plans to obtain services.

Interventions Delivered to Groups (IDG)

Interventions provided to groups of varying sizes. IDG's are designed to assist clients in modifying and maintaining behavior change by using science-based behavior modification models (i.e. the transtheoretical model, social cognitive model, health belief model). IDG's consist of a wide range of skill building activities, which include HIV prevention and risk reduction information, education and support provided within a group setting.

Legal Services

The review of relevant information and the provision of advice to a client on actions to take to address a legal problem and/or the direct provision of counsel/representation of a client in legal proceedings.

Linkages

Relationship established between one or more service providers to facilitate client access to needed services and care.

Multiple Session Curriculum Based Harm Reduction

Individual- or group-level health education and substance use risk reduction counseling interventions that are designed to be delivered during a series of progressive sessions, employ theories and practices of the harm reduction model, and follow a prescribed curriculum or content outline.

Multiple Session Curriculum Based Prevention Education

Individual- or group-level health education and risk reduction counseling interventions that are designed to be delivered during a series of progressive sessions, employ theories and practices of the harm reduction model, and follow a prescribed curriculum or content outline.

Peer

An individual who has the same or similar characteristics, background and life experiences as those of a program's target population.

Peer-delivered Services

Contract-funded program services and activities that are directly provided by peers.

Peer Training Services

Individual- and group-level health education and risk reduction counseling, training and supervision to assist peers in developing leadership skills, become effective peer educators and provide peer-delivered services.

Policy Intervention

Sponsorship of and/or participation in meetings, events, forums and conferences that educate community members about the health & human service needs of the LGBTQI+ communities and access to care policy issues at the local, state and national level.

Presentation/Lecture

Information activities that are conducted in group settings and are often referred to as “one-shot” or “onetime” education interventions. These activities are general in nature and do not include a skills building/behavioral science component. These activities must be tailored to the needs of the audience and must be developmentally, culturally and linguistically appropriate.

Prevention Outreach

Interactive education activities conducted face-to-face (or in virtual environments such as the Internet) with individuals in venues where they can be actively engaged.

Print Media

Means by which information is conveyed to large-scale audience via printed materials such as newspapers, magazines, pamphlets, billboards and transportation signage.

Psychiatric Services (AIRS Service Category—*Mental Health*)

The provision of mental health assessment, counseling and treatment services to an individual or group of individuals with a diagnosed mental illness by a Psychiatrist licensed to practice within New York State. All *Psychiatric Services* must be provided in accordance with the [AIDS Institute Mental Health Standards of Care](#).

Psychological Services (AIRS Service Categories—*Mental Health and Psychological Counseling*)

The provision of mental health assessment, counseling and treatment services to an individual or group of individuals with a diagnosed mental illness by a Psychologist, Psychiatric Nurse Practitioner, Masters prepared, Psychiatric Registered Nurse or Licensed Clinical Social Worker authorized to practice within New York State. All *Psychological Services* must be provided in accordance with the [AIDS Institute Mental Health Standards of Care](#).

Referral

Action taken to direct an individual to appropriate health care and social service providers to access needed services.

Referral Follow-up

Action taken to verify that the client accessed the services to which he or she was referred.

Referral Outcome

Result of the client's access to services for which he or she was referred.

Session

The period of time during which clients participate in an individual- or group-level intervention on a given

Single Session Curriculum Based Harm Reduction

Individual- or group-level health education and substance use risk reduction counseling interventions that are designed to be delivered in only one session, employ theories and practices of the harm reduction model, and follow a prescribed curriculum or content outline.

Single Session Curriculum Based Prevention Education

Individual- or group-level health education and HIV/STI risk reduction counseling interventions that are designed

to be delivered in only one session, employ theories and practices of the harm reduction model, and follow a prescribed curriculum or content outline.

Social Marketing

The use of concepts and techniques from commercial advertising and promotion to achieve socially beneficial behavior change for a target population.

Stipend

Compensation (excluding consultant fees and wages paid as an employee) provided to peers for the delivery of program services and activities as well as their participation in training and supervision. Stipends are paid in accordance with the contractor's policies and procedures.

Structural/Institutional Intervention

An intervention designed to implement changes in laws, policies, physical structures and social or organizational structures to affect environmental or societal change.

Substance Use Harm Reduction

Individual- and group-level interventions (single-session and/or multiple-session) that address harms related to substance use—particularly the risk of HIV/STI transmission from unsafe drug-using and/or unsafe sexual behaviors. *Substance Use Harm Reduction* combines client-centered risk reduction education and counseling to help drug users recognize the negative consequences of substance use and set achievable goals toward positive behavior change.

Support Groups

Group sessions where participants disclose common issues, discuss shared experiences, and provide feedback in an effort to develop coping strategies and provide emotional support. *Support Groups* are facilitated by trained staff, volunteers, peers and/or consultants and must have pre-determined goals and objectives and a structure for session time, frequency, and content.

Supportive Case Management

Case management services designed for clients who need short term service, for those who require continued maintenance support following comprehensive case management, or for those not yet willing to participate in *Comprehensive Case Management*.

Supportive Counseling

A process where a person or group can receive assistance in sorting out issues and reaching decisions appropriate to their live circumstances. The process involves thorough exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions and decision making. Supportive Counseling services do not include therapeutic or mental health care to individuals, groups or the family.

Target Population

The primary group of people that are the focus of a program's intervention or other service. Target populations are normally defined by the shared characteristics of individuals including their demographics (race or ethnicity, age, gender).

Attachment 18 - Work Plan – Component C
SUMMARY
Health and Human Services for LGBTQI+ Individuals, Families, and Communities
RFA #20440

PROJECT NAME: Training, Technical Assistance, and Capacity Building for Component A and Component B Grantees and New York State LGBT Health and Human Services Network Members on Program Evaluation - Component C

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD

From: November 1, 2024

To: October 31, 2029

PROJECT SUMMARY:

To develop and implement training, technical assistance, and capacity building for Component A and Component B-grantees and New York State LGBT Health and Human Services Network members regarding development of program performance measures and program evaluation.

Program deliverables are for the provision of training, technical assistance, and capacity building on the following:

- Developing program performance measures and processes to collect and analyze data to inform program design, implementation, and evaluation;
- Developing systems to document and report service delivery, client, and community outcomes; and
- Developing, identifying, implementing, and evaluating culturally-adapted equity-centered evidence-based interventions, program, and practices.

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan Attachment 18. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 18: Work Plan. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
<p>1. Enhance organizational capacity of LGBTQI+ HHS providers & Network members.</p>	<p>1.1 Provision of capacity building assistance to LGBTQI+ HHS-funded providers and Network member organizations to develop performance measures that address the needs of NYS's LGBTQI+ population.</p>	<p>1.1.1 Successfully provided capacity building assistance to develop performance measure. 1.1.2 Provided services are ethnically, culturally, linguistically, and age appropriate, and delivered at suitable developmental and literacy levels.</p>
	<p>1.2 Development of data collection tools/instruments, and processes.</p>	<p>1.2.1 Develop at least one (1) data collection tool/instrument and create processes that are ethically and culturally appropriate.</p>
	<p>1.3 Consistent provision of technical assistance and capacity building via varying modalities (e.g., in person, virtual, hybrid, etc.).</p>	<p>1.3.1 Provide timely and regular technical assistance and capacity building activities via varying modalities that are ethnically and culturally appropriate and relevant to organizations receiving services.</p>
	<p>1.4 Development of toolkit(s) and resources for programs, providers, and the Office of LGBTQ Services that support equitable service delivery of funded activities.</p>	<p>1.4.1 Successful development of toolkit(s) and resources for programs, providers, and the Office of LGBTQ Services that support equitable service delivery of funded activities. 1.4.2 Developed toolkit(s) are ethnically, culturally, linguistically, and age appropriate, and delivered at suitable developmental and literacy levels. 1.4.3 Developed toolkit(s) respond to and addresses a range of cultural and gender norms within priority population(s)/communities.</p>
	<p>1.5 Training on the design, implementation, and evaluation of equity-centered services and programming.</p>	<p>1.5.1 Identified entities that received training(s) demonstrate an understanding of the design, implementation, and evaluation of equity-centered services and programming. 1.5.2 Provided training(s) were ethnically, culturally, linguistically, and age appropriate, and delivered at suitable developmental and literacy levels.</p>

		1.5.3 Provided training(s) respond to and address a range of cultural and gender norms within priority population(s)/communities.
2. Conduct assessment of technical assistance needs.	2.1 Conduct a continual assessment of LGBTQI+ HHS-funded providers and The Network membership to determine technical assistance needs and corresponding organizational capacity with regard to program design, implementation, and evaluation.	2.1.1 Demonstration of the successful identification and assessment of providers' technical assistance needs and corresponding organizational capacity.
	2.2 Provision of capacity building assistance to develop performance measures.	2.2.1 Successfully provided capacity building assistance to develop performance measures. 2.2.2 Stakeholders' report being involved in the development of performance measures. 2.2.3 Capacity building assistance is ethnically, culturally, linguistically, and age appropriate, and delivered at suitable developmental and literacy levels.
	2.3 Collaborate with Component C, D, and E-funded providers to develop an annual Statewide LGBTQI+ health agenda to address LGBTQI+ SDOH, including access to affirming healthcare, equity, and the needs of Component A-funded providers and Network members.	2.3.1 Collaborated with Component C, D, and E providers and developed an annual Statewide LGBTQI+ health agenda addressing LGBTQI+ SDOH, including access to affirming healthcare, equity, and the needs of Component A-funded providers and Network members. 2.3.2 Stakeholders' report being involved in collaborative process and collaborative processes planning period.
3. Provide or arrange for technical assistance in program development.	3.1 Development of toolkit(s) and resources for LGBTQI+ HHS programs, The Network membership, providers, and the Office of LGBTQ Services that support program development.	3.1.1 Successful development of toolkit(s) and resources for programs, providers, and the Office of LGBTQ Services on program development that support equitable service delivery of funded activities. 3.1.2 Developed toolkit(s) are ethnically, culturally, linguistically, and age appropriate, and delivered at suitable developmental

		<p>and literacy levels.</p> <p>3.1.3 Developed toolkit(s) respond to and addresses a range of cultural and gender norms within priority population(s)/communities.</p>
	<p>3.2 Training on formative and essential practices of program design, implementation, and evaluation.</p>	<p>3.2.1 Identified entities that receive training(s) will demonstrate an understanding of formative and essential practices of program design, implementation, and evaluation.</p> <p>3.2.2 Provided training(s) are ethnically, culturally, linguistically, and age appropriate, and delivered at suitable developmental and literacy levels.</p> <p>3.2.3 Provided training(s) will respond to and address a range of cultural and gender norms within priority population(s)/communities.</p>
	<p>3.3 Training on design, implementation, and evaluation of equity-centered services and programming.</p>	<p>3.3.1 Identified entities that receive training(s) will demonstrate an understanding of the design, implementation, and evaluation of equity-centered services and programming.</p> <p>3.3.2 Provided training(s) are ethnically, culturally, linguistically, and age appropriate, and delivered at suitable developmental and literacy levels.</p> <p>3.3.3 Provided training(s) will respond to and address a range of cultural and gender norms within the priority population(s)/communities.</p>
	<p>3.4 Provision of/referral to technical assistance in program development for LGBTQI+ HHS-funded providers and Network member organizations.</p>	<p>3.4.1 Will be able to demonstrate successful provision of/referral to technical assistance.</p> <p>3.4.2 Successfully and consistently make referrals to LGBTQI+ HHS-funded providers, other suitable resources to assist in development of services and initiatives which are responsive to priority population(s).</p> <p>3.4.3 Services provided/referred to are ethnically, culturally,</p>

		linguistically, and age appropriate, and delivered at suitable developmental and literacy levels.
4. Develop and consistently implement technical assistance.	4.1 Consistent provision of technical assistance and capacity building via varying modalities (e.g., in person, virtual, hybrid, etc.) for LGBTQI+ HHS-funded providers and Network member organizations.	4.1.1 Regular and timely provision of technical assistance and capacity building activities via varying modalities that are ethnically and culturally appropriate and relevant to organizations receiving services.
	4.2 Consistent updating of technical assistance and capacity building materials, toolkits, trainings, curricula etc.	4.2.1 Developed technical assistance and capacity building materials, toolkits, trainings, curricula etc., have been updated and maintained for timeliness and relevance.
5. Provide ethnical, cultural, linguistically, and age-appropriate services.	5.1 Involve members of the priority population in the planning and design of the proposed program.	5.1.1 Identified members of the priority population report being involved in the planning and design of the proposed program.
	5.2 Respond to and addresses a range of cultural and gender norms within priority population(s)/communities.	5.2.1 Services provided respond to and address a range of cultural and gender norms within the priority population(s)/community.
6. Submit timely data, narrative, and fiscal reports/documents.	6.1 Collect and submit data and create narrative reports in accordance with Division and NYSDOH AI protocols.	6.1.1 100% of monthly AIRS extracts will be submitted by the established deadline (aggregate data only for 2 events).
	6.2 Submit monthly AIRS extracts to the NYSDOH AI via the Health Commerce System.	6.2.1 100% of data and narrative reports submitted will be up to date (within 30 days of last service).
	6.3 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, audits, etc.) in accordance with Division/NYSDOH AI protocols and the State Master Contract.	6.3.1 100% of fiscal reports/documents as per protocols by the established deadlines.
7. Flexibility in programming for directing resources effectively.	7.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations	7.1.1 N/A.

	and communities most in need.	
	7.2 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/STID/HCV epidemiologic patterns, or to accommodate advances in best practice.	7.2.1 Aid with non-work plan public health issues if/when they arise.
	7.3 Assist with other priority public health issues if/when they arise (e.g., local STI case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-work plan work.	7.3.1 Aid with non-work plan public health issues if/when they arise.

ATTACHMENT 19 – WORK PLAN – Component D

SUMMARY

Health and Human Services for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex,+ (LGBTQI+) Individuals, Families, and Communities

RFA #20440

PROJECT NAME: New York State LGBTQI+ Health and Human Services Statewide Coordination of New York State LGBT Health and Human Services Network (The Network)

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: November 1, 2024 To: October 31, 2029

PROJECT SUMMARY:

To provide leadership, coordination, technical assistance, capacity building, health promotion/awareness, education, and support to organizational members of the NYS LGBT Health and Human Services Network (The Network).

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in **Work Plan Attachment 19**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 19: Work Plan. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

OBJECTIVES	TASKS	PERFORMANCE MEASURES
1: Provide organizational/Program Support to the Network.	1.1 Conduct a formal assessment of Network membership technical assistance needs.	1.1.1 Appropriately and correctly assess necessary organizational/program support needed by identified by Network members to meet initiative goals.
	1.2 Provide or arrange technical assistance for the Network and LGBTQI+ HHS Component A & B initiative providers.	1.2.1 At least 75% of Network membership will receive technical assistance based on their current or emerging needs. 1.2.2 LGBTQI+ HHS Component A & B initiative providers will participate in the technical assistance offerings of the Network.
2: Respond to NYS agency information and technical assistance requests.	2.1 Develop and implement a mechanism to respond to requests for information and technical assistance via referrals to support service/initiative development which are responsive to the priority population(s).	2.1.1 Successful development, implementation & maintenance of a mechanism to respond to requests for information & tech. assistance requests by referrals to appropriate stakeholders to assist in service/initiative development responsive to LGBTQIA+ needs.
3: Coordination of the Network ensuring that the advisory/coordinating body is representative of Network membership.	3.1 Create a Network Advisory/Coordinating body.	3.1.1 Membership of all Network Advisory/Coordinating bodies will be representative of Network membership e.g. region, gender identity, sexual orientation and race/ethnicity.
	3.2 Develop and implement a mechanism to facilitate clear and transparent communication with Network membership.	3.2.1 Communication mechanism is ratified by the Advisory body with support of the Network membership. 3.2.1 Disseminate information to Network members through established mechanism(s) at least monthly.
	3.3 Convene an annual Network meeting to conduct strategic planning and discuss governance.	3.3.1 At least 75% of Network membership will attend and actively participate in the annual

		Network meeting to ratify the annual strategic plan and governance.
4: Develop and maintain a web-based statewide directory of LGBTQI+ providers.	4.1 Develop and maintain an accessible digital (e.g. website, online data base) statewide directory of NYS LGBTQI+ health and human service providers, which is updated at minimum, annually.	4.1.1 Digital analytics demonstrate consistent engagement, reach, utilization, and updates of the platform.
5: Development of an annual Statewide LGBTQ+ Health Agenda.	5.1 Participate in collaborative process with Components A, B, C, E and F-funded providers to develop an annual statewide LGBTQI+ Health Agenda to address LGBTQI+ SDOH.	5.1.1 Participate with A, B, C, E & F-funded providers to develop an annual Statewide LGBTQ+ health agenda that addresses LGBTQ+ SDOH inclusive of LGBTQ+ health & racial equity & addresses the identified needs of funded providers & Network members.
	5.2 Raise awareness of the priority health issues and concerns affecting NYS's LGBTQI+ populations through the promotion of the annual statewide LGBTQI+ Health Agenda to address LGBTQI+ SDOH.	5.2.1 Successfully disseminate information that raises awareness of the annual statewide LGBTQI+ Health Agenda and the priority health issues and concerns affecting LGBTQI+ SDOH.
6: Flexibility in programming for directing resources effectively.	6.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	6.1.1 N/A.
	6.2 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.	6.2.1 Aid with non-work plan public health issues if/when they arise.
	6.3 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.	6.3.1 Aid with non-work plan public health issues if/when they arise.
7: Submit timely data, narrative, and fiscal reports/documents.	7.1 Collect and submit data and create narrative reports in accordance with Division and NYSDOH AI protocols.	7.1.1 100% of monthly AIRS extracts will be submitted by the established deadline.
	7.2 Submit monthly AIRS extracts to the NYSDOH AI	7.2.1 100% of data and narrative reports

	via the Health Commerce System.	submitted will be up to date (within 30 days of last service).
	7.3 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, audits, etc.) in accordance with Division/NYSDOH AI protocols and the State Master Contract.	7.3.1 100% of fiscal reports/documents as per protocols by the established deadlines.

**Attachment 20 - Work Plan – Component E
SUMMARY**

***Health and Human Services for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, + (LGBTQI+) Individuals, Families, and Communities
RFA #20440***

PROJECT NAME: Training, Technical Assistance, and Capacity Building to Specifically Address the Needs of LGBTQI+ Black, Indigenous, People of Color, and Immigrant Individuals, Families, and Communities - Component E

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: November 1, 2024

To: October 31, 2029

PROJECT SUMMARY:

To provide support and provide technical assistance to meet current and emerging needs of the Office of LGBTQ Services-funded providers as it relates to the priority population’s social determinants of health, access to affirming health care, and racial/ethnic equity regardless of immigration status.

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 20**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 20: 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: Organizational/Program Support to assist providers to meet initiative goals.	1.1 Assess the organizational/program support needed to meet initiative goal.	1.1.1 Appropriately and correctly assess necessary organizational/program support needed by identified Component A funded providers to meet initiative goals.
	1.2 Support LGBTQ+ HHS Component A initiative providers in meeting the goals of the initiative via an array of activities that advance the goals of the LGBTQ+ HHS initiative and the health and human service needs of LGBTQ+ BIPOC/Immigrants.	1.2.1 Successfully host at least one (1) activity to advance the goals of the LGBTQ+ HHS initiative and the health and human services needs of LGBTQ+ BIPOC/Immigrants. 1.2.2 Supported LGBTQ+ HHS initiative providers report that hosted activities allowed initiative goal to progress/be met.
2: Provide program and community need assessments and training activities.	2.1 Conduct annual assessment of LGBTQ+ HHS initiative provider and community needs specifically related to activities aimed to advance goals of the initiative and the health and human service needs of LGBTQ+ BIPOC/Immigrant.	2.1.1 Successful assessment of funded provider and community needs specifically related to activities aimed to advance the goals of the LGBTQ+ HHS initiative and the health and human service needs of LGBTQ+ BIPOC/Immigrants. 2.1.2 Involves stakeholders in the planning and design of technical assistance/organizational capacity needs assessment. 2.1.3 Provides services that are ethnically, culturally, linguistically, and age appropriate, and delivered at suitable developmental and literacy levels.
3: Respond to NYS agency information and technical assistance requests.	3.1 Implement a mechanism to address requests for information and technical assistance (TA) via referrals to support service/initiative development which are responsive to the priority population(s).	3.1.1 Successful development, implementation, and maintenance of a mechanism to respond to requests for information and TA by referrals to appropriate stakeholders to assist in service/initiative development responsive to LGBTQ+ BIPOC/Immigrant needs.
4: Development of strategic plan and annual Statewide LGBTQ+ Health Agenda.	4.1 Participate in collaborative process with Components A, B, C, and D-funded providers to develop an annual	4.1.1 Participate with Comp A, B, C, and D-funded providers to develop an annual Statewide LGBTQ+ health agenda that addresses LGBTQ+ SDOH inclusive of

	statewide LGBTQI+ Health Agenda to address LGBTQI+ SDOH.	LGBTQ+ health & racial equity & addresses the identified needs of funded providers and Network members.
	4.2 Development of a statewide health promotion/awareness campaign: Raise awareness of the priority health issues and concerns affecting NYS's LGBTQ+ BIPOC/Immigrant populations through the development of a statewide campaign.	4.2.1 Successfully develop a statewide health promotion/awareness campaign that raises awareness of the priority health issues and concerns affecting NYS's LGBTQ+ BIPOC/Immigrant populations.
5: Flexibility in programming for directing resources effectively.	5.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	5.1.1 N/A.
	5.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.	5.2.1 Aid with non-work plan public health issues if/when they arise.
	5.3 Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-work plan work.	5.3.1 Aid with non-work plan public health issues if/when they arise.
6: Submit timely data, narrative, and fiscal reports/documents.	6.1 Collect and submit data and create narrative reports in accordance with Division and NYSDOH AI protocols.	6.1.1 100% of monthly AIRS extracts will be submitted by the established deadline.
	6.2 Submit monthly AIRS extracts to the NYSDOH AI via the Health Commerce System.	6.2.1 100% of data and narrative reports submitted will be up to date (within 30 days of last service).

	<p>6.3 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, audits, etc.) in accordance with Division/NYSDOH AI protocols and the State Master Contract.</p>	<p>6.3.1 100% of fiscal reports/documents as per protocols by the established deadlines.</p>
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Attachment 21 - Work Plan – Component G
SUMMARY
Health and Human Services for LGBTQI+ Individuals, Families, and Communities
RFA #20440

PROJECT NAME: New York State LGBTQI+ Health and Human Services Needs Assessment - Component G
CONTRACTOR SFS PAYEE NAME:
CONTRACT PERIOD **From:** November 1, 2024 **To:** October 31, 2029

PROJECT SUMMARY: (max 50,000 characters)
To develop, implement, analyze, and disseminate a longitudinal NYS LGBTQI+ Health and Human Services Needs Assessment including an annual health priority agenda comprised of statewide, regional, and population-specific data. This will be developed via a coordinated and collaborative process to establish a common framework to address LGBTQI+ social determinants of health and equity.

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 21**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 21: Work Plan. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

OBJECTIVE	TASKS	PERFORMANCE MEASURES
<p>1. Annual statewide LGBTQI+ health agenda that addresses LGBTQI+ SDOH.</p>	<p>1.1 1 Coordinate a collaborative process with other LGBTQI+ HHS-funded providers to develop an annual statewide LGBTQI+ Health Agenda.</p>	<p>1.1.1 Lead the coordination of a collaborative process with other LGBTQI+ HHS-funded providers and the Network to develop an annual statewide LGBTQI+ Health Agenda to benchmark the state of LGBTQI+ health, and address LGBTQI+ social determinants of health.</p>
	<p>1.2 Produce and disseminate annually a LGBTQI+ Health Agenda on the status of the factors that impact social determinants of health (SDOH); health disparities and inequities that impact LGBTQI+ individuals, communities, and families.</p>	<p>1.2.1 Successful production and dissemination of an annual LGBTQI+ Health Agenda on the status of the upstream and downstream factors that impact SDOH; health disparities and inequities that impact LGBTQI+ individuals, communities, and families.</p>
	<p>1.3 Produce and disseminate annually a report that outlines the factors that impact social determinants of health (SDOH); health disparities and inequities that impact LGBTQI+ individuals, communities, and families.</p>	<p>1.3.1 Successful and appropriate production and dissemination of an annual report that examines upstream and downstream factors that impact SDOH; health disparities and inequities that impact LGBTQI+ individuals, communities, and families.</p>
	<p>1.4 Create a social marketing campaign/toolkit to raise awareness of the factors that impact SDOH and convey information regarding health disparities and inequities that disproportionately impact LGBTQI+ individuals, communities, and families.</p>	<p>1.4.1 Successful production and dissemination of social marketing campaign/toolkit raising awareness of the factors that impact SDOH and convey information about health disparities and inequities that impact LGBTQI+ individuals, communities and families.</p>
<p>2. Statewide LGBTQI+ Health and Human Services Needs Assessment.</p>	<p>2.1 Develop, implement, analyze, and disseminate a longitudinal statewide LGBTQI+ Health and Human Services Needs Assessment addressing the factors that impact LGBTQI+ social determinants of health and equity.</p>	<p>2.1.1 Successful development and dissemination of a longitudinal statewide LGBTQI+ HHS Needs Assessment of upstream and downstream factors that impact SDOH health disparities and inequities that impact LGBTQI+ individuals, communities, and families.</p>

	2.2 Develop and disseminate a comprehensive report detailing the methodology, design, and findings of the LGBTQI+ Health and Human Needs Assessment.	2.2.1 Successful development and dissemination of comprehensive report detailing the methodology, design, and findings of the LGBTQI+ Health and Human Needs Assessment.
	2.3 Coordinate a collaborative process with other LGBTQI+ HHS-funded providers to develop an annual statewide LGBTQI+ Health Agenda.	2.3.1 Successful implementation and coordination of a collaborative process with other LGBTQI+ HHS-funded providers to develop an annual statewide LGBTQI+ Health Agenda to benchmark the state of LGBTQI+ health, and address LGBTQI+ SDOH.
	2.4 Create a social marketing campaign/toolkit using data from the longitudinal statewide comprehensive needs assessment to raise awareness of and address the LGBTQI+ SDOH.	2.4.1 Successful production and dissemination of social marketing campaign/toolkit that raises awareness of and addresses the LGBTQI+ SDOH based on qualitative and quantitative data from the longitudinal statewide comprehensive needs assessment.
3. Submit timely data, narrative, and fiscal reports/documents.	3.1 Collect and submit data and create narrative reports in accordance with Division and NYSDOH AI protocols.	3.1.1 100% of monthly AIRS extracts will be submitted by the established deadline.
	3.2 Submit monthly AIRS extracts to the NYSDOH AI via the Health Commerce System.	3.2.1 100% of data and narrative reports submitted will be up to date (within 30 days of last service).
	3.3 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, audits, etc.) in accordance with Division/NYSDOH AI protocols and the State Master Contract.	3.3.1 100% of fiscal reports/documents as per protocols by the established deadlines.
4. Flexibility in programming for directing resources effectively.	4.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	4.1.1 N/A.
	4.2 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	4.2.1 Aid with non-work plan public health issues if/when they arise.

	epidemiologic patterns, or to accommodate advances in best practice.	
	4.3 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.	4.3.1 Aid with non-work plan public health issues if/when they arise.

Attachment 23 - Work Plan – Component F
SUMMARY
Health and Human Services for LGBTQI+ Individuals, Families, and Communities
RFA #20440

PROJECT NAME: **Small Grants Program to Specifically Address the Needs of LGBTQI+ Community – Component F**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: November 1, 2024

To: October 31, 2029

PROJECT SUMMARY:

To develop and administer a small grants program to award mini-grants to LGBTQI+-serving community-based organizations that are not eligible and/or lack the capacity to contract with New York State. The mini-grants are for a programs, events, or activities specifically for LGBTQI+ individuals, families, and communities. The initiative aims to address issues related to the key Social Determinants of Health impacting LGBTQI+ individuals, families, and communities: racial equity, economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan Attachment 23. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 23: 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. Develop a procurement process for the and distribution of mini-grants.	1.1 Develop an application process for mini-grant awards.	1.1.1 Mini-grant application will be developed within first quarter of receiving funding.
	1.2 Develop a process for mini-grant selection and distribution.	1.2.1 Mini-grant distribution will begin within the second quarter once the contract is executed.
2. Implement administrative processes for oversight of mini-grant program to ensure.	2.1 Develop and implement a process for mini-grant awardees to report on use of funds.	2.1.1 Development and implementation of a reporting document for mini-grant awardees.
	2.2 Develop and implement a system to ensure that mini-grant awards are aligned with intent and purpose of the initiative.	2.2.1 Development and implementation of policies and procedures that ensure mini-grant awards are aligned with the intent and purpose of the initiative.
	2.3 Develop and implement a system to receive vouchers and supporting documentation to support reimbursement.	2.3.1 Development and implementation of a process to receive vouchers and supporting documentation to support reimbursement.
	2.4 Develop a system to ensure expenses are reimbursable per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.	2.4.1 Development of policies and procedures to ensure mini-grant expenses are reimbursable per the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. (Subpart E Cost Principles)
3. Submit timely data, narrative, and fiscal reports/documents.	3.1 Collect and submit data and create narrative reports in accordance with Division and NYSDOH AI protocols.	3.1.1 100% of monthly AIRS extracts will be submitted by the established deadline.
	3.2 Submit monthly AIRS extracts to the NYSDOH AI via the Health Commerce System.	3.2.1 100% of data and narrative reports submitted will be up to date (within 30 days of last service).

	3.3 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, audits, etc.) in accordance with Division/NYSDOH AI protocols and the State Master Contract.	3.3.1 100% of fiscal reports/documents as per protocols by the established deadlines.
4. Flexibility in programming for directing resources effectively.	4.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	4.1.1 N/A.
	4.2 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.	4.2.1 Aid with non-work plan public health issues if/when they arise.
	4.3 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.	4.3.1 Aid with non-work plan public health issues if/when they arise.