

RFA #20420 / Grants Gateway # DOH01-CYSHC2-2024

New York State Department of Health
Center for Community Health/Division of Family Health
Children and Youth with Special Health Care Needs

Request for Applications

Children and Youth with Special Health Care Needs Program Center of Excellence

KEY DATES:

Release Date:	November 7, 2023
Questions Due:	November 27, 2023
Questions, Answers and Updates Posted (on or about):	December 11, 2023
Applications Due:	January 5, 2024 by 4:00 PM
NYSDOH Contact Name & Address:	Carolyn Perry Bureau of Child Health New York State Department of Health Corning Tower, 878 Albany, NY 12237 CYSHCN@health.ny.gov

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I. Introduction

The New York State Department of Health (NYSDOH), Bureau of Child Health, announces the availability of \$1,000,000 annually in funds to support a Children and Youth with Special Health Care Needs (CYSHCN) Program Center of Excellence (COE). The CYSHCN COE will promote a standard of excellence for the implementation of local CYSHCN programs, administered through local health departments (LHDs) state-wide through the provision of training, technical assistance, and family engagement. The overarching goal of the CYSHCN Program is to improve the system of care, which includes promoting health equity and addressing disparities as well as the social determinants of health, for CYSHCN from birth and up to 21 years of age and their families and to empower them to navigate systems of care. The CYSHCN COE will partner with NYSDOH to strengthen and support CYSHCN and their families to navigate the current systems of care by providing resources through partnerships, community engagement and education, and a public facing comprehensive guide of state-wide resources.

The NYSDOH Bureau of Child Health administers the CYSHCN Program with funds from the Title V Maternal and Child Health Services Block Grant (MCHSBG). Currently, NYSDOH administers the CYSHCN Program through fifty-one (51) LHDs state-wide, including New York City (NYC), with \$5.2 million in grant funding. Building a comprehensive system of supports for CYSHCN and their families is a key priority for the NYSDOH Title V MCHSBG. The CYSHCN COE will help support core child health priorities of the New York State (NYS) MCHSBG State Action Plan. Increasing supports to address the special health care needs of children and youth is an essential priority set forth in the Title V MCHSBG Action Plan

(https://www.health.ny.gov/community/infants_children/maternal_and_child_health_services/docs/2020_application.pdf). In addition, increasing supports for CYSHCN and their families is addressed in the current NYS Prevention Agenda (https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/).

A. Background

The 2020-2021 National Survey of Children's Health data estimates that 743,518 children (18.6%) ages 0 to 17 years have a special health care need in New York State (this equates to 876,872 CYSHCN from 0 to 20 years of age). Only 15% of families of children and youth with special health care needs in New York State reported that they received care in a well-functioning system (e.g., effective, timely, patient-centered, affordable, equitable, safe).

CYSHCN are children who have or are at increased risk for physical, intellectual, developmental, and/or behavioral or emotional conditions. Conditions include, but are not limited to, ADD or ADHD, allergies, anxiety, arthritis/joint problems, asthma, autism or autism spectrum disorder, behavioral/conduct problem, blood disorders, Cerebral Palsy, Cystic Fibrosis, depression, developmental delay, diabetes, Down Syndrome, epilepsy/seizure disorder, genetic or inherited condition, head injury, hearing problem, heart problem, intellectual disability, learning difficulty, migraines, other mental health condition, muscular dystrophy, sickle cell anemia, speech or language disorder, substance use disorder, Tourette Syndrome, and vision problems.

B. Purpose and Funding

From December 2016 through June 2018, NYSDOH completed a care mapping initiative with families and providers to gather feedback about strengths, gaps, and barriers to care for CYSHCN (<https://www.health.ny.gov/publications/5036.pdf>). LHDs provided feedback that they do not have sufficient expertise or resources to search for and become knowledgeable about the myriad of health conditions and resources available for families with CYSHCN. LHDs reported that they need a reliable source of information and professional development and coaching to enhance their support for families of CYSHCN. Caregivers who participated in the care mapping activity reported that they spent hours searching for information and resources for their children and would find it extremely beneficial to have a single place they can go for reliable information. Families are often unaware of the services offered through their LHDs. The proposed CYSHCN COE is designed to meet the needs articulated by both the LHDs and the caregivers of CYSHCN. They will accomplish this by identifying barriers and challenges to delivering services and providing resources and training to address them.

Approximately \$5,000,000 is available to support this five-year initiative. The Department anticipates awarding one contract for a five-year period, with an expected term of October 1, 2024, to September 30, 2029. The one (1) awarded CYSHCN COE will utilize the \$1M annual contract award to provide technical support and assistance to counties and must employ a team of staff that includes a project director and at least three (3) parent(s) or caregiver(s) of a child with a special health care need, or young adults/peers with special health care needs, to provide the programs support and services to meet CYSHCN and their family/caregiver's needs. The CYSHCN COE project director must be available Monday through Friday during normal business hours on a full-time basis. It is also strongly recommended that the CYSHCN COE have access to clinical support to provide expert consultation as needed. The LHD CYSHCN Program work plan (Attachment 11) requires that the LHDs provide information and referrals, program outreach and awareness regarding the local CYSHCN Program, gap-filling programs, and community resources. The goal of these activities is to empower CYSHCN and their families to navigate the systems of care, especially during health care and social transitions such as aging out of preschool and transitioning to adult health care. All LHDs are required to report quarterly on their activities in this area.

The CYSHCN COE will increase the flow of information and use of evidence-based practices between NYSDOH, all LHDs and communities, contributing to a more informed work force and CYSHCN population. The CYSHCN COE will be expected to support all 62 counties in NYS.

II. Who May Apply

A. Minimum Eligibility Requirements

Eligible Applicants must be:

1. Prequalified in the NYS Grants Gateway, if not exempt, on the date and time applications are due as specified in the "Key Dates" set forth on the Cover Page of this RFA;
2. Attest they are a not-for-profit academic, research, educational/training organization, or RFA #20420, Children and Youth with Special Health Care Needs Program Center of Excellence

public/social policy organization with offices in the United States through the submission of a Certificate of Incorporation in the Grants Gateway Pre-Submission Uploads section under Attachment 10;

3. Able to demonstrate a minimum of three (3) years of experience providing training and technical assistance on the application cover page; and
4. Able to demonstrate capacity to provide statewide coverage to provide in-person meetings and site visits state-wide, which includes the Metropolitan NYC area as well as upstate and rural NYS, as an organization or through subcontractual relationships on the application cover page.

B. Preferred Eligibility Requirements

Applicants demonstrating a minimum of three years of experience in the following area will receive up to two (2) additional points in scoring:

1. Experience working with children and families or providing technical assistance and training to organizations that serve children and families.

III. Project Narrative/Work Plan Outcomes

It is expected the CYSHCN COE will be an active partner with the NYSDOH and the NYS (including NYC) LHD CYSHCN staff, as well as national, regional, and state professional organizations to promote a comprehensive system for the effective delivery of referrals and information to CYSHCN and their families statewide. The CYSHCN COE in conjunction with the NYSDOH, will ensure that LHD CYSHCN staff and CYSHCN and their families and caregivers have the ability to obtain up-to-date information and technical assistance as needed. The work of the CYSHCN COE will provide the LHD CYSHCN staff access to state and national resources and evidence-based practices, for example as described in the Health Resources and Services Administration's [CYSHCN Blueprint for Change framework \(https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn/blueprint-change\)](https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn/blueprint-change), and the Association of Maternal and Child Health Programs' [Standards for Systems of Care for CYSHCN Version 2.0 \(https://amchp.org/resources/standards-for-systems-of-care-for-children-and-youth-with-special-health-care-needs-version-2-0/\)](https://amchp.org/resources/standards-for-systems-of-care-for-children-and-youth-with-special-health-care-needs-version-2-0/). The CYSHCN COE will utilize the knowledge and resources from state and national agencies around issues that affect CYSHCN and their families as well as best practices. The CYSHCN COE is expected to be familiar with and use nationally defined/accepted medical standards and care criteria to conduct trainings and provide information to LHD CYSHCN staff, and use the National Survey of Children's Health data on CYSHCN.

The CYSHCN COE is expected to use current or new technology to provide training and disseminate information including, but not limited to, statewide webinars, develop/maintain an accessible and updated web site, web-based interactive media, and a searchable web-based resource directory. All training and educational material topics and formats will be approved in advance by the NYSDOH. CYSHCN COE will survey LHDs as necessary.

Key staff from the CYSHCN COE are expected to participate in joint calls/meetings and joint projects periodically with other technical assistance and training programs serving NYSDOH programs to foster information sharing, collaboration, and achievement of shared goals. In addition to a project director and at least three (3) parent(s) or caregiver(s) of a child with a special health care need, or

young adults/peers with special health care needs, the CYSHCN COE will hire sufficient staff, as determined by the awardee, with expertise required to support the LHDs and families with CYSHCN in their region. The CYSHCN COE will work with NYSDOH to establish reasonable timeframes for the delivery of all work products. *Please note that where family is referenced below, it represents and includes family and caregiver(s).*

The CYSHCN COE will:

1. Assess LHD Technical Assistance and Training Needs

The CYSHCN COE will complete a state-wide needs assessment which includes a needs assessment survey with each local health department, as available. Include considerations that affect the systems of care for CYSHCN in their community. For example, the geographical, demographic, economic, and social considerations that impact their community. The CYSHCN COE will gather feedback and determine program gaps and barriers to help inform the types of technical assistance needed. The CYSHCN COE will work with LHDs to determine effective ways to build capacity in their communities to serve CYSHCN and their families through outreach and program promotion. Outreach and program promotion includes federal, state, and local community-based partners and resources. Examples include medical and social service providers, schools and childcare, community-based organizations, and other resources.

2. Provide LHD Training and Technical Assistance

Based on the results of the needs assessment and in consultation with the NYSDOH, the CYSHCN COE will develop a plan for the delivery of Technical Assistance (TA) to LHD CYSHCN staff. The CYSHCN COE will provide professional training and technical assistance to LHD staff to improve knowledge base of public health detailing, an evidence-based strategy to encourage clinical practice change through brief, educational, one-on-one provider visits. Public health detailing is modeled after pharmaceutical detailing to "sell" a specific program or public health concern. The goals are to develop relationships between providers and public health agencies, share information, and change clinical practices.

The CYSHCN COE will ensure that TA around public health detailing is offered through a LHD Learning Community throughout the grant cycle. This Learning Community will provide a space and structure for LHDs to align around the shared goal of enhancing community engagement through public health detailing. The CYSHCN COE will provide information, strategies, and will facilitate peer-to-peer learning around public health detailing.

The CYSHCN COE is expected to use current or new technology, including, but not limited to using web-based interactive media, webinars, and other on-line interactive platforms to provide TA to all LHD CYSHCN staff, CYSHCN, and their families as needed and as determined and/or approved by the NYSDOH. The CYSHCN COE is expected to provide training and TA to all LHD CYSHCN staff, CYSHCN, and their families on relevant topics including but not limited to public health detailing,

secondary education, employment, mental health, sexual health, and health care transition.

All LHDs must be offered time to discuss and create a Family/Community Engagement Plan with the CYSHCN COE annually. A Family/Community Engagement Plan outlines county-specific actions and strategies for increasing family and community outreach. Additional TA needs will vary based on the state-wide needs assessment described above, the NYSDOH LHD CYSHCN contract cycle, programs experiencing significant transitions and staff turnover, and programs needing to improve outcomes associated with performance standards and performance measures. All TA topics and formats will be approved in advance by the NYSDOH; translated into multiple languages; and as ADA-friendly as appropriate. On a quarterly basis, the CYSHCN COE will provide the NYSDOH with a summary of TA requested and delivered.

3. Develop, Launch, and Sustain a Searchable Online Resource Guide

The CYSHCN COE will develop a public facing online, searchable state-wide resource guide for both LHD CYSHCN staff as well as CYSHCN and their families. The resource guide will include a comprehensive catalog of available federal, state, local, and community-based organizations located state-wide (including NYC) resources. This will enable LHDs to make more timely and effective referrals to services and activities that will enhance the physical and mental health of CYSHCN. The CYSHCN COE will be responsible for developing and maintaining the online searchable infrastructure for this resource guide. The CYSHCN COE is expected to use current or new technology to house this searchable online database, or to contract with an entity that will do so. Resources must be updated at least quarterly throughout the grant cycle, and ideally on an ongoing basis.

4. Gather CYSHCN and Family Feedback

The CYSHCN COE will engage CYSHCN and families in planning and systems work, including those to address health equity, reduce disparities, and the impact of social determinants of health. The initiative strives to improve the system of care and effective practices to support CYSHCN and their families. The CYSHCN COE will gather feedback through listening sessions and telephone interviews with CYSHCN and their families. Continuous feedback is vital to ensuring challenges are addressed and to evaluate how the information received is aligned with local program and NSCH data. Feedback will be sought from CYSHCN and their families in all regions of the state, as well as NYC, and represent urban, suburban, and rural communities as well as including a focus on racial, ethnic, and language diversity. Awardee will develop a plan in conjunction with NYSDOH to determine the number, location, and frequency of listening sessions.

Once listening sessions are complete and the CYSHCN COE compiles qualitative data, the CYSHCN COE will develop a report and present the findings to the NYSDOH and LHD CYSHCN staff.

The CYSHCN COE will develop an Advisory Council made up of youth with SHCN and/or their families/caregivers to increase awareness of, and improve access to, resources that support systems navigation. The Advisory Council will reflect the diversity of the population of CYSHCN served through the NYS CYSHCN Program state-wide. Topics and meeting schedule will be determined in collaboration with the Advisory Council participants.

5. Develop and Conduct CYSHCN Meetings

Based on results of the needs assessment, and in consultation with, and approval from, the NYSDOH, the CYSHCN COE will develop and conduct four (4) quarterly in-person meetings or webinars annually, and related print materials that reflect the diverse population served, on topics related to resources for CYSHCN and their families. The in-person meetings or webinars and related print materials will promote health equity, reduce disparities, and increase an awareness of the impact of the social determinants of health. The CYSHCN COE will be expected to:

- Complete all activities related to each meeting including but not limited to notification, registration, pre- and post-tests, and follow-up communications;
- Collect and evaluate participant feedback about the meetings; and
- Send participant meeting evaluations to the NYSDOH in accordance with previously agreed upon timeframes.

6. Develop educational materials

The CYSHCN COE will develop promotional information to advertise the availability of LHDs as a CYSHCN local resource and educational materials for CYSHCN and their families and providers that reflect the diverse populations served. Information and educational materials will promote health equity, the reduction of disparities, and an awareness of the impact of the social determinants of health. This includes training videos, short video vignettes, and social media posts on:

- the importance of a medical home,
- care coordination,
- transition of adolescents with special health care needs to adult health care,
- mental health,
- sexual health, and
- other topics determined from family/care-giver feedback gathered and additional timely topics to be identified, all available in multiple languages.

All educational materials that are developed, as part of this project, will be archived on the online Resource Guide.

An Applicant may subcontract components of the Work Plan to be performed by Applicant pursuant to the terms of its application. If known, the Applicant is expected to state in their application the specific components to be performed through subcontracts, up to 49%, as well as the names of the subcontractors. Awardees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all contract activities, including those performed by subcontractors and will be the primary contact for the NYSDOH. All subcontractors and subcontracts will be required to be approved

by NYSDOH.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (hereinafter referred to as NYSDOH, or the Department), Division of Family Health, Bureau of Child Health, Community Based Health Unit. 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 Carolyn Perry, NYSDOH, Community Based Health Unit, at the following email address: CYSHCN@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.I. (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 by the Department to questions submitted with respect to this RFA which result in clarifications of or exceptions to the terms, conditions, and RFA #20420, Children and Youth with Special Health Care Needs Program Center of Excellence

provisions of this RFA and/or the Master Contract for Grants, are to be raised during the Question and Answer Phase. The Applicant must clearly note what exceptions the Applicant is requesting be incorporated should the application result in a funded award. All questions and answers will be published by the Department to ensure equal access and knowledge by all prospective Applicants at https://grantsgateway.ny.gov/IntelliGrants_NYSSGG/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_NYSSGG/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#20420, Children and Youth with Special Health Care Needs Center of Excellence*) in the subject line of the email.

Questions and answers, as well as any updates, addendums to, and/or other modifications of this RFA, will be posted on these websites. All such questions and answers, updates, addendums to, and other modifications to this RFA will be posted by the date identified on the Cover Page of this RFA under “Key Dates”.

C. Letter of Interest

A Letter of Interest is not requested for this project.

D. Applicant Conference

An Applicant Conference will not be held for this project

E. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the Cover Page of this RFA under the heading “Key Dates”.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <https://grantsmanagement.ny.gov/> and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsmanagement.ny.gov/live-webinars>.

To apply for this opportunity (that is, to submit an Application):

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.

2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name *Children and Youth with Special Health Care Needs Center of Excellence*.
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 an 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 Request 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 NYS Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: October 1, 2024, to September 30, 2029.

Continued funding throughout this five-year period is contingent upon availability of funding and state budget appropriations and the Awardee'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 NYS 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:

Community-Based Health Unit
Bureau of Child Health
New York State Department of Health
DFH.BOA@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: Grantee will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

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:
 - Quarterly reports are due 30 days after the end of the three-month reporting period emailed to NYSDOH program staff, to be assigned post-award.
 - Final narrative summary report submitted with the final quarterly report about the project’s success.

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

I. Minority & Woman-Owned Business Enterprise Requirements

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

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

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the 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

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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 3** Minority & Women-Owned Business Enterprise Requirement Forms 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 Attachment 2 Vendor Responsibility Attestation 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 terms and conditions contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions the Applicant would like considered by the Department relating to the terms and conditions of this RFA and/or Master Contract for Grants must have been raised during the

Question and Answer Phase of this RFA (See, Section IV.B.).

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:

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

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:

1. Attachment 1 - Application Cover Sheet;
2. Attachment 2 - Vendor Responsibility Attestation;
3. Attachment 3 - MWBE forms;
4. Attachment 4 - Key Staff Resumes and Project Director Position Description;
5. Attachment 7 - Vendor Contact Form; and
6. Attachment 10 - Certificate of Incorporation.

- Program Specific Questions

1. Preferred Qualifications (*Maximum Score: 2 points*)

101. Applicant should describe the number of years experience working with families or providing technical assistance and training to organizations that serve families.

2. Program Summary (*Maximum Score: 8 points*)

201. Summarize your proposed CYSHCN COE, including your objectives to meet the goals described in Section III of this RFA.
202. Clearly demonstrate how the proposed CYSHCN COE will provide technical assistance, training and expertise to the LHDs, CYSHCN Program providers, and CYSHCN and their families related to the Scope of Work description in Section III.

3. Statement of Need (*Maximum Score: 10 points*)

301. The catchment area for this RFA includes the entirety of NYS. Describe your organization's understanding of the needs of CYSHCN and their families in NYS.
302. Describe regional differences and age-specific needs for CYSHCN and their families in NYS.
303. Please use this section to describe your understanding of the needs of LHDs as it relates to their efforts to serve CYSHCN and their families.

4. Applicant Organization (*Maximum Score: 20 points*)

401. Describe the Applicant organization, its mission and services.

402. Describe the Applicant organization's ability to assess and meet the technical assistance and training needs of a diverse group of stakeholders (e.g., LHDs, community-based organizations, and families). Include the organization's experience addressing health equity, disparities, and the social determinants of health.
403. Describe the Applicant organization's experience with engaging and collaborating with other state and national organizations and individuals with expertise in the field to deliver technical assistance and training.
404. Describe the Applicant organization's organizational and programmatic capacity to deliver technical assistance and training including methods for delivery of technical assistance; utilization of webinars to deliver trainings; planning and delivering face-to-face trainings and meetings; and ability to reach organizations across NYS.

5. Program Activities (*Maximum Score: 40 points*)

The purpose of this section is to describe the design of the Applicant's CYSHCN COE project and how the Applicant will complete the activities outlined in Section III.

501. Describe the organizational structure of the Applicant's proposed project, including essential staff and their qualifications (Licensure, Certification, Curricula Vitae) Etc.
502. Upload resumes of key staff and upload a position description for the CYSHCN COE Project Director (*Attachment 4 Resumes of Key Staff and Position Description for Project Director*).
503. Describe how the Applicant will complete a needs assessment with each LHD and provide technical assistance to improve information and referral services to families of CYSHCN.
504. Describe how the Applicant will work with LHDs to build capacity to serve families through improved outreach and program promotion.
505. Describe how you will develop a plan for the delivery of TA to LHD CYSHCN staff based on the results of the needs assessment and in consultation with the NYSDOH.
506. Describe how the Applicant will use current or new technology to provide TA via telephone, in-person, email, and/or web-based delivery to all LHD CYSHCN staff as needed and as determined by the NYSDOH.
507. Describe how the Applicant will provide training and TA on relevant topics including but not limited to: public health detailing, mental health, sexual health, and health care transition.
508. Describe how the Applicant will ensure that TA around public health detailing is offered through a LHD learning community throughout the grant cycle.
509. Describe how the Applicant will offer all LHDs time to discuss and create a Family Engagement Plan with the Applicant, and update annually.
510. Describe how the Applicant will develop, launch, and sustain a public facing online, searchable statewide resource guide for both LHD CYSHCN staff and CYSHCN and their families.
511. Describe how the Applicant will include a comprehensive catalog of available resources, enabling LHDs to make more timely and effective referrals to services.
512. Describe how the Applicant will develop and maintain the software infrastructure for this resource guide.
513. Describe how the Applicant will use current or new technology to house this searchable online database. Describe how the Applicant will keep the searchable resources hyperlinks in the resource guide up to date throughout the grant cycle.
514. Describe how the Applicant will gather feedback and input from CYSHCN and their families.
515. Explain how the Applicant will conduct listening sessions and telephone interviews, etc. with

CYSHCN and families of CYSHCN that will include addressing health equity, reducing disparities, and the impact of social determinants of health. Include how the sessions and interviews reflect urban, suburban, and rural communities as well as a focus on economic, racial, ethnic, and language diversity as represented in questionnaire/survey. Compile all qualitative data, and present the findings to CYSHCN and their families.

516. Describe how the Applicant will develop an Advisory Council made up of CYSHCN and their families/caregivers. Explain a plan to improve the system of care and effective practices to support CYSHCN and their families and address the topics of health equity, disparities, and the social determinants of health.
517. Describe how the Applicant will develop and conduct LHD CYSHCN meetings.
518. Describe how the Applicant will develop and conduct four (4) in-person meetings or webinars annually and related print materials that incorporate evidence based practices, reflect the diverse population served, on topics related to resources for CYSHCN and their families which includes completing all activities related to each meeting including but not limited to notification, registration, pre- and post-tests, and follow-up communications; and collect and evaluate participant feedback about the meetings.
519. Describe how the Applicant will develop educational materials.
520. Describe how the Applicant will develop promotional information to advertise the availability of LHD as a CYSHCN local resource and educational materials for families and providers, that reflect the diverse populations served. This includes but is not limited to advertisements, training videos and short video vignettes and social media posts on the importance of a medical home, care coordination, transition of adolescents with special health care needs to adult health care, and other topics determined from family feedback gathered.

6. Budget (*Maximum Score: 20 points*)

601. Annual budget should not exceed \$1,000,000 annually.
602. Applicants are required to enter the budget for the period of October 1, 2024-September 2025 into the Grants Gateway on-line application.
603. Describe all necessary expenditures based on project summary and project activities.
604. Include staff roles and necessary qualifications (both grant-paid and institution-paid) appropriate to implement its proposed project (*Attachment 4 Resumes of Key Staff and Position Description for Project Director*). Include how the percentage of time for each staff member was determined.
605. Will any aspects of the Applicant's proposed CYSHCN COE project be outsourced? If so, those budgets and accompanying descriptions must be entered into the Grants Gateway on-line budget.
606. Other Than Personnel Services must be appropriate for the proposed project and should be justified.
607. Indirect Costs must be included at less than 10 percent.

All costs must be related to the provision of the CYSHCN COE project, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING**

STAFF ACTIVITIES.

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Note: Please refer to **Attachment 5 and Attachment 6 CYSHCN COE Budget Instructions and Guidelines** for information on completing the budget(s).

7. Standardized Work Plan

This RFA has a Standardized Work Plan (Attachment 9) set in Grants Gateway. The Objectives and Tasks cannot be removed from the work plan. The Applicant will adhere to the implementation of work plan objectives, tasks, and performance measures per the Standardized 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.

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 Division of Family Health, Bureau of Child Health. 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 higher score in the Program Activities section (Section III) shall be selected.

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 NYSDOH, but any issues with an application which are identified by NYSDOH **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. Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration.

To be considered for award, an application must:

- Receive a passing score for the minimum criteria as specified in Section II. A.;
- Have a minimum score of 70 points out of 100 points on the Program Specific Questions portion of this RFA to be considered for funding;

Applications will be ranked per their review score.

All applications will be reviewed by a team of reviewers from NYSDOH.

NYSDOH may issue a conditional award letter to an awardee indicating that they are recommended for an award. If NYSDOH staff finds that the application is missing information or if clarification is needed, the conditional award letter will instruct the awardee that they need to clarify the outstanding issues within a certain timeframe. If the awardee does not meet the criteria within the timeframe indicated in the conditional award letter, the award will be denied, and the NYSDOH will utilize its right to conduct contract negotiations with the next highest scoring, passing, responsible Applicant.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be awarded in the same manner as outlined in the award process described above.

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

Once awards have been made pursuant to the terms of this RFA, an Applicant may request a debriefing of their own application (whether their application was funded or not funded). The debriefing will be limited only to the strengths and weaknesses of the application submitted by the Applicant requesting a debriefing and will not include any discussion of ANY OTHER applications. Requests for a debriefing must be received by NYSDOH's Bureau of Child Health 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 CYSHCN@health.ny.gov. In the subject line, please write: Debriefing Request (Children and Youth with Special Health Care Needs Programs Center of Excellence).

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

VI. Attachments

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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 Sheet*
- Attachment 2: Vendor Responsibility Attestation*
- Attachment 3: Minority & Women-Owned Business Enterprise Requirement Forms*
- Attachment 4: Resumes of Key Staff and Position Description for Project Director*
- Attachment 5: Grants Gateway Budget Instructions*
- Attachment 6: Grants Gateway Budget Data Entry Guidelines*
- Attachment 7: Vendor Contact Form*
- Attachment 8: Subcontractor Information Form, if needed*
- Attachment 9: Standardized Work Plan*
- Attachment 10: Certificate of Incorporation*
- Attachment 11: Standard CYSHCN LHD Work Plan*

*These attachments are located/included in the Pre Submission Uploads section of the Grants Gateway online application.