

RFA # 20442/ Grants Gateway # DOH01-ORTH-2024

**New York State Department of Health
Office of Health Insurance Programs
Division of Program Development and Management**

Request for Applications

**Olmstead Housing Subsidy/ Rapid Transition Housing
Program**

KEY DATES:

Release Date:	12/27/2023
Letter of Interest/Intent Due:	1/5/2024
Questions Due:	1/10/2024
Questions, Answers and Updates Posted (on or about):	1/19/2024
Applications Due:	2/1/2024 by 4:00 PM <i>(due to Grants Gateway, this time cannot be altered unless discussed prior with BOC.)</i>
NYSDOH Contact Name & Address:	Molly Renteria Division of Finance and Rate Setting One Commerce Plaza Albany, NY 12210 OHIPcontracts@health.ny.gov

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I. Introduction

In January 2011, the New York State Department of Health (NYSDOH), Office of Health Insurance Programs (OHIP), Medicaid Redesign Team (MRT) brought together a group of health care stakeholders, experts, and advocates from throughout New York State. The goals of the MRT are to improve overall health system quality and efficiency, streamline and focus health care administrative and financial structures, and reduce Medicaid costs while emphasizing the delivery of well-managed, cost-effective, quality health services.

The Affordable Housing Work Group was created by the MRT and was charged with developing recommendations for changes to housing programs for high-need Medicaid members, such as those without housing or living in institutional settings, which would reduce the growth in Medicaid spending in New York, while maintaining or improving health outcomes for Medicaid members.

The Olmstead Housing Subsidy Program (OHS) and Rapid Transition Housing Program (RTHP) were two of the programs developed for Medicaid members without housing.

1. Olmstead Housing Subsidy Program (OHS)

The Olmstead Housing Subsidy (OHS) program provides supportive housing services and rental subsidies for Medicaid members that are residing in a skilled nursing facility (SNF) and can safely transition to the community.

For seniors and people with disabilities, the inability to locate affordable, accessible housing often creates a barrier to community living. Many people living in nursing homes would choose to live in a community setting if they had access to appropriate housing and services. This program and its rental subsidy are intended to help eligible participants leave SNFs.

The OHS program reflects New York State's commitment to provide its seniors and other individuals living with disabilities assistance in securing accessible, affordable, safe, and sustainable housing and supportive services in the least restrictive, most appropriate available setting.

2. Rapid Housing Transition Program (RTHP)

The Rapid Transition Housing Program (RTHP) provides supportive housing services and rental subsidies for vulnerable Medicaid members using a housing first model. For individuals with chronic physical disabilities or chronic conditions, the inability to locate, accessible, affordable housing often creates a barrier to community living. The program aims to help Medicaid members transition into supportive housing and provide rental subsidies, tenancy services and other services necessary to encourage successful community living.

RTHP provides vulnerable Medicaid members who are homeless, with assistance in securing accessible, affordable, and sustainable housing and supportive services in the least restrictive, most appropriate available setting.

The rental subsidies and services provided under the Olmstead Housing Subsidy (OHS) program and Rapid Transition Housing Program (RTHP) seek to reduce New York State's Medicaid expenditures

while maintaining or improving health outcomes for Medicaid members. Both projects are intended to be a means to provide affordable and stable housing and services, thereby improving access to health services and connection to health systems.

The New York State Department of Health (DOH) is issuing this Request for Application (RFA) to seek applications from Eligible Applicants for funds to be used to provide permanent rental subsidies and housing tenancy services to provide housing for vulnerable Medicaid members without housing. One (1) award will be made, and the awarded applicant (Grantee) must use the funding to administer both programs statewide.

Available Funds

1. The anticipated funding amount available for the Olmstead Housing Subsidy Program is \$16 million for Year 1, then increased to \$26,876,000 for each subsequent year (Year 2 – Year 5) (See Table 1).
2. The anticipated funding amount available for the Rapid Transitional Housing Program is \$7 Million for Year 1, then increased to \$9,000,000 for each subsequent year (Year 2 – Year 5) (see Table 1).
3. It is anticipated that the contract resulting from this RFA will be in effect during the following five (5)-year period: 11/1/2024 - 10/31/2029. Continued funding throughout this period is contingent upon satisfactory contract performance and availability of funding and state appropriations. DOH reserves the right to revise the award amounts as necessary, due to changes in the availability of funding.

TABLE 1 – Available Funding

Program	Available Funding Y1	Available Funding Y2 – Y5
Olmstead Housing Subsidy	\$16,000,000	\$26,876,000
Rapid Transition Housing	\$7,000,000	\$9,000,000

II. Who May Apply

Eligible Applicants must meet the following minimum eligibility requirements:

- Applicant must be prequalified in the New York State Grants Gateway or Statewide Financial System (SFS), 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. **(Please see Section IV. L for additional information.)**
- Applicants must submit Attachment 8 – Eligibility Requirement Attestation to document that they meet the minimum eligibility requirements as described in Section II of this RFA.
- Applicant must be a not-for-profit organization authorized to do business, and available to provide services, in New York State.
- Applicant must Have at least five (5) years of individual or organizational experience in each the following areas:

- Housing for chronically homeless individuals, and those who are residing in a skilled nursing facility and could not otherwise secure housing without assistance;
- Housing of seniors and individuals with chronic and physical disabilities;
- Providing services and supports to help individuals become and remain stably housed, including connection to care; and
- Experience administering a housing subsidy program.

IMPORTANT NOTE: Due to system conversion (Transition to SFS) expected on January 16th, 2024, Applicants that are not fully prequalified in the NYS Grants Gateway by close of business (COB) January 9th, 2024, will need to prequalify in the NYS Statewide Financial System (SFS). Additionally, if an applicant’s vault expires prior to application submission, applicant will need to prequalify in SFS. The first day that the SFS prequalification modules will be available is January 16th, 2024. Please see Section IV.L.4 of this RFA for additional information on SFS Prequalification.

III. Project Narrative/Work Plan Outcomes

The intent of the Olmstead Housing Subsidy Program and the Rapid Transition Housing Program are for supportive housing providers to collaborate with partners to:

- Leverage partnerships with the local Continuum of Care, Health System Partners, skilled nursing facilities, and State identified social care networks to identify high-utilizers of Medicaid who are without housing;
- Provide housing at Fair Market Rate (FMR); and
- Provide supportive housing services, including Community Transitional Services (CTS), to ensure individuals remain stably housed.

Current Program Participants

The awarded applicant (Grantee) will be required to continue services to current participants of OHS and RTHP whose rental subsidies and supportive services were established under previous procurements, as well as expand the number of participants served using the funding from this procurement (see Table 2).

TABLE 2 – Current Participants Served

County	Participants Served - OHS	Participants Served - RTHP
Albany	8	2
Allegany	4	
Bronx	48	12
Broome	9	4
Cayuga	1	
Chautauqua	1	
Chemung	7	
Chenango	1	

Columbia	8	1
Dutchess	10	
Erie	4	1
Kings	23	2
Monroe	23	21
Nassau	19	12
New York	10	24
Niagara	1	
Oneida	1	
Onondaga	12	61
Ontario	1	
Orange	7	
Oswego	1	
Otsego	3	
Putnam	5	
Queens	27	10
Rensselaer	8	
Richmond	17	
Rockland	5	
Schenectady	8	
Steuben	2	
Suffolk	56	95
Tioga	1	
Tompkins	4	
Ulster	4	
Warren	2	
Wayne	1	
Westchester	35	1
TOTAL	377	246

Permissible use of Funds

Any funds awarded to an applicant must be used for the purposes of providing housing and non-medical services that facilitate the provision of housing to an Olmstead Housing Subsidy or Rapid Transition Housing Program member, and their ability to remain stably housed. Rental subsidies and housing units must follow HUD guidelines. Permissible uses of funds that meet such purposes include, but are not limited to, providing support for:

1. Rental subsidies at or below HUD Fair Market Value, security deposit, one time furnishing and personal supplies;
2. Services or staff that help the member remain stably housed, including program supervision, housing counselors or specialists, and employment counseling;
3. Services or staff to identify and locate members who need housing; or

4. Services or staff to assist in navigating the range of available housing options, identifying available housing opportunities, and completing housing applications.
5. Non-medical activities that address participants social care needs, life skills development, and social needs.

Rental subsidies must adhere to the Federal Housing and Urban Development (HUD) Fair Market Rents (FMR) standards and have participants pay 30% of their income towards rent. Rental subsidy calculations must follow HUD standards and guidelines. Further, funds should not be used to supplement other available resources. Items and services that are provided by Medicaid are not eligible to be paid for by DOH grant funds. DOH grant funds should be last resort of funding.

The programs may not be used to subsidize placement in congregate care settings, including Assisted Living Facilities, Enriched Housing, Assisted Living Programs, or Assisted Living Residences.

A. Medicaid Participant Eligibility

General Requirements

The Olmstead Housing Subsidy and Rapid Transition Housing Program provide supportive housing services and rental subsidies to Medicaid members without housing. Potential clients of these programs must be:

- Enrolled in Medicaid; and
- Able to be safely served in a community-based setting.

In addition to the eligibility criteria above, potential clients must meet all the program-specific eligibility criteria below.

Program Specific Requirements

1. Olmstead Housing Subsidy Program (OHS)

- Currently reside in a skilled nursing facility, and have spent at least sixty (60) consecutive days in a skilled nursing facility.

2. Rapid Transition Housing Program (RTHP)

- Meet the Federal Housing and Urban Development (HUD) definition of street or shelter homeless;
- Be at least 18 years old with:
 - One (1) documented chronic physical disability, or
 - Two (2) or more chronic conditions;
- Meet the High Utilizer Vulnerability Index definition below:
Medicaid Member that meets one (1) or more of the following criteria in the past 12 months:
 - Have two (2) or more inpatient stays in the past 12 months;
 - Have five (5) or more emergency department visits in the past 12 months;

- Have four (4) or more emergency department visits and one or more inpatient stay in the past 12 months; and/or
- Qualify as a high Medicaid utilizer by being within the top 20% of Medicaid recipients' spending relative to the county of fiscal responsibility and target population parameters (e.g., a Serious Mental Illness (SMI) recipient in Westchester would have to have base period spending of more than 80% of the SMI Medicaid population in that county).

Eligible participants who are awaiting an organ transplant, and are in need of emergency housing to meet waitlist requirements, must be given priority for housing.

Referrals for eligible participants for the programs may come from either a health system partner, Continuum of Care, or a State identified social care network. RFA applicants receiving referrals from a health system partner or State identified social care network should also work with a Continuum of care to identify Medicaid members with high utilization.

B. Project Requirements

1. General Program Requirements

Olmstead Housing Subsidy Program and Rapid Transition Housing Program Requirements:

- Locate accessible, affordable, safe, and sustainable housing for eligible participants, inclusive of participant choice.
- Use a system and business processes to provide rental subsidies for eligible participants either directly, or through subcontract. This includes providing funds for security deposits, moving expenses, and basic furnishings. Subsidies are based on HUD's Fair Market Rents (FMR).
- Provide supportive housing services directly or through subcontract to support the participant's ability to live in the community safely and independently. This includes providing rental subsidies, community transitional services (CTS), benefit enrollment, life skills, tenancy services and other services necessary to encourage successful community living.
- Collect and report data, using the Medicaid Data Warehouse Supportive Housing Data Collection Tool and other tools as required by NYSDOH and submit such data to the Department as required by contract terms.
- Assist participants in joining any local or state Section 8 HCV waiting lists for which they are eligible at the same time as they enroll. Business processes must accommodate termination and transition of participants.
- Meet with the DOH Contract Manager on a monthly basis.
- Keep an active website with information on how to access the programs.

2. Program Specific Requirements

Olmstead Housing Subsidy Specific Requirements:

- Identify seniors (aged 55 and over) who reside in a SNF and could not otherwise secure housing without assistance. Enroll eligible participants into the OHS program.

- Develop a transition plan with nursing home discharge planner or plan care coordinators for the served target population that ensures participants have safe, sanitary, affordable, accessible, and sustainable housing inclusive of consumer choice and sufficient housing support services if discharged from the program into the community.

Rapid Transition Housing Program Specific Requirements:

- Identify adults (aged 18 and over) who meet the eligibility criteria of the program and are homeless.
- Partner with local CoC and a Health System Partner, State identified social care network, Health Home or skilled nursing facility to identify eligible participants.

3. Agreement to Meet Reporting Requirements

Grantees must agree to maintain accurate reports of the use of funds, both in the aggregate and by member. Please see “Section V. Completing the Application” for additional information pertaining to reporting requirements pertaining to Grantee reporting requirements.

4. Subcontractors

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 as well as the names of the subcontractors. Grantees 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 the Department of Health.

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), Office of Health Insurance Programs, Division of Program Development and Management, Bureau of Social Care and Community Supports. 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 Harold Reynolds, NYSDOH, Division of Finance and Rate Setting at the following email address: OHIPcontracts@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 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 (20442, *Olmstead Housing Subsidy/ Rapid Transition Housing Program*) 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

Prospective Applicants are strongly encouraged to complete and submit a letter of interest. Prospective Applicants who submit a Letter of Interest by the date specified on the Cover Page of this RFA may receive email notifications when updates to and modifications of this RFA are posted, including responses to written questions. Letters of Interest should be submitted via the Grants Gateway under the Pre-Submission Uploads section of the online application. Please note that you will receive an error message when uploading the letter into the application as other Pre-Submission uploads are not due until the application is submitted. A copy should also be emailed to *OHIPContracts@health.ny.gov*. Please ensure that the RFA number and title (RFA 20442, Olmstead Housing Subsidy/Rapid Transition Housing Program) is noted in the subject line and Letters of Interest are submitted by the date posted on the Cover Page of the RFA.

Submission of a Letter of Interest is not a requirement of this RFA, nor does the submission of a Letter of Interest by a prospective Applicant impose any obligation upon the Applicant to submit an Application in response to this RFA. To be clear, an Application may be submitted without first having submitted a Letter of Interest.

D. Applicant Conference

An Applicant Conference will not be held for this project.

E. How to file an application

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

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

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

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory.”
2. On the Grants Gateway home page, click the “View Opportunities” button.”

3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name Olmstead Housing Subsidy/ Rapid Transition Housing Program.
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 New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: 11/1/2024 - 10/31/2029.

Continued funding throughout this five (5)-year 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:

MRTSupportiveHousing@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. Grantee will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan on a monthly basis.

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:
 - Narrative Report including work plan updates (Quarterly)
 - Medicaid Data Warehouse Report (Quarterly)
 - Federal Tenancy Waiver Reporting

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

<https://nysemail.sharepoint.com/sites/HealthIntranet/fmgweb/Pages/MWBE-.aspx>

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:

4. 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.
5. 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 2** 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:

- If a Grantee fails to submit a M/WBE Utilization Plan;
- If a Grantee fails to submit a written remedy to a Notice of Deficiency;
- If a Grantee fails to submit a request for waiver (if applicable); or
- If NYSDOH determines that the Grantee has failed to document good-faith efforts to meet the established NYSDOH M/WBE participation goals for the procurement.

In addition, Grantees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award of a grant to a successful Applicant pursuant to the terms of this RFA and in order to initiate a Grant Contract with the New York State Department of Health, a Grantee must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, the Applicant should include the Vendor Identification number in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

K. Vendor Responsibility Questionnaire

The Department strongly encourages each Applicant to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire> or go directly to the VendRep system online at <https://www.osc.state.ny.us/state-vendors/vendrep/vendrep->

[system](#).

An Applicant must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at itservicedesk@osc.ny.gov.

Applicants opting to complete online should complete and upload the Vendor Responsibility Attestation (Attachment 1) 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.

NOTE: Due to system conversion expected on 1/16/2024, prequalification will be required in the Statewide Financial System (SFS) prior to submitting an application in the Grants Gateway if you are not already prequalified in the Grants Gateway by 12/29/2023. Please see [Transition to SFS](#) for more information.

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 or SFS 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. Please see Section L.4, below, for SFS related Grantee User Manual and SFS related prequalification steps.

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

IMPORTANT NOTE: Due to system conversion (Transition to SFS) expected on January 16th, 2024, Applicants that are not fully prequalified in the NYS Grants Gateway by close of business (COB) January 9th, 2024, will need to prequalify in the NYS Statewide Financial System (SFS). Additionally, if an applicant's vault expires prior to application submission, applicant will need to prequalify in SFS. The first day that the SFS prequalification modules will be available is January 16th, 2024. Please see Step 4 below for more on SFS Prequalification.

- 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 Grants Gateway/SFS Prequalification process as soon as possible in order to participate in this opportunity.

4. Complete and Submit your Prequalification in the NYS Statewide Financial System (SFS)

(Prequalification modules will be available in the NYS Statewide Financial System beginning on January 16th, 2024)

- Applicants will first need to create an account in SFS. Applicants that need to create an account should do so at the following link: <https://www.osc.ny.gov/state-vendors/portal/enroll-vendor-self-service-portal>. Any questions related to SFS accounts should be sent to the SFS Help Desk (HelpDesk@sfs.ny.gov).
- Instructions for SFS Prequalification can be found on Page 20 of the SFS Grantee User Manual entitled, “! Grantee Processing in SFS”. This user manual is accessible to organizations with an SFS account under the SFS Coach Tile/Button in the SFS Vendor Portal. Select “Handbook: User Manual with Screenshots” from the Training Type drop down to locate the manual. If you have any problems accessing the manual please contact HelpDesk@sfs.ny.gov. Please see the section entitled, “Enter and Submit a Prequalification Application”, located on page 20 of the SFS Grantee User Manual, for complete instructions on how to complete and submit an SFS Prequalification in the NYS Statewide Financial System.

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.).
5. 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.
6. Provisions Upon Default
 - 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.

- 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.
- 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**

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:

- a. Attachment 1: Vendor Responsibility Attestation
- b. Attachment 2: Minority and Women Owned Business Enterprise Requirement Forms
- c. Attachment 8: Eligibility Requirement Attestation

- **Program Specific Questions**

- 1. **Program Summary (not scored)**

- a. Provide a summary of the proposed program describing the purpose of their program's target populations, geographical area to be served, outreach strategy, propose services and anticipated outcomes.

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

- a. Describe the target population(s) to be served by this funding. Include information such as demographics, homeless and housing statistics.
- b. Describe how you have determined the need for housing-related financial assistance and housing retention services for the targeted population. Include any pertinent statistics and the source of data used to demonstrate need.
- c. Describe how the need for the services proposed in the application was determined (including identified service gaps and needs and how this process is appropriate for assessing those gaps and needs).
- d. Identify and briefly describe other programs providing similar services in the target area. Describe the process for coordinating the proposed program with other supportive housing providers in the area. Describe how your proposed program will enhance services to the target population without duplicating current programs or services.

- 3. **Applicant Organization (Maximum Score: 15 points)**

- a. Briefly describe your agency, its overall mission, services, location and accessibility of services.
- b. Describe the populations(s) currently being served by the agency including age, gender, race, ethnicity, socioeconomic status, and other significant characteristics, as appropriate.
- c. Describe your agency's successes and challenges in providing services and implementing programs to the target population. Describe the extent to which your agency has provided housing retention and/or housing financial assistance services in the past.
- d. Describe your agency's capacity to provide administrative and executive support for program and rental subsidy implementation, fiscal management, grants management, and information systems for a statewide program.
- e. Describe your experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports. Describe how your agency ensures service continuity with turnover in staff.

- 4. **Program Design and Activities (Maximum Score: 40 points)**

- a. Describe how you will administer these programs statewide. Please include any partners and past experience in administering a statewide housing program.

- b. Describe your proposal's outreach strategy, including specific methods and roles of your organization, to identify:
 - Seniors and individuals with physical disabilities enrolled in Medicaid who are without housing and residing in a skilled nursing facility, who have lived at least 60 consecutive days in a skilled nursing facility, and who can live safely in the community. Outreach includes both raising awareness of services provided and identifying the services participants need, inclusive of participant choice
 - Individuals 18 years old and older with at least one documented chronic physical disability or two or more chronic conditions or that meet the High Utilizer Vulnerability Index definition.
- c. Describe the process of how each program will identify, verify, enroll, and document program participants. Explain how participants will be prioritized and how your organization will ensure that the participant eligibility criteria will be met.
- d. Explain in detail your organization's community connections and ability to find affordable housing at HUD Fair Market Rents (FMR) statewide. How will your organization place eligible participants in a timely manner into quality housing units that are accessible, affordable, safe, sanitary, sustainable, and inclusive of consumer choice? Inspections of housing units should use the HUD housing quality standards.
- e. Project the number of clients to be served and the services to be provided during Year 1 through 5 of the 5-year funding cycle for each program. Please note that rental assistance, including Community Transitional Services, must be at least 50% of the budget. Describe how the program will increase the total amount of clients served to meet their goal.
- f. Describe how your organization will provide the services described in Section III of this RFA for each program. Include how long it will take to enroll someone in benefits and transition them into the community. Explain what the outcomes will be for your proposed services. Describe the goal(s), specific objectives, performance measures and anticipated outcomes of your proposed program.
 - Goals may include, but are not limited to, the following: 80% of the members enrolled in the will maintain their housing; Members will receive contact 1-2 times a month; 90% of the members enrolled will receive support toward their person centered goal;
- g. Explain how you will connect participants to a health care provider, including enrollment into Managed Long-Term Care (MLTC) or Health Homes. Describe how you will ensure that your proposed program will enhance services to the targeted population without duplicating services or overlapping Medicaid provided services.
- h. Describe how the agency will track the type and amount of financial assistance provided to each client and how eligibility for continued assistance will be monitored. Describe how rental assistance funding will be available throughout the 5-year contract period.
- i. Describe how your organization will keep clients engaged, and the frequency in which your organization will maintain contact with clients.
- j. Describe the process that will require participants housed through this program to apply for and accept Section 8 or Housing Choice Voucher assistance if available. Describe the process for safely transitioning participants into the community, if discharged from the program.
- k. List what department or individual would be responsible for data collection and reporting systems, including completing the Medicaid Data Warehouse (MDW) spreadsheet, narrative report, rental subsidy tracker and vouchers.
- l. Describe the case management and services that will be provided to tenants. Include staff training that will occur.

5. Budget (Maximum Score: 20 points)

a. Rental Subsidies

- Budgets must include at least 50% of funding for rental subsidies and Community Transitional Services (CTS), both of which are considered Operating Expenses;
- The monthly and annual (monthly subsidy * 12 months) cost of such subsidy per unit (at or below HUD Fair Market Rents);
- The type and number of housing units for which the subsidy is provided;
- Number of new participants that will be served;
- The participants' contributions toward the total rent (30% of gross income using HUD standards);
- Utility allowance using the local housing authority's utility schedule;
- Other non-personal service costs (identify such costs and provide a monthly and annual amount per unit); and
- Current participants that are already receiving a rental subsidy (please refer to Section III, Table 2). These participants' rental subsidies must be included in your budget. For budgeting purposes, the proposal may assume that each county's most recent HUD 1-bedroom Fair Market Rents rate is the actual program rental subsidy cost for existing participants.

b. Staffing

- The staff position (e.g., Housing Specialist), including description of duties;
- All staffing costs should be derived from Full Time Equivalent (FTE) annual costs (e.g., FTE=Salary+Fringe, 1 FTE=\$60,000 (Salary) + \$25,000 (Fringe)=\$85,000; .5 FTE would be 50% of 85,000).

c. Other

- Applicants must provide as much detail as possible for requests for funds for other than rental subsidies and staffing costs, including, but not limited to, how such funds will be used. This "other" category of the budget is provided to ensure Olmstead Housing Subsidy participants remain stably housed and address participants' social determinants of health.

d. Total Budget

- The budget should clearly provide a subtotal for each budget category and a Grand Total, which sums to the total annual request. Please include per unit costs for each budget category and the Grand Total. Please note, your request may not exceed the following amounts:
- Olmstead Housing Subsidy (OHS)
- \$16 million under the Grants Gateway for contract year 1
 - \$26,87 million under the uploaded Excel Budget Spreadsheet for Year 2 (Attachment 4), for contract year 2.
- Rapid Transition Housing Program (RTHP)
 - \$7 million under the Grants Gateway for contract year 1
 - \$9million under the uploaded Excel Budget Spreadsheet for Year 2 (Attachment 4), for contract year 2

- **Budget Templates**

Applicants must complete Year 1 of budget online. Applicants also need to complete Attachment 4 for Year 2 and upload it in Pre-submission uploads. (Additional instructions are in Attachments 5 and 6). All costs must be related to the provision of the Olmstead Housing Subsidy Program and Rapid Transition Housing Program, and be consistent with the scope of services, reasonable and cost effective. Justification for each cost, including the purpose of each expenditure and any calculations or assumptions used to arrive at amount, 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 RF A. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.**

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structures.

Administrative indirect costs are limited to a maximum of 15% of total direct costs.

Any ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those determined by NYSDOH personnel to be inadequately justified in relation to the proposed program or are not fundable under existing State and Federal guidance (OMB circulars). The budget amount requested will be reduced to reflect the removal of the ineligible items.

5. Workplan (Maximum Score: 15 points)

The work plan should include objectives, tasks, and performance measures which coincide with the program activities described above.

Describe tasks related specifically to the program activities described in Section III. Project Narrative/Workplan Outcomes that will occur during the initial year in sufficient detail. This will enable the reviewers who score your application to gauge how well you understand what must be done to implement your project, and in what order you need to complete the tasks.

When constructing your work plan, please ensure that:

- The work plan includes goals, objectives; a description of activities to reach each objective; the specific quarter(s) in which each activity will be conducted; and the staff person/position who will be responsible for conducting it.
- All goals/objectives are written in a SMART format: Specific; Measurable, Achievable; Realistic and Time-specific.

Please note that the Work Plan for this RFA is limited to the following: 30 Objectives, 60 Tasks, and 90 Performance Measures. The Grants Gateway does not keep a running count of these; applicants will be responsible for ensuring that they stay within these limits. **If you exceed these limits it will jeopardize your ability to submit your application.**

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.

A. 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.

B. Review & Award Process

An Application which meets the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Office of Health Insurance Programs. An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An application failing to provide all required information may be removed from consideration.

One (1) award will be made to administer both programs statewide. Using an objective rating reflective of the required items specified for each component, DOH anticipates that there will be more worthy applications than can be funded with available resources. Applicants will be deemed to fall into one of three categories: (1) not approved, 2) approved but not funded due to resources, and 3) approved and funded. Approved but not funded applications may be funded should additional funds become available.

In the event of a tie score, the applicant with the highest score in Section 4. Program Design and Activities will break the tie. In the event of a double tie, the applicant with the highest score in Section 3. Applicant Organization will break the tie.

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 by the statement of need highest score and the highest application score.

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, Division of Program Development and Management, Bureau of Social Care and Community Support 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 MRT Supportive Housing at OHIPContracts@health.ny.gov. In the subject line, please write: *Debriefing Request Olmstead Housing Subsidy/Rapid Transition Housing Subsidy*.

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: Vendor Responsibility Attestation*
- Attachment 2: Minority & Women-Owned Business Enterprise Requirement Forms*
- Attachment 3: Medicaid Data Warehouse Spreadsheet*
- Attachment 4: Excel Budget Spreadsheet for Year 2*
- Attachment 5: Grants Gateway Budget Instructions
- Attachment 6: Budget Data Entry Guidelines
- Attachment 7: Quarterly Report and Work Plan*
- Attachment 8: Eligibility Requirement Attestation*

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

Attachment 5

Grants Gateway Budget Instructions

Applications OR New Budget Periods

Data Entry of the Expenditure Budget - A step by step data entry document titled “**Grants Gateway Budget Data Entry Guidelines**” has been provided in Pre-Submission Uploads located in the Forms Menu.

- It may be beneficial to use this document as a guide for drafting the budget off-line prior to completing the Expenditure Budget in the Grants Gateway.
- The data entry document highlights the character limits for each field of the Expenditure Budget. Character limits are based on all characters including spaces.

Funding Opportunity Specification – The following specifications should be adhered to when completing the expenditure based budget. Failure to adhere to these specifications may result in a reduction of allotted points. Successful applications recommended for award will require modification to meet these specifications prior to contract approval.

- For each section of the budget entered online in Grants Gateway under the Narrative section enter details about other funds for required components of the program.

Additional Considerations

- All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.
- Contracted organizations must have on file documentation to support allocation of shared costs to the contract in accordance with applicable regulations and approved budget.
- For each section of the budget in which a budget item is proposed, all required fields must be completed. Failure to complete required fields will result in a global error message which must be resolved prior to submission.
- Failure to provide complete, clear, and concise information may result in a reduced score.
- Equipment purchases for major items that will depreciate in a very short period of time (e.g. one to three years) will only be considered when supported by a strong justification. The Department of Health (DOH) recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
- Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
- Budget lines that are not well-justified may negatively impact the application score and/or delay the budget approval process.
- Indirect costs for organizations without a federally-approved indirect cost rate, will be limited to no more than 10% of total direct costs.
- A “match” contribution is **NOT** required for this grant award. Please do not enter information in the match sections of the budget.
- For fields titled “Other Funds” always leave blank. Additional costs incurred by the

program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category. (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative)

- **Travel:** All Travel, other than travel for individuals / organizations funded under the contractual service line, subcontractor travel, should be budgeted in this section. If awarded, Out-of-State travel requires prior approval.
 - OCS Guidelines: <http://www.osc.state.ny.us/agencies/travel/manual.pdf>
 - USGSA: <http://www.gsa.gov/portal/category/21283>

Document Uploads (as applicable)

If using a Federally Approved Rate Agreement, *upon award, a Federally Approved Rate Agreement must be uploaded to the Grantee Document Folder located in the Forms Menu.*

Other Helpful Links:

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

CFR Subpart E Basic Considerations: http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12

Attachment 6
Grants Gateway Budget Data Entry Guidelines

* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section *Required Uploads*.

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
Personal Services - Salary		* Refer to Grants Gateway Budget Instructions document for additional information. In the Salary section only include staff positions related to the implementation and administration of the project. ONLY staff that are employees of the applicant organization are to be included here. All other staff should be listed under Contractual Services. If Salary is not applicable, leave this section blank.
Position/Title	55	Provide the position title and employee name, if known. TBH should be entered in place of the employee name if the position is vacant at the time of budget submission.
Role/Responsibility	500	Provide a brief narrative of how the position will contribute directly to this project, Include the percent of time the incumbent will work on the program on a full-time basis. One (1.0) FTE is based on the number of hours worked in one week (e.g. 40-hour workweek). To determine a % FTE, divide the hours per week spent on the project, by the number of hours in the workweek. For example: given a 40-hour workweek, an individual working 10 hours per week on the project spends 25 percent of his/her time on the project (i.e. 10/40 = .25) Please show in percentage form - 25%. If TBH, also provide the anticipated start date for this position.
# in Title	N/A	Always enter the number 1. A separate position should be added for "each" position on the contract.
Annualized Salary Per Position	N/A	Enter the annual salary the organization will pay this employee. This figure should NOT be adjusted if a portion of the salary will be paid with other funds. Percentage of time supported with "other funds" should be entered in the PS narrative.
STD Work Week (hrs.)	N/A	Enter the standard (STD) hours worked each week by the employee. This figure should NOT be adjusted for hours paid with other funds.
% Funded	N/A	Enter only the percent of time this position is supported with grant funds. Do NOT include any percentage of time supported by other fund sources. Total grant funding requested divided by annual salary.
# Months Funded	N/A	Enter the estimated number of months this position will work on this grant. If TBH, enter the number of months based upon the anticipated start date.

Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this position on the project. (Annual Salary / 12 Months x # Months Funded x % Funded).
Total Match Funds	N/A	Always leave blank.
Match %	N/A	Always leave blank.
Total Other Funds		Always leave blank.
> Personal Services - Salary Narrative	4000	Program Specific Instructions / Requirements All PS positions not directly supported with grant dollars, that work on the program should be summarized in this section. Contracted or per diem staff are not to be included in personal services narrative; these expenses should be shown in the contractual services narrative under non-personal services. The budget should contain a CCA Project Director accessible full-time for communications, including e-mail.
Personal Services - Fringe*		Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements. If Fringe is not applicable, leave this section blank.
Type/Description	125	Provide the requested fringe rate.
Justification	1000	Provide all fringe benefit components included in the calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages. If additional space is needed enter details in the PS - Fringe Narrative
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Personal Services - Fringe Narrative	4000	Program Specific Instructions / Requirements If additional space is needed from the justification section, specify here, the components (FICA, Health and Life Insurance, Unemployment Insurance, Disability Insurance, Worker's Compensation, and Retirement) and their percentages comprising the fringe benefit rate. If different rates are used for different positions, provide details for each rate in the space provided and specify which positions are subject to that rate.
Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Non-Personal Services		Non-Personal Service expenses. For each Non-Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example, if you contract with a Pharmacist using other funds you would list under the Contractual Narrative - Pharmacist \$25/hour for 20/hours total cost \$500.00.

Contractual*	<p>* Refer to Grants Gateway Budget Instructions document for additional information.</p> <p>This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to CS. If Contractual Services are not applicable, leave this section blank.</p>	
Type/Description	125	Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e. Pharmacist - TBH)
Justification	1000	Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Contractual Narrative	4000	All contractual positions not directly supported with grant dollars, that are required on the program or needed to meet program deliverables should be summarized in this section.
Travel*	<p>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information.</p> <p>Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-State travel requires <u>prior</u> approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank.</p>	
Type/Description	125	Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, Staff Travel, In-State, or Out-of- State).
Justification	1000	Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.

Travel Narrative	4000	Program Specific Instructions / Requirements If using other funds for required travel - Provide a delineation of expenses (i.e. agency cars, tokens, taxi, etc.), or staff travel exclusive of training/ staff development (i.e., to clinic sites, agency staff travel to meetings). Conference Attendance – Provide a delineation of the items of expense and estimated cost. Include travel costs associated with conferences, including transportation, meals, lodging, and registration fees. (e.g. if the total expense is for a conference, provide location and name of conference, # of people attending, cost breakdown per person, per item expense – train ticket, lodging, food etc.).
Equipment	* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding \$5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds \$5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank.	
Type/Description	125	Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs)

Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Justification	1000	Provide the names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Equipment Narrative	4000	Program Specific Instructions / Requirements If using other funds for required equipment enter the details here.
Space/Property: Rent	This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more than one instance of rental property is needed. If Space/Property: Rent is not applicable, leave this section blank. The expenses included are rent, maintenance, and insurance (property and liability). Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.	
Type/Description	125	Provide the physical address of the rental property.

Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Rent Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered).
Space/Property: Own	This section is used to itemize costs associated with Space/Property: . If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.	
Type/Description	125	Provide the physical address of the property that is owned.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Own Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here.
Utilities	This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc.) using other funds. If Utilities are not applicable, leave this section blank.	
Type/Description	125	Provide the type of expense and include the property address. (i.e. Telephone - 123 Cherry Lane)
Justification	1000	Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.

Total Other Funds	N/A	Always leave blank.
> Utilities Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here.
Operating Expenses	* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank.	
Type/Description	125	Provide the type of expense

Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Justification	1000	Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Operating Expenses Narrative	4000	<p>Program Specific Instructions / Requirements</p> <p>Provide a narrative description for any required items that are purchased with other funds. Supplies/Materials – Provide justification of need and a breakdown for all items. (e.g. if the total expense is for education materials or office supplies, in addition to providing a narrative justification of need, provide a breakdown of each item as total # x cost per item = total expense for that item.)</p> <p>Expenditures will not be allowed for remodeling or modification of structure. Funding is expected to support one annual statewide meeting of FPP providers in Albany, NY. See Page 24 of the RFA for further instructions.</p>

Other Expenses Detail*	Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate. A copy of the current federal ICR agreement must be uploaded to the Grantee Document Folder section of the application. For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other Expenses budget narrative section of the application.	
Type/Description	125	Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Rate Agreement.
Justification	1000	Indicate specifically that the document was uploaded to the Grants Gateway (Federally Approved Rate Agreement)
Total Grant Funds	N/A	Provide the requested value using the formulary provided.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Other Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here.