

**New York State
Department of Health
AIDS Institute**
*Division of HIV/STD/HCV Prevention
Office of Population Health and Prevention Programs*

**Request for Applications (RFA)
SFS #s: PRSWG-2024 (Component A)
CBHIP-2024 (Component B)**

**Request for Applications #20399
Internal Program #23-0002**

HIV/STI/HCV Prevention and Related Services for Women and Girls*

Component A: HIV/STI/HCV Prevention and Related Services for Women and Girls* with a Focus on Communities of Color

Component B: Capacity Building for High Impact Prevention for Black and Latina/Hispanic Women and Girls*

** For the purposes of this RFA, "Women and Girls" is an inclusive term for women who identify as lesbian, gay, bisexual, heterosexual, cisgender, transgender, gender nonconforming, non-binary, and queer/questioning.*

This procurement has two (2) components. In order to apply for this Request for Applications, eligible applicants must be prequalified in the Statewide Financial System and must submit an application via the Statewide Financial System.

Applicants may apply for each component of the RFA but may not submit more than one (1) application for each component.

KEY DATES

Release Date:	June 11, 2024
Applicant Conference:	June 17, 2024, at 12:30 PM ET
Applicant Conference Registration:	https://aidsinstituteny-org.zoom.us/webinar/register/WN_Ox3aqDYAQC6S6LSVsk1uEQ
Questions Due:	June 26, 2024, by 4:00 PM ET
Questions, Answers and Updates Posted (on or about):	July 18, 2024
Applications Due:	August 7, 2024, by 4:00 PM ET

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I. INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI), Division of HIV/STD/ HCV Prevention Office of Population Health and Prevention Programs, announces the availability of State funds to support HIV/STI/HCV Prevention and related services for Women and Girls. This procurement will identify service providers to develop and/or enhance comprehensive HIV/Sexually Transmitted Infections/ Hepatitis C programs through the implementation of proven high impact prevention strategies and innovative interventions for Women and Girls with a focus on communities of color (Black, Latino/Latinx, Native American/ Indigenous people, and Asian populations). The intent of the Request for Applications is to fund \$5,200,000 per year for five (5) years.

This procurement aims to address issues related to health equity and the key social determinants of health (SDOH) impacting the HIV/STI/HCV and sexual health needs of the priority population(s). Programs funded through these initiatives will provide services that seek to reduce barriers to and strengthen the quality-of-care experiences and health outcomes for Women and Girls utilizing sexual health, health equity, and Social Determinants of Health (SDOH) frameworks.

A. Background/Intent

The Request for Applications focuses on addressing health disparities by supporting programs that promote HIV/Sexually Transmitted Infections/ Hepatitis prevention and sexual health and wellness services for Women and Girls through the implementation of sexual health, health equity, and Social Determinants of Health (SDOH) frameworks. The purpose of this funding is to identify service providers to implement gender responsive, culturally affirming, strength-based, sex-positive approaches to support and increase access to HIV/Sexually Transmitted Infections/ Hepatitis prevention interventions, sexual and behavioral health services, and innovative interventions for Women and Girls with a focus on communities of color (Black, Latino/Latinx, Indigenous people and Asian populations).

To effectively address HIV/ Sexually Transmitted Infections/ Hepatitis transmission and sustained engagement in medical care and achieve New York State's [Ending the Epidemic](#) (ETE) goals, the New York State Department of Health AIDS Institute recognizes the importance of a holistic (biological, psychological, and social) approach which extends beyond an individual's risk behaviors, particularly for disproportionately affected communities.

Although this funding prioritizes communities of color, it is important to highlight the disproportionate impact of HIV amongst Black people. Black people have shouldered the heaviest burdens of HIV. In 2018, Black people, who make up 13% of the US population, represented [42% of all new HIV diagnoses](#). Only 51% of Black people living with HIV (PLWH) in the United States were virally suppressed compared with 56% of people living with HIV overall.

In NYS, the rate of [new HIV diagnoses among Black individuals in 2020 was 8.1 times](#) higher than the rate for non-Hispanic White individuals. Also, in 2020, Black people constituted 14.4% of the population of New York State, but 45.1% of people living with HIV. Promising reductions in HIV diagnoses were made from 2014 to 2018 among Black people overall, but HIV diagnoses *increased* 7% for Black people 25 to 34 years of age. The data highlights the importance of supporting interventions and services that center this population.

Data indicates that HIV rates amongst women are highest amongst Black and Latina women. In 2020, almost 85% of [new diagnoses among women](#) were Black (55.32%) or Latina women (29.86%) and nearly all (96.30%) were related to sexual risk. In addition, women of color are disproportionately impacted by syphilis throughout the state (infectious syphilis rates among black non-Hispanic women and Hispanic women are, on average, seven and three times higher than white non-Hispanic women, respectively). Rates of all reportable bacterial sexually transmitted infections (syphilis, gonorrhea, and chlamydia) are surging in

New York State with communities of color most impacted and rates for all sexually transmitted infections are highest among black non-Hispanic, Hispanic, and indigenous populations with rates at least double that among white non-Hispanic persons. Women of color are disproportionately impacted by gonorrhea, and chlamydia in New York State counties outside of New York City (NYC). From 2016 - 2020, compared to white non-Hispanic women, Black non-Hispanic women experienced approximately 12.6 times and 4.8 times higher rates of gonorrhea and chlamydia respectively and Hispanic women experienced approximately two times higher rates of both gonorrhea and chlamydia. Additionally, for the five-year period (2016-2020) compared to rates from 2011-2015, rates of gonorrhea and chlamydia in Black non-Hispanic women increased by 25% and 3% respectively, and in Hispanic women increased by 46% and 23% respectively.

It is important to note the diversity of the priority populations in this Request for Applications including, but not limited to sexual identity, sexual expression, gender identity, gender expression, social networks, age, race/ethnicity, language, culture, religion, education, socioeconomic status, as well as knowledge and use of technology. In addition, the populations to be reached by this solicitation historically confront health disparities. It is likely that successful efforts to engage these populations will be those that acknowledge this diversity and the overlapping risks and challenges these populations face and will attempt to take a holistic approach that addresses SDOH to improve their health status and general well-being.

Partner and Stakeholder Input

The New York State Department of Health AIDS Institute conducted a series of Women's Provider Learning Collaborative meetings to gather information regarding the key service needs of the priority populations of Women and Girls. The meetings were comprised of participants from all regions of the State including New York City, Long Island, the Capital District, Hudson Valley, Western and Central New York. The development of this Request for Applications was guided by the input received during these meetings as well by the recommendations received from the various Ending the Epidemic Workgroup Recommendations: https://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm

This Request for Applications is also built upon by the lessons learned and best practices of the programs currently funded by the New York State Department of Health AIDS Institute to serve the priority populations and communities. This valuable input is reflected in the **HIV/STI/HCV Prevention and Related Services for Women and Girls Guiding Principles and General Program Requirements (Attachment 1)**, and the scope of services funded through this Request for Applications.

The NYSDOH AIDS Institute conducted a series of Ending the Epidemic (ETE) Regional Discussion forums between August and November 2015. The forums were designed to gather information from providers, consumers, and community members regarding the priority service needs associated with Ending the Epidemic in New York State. The forums were conducted in the various regions of the State including Syracuse, Buffalo, Rochester, Albany, Hudson Valley, Long Island, and the five boroughs of New York City. In addition, a variety of Ending the Epidemic workgroups have been formed to address the needs of key populations. The Women's Ending the Epidemic Working Group was convened to provide recommendations regarding the needs of women in New York State. The development of this Request for Applications was guided by the input offered during the various meetings and also by epidemiological data documenting the substantial impact of HIV/STI/Hepatitis C transmission among women. Finally, it reflects the lessons learned and best practices of the programs currently funded by the AIDS Institute to serve the priority population and communities. This valuable input is reflected in the Guiding Principles and the Scope of Services to be funded through this Request for Applications.

In June 2014, NYS announced a three-point plan to end the AIDS epidemic in New York State.¹ This plan

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

provided a roadmap to significantly reduce HIV infections to a historic low by the end of 2020, with the goal of achieving the first ever decrease in HIV prevalence. The plan also aimed to improve the health of all HIV positive New Yorkers and was the first jurisdictional effort of its kind in the United State. The three points highlighted in the plan are:

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

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

The Request for Applications specifically addresses these Ending the Epidemic Blueprints (BP) recommendations:

BP2: Expand targeted testing;

BP4: Improve referral and engagement;

BP5: Continuously act to monitor and improve rates of viral suppression;

BP8: Enhance and streamline services to support the non-medical needs of all persons living with HIV;

BP11: Undertake a statewide education campaign on Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP);

BP22: Access to care for residents of rural, suburban and other areas of the state;

BP23: Promote comprehensive sexual health education;

BP25: Treatment as prevention information and anti-stigma media campaign; and

BP29: Expand and enhance the use of data to track and report progress.

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

The Ending the Epidemic Blue Print and the Ending the Epidemic Addendum report are available on the New York State Department of Health website at: www.health.ny.gov/endingtheepidemic

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

- Enhancing hepatitis C prevention, testing, and linkage to care services for people who inject drugs, people who are incarcerated, men who have sex with men, and other populations disproportionately impacted by HCV infection;

- Expanding hepatitis C screening and testing to identify people living with hepatitis C who are unaware of their status and link them to care;
- Providing access to clinically appropriate medical care and affordable hepatitis C treatment without restrictions, and ensure the availability of necessary supportive services for all New Yorkers living with hepatitis C;
- Enhancing NYS hepatitis C surveillance, set and track hepatitis C elimination targets, and make this information available to the public; and
- Addressing social determinants of health.

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

B. Available Funding

Component A

Up to **\$4,925,000** in State funding is available annually to support programs funded through Component A of this Request for Applications.

New York City Awards:

- Agencies proposing to serve 150-224 unduplicated clients through all funded program services are eligible to apply for \$175,000.
- Agencies proposing to serve 225-299 unduplicated clients through all funded program services are eligible to apply for \$200,000.
- Agencies proposing to serve 300 or more unduplicated clients through all funded program services are eligible to apply for \$225,000.

Rest of State Awards:

- Agencies proposing to serve 150-224 unduplicated clients through all funded program services are eligible to apply for \$165,000.
- Agencies proposing to serve 225-299 unduplicated clients through all funded program services are eligible to apply for \$190,000.
- Agencies proposing to serve 300 or more unduplicated clients through all funded program services are eligible to apply for \$215,000.

Funding will be allocated as stated in the chart below. Annual awards will not exceed the maximum amount shown in the Annual Award Range column.

² National HIV/AIDS Strategy

³Prevention Agenda 2019-2024: New York State's Health Improvement Plan

Component A – New York State Department of Health Region	Anticipated Number of Awards	Annual Award Range
New York City- Bronx	3 - 5	\$175,000 - \$225,000
New York City- Brooklyn	2 - 4	\$175,000 - \$225,000
New York City- Manhattan	2 - 4	\$175,000 - \$225,000
New York City- Queens	1 - 2	\$175,000 - \$225,000
New York City- Staten Island	1	\$175,000- \$225,000
Multi-Borough NYC	1 - 2	\$175,000 - \$225,000
Central New York and Southern Tier (Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, and Tompkins counties)	1 - 2	\$165,000 - \$215,000
Finger Lakes (Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates counties)	1 - 2	\$165,000 - \$215,000
Hudson Valley (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties)	1	\$165,000 - \$215,000
Long Island (Nassau and Suffolk counties)	1 - 2	\$165,000 - \$215,000
Northeastern New York (Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties)	1 - 2	\$165,000 - \$215,000
Western New York (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties)	1 - 2	\$165,000 - \$215,000

Component B

Up to **\$275,000** in State funding is available annually to support programs funded through Component B of this Request for Applications.

Funding will be allocated as stated in the chart below. Annual award will not exceed \$275,000.

Component B New York State Department of Health Region	Anticipated Number of Awards	Annual Award Amount
Statewide	1	\$275,000

Applicants may apply for each Component of the Request for Applications but may not submit more than one (1) application for each Component. If more than one (1) application is submitted for either Component A or Component B, the first application that is received for Component A and Component B will be reviewed and considered for funding. All other applications will be rejected.

- Awards will be made to the highest scoring applicant.
- If there is not an acceptable application (scoring 70 or above) received, New York State Department of Health AIDS Institute reserves the right to fund an application scoring in the range of 60-69.
- If there is not a fundable application, the maximum number of awards may not be met for that region. The New York State Department of Health AIDS Institute reserves the right to re-solicit where there are an insufficient number of fundable applications.
- If funding remains available after the maximum number of acceptable scoring applications is awarded, the New York State Department of Health AIDS Institute reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant, until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- The New York State Department of Health AIDS Institute reserves the right to revise the award amounts as necessary due to changes in availability of funding.
- The New York State Department of Health AIDS Institute reserves the right to shift funding from one Component of the Request for Applications to another Component should there be an insufficient number of fundable applications received in any Component.

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

Current Contractors: If you choose to not apply for funding, the New York State Department of Health AIDS Institute highly recommends notifying your community partners of your intent. This will ensure community members and providers are aware of the discontinuation of the program and services.

II. WHO MAY APPLY

A. Minimum Eligibility Requirements (Component A and Component B)

All applicants must meet the following minimum eligibility requirements:

- Applicant must be prequalified in the **Statewide Financial System**, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA.
- Applicant must submit **Attachment 2: Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on Attachment 2. Applicants must upload the signed **Attachment 2** in the online application of the Statewide Financial System in response to Bid Factor Question 1f for Component A or Bid Factor Question 1e for Component B.
- Applicant must be a registered not-for-profit 501(c)(3) community-based organization, government entity or a New York State Department of Health licensed Article 28 facility. Article 28 applicants must upload the **Article 28 Operating Certificate** as **Attachment 3** in the Statewide Financial

System online application in response to Bid Factor Question 1g for Component A, or Bid Factor Question 1f for Component B.

III. PROJECT NARRATIVE/WORK PLAN OUTCOMES

A. Program Model Description

Component A

HIV/STI/HCV Prevention and Related Services for Women and Girls* with a Focus on Communities of Color

**** For the purposes of this RFA, “Women and Girls” is an inclusive term for women who identify as lesbian, gay, bisexual, heterosexual, cisgender, transgender, gender nonconforming, non-binary, and queer/questioning.***

Women, particularly women of color, remain a group significantly impacted by HIV. However, the extent to which HIV is a priority in women’s lives is often dictated by the challenges they face daily. Concerns regarding HIV are often secondary to other life issues that many women experience including, but not limited to childcare, housing, employment, education and access to entitlements. Socioeconomic, cultural and gender barriers can also limit the ability of some women to reduce behavioral risk associated with HIV as well as access culturally appropriate health care and information. Additionally, for many women, stigma around accessing health services still exists so they do not routinely seek healthcare and prevention services.

The purpose of this funding is to support a high impact approach to prevention and support services to achieve Ending the Epidemic and Beyond initiative goals and reduce/eliminate disparities and inequities in HIV incidence, particularly amongst Women and Girls with a focus on communities of color. Funding supports programs that provide a comprehensive range of HIV/STI/Hepatitis C prevention interventions and related supportive services for Women and Girls with a focus on communities of color (Black, Latino/Latinx, Indigenous people, and Asian populations). Component A funding aims to identify service providers to develop and/or enhance HIV/STI/Hepatitis C prevention through comprehensive sexual health and wellness services and address Social Determinants of Health related needs for Women and Girls through the implementation of proven strategies and innovative interventions that will improve health outcomes in the priority population(s). [Social Determinants of Health at CDC | About | CDC](#)

Applicants will demonstrate their ability to reduce/eliminate the disparity in HIV incidence, particularly amongst Women and Girls. Programming should build on individual and community assets and be comprised of focused client engagement, comprehensive risk reduction interventions, access to healthcare, and navigation and retention services to address the HIV/STI/Hepatitis C care and prevention needs of Women and Girls.

Priority Populations

The priority population(s) for this initiative are women and girls, particularly women of color, who are living with HIV and women and girls who can benefit from prevention services, including but not limited to the following:

- Users of substances, including alcohol;
- Partners of substance users;
- Partners of men who have sex with men (MSM);
- Women who have been diagnosed with STIs;

- Women with a history of trauma, sexual, emotional and physical abuse;
- Sex workers;
- Women with a recent history of incarceration or other forms of institutionalization;
- Women who are homeless or unstably housed;
- Immigrant women, particularly those who have limited access to health and human services;
- Pregnant women and women of childbearing age;
- Women in sexual relationships with partners whose status is unknown, or who are in sero-discordant relationships; and
- Male partners/associates of at-risk women as defined above.

The priority populations should be engaged utilizing a status neutral approach to HIV-related service delivery. This aims to deliver high-quality, culturally-affirming health care and services at every engagement, supporting optimal health for people with and without HIV.

<https://www.cdc.gov/hiv/pdf/policies/issue-brief/Issue-Brief-Status-Neutral-HIV-Care.pdf>

The goals for Component A are to:

- Assess and address the key Social Determinants of Health that impact access to HIV prevention and care services;
- Facilitate access to essential support services that address Social Determinants of Health impacting the priority population;
- Increase HIV/STI/Hepatitis C testing and screening services so that an increased number of women and girls know their HIV/STI/Hepatitis C status;
- Identify HIV/STI/Hepatitis C infected individuals and ensure access to early, high-quality medical care and prevention services;
- Facilitate access to prevention services including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP); and
- Facilitate access to comprehensive sexual health information and reproductive health services.

The initiative aims to impact the New York State Department of Health AIDS Institute efforts to:

- Prevent new HIV/STI/Hepatitis C infections;
- Increase the number of Women and Girls who know their HIV/STI/Hepatitis C status;
- Ensure access to early, high quality medical care and prevention services for individuals living with HIV/STI/Hepatitis C;
- Increase access to comprehensive sexual health information;
- Increase access to reproductive health services;
- Increase access to safe environments;
- Increase engagement and participation in prevention services, including PrEP and PEP;
- Reduce stigma and increase social connectedness; and
- Increase engagement and participation in essential supportive services.

Grantees are expected to:

- Conduct client recruitment and engagement in a manner that is culturally and linguistically sensitive and appropriate;
- Integrate direct provision of HIV testing, including access to HIV self-tests;
- Integrate direct provision of or documented referrals to STI and HCV screening;
- Establish, build, and/or maintain collaboration agreements (e.g., memoranda of understanding (MOU), memoranda of agreement, service agreements) with other community-based organizations

and medical providers to ensure delivery of comprehensive services across the care continuum (Please see **Attachment 4: NYSDOH AI's Cross Sector Collaborations Requirements**);

- Establish Memorandums of Understanding with organizations that center communities of color;
- Provide appropriate access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP);
- Screen for and address Social Determinants of Health that impact the priority populations with the goal of reducing health inequities/disparities identified within communities of color;
- Support persons living with HIV in maintaining their treatment regimen in order to improve their overall health outcomes and prevent transmission of HIV to their sexual and needle sharing partners; and
- Incorporate condom promotion, education, and distribution into all funded program activities.

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

Program Models: Component A

Applicants are instructed to select one of the Program Models described below. The program model will serve as the foundation for the delivery of services. Applicants should select the program model that best addresses the unmet needs of the priority population, and which will most effectively be integrated into the applicant's continuum of services.

This Request for Applications recognizes the community's expertise in reaching the priority population. Therefore, applicants may propose the specific services/methods that they know will best engage the priority population and reach the intended goals and outcomes of this RFA. All proposed interventions should support and demonstrate connection to HIV testing, STI and HCV screening, and access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis support services.

Applicants should demonstrate knowledge of the contextual factors/social determinants of health that impact the sexual health and overall health and well-being of the communities of women and girls that they propose to serve, and how the proposed program will address these issues. Coordinated efforts to offer HIV testing services, linkage/navigation and retention in care, prevention education and essential support services are needed in order to assist women to achieve and maintain optimal health. Program designs should incorporate comprehensive, gender responsive services designed to address the unique issues that women/girls face in order to increase their ability to initiate and sustain behavior change to reduce risk of HIV/STI/Hepatitis C infection.

Applicants also should provide evidence to demonstrate their experience successfully providing ethnically/culturally competent and language appropriate affirming/responsive services in the following areas: staff recruitment, client services, development of agency, and program policies and procedures that support service provision.

Program Model 1

- 1) **HIV Testing:** Direct provision of HIV testing with linkage to prevention and HIV medical care; including access to HIV self-tests; **Note:** *HIV self-testing can be proposed as a component of a comprehensive self-testing program.*

- 2) **Applicants are instructed to Implement at least one (1) Social Determinants of Health Intervention:** Identify and address at least one Social Determinants of Health that is informed by an assessment of the populations' priority needs. Intervention(s) should aim to increase client stability and reduce barriers to accessing HIV prevention and care services and other essential support services. Examples include but are not limited to:
- **Employment:** interventions that increase access to opportunities for employment, including related education and employment/ workforce/ vocational services; job readiness services and employment workshops;
 - **Education:** interventions that increase access to respectful, safer, and affirming educational opportunities;
 - **Healthcare:** interventions that increase access to physical, sexual, mental, and behavioral healthcare that is regionally accessible, affordable, and delivered by staff that are both skilled in providing care to women and girls, and provide services in an affirming manner;
 - **Housing Navigation:** interventions that increase access to safe, quality, affordable, and gender-affirming housing, and the supports necessary to maintain that housing;
 - **Counseling Services:** psychosocial counseling provided by a licensed mental health professional;
 - **Legal Services:** legal workshops/clinics; and
 - **Other Innovative Interventions:** interventions that support initiative and program objectives.
- 3) **Applicants are instructed to Implement at least one (1) Prevention Support Service or Health Promotion Activity:** Health Promotion including community events and media campaigns that aim to (but are not limited to): improving access to high quality healthcare, improving access to testing, reduce barriers through the elimination of stigma, racism, homophobia, and/or transphobia. Health promotion activities should aim to reach priority populations, providers, frontline staff, and/or the community/general population at large; Peer Services/Peer Training Programs; a high impact prevention public health strategy (i.e., Antiretroviral Treatment Access Study (ARTAS), Social Network Strategy for HIV Testing, Testing Together); [HIV Navigation Services](#) as defined by the Center for Disease Control (CDC); an Evidence-Based Behavioral Intervention (EBI) specific to women/girls; formalized Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)support program; and/or locally developed interventions that:
- i. Support access to HIV testing, STI and HCV screening, and linkage and navigation services with an emphasis on access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)support services; or
 - ii. Increase social support, reduce social isolation, and increase self-esteem for women/girls.

Note: All Program Model 1 applicants are instructed to conduct Sexually transmitted infection and/or Hepatitis C testing, either directly or via referral as part of direct provision of HIV testing.

Program Model 2

- 1) **Referral to HIV Testing:** Provided via documented Memorandum of Understanding with linkage to prevention and HIV medical care; including access to HIV self-tests;
- 2) **Applicants are instructed to Implement at least two (2) Social Determinants of Health Intervention:** Identify and address at least one Social Determinants of Health that is informed by an assessment of the populations' priority needs. Interventions should aim to increase client stability and reduce barriers to accessing HIV prevention and care services and other essential support services. Examples include but are not limited to:

- **Employment:** interventions that increase access to opportunities for employment, including related education and employment/ workforce/ vocational services; job readiness services and employment workshops;
- **Education:** interventions that increase access to respectful, safer, and affirming educational opportunities;
- **Healthcare:** interventions that increase access to physical, sexual, mental, and behavioral healthcare that is regionally accessible, affordable, and delivered by staff that are both skilled in providing care to women and girls, and provide services in an affirming manner;
- **Housing Navigation:** interventions that increase access to safe, quality, affordable and gender-affirming housing, and the supports necessary to maintain that housing;
- **Counseling Services:** psychosocial counseling provided by a licensed mental health professional;
- **Legal Services:** legal workshops/clinics; and
- **Other Innovative Interventions:** interventions that support initiative and program objectives.

- 3) **Applicants are instructed to implement at least two (2) Prevention Support Services and/or Health Promotion Activities** Health Promotion including community events and media campaigns that address, but are not limited to: healthcare access, testing, stigma, racism, homophobia, and/or transphobia. Health promotion activities should aim to reach priority populations, providers, frontline staff, and/or the community/general population at large; Peer Services/Peer Training Programs; a high impact prevention public health strategy (i.e., ARTAS, Social Network Strategy for HIV Testing, Testing Together); [HIV Navigation Services](#) as defined by the Centers for Disease Control; an Evidence Based Intervention specific to gay men/men who have sex with men (MSM); formalized Pre-Exposure Prophylaxis support program; and/or locally developed interventions that:
- Support access to HIV testing, STI and HCV screening, and linkage and navigation services with an emphasis on access to Pre-Exposure Prophylaxis (PrEP)/Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis support services; or
 - Increase social support, reduce social isolation, and increase self-esteem for women/girls.

Note: All Program Model 2 applicants are instructed to conduct Sexually transmitted infection and/or Hepatitis C testing, either directly or via referral in conjunction with referrals to HIV testing.

Failure to address ALL components of the chosen Program Model will result in the application being deemed ineligible.

Minimum Service Targets Component A

The priority population for this component is Women and Girls with a focus on communities of color.

Notes: Service targets are specific to Women and Girls. Serving individuals outside of this population will not count towards minimum program service targets.

Program Model Intervention	Annual Service Targets	Clarification(s)
HIV Testing	150-500 unduplicated	An annual service target of three

	clients annually	(3) newly diagnosed individuals applies for New York City. An annual service target of two (2) newly diagnosed individuals applies for the Rest of State (ROS).
Sexually Transmitted Infection and/or Hepatitis C Screening and/or Referral	150-500 unduplicated clients annually	Direct Provision or Referral/Linkage to Sexually Transmitted Infections and/or Hepatitis C Screening. Provided via documented Memorandum of Understanding or Linkage Agreements.
Social Determinant of Health Intervention	75-150 unduplicated clients annually	A minimum of 25% of clients served through these services should be linked to HIV testing and/or Sexually Transmitted Infection/Hepatitis C screening.
Prevention/Supportive Services Intervention, High Impact Prevention Public Health Strategy, Evidence Based Infection, and Locally Developed Interventions or Health Promotion Activity	75-150 unduplicated clients annually	A minimum of 25% of clients served through these services should be linked to HIV testing and/or Sexually Transmitted Infection/Hepatitis V screening.
Notes: Clients served should be unduplicated within interventions, but not between interventions. For example, the same client can participate in multiple activities (e.g., the same 150 clients could receive HIV testing and receive screening for Sexually Transmitted Infections) and may also participate in a prevention/supportive intervention, high impact public health strategy, Evidence Based Intervention, or locally developed intervention.		

All proposed interventions will support and demonstrate connection to HIV testing, Sexually Transmitted Infection and Hepatitis C screening, and linkage and navigation services, and access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).

Scope of Services Component A

Note: Applicants are instructed to indicate the age range of the Women/Girls to be served. More than one age range may be selected. Proposed age ranges are: Early Adolescence: 10-13; Middle Adolescence: 13-16; Late Adolescence: 16-19 Young to Mid Adults: 19-24, 25-34, 35-44, and Older Adults: 45 and over.

Direct Provision of HIV Testing

Targeted HIV testing should occur in a variety of settings most effective in identifying members of the priority population with undiagnosed HIV infection (e.g., onsite testing within the organization; venue-based testing; provision, of HIV self-test kits; and/or mobile testing/field testing). Applicants are strongly encouraged to include HIV self-testing as a component of their HIV testing services when in person testing is not practical or preferable to the client. HIV self-testing is an effective way to reach persons who are uncomfortable or unable to access HIV testing at an office or mobile site. HIV testing services should include linkage to prevention, medical, and social services available in the region to address individualized prevention needs, improve health, and enhance quality of life.

This Request for Applications does not support the direct provision of routine HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by New York

State Public Health Law since 2010. Licensed Medical Providers should offer HIV testing as part of routine primary care for all persons aged 13 and older.

The New York State Department of Health AIDS Institute recommends using an HIV AG/AB rapid test for initial HIV screening. Other FDA-approved rapid HIV tests using capillary whole blood specimens are allowable as directed by the authorizing medical provider and/or limited-service laboratory director. **The Request for Applications supports oral fluid use for the FDA-approved OraQuick® in home HIV test only.**

All grantees will be required to adhere to **Attachment 5: NYSDOH AI's Targeted HIV Testing Requirements** for in-person testing encounters. All grantees implementing HIV home/self-test programs will be required to follow **Attachment 6: NYSDOH AI Division of HIV/STD/HCV Prevention's HIV Home/Self-Test Program Guidance**.

STI and HCV Screening

Sexually Transmitted Infection screening services should include linkage to prevention, medical, and social services available in the region to address individualized prevention needs, improve health, and enhance quality of life. Sexually Transmitted Infection screening should occur in a variety of settings most effective in identifying members of the priority population (e.g., onsite testing within the organization; venue-based testing; provision, mobile testing/field testing). Three site testing (urethral, rectal, and pharyngeal) should be conducted as appropriate on clients seeking testing services.

Hepatitis screening, education regarding hepatitis transmission and prevention, Hepatitis C risk reduction strategies, healthy liver messages, and information about hepatitis A and B vaccination should also be addressed.

All grantees directly providing Sexually Transmitted Infection and Hepatitis C screening will be required to adhere to **Attachment 7: NYSDOH AI's STI/HCV Screening Requirements**.

***For STI and HCV screening, applicants applying for Program Model 1 or 2 may propose to provide STI and HCV screening directly and/or through referrals.**

Health Promotion Activities

Health Promotion Activities include raising the priority population's health awareness through educational activities, media campaigns, community activities (when appropriate and practical), etc. Activities should utilize culturally-affirming, strengths-based, sex-positive approaches to support and increase access to sexual and behavioral health high impact prevention information and services. Interventions and activities may address and promote access to health, wellness, and human services; and provide education and training in areas such as: the promotion of timely health care and treatment; lack of health insurance; information regarding health risks such as HIV, sexually transmitted infections, viral hepatitis and other infectious and chronic diseases; sexual and reproductive health; and Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis.

Social Determinants of Health Interventions

A variety of factors may influence high risk behaviors, as well as, the ability for members of the priority population to be retained in care. Interventions should address SDOH that adversely affect HIV and sexual health related outcomes in efforts to promote and achieve health equity among the priority population. Interventions should aim to address barriers to HIV/STI/Hepatitis C prevention that increase vulnerability to HIV/STI/Hepatitis C and impede individuals from accessing needed services. Key Social Determinants of Health such as economic stability, education, social and community factors, health care etc. should be considered when developing interventions that address the HIV related needs of Women and Girls. Applicants can propose innovative strategies, interventions, and activities that are designed to provide

support to the priority population (Black, Latino/Latinx, Indigenous people, and Asian Women and Girls) and that prevent new HIV/STI/HCV transmissions, link clients to HIV prevention and care services, and provide essential support services that aid in reducing HIV-related disparities and health inequities.

- Funding may support the cost related to the implementation of Social Determinants of Health interventions i.e.:
 - Clothing - (for employment services);
 - Financial Assistance - housing related expenses; rental support;
 - Food Vouchers/Gift Cards - for purchasing food items
 - Child Care Assistance -to support childcare needs to participate in funded interventions
 - Visa/Master Card Gift Cards - to support basic and essential needs of daily living; and
 - Transportation support- to support participation in funded interventions.

Prevention Support Services

Proposed Prevention Support Services should employ a health equity lens by integrating multiple approaches to reach the priority population and address Social Determinants of Health ([SDOH](#)) and [factors that influence high risk behaviors](#), participation and retention in program services, and healthcare access. Interventions will include the implementation of evidence-based practices and interventions that address Social Determinants of Health and the underlying causes of risk behaviors such as social isolation, substance use, trauma, childhood sexual abuse and sexual/physical violence, intimate partner violence, lack of housing, employment, and transportation needs amongst other issues. Interventions may be provided on the group and individual level (in person and/or virtually). Includes: Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis. Support Program; Prevention/Supportive Interventions; Peer Services/Peer Training Programs; [High Impact Prevention Public Health Strategy](#); [Evidence Based Behavioral Interventions](#) including Locally Developed Interventions, [HIV Navigation Services](#) Support Group services; and Drop-In Center services.

Prevention Support Services may also include:

- Reproductive and Sexual Health Services
- Support Services for Survivors of Human Trafficking

Reproductive and Sexual Health Services

Reproductive and sexual health are an integral part of women's overall health. Access to these services is shaped by a broad range of factors including insurance coverage and affordability, national and state policies, availability of care, health provider characteristics, as well as individual preferences and experiences. For many women, the Affordable Care Act (ACA) improved access to sexual and reproductive health care however, many women still experience challenges accessing services. Access to reproductive and sexual health services can significantly improve immediate and lifelong health by identifying health issues early and providing services.

Applicants may propose the provision of reproductive and sexual healthcare for uninsured and underinsured populations.

Allowable services may include:

- Pap Smears/Pelvic exams for cervical cancer screenings, reproductive tract infections;
- Breast Cancer Screenings;
- Pregnancy Testing;
- Preconception Health Services/Education;

- Family Planning Options/Services such as Birth Control (Short Acting Hormonal Methods & Long-Acting Reversible Contraceptives) and Fertility Options;
- Emergency Contraception;
- Sexually Transmitted Infection treatment including Expedited Partner Therapy (EPT); and
- Prenatal Support Services.

Human Trafficking Support Services

According to the United Nations, human trafficking is the recruitment, transportation, transfer, harboring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit. Human trafficking is a global problem that affects women, children, and men, and includes both sex and labor trafficking. Providers can play an important role in identifying human trafficking victims and intervening on their behalf. Providers can conduct screening and assessments to identify clients that may be victims/survivors of human trafficking, as well as, offer other appropriate interventions and/or services and linkages to providers specialized in working with this population.

Component B:

Capacity Building for High Impact Prevention for Black and Latina/Hispanic Women and Girls*

** For the purposes of this Request for Applications, “Women and Girls” is an inclusive term for women who identify as lesbian, gay, bisexual, heterosexual, cisgender, transgender, gender nonconforming, non-binary, and queer/questioning.*

Component B funding will support one organization to develop and coordinate at least two (2) Training/Technical Assistance meetings/events to promote learning, foster cross sector collaboration, and strengthen provider capacity to effectively serve Black and Latina/Hispanic Women and agency-specific technical assistance and support.

The initiative aims to impact the NYSDOH AI efforts to:

- Enhance provider capacity to effectively serve Black and Latina/Hispanic women and address organizational and programmatic deficiencies that may prevent the priority population from accessing services such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis. HIV testing, Sexually transmitted infection screening and HIV medical care/treatment;
- Increase the number of Black and Latina/Hispanic Women and Girls who know their HIV/STI/Hepatitis C status;
- Ensure access to early, high quality medical care and prevention services for individuals living with HIV/STI/Hepatitis C;
- Increase access to comprehensive sexual health information;
- Increase access to reproductive health services;
- Increase access to safe environments;
- Increase engagement and participation in prevention services and essential supportive services; and
- Enhance organizational and program sustainability.

Scope of Services

Training/Technical Assistance meetings will offer an opportunity for representatives from community-based organizations (health and social services), academia, faith community, and state and local government to discuss innovative and technical approaches to address topics that intersect HIV prevention and care and impact Black and Latina/Hispanic women. These topics include health equity, sexual and reproductive health, and the role of racial and social justice in ending the HIV and Hepatitis C epidemics, core-competencies of HIV programming (e.g., client recruitment/engagement, HIV/STI/Hepatitis C testing,

treatment, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis access, linkage and navigation), data and policy and program sustainability.

Meetings should also promote/make available HIV testing and linkage to care (e.g., reproductive health, PrEP prescriber) and offer information on combination prevention strategies, including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis, Treatment as Prevention (TasP), referred to as Undetectable=Untransmittable, (U=U), and related referrals.

Meetings should include participation of community-based organizations that deliver health and social services, referrals, or information regarding mental and behavioral health, access to primary care, health insurance enrollment, substance use, workforce development, immigration and other areas that contribute to overall wellness of this community.

The provider will also engage in individualized/agency-specific technical assistance and capacity building for providers on an as-needed basis with AI approval. The capacity building/technical assistance may cover the following areas: organizational development and sustainability, fiscal management, board development, staff recruitment, program development, and data management/evaluation.

In developing, coordinating and implementing the events, the funded applicant will:

Work with existing coordinating and community planning bodies such as Ending the Epidemic regional committees, NY Links, New York Knows (New York City Department of Health and Mental Hygiene's-NYC DOHMH jurisdictional HIV testing initiative) to plan, promote and Share resources and knowledge?

- implement events, share resources and knowledge;
- Establish relationships with other organizations (e.g., academic, faith, health centers/hospitals, prevention and support services, immigration, substance use, mental health, employment, etc.) and local health departments to address various domains of wellness for Black and Latina/Hispanic women and help identify innovative strategies to achieve collective impact;
- Include Black and Latina/Hispanic women in the planning process to gain input on barriers and facilitators to seeking prevention/sexual health services and medical care;
- Foster a spirit of community partnership among members of the priority population (both HIV positive individuals and/or HIV negative) and the community-based organizations who serve them to achieve both individual HIV prevention and care goals and Ending the Epidemic goals;
- Enhance provider capacity to effectively and equitably serve Black and Latina/Hispanic women and address cultural competency deficiencies that may prevent this community from accessing services such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis, HIV testing, STD screening and HIV medical care/treatment;
- Make HIV testing, linkage to care, PEP and PrEP services; Partner Services, and safer sex products available at events and ensure providers' commitment to reporting on service outputs. Services provided should be tailored and should not stigmatize or negatively judge members of the priority population, their gender identity, sexual orientation, sexual and drug-use behaviors, and medical or social characteristics; and
- Use technology and social media platforms (e.g., Facebook, Instagram, Pinterest) to support event promotion, increase general awareness, provide accurate and science-based education, and address misinformation. The applicant should consider existing social media efforts to not duplicate but enhance awareness/education efforts. Applicants can develop their own campaign but are strongly encouraged to use existing resources (with permission, as appropriate) such as those available from CDC, NYSDOH and NYC DOHMH and tailor them to meet the needs of the priority population and geographic area.

Demonstration of a Commitment to Health Equity

Health Equity (HE) is the fair and just opportunity for everyone to achieve optimal holistic health and well-being, regardless of social position or other social or structural determinants of health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education,

health care/services, and safe environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma) and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race, racism, and genocide in the United States that perpetuate many of the racial inequities we see manifested today. Because health equity can never truly be achieved without racial equity, we work toward achieving both.

The New York State Department of Health AIDS Institute works closely with its community partners to identify and respond to current needs. The needs are wide and varied, but they center on addressing social determinants, socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare services and discrimination.

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

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

B. Program Requirements

All applicants selected for funding for either component will be required to:

- Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>);
- Adhere to all objectives, tasks and performance measures as listed in **Component A Work Plan Attachment 8, OR Component B Work Plan Attachment 9**;
- Serve a cross-section of clients who are representative of the overall women/girls population demographics within the selected community;
- Participate in a collaborative process with the New York State Department of Health AIDS Institute to assess program outcomes and provide monthly narrative reports describing the progress of the program with respect to: 1) implementation, 2) client recruitment, 3) success in meeting the **NYSDOH AI Division of HIV/STD/HCV Program Standards** 4) significant accomplishments achieved, and 5) barriers encountered and plans to address noted problems;
- Submit statistical reports on clients served, and other data using the AIDS Institute Reporting System (AIRS). Successful applicants must demonstrate the capacity to collect and report all required data, both personnel and hardware-related using AIRS. AIRS is a data reporting system that is required by the New York State Department of Health AIDS Institute to report client demographic information as well as program activities. New York State Department of Health AIDS Institute requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. New York State Department of Health AIDS Institute provides and supports the AIRS software to enable providers to meet data submission requirements. Details on this software product may be obtained by accessing the following Internet address, www.airсны.org;

- Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or determinants can lead to disparities and ultimately inequities in health and health outcomes. Strategies should prioritize those populations that are most impacted, negatively, by social and structural determinants of health.

Please see **Attachment 10 for Health Equity Definitions and Examples** of social and structural determinants of health.

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute (hereinafter referred to as NYSDOH, or the Department), Division of HIV/STD/HCV Prevention, Office of Population Health and Prevention Programs. 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 Nkechi Oguagha, NYSDOH AIDS Institute, Office of Population Health and Prevention Programs, at the following email address: womensrfa@health.ny.gov. This includes Minority and Woman Owned Business Enterprise (MWBE) Requirements questions and related forms. See, Section IV.K. (Minority & Woman-Owned Business Enterprise 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.

- On-Demand Statewide Financial System Training Videos: On-demand training focused on using the new grants management features in SFS is available by logging in to the SFS Vendor Portal and clicking the SFS Coach icon available on the homepage. Additional questions? Contact the SFS Help Desk listed below:
- Statewide Financial System Technical Support Help Desk
Phone: 1-877-737-4185 toll-free / 518-457-7737
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@sfs.ny.gov
(Application Completion & Policy)
- Grants Management Team Email: grantsreform@its.ny.gov
Phone: 518-474-5595
Hours: Monday thru Friday 8am to 4pm
(Registration questions)

Prospective Applicants must submit all requests for clarifications of, or exceptions or changes to, the terms, conditions or provisions of this RFA or the Master Contract for Grants during the Question and Answer

Phase, which will end on the “Questions Due” date specified on the Cover Page of this RFA. An Applicant must clearly indicate the clarification, exception or change in the RFA or the Master Contract for Grants the Applicant is requesting. All questions, answers, and requests for clarification, exception or change will be published by the Department at [SFS Public Portal Homepage](#) to ensure equal access and knowledge by all prospective Applicants, on or about the date specified on the Cover Page of this RFA.

This RFA has been posted on the NYS Statewide Financial System website at: [SFS Public Portal Homepage](#) and additionally, via a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>.

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”.

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# 20399, HIV/STI/HCV Prevention and Related Services for Women and Girls RFA) in the subject line of the email.

C. Letter of Interest

Letters of Interest are not a requirement of this RFA.

D. Applicant Conference

An Applicant Conference **will** be held for this project. This conference will be held on the date and time posted on the Cover Page of this RFA. The Department requests that potential Applicants register for this conference by https://aidsinstituteny-org.zoom.us/webinar/register/WN_Ox3aqDYAQC6S6LSVsk1uEQ to ensure that adequate accommodations be made for the number of prospective attendees.

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

E. How to File an Application

Applications must be submitted online via the Statewide Financial System 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 Statewide Financial System. Please visit the Statewide Financial System website at the following web address: [SFS Public Portal Homepage](#) and click the “Search for Grant Opportunities” tile. There is also a more detailed “Statewide Financial System: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants located in SFS Coach. Training webinars are also provided by the Grants Management Team. Dates and times for webinar instruction can be located at the following web address: [Live Webinars | Grants Management \(ny.gov\)](#)

To submit an Application an Applicant must:

1. Log into the [Statewide Financial System Vendor Portal](#).
2. Click the Grant Management Tile. Next, Click the Bid Event Search tile.

3. Enter the applicable search criteria in the Search Criteria Fields. Locate an opportunity; search by Funding Agency (DOH01) or enter the Grant Opportunity name into the Search by Grant Opportunity field: *HIV/STI/HCV Prevention and Related Services for Women and Girls*. You can also filter search by Status such as “available” which filters to include only the bid events that are published and open for potential bid response.
4. Click on “Search” button to initiate the search.
5. Click on Event ID link to initiate a bid response.
6. Please review the Grantee User Manual found in SFS Coach for additional steps on how to respond to various types of Bid Events.

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, SFS, and Grants Management 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 Management Staff and SFS is available under Section IV.B. (Question and Answer Phase) of this RFA.

PLEASE NOTE: Although NYSDOH and the Grants Management 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.

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 role of “Bid Response Submitter” can submit an Application on behalf of an Applicant.
- Prior to submission, the Statewide Financial System 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. (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 (20 MB) when uploading documents. Applicants should ensure that any attachments uploaded with their application are not “protected” or “pass-protected” documents.

The Applicant’s Delegated Administrator is able to assign, modify, remove roles for the applicant in SFS. Please see SFS Vendor Portal Access Reference Guide, [SFS Vendor Portal Access Reference Guide.pdf \(ny.gov\)](#), for additional information on roles. **Bid Response Initiator** and **Bid Response Submitter** are the **necessary roles for applying to a Bid Event in SFS**. If you are a not-for-profit you will also need Prequalification Processor for Prequalification purposes.

PLEASE NOTE: Waiting until the last several days to complete your Application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.

Applications will not be accepted via fax, e-mail, paper copy or hand delivery.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

F. Department of Health's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any Applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications, in the Department's sole discretion.
6. Use Application information obtained through site visits, management interviews, and the state's investigation of an Applicant's qualifications, experience, ability, or financial standing, and any material or information submitted by the Applicant in response to the Department's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to Application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to Application opening, direct Applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.
13. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with the selected Applicant.
14. Utilize any and all ideas submitted with the Applications received, at the Department's sole discretion.
15. Unless otherwise specified in the RFA, every offer in an Applicant's Application is firm and not revocable for a period of 60 days from the Application opening.
16. Waive or modify minor irregularities in Applications received after prior notification to the Applicant.
17. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an Applicant's

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

18. Eliminate any term of this RFA that cannot be complied with by any of the Applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the State.

G. Term of Contract

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

It is expected that contracts resulting from this RFA will have the following multi-year time period: **6/1/2025-5/31/2030**.

Continued funding throughout this period is contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found at

<https://grantsmanagement.ny.gov/system/files/documents/2023/12/january-2024-contract-for-grants.pdf>

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 emails (below) or, if requested by the Department, through the Statewide Financial System:

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

A Grantee must provide complete and accurate billing invoices in order to receive payment of the grant funding provided for under the terms of its Grant Contract. Invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department, and the Office of the State Comptroller (OSC). Payment for invoices submitted by the Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner of Health, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under its Grant Contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of claims for reimbursement by the State (Department) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work Plan.

3. The Grantee will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through Statewide Financial System:
 - A monthly narrative addressing program implementation, barriers and accomplishments.
 - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS).
<http://www.airсны.org/>

All payment and reporting requirements will be detailed in “Attachment D: Payment and Reporting”, of the final STATE OF NEW YORK MASTER CONTRACT FOR GRANTS.

I. Procurement Requirements

1. General Requirements

The Grantee may procure various goods and services in connection with the grant-funded project ranging from routinely purchased goods or services to those that involve substantive programmatic work. The procurement of such goods or services, however, must be conducted in an equitable and competitive manner to promote equal treatment, efficiency, and economy in grant-funded activities.

Any Grantee that is a State entity (i.e., a State agency or political subdivision of the State) must follow the same policies and procedures it uses for procurements from its general funds. All other Grantees (private companies, not-for-profit-organizations, etc.) must have a sufficient and documented procurement process that maintains records to detail the history of procurements associated with any awarded grant project. These records shall include, but are not limited to, rationale for the method of procurement (e.g., micro-purchase, small purchases, sealed bids, request for proposals, noncompetitive/sole source), the selection of a contract type, contractor selection and/or rejection, and the basis of a contract price.

The Grantee’s documented procurement process must conform with any applicable federal, State and local laws and regulations. As part of the required procurement procedures, a Grantee must maintain written standards of conduct covering conflict of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts. The standards of conduct must provide for disciplinary actions to be applied for violations by officers, employees or agents of the Grantee. Such standards shall provide, at a minimum, that no employee, officer, or agent of the Grantee will participate in the selection, award, or administration of a contract supported by grant funds if a conflict of interest, real or actual, is involved. Such conflicts may arise when:

- The employee, officer, or agent, or
- Any member of such individual’s immediate family, or
- Such individual’s partner, or
- Any organization which employs, or is about to employ the selected contractor, has a financial or other interest in or receives or stands to receive a tangible personal benefit from a firm being considered for a contract.

The standards of conduct shall also cover organizational conflicts of interest. Organizational conflicts of interest arise where an entity is or appears to be unable to conduct an impartial procurement action due to relationships with a parent company, affiliate, or subsidiary organization.

2. Bid Protest Procedures

Any contractor, subcontractor, or aggrieved party has the right to protest actions before or after the award of a contract utilizing grant funds. The Grantee alone will be responsible, in accordance with good administrative practice and sound business judgement, for the settlement of all contractual and administrative issues arising out of procurement contract solicitations and awards.

Grantees shall have written protest procedures, which may be analogous to those set forth in Part 24 of Title 2 of the New York Codes, Rules and Regulations, in order for effective due process to be achieved. A Grantee's specific protest procedures shall be outlined in all bid requests, request for proposals, request for applications, etc. issued by or on behalf of the Grantee concerning any grant-funded projects. In summary, Grantees are responsible for handling all contract activity protests. Except in matters of direct State or possibly Federal concern (in cases involving federally funded grants), the Department of Health will not substitute its judgement for that of the Grantee.

3. Procurement Contract Language

Any contract concerning a grant-funded project must be a written agreement between the Grantee and the third party providing specific goods and/or services. Whether with a contractor, subcontractor, consultant or vendor, the contract must as appropriate state the activities to be performed; the time schedule; the policies and requirements that apply to the contractor, subcontractor consultant or vendor, including the above procurement requirements; and any other terms and conditions of the grant and the master grant contract.

J. Assurances of No Conflicts of Interest and/or Other Detrimental Effects

The Grantee as well as any subgrantees, contractors, subcontractors or consultants engaged by the Grantee to provide goods or services in connection with the grant-funded project shall attest that their performance of any contracted services does not and will not create a conflict of interest with nor position the Grantee to breach any other contract it currently has in force with the State of New York.

The Grantee as well as any subgrantees, contractors, subcontractors or consultants engaged by the Grantee to provide goods or services in connection with the grant-funded project shall disclose any existing or contemplated relationship with any other person or entity, including relationships with any member, shareholder of 5% or more, parent, subsidiary, or affiliate organization, which would constitute an actual or potential conflict of interest or appearance of impropriety, relating to other clients/customers/agents of the Grantee, subgrantees, contractors, subcontractors, consultants or former officers and employees of the State and its affiliates, in connection with the providing of goods or rendering of services related to the grant-funded project. The Grantee shall have procedures in place for alerting the State of any such actual or potential conflicts as well as procedures to resolve the same.

K. 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 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 11** 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.

L. 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.

M. 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 12**) of the RFA. The Attestation is located under the SFS Attachments Section and once completed should be uploaded to the applicable PSQ/Bid Factor.

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 response to the applicable PSQ/Bid Factor.

N. Vendor Prequalification for Not-For-Profits

Each not-for-profit Applicant subject to prequalification is required to prequalify prior to having the ability to submit an Application in the NYS Statewide Financial System.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, and revised on December 9, 2023, the new Prequalification Policy will be effective as of January 16, 2024. The updated policy requires that not-for-profit organizations register and prequalify in the SFS using the updated Prequalification Application. The updated Prequalification Application and New York State Prequalification Manual for Grantees can be found on the Grants Management website at: <https://grantsmanagement.ny.gov/get-prequalified>.

An Application cannot be submitted/received from a not-for-profit Applicant that (a) has not Registered in the NYS Statewide Financial System or (b) has not Prequalified in the Statewide Financial System by the Application's due date specified on the Cover Page of this RFA.

Below is a summary of the steps that must be completed to meet registration and prequalification

requirements. The Vendor User Manual within the Statewide Financial System Website details the requirements and job aid walks users through the process.

1) Register for the Statewide Financial System.

- 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).

If you have previously registered and do not know your Username, please email helpdesk@sfs.ny.gov. If you do not know your Password, please click the "I Forgot My Password" link from the main log-in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the Statewide Financial System.
- 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.
- Specific questions about the prequalification process should be referred to your primary New York State agency representative. The representative specific to the NYS Department of Health can be reached at: (vendor.responsibility@health.ny.gov).

3) Add a signatory or "Grant Contract Approver" to your account

- In order to have your designated signatory (known in SFS as Grant Contract Approver) sign a contract and have their name appear on the contract agreement you have to add the Grant Contract Approver's name to your SFS Vendor Profile. The Delegated Administrator for your organization can add the Signatory's Name by following the instructions found on page 17-20 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.

All potential Applicants are strongly encouraged to begin Statewide Financial System Registration and Prequalification process as soon as possible in order to participate in this opportunity.

O. 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 the Contract, 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 Statewide Financial System: Vendor User Guide for assistance in applying for this procurement through the NYS Statewide Financial System. This guide is available by logging into the Statewide Financial System and searching under SFS Coach.

Please respond to each of the sections described below when completing the Statewide Financial System online Application. Your responses comprise your Application. Please respond to all items within each section. When responding to the statements and questions, be mindful that Application reviewers may not be familiar with your agency and its services. Your answers should be specific, succinct, and responsive to the statements and questions as outlined. Please be aware that the value assigned to each section described below indicates the relative weight that will be given to each section of your Application when scoring your Application.

It is each Applicant's responsibility to ensure that all materials included in its Application have been properly prepared and submitted. Applications must be submitted via the Statewide Financial System by the

Application deadline date and time specified on the Cover Page of this RFA.

IMPORTANT: Any material added to a Bid Factor “Add Comments” box in SFS will not be reviewed as part of a submitted application. Please use the “Response” box for narrative responses unless otherwise instructed within this Request for Applications. However, please continue to provide any requested attachments as specified within this RFA.

Program Specific Questions (PSQ)/Bid Factors

Component A

Application Format

1.	Program Abstract	Not Scored	
2.	Community and Agency Description	Maximum Score:	13 points
3.	Health Equity	Maximum Score:	15 points
4.	Program Design and Implementation	Maximum Score:	52 points
5.	Budget and Justification	Maximum Score:	<u>20 points</u>
6.	Work Plan	Not Scored	
			100 points

1. Program Abstract **Not Scored**

Applicants should provide a program abstract with the following information:

1a) Indicate the program model selected.

1b) What age range(s) will be served?

Note: Applicants are instructed to indicate the age range of the Women/Girls to be served. More than one age range may be selected. Proposed age ranges are: Early Adolescence: 10-13; Middle Adolescence: 13-16; Late Adolescence: 16-19 Young to Mid Adults: 19-24, 25-34, 35-44, and Older Adults: 45 and over.

1c) What geographic area will be served?

1d) Briefly describe the program design, proposed services, interventions/activities and anticipated outcomes.

1e) What challenges are anticipated in delivering the proposed program services?

1f) Applicants are instructed to complete and upload **Attachment 2 – Statement of Assurances** in response to this Bid Factor question.

1g) Article 28 Applicants are instructed to upload the **Article 28 Operating Certificate** as **Attachment 3** in response to this Bid Factor question.

1h) Applicants are instructed to complete and upload **Attachment 11 – M/WBE Utilization Plan** to this Bid Factor question.

1i) Applicants are instructed to complete and upload **Attachment 12 – Vendor Responsibility Attestation** to this Bid Factor question.

- 1j) Applicants are instructed to complete and upload **Attachment 13 – Application Cover Page** to this Bid Factor question.

2. Community and Agency Description

Maximum Score: 13 Points

- 2a) Describe your organization's existing sexual health and HIV/STI/HCV prevention-related activities/services, highlighting those serving the priority population of Women and Girls (including age ranges) with a focus on communities of color. Include the length of time each service has been provided and an estimate of the number of individuals from the priority population of Women and Girls that your organization has served through program services over the past two (2) years.
- 2b) Describe the gaps and strengths in services for the priority population in the region and how these gaps will be addressed with this funding. Include how community/population strengths and assets will be leveraged to benefit the program.
- 2c) Describe how the agency has created an affirming environment for Women and Girls with a focus on communities of color. Include evidence/information to support that your agency has a history providing ethnically, linguistically, and culturally affirming responsive services for Women and Girls with a focus on communities of color. Responses should address the following areas: staff recruitment, staff training, client services, development of agency, and program policies and procedures.
- 2d) Describe any prior grants your organization has received from the New York State Department of Health AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. OR if your organization has not received funding from the New York State Department of Health AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results the program and the successes in achieving those results.

3. Health Equity

Maximum Score: 15 Points

- 3a) Which Social Determinant of Health barriers will you address with the priority population served by this funding?
- 3b) Please provide the most current data that you have used to identify the Social Determinant of Health barriers affecting the population served by the funding.
- 3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the Social Determinants of Health. (i.e., if you have offered nutrition or housing services, for example, to a client, and they have responded, has it improved their ability to access HIV testing, Pre-Exposure Prophylaxis (PrEP)/Post-Exposure Prophylaxis (PEP), or other prevention services?).
- 3d) What is your organization's policy around addressing Social Determinants of Health? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?
- 3e) How does the organization's leadership reflect the population served?

4. Program Design and Implementation

Maximum Score: 52 Points

- 4a) Briefly describe your proposed program model. Please address the following items in your response:

- i. Describe the community or communities you will serve through this funding. Include a description of the priority population(s); geographic area to be served; service location(s) within the proposed service area; and site accessibility for the priority population.
 - ii. Describe your overall program design. Include specific strategies for implementing the program services, any innovative strategies you will utilize to implement the program model, the rationale for the selection of the strategy or strategies and why your program is well positioned to implement the proposed program model. Strategies should align with the prescribed program model.
 - iii. Indicate previous outcomes and any changes that were made to the model being proposed to improve it. If this is a new service, include a rationale for why your organization expects this model will work. Include any evidence of pilot programs to demonstrate potential success.
- 4b) Explain how members of the priority population of Women and Girls were involved in the development of the program design (e.g., community needs assessment and other planning/assessment activities) and how their input will continue to be incorporated in the program design and implementation of the proposed program services. Describe key community partnerships required for successful implementation of the proposed program and how clients' access to and engagement in these services will be facilitated, coordinated, recorded and reported.
- 4c) Describe the activities that your program will implement to promote and meet the program objectives outlined in the RFA and workplan. Include the specific public health strategy, evidence-based intervention (EBI) and/or locally developed intervention, Prevention/Support Services, and/or Health Promotion interventions that will be implemented and describe how the proposed strategy/intervention(s) are designed to support connection to HIV testing, sexually transmitted infection (STI) and Hepatitis C virus (HCV) screening, Pre-Exposure Prophylaxis (PrEP)/Post-Exposure Prophylaxis (PEP, and/or linkage and navigation services. Explain how the proposed services will meet the needs of the priority population(s) and the total number of individuals projected to be served in a 12-month period.
- 4c.1) Applicants proposing a locally developed intervention and/or Peer Services/Peer Training Program should complete and upload **Attachment 14: NYSDOH AI's Locally Developed Interventions-Component A only in response to this Bid Factor question.**
- 4d) Describe the specific interventions that will be implemented to address SDOH impacting Women and Girls. Include how the proposed intervention(s) was/were selected and include data to support the need for the intervention. Explain how the proposed services will meet the needs of the priority population(s) and how the intervention(s) will provide connection to HIV testing, STI and Hepatitis C virus (HCV) screening, Pre-Exposure Prophylaxis (PrEP)/Post-Exposure Prophylaxis (PEP, and/or linkage and navigation services. Indicate the total number of individuals projected to be served in a 12-month period.
- 4e) Describe the targeted client recruitment and engagement strategies that will be used to engage individuals in the proposed services/interventions. Applicants should demonstrate access to the priority population and the ability to bring them in for each proposed service. If social media has been chosen for client recruitment/engagement activities, indicate the social media tools that will be used and how they will be utilized in the proposed program.

Complete questions 4f-4g only if applying for Program Model 1- Direct Provision of HIV Testing.

- 4f) Describe how, by whom, and where targeted HIV testing will be provided. Include which rapid HIV test technology(ies) will be used. Indicate whether the program will offer HIV self-test and how it will be implemented within the program.

4f.1) If applying for **Program Model 1- Direct Provision of HIV Testing**, a copy of the agency's valid **CLIA Permit for HIV Testing** should be uploaded in response to this Bid Factor question as **Attachment 15A**.

4g) Explain the process for how confirmatory HIV testing will be conducted including: 1) how you will ensure the timely provision of test results; and 2) how you will follow up with and locate individuals who test HIV positive and do not show up for a test result appointment. For newly diagnosed clients, please describe how your program will ensure timely reporting of the diagnosis to New York State Department of Health, as well as linkage to HIV medical care with HIV-related lab work within 30 days of diagnosis, Partner Services, and prevention services.

Complete question 4h only if applying for Program Model 2- Documented Referral to HIV Testing.

4h) Describe the process used to refer clients to HIV testing services, including who clients will be referred to, how you will ensure clients will receive HIV testing services and the process to document and confirm that services were received and follow up was provided.

Applicants are instructed to answer questions for the method by which STI and HCV screening will be provided (i.e., Direct, paid subcontract OR via Documented Referral).

Direct STI and HCV Screening

If directly providing STI and HCV Screening, please complete questions "4.i.- 4.l." below.

4i) Indicate which STI screening methods (e.g., syphilis serology, NAAT) will be used. Include the name of the lab to be used for processing specimens and whether they have current CLEP approval to conduct the necessary laboratory tests on the specimen types.

4i.1) If directly providing STI and HCV Screening, a copy of the agency's valid **CLIA Permit for STI/HCV Screening** should be uploaded in response to this Bid Factor question as **Attachment 15B**.

4j) Indicate which anatomic sites (e.g., vaginal/cervical or, urethral, rectal, pharyngeal) will be tested for STIs: Include a description of the procedures that are currently in place for three site testing.

4k) Explain how your program will ensure linkage to sexually transmitted infection (STI) treatment and medical care within 72 hours of diagnosis including scheduling the medical appointment and follow up to confirm client has accessed treatment/care. For clients with hepatitis C virus (HCV) reactive results, include how your program will ensure linkage to hepatitis C virus (HCV) diagnostic testing and/or medical care including scheduling the medical appointment and follow up to confirm client has accessed treatment/care.

4l) Explain how you will ensure support and linkages to Partner Services and prevention services for sexually transmitted infection (STI) positive individuals and include how you will fulfill your reporting obligations under NYS Sanitary Code for HCV and/or STIs and/or applicable public health law.

Documented referral to HIV/STI and hepatitis C virus (HCV) Screening

If providing STI and hepatitis C virus (HCV) screening via documented referral, please complete question "4m" below.

4m) Describe the process used to refer clients to sexually transmitted infection (STI) and hepatitis C virus (HCV) screening, who clients will be referred to, how you will ensure clients will receive sexually transmitted infection (STI) and hepatitis C virus (HCV) screening and the process that will be used to document and confirm that services were received and follow up was provided.

All applicants are instructed to complete questions 4n-4r.

- 4n) Have you addressed all components and answered all questions for the selected Program Model?
- 4o) Describe your process for delivering linkage and navigation services from client readiness to case closure. Include how you will track linkages to ensure services were received and the outcomes of the linkages.
- 4p) Indicate the services clients will be linked to for medical, prevention and supportive services providers by completing and uploading **Attachment 16: Service Linkages Chart-Component A only** to this Bid Factor question.
- 4q) Indicate how you will monitor progress in meeting program objectives, completing tasks/activities, and achieving key performance indicators as indicated in **Component A Work Plan (Attachment 8)**. What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets? Describe how data will flow from point of service to delivery to entry into AIRS. Include information on how your results will inform future program changes.
- 4r) Describe how the proposed program will be staffed. Include staff titles, roles and responsibilities of each position needed to operate and manage the proposed program, including Peers (as appropriate) and AIRS data collection and entry, also indicating whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. Provide information to demonstrate that your agency/program and staff have the capacity to work with populations and cultures that fall outside that of the dominate agency culture.
- 4s) Applicants are instructed to upload their **Agency Organizational Chart** as **Attachment 17** in response to this Bid Factor question. **Organizational charts should be submitted as a .PDF document.**

5. Budgets and Justifications

Maximum Score: 20 Points

Complete and submit a budget following these instructions:

- 5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (**June 1, 2025 – May 31, 2026**) should be entered into the SFS online application. Refer to **Attachment 18: SFS Expenditure Budget Instructions**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and Work Plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable.
- 5b) For staff listed in the Personal Services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTEs and for the fringe benefits requested. Indicate whether each position is to be hired (TBH) or existing staff.
- 5c) For each item listed under Non-Personal Services, describe how it is necessary for program implementation. Non-Personal services include Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses, and Other costs.
- 5d) Indicate the percentage of the budget and the budget categories directly allocated to the support and implementation of social determinants of Health interventions i.e. childcare, nutrition, employment,

housing support, reproductive healthcare etc.

- 5e) For the last three (3) years, does your organization's Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this..
- 5f) The organization's **Statement of Activities** for the past three (3) years should be uploaded as **Attachment 19** in response to this Bid Factor question.
- 5g) Applicants are instructed to upload a copy of their **Agency Time and Effort Policy** as **Attachment 20** in response to this Bid Factor question.
- 5h) Applicants are instructed to complete and upload **Attachment 21: Funding History for HIV/STI/HCV** in response to this Bid Factor question.
- 5i) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 5j) Funding requests should adhere to the following guidelines:
- An indirect cost rate of up to 10% of modified total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of modified total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate. This funding may only be used to expand existing activities or create new activities pursuant to this Request for Applications. These funds may not be used to supplant funds for currently existing staff and activities. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this Request for Applications must apply for continuation of funding.
 - Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by New York State Department of Health to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Not Scored

For the SFS **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in **Component A Work Plan, Attachment 8**. Any additional Project Summary entered in the Project Summary area will not be considered or scored by reviewers of your application.

Applicants are not required to enter the performance measures for each work plan objective in the SFS Work Plan at the time of application. Applicants should review the performance measures as they are listed in **Attachment 8: Component A Work Plan**.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in **Attachment 8: Component A Work Plan** and will be required to enter the performance measures into SFS if funding is awarded.

Component B

Application Format

1.	Program Abstract	Not Scored	
2.	Community and Agency Description	Maximum Score:	13 points
3.	Health Equity	Maximum Score:	15 points
4.	Program Design and Implementation	Maximum Score:	52 points
5.	Budget and Justification	Maximum Score:	<u>20 points</u>
6.	Work Plan	Not Scored	

100 points

1. Program Abstract Not Scored

Applicants should provide a program abstract with the following information:

- 1a) Summarize the proposed program. Briefly describe the program design, proposed services, and activities.
- 1b) What are the project goals and objectives?
- 1c) What types of outcomes does your organization expect to achieve? How will success be measured?
- 1d) Describe the anticipated challenges in delivering the proposed program services.
- 1e) Applicants are instructed to complete and upload **Attachment 2 – Statement of Assurances** in response to this Bid Factor question.
- 1f) Article 28 Applicants are instructed to upload the **Article 28 Operating Certificate** as **Attachment 3** in response to this Bid Factor question.
- 1g) Applicants are instructed to complete and upload **Attachment 11 – M/WBE Utilization Plan** to this Bid Factor question.
- 1h) Applicants are instructed to complete and upload **Attachment 12 – Vendor Responsibility Attestation** to this Bid Factor question.
- 1i) Applicants are instructed to complete and upload **Attachment 13 – Application Cover Page** to this Bid Factor question.

2. Community and Agency Description Maximum Score: 13 Points

- 2a) Indicate your agency staff’s experience with the provision of technical assistance and capacity building services in support of the priority population you propose to reach as per the proposed program model. Provide a specific example to demonstrate your agency's leadership role regarding strengthening capacity building in support of the priority population.
- 2b) Describe how the agency has created an affirming environment for Women and Girls with a focus on communities of color. Include evidence/information to support that your agency has a history providing ethnically, linguistically, and culturally affirming responsive services for Women and Girls with a focus on communities of color. Responses should address the following areas: staff recruitment, staff training, client services, development of agency, and program policies and procedures.
- 2c) Explain your agency's experience in bringing together individuals/entities who have different perspectives and vested interests to support a shared goal. Provide a brief example that

demonstrates your agency's experience building cross-sector collaboration and leveraging shared resources.

- 2d) Describe the gaps and strengths in services for the priority population in the region and how these gaps will be addressed with this funding. Include how community/population strengths and assets will be leveraged to benefit the program.
- 2e) Describe your agency's experience working with a variety of existing communication platforms (e.g., social media, video, print).
- 2f) Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal. Include the results of the program and successes of those grants. OR if your organization has not received funding from the New York State Department of Health AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results the program and the successes in achieving those results.

3. Health Equity

Maximum Score: 15 Points

- 3a) Which social determinant of health (SDOH) barriers will you address with the priority population served by this funding?
- 3b) Please provide the most current data that you have used to identify the social determinant of health (SDOH) barriers affecting the population served by the funding.
- 3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the social determinant of health (SDOH). (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their ability to access HIV testing, Pre-Exposure Prophylaxis (PrEP)/Post-Exposure Prophylaxis (PEP, or other prevention services?).
- 3d) What is your organization's policy around addressing social determinant of health (SDOH)? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?
- 3e) How does the organization's leadership reflect the population served?

4. Program Design and Implementation

Maximum Score: 52 Points

- 4a) Describe your overall program design, include specific and/or innovative strategies for implementing the program services. Explain the rationale for the selection of the strategy or strategies.
- 4b) Describe how you will work with existing coordinating and community planning bodies to plan, promote and implement events, share resources and encourage learning.
- 4c) Explain how you will involve members of the priority population in the planning process and how their input will be incorporated in the design of events and related activities.
- 4d) Indicate how existing and new relationships with other organizations will be established or re-established to accomplish program objectives of the program model selected (e.g., promote community wide collaboration/learning, address various domains of wellness, identify innovative strategies).

- 4e) Indicate how you will work with community partners to address knowledge, attitude and beliefs that may prevent members of the priority community from accessing prevention, support and medical care services.
- 4f) Indicate how you will work with community partners to strengthen capacity to understand the contextual factors such as culture, norms, stigma, discrimination, and health care disparities experienced by the priority population(s).
- 4g) Describe what communication platforms (e.g., print, social media) you will use to support event promotion, increase general awareness, provide accurate and science-based information and address misinformation.
- 4h) Indicate how community messaging will be informed by contextual factors such as culture, language, health literacy levels, norms, stigma, discrimination and health care disparities experienced by the priority population.
- 4i) Describe how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support.
- 4i.1) Applicants are instructed to upload their **Agency Organizational Chart** as **Attachment 17** in response to this Bid Factor question. **Organizational charts should be submitted as a .PDF document.**
- 4j) Indicate the type of program evaluation activities that you will conduct to track your progress in meeting key performance measures. Indicate how your agency plans to share findings from program evaluation activities with community partners. Explain how information will be used to change or improve the program and inform future events.

5. Budgets and Justifications

Maximum Score: 20 Points

Complete and submit a budget following these instructions:

- 5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (**June 1, 2025 – May 31, 2026**) should be entered into SFS. Refer to **Attachment 18: SFS Expenditure Budget Instructions**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and Work Plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the Request for Applications will be cost reimbursable.
- 5b) For staff listed in the Personal Services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Applicants are instructed to include a justification for each of the requested Full Time Equivalents (FTE's) and for the fringe benefits requested. Indicate how the positions relate to program implementation. Indicate whether each position is to be hired (TBH) or existing staff.
- 5c) For each item listed under Non-Personal Services, describe how it is necessary for program implementation. Non-Personal services include Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses, and Other costs.
- 5d) For the last three (3) years, does your organization's Statement of Activities from your yearly audit

show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this.

5e) The **Statement of Activities** for the past three (3) years should be uploaded in response to this Bid Factor question as **Attachment 19**.

5f) Applicants are instructed to upload a copy of their **Agency Time and Effort Policy** as **Attachment 20** in response to this Bid Factor question.

5g) Applicants are instructed to complete and upload **Attachment 21: Funding History for HIV/STI/HCV** in response to this Bid Factor question.

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

5i) Funding requests should adhere to the following guidelines:

- An indirect cost rate of up to 10% of modified total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of modified total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate. This funding may only be used to expand existing activities or create new activities pursuant to this Request for Applications. These funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this Request for Applications must apply for continuation of funding.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by New York State Department of Health to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

For the **SFS Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in **Component B Work Plan - Attachment 9**. Any additional Project Summary entered in the Project Summary area will not be considered or scored by reviewers of your application.

Applicants are not required to enter the performance measures for each Work Plan objective in the SFS Work Plan at the time of application. Applicants should review the performance measures as they are listed in **Attachment 9: Component B Work Plan**.

Funded applicants will be held to the performance measures as listed in **Attachment 9: Component B Work Plan** and will be required to enter the performance measures into the SFS if funding is awarded.

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 New York State Department of Health AIDS Institute using an objective rating system reflective of the items specified for each component. An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An Application that does not provide all required information will be omitted from consideration.

In the event of a tie score, the applicant with the highest score for Section 3 – Health Equity – will receive the award. Should there still be a tie score, the applicant with the highest score in Section 4. Program Design and Implementation will receive the award.

Applications with minor issues (for example, an Application missing information that is not essential to timely review and would not impact review scores) MAY be processed and evaluated, at the discretion of the State, but any issues with an Application which are identified by the Department must be resolved prior to time of award. An Application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

The New York State Department of Health AIDS Institute reserves the right to revise the award amounts as necessary due to changes in the availability of funding. If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. The New York State Department of Health AIDS Institute reserves the right to review and rescind all subcontracts.

The New York State Department of Health AIDS Institute anticipates that there may be more worthy applications than can be funded with available resources. Please see Section I. B of the RFA for specific review and award information. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) not funded, due to limited resources and 3) not approved. Not funded applications may be awarded should additional funds become available.

Once awards have been made pursuant to the terms of this RFA, an Applicant may request a debriefing of their own Application (whether their Application was funded or not funded). The debriefing will be limited only to the strengths and weaknesses of the Application submitted by the Applicant requesting a debriefing and will not include any discussion of ANY OTHER Applications. Requests for a debriefing must be received by the Department, the New York State Department of Health AIDS Institute, 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 WomensRFA@health.ny.gov. In the subject line, please write: *Debriefing Request: HIV/STI/HCV Prevention and Related Services for Women and Girls*.

Unsuccessful Applicants who wish to protest the award(s) resulting from this RFA on legal and/or factual grounds, should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <https://www.osc.state.ny.us/state-agencies/gfo/chapter-xi/xi17-protest-procedures> (Section XI. 17.)

VI. ATTACHMENTS

- Please note that ALL Attachments to this RFA are accessed under the “**Attachments Section**” of the Statewide Financial System online Application/Bid Event and are not included in the RFA document. In order to access the online Application/Bid Event and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Statewide Financial System. Attachments that are requested to be uploaded as part of an Application/Bid Event response will be requested in individual corresponding Bid Factors (See Section V.A., “Program Specific Questions(PSQ)/Bid Factors”).

Attachment 1: HIV/STI/HCV Prevention and Related Services for Women and Girls Guiding Principles and Resources**

Attachment 2: Statement of Assurances *

Attachment 3: Article 28 Operating Certificate (if applicable) *

Attachment 4: NYSDOH AI’s Cross Sector Collaborations Requirements**

Attachment 5: NYSDOH AI’s Targeted HIV Testing Requirements**

Attachment 6: NYSDOH AI Division of HIV/STD/HCV Prevention HIV Home/Self-Test Program Guidance**

Attachment 7: NYSDOH AI’s STI and HCV Screening Requirements**

Attachment 8: Component A –Work Plan**

Attachment 9: Component B – Work Plan**

Attachment 10: Health Equity Definitions and Examples**

Attachment 11: Minority & Women-Owned Business Forms *

Attachment 12: Vendor Responsibility Attestation *

Attachment 13: Application Cover Page *

Attachment 14: NYSDOH AI’s Locally Developed Interventions - Component A only (if applicable) *

Attachment 15A: CLIA permit for HIV Testing - Component A only (if applicable) *

Attachment 15B: CLIA permit for STI/HCV Screening - Component A only (if applicable) *

Attachment 16: Service Linkages Chart - Component A only *

Attachment 17: Agency Organizational Chart *

Attachment 18: SFS Expenditure Budget Instructions**

Attachment 19: Statement of Activities for the Past Three (3) Years *

Attachment 20: Agency Time and Effort Policy *

Attachment 21: Funding History for HIV/STI/HCV *

*These attachments **must** be uploaded as part of your agency’s Statewide Financial System (SFS) online Application in response to corresponding Bid Factor questions. Forms to be completed are located in the “**Attachments Section**” of the Statewide Financial System online Application/Bid Event.

These attachments do not need to be completed and are for Applicant information only. These Attachments may be accessed in the “Attachments Section**” of the Statewide Financial System online Application/Bid Event.