

HEALTH RESEARCH, INC.

**New York State
Department of Health**
*Division of HIV and Hepatitis Health Care
Bureau of Community Support Services*

**Request for Applications
RFA Number 16-0003**

Nutrition Health Education and Food and Meal Services for Persons Living with HIV/AIDS

KEY DATES

RFA Release Date:	July 18, 2016
Questions Due:	August 2, 2016 by 5:00 PM ET
Questions, Answers and Updates Posted: (on or about)	August 16, 2016
Letter of Intent Due (Optional):	August 24, 2016
Applications Due:	September 7, 2016 by 5:00 PM ET

Contact Name & Address:

Maryland M. Toney, Director
Nutrition Initiative
NYS Department of Health/AIDS Institute
Bureau of Community Support Services
NutritionInitiativeRFA2016@health.ny.gov

How to File an Application:

Applicants shall submit (1) original, signed unbound application and (6) complete copies, with all attachments to the following address by 5:00 PM ET on September 7, 2016. Late applications will not be accepted.

Valerie J. White, Deputy Director
Surveillance, Prevention, Drug User Health and Administration
New York State Department of Health/AIDS Institute
ESP, Corning Tower, Room 478
Albany, NY 12237

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I. Introduction

The New York State Department of Health AIDS Institute (NYSDOH AI) Division of HIV and Hepatitis Health Care, Bureau of Community Support Services (BCSS) and Health Research, Inc. (HRI) announce the availability of \$2,643,425 for the provision of Nutrition Health Education and Food and Meal Services to persons living with HIV/AIDS in New York State.

The NYSDOH AI continues its commitment to improving and maintaining the nutritional well-being of persons living with HIV/AIDS (PLWHA) in New York State. Since 1990, the AI has provided funding for food and nutrition services. The nutrition services to be funded through this RFA will strengthen the comprehensive continuum of HIV prevention, health care, and supportive services in New York State. This will be accomplished through the provision of nutrition health education (NHE) and food and meal services that support retention in and adherence to HIV medical care and treatment. The Nutrition Initiative supports the nutrition and weight status objectives of Healthy People 2020 that emphasize that efforts to change diet and weight should address individual skills and behaviors, as well as increase the access to and availability of healthier foods that can help people follow healthful diets.¹

A) BACKGROUND

In June 2014, Governor Cuomo announced a three-point plan to end the AIDS epidemic in NYS. The plan includes identifying all persons with HIV who remain undiagnosed and linking them to health care; linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV viral suppression so they remain healthy and prevent further transmission; and providing access to PrEP to persons who engage in high-risk behaviors to keep them HIV negative. The goal of the plan is to decrease new HIV infections to 750 per year by the end of 2020.

The American Dietetic Association supports efforts to optimize nutritional status through the assurance of food and nutrition security and nutrition education as essential components of the health care available to PLWHA. The management of nutrition-related complications of HIV infection remains a significant challenge for clients and health care professionals. Registered dietitians and dietetic technicians need to integrate their efforts into overall health care strategies to optimize their clinical and social influence for PLWHA.² Nutrition interventions and services for PLWHA that increase food and nutrition security include the availability of nutritionally adequate and safe foods and support the process of making appropriate food choices that promote good health.

1 Healthy People 2020. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status

2 American Dietetic Association. (2010). Position of the American Dietetic Association: Nutrition intervention and human immunodeficiency virus infection. *Journal of The American Dietetic Association, 2010 (110)*, 1105-1119. doi: 10.1016/j.jada.2010.05.020

A study conducted of PLWHA in New York City and the Tri-County region found that food insecurity has been associated with increased behavioral risk of HIV transmission, reduced access to HIV care and treatment, decreased ART adherence and poor clinical outcomes among PLWHA.³ Integrating effective food and nutrition services into the care continuum is essential for the health and quality of life of PLWHA, and doing so improves retention in HIV care, adherent ART use, and health outcomes.⁴

B) INTENT

The intent of this RFA is to focus on the development and implementation of effective Nutrition Health Education (NHE) that empowers PLWHA to learn, practice and apply the self-management skills needed to achieve optimal health outcomes. NHE improves health outcomes through the identification of nutritional goals and the development of a targeted plan that supports those goals. Education is a vital component of the plan and facilitates the development of skills and dietary strategies that enable PLWHA to achieve and maintain their health and adhere to their treatment regimens. Food and meal services facilitate the provision of nutritious foods required to meet the nutritional needs of PLWHA; therefore, food and meal services are provided in conjunction with NHE. Nutrition interventions are critical components of HIV/AIDS care, improve quality of life, aid in symptom management, and support medication therapy.

Funded applicants will make all services available to all eligible PLWHA in the prescribed geographic region *and not limit services to agency clients only*. Nutrition health education and food and meal services should serve community needs by allowing access to services for eligible individuals who may be enrolled with other agencies or are from the larger community.

Funded applicants will collaborate with other regional providers and develop a system for making all services available. Funded applicants will be expected to identify and leverage other community resources that will: 1) enhance the provision of service delivery; 2) maximize access to nutritional services; 3) assist clients to overcome personal or cultural barriers that prevent them from making good nutritional choices; and 4) address issues that may compromise their health status.

C) AVAILABLE FUNDING AND REGIONAL DISTRIBUTION

Existing AIDS Institute Nutrition Services providers must apply and successfully compete for funding under this RFA in order to receive continued funding for nutrition services beyond April 1, 2017.

3 Community Health & Information Network Project. (2011). Fact sheet #3: Food and nutrition services, HIV medical care, and health outcomes. Retrieved from www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/housing_and_supportive_services/chain_factsheet3.pdf

4 Anema, A., et al. (2009). Food insecurity and HIV/AIDS: Current knowledge gaps, and research priorities. *Current HIV/AIDS Reports*, 6, 224-231.

There is approximately **\$2,643,425** in available funding.

Region	Number of Awards	Amount per Award
Hudson Valley (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties)	1-2	\$289,000
Northeastern New York (Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties)	1-2	\$289,000
Central New York (Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, and Tompkins counties)	1-2	\$289,000
Finger Lakes (Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates counties)	1-2	\$289,000
Western New York (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties)	1-2	\$289,000
Long Island (Nassau and Suffolk counties)	1-2	\$289,000
New York City (Bronx, Manhattan, Brooklyn, Queens, and Staten Island)	3-4	\$250,000

Applicants are requested to select their primary region of service on the cover page of the application. The primary region of service for the application should be based on the location where the largest number of clients is served. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region. If an applicant fails to indicate a primary service region, it will be assigned a primary service region based on the location where the largest number of clients is proposed to be served.

Applicants may submit no more than one (1) application in response to this RFA. If more than one (1) application is submitted in response to this RFA, the first application that is opened will be reviewed and considered for funding. All other applications will be rejected.

- Awards will be made to the highest scoring applicants in each region, up to the minimum

number of awards indicated for that region. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.

- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, HRI/the NYSDOH AI reserves the right to:
 - Fund an application scoring in the marginal range (60-69) from a region and/or
 - Apply unawarded funding to the next highest scoring applicant(s) in other region(s) until the maximum number of awards per region is met.
- If there are an insufficient number of fundable applications in a region, the maximum number of awards may not be met for that region. HRI/NYSDOH/AI reserves the right to re-solicit any region where there are an insufficient number of fundable applications.
- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region, HRI/the NYSDOH AI reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- HRI/the NYSDOH also reserves the right to revise the award amounts as necessary due to changes in availability of funding.

Should additional funding become available, the AIDS Institute and HRI may select an organization from the pool of applicants deemed approved, but not funded. If it is determined that the needed expertise/services are not available among these organizations, the NYSDOH AI and HRI reserve the right to establish additional competitive solicitations.

Funds awarded through this RFA may NOT be used to supplant funding from other local, state or federal sources or existing programs.

Applicants awarded Ryan White grant funding will be required to follow the guidance detailed in **Ryan White Guidance for Part B Direct Service Contractors (Attachment 1)**.

II. Who May Apply

A) APPLICANT ELIGIBILITY REQUIREMENTS

Applicants must:

- Be a registered not-for-profit 501(c)(3) community based organization or a New York State Department of Health licensed Article 28 facility.
- Have experience in the provision of nutrition services to persons living with HIV/AIDS.

- Have at least two years of experience in the effective administrative, fiscal and programmatic oversight of government contracts.

B) CLIENT ELIGIBILITY

To receive nutrition health education and food and meal services, the index client must have:

- documented proof of being diagnosed with HIV/AIDS;
- completed nutrition assessment by a Registered Dietitian (RD) and dietary recommendations;
- be a NYS resident; and
- meet all income and other recertification requirements.

See the **AIDS Institute's HIV/AIDS Nutrition Health Education and Food and Meal Program Standards (Attachment 2)** for specific client criteria for the two food and meal services;

Collaterals living with index clients are eligible to receive services provided under the food and meal services ***only*** and must meet the following requirements:

- the service has as its primary purpose enabling the non-infected individual to participate in the care of someone with HIV; and
- the service directly enables an infected individual to receive needed medical or support services by removing an identified barrier to care.

Documented dependent children under the age of 18 living in the household are eligible to receive services provided under the food and meal services ***only***.

C) GUIDING PRINCIPLES

The AIDS Institute is committed to developing initiatives that promote optimal health for the people of New York State through HIV prevention activities and quality HIV primary and specialty health care. The primary goal of these initiatives is the improvement of health care outcomes for persons living with HIV/AIDS.

Health Literacy Universal Precaution:

Health literacy impacts all levels of the health care delivery systems. Improving health literacy is critical to achieving the objectives set forth in Healthy People 2020 and, more broadly, key to the success of our national agenda. Limited health literacy affects people of all ages, races, incomes, and educational levels. Even people who have adequate health literacy may experience difficulty processing and using information when they are sick, frightened, or otherwise impaired. Evidence shows that health information and the complexity of the health care system can overwhelm people regardless of their literacy or health literacy skill level. As a result, a universal precautions approach to health literacy is essential to improve health outcomes, reduce

disparities and reduce costs. Health literacy universal precautions is an approach that 1) assumes everyone could use help understanding health information; 2) considers it the responsibility of the health care system to make sure patients understand health information; and 3) focuses on making health care providers and environments more literacy friendly and ensures training for providers to communicate more effectively. Funded providers will integrate health literacy universal precautions into their funded program policies, staff training requirements, care models, and quality improvement activities to ensure patient understanding at all points of contact. Best practices recommendations for health literacy universal precautions include the expansion of these guiding principles agency wide. Additional resources can be found at www.ahrq.gov

Ryan White Restrictions:

Ryan White funding is the “*payer of last resort*”. It serves to increase access to care for underserved populations and improve the quality of life for those impacted by the epidemic. It is intended to provide services to persons living with HIV/AIDS who have no other payer source for care and treatment services and to provide services not covered by other payers.

The Ryan White HIV/AIDS Treatment Extension Act requires “...the State will ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made with respect to that item or service under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or by an entity that provide health services on a prepaid basis.” HRSA policy 97-02 further states that at the individual consumer level, grantees and/or their subcontractors are expected to make reasonable efforts to secure other funding instead of Ryan White whenever possible. Ryan White funding may be used for services that are not reimbursable by Medicaid, ADAP Plus or other third-party payers.

In order to ensure that Ryan White funds are payer of last resort, contractors must screen consumers for eligibility to receive services through other programs (e.g. Medicaid, Medicare, VA, HIV Uninsured Program/ADAP, private health insurance), reassess consumer eligibility for Ryan White services ever six months, and document consumer eligibility.

Contractors must have policies and procedures in place addressing these screening requirements. Contract managers will review these policies and procedures as well as documentation of screening activities and client eligibility during contract monitoring.

Additional Requirements:

All applicants selected for funding will be required to:

- A) adhere to the **AIDS Institute’s HIV/AIDS Nutrition Health Education and Food and Meal Standards (Attachment 2);**

- B) demonstrate that systems are in place to support the agency's capacity to receive funds and administer them in conformance with the intent of the funding. The minimum standards considered to be fundamental to any funded agency's successful provision of services, HIV-related or otherwise, cover system expectations in agency administration such as fiscal operations, human resources, information systems technology, resource development, strategic planning, board development and program administration. The agency is expected to provide program staff with the necessary support, training, resources and space to enable them to carry out program goals and objectives;
- C) participate in a collaborative process with the 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 **AIDS Institute HIV/AIDS Nutrition Health Education and Food and Meal Standards (Attachment 2)**, 4) significant accomplishments achieved, and 5) barriers encountered and plans to address noted problems;
- D) submit statistical reports on clients served, and other data using AIRS. Successful applicants must demonstrate the capacity to collect and report all required data using AIRS (both personnel and hardware-related). The 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. The AIDS Institute provides and supports the AIDS Institute Reporting System (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.airsny.org;
- E) ensure compliance with Public Health Law, Section 2786 and Article 21, Title III (section 2139), New York State HIV/AIDS Confidentiality Law, and NYS Department of Health HIV/AIDS Confidentiality Regulations (Part 63: Confidentiality of HIV-Related Information).

III. SCOPE OF SERVICES

For all activities identified here, refer to the **AIDS Institute HIV/AIDS Nutrition Health Education and Food and Meal Standards (Attachment 2)** for guidance.

A) *STAFFING STRUCTURE*

NHE programs should consider the needs of their community, the resources available through this RFA, and other regional resources to determine appropriate staffing models.

All funded programs, at a minimum, are expected to have the following staff 100% dedicated to the NHE program:

- i. ***Community Nutrition Educator***. The Community Nutrition Educator is a trained professional in the delivery of nutrition education and is responsible for developing and facilitating individual and/or group NHE. After each group and/or individual session, the

Community Nutrition Educator must record: 1) client attendance and participation; 2) a summary of the education session; 3) client progress and accomplishments; and 4) any further client needs and the referrals made.

- ii. ***Nutrition Program Assistant.*** The Nutrition Program Assistant, in conjunction with the Community Nutrition Educator, is responsible for performing the community coordination activities. These include identifying and making referrals to appropriate community resources that address the needs of and help remove barriers for the client.

Optional Additional Staff:

Peer Support: Peers can assist: 1) program staff with packing pantry bags, 2) PLWHA with shopping, and 3) with follow-up activities that keep PLWHA engaged in NHE services.

Registered Dietitian (RD) or Certified Dietetic Nutritionist (CDN): RD/CDNs may provide menu planning/review, supervision to NHE staff, curriculum development and review, and RD assessments with dietary recommendations.

B) NUTRITION HEALTH EDUCATION

NHE should be provided to all enrolled program clients either as an individual or group intervention. It is a process by which beliefs and attitudes about food lead to practical and consistent practices addressing individual needs and available food resources. A well-designed curriculum should address essential nutrition education with the goal of increasing nutritional knowledge, enforcing positive nutrition attitudes, and helping develop the behavioral skills clients need to plan, prepare, and select healthful foods.⁵

C) COMMUNITY COORDINATION ACTIVITIES

Considering the multiple socio-economic factors that contribute to poor nutrition and food insecurity, along with co-morbidities that affect persons living with HIV/AIDS, a continuum of services is essential to meet the multitude of complex and varied needs that present barriers to healthy and nutritious choices. Community coordination activities serve to enhance and promote client adherence with and retention in care and treatment services. Linkages and clearly defined referral agreements focus on specific and appropriate services necessary to remove barriers to care, treatment, and support services for clients. Activities include making and following-up on referrals for: 1) other community services; 2) food, nutrition, and financial resources (i.e., food stamps, WIC programs, food pantries, soup kitchens, etc.); and 3) case management services.

Another aspect of community coordination is the leveraging of other community resources.

⁵ Healthy People 2020. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status

Leveraging other community resources is critical for: 1) enhancing the provision of service delivery; 2) maximizing client access to nutritional services; 3) assisting clients to overcome personal or cultural barriers that prevent them from making good nutritional choices; and 4) addressing issues that may compromise their health status.

D) *FOOD AND MEAL SERVICES*

The activities of Nutrition Health Education (NHE) increase the capabilities and skills of persons living with HIV/AIDS to make nutritionally sound decisions. The food and meal services should be provided in conjunction with NHE. NHE and Food and Meal programs should establish an ongoing mechanism for communicating and coordinating with a Registered Dietitian to obtain dietary recommendations and assessments. This is an important aspect of overall nutritional care and ensures that clients receive the appropriate food and meal service and education to meet their needs.

Two food and meal services are required to be offered by each funded applicant under this RFA: pantry/grocery bags and food gift cards/vouchers.

- ***Pantry/Grocery Bags*** provide a supplemental supply of food to PLWHA in need while also promoting self-sufficiency through referrals to other community resources. Food pantry bags can include non-perishable foods, fresh fruits and vegetables, and meats and poultry to supplement and/or create healthy meals.
- ***Food Gift Cards/Vouchers*** provide a supplemental supply of food to PLWHA in need while also promoting self-sufficiency through referrals to other community resources. Voucher programs must develop a system that ensures only authorized clients redeem vouchers and purchase only allowable foods. Clients are given gift cards to grocery stores and must bring back a receipt which is reviewed to ensure adherence with the **AIDS Institute HIV/AIDS Nutrition Health Education and Food and Meal Standards (Attachment 2)**.

Under no circumstances are “gift cards” that can be converted to cash by recipients allowed. Food gift cards/vouchers must be issued by an acceptable food vendor and must be clearly marked as coming from that vendor. The need for food gift card/voucher services must be documented and reassessed every six (6) months.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by Health Research, Inc. (HRI) and the NYS Department of Health (NYS DOH) AIDS Institute - Division of HIV and Hepatitis Health Care, Bureau of Community Support Services with funding provided by Ryan White Part B. HRI/NYS DOH are responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted in writing to:

Maryland M. Toney, MS
NYSDOH AIDS Institute
Email address: NutritionInitiativeRFA2016@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. **Written questions will be accepted until 5:00 P.M. on the date posted on the cover of this RFA.**

Questions of a technical nature can be addressed in writing and are limited to how to prepare an application, obtaining forms, formatting the application (font size, margin, number of pages, etc.) or where to send/deliver the application. **Technical questions do not relate to the substance/content of the application.**

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on HRI's public website at: <http://www.healthresearch.org/funding-opportunities>. Questions and answers, as well as any updates and/or modifications, will also be posted on HRI's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

C. Letter of Intent (optional)

Prospective applicants may submit a letter of intent as **Attachment 3**. Letters of intent should be submitted to Maryland Toney at the following Bureau Mail Log (BML):

NutritionInitiativeRFA2016@health.ny.gov

Please ensure that the RFA number is noted in the subject line and are submitted by the date posted on the cover of the RFA.

Submission of a letter of intent is not a requirement. Applications may be submitted without first having submitted a letter of intent.

D. Applicant Conference

An Applicant Conference will **not** be held for this project.

E. How to file an application

Applications must be **received** at the following address by the date and time posted on the cover sheet of this RFA. Late applications will not be accepted.*

**Valerie J. White, Deputy Director
Surveillance, Prevention, Drug User Health and Administration
New York State Department of Health/AIDS Institute
ESP, Corning Tower, Room 478
Albany, NY 12237**

Applicants shall submit (1) original, signed unbound application and (6) complete copies, with all attachments. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. The original application should be clearly identified and bear the original signature of the Executive Director or Chief Executive Officer of the organization submitting the application or his/her designee indicating his or her commitment to the proposed project, as well as the commitment of the agency's Board of Directors or Equivalent Official. **See Sample Letter of Commitment from the Executive Director or Chief Executive Officer (Attachment 4) and Sample Letter of Commitment from the Board of Directors or Equivalent Official (Attachment 5).**

Applications will not be accepted via fax or e-mail.

*It is the applicant's responsibility to see that applications are delivered to the address above prior to the date and time specified above. Late applications due to documentable delay by the carrier may be considered at HRI's discretion.

F. HRI AND THE DEPARTMENT OF HEALTH RESERVE THE RIGHT TO:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at HRI'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.
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

agency'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. Conduct contract negotiations with the next responsible applicant, should HRI be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. 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 offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of HRI.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award contracts based on geographic or regional considerations to serve the best interests of HRI.

For further detail please see **HRI General Terms and Conditions (Attachment 6)**.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon final approval by Health Research, Inc.

Contracts resulting from this RFA will be for 12 month terms. Contracts may be renewed up to four (4) additional annual contract periods. Renewals are dependent upon satisfactory performance and continued funding. HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding. The anticipated start date is April 1, 2017.

H. Payment & Reporting Requirements of Awardees

1. The contractor shall submit monthly vouchers to:

**Bureau of Community Support Services
New York State Department of Health/AIDS Institute
90 Church Street, 13th floor
New York, NY 10007**

2. The contractor shall submit the following periodic reports:

- Monthly narrative report of program activities
- Monthly submission of an extract and an aggregate report from the AIDS Institute Reporting System (AIRS) containing all data as specified by the AIDS Institute.

All vouchering requirements will be detailed in Exhibit C of the final contract.

I. General Specifications

1. By signing the Application Cover Page (**Attachment 7**), each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractor will possess, at no cost to HRI or 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 this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by HRI during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.

4. An applicant may be disqualified from receiving awards 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.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of HRI as to all matters arising in connection with or relating to the contract resulting from this RFA.
 - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, HRI shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
6. Applicant must maintain an active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

V. Completing the Application

A) APPLICATION FORMAT

Applications **should not exceed twelve (12) double-spaced pages**, (not including the program summary, budget, and all attachments) **using a 12-pitch type font with one-inch margins on all sides. Pages should be numbered consecutively, including all attachments.** The **Application Cover Page (Attachment 7)**, program summary, budget and budget justification, and all attachments are **not included** in the twelve page limitation. Please submit only requested information in attachments and do not add attachments that are not requested. **Failure to follow these guidelines will result in a deduction of up to six (6) points.**

B) APPLICATION CONTENT

Please respond to each of the following statements and questions. Your responses comprise your application. **Number/letter your narrative to correspond to each statement and question in the order presented below.** Be specific and complete in your response. Indicate if the statement or question is not relevant to your agency or proposal. The value assigned to each section is an indication of the relative weight that will be given to that section when your application is scored.

An applicant checklist has been included to help ensure that submission requirements have been met. Applicants should review this attachment before and after writing the application. **In assembling your application, please follow the outline provided in the Application Checklist (Attachment 8).**

When completing your application, assume the reviewers are unfamiliar with your organization and its programs/services and provide complete detailed responses to the requested information.

1. PROGRAM SUMMARY

**Maximum 1 Page
Not Scored**

Summarize the proposed program and objectives to meet the specific goals of this RFA, including:

- a) target population(s) and estimated numbers to be served annually;
- b) indicate how PLWH/A will have adequate access to medical treatment and care and other supportive services; and
- c) anticipated outcomes.

2. STATEMENT OF NEED

**Maximum 1 Page
Total 10 Points**

- a) Describe the need for the services proposed in the application, and how the need for these services was determined. Include a description of the target population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the targeted population. Include pertinent statistics and sources of data used to demonstrate need. Complete the **Population Data Form and include as Attachment 9**.
- b) Describe other programs in the geographic area that are providing similar services, how the proposed program will address these needs without duplicating existing services, and how the grant request will address legitimate gaps in care without supplanting other resources.

3. APPLICANT EXPERIENCE AND CAPABILITY

**Maximum 2 Pages
Total 20 points**

- a) Describe the agency, its overall mission and services, length of time services have been provided, and all HIV-related services provided to the target population. Describe the number of years the agency has had in the effective administrative, fiscal and programmatic oversight of government contracts. Complete **Funding History for HIV Services (Attachment 10)**.
- b) Describe the agency's experience providing nutrition services to persons living with HIV/AIDS. Describe the agency's successes and challenges with the provision of NHE and food and meal services and the service coordination activities with other regional providers serving the targeted population.
- c) Describe how the proposed program will be integrated with other programs and services within the agency. Attach an Organizational Chart as **Attachment 15** and a Program Level Organization Chart as **Attachment 15A** which delineates the relationship of staff to each other, including the management and supervisory structure for the proposed program (*The organizational charts are not counted toward the application's page limit*).

4. PROGRAM DESIGN

**Maximum 5 Pages
Total 25 Points**

- a) Describe the design and structure of the proposed program including the following: (i) nutrition health education services/topics to be delivered; (ii) how NHE will be delivered; (iii) location and frequency of NHE; and (iv) how the program design will promote nutritional stability, retention in care, and viral suppression. Complete the **Site(s), Day(s), and Hours of Operation form (Attachment 11)**.

- b) Describe the mechanism the agency will use to ensure program staff confer with a Registered Dietitian on an ongoing and routine basis one is not funded through this program.
- c) Describe how the agency will ensure effective culturally, linguistically, and health literacy competent strategies for delivering NHE and food and meals that address the multiple nutritional needs of HIV individuals, including immigrant and migrant populations, communities of color, and diverse gender and sexual identity populations (i.e., lesbian, gay, bisexual, transgender, and questioning).
- d) Describe how funded services will be made available to a wide range of clients in the region, including clients not enrolled in the agency. Include the activities to identify and enroll PLWHA in need of services. Discuss any anticipated challenges and how they will be addressed.
- e) Describe the mechanisms the agency will use to ensure community collaboration activities that enhance and promote adherence with and retention in care and treatment services. Describe how referrals will be tracked and monitored, including confirmation that the service has been received.
- f) Describe the agency's process for leveraging community resources (i.e., food pantries, soup kitchens, churches, federal and state programs, etc.) to enhance the provision of service delivery, maximize access to nutritional services, and address the multiple nutritional and financial needs of PLWHA. Describe existing or planned partnerships with other food and nutrition service providers in the region.
- g) Describe how consumers were involved in the development of this application and how consumers will continue to be involved during the implementation and evaluation of the nutrition service activities.

5. STAFFING PLAN AND QUALIFICATIONS

**Maximum 2 Pages
Total 15 Points**

- a) Describe how the proposed program will be staffed. Include a brief description with job qualifications and experience required for each position. Indicate who will be directly responsible for the programmatic, fiscal, and management oversight of the proposed program. Complete **Agency Capacity and Staffing Information (Attachment 12)** and attach copies of all staff resumes as **Attachment 16**. (*Resumes do not count toward the application's page limit*).
- b) Describe the qualifications and role/activities of the peer position(s), if the program will be including them. Identify the title/position of who will supervise the peers. Indicate the plan for initial and on-going training of the peers.

- c) Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership, etc.) to ensure stability over time.
- d) Describe the plan for initial and ongoing staff training and support. Identify the mandatory training that will be required for all staff associated with the program.

6. EVALUATION AND QUALITY IMPROVEMENT

**Maximum 2 Pages
Total 10 Points**

- a) Describe how progress towards meeting proposed program outcomes will be monitored, how the need to revise the program will be recognized, and how changes will be implemented, reviewed, fine-tuned and evaluated. Describe how this information will be shared with program staff and agency leadership.
- b) Describe the agency's AIRS implementation strategy, the staff position(s) and their responsibilities, and how data will flow from point of service delivery to entry into AIRS. Completing **AIDS Institute Reporting System (AIRS) (Attachment 13)** is required to provide a thorough explanation of the agency's logistics and process for AIRS.

7. BUDGETS AND JUSTIFICATIONS

**Budget Pages
Total 20 Points**

The budget pages and justification (Attachment 14) are not included in the application page limit.

- a) Complete all required budget pages. See Attachment 14 (Ryan White Funding Specific Budget Forms). Applicant should submit a 12 month budget, assuming an April 1, 2017 start date. Costs should be reasonable and relate directly to activities described in the application and consistent with the scope of services outlined in the RFA.
- b) Include justifications for each cost in narrative form. Community Nutrition Educator and Nutrition Program Assistant positions must be 100% FTE on the contract. For all other positions, delineate the percentage of staff time devoted to this initiative and explain how it was determined. Include all subcontracts/consultants with contractual amounts and methodologies.
- c) Applicants are required to submit a copy of the agency's most recent Yearly Independent Audit attached as **Attachment 17**.
- d) Funding requests must adhere to the following guidelines:
 - Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 10%.

- ***Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may not be used to supplant funds for currently existing staff and activities.*** Agencies currently funded by the AIDS Institute to provide Nutrition Services to PLWH/A must apply for continuation and/or modification of program services in accordance with the requirements of this RFA.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed workplan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

C. Review Process

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the AIDS Institute using an objective rating system reflective of the required items specified for each component. The AIDS Institute anticipates that there may be more worthy applications than can be funded with available resources. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) approved, but not funded, and 3) not approved.

In addition to applicant responses to the above statements and questions, reviewers will also consider the following factors:

- Overall merit of the application;
- Demonstration of need for proposed services;
- Availability of similar services/resources in the applicant's service area;
- Geographic coverage;
- Agency capacity and experience to provide the proposed services;
- The agency's access to the target population(s);
- The appropriateness of the evaluation strategy;
- Relevance and justification for costs included in the budget;
- The applicant's experience in the effective oversight of the administrative, fiscal and programmatic aspects of government contracts;
- The funding and performance history of the agency or program with the AIDS Institute and other funding sources for providing similar and related services.

In cases in which two or more applicants for funding are judged on the basis of their written applications to be equal in quality, the applicant with the highest score for Section 4 - Program Design will receive the award.

NYS and HRI reserve 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.

ATTACHMENTS TO THE RFA

- Attachment 1: Ryan White Guidance for Part B Direct Service Contractors
- Attachment 2: AIDS Institute HIV/AIDS Nutrition Health Education & Food and Meal Standards
- Attachment 3: Sample Letter of Intent
- Attachment 4: Sample Letter of Commitment from Executive Director or Chief Executive Officer
- Attachment 5: Sample Letter of Commitment from Board of Directors or Equivalent Official
- Attachment 6: HRI General Terms and Conditions
- Attachment 7: Application Cover Page
- Attachment 8: Application Checklist
- Attachment 9: Population Data Form
- Attachment 10: Funding History for HIV Services
- Attachment 11: Site(s), Day(s), and Hours of Operation
- Attachment 12: Agency Capacity and Staffing Information
- Attachment 13: AIDS Institute Reporting System
- Attachment 14: Ryan White Specific Budget Forms
- Attachment 14A: Instructions for Completion of Ryan White Specific Budget Forms
- Attachment 15: Organizational Chart
- Attachment 15A: Program Level Organizational Chart
- Attachment 16: Staff Resumes
- Attachment 17: Yearly Independent Audit