RFA Number QPS-2016-04

HEALTH RESEARCH, INC.

New York State
Department of Health

Office of Quality and Patient Safety
State Health Innovation Plan / State Innovation Model Initiative

Request for Applications

L.I.F.T Population Health
(Linking Interventions For Total Population Health)

------------------------------------------

KEY DATES

RFA Release Date: August 5, 2016

Letters of Interest and Questions Due: August 18, 2016

RFA Updates Posted: September 2, 2016

Applications Due: September 30, 2016 by 4:00 pm ET

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I. Introduction

Summary

Health Research, Inc. (HRI) and the New York State Department of Health (NYSDOH) are seeking applications for an initiative entitled Linking Interventions For Total Population Health (LIFT Population Health) to support prevention activities that align with and leverage other health system redesign efforts in a target community.

LIFT Population Health awardees will be expected to implement a spectrum of coordinated and linked prevention activities (i.e., traditional clinical preventive interventions, innovative clinical preventive interventions that extend outside the clinical setting, and total population or community-wide interventions) that focus on one of the five issues specified below related to the Prevent Chronic Disease priority area of the New York State Prevention Agenda 2013-18 (Prevention Agenda).

1. Prevent and Control Obesity and Diabetes
2. Prevent and Reduce Tobacco Use
3. Prevent Cardiovascular Disease and Control High Blood Pressure
4. Reduce and Control Asthma
5. Prevent and Detect Cancer

The applicant should be prepared to serve as the lead organization of a coalition working to collaboratively address the specific health issue selected.

A total of up to five individual awards (up to three awards in areas with populations between 50,000 and 250,000 residents and up to two awards in areas with more than 250,000 residents) will be funded.

Background

Prevention Agenda 2013-18. The Prevention Agenda was developed in 2012 by the NYSDOH and a committee made up of a diverse set of stakeholders including local health departments, health care providers, health plans, community-based organizations, academia, employers, state agencies, schools and businesses.

The Prevention Agenda has five priorities: (1) Prevent Chronic Disease; (2) Promote Healthy and Safe Environments; (3) Promote Healthy Women, Infants and Children; (4) Promote Mental Health and Prevent Substance Abuse; and (5) Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Health Care Associated Infections.

Each priority area has an action plan that identifies goals and indicators to measure progress, and recommended policies and evidence-based interventions using the National Prevention Strategy, Guide to Community Preventive Services, and other sources. The action plans include interventions and activities across the spectrum of community and clinical settings. Interventions and activities are also delineated by sector so that each stakeholder group can...
identify evidence-based or promising practices they can adapt for implementation to address the specific health issues in their communities.

The Prevention Agenda served as a guide to local health departments as they developed their mandated Community Health Assessments, which included a Community Health Improvement Plan for 2014-2017, and to hospitals as they developed mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act. Local health departments and hospitals collaborated with each other and community partners on the development of these documents and identified at least two priorities from the Prevention Agenda. For each priority, local health departments and hospitals identified goals and objectives, improvement strategies and performance indicators with measurable and time-framed targets over the plan period. In 2016, local health departments and hospitals are preparing their next cycle of local community health improvement planning.

More information about the Prevention Agenda can be found at: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

State Innovation Models (SIM) Grant. In December 2014, HRI/NYSDOH was awarded a $100 million SIM grant by the Centers for Medicare and Medicaid Innovation (CMMI) to implement the State Health Innovation Plan (SHIP). For more information about the SIM grant: http://www.health.ny.gov/technology/innovation_plan_initiative/.

New York State (NYS) has proposed a multidisciplinary approach to health system redesign that includes primary care and hospital delivery system and payment reform supported by work to improve access to care, develop the health care workforce to support new delivery models, promote health information technologies, and promote population health. Delivering the “Triple Aim” of healthier people, better care and patient experience, and smarter spending will be achieved through the following:

• Implementation of a statewide program of regionally-based primary care practice transformation to help practices across NYS adopt an Advanced Primary Care (APC) model.
• Development of reimbursement approaches and models to support the APC model for a wide range of practices, while also promoting improved performance on quality, access and efficiency needed for payer support. The ultimate goal is to ensure 80% of New Yorkers have access to this enhanced model of primary care that is supported by a reimbursement structure that moves away from strict volume based, fee-for-service reimbursement.
• Expansion of NYS’s primary care workforce through innovations in professional education and training.
• Linking health care reform efforts with the state’s public health goals outlined in the Prevention Agenda, the state’s public health improvement plan.

A major portion of SIM funding will support Practice Transformation (PT) entities that will assist primary care practices to become APC providers. PT is a continuous process of building competencies in a primary care practice to fully support quality improvement in clinical outcomes, care management, population health, and patient-centered care. It involves goal-
setting, leadership, practice facilitation, workflow changes, measuring outcomes, and adapting organizational tools and processes to support new team-based models of care delivery.

To ensure that the health care system reform efforts in NYS support population health-level improvements, NYS has taken deliberate steps to connect SIM efforts to the Prevention Agenda. PT entities will be expected to support primary care practices in helping to achieve local Prevention Agenda goals by delivering clinical preventive services and appropriate chronic care management; strengthening community linkages and partnerships to improve delivery of clinical services; increasing the use of effective community interventions, (e.g., chronic disease self-management programs, National Diabetes Prevention Programs); and connecting patients to resources and supports that can help maintain health. PT entities will also assist primary care practices identify and support activities of the local county Prevention Agenda coalition that is working on community wide strategies to achieve locally selected Prevention Agenda goals. Primary care practices demonstrating APC capabilities (progress is measured in gates and Population Health measures are found in Gate 3) will be required to participate in regular local level Prevention Agenda calls or activities, as appropriate.

Under SHIP, many of the proposed APC scorecard measures are directly aligned with the Prevention Agenda measures to ensure that efforts in the community and clinical sectors are working synergistically.

As part of the SIM grant, funding was also dedicated specifically to support population health through the LIFT Population Health initiative. LIFT Population Health will fund community coalitions to come together around one chosen Prevention Agenda issue and includes primary care practices. These primary care practices do not have to participate in any specific health care reform initiative or receive assistance from a PT entity in order to participate.

**Medicaid Delivery System Reform Incentive Payment (DSRIP) Program.** DSRIP is the main mechanism by which NYS is implementing the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP’s purpose is to restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over five years. Up to $6.42 billion is allocated to the DSRIP program with payouts based upon achieving predefined results in system transformation, clinical management and population health. Similar to SHIP, NYS has taken deliberate steps to connect DSRIP to the Prevention Agenda. Under DSRIP, Performing Provider Systems (PPS) were required to submit plans and then implement up to 11 projects across four domains, including at least one project from Domain 4, *Population-wide strategy implementation milestones – Prevention Agenda improvements*. Prevention Agenda goals and indicators were used as the metrics for the Domain 4 projects. In addition, several of the Domain 3 projects also align with Prevention Agenda goals related to asthma, diabetes, cardiovascular disease and behavioral health.

**Prevention Framework**

NYSDOH has embraced the Centers for Disease Control and Prevention’s (CDC) prevention framework. This model recognizes the potential opportunities of health care reform to emphasize prevention and improve population health through a conceptual framework that
categorizes prevention approaches into three distinct categories, referred to as “buckets” of (1) traditional clinical prevention (2) innovative clinical prevention, and (3) total population or community-wide prevention. In conceptualizing the framework, there is acknowledgement that common health improvement goals can best be achieved when there is a coordinated approach across all three buckets. This framework is the basis for this funding opportunity.

Example of interventions in all three buckets: Patient with Asthma

<table>
<thead>
<tr>
<th>Bucket One</th>
<th>Diagnosis, action plan, medications, clinical guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bucket Two</td>
<td>Community health worker does home visit; assesses triggers, counsels patient; offers limited remediation.</td>
</tr>
<tr>
<td>Bucket Three</td>
<td>Community standards on housing; limits to indoor and outdoor pollutants; reductions in smoking rates</td>
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</table>

For more information: [http://journals.lww.com/jphmp/Citation/publishahead/The_3_Buckets_of_Prevention__99695.asp](http://journals.lww.com/jphmp/Citation/publishahead/The_3_Buckets_of_Prevention__99695.asp)

**Description of Funding Opportunity**

With funding from the SIM grant, HRI/NYSDOH will support up to five locally-based projects that bring together health care, public health and community organizations to address community health improvement goals by implementing prevention approaches across each of the three buckets.

These community-based projects will bring together key sectors, including but not limited to local health departments, health care providers, health care payers, primary care practitioners,
community based organizations, schools, advocacy groups, employers, and academia to collectively advance a common health priority consistent with NYS’s Prevention Agenda.

This opportunity seeks to leverage and connect all three buckets of interventions. Together these interventions will be used to address one health issue. The applicant should select one of the five issues related to the Prevent Chronic Disease priority area of the Prevention Agenda.

Applicants will be asked to focus their efforts on the integration of all three buckets and to approximately distribute their level of effort across the buckets as listed below, recognizing that there are already significant activities funded and underway in buckets one and two through DSRIP and the APC model.

**Level of effort per bucket:**

- Bucket One: 10 Percent
- Bucket Two: 30 Percent
- Bucket Three: 60 Percent

Interventions that reflect proposed work for the entire award period should be documented in the work plan provided in Attachment 6. The lead personnel and organization assigned to the intervention, as well as the key contributing partners and time frame, should be reflected in the work plan.

Strong applications will include demonstration of ways in which existing resources will be leveraged, policies will be adapted or new policies adopted, and/or environmental/system changes will lead to sustainability of outcomes. This funding opportunity is meant to build upon and enhance previous work carried out by applicants and their partners, and to advance a shared agenda for prevention of chronic disease and healthy communities.

II. **Who May Apply**

A. **Minimum Eligibility Requirement**

Applications will be accepted from applicants that meet the following requirements:

- Nonprofit organizations or municipalities in NYS including, but not limited to: local health departments, community-based organizations, volunteer organizations, hospitals, and professional organizations.

- Demonstration of at least two years of organizational experience working to promote population health through efforts to create linkages between health providers (hospitals and individual clinicians) and community partners.
• Demonstration of at least two years of experience as a member of a community collaborative. At a minimum, this collaborative must be composed of: local public health agencies, community-based organizations, and health care organizations in a defined community. Existing local Prevention Agenda coalitions would be an example of such a partnership.

B. Preferred Qualifications

Preference will be given to applicants that demonstrate:

• At least two years of experience working with high-need populations from diverse cultural, social, and ethnic backgrounds, and persons with disabilities.
• At least one year of experience working with primary care practices.
• At least one year of experience creating or supporting a system that links primary care practices and patients to community supports/services outside the clinical setting that help improve health (self-management programs, housing assessment, supports such as food and heat).
• The ability to build upon existing initiatives already in their region, including but not limited to work being coordinated by DSRIP PPS, Public Health Improvement Program contractors (PHIPs), and other Prevention Agenda and NYSDOH-funded work.

III. Distribution of Funds

A total of up to five individual awards will be made, to include three small population area awards and two medium/large population area awards. For the purpose of this RFA, a small population area is defined as a county or group of contiguous counties with a population of at least 50,000 residents and up to and including 250,000 residents. A medium/large population area is defined as a county or group of contiguous counties with a population of greater than 250,000 residents. Funding will be distributed across the five awards as represented in Table 1.

<table>
<thead>
<tr>
<th>Type of Award</th>
<th>Population</th>
<th># of Awards</th>
<th>Estimated Year 1 Award 11/1/16-1/31/17</th>
<th>Estimated Year 2 Award 2/1/17-1/31/18</th>
<th>Estimated Year 3 Award 2/1/18-1/31/19</th>
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<tbody>
<tr>
<td>Small Population Area</td>
<td>Between 50,000 and 250,000 residents</td>
<td>3</td>
<td>$56,000</td>
<td>$222,000</td>
<td>$222,000</td>
</tr>
<tr>
<td>Medium/Large Population Area</td>
<td>&gt;250,000 residents</td>
<td>2</td>
<td>$86,000</td>
<td>$332,000</td>
<td>$332,000</td>
</tr>
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Applicants are to define their service area as an individual county or group of contiguous counties. It is recommended that applicants select a defined geographic area that meets the following criteria:

1. The combination of organizations participating in the partnership, including primary care providers and commercial and public health plans, are able to reach the majority of people in the geographic area most affected by the health issue chosen.
2. There are sufficient partners across multiple sectors related to the selected health issue that can support the implementation of the portfolio of proposed interventions;
3. The total number of partners is conducive to members being able to build and maintain meaningful partnerships;
4. The geographic area is small enough such that the resources and proposed interventions are able to meaningfully address the health need;
5. The target geographic area is large enough to be able to demonstrate a measurable impact; and
6. The geographic area selected include(s) populations that experience significant disparities with regard to overall disease burden and in the condition(s) being targeted.

This project must include public health and community partners working with primary care providers, payers and practices in the proposed geographic area. These participants must serve the target population and be willing and able to partner with the applicant. Proposed projects may include provider practices receiving transformation support through NYS health reform projects such as SIM, DSRIP or Transforming Clinical Practice Initiative (often referred to as “TCPI”). The recipient of this award must provide assurances that SIM funding for this initiative does NOT duplicate other sources of support.

Applicants are strongly encouraged to leverage activities underway through other New York State and federally-funded initiatives that may be in the area, such as Advancing Tobacco-Free Communities, Health Systems for a Tobacco-Free NY, Creating Healthy Schools and Communities, Regional Asthma Coalitions, NYS Cancer Services Program, NYS Action to Improve Control of Hypertension and Diabetes: Health Systems Learning Collaborative, Local IMPACT Quality Improvement Collaborative and Healthy Neighborhoods Program. The recipient of this award must provide assurances that SIM funding does NOT duplicate these other sources of support. Duplication of effort is defined as using funds to perform the same activity in the same timeframe. In addition to restrictions on duplication of funding, SIM funds awarded under this procurement may NOT be used to pay for service delivery.

Funding will be awarded to the highest scoring application with a passing score within each county or group of contiguous counties. Only passing applications, with a score of 70 or greater, will be considered for an award. In the event of a tie score, the determining factors for an award, in descending order of importance will be:

1. Applicant with the highest score in the Capacity and Experience section.
2. Applicant with the highest score in the Infrastructure and Staffing section.

In the event that fewer than three small population area applications meet a passing score of 70, HRI/NYSDOH reserves the right to award additional medium/large population area applications
or re-procure the remaining funds. In the event that fewer than two medium/large population area applications meet a passing score of 70, HRI/NYSDOH reserves the right to award additional small population area applications or re-procure the remaining funds. The final number of awards and final award amounts will be contingent upon the total amount of funds available.

HRI/NYSDOH will fund only one applicant to work in a geographic area. To encourage coordination within and across geographic areas, prospective applicants are strongly encouraged to submit a letter of interest listing the county or counties where they propose to work (see Attachment 4).

Letters of interest should be emailed to: oqps.asu@health.ny.gov by the due date on the coversheet for this funding opportunity. Please ensure that the RFA number is noted in the email subject line. The list of intended applicants and proposed catchment areas will be posted within five days of receipt. Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

IV. Project Narrative, Performance Measurement and Evaluation

This funding will provide support to create or enhance a collaborative community effort to develop a comprehensive, prevention-focused approach to address one chosen health issue by linking together primary care, public health and community partners and resources.

The goal is to develop a coordinated portfolio of aligned and mutually reinforcing interventions that span activities included in each of the three buckets of prevention. The effort should pay particular attention to focusing on the needs of and gaining net positive impacts within communities with populations most at risk for poor health outcomes.

The applicant should select one of the five issues specified below related to the Prevent Chronic Disease priority area of the Prevention Agenda.

1. Prevent and Control Obesity and Diabetes
2. Prevent and Reduce Tobacco Use
3. Prevent Cardiovascular Disease and Control High Blood Pressure
4. Reduce and Control Asthma
5. Prevent and Detect Cancer

Criteria for selecting the health issue to be addressed should include:

- The existence of accessible data to measure health status and health service delivery before and after implementation of the interventions,
- The ability to implement interventions that are evidence-based, to the greatest extent possible, in each of the three buckets,
- Assurance that the proposed intervention and issue to be addressed are in alignment with or enhance, but are not duplicative of, other projects or work in process in the geographic area.
For each of the issue(s) selected, the applicant should identify specific interventions in each of the three buckets that the coalition will implement over the two-and-one-quarter-year (27 months) period by completing the work plan provided as Attachment 6.

The set of interventions must include:

**Bucket One: Traditional Clinical Prevention (10%)**
- Clinical services delivered in the health care setting, including primary care and primary and secondary prevention. For example: develop systems to ensure the delivery of guideline-concordant tobacco dependence treatment so that patients are screened for tobacco use, that tobacco use is documented, and that evidence-based assistance is provided at the time of the visit.

**Bucket Two: Innovative Clinical Prevention (30%)**
- Innovative Clinical Preventive Interventions and linking patients to clinical and community programs or supports that take place outside of the health care system. For example: for a patient with prediabetes, provide a referral to a CDC-recognized lifestyle change program, or for a low-income new mother provide a referral to a WIC program. Include the development of bi-directional referrals to ensure patients or potential patients are being referred to primary care practices as well.

**Bucket Three: Total Population or Community-wide Prevention (60%)**
- Environmental change(s) such as changes in social, community, or physical environments that support healthy behaviors. For example: development of walking and biking trails; increase access to healthy foods in local convenience and corner stores.
- Public policy and system change implemented through a policy, regulation or legislation. For example: educate community members and leaders on the benefits of adopting and implementing Complete Streets policies, plans, and practices; increase adoption and use of food standards and procurement policies (including criteria for sodium, saturated and trans fats, healthy beverages, and fiber) by venues reaching priority populations, including municipalities, community-based organizations, worksites, and/or hospitals.

Applicants should select from a range of evidence-based and practice based interventions. Resources include, but are not limited to, interventions described in the following resources:


**Learning Community**
To promote an exchange of ideas, challenges and share best practices, HRI/NYSDOH staff will coordinate monthly conference calls. Awardee attendance is required. Additional calls as needed may be required and will be determined by NYSDOH.

**Performance Measurement and Evaluation**
Awardees will be expected to report to HRI/NYSDOH quarterly on progress made implementing selected interventions. Milestones represented in project work plans will serve as the performance standards. Awardees will be expected to confirm whether milestones were met as intended or describe barriers that delayed milestones from being accomplished and provide revised timeframes.

Outcomes: Applicants are expected to submit plans for evaluating the impact of interventions proposed in the application. Evaluation plans should identify related long-term outcome measures and include process evaluation to document program implementation and outcome evaluation to measure the impact of policy, system and environmental changes on outcomes in selected communities.

For each intervention proposed, applicants should identify the outcome measures that will be used to evaluate the impact of the proposed intervention(s). Measures may be from the Prevention Agenda or the NYS APC measure set. Awardees will not be expected to collect and report on these outcome metrics.

Intervention Evaluation: For each intervention, applicants should propose a plan for collecting information to describe the achievement of key milestones (process evaluation) and documenting the system, policy and environmental changes associated with the intervention (outcome evaluation). Applicants should propose the measures they intend to use and data sources that will be used to collect those measures. Information as part of the process evaluation of interventions at a minimum should seek to address the following questions: What institutions, community based organizations and health system were impacted? What specific changes to policies, practices, or systems occurred? What are the characteristics of the individuals reached?

Bucket One Interventions: For interventions intended to impact Traditional Clinical Prevention services, proposed information to be collected should identify the institutions involved, describe the populations reached and document the process, policy or system changes adopted to promote delivery of clinical preventive services. For example, data collection to evaluate an intervention to promote the adoption of an Electronic Health Record (EHR) based alert encouraging primary care physicians to promote tobacco cessation through changes to electronic health records should: 1. document the practices where this change occurred, 2. convey the specific changes that were made to the EHR and 3. describe the size and the characteristics of the individuals reached.

Bucket Two Interventions: For interventions intended to promote Innovative Clinical Prevention Programs, information collected should identify and document the community and clinical institutions involved, the nature of the changes established and the characteristics of the populations reached. For example, data collection to evaluate a program to encourage the referral of individuals with pre-diabetes to lifestyle change programs should document the institutions involved, describe the nature of the systems used to promote referrals and describe the characteristics of the populations reached through the changes.

Bucket Three Interventions: For interventions intended to promote Population or Community-wide Prevention through public policy change, proposed information to be collected should describe the changes to policies proposed, convey the characteristics of the populations and
institutions covered and document changes associated with the policy implementation; for interventions intended to promote system or environment change, proposed data collection should document the system or physical environment changes that occurred and describe the communities, institutions and individuals impacted by these changes.

**Behavior Change:** For two interventions, applicants should also propose information collected to evaluate changes in behavior associated with an intervention and successful implementation of an associated system, policy or environmental change over project. Behavior changes can include changes in clinical practice to align with best practices for delivery clinical preventive services, changes in receipt of clinical preventive services or changes in behavior among patients or community residents impacted by an intervention. Applicants should propose specific behavior changes that will be used to measure outcomes, identify data sources for measuring these changes and specify the time frame for which data collection will occur.

V. Administrative Requirements

A. Issuing Organization

This RFA is issued by HRI and the NYSDOH, Office of Quality and Patient Safety in conjunction with the Office of Public Health with funding provided by the Center for Medicare and Medicaid Innovation (CMMI). HRI/NYSDOH 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 by email to the following email address by the date listed on the cover page of this RFA:

**oqps.asu@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 the date indicated on the cover of this RFA.

Questions of a technical nature can be addressed in writing to the above email address.

**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.**

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, during the question and answer phase, by the date listed on the cover page of this RFA.

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.

Submission of a letter of interest is not a requirement for submitting an application.

C. Applicant Conference

An Applicant Conference will not be held for this procurement.

D. How to file an Application

Applications must be received at the following address by the date listed on the cover page of this RFA. Late applications will not be accepted.

Office of Quality and Patient Safety
Attn: Justin Hausmann
NYS Department of Health
Corning Tower, Room 2084
Empire State Plaza
Albany, NY 12237

oqps.asu@health.ny.gov

Applicants shall submit one (1) original, signed application AND five (5) copies AND one (1) electronic copy emailed to the address above. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document.

*It is the applicant’s responsibility to see that applications both via email and mail are delivered to the address above prior to the date and time specified on the cover page of this RFA. Late applications due to documentable delay by the carrier may be considered at HRI’s discretion.

E. THE DEPARTMENT OF HEALTH & HRI 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 application 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 HRI/NYSDOH’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to HRI/NYSDOH’s requests 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 application 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 the applicant’s application and/or to determine an applicant’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.

F. **Term of Contract**

Any contract resulting from this RFA will be effective only upon approval by Health Research, Inc.
It is expected that contracts resulting from this RFA will have the following time period: November 1, 2016 through January 31, 2019 (27 months), issued in one three month increment on November 1, 2016 and two yearly increments issued on February 1, 2017 and 2018. Renewals are dependent upon satisfactory performance and continued funding availability.

G. Payment & Reporting Requirements

1. The contractor shall submit monthly invoices and required reports of expenditures to:

   oqps.asu@health.ny.gov

2. The contractor shall submit the following periodic reports:
   - Monthly progress reports and weekly status update meetings/conference calls.
   - All payment and reporting requirements will be detailed in Exhibit A of the final contract.

H. HRI General Terms & Conditions

The following will be incorporated as Attachment A into any contract(s) resulting from this Request for Application.

Attachment A
General Terms and Conditions - Health Research Incorporated Contracts

1. Term - This Agreement shall be effective and allowable costs may be incurred by the Contractor from the Contract Start Date through the Contract End Date, (hereinafter, the “Term”) unless terminated sooner as hereinafter provided or extended by mutual agreement of the parties.

2. Allowable Costs/Contract Amount –
   a) In consideration of the Contractor's performance under this Agreement, HRI shall reimburse the Contractor for allowable costs incurred in performing the Scope of Work, which is attached hereto as Exhibit A, in accordance with the terms and subject to the limits of this Agreement.

   b) It is expressly understood and agreed that the aggregate of all allowable costs under the Agreement shall in no event exceed the Total Contract Amount, except upon formal amendment of this Agreement as provided herein below.

   c) The allowable cost of performing the work under this Agreement shall be the costs approved in the Budget attached hereto as Exhibit B and actually incurred by the Contractor, either directly incident or properly allocable, to the Agreement, in the performance of the Scope of Work in accordance with cost principles of the Department of Health and Human Services Grants Policy Statement (HHS GPS). To be allowable, a cost must be necessary, cost-effective and consistent (as reasonably determined by HRI) with policies and procedures that apply uniformly to both the activities funded under this Agreement and other activities of the Contractor. Contractor shall supply documentation of such policies and procedures to HRI when requested.

   d) Irrespective of whether the "Audit Requirements" specified in paragraph 3(a) are applicable to this Agreement, all accounts and records of cost relating to this Agreement shall be subject to audit by HRI or its duly authorized representative(s) and/or the Project Sponsor during the Term and for three years after the final voucher is submitted for payment. This provision includes the right for HRI to request copies of source documentation in support of any costs claimed. If an audit is started before the expiration of the 3-year period, the records must be retained until all findings
involving the records have been resolved and final action taken. Any reimbursement made by HRI under this Agreement shall be subject to retroactive correction and adjustment upon such audits. The Contractor agrees to repay HRI promptly any amount(s) determined on audit to have been incorrectly paid. HRI retains the right, to the extent not prohibited by law or its agreements with the applicable Project Sponsor(s) to recoup any amounts required to be repaid by the Contractor to HRI by offsetting those amounts against amounts due to the Contractor from HRI pursuant to this or other agreements. The Contractor shall maintain appropriate and complete accounts, records, documents, and other evidence showing the support for all costs incurred under this Agreement.

1. Administrative, Financial and Audit Regulations –
   a) This Agreement shall be audited, administered, and allowable costs shall be determined in accordance with the terms of this Agreement and the requirements and principles applicable to the Contractor as noted below, including, but not limited to, the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (referred to herein as the “Uniform Guidance”) as codified in Title 2 of the Code of Federal Regulations. The federal regulations specified below apply to the Contractor (excepting the “Audit Requirements,” which apply to federally funded projects only), regardless of the source of the funding specified (federal/non-federal) on the face page of this Agreement. For non-federally funded projects any right granted by the regulation to the federal sponsor shall be deemed granted to the Project Sponsor. It is understood that a Project Sponsor may impose restrictions/requirements beyond those noted below in which case such restrictions/requirements will be noted in Attachment B Program Specific Clauses.

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<tr>
<th>Contractor Type</th>
<th>Administrative Requirements</th>
<th>Cost Principles</th>
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<td>Federally Funded Only</td>
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<td>College or University</td>
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<td>Not-for-Profit</td>
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<td>For-Profit</td>
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<td>Hospitals</td>
<td>2 CFR Part 215</td>
<td>45 CFR Part 74</td>
<td>Uniform Guidance</td>
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b) If this Agreement is federally funded, the Contractor will provide copies of audit reports required under any of the above audit requirements to HRI within 30 days after completion of the audit.

4. Payments -
   a) No payments will be made by HRI until such time as HRI is in receipt of the following items:
      • Insurance Certificates pursuant to Article 9;
      • A copy of the Contractor's latest audited financial statements (including management letter if requested);
      • A copy of the Contractor's most recent 990 or Corporate Tax Return;
      • A copy of the Contractor's approved federal indirect cost rate(s) and fringe benefit rate (the "federal rates"); or documentation (which is acceptable to HRI) which shows the Contractor's methodology for allocating these costs to this Agreement. If, at any time during the Term the federal rates are lower than those approved for this Agreement, the rates applicable to this Agreement will be reduced to the federal rates;
      • A copy of the Contractor's time and effort reporting system procedures (which are compliant with the Uniform Guidance) if salaries and wages are approved in the Budget.
      • A copy of equipment policy if equipment is in the approved budget.
      • Further documentation as requested by HRI to establish the Contractor's fiscal and programmatic capability to perform under this Agreement.
Unless and until the above items are submitted to and accepted by HRI, the Contractor will incur otherwise allowable costs at its own risk and without agreement that such costs will be reimbursed by HRI pursuant to the terms of this Agreement. No payments, which would otherwise be due under this Agreement, will be due by HRI until such time, if ever, as the above items are submitted to and accepted by HRI.

b) The Contractor shall submit voucher claims and reports of expenditures at the Required Voucher Frequency noted on the face page of this Agreement, in such form and manner, as HRI shall require. HRI will reimburse Contractor upon receipt of expense vouchers pursuant to the Budget in Exhibit B, so long as Contractor has adhered to all the terms of this Agreement and provided the reimbursement is not disallowed or disallowable under the terms of this Agreement. All information required on the voucher must be provided or HRI may pay or disallow the costs at its discretion. HRI reserves the right to request additional back up documentation on any voucher submitted. Further, all vouchers must be received within thirty (30) days of the end of each period defined as the Required Voucher Frequency (i.e. each month, each quarter). Contractor shall submit a final voucher designated by the Contractor as the "Completion Voucher" no later than sixty (60) days from termination of the Agreement. Vouchers received after the 60 day period may be paid or disallowed at the discretion of HRI.

c) The Contractor agrees that if it shall receive or accrue any refunds, rebates, credits or other amounts (including any interest thereon) that relate to costs for which the Contractor has been reimbursed by HRI under this Agreement it shall notify HRI of that fact and shall pay or, where appropriate, credit HRI those amounts.

d) The Contractor represents, warrants and certifies that reimbursement claimed by the Contractor under this Agreement shall not duplicate reimbursement received from other sources, including, but not limited to client fees, private insurance, public donations, grants, legislative funding from units of government, or any other source. The terms of this paragraph shall be deemed continuing representations upon which HRI has relied in entering into and which are the essences of its agreements herein.

5. **Termination** - Either party may terminate this Agreement with or without cause at any time by giving thirty (30) days written notice to the other party. HRI may terminate this Agreement immediately upon written notice to the Contractor in the event of a material breach of this Agreement by the Contractor. It is understood and agreed, however, that in the event that Contractor is in default upon any of its obligations hereunder at the time of any termination, such right of termination shall be in addition to any other rights or remedies which HRI may have against Contractor by reason of such default. Upon termination of the Agreement by either party for any reason, Contractor shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination.

6. **Representations and Warranties** – Contractor represents and warrants that:
   a) it has the full right and authority to enter into and perform under this Agreement;
   b) it will perform the services set forth in Exhibit A in a workmanlike manner consistent with applicable industry practices;
   c) the services, work products, and deliverables provided by Contractor will conform to the specifications in Exhibit A;
   d) there is no pending or threatened claim or litigation that would have a material adverse impact on its ability to perform as required by this Agreement.

7. **Indemnity** - To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend HRI, its agents and employees, the New York State Department of Health, and the People of the State of New York against all claims, damages, losses or expenses including but not limited to attorneys’ fees arising out of or resulting from the performance of the agreement, provided any such claim, damage, loss or expense arises out of, or in connection with, any act or omission by Contractor, or anyone directly or indirectly employed or contracted by Contractor, in the performance of services
under this Agreement, and such acts or omissions (i) constitute negligence, willful misconduct, or fraud; (ii) are attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including loss of use resulting there from; (iii) cause the breach of any confidentiality obligations set forth herein; (iv) relate to any claim for compensation and payment by any employee or agent of Contractor; (v) result in intellectual property infringement or misappropriation by Contractor, its employees, agents, or subcontractors; or (vi) are violations of regulatory or statutory provisions of the New York State Labor Law, OSHA or other governing rule or applicable law. The obligation of the Contractor to indemnify any party under this paragraph shall not be limited in any manner by any limitation of the amount of insurance coverage or benefits including workers’ compensation or other employee benefit acts provided by the Contractor. In all subcontracts entered into by the Contractor related to performance under this Agreement, the Contractor will include a provision requiring the subcontractor to provide the same indemnity and hold harmless to the indemnified parties specified in this paragraph.

8. Amendments/Budget Changes –
   a) This Agreement may be changed, amended, modified or extended only by mutual consent of the parties provided that such consent shall be in writing and executed by the parties hereto prior to the time such change shall take effect, with the exception of changes and amendments that are made mandatory by the Project Sponsor under the sponsoring grant/contract, which will take effect in accordance with the Project Sponsor’s requirements and schedule.

   b) In no event shall there be expenses charged to a restricted budget category without prior written consent of HRI.

   c) The Budget Flexibility Percentage indicates the percent change allowable in each category of the Budget, with the exception of a restricted budget category. As with any desired change to this Agreement, budget category deviations exceeding the Budget Flexibility Percentage in any category of the Budget are not permitted unless approved in writing by HRI. In no way shall the Budget Flexibility Percentage be construed to allow the Contractor to exceed the Total Contract Amount less the restricted budget line, nor shall it be construed to permit charging of any unallowable expense to any budget category. An otherwise allowable charge is disallowed if the charge amount plus any Budget Flexibility Percentage exceeds the amount of the budget category for that cost.

9. Insurance –
   a) The Contractor shall maintain or cause to be maintained, throughout the Term, insurance or self-insurance equivalents of the types and in the amounts specified in section b) below. Certificates of Insurance shall evidence all such insurance. It is expressly understood that the coverage’s and limits referred to herein shall not in any way limit the liability of the Contractor. The Contractor shall include a provision in all subcontracts requiring the subcontractor to maintain the same types and amounts of insurance specified in b) below.

   b) The Contractor shall purchase and maintain at a minimum the following types of insurance coverage and limits of liability:

   1) Commercial General Liability (CGL) with limits of insurance of not less than $1,000,000 each Occurrence and $2,000,000 Annual Aggregate. If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor’s CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for the Additional Insureds shall be as broad as the coverage provided for the Named Insured Contractor. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.

   2) Business Automobile Liability (AL) with limits of insurance of not less than $1,000,000 each accident. AL coverage must include coverage for liability arising out of all owned, leased,
hired and non-owned automobiles. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor’s AL policy. The AL coverage for the Additional Insureds shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.

3) Workers Compensation (WC) & Employers Liability (EL) with limits of insurance of not less than $100,000 each accident for bodily injury by accident and $100,000 each employee for injury by disease.

4) If specified by HRI, Professional Liability Insurance with limits of liability of $1,000,000 each occurrence and $3,000,000 aggregate.

c) Provide that such policy may not be canceled or modified until at least 30 days after receipt by HRI of written notice thereof; and

d) Be reasonably satisfactory to HRI in all other respects.

10. Publications and Conferences –

a) All written materials, publications, journal articles, audio-visuals that are either presentations of, or products of the Scope of Work which are authorized for publication or public dissemination, subject to the confidentiality restrictions herein, will acknowledge HRI, the New York State Department of Health (DOH) and the Project Sponsor and will specifically reference the Sponsor Reference Number as the contract/grant funding the work with a disclaimer, as appropriate, such as: “The content of this publication (journal article, etc.) is solely the responsibility of the authors and does not necessarily represent the official views of HRI or the Project Sponsor. This requirement shall be in addition to any publication requirements or provisions specified in Attachment B – Program Specific Clauses.

b) Conference Disclaimer: Where a conference is funded by a grant, cooperative agreement, subgrant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites, “Funding for this conference was made possible (in part) by <insert Project Sponsor name>. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of HRI, NYS Department of Health or the Project Sponsor, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

Use of Logos: In order to avoid confusion as to the conference source or a false appearance of Government, HRI or DOH endorsement, the Project Sponsor, HRI and/or DOH’s logos may not be used on conference materials without the advance, express written consent of the Project Sponsor, HRI and/or DOH.

11. Title -

a) Unless noted otherwise in an attachment to this Agreement, title to all equipment purchased by the Contractor with funds from this Agreement will remain with Contractor. Notwithstanding the foregoing, at any point during the Term or within 180 days after the expiration of the Term, HRI may require, upon written notice to the Contractor, that the Contractor transfer title to some or all of such equipment to HRI. The Contractor agrees to expeditiously take all required actions to effect such transfer of title to HRI when so requested. In addition to any requirements or limitations imposed upon the Contractor pursuant to paragraph 3 hereof, during the Term and for the 180 day period after expiration of the Term, the Contractor shall not transfer, convey, sublet, hire, lien, grant a security interest in, encumber or dispose of any such equipment. The provisions of this paragraph shall survive the termination of this Agreement.

b) Contractor acknowledges and agrees that all work products, deliverables, designs, writings, inventions, discoveries, and related materials (collectively, “Works”) made, produced or delivered by Contractor in the performance of its obligations hereunder will be owned exclusively by HRI.
All copyrightable Works are “works made for hire”, which are owned by HRI. Contractor will assign, and hereby assigns and transfers to HRI, all intellectual property rights in and to Works, including without limitation, copyrights, patent rights, trademark rights, and trade secret rights. The Contractor shall take all steps necessary to effect the transfer of the rights granted in this paragraph to HRI. As set forth in paragraph 18(d) herein, Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R. 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith. The provisions of this paragraph shall survive the termination of this Agreement.

12. Confidentiality - Information relating to individuals who may receive services pursuant to this Agreement shall be maintained and used only for the purposes intended under the Agreement and in conformity with applicable provisions of laws and regulations or specified in Attachment B, Program Specific Clauses. Contractor acknowledges and agrees that, during the course of performing services under this Agreement, it may receive information of a confidential nature, whether marked or unmarked, (“Confidential Information”). Contractor agrees to protect such Confidential Information with the same degree of care it uses to protect its own confidential information of a similar nature and importance, but with no less than reasonable care. Contractor will not use Confidential Information for any purpose other than to facilitate the provision of services under this Agreement, and Contractor will not disclose Confidential Information in an unauthorized manner to any third party without HRI’s advance written consent.

13. Equal Opportunity and Non-Discrimination - Contractor acknowledges and agrees, whether or not required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) or any other State or Federal statutory or constitutional non-discrimination provisions, that Contractor will not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, Contractor agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, color, creed, disability, age, sex, sexual orientation, gender identity, national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement. Contractor is subject to fines of $50.00 per person per day for any violation of this provision, or of Section 220-e or Section 239 of the New York State Labor Law, as well as possible termination of this Agreement and forfeiture of all moneys due hereunder for a second or subsequent violation.

14. Use of Names - Unless otherwise specifically provided for in Attachment B, Program Specific Clauses, and excepting the acknowledgment of sponsorship of this work as required in paragraph 10 hereof (Publications), the Contractor will not use the names of Health Research, Inc., the New York State Department of Health, the State of New York or any employees or officials of these entities without the express written approval of HRI.

15. Site Visits and Reporting Requirements -
   a) Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, “Records”). The Records must be kept for three years after the final voucher is paid.

   b) HRI and the Project Sponsor or their designee(s) shall have the right to conduct site visits where services are performed and observe the services being performed by the Contractor and any subcontractor and inspect Records. The Contractor shall render all assistance and cooperation to HRI and the Project Sponsor in connection with such visits. The surveyors shall have the authority, to the extent designated by HRI, for determining contract compliance as well as the quality of services being provided.

   c) The Contractor agrees to provide the HRI Project Director, or his or her designee complete reports, including but not limited to, narrative and statistical reports relating to the project's
activities and progress at the Reporting Frequency specified in Exhibit C. The format of such reports will be determined by the HRI Project Director and conveyed in writing to the Contractor.

16. Miscellaneous –

a) Contractor and any subcontractors are independent contractors, not partners, joint venturers, or agents of HRI, the New York State Department of Health or the Project Sponsor; nor are the Contractor’s or subcontractor’s employees considered employees of HRI, the New York State Department of Health or the Project Sponsor for any reason. Contractor shall pay employee compensation, fringe benefits, disability benefits, workers compensation and/or withholding and other applicable taxes (collectively the “Employers Obligations”) when due. The contractor shall include in all subcontracts a provisions requiring the subcontractor to pay its Employer Obligations when due. Contractor is fully responsible for the performance of any independent contractors or subcontractors.

b) This Agreement may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet, subjected to any security interest or encumbrance of any type, or disposed of without the previous consent, in writing, of HRI.

c) This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns.

d) Contractor shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict, or the appearance of a conflict, with the proper discharge of Contractor’s duties under this Agreement or the conflict of interest policy of any Organization providing federal funding under this Agreement. In the event any actual or potential conflict arises, Contractor agrees to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential or actual conflict. Contractor certifies that it has implemented and is in compliance with a financial conflict of interest policy that complies with 42 CFR Part 50 Subpart F, as may be amended from time to time. Contractor acknowledges that it cannot engage in any work or receive funding from HRI until they have disclosed all financial conflicts of interest and identified an acceptable management strategy to HRI. At HRI’s request, Contractor will provide information about how it identified, managed, reduced or eliminated conflicts of interest. Failure to disclose such conflicts or to provide information to HRI may be cause for termination as specified in the Terms & Conditions of this Agreement. HRI shall provide Contractor with a copy of notifications sent to the funding Organization under this Agreement.

e) Regardless of the place of physical execution or performance, this Agreement shall be construed according to the laws of the State of New York and shall be deemed to have been executed in the State of New York. Any action to enforce, arising out of or relating in any way to any of the provisions of this Agreement may only be brought and prosecuted in such court or courts located in the State of New York as provided by law; and the parties’ consent to the jurisdiction of said court or courts located in the State of New York and to venue in and for the County of Albany to the exclusion of all other court(s) and to service of process by certified or registered mail, postage prepaid, return receipt requested, or by any other manner provided by law. The provisions of this paragraph shall survive the termination of this Agreement.

f) All official notices to any party relating to material terms hereunder shall be in writing, signed by the party giving it, and shall be sufficiently given or served only if sent by registered mail, return receipt requested, addressed to the parties at their addresses indicated on the face page of this Agreement.

g) If any provision of this Agreement or any provision of any document, attachment or Exhibit attached hereto or incorporated herein by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement but this Agreement shall be reformed and construed as if such invalid provision had never been contained herein and such provision reformed so that it would be valid, operative and enforceable to the maximum extent permitted.
h) The failure of HRI to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by HRI or excuse a similar subsequent failure to perform any such term or condition by Contractor.

i) It is understood that the functions to be performed by the Contractor pursuant to this Agreement are non-sectarian in nature. The Contractor agrees that the functions shall be performed in a manner that does not discriminate on the basis of religious belief and that neither promotes nor discourages adherence to particular religious beliefs or to religion in general.

j) In the performance of the work authorized pursuant to this Agreement, Contractor agrees to comply with all applicable project sponsor, federal, state and municipal laws, rules, ordinances, regulations, guidelines, and requirements governing or affecting the performance under this Agreement in addition to those specifically included in the Agreement and its incorporated Exhibits and Attachments.

k) This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.

17. Federal Regulations/Requirements Applicable to All HRI Agreements -

The following are federal regulations, which apply to all Agreements; regardless of the source of the funding (federal/non-federal) specified on the face page of this Agreement. Accordingly, regardless of the funding source, the Contractor agrees to abide by the following:

a) Human Subjects, Derived Materials or Data - If human subjects are used in the conduct of the work supported by this Agreement, the Contractor agrees to comply with the applicable federal laws, regulations, and policy statements issued by DHHS in effect at the time the work is conducted, including by not limited to Section 474(a) of the HHS Act, implemented by 45 CFR Part 46 as amended or updated. The Contractor further agrees to complete an OMB No. 0990-0263 form on an annual basis.

b) Laboratory Animals - If vertebrate animals are used in the conduct of the work supported by this Agreement, the Contractor shall comply with the Laboratory Animal Welfare Act of 1966, as amended (7 USC 2131 et. seq.) and the regulations promulgated thereunder by the Secretary of Agriculture pertaining to the care, handling and treatment of vertebrate animals held or used in research supported by Federal funds. The Contractor will comply with the HHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions and the U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research and Training.

c) Research Involving Recombinant DNA Molecules - The Contractor and its respective principle investigators or research administrators must comply with the most recent Public Health Service Guidelines for Research Involving Recombinant DNA Molecules published at Federal Register 46266 or such later revision of those guidelines as may be published in the Federal Register as well as current NIH Guidelines for Research Involving Recombinant DNA Molecules.

d) Contractor is required to register with SAM.gov and maintain active status as stated in 2 CFR Subtitle A, Chapter 1, and Part 25. Contractor must maintain the accuracy/currency of the information in SAM at all times during which the Contractor has an active agreement with HRI. Additionally, the Contractor is required to review and update the information at least annually after the initial registration, and more frequently if required by changes in information.

e) Equal Employment Opportunity – for all agreements

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.
This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

18. Federal Regulations/Requirements Applicable to Federally Funded Agreements through HRI -

The following clauses are applicable only for Agreements that are specified as federally funded on the Agreement face page:

a) If the Project Sponsor is an Organization of the Department of Health and Human Services: The Contractor must be in compliance with the following Department of Health and Human Services and Public Health Service regulations implementing the statutes referenced below and assures that, where applicable, it has a valid assurance (HHS-690) concerning the following on file with the Office of Civil Rights, Office of the Secretary, HHS.

1) Title VI of the Civil Rights Act of 1964 as implemented in 45 CFR Part 80.
2) Section 504 of the Rehabilitation Act of 1973, as amended, as implemented by 45 CFR Part 84.
4) Title IX of the Education Amendments of 1972, in particular section 901 as implemented at 45 CFR Part 86 (elimination of sex discrimination).
5) Sections 522 and 526 of the HHS Act as amended, implemented at 45 CFR Part 84 (nondiscrimination for drug/alcohol abusers in admission or treatment).
6) Section 543 of the HHS Act as amended as implemented at 42 CFR Part 2 (confidentiality of records of substance abuse patients).
7) Trafficking in Persons – subject to the requirement of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).
8) HHS regulatory requirements on Responsibility of Applicants for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 C.F.R Parts 50 and 94.
9) Contractor agrees to comply with other requirements of the Project Sponsor, if applicable, set forth in the HHS Grants Policy Statement.

b) Notice as Required Under Public Law 103-333: If the Project Sponsor is an Organization of the Department of Health and Human Services, the Contractor is hereby notified of the following statement made by the Congress at Section 507(a) of Public Law 103-333 (The DHHS Appropriations Act, 1995, hereinafter the "Act"): It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.

c) Contractor agrees that if the Project Sponsor is other than an Organization of the DHHS, items 1, 2, 3 and 4 in subsection a) above shall be complied with as implemented by the Project Sponsor.

d) Contractor agrees that the Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith.

e) Criminal Penalties for Acts Involving Federal Health Care Programs - Recipients and sub-recipients of Federal funds are subject to the strictures of 42 U.S.C. 1320A-7B(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, including for making false statements and representations and illegal remunerations.

f) Equipment and Products - To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made.

g) Acknowledgment of Federal Support – When issuing statements, press releases, requests for Applications, bid solicitations and other documents describing projects or programs funded in
whole or in part by federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

h) Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42. U.S.C. 1320a-7b (b) and should be recognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) and individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) in return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item for which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years or both.

i) Clean Air Act and the Federal Water Pollution Control Act Compliance - If this contract is in excess of $150,000, Contractor agrees to comply and to require that all subcontractors have complied, where applicable, with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401-7671q.) and the Federal Water Pollution Control Act as amended (33 U.S.C. §1251-1387). Violations must be reported to the Federal awarding Organization and the Regional Office of the Environmental Protection Organization (EPA).

j) Americans With Disabilities Act - This agreement is subject to the provisions of Subtitle A of Title II of the Americans with Disabilities Act of 1990, 42. U.S.C. 12132 ("ADA") and regulations promulgated pursuant thereto, see 28 CFR Part 35. The Contractor shall not discriminate against an individual with a disability, as defined in the ADA, in providing services, programs or activities pursuant to this Agreement.

k) Whistleblower Policy: Congress has enacted whistleblower protection statute 41 U.S.C. 4712, which applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts. This program requires all grantees, subgrantees and subcontractors to: inform their employees working on any federally funded award they are subject to the whistleblower rights and remedies of the program; inform their employee in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

The statute (41 U.S.C. 4712) states that an “employee of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing”. In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is defined as making a disclosure “that the employee reasonably believes is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee’s disclosure must be made to: a Member of Congress or a representative of a Congressional committee; or an Inspector General; or the Government Accountability Office; or a Federal employee responsible for contract or grant oversight or management at the relevant Organization; or an authorized official of the Department of Justice or other law enforcement Organization; or a court or grand jury; a management official or other
employee of the contractor, subcontractor, grantee or subgrantee who has the responsibility to investigate, discover or address misconduct.

19. Required Federal Certifications –
Acceptance of this Agreement by Contractor constitutes certification by the Contractor of all of the following:

a) The Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or Organization.

b) The Contractor is not delinquent on any Federal debt.


d) The Contractor shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care, early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.

e) The Contractor has established administrative policies regarding Scientific Misconduct as required by the Final Rule 42 CFR Part 93, Subpart A as published at the 54 Federal Register 32446, August 8, 1989.


g) If the Project Sponsor is either an Organization of the Public Health Service or the National Science Foundation, the Contractor is in compliance with the rules governing Objectivity in Research as published in 60 Federal Register July 11, 1995.

h) Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009. Recipients and sub recipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Grant recipients and sub recipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.

i) EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at http://www.hhs.gov/sites/default/files/ocr/civilrights/resources/specialtopics/lep/lepguidance.pdf.

The Contractor shall require that the language of all of the above certifications will be included in the award documents for all subawards under this Agreement (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. The Contractor agrees to notify HRI immediately if there is a change in its status relating to any of the above certifications.

VI. Completing the Application

A. Application Content

All applications should conform to the format prescribed below.

Applications must not exceed 25 single-spaced typed pages on 8.5” x 11” paper (excluding Work Plans, Budgets and other attachments), using a 12-point font with one-inch margins.

If the application narrative exceeds 25 pages, only the first 25 pages will be reviewed. A minimum score of 70 points is required to be considered for funding. Points for each section are indicated in parenthesis.

**Executive Summary** (5 points)

Included in 25 page count.

Provide a concise (not to exceed two pages) summary of the proposed project and identify the county or group of contiguous counties to be included in the service area. This should include a high-level description of a portfolio of evidence-based interventions to be implemented across the three buckets of prevention.

**Statement of Need** (10 points)

Included in 25 page count.

The applicant should indicate the section number and subsection (e.g., VI-1-a) of the requirement being addressed.

1. For the county or group of contiguous counties included in the proposed geographic area, describe the burden of the disease(s), condition(s), and/or relevant behavioral risk factors that are targeted for the proposal.

2. Describe the specific populations that are affected by the chosen health issue within your proposed geographic area, and the anticipated population reach. Applicants are encouraged to use local-level health system data and data from partners to describe the county or group of contiguous counties and specific populations to be reached.

3. Describe existing resources and services to address the disease(s), condition(s), and/or relevant behavioral risk factors that are targeted for the proposal.
4. Describe gaps and/or barriers in accessing resources and services, to include health care and community support needs.

**Capacity and Experience**

(20 points)

Included in 25 page count.

The applicant should indicate the section number and subsection (e.g., VI-1-a) of the requirement being addressed.

1. Describe how the applicant meets the minimum and preferred qualifications set forth in Section II.A and II.B. Applicants must provide specific information and examples that demonstrate and describe the organization’s experience with the Minimum Eligibility Requirement listed in Section II AND describe experience with each of the Preferred Qualifications as listed in Section II.

2. Describe the mission and purpose of the applicant organization and how the activities in this initiative align with the organization’s mission and purpose.

3. Describe the applicant organization’s history of leadership, effective collaboration among diverse stakeholders, relevant experience in partnership building, and ability to lead and execute a multi-year project.

4. Describe the role of the Local Health Department in the initiative.

5. Describe past or current involvement with local Prevention Agenda activities and the role of the local Prevention Agenda coalition if any in this effort.

6. Describe past or current work engaging in community-wide prevention (public policy and system changes and changes in social, community or physical environments that support healthy behaviors).

7. Describe the applicant’s experience connecting community members and the patients of health care providers to programs and community resources that will support personal and community based-prevention.

8. Describe the applicant organization’s and/or proposed subcontractor’s commitment to and experience with addressing health disparities.

9. Describe the applicant’s experience working with high-need populations from diverse cultural, social, and ethnic backgrounds, and persons with disabilities.

10. Describe the applicant’s experience working with primary care practices.

11. Describe the applicant’s ability to meaningfully engage consumers as part of a broader coalition and a process for ongoing engagement throughout the award period.

**Infrastructure and Staffing**

(20 points)
Describe the organizational structure of the proposed partnership. As an attachment to the application, include the proposed partnership organizational chart (not counted toward page limit). Describe the organization’s and the partnership’s current capacity to plan, implement, and monitor progress of the required strategies.

For each proposed subcontractor and existing or identified partner, include a Letter of Commitment as an attachment. Each letter should describe in two double-spaced pages or less (not counted toward page limit):

- who the partnering organization is;
- why the collaboration is necessary to achieve the outcomes;
- what the partnering organization proposes to do/contribute; and
- when the activities will take place.

If not evident on the partnership organizational chart, as an attachment to the application, include an organizational chart that shows the location of proposed staff within the applicant organization (not counted toward page limit).

Provide as an attachment, job descriptions for positions to be hired and resumes of existing key personnel proposed to carry out the strategies and activities (not counted toward page limit).

**Program Monitoring and Evaluation**

Included in 25 page count.

Describe the applicant organization’s and/or subcontractor’s experience collecting data for performance monitoring and program evaluation, including previous experience with data collection, data entry, reporting and any other relevant evaluation experience.

Describe the proposed data collection plan for the required performance measures.

**Work Plan**

Not included in 25 page count.

Use Attachment 6 to complete and attach a Work Plan.

**Budget**

Not included in 25 page count.

The budget is expected to reflect the overall intent of this RFA, and costs shall be reasonable and consistent with the purpose, outcomes, and strategies in the project narrative and work plan.

Please note: HRI/NYSDOH will coordinate an in-person meeting for contractors during each of the three budget periods. Please include two days, two-night travel expenses to Albany for key project staff in your budget.

**B. Review Process**
Applications meeting the requirements set forth above will be reviewed and evaluated competitively by HRI/NYSDOH.

In the event of a tie score, the highest scoring Applicants will be invited to an interview to last for no longer than one hour in Albany, New York. Any cost related to this meeting or in response to this RFA is the obligation of the Applicant and not the responsibility of HRI or the NYSDOH. Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

Up to five individual awards will be made, to include three small population area awards and two medium/large population area awards. The applications receiving the highest scores will receive the award. Applications will be reviewed using the criteria that are listed under Application Content.

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.

Once an award has been made, Applicants may request a debriefing of their Application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject Application and will not include any discussion of other Applications. Requests must be received no later than 10 business days from date of award or non-award announcement.

VII. Attachments

Attachment 1: Application Coversheet
Attachment 2: Budget Instructions
Attachment 3: List of Subcontracts/Partners
Attachment 4: Letter of Interest
Attachment 5: American Community Survey 2014 population estimate
Attachment 6: Work Plan
Application Cover Sheet
LIFT Population Health RFA
RFA #QPS-2016-04

Applicant:
______________________________________________________________

Contact Person:

Name
______________________________________________________________

Title
______________________________________________________________

Address
______________________________________________________________

(  )  __________________________________________________________
Phone
______________________________________________________________

Email
______________________________________________________________

Total Application Budget: ________________________________

Total Subcontract Budget: ________________________________

I, ___________________________________________, for and on behalf of the Applicant organization(s), signify that the following information is true and accurate to the best of my knowledge and that the above named network/organization agrees to abide by the terms of this application and is fully able and willing to carry out the terms of the project.

______________________________________________________________
Signature

______________________________________________________________
Title

______________________________________________________________
Date
Budget Instructions

Budget

a) Complete all required Budget Pages. See Attachment # 2a (Budget Narrative Preparation Guidelines). For Year One: Applicants should submit a 3 month budget, assuming an November 1, 2016 start date through January 31, 2017 and two 12-month periods, assuming a February 1 start in 2017 and 2018, aligned to the project plan submitted. Please note these dates align with SIM funding years, not calendar years. See Section III – Distribution of Funds for estimated award amounts for each of these time periods. All costs must be related to the provision of services as described in this RFA.

b) The budget should relate directly to the activities described in the application, be reasonable and cost-effective. Budgets must relate directly to activities described in the project narrative and work plan. No direct health care services will be funded by this program.

c) A justification for each cost should be submitted in narrative form. The budget justification should not exceed 10 single spaced pages in total. For all existing staff, the budget justification should delineate how the percentage of time devoted to this project has been determined.

d) If an application is being submitted with the intent of partnering with a separate organization, the budget should specify how resources will be allocated between the lead and partner organizations. Any partnering organization funding will be treated as a subcontract and should be budgeted under the subcontract line.

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

f) If one or more subcontracts are proposed, describe how the subcontractor(s) were/will be selected, the specific deliverables the subcontract(s) will address, and how the applicant organization will manage the work of the subcontractor(s) (e.g., how the applicant will monitor the work and expenditures of the subcontractor(s) and ensure that reports and claims for payment are submitted in a timely manner).

g) The total federal funds dedicated to any individual’s salary (excluding fringe and indirect) cannot exceed $185,100 annually.

h) All travel costs should not exceed federal rates. Federal rates are available at: http://www.gsa.gov/portal/content/104877

i) Indirect costs are capped at 10% of direct costs. This applies to applicants with federally approved rates.
Ineligible Budget Items

1. HRI funds may NOT be used for:
   a. Capital improvements including remodeling or new construction costs
   b. Major pieces of depreciable equipment
   c. Resident salary and fringe benefit or other direct resident expenses
   d. Costs incurred prior to the project period
   e. Indirect costs over 10% of the total bid value (or in the case of subcontractors, subcontract value).

2. In addition, the following list contains costs that are prohibited for all CMS funded programs:
   a. To match any other Federal funds.
   b. To provide services, equipment, or supports that are the legal responsibility of another party under Federal, State, or Tribal law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
   c. To provide goods or services not allocable to the approved project.
   d. To supplant existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries, etc.
   e. To be used by local entities to satisfy State matching requirements.
   f. To pay for construction.
   g. To pay for capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life as a direct cost except with the prior written approval of the Federal awarding agency.
   h. In accordance with 45 CFR §75.476, the cost of independent research and development, including their proportionate share of indirect costs, are unallowable.
   i. In accordance with 45 CFR §75.215(b), except for grants awarded under the Small Business Innovative Research (SBIR) and Small Business Technology Transfer Research (STTR) programs (15 U.S.C. 638), no HHS funds may be paid as profit to any recipient even if the recipient is a commercial (for-profit) organization. Profit is any amount in excess of allowable direct and indirect costs.

For more information, visit http://www.hhs.gov/grants/grants/grants-policies-regulations/

THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.
**Budget Narrative Preparation Guidelines**

**Salaries and Wages:** For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

**Sample budget**

<table>
<thead>
<tr>
<th>Position Title and Name</th>
<th>Annual</th>
<th>Time</th>
<th>Months</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Taylor Project Coordinator</td>
<td>$45,000</td>
<td>100%</td>
<td>12 months</td>
<td>$45,000</td>
</tr>
<tr>
<td>Finance Administrator John Johnson</td>
<td>$28,500</td>
<td>50%</td>
<td>12 months</td>
<td>$14,250</td>
</tr>
<tr>
<td>Outreach Supervisor (Vacant*)</td>
<td>$27,000</td>
<td>100%</td>
<td>12 months</td>
<td>$27,000</td>
</tr>
</tbody>
</table>

**Sample Justification:** The format may vary, but the description of responsibilities should be directly related to specific program objectives.

**Job Description:** Project Coordinator - (Name)
This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in-service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HRI. This position relates to all program objectives.

**Fringe Benefits:** Provide information on the fringe benefit rate used and the basis for the calculation. If the agency has a federally approved rate, please attach a copy.
Sample Budget

Fringe Benefits

<table>
<thead>
<tr>
<th>Fringe Benefits</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>25% of Total salaries = Fringe Benefits</td>
<td></td>
</tr>
</tbody>
</table>

*If fringe benefit rate is not federally approved, provide methodology of how the rate is determined.*

- **Retirement** = $2,250
  - FICA 7.65% = $3,443
  - Insurance = $2,000
  - Workers Compensation = $800

*Total:*

**Supplies:** Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, general office supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

<table>
<thead>
<tr>
<th>General office supplies (pens, pencils, paper, etc.)</th>
<th>= $2,400 Educational</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months x $240/year x 10 staff</td>
<td></td>
</tr>
<tr>
<td>Pamphlets (3,000 copies @ $1 each)</td>
<td>= $3,000 Educational Videos</td>
</tr>
<tr>
<td>(10 copies @ $150 each)</td>
<td>= $1,500</td>
</tr>
<tr>
<td>Word Processing Software (@ $400-specify type)</td>
<td>= $ 400</td>
</tr>
</tbody>
</table>

Sample Justification: Provide complete justification for all requested supplies, including a description of how it will be used in the program. General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word processing software will be used to document program activities, process progress reports, etc.

**Travel:** Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc., should be itemized in the same way specified below and placed in the **Miscellaneous Other** category.

In-State Travel - Provide a narrative justification describing the travel for staff members. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.
Out-of-State Travel - Provide a narrative justification describing the same information requested above. Include meetings, conferences, and workshops. Itemize out-of-state travel in the format described above.

**Sample Budget**

<table>
<thead>
<tr>
<th>Travel (in-State and out-of-State)</th>
<th>Total $________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-State Travel:</strong></td>
<td></td>
</tr>
<tr>
<td>1 trip x 2 people x 500 miles r/t x .27/mile</td>
<td>$270</td>
</tr>
<tr>
<td>2 days per diem x $37/day x 2 people</td>
<td>$148</td>
</tr>
<tr>
<td>1 nights lodging x $67/night x 2 people</td>
<td>$134</td>
</tr>
<tr>
<td>25 trips x 1 person x 300 miles avg. x .27/mile</td>
<td>$2,025</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,577</td>
</tr>
</tbody>
</table>

**Sample Justification:** The Project Coordinator and the Outreach Supervisor will travel to (location) to attend xxx conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

**Sample Budget**

<table>
<thead>
<tr>
<th>Out-of-State Travel:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 trip x 1 person x $500 r/t airfare</td>
<td>= $500</td>
</tr>
<tr>
<td>3 days per diem x $45/day x 1 person</td>
<td>= 135</td>
</tr>
<tr>
<td>1 nights lodging x $88/night x 1 person</td>
<td>= $88</td>
</tr>
<tr>
<td>Ground transportation 1 person</td>
<td>= $50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$773</td>
</tr>
</tbody>
</table>

**Sample Justification:** The Project Coordinator will travel to xxx, to attend the xxx Conference.

**Equipment:** Provide justification for the use of each item and relate it to specific program objectives. Allocate the appropriate percentage of equipment cost to the relative benefit of the program. Maintenance or rental fees for equipment should be shown in the Miscellaneous Other category.

**Sample Budget**

<table>
<thead>
<tr>
<th>Equipment</th>
<th></th>
<th>Item Requested</th>
<th>How Many</th>
<th>Unit Cost</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Computer Workstation</td>
<td>2 ea.</td>
<td>$5,500</td>
<td>$11,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Computer</td>
<td>1 ea.</td>
<td>$6,000</td>
<td>$ 6,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total $17,000</td>
</tr>
</tbody>
</table>

**Sample Justification:** Provide complete justification for all requested equipment, including a
description of how it will be used in the program.

Note: Equipment—Tangible personal property (including information systems) charged directly to the contract having a useful life of more than one year AND a per unit acquisition cost of $1,000 or more. However, consistent with the recipient’s policy, the threshold may be lower or higher but cannot exceed the federal threshold of $5,000 per unit.

Miscellaneous Other: This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost Calculation</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone ($per month x months x staff)</td>
<td>= $ Subtotal</td>
<td></td>
</tr>
<tr>
<td>Postage ($per month x months x staff)</td>
<td>= $ Subtotal</td>
<td></td>
</tr>
<tr>
<td>Printing ($per per x documents)</td>
<td>= $ Subtotal</td>
<td></td>
</tr>
<tr>
<td>Equipment Rental (describe) ($per month x months)</td>
<td>= $ Subtotal</td>
<td></td>
</tr>
<tr>
<td>Internet Provider Service ($per month x months)</td>
<td>= $ Subtotal</td>
<td></td>
</tr>
</tbody>
</table>

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If not, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

Contractual / Consultant

1. Name of Contractor
2. Description of services to be rendered
3. Amount of Contract

Hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the awardee organization.

1. Name of Consultant;
2. Organizational affiliation (if applicable);
3. Description of services to be rendered;
4. Relevance of service to the project;
5. Number of Days of Consultation (basis for fee); and
6. Expected rate of compensation (travel, per diem, other related expenses) - list a subtotal for each consultant in this category.
Total Direct Costs $____

Show total direct costs by listing totals of each category.

Indirect Costs/Administrative Costs $____

The contractor may have a federally approved indirect cost rate agreement, please attach a copy of the agreement. Please note for this opportunity indirect costs are capped at 10% of direct costs per the federal sponsor, regardless of any existing federal approved rate.

Sample Budget

The rate is ___% and is computed on the following direct cost base of $____________. Total

$ $ x ___% = Total Indirect Costs

Total Contract $
List of Subcontracts/Partners

RFA #QPS-2016-04

<table>
<thead>
<tr>
<th>Subcontracts for:</th>
<th>[Applicant’s Name]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Company</td>
</tr>
<tr>
<td>Subcontract # 1</td>
<td></td>
</tr>
<tr>
<td>Subcontract # 2</td>
<td></td>
</tr>
<tr>
<td>Subcontract # 3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partners</th>
<th>Company</th>
<th>Phone</th>
<th>E-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner # 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner # 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner # 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner # 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner # 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner # 6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Letter of Interest

[Insert Date]

Name
Address

Re: RFA # QPS – 2016-04
LIFT Population Health

Dear Mr./Ms.:

[Organization Name] __________________________________________ is interested in submitting an application for the Health Research, Inc./New York State Department of Health (HRI/NYSDOH) Request for Applications (RFA) for the SIM Population Health, not later than the application due date and time as outlined on the cover page of the RFA.

Our Focus Area will be (CHECK ONE):

[ ] Prevent and Control Obesity and Diabetes
[ ] Prevent and Reduce Tobacco Use
[ ] Prevent Cardiovascular Disease and Control High Blood Pressure
[ ] Reduce and Control Asthma
[ ] Prevent and Detect Cancer

Our organization is applying to work in the following county or contiguous counties:

___________________________________________

Our total combined population for the geographic area/counties we propose to cover is:

___________________________________________

[Please utilize chart in Attachment 5 to determine your population.]

Sincerely,

___________________________________________  ____________________________
Signature                                       Date

___________________________________________
Title

___________________________________________
Official Contact (If different from above)
Address
____________________________________________________
City, NY Zip Code
__________________________
Telephone Number
__________________________
Fax Number
Contact Email Address________________________________________


American Community Survey 2014 population estimate (as of July 1, 2014)

<table>
<thead>
<tr>
<th>County Name</th>
<th>Population</th>
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<td>County Name</td>
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<td>Washington</td>
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<td>Columbia</td>
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<td>Otsego</td>
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<td>Genesee</td>
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<td>Schuyler</td>
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<td>Hamilton</td>
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Source: American Community Survey 2014 Estimate (as of July 1, 2014)
Work Plan Template: LIFT Population Health Local Community Project

Applicant/Lead Agency Name:
Reporting Period: Entire contract period
Focus Area (Choose One):  
   ___ Prevent and Control Obesity and Diabetes  
   ___ Prevent and Reduce Tobacco Use  
   ___ Prevent Cardiovascular Disease and Control High Blood Pressure  
   ___ Reduce and Control Asthma  
   ___ Prevent and Detect Cancer

General Instructions
- Applicant/Lead agency should use the Work Plan Template to document their proposed interventions for the entire contract period and provide a general summary of related activities in narrative form.
- The work plan should include work in all of the outlined categories (“buckets”) and report on all of the performance measures that the applicant will use to track progress.

Completing the Basic Work Plan Template

For each intervention listed on the template, complete the following information:

- **Setting**: Specify the setting for the intervention.
- **Population of Focus**: Specify the population(s) that the intervention will target.
- **Measures**: Describe the performance measures on the template. For each measure, specify the proposed data source, baseline, target, and timeframe. If there currently is no data for one or more of these measures, include a brief description of the plan to identify and access this data in the narrative section at the end and leave the data fields blank.
- **Related Activities**: List a limited number of proposed activities to accomplish the performance measures for each intervention. Include information on lead personnel, key contributing partners and subcontractors, and the approximate time frame in which the work for each activity will start and end. Type this information in the text boxes provided in the template.
<table>
<thead>
<tr>
<th><strong>Intervention #1:</strong></th>
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<tbody>
<tr>
<td><strong>Category/Bucket</strong></td>
<td>☐ Bucket One: Traditional Clinical Prevention</td>
</tr>
<tr>
<td></td>
<td>☐ Bucket Two: Innovative Clinical Prevention</td>
</tr>
<tr>
<td></td>
<td>☐ Bucket Three: Total Population or Community-wide Prevention</td>
</tr>
<tr>
<td><strong>Setting</strong></td>
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<tr>
<td><strong>Population of Focus</strong></td>
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<td><strong>Measures</strong></td>
<td><strong>Performance Measure</strong></td>
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<td>Activity Description</td>
<td>Lead Personnel and Organization Assigned</td>
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<td>Intervention #2:</td>
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| Category/Bucket | ☐ Bucket One: Traditional Clinical Prevention  
☐ Bucket Two: Innovative Clinical Prevention  
☐ Bucket Three: Total Population or Community-wide Prevention |
| Setting         | Click here to enter text. |
| Population of Focus | Click here to enter text. |
| Measures        | Performance Measure | Data Source | Baseline | Target | Timeframe |
|                 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|                 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|                 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|                 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
### Related Activities:

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Lead Personnel and Organization Assigned</th>
<th>Key Contributing Partner(s) Assigned</th>
<th>Timeframe: Approximate Start and End Dates</th>
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</tbody>
</table>
| **Category/Bucket** | ☐ Bucket One: Traditional Clinical Prevention  
☐ Bucket Two: Innovative Clinical Prevention  
☐ Bucket Three: Total Population or Community-wide Prevention |
<p>| <strong>Setting</strong>          | Click here to enter text. |
| <strong>Population of Focus</strong> | Click here to enter text. |
| <strong>Measures</strong>         | <strong>Performance Measure</strong> | <strong>Data Source</strong> | <strong>Baseline</strong> | <strong>Target</strong> | <strong>Timeframe</strong> |
|                      | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|                      | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|                      | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|                      | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |</p>
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<thead>
<tr>
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<th>Lead Personnel and Organization Assigned</th>
<th>Key Contributing Partner(s) Assigned</th>
<th>Timeframe: Approximate Start and End Dates</th>
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</tbody>
</table>
| Category/Bucket | ☐ Bucket One: Traditional Clinical Prevention  
☐ Bucket Two: Innovative Clinical Prevention  
☐ Bucket Three: Total Population or Community-wide Prevention |
| Setting         | Click here to enter text. |
| Population of Focus | Click here to enter text. |
| Measures | Performance Measure | Data Source | Baseline | Target | Timeframe |
| | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
## Related Activities:

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<tr>
<th>Activity Description</th>
<th>Lead Personnel and Organization Assigned</th>
<th>Key Contributing Partner(s) Assigned</th>
<th>Timeframe: Approximate Start and End Dates</th>
</tr>
</thead>
<tbody>
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