**New York State Department of Health**

**AIDS Institute**

**Office of the Medical Director**

**and**

**Health Research Inc.**

**Request for Applications**

**RFA #: 18138** / **Internal Program #: 18-0003**

**Clinical Education Initiative (CEI)**

**Grants Gateway #’s –** DOH01-CEIA-2019, DOH01-CEIB-2019,

DOH01-CEIC-2019, DOH01-CEID-2019

**This is a procurement which encompasses four (4) components. In order to apply for any of the four (4) components, eligible applicants must submit an application via the New York State Grants Gateway. Each individual component must be applied for separately.**

**Component A:**HIV Primary Care and Prevention Center of Excellence

**Component B:**Sexual Health Center of Excellence

**Component C:**HCV and Drug User Health Center of Excellence

**Component D:** Resource/Evaluation Center of Excellence

***KEY DATES***

**Release Date: December 18, 2018**

**Questions Due: January 8, 2019 by 4:00 PM**

**Questions, Answers and January 22, 2019**

 **Updates Posted: (on or about)**

**Applications Due: February 12, 2019 by 4:00 PM**

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# INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI), Office of the Medical Director and Health Research Inc. (HRI) announce the availability of $2,060,000 in New York State (NYS) and federal funds to support implementation of the Clinical Education Initiative (CEI).

**GOAL**

The NYSDOH AI CEI is designed to enhance the capacity of New York’s diverse healthcare workforce to deliver clinical services to improve health outcomes related to Human Immunodeficiency Virus (HIV), sexually transmitted infections (STIs), hepatitis C (HCV) and drug user health in New York State.

**Objectives**

**Educating**

Educate clinicians by providing continuous and innovative HIV, Post-Exposure Prophylaxis/Pre-Exposure Prophylaxis (PEP/PrEP), HCV, STI and drug user health trainings.

**Expanding**

Expand the base of healthcare providers able to diagnose and care for HIV, HCV, STI and people who use drugs.

**Disseminating**

Disseminate NYSDOH AI Clinical Guidelines and other relevant materials and resources.

**Partnering**

Foster partnerships among community-based providers, affiliated and/or professional organizations, and HIV, HCV, STI and drug user health experience providers.

This RFA contains four (4) components as outlined on the cover page of the RFA.

The CEI will consist of four distinct centers including: A) HIV Primary Care and Prevention Center of Excellence; B) Sexual Health Center of Excellence; C) HCV and Drug User Health Center of Excellence; and D) Resource/Evaluation Center of Excellence.

## Background/Intent

For more than 25 years, the NYSDOH AI’s CEI (<https://ceitraining.org/about/>) has served to build the capacity of healthcare providers to diagnose and care for patients living with HIV, HCV, STIs and drug use. The target audience for CEI includes physicians, Doctors of Osteopathy (DOs), physician assistants, nurse practitioners, registered nurses, dentists, licensed midwives and pharmacists. The program trains more than 8,000 healthcare providers annually and has issued approximately 15,000 continuing medical education credits for live (e.g. face to face) and online trainings. CEI makes available a wide range of tools and resources to build provider capacity and actively distributes NYS AI Clinical Guidelines (see [www.hivguidelines.org](http://www.hivguidelines.org)).

Primary care providers are increasingly the principal medical care providers for people living with HIV, HCV, STIs and drug use. The number of new infections of HIV has decreased in NYS. However, the incidence of HCV, STIs and drug use has increased. CEI must intensify its clinical education efforts among healthcare providers who care for special populations with HIV, HCV, STIs and people who use drugs (PWUDs). Presently, there is concern regarding the increasing opioid epidemic that has contributed to increasing numbers of overdose-related deaths and increased transmission of HCV. While healthcare providers are treating HIV and curing patients with HCV, more emphasis must be placed on educating healthcare providers on the management and treatment of PWUDs.

Centers of Expertise are expected to implement a model of curriculum that supports a culture of curiosity and promotes lifelong learning. CEI Centers shall employ adult learning principles that focus on the specific ways that adults learn. CEI Centers of Excellence shall adopt flexible educational paradigms designed to meet the busy schedule of today’s practicing clinician.

CEI is expected to apply a wide range of digital platforms that respond to the needs of a range of individual learning styles. CEI is seeking to bridge the generational gap and learning divide by keeping the fidelity of traditional in-person learning materials and driving newer online and digital learning models to the forefront.

On June 29, 2014, Governor Andrew M. Cuomo outlined a three-point plan to end the AIDS Epidemic in New York State.  The goal of the plan is to reduce the number of new HIV infections to just 750 annually (from just under 3,000 in 2016) by the end of 2020.

The three-point plan includes:

1. Identifying persons with HIV who remain undiagnosed and linking them to health care;
2. Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and
3. Providing access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

Clinical Education activities funded through this RFA should support the three pillars of the Ending the Epidemic (ETE) plan as well as contribute toward achieving the following items outlined in the more detailed ***2015 Blueprint for Achieving the Goal of Ending the Epidemic*** which was publicly released on April 29, 2015:

BP3: Address acute HIV infection;

BP4: Improve referral and engagement;

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

BP13: Create a coordinated statewide mechanism for person to access PrEP and nPEP and prevention-focused care;

BP15: Increase momentum in promoting the health of people who use drugs;

BP18: Health, housing and human rights for LGBT communities;

BP19: Institute an integrated comprehensive approach to transgender health care and human rights;

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

BP23: Promote comprehensive sexual health education; and

BP26: Provide HCV testing to persons with HIV and remove restrictions to HCV treatment access based on financial considerations for individuals co-infected with HIV and HCV.

The Ending the Epidemic Blueprint is available on the NYSDOH’s website at <https://www.health.ny.gov/diseases/aids/ending_the_epidemic/>.

Other relevant policy documents that help guide the direction and focus for CEI include the National HIV/AIDS Strategy (NHAS) and the New York State Prevention Agenda.

The National HIV/AIDS Strategy is a five-year plan that details principles, priorities and actions to guide our collective national response to the HIV epidemic.[[1]](#footnote-1) Information on the National HIV/AIDS Strategy and updates to the strategy through 2020 can be found at: https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/. The New York State Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them.[[2]](#footnote-2) The New York State Prevention Agenda can be found on the following website: <http://www.health.ny.gov/prevention/prevention_agenda/2013-2017>.

## Available Funding

Up to $2,060,000 in State and HRI funding is available annually to support the Centers of Excellence funded through this RFA.  Funding will be allocated as stated in the chart below. Annual awards will not exceed the annual award amounts listed in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component** | **Annual Award Amount** | **State Funding** | **HRI Funding** | **Number of Awards** |
| Component A - HIV Primary Care and Prevention Center of Excellence | $550,000 | $550,000 |  | 1 |
| Component B - Sexual Health Center of Excellence | $480,000 | $480,000 |  | 1 |
| Component C – HCV and Drug User Health Center of Excellence | $480,000 | $355,000 | $125,000 | 1 |
| Component D - Resource/Evaluation Center of Excellence  | $550,000 | $550,000 |  | 1 |

Applicants are not precluded from applying to serve as more than one Center. If applications are received for more than one Center, the applications meeting the guidelines set forth in the RFA will be reviewed and evaluated competitively using an objective rating system reflective of the required items specified for each section.

* An award will be made to the highest scoring applicant for each Component.
* If there are an insufficient number of acceptable applications (scoring 70 or above) received from any Component of this RFA, HRI/the NYSDOH AI reserves the right to fund an application scoring in the range of 60-69 from a Component.
* HRI/the NYSDOH AI reserves the right to re-solicit any Component where there is not a fundable application.
* HRI/the NYSDOH AI reserves the right to revise the award amounts as necessary due to changes in availability of funding.
* HRI/the NYSDOH AI reserves the right to shift funding from one Component of the RFA to another Component should there be an insufficient number of fundable applications received in any Component.
* HRI/the NYSDOH AI reserves the right to review and rescind all subcontracts.

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

# WHO MAY APPLY

## Minimum Eligibility Requirements

All applicants must meet the following minimum eligibility requirements.

### Component A – HIV Primary Care and Prevention Center of Excellence

* Applicant must be prequalified in theNYS Grants Gateway, if not exempt, on the date applications are due;
* Applicant must be located in and conduct business in NYS;
* Applicant must be a not-for-profit academic medical center that either operates or demonstrates via a Letter of Agreement a relationship with one or more clinics dedicated to HIV/Primary Care that can be used as a site for preceptorships. If applicable, Letters of Agreement should be uploaded as **Attachment 1** in the Pre-Submission upload section of the Grants Gateway.; and
* Applicant has uploaded **Attachment 2** - Statement of Assurances signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**. This form, once signed, is uploaded under Pre-Submission Uploads in the Grants Gateway.

### Component B - Sexual Health Center of Excellence

* Applicant must be prequalified in theNYS Grants Gateway, if not exempt, on the date applications are due;
* Applicant must be located in and conduct business in NYS;
* Applicant must be a not-for-profit academic medical center that either operates or demonstrates via a Letter of Agreement a relationship with one or more clinics dedicated to STI care that can be used as a site for preceptorships. If applicable, Letters of Agreement should be uploaded as **Attachment 1** in the Pre-Submission upload section of the Grants Gateway.; and
* Applicant has uploaded **Attachment 2** - Statement of Assurances signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**. This form, once signed, is uploaded under Pre-Submission Uploads in the Grants Gateway.

### Component C - HCV and Drug User Health Center of Excellence

* Applicant must be prequalified in theNYS Grants Gateway, if not exempt, on the date applications are due;
* Applicant must be located in and conduct business in NYS;
* Applicant must be a not-for-profit academic medical center that either operates or demonstrates via a letter of agreement a relationship with one or more clinics dedicated to drug user health and/or HCV care that can be used as a site for HCV and/or drug user health preceptorships and at minimum prescribe buprenorphine. If applicable, Letters of Agreement should be uploaded as **Attachment 1** in the Pre-Submission upload section of the Grants Gateway.; and
* Applicant has uploaded **Attachment 2** - Statement of Assurances signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**. This form, once signed, is uploaded under Pre-Submission Uploads in the Grants Gateway.

### Component D – Resource/Evaluation Center of Excellence

* Applicant must be prequalified in theNYS Grants Gateway, if not exempt, on the date applications are due;
* Applicant must be located in and conduct business in NYS;
* Applicant must be a not-for-profit academic medical center, university or professional educational organization, not-for-profit 501(c)(3) community-based and professional organizations or; not-for-profit technology companies;
* Applicant must be an approved provider of credits through the Accreditation Council for Continuing Medical Education (ACCME). Proof of status should be attached as **Attachment 3** in the Pre-Submission upload section of the Grants Gateway; and
* Applicant has uploaded **Attachment 2** - Statement of Assurances signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**. This form, once signed, is uploaded under Pre-Submission Uploads in the Grants Gateway.

# PROJECT NARRATIVE/WORK PLAN OUTCOMES

## Project Narrative/Work Plan Outcomes

### Component A: HIV Primary Care and Prevention Center of Excellence

The HIV Primary Care and Prevention Center of Excellence will serve as a statewide clinical education program addressing HIV screening, prevention (including PEP and PrEP), diagnosis and treatment with primary care providers. The funded applicant will conduct clinical education needs assessments with local health departments, HIV and primary care clinics and other primary care providers who screen, prevent, diagnose and treat HIV. The funded applicant will deliver a mix of live and online clinical education programs, conduct intensive clinical preceptorships in HIV clinics and primary care settings and convene an annual statewide HIV Primary Care and Prevention conference in NYS. The HIV Primary Care and Prevention Center will work with the Resource/Evaluation Center to deliver online education programs using the latest technologies including tele-mentoring, webcasting and other emerging digital health education technologies. The HIV Primary Care and Prevention Center will be responsible for ensuring adequate access to clinical expertise and training in all areas of the state with a focus on areas designated as Health Professional Shortage Areas (HPSAs), rural areas and other areas where there is not access to HIV screening, prevention, diagnosis and treatment by primary care providers. Working with the Resource/Evaluation Center the HIV Primary Care and Prevention Center will staff the CEI hot-line for case-based educational consultation on HIV clinical care and primary care. The HIV Primary Care and Prevention Center will collaborate with the Resource/Evaluation Center to promote CEI activities using various digital mediums and evaluate its clinical education activities. The HIV Primary Care and Prevention Center will work in concert with other Centers funded under this initiative. The Center will utilize Specific/Measurable/Achievable/Realistic/Time-Bound (SMART) goals (<https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html>) to achieve the clinical education activities that include in-person, online, and technical assistance activities to ensure services are convenient and accessible to actively practicing healthcare providers. The HIV Primary Care and Prevention Center will work with the Resource/Evaluation Center to establish statewide visibility and become a trusted source of clinical education in a manner that engages its target audience of clinical providers. The HIV Primary Care and Prevention Center will work seamlessly with other Centers of Excellence to facilitate training and develop multimedia materials to a wider audience. It will work with statewide and regional professional organizations to sponsor and promote clinical education opportunities. The HIV Primary Care and Prevention Center will continue to carry out the performance measures for major activities, define priorities for improvement and implement improvement strategies based on data. The HIV Primary Care and Prevention Center will work with the Resource/Evaluation Center Evaluation team to examine process measures and outcome measures. It is an expectation and requirement of the funded applicant to integrate cultural competency into all programmatic activities.

**Staffing Structure**

The HIV Primary Care and Prevention Center will establish the following staffing plans to administer a large-scale statewide clinical education initiative addressing the goals outlined in the RFA.

1. Medical Director: will be a NYS-licensed physician (FTE minimum 25%) with significant demonstrated expertise in primary care, HIV prevention and HIV disease. The responsibilities of the position will include: providing overall clinical leadership for the Center; oversight of the development of the program plan and clinical content of education programs; oversight and budget; oversight of outreach, education and evaluation activities; and reporting to the NYSDOH AI. The Medical Director must attend the CEI statewide meeting. The Medical Director will maintain active involvement in the NYSDOH AI 's Clinical Guidelines program by participating on the Medical Care Criteria Committee. Information about this committee can be obtained at the following link: <https://www.hivguidelines.org/home/about/#tab_1_0>.
2. Program Director (FTE minimum 80%): will have a Bachelor’s degree, or preferably a Master’s degree, in Public Health, Nursing, Education or a related field of Science. The Program Director should have experience coordinating educational programs, developing curricula and working with clinical providers and health care organizations. Responsibilities include: program outreach and promoting activities; coordination of program logistics development of materials and curricula; implementation of program evaluation; and collection and reporting of program data to the NYSDOH AI.
3. Faculty Subject Area Experts: The HIV Primary Care and Prevention Center will be responsible for developing and maintaining an adequate panel of faculty/speakers with specific expertise in HIV screening, prevention, diagnosis and treatment in a primary care setting, as well as expertise delivering care to populations most affected by HIV. The HIV Primary Care and Prevention Center is encouraged to form relationships with ethnically and regionally diverse faculty. The HIV Primary Care and Prevention Center is encouraged to recruit faculty from the various NYSDOH AI Clinical Guidelines Committees. Standardized criteria should be in place to recruit and assess both clinical and teaching abilities of all faculty/speakers. The HIV Primary Care and Prevention Center should demonstrate access to an adequate number of faculty to carry out work plan deliverables. Faculty Subject Area Experts include providing HIV screening, prevention, diagnosis and treatment in primary care settings as needed, developing curriculum and conducting educational sessions on a per diem basis or as a current staff member of the HIV Primary Care and Prevention Center. Their fees should not include any administrative costs and/or institutional fringe benefit rates.The HIV Primary Care and Prevention Center should demonstrate provisions for providing orientation and ongoing faculty development. See **Attachment 4** for Stipend Reimbursement Guidance.
4. Administrative, clerical support and information technology and social media staff for the program as needed.

**Outcomes**

* 1. **Target Audience**
		1. Identifies target audience of healthcare providers such as primary care clinicians, emergency department clinicians, urgent care clinicians, internists, family practice practitioners, OB/GYN, STI and HIV providers. Clinical providers are defined as MDs, DOs, physician assistants, nurse practitioners, registered nurses, pharmacists, dentists, licensed midwives and other allied health professionals.
		2. Special emphasis should be placed on providers in Health Professional Shortage Areas (HPSAs) and other areas where HIV providers are limited.
	2. **Curriculum**

The HIV Primary Care and Prevention Center will:

Develop curriculum based upon NYSDOH AI Clinical Guidelines for HIV (<https://www.hivguidelines.org/hiv-care/>), and policies that are Continuing Medical Education (CME) eligible. The curriculum and clinical education interventions shall be directed to the goals of CEI and prepare health care providers to deliver quality HIV Primary Care and Prevention Services.

Educate providers on topics that include, but are not limited to HIV screening, diagnosis, treatment, PEP and PrEP.

* + 1. Develop curriculum based on emerging topics and challenges commonly faced in HIV, prevention and primary care clinical practice and AI priorities.
		2. Work with the other Centers of Excellence to promote service integration for STIs, HIV, HCV, primary care and drug user health, and provide technical assistance for external agencies in the development of policy and procedures related to screening, diagnosing and managing patients.
		3. Support AI’s ETE initiative and NYS Prevention Agenda which is a blueprint for state and local community action to improve the health of New Yorkers.
		4. Provide technical assistance to support healthcare providers to develop tools that help improve healthcare providers capacity to enhance patient self-management skills.
		5. Complete the appropriate continuing education applications and collaborate with the Resource/Evaluation Center, who is responsible for distributing continuing education credits for physicians, nurse practitioners, physician assistants, nurses, pharmacists and other clinical professionals as directed by the NYSDOH AI.
	1. **Trainings**
		1. Clinical trainings:
			+ 40% are required to be delivered in-person, with 75% conducted outside of NYC; and
			+ 60% online trainings.
		2. Special emphasis should be placed in HPSAs in HIV and primary care.
		3. Provides tele-mentoring for healthcare providers via multi-digital platforms.
		4. Conducts preceptorships for healthcare providers within an HIV and Primary Care out-patient care facility.
		5. Convene annual statewide HIV Primary Care and Prevention conference in NYS.
		6. The HIV Primary Care and Prevention Center will collaborate with the Resource/Evaluation Center, who is responsible for distributing continuing education credits. The HIV Primary Care and Prevention Center will submit required materials about HIV Primary Care and Prevention training interventions to the Resource/Evaluation Center to ensure completion of appropriate applications for continuing education credits.
	2. **Technical Assistance**
		1. Provides consultation for inquiries about HIV Primary Care and Prevention Services and treatment over the CEI line including PEP, PrEP and maternal-fetal exposure. The Resource/Evaluation Center will provide the overall support for the CEI line and will arrange to have calls to the HIV and Primary Care line forwarded to the HIV Primary Care and Prevention Center for response.
		2. The HIV Primary Care and Prevention Center’s clinical experts will respond to calls Monday-Friday from 8 am - 8 pm with the capacity for expanding hours of operation in response to identified need. After 8 pm, responses to the CEI line will occur within 24 hours (or within 72 hours on the weekend) from the time the call was received.
		3. Calls related to PEP and HIV maternal-fetal exposure must be responded to immediately 24 hours 7 days a week.
		4. Provides technical assistance to external agencies seeking guidance for development of HIV Primary Care and Prevention policies and curricula.
		5. The Program Director must ensure prompt response to all calls and the Medical Director will oversee that NYS Clinical Guidelines are adhered to in response to all calls. The HIV Primary Care and Prevention Center will submit a record of all calls to the Resource/Evaluation Center database as part of the quarterly and annual reports.
	3. **Collaboration**
		1. The HIV Primary Care and Prevention Center is expected to work with the other CEI Centers and statewide and regional professional organizations to sponsor and promote clinical education opportunities.
		2. The Medical Director will collaborate with the NYSDOH AI Guidelines and Medical Care Criteria Committee (MCCC).
	4. **Social Media**

The HIV Primary Care and Prevention Center will:

* + 1. Create HIV prevention and primary care content to provide to the Resource/Evaluation Center who will maintain all CEI’s social media platforms (ie. Facebook, Instagram, LinkedIn, Twitter, YouTube).
		2. Collaborate with the Resource/Evaluation Center to develop a robust social media strategy to disseminate HIV, prevention and primary care information to bridge the generational gap among healthcare professionals.
	1. **Marketing and Promotion**

The HIV Primary Care and Prevention Center will:

* + 1. Work with the Resource/Evaluation Center to establish statewide visibility and become a trusted source of clinical education.
		2. Use standardized CEI branded material on all promotional materials and at all events.
		3. Work with the Resource/Evaluation Center to register training participants in the full range of clinical education interventions.
	1. **Quality Improvement**

The HIV Primary Care and Prevention Center will:

* + 1. Develop performance measures for major areas of activity, define priorities for improvement and implement improvement strategies based on data and share this information with the Evaluation Manager of the Resource/Evaluation Center.
	1. **Meetings and Reports**

The HIV Primary Care and Prevention Center will:

* + 1. Attend the annual CEI Statewide meeting to discuss and plan programmatic activities.
		2. Participate in NYSDOH AI’s annual CEI site visit to monitor and report on the HIV Primary Care and Prevention Center’s implementation work plan.
		3. Participate in monthly CEI all-center call to discuss emerging topics and ongoing concerns related to the overall program.
		4. Participate in NYSDOH AI CEI regular scheduled calls to provide updates about the HIV Primary Care and Prevention Center’s workplan activities.
		5. Be responsible for submitting monthly and quarterly reports.
		6. Will be prepared to report fiscal expenditure information on a quarterly basis.
		7. Submit an annual report to the NYSDOH AI CEI Program Director within one month following the close of the contract year using an AI approved template.
	1. **Evaluation**

The HIV Primary Care and Prevention Center will:

* + 1. Work with the NYSDOH AI and Resource/Evaluation Center Evaluation team to evaluate the delivery and effectiveness of clinical education activities. The evaluation will include processes and outcomes measures examining the effect of the activities on clinical practice and outcomes.
		2. Report on a core set of data elements to be determined by the NYSDOH AI that reflect their medical education activities on a quarterly basis within two weeks from the close of the quarter.

### Component B: Sexual Health Center of Excellence

The Sexual Health Center of Excellence (SHCE)will serve as a statewide clinical education program addressing STIs. The funded applicant will conduct clinical education needs assessments with STI clinics, local health departments, primary care providers and others who diagnose and treat STIs. The funded applicant will deliver a mix of live and online clinical education programs, conduct intensive clinical preceptorships in the STI clinic settings and convene an annual statewide STI conference in NYS. SHCE will work with Resource/Evaluation Center to deliver online education programs using the latest technologies including tele-mentoring, webcasting and other emerging digital health education technologies. SHCE will be responsible for ensuring adequate access to clinical expertise and training in all areas of the state with a focus on areas designated as Health Professional Shortage Areas (HPSAs), rural areas and other areas where STI treatment providers are limited. Working with the Resource/Evaluation Center, SHCE will staff the CEI line for case-based educational consultation on STI clinical care. SHCE will work with the Resource/Evaluation Center to promote CEI activities using various digital mediums and evaluate all clinical education activities. SHCE will work in concert with other Centers funded under this initiative. SHCE will utilize Specific/Measurable/Achievable/Realistic/Time-Bound (SMART) goals (<https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html>) to achieve the clinical education activities that include in-person, online, and technical assistance activities to ensure services are convenient and accessible to busy health care providers. SHCE will work with the Resource/Evaluation Center to establish a statewide visibility and become a trusted source of clinical education in a manner that actively engages the target audience of clinical providers. SHCE will work seamlessly with other Centers of Excellence to facilitate training and develop multimedia materials to a wider audience. It will work with statewide and regional professional organizations to sponsor and promote clinical education opportunities. SHCE will continue to carry out the performance measures for major activities, define priorities for improvement and implement improvement strategies based on data. SHCE will work with the Resource/Evaluation Center evaluation team to examine process measures and outcome measures. It is an expectation and requirement of the funded applicant to integrate cultural competency into all activities to ensure that all clinicians are effectively reached and included in the in the SHCE’s programs and efforts.

**Staffing Structure**

SHCE will establish the following staffing plans to administer a large-scale statewide clinical education initiative addressing the goals outlined in the RFA.

* + 1. Medical Director: will be a NYS-licensed physician (FTE minimum 25%) with significant demonstrated expertise in STI care and treatment of patients with STIs. The responsibilities of the position will include: providing overall clinical leadership for the SHCE; oversight of the development of the program plan and clinical content of education programs; oversight and budget; oversight of outreach, education and evaluation activities; and reporting to the NYSDOH AI. The Medical Director must attend the CEI statewide meeting. The Medical Director will maintain active involvement in the NYSDOH AI's Clinical Guidelines Program by participating on the Medical Care Criteria Guidelines Committee. Information about these guidelines can be obtained at the following link <https://www.hivguidelines.org/home/about/#tab_1_0>. The Medical Director will maintain communication with the NYSDOH AI Bureau of Sexual Health and Epidemiology.
		2. Program Director (FTE minimum 80%): will have a Bachelor’s degree, or preferably a Master’s degree, in Public Health, Nursing, Education or a related field of Science. The Program Director should have experience coordinating educational programs, developing curricula and working with clinical providers and health care organizations. Responsibilities include: program outreach and promoting activities; coordination of program logistics development of materials and curricula; implementation of program evaluation; and collection and reporting of program data to the NYSDOH AI.
		3. Faculty Subject Area Experts: SHCE will be responsible for developing and maintaining an adequate panel of faculty/speakers with specific expertise in STIs and other co-morbid conditions, as well as expertise delivering care to populations most affected by STIs including adolescent and young LGBTQ. SHCE is encouraged to form relationships with ethnically and regionally diverse faculty. SHCE is encouraged to recruit faculty from the various NYSDOH AI Clinical Guidelines Committees. Standardized criteria should be in place to recruit and assess both clinical and teaching abilities of all faculty/speakers. SHCE should demonstrate access to an adequate number of faculty to carry out work plan deliverables. Faculty Subject Area Experts include providing STI clinical expertise as needed, developing curriculum and conducting educational sessions on a per diem basis or as a current staff member of the SHCE. Their fees should not include any administrative costs and/or institutional fringe benefit rates.SHCE should demonstrate provisions for providing orientation and ongoing faculty development. See **Attachment 4** for Stipend Reimbursement Guidance.
		4. Administrative, clerical support and information technology and social media staff for the program as needed.

**Outcomes**

* 1. **Target Audience**
		1. Identifies target audience of healthcare providers such as primary care clinicians, emergency department clinicians, urgent care clinicians, internists, family practice practitioners, OB/GYN, STI and HIV providers. Clinical providers are defined as MDs, DOs, physician assistants, nurse practitioners, registered nurses, pharmacists, dentists, licensed midwives and other allied health professionals, student health professionals and public health officials.
		2. Special emphasis should be placed on providers in HPSAs and other areas where STI providers are limited.
	2. **Curriculum**

SHCE will:

* + 1. Develop curriculum based upon NYSDOH AI Sexually Transmitted Infections Guidelines and policies (<https://www.hivguidelines.org/sti-care/>), the NYSDOH AI Clinical Guidelines for HIV (<https://www.hivguidelines.org/hiv-care/>) and policies that are CME eligible. The curriculum and clinical education interventions shall be directed to the goals of CEI and prepare healthcare providers to deliver quality STI care services.
		2. Develop curriculum based on emerging topics and challenges commonly faced in STI clinical practice.
		3. Work with the other Centers of Excellence to promote service integration for STIs, HIV, HCV, primary care and drug user health with development of policy and procedures related to screening, diagnosing and managing patients.
		4. Support the NYSDOH AI’s ETE initiative and NYS Prevention Agenda which is a blueprint for state and local community action to improve the health of New Yorkers.
		5. Provide technical assistance to support healthcare providers to develop tools that help improve healthcare providers capacity to enhance patient self-management skills.
		6. Complete the appropriate continuing education applications and collaborate with the Resource/Evaluation Center who is responsible for distributing continuing education credits for physicians, nurse practitioners, physician assistants, nurses, pharmacists and other clinical professionals as directed by the NYSDOH AI.
	1. **Trainings**
		1. Clinical trainings:
			+ 50% are required to be delivered in-person, with 75% conducted outside of NYC; and
			+ 50% online trainings.
		2. Special emphasis should be placed in HPSAs in STI care.
		3. Provides tele-mentoring for healthcare providers via multi-digital platforms.
		4. Conducts STI preceptorships for healthcare providers.
		5. Convene annual statewide STI conference in NYS.
		6. SHCE will collaborate with the Resource/Evaluation Center who is responsible for distributing continuing education credits. SHCE will submit required materials about STI training interventions to the Resource/Evaluation Center to ensure completion of appropriate applications for continuing education credits.
	2. **Technical Assistance**
		1. Provides consultation for inquiries about STI services and treatment over the CEI line, a clinical consultation line for HIV, HCV, primary care and drug user health. The Resource/Evaluation Center will provide the overall support for the CEI line and will arrange to have calls to the STI line forwarded to SHCE for response.
		2. The SHCE’s clinical experts will respond to calls Monday-Friday from 8 am - 8 pm with the capacity for expanding hours of operation in response to identified need. After 8 pm, responses to the CEI line will occur within 24 hours (or within 72 hours on the weekend) from the time the call was received.
		3. Provides technical assistance to external agencies seeking guidance for development of HIV and primary care policies and curricula.
		4. The Program Director must ensure prompt response to all calls and the Medical Director will oversee that NYS AI Clinical Guidelines are adhered to in response to all calls. SHCE will submit a record of all calls to the Resource/Evaluation Center database as part of the quarterly and annual reports.
	3. **Collaboration**
		1. SHCE is expected to work with the other CEI Centers, statewide and regional professional organizations to sponsor and promote clinical education opportunities.
		2. The Medical Director will collaborate with the NYSDOH AI HIV Guidelines and Medical Care Criteria Committee (MCCC), the Sexually Transmitted Infections Guidelines and the NYSDOH Bureau of Sexual Health and Epidemiology.
	4. **Social Media**

SHCE will:

* + 1. Create STI content to provide to the Resource/Evaluation Center who will maintain all CEI’s social media platforms (i.e. Facebook, Instagram, LinkedIn, Twitter, YouTube).
		2. Collaborate with the Resource/Evaluation Center to develop a robust social media strategy to disseminate STI Care information to bridge the generational gap among health care professionals.
	1. **Marketing and Promotion**

SHCE will:

* + 1. Work with the Resource/Evaluation Center to establish statewide visibility and become a trusted source of clinical education.
		2. Use standardized CEI branded material on all promotional materials and at all events.
		3. Work with the Resource/Evaluation Center to register training participants in the full range of clinical education interventions.
	1. **Quality Improvement**

SHCE will:

* + 1. Develop performance measures for major areas of activity, define priorities for improvement and implement improvement strategies based on data and share this information with the Evaluation Manager of the Resource/Evaluation Center.
	1. **Meetings and Reports**

SHCE will:

* + 1. Attend the annual CEI Statewide meeting to discuss and plan programmatic activities.
		2. Participate in NYSDOH AI’s annual CEI site visit to monitor and report on the SHCE’s implementation work plan.
		3. Participate in monthly CEI all-center call to discuss emerging topics and ongoing concerns related to the overall program.
		4. Participate in NYSDOH AI CEI regular scheduled calls to provide updates about the SHCE’s workplan activities.
		5. Be responsible for submitting monthly and quarterly reports.
		6. Will be prepared to report fiscal expenditure information on a quarterly basis.
		7. Submit an annual report to the NYSDOH AI CEI Program Director within one month of the following the close of the contract year using an AI approved template.
	1. **Evaluation**

SHCE will:

* + 1. Work with the NYSDOH AI and Resource/Evaluation Center evaluation team to evaluate the delivery and effectiveness of clinical education activities. The evaluation will include processes and outcomes measures examining the effect of the activities on clinical practice and outcomes.
		2. Report on a core set of data elements to be determined by the NYSDOH AI that reflect their medical education activities on a quarterly basis within two weeks from the close of the quarter.

### Component C: HCV and Drug User Health Center of Excellence

The HCV and Drug User Health Center of Excellence (HCV and Drug User Health Center) will serve as a statewide clinical education program addressing both HCV and drug user health. The funded applicant will conduct clinical education needs assessments with HCV and Health Hubs/Syringe Exchange Programs (SEPs), local health departments and HCV and drug user health providers who diagnose and treat HCV and PWUDs. The funded applicant will deliver a mix of live and online clinical education programs, including on-site, intensive clinical preceptorships in the HCV clinics and other healthcare settings where services are provided to PWUDs, and convene an annual statewide HCV and drug user health conference in NYS. The HCV and Drug User Health Center will work with the Resource/Evaluation Center to deliver online education programs using the latest technologies including tele-mentoring, webinar, webcasting and other emerging digital health education technologies. The HCV and Drug User Health Center will be responsible for ensuring adequate access to clinical expertise and trainings are available in Health Professional Shortage Areas (HPSAs) and other areas where HCV and drug user health providers are limited. Working with the Resource/Evaluation Center, the HCV and Drug User Health Center will staff the CEI line for case-based educational consultation on HCV clinical care and drug user health. The HCV and Drug User Health Center will work with the Resource/Evaluation Center to promote CEI activities using various digital mediums and evaluate all clinical education activities. The HCV and Drug User Health Center will work in concert with other Centers of Excellence funded under this initiative. The Center will utilize Specific/Measurable/Achievable/Realistic/Time-Bound (SMART) goals (<https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html> to achieve the clinical education activities that include in-person, online, and technical assistance activities to ensure services are convenient and accessible to busy healthcare providers. The HCV and Drug User Health Center will work with the other Centers of Excellence to establish a statewide visibility and become a trusted source of clinical education in a manner that actively engages the target audience of clinical providers. The HCV and Drug User Health Center will work seamlessly with other Centers to facilitate training and develop multimedia materials to a wider audience. It will work with statewide and regional professional organizations to sponsor and promote clinical education opportunities. The HCV and Drug User Health Center will continue to carry out the performance measures for major activities, define priorities for improvement and implement improvement strategies based on data. The HCV and Drug User Health Center will work with the Resource/Evaluation Center Evaluation team to examine process measures and outcome measures. The HCV and Drug User Health Center must understand the cultural background of their target population and have the willingness and skills to work with various communities. It is an expectation and requirement of the funded applicant to integrate cultural competency into all programmatic activities.

**Staffing Structure**

The HCV and Drug User Health Center will establish the following staffing plans to administer a large-scale statewide clinical education initiative addressing the goals outlined in the RFA.

1. Medical Director: will be a NYS-licensed physician (FTE minimum 25%) with expertise in HCV, drug user health, and licensed for buprenorphine. The responsibilities of the position will include: providing overall clinical leadership for the HCV and Drug User Health Center; oversight of the development of the program plan and clinical content of education programs; oversight and budget; oversight of outreach, education and evaluation activities; and reporting to the NYSDOH AI. The Medical Director must attend the annual CEI statewide meeting. The Medical Director will maintain active involvement in the NYSDOH AI Clinical Guidelines Program by participating on the Substance Use Guidelines Committee (<https://www.hivguidelines.org/substance-use/>) and the Hepatitis C Virus Committee ([https://www.hivguidelines.org/hepatitis-care/)](https://www.hivguidelines.org/hepatitis-care/%29%20) .
2. Program Director (FTE minimum 80%): will have a Bachelor’s degree, or preferably a Master’s degree, in Public Health, Nursing, Education or a related field of Science. The Program Director should have experience coordinating educational programs, developing curricula and working with clinical providers and health care organizations. Responsibilities include: program outreach and promoting activities; coordination of program logistics development of materials and curricula, including, but not limited to buprenorphine, Medication Assisted Therapy (MAT), syringe exchange, active HCV treatment and harm reduction; implementation of program evaluation and collection; and reporting of program data to the NYSDOH AI.
3. Faculty Subject Area Experts: The HCV and Drug User Health Center will be responsible for developing and maintaining an adequate panel of faculty/speakers with specific expertise in HCV and treating PWUDs. The HCV and Drug User Health Center is encouraged to form relationships with ethnically and regionally diverse faculty. The HCV and Drug User Health Center is encouraged to recruit faculty from the various NYSDOH AI Clinical Guidelines Committees. Standardized criteria should be in place to recruit and assess both clinical and teaching abilities of all faculty/speakers. The HCV and Drug User Health Center should demonstrate access to an adequate number of faculty to carry out work plan deliverables. Faculty Subject Area Experts include providing HCV and drug user health clinical expertise as needed, developing curriculum and conducting educational sessions on a per diem basis or as a current staff member of the HCV and Drug User Health Center. Their fees should not include any administrative costs and/or institutional fringe benefit rates. The HCV and Drug User Health Center should demonstrate provisions for providing orientation and ongoing faculty development. See **Attachment 4** for Stipend Reimbursement Guidance.
4. Administrative, clerical support and information technology and social media staff for the program as needed.

**Outcomes**

* 1. **Target Audience**
		1. Identifies target audience of healthcare providers such as primary care clinicians, emergency department clinicians, urgent care clinicians, internists, family practice practitioners, OB/GYN, STI and HIV providers. Clinical providers are defined as MDs, DOs, physician assistants, nurse practitioners, registered nurses, pharmacists, dentists, licensed midwives and other allied health professionals.
		2. Special emphasis should be placed on providers in Federal Qualified Health Centers (FQHC), Health Hubs/Syringe Exchange Programs (SEP), HPSAs and other areas where drug user health and HCV providers are limited.
	2. **Curriculum**

The HCV and Drug User Health Center will:

* + 1. Develop curriculum based upon NYSDOH AI Clinical Guidelines for Substance Use (<https://www.hivguidelines.org/substance-use/>), the NYSDOH AI Hepatitis C Virus Infection Guidelines (<https://www.hivguidelines.org/hepatitis-care/>) and policies that are CME eligible. The curriculum and clinical education interventions shall align with CEI goals and appropriately prepare healthcare providers to deliver quality HCV and drug user health care services.
		2. Develop curriculum based on emerging Hep C topics and drug user trends such as stimulant use in rural areas, drug use among high risk groups and challenges commonly faced in HCV and drug user health clinical practice.
		3. Work with the other Centers of Excellence to promote service integration for STIs, HIV, HCV, primary care and drug user health with development of policy and procedures related to screening, diagnosing and managing patients.
		4. Support the NYSDOH AI’s ETE initiative, Hep C Elimination Campaign and NYS Prevention Agenda, which is a blueprint for state and local community action to improve the health of New Yorkers.
		5. Provide technical assistance to support healthcare providers to develop tools that help improve healthcare providers capacity to enhance patient self-management skills.
	1. **Trainings**
		1. Clinical trainings:
			+ 40% required to be delivered in-person, with 75% conducted outside of NYC; and
			+ 60% online trainings.
		2. Special emphasis should be placed in HPSAs in HCV and drug user health care.
		3. Provides tele-mentoring for healthcare providers via multi-digital platforms to improve access to treatment of both HCV and opioid use disorder.
		4. Healthcare providers must be familiar with the Hep C testing law and offer Hep C screening to PWUDs, people who are infected with HIV and potentially exposed individuals.
		5. Educate healthcare providers on drug user care topics that include but are not limited to: screening patients; prescribing appropriately (e.g. buprenorphine) and using prescription drug monitoring programs (PDMPs); communicating with patients about pain management alternatives; effectiveness of naloxone and substance use treatment options, including medication-assisted treatment (MAT); and addressing and understanding bias and stigma.
		6. Conducts HCV and drug user health preceptorships for healthcare providers.
		7. Convene annual statewide HCV and/or Drug User Health conference in NYS.
		8. The HCV and Drug User Health Center will complete the appropriate continuing education applications and collaborate with the Resource/Evaluation Center who is responsible for distributing continuing education credits for physicians, nurse practitioners, physician assistants, nurses, pharmacists and other clinical professionals as directed by the NYSDOH AI.
	2. **Technical Assistance**
		1. Provides consultation for inquiries about HCV and drug user health services and treatment over the CEI line, a clinical consultation line for HIV, HCV, primary care and drug user health. The Resource/Evaluation Center will provide the overall support for the CEI line and will arrange to have calls to the Drug User Health/HCV line forwarded to the HCV and Drug User Health Center for response.
		2. The HCV and Drug User Health Center clinical experts will respond to calls Monday-Friday from 8 am - 8 pm with the capacity for expanding hours of operation in response to identified need. After 8 pm, responses to the CEI line will occur within 24 hours (or within 72 hours on the weekend) from the time the call was received.
		3. Provides technical assistance with external agencies seeking guidance for development of drug user health and HCV policies and curricula.
		4. The Program Director must ensure prompt response to all calls and the Medical Director will oversee that NYS AI Clinical Guidelines are adhered to in response to all calls. The HCV and Drug User Health Center will submit a record of all calls to the Resource/Evaluation Center database as part of the quarterly and annual reports.
	3. **Collaboration**
		1. The HCV and Drug User Health Center is expected to work with the other CEI Centers and statewide and regional professional organizations to sponsor and promote clinical education opportunities.
		2. The Medical Director will collaborate with the NYSDOH AI Clinical Guidelines Program, NYSDOH AI Drug User Health Unit, professional organizations and other government agencies (e.g. Substance Abuse and Mental Health Services Administration (SAMHSA)).
	4. **Social Media**

The HCV and Drug User Health Center will:

* + 1. Create and supply hepatitis C and drug use informational content to the Resource/Evaluation Center; the Resource/Evaluation Center will in turn, maintain the CEI’s social media platforms (i.e. Facebook, Instagram, LinkedIn, Twitter, YouTube).
		2. Collaborate with the Resource/Evaluation Center to develop a robust social media strategy to disseminate drug user health and HCV care information to bridge the generational gap among healthcare professionals.

* 1. **Marketing and Promotion**

The HCV and Drug User Health Center will:

* + 1. Work with the Resource/Evaluation Center to establish statewide visibility and become a trusted source of clinical education.
		2. Use standardized CEI branded material on all promotional materials and at all events.
		3. Work with the Resource/Evaluation Center to register training participants in the full range of clinical education interventions.
	1. **Quality Improvement**

The HCV and Drug User Health Center will:

* + 1. Develop performance measures for major areas of activity, define priorities for improvement and implement improvement strategies based on data and share this information with the Evaluation Manager of the Resource Center.
	1. **Meetings and Reports**

The HCV and Drug User Health Center will:

* + 1. Attend the annual CEI Statewide meeting to discuss and plan programmatic activities.
		2. Participate in NYSDOH AI’s annual CEI site visit to monitor and report on the HCV and Drug User Health Center’s implementation work plan.
		3. Participate in monthly CEI all-center call to discuss emerging topics and ongoing concerns related to the overall program.
		4. Participate in NYSDOH AI CEI regular scheduled calls to provide updates about the HCV and Drug User Health Center’s work plan activities.
		5. Be responsible for submitting monthly and quarterly reports.
		6. Be prepared to report fiscal expenditure information on a quarterly basis.
		7. Submit an annual report to the NYSDOH AI CEI Program Director within one month of the close of the contract year using an AI approved template.
	1. **Evaluation**

The HCV and Drug User Health Center will:

* + 1. Work with the NYSDOH AI and Resource/Evaluation Center Evaluation team to evaluate the delivery and effectiveness of clinical education activities. The evaluation will include processes and outcomes measures examining the effect of the activities on clinical practice and outcomes.
		2. Report on a core set of data elements to be determined by the NYSDOH AI that reflect their medical education activities on a quarterly basis within two weeks from the close of the quarter.

### Component D: Resource/Evaluation Center of Excellence

The Resource/Evaluation Center of Excellence (Resource/Evaluation Center)will build and support the technological capacity of CEI, using the latest distance learning and tele-mentoring technologies (e.g. [ECHO](https://echo.unm.edu/)) (see **Attachment 5**-Clinical Education Initiative Glossary Terms). The Resource/Evaluation Center will coordinate all continuing education crediting activities in concert with the CEI Centers and the NYSDOH AI programs. The Resource/Evaluation Center shall be an approved provider of credits through the Accreditation Council for Continuing Medical Education (ACCME).

The Resource/Evaluation Center will maintain the [www.ceitraining.org](http://www.ceitraining.org) website and other related websites as a large scale, multimedia platform that meets all NYSDOH security protections and has the capacity to expand. The website will serve as a portal to host a wide range of online and media clinical education programs including but not limited to: archive webinars, webcasts, podcasts, virtual case simulation, public service announcements, etc. The Resource/Evaluation Center will be responsible for developing an innovative digital platform to train the Centers of Excellence on how to disseminate clinical education using the most current and effective technologies. The Resource/Evaluation Centerwill conduct annual surveys to assess digital distribution, identify training topics, desired training formats, locations and other priority topics for needed trainings determined by the NYSDOH AI. The Resource/Evaluation Center will evaluate CEI’s clinical education activities. The Resource/Evaluation Center will maintain and update performance measures on the major areas of activities and evaluate the activities to implement improvement strategies based on data. The Resource/Evaluation Center will analyze CEI activities with the goal of reducing rates of HIV, HCV, STI and drug use and improving the health of patients who have HIV, HCV, STI, and use drugs. The Resource/Evaluation Center will develop a wide range of online training interventions based on the curricula and materials developed by the other Centers of Excellence and AI. The Resource/Evaluation Center must understand the cultural background of their target population and have the willingness and skills to work with various communities. It is an expectation and requirement of the funded applicant to integrate cultural competency into all programmatic activities.

**Staffing Structure**

The Resource/Evaluation Center will establish the following staffing plans to administer a large-scale statewide clinical education initiative addressing the goals outlined in the RFA.

1. Administrative Director (FTE minimum 25%): Provides overall leadership for the Resource/Evaluation Center, including oversight of website development, production of multimedia materials, personnel, budget, evaluation activities and reporting to the NYSDOH AI. The Administrative Director should have administrative level experience in a public health or medical field involving programmatic and fiscal oversight, and should have technical knowledge of web programming, multimedia programs and evaluation techniques.
2. Medical Director: will be a NYS-licensed physician (FTE minimum 10%) with expertise in HIV, HCV, STIs and have access to experts in drug user health. The responsibilities of the position will include providing overall clinical support to the Resource/Evaluation Center staff on the development of online clinical content for healthcare providers, consulting staff on digital programming and resources and must attend the CEI statewide meeting.
3. Program Director (FTE minimum 80%): will have a Bachelor’s degree, or preferably a Master’s degree, in Public Health, Nursing, Education or a related field of Science. The Program Director will be responsible for program outreach, coordination with the other CEI Centers, logistical support, development of educational materials and collection and reporting of evaluation data to the NYSDOH AI. The Program Director should have experience coordinating educational programs as well as experience working with clinical providers and health care organizations.
4. Production Coordinator: (FTE minimum 30%): Handles production of webcasting and other media, as well as assists with all the Centers with preparation of educational materials for the website. The Production Coordinator should have technical expertise in web programming, social marketing, networking and multimedia designs.
5. Evaluation Manager (FTE minimum 30%): Implements the CEI program evaluation plan. The Evaluation Manager should be knowledgeable in program evaluation methodology and should have experience conducting program evaluations and working with clinical providers and health care organizations, as well as with assessing CEI’s social marketing initiatives.
6. Social Media Coordinator (FTE minimum 30%): Directs the social media outreach campaigns for the CEI Centers. Coordinates collaboration between all the other CEI Centers to implement a social media strategy that will expand the CEI social media presence and reach. The Social Media Coordinator should be knowledgeable in social media analyzing and strategizing and have experience with creating social media content in order to grow CEI’s digital footprint.
7. Administrative, clerical support and information technology and social media staff for the program as needed.

**Outcomes**

* 1. **Target Audience**
		1. The target audience for the Resource/Evaluation Center includes the other Centers of Excellence and the audiences listed in the HIV Primary Care and Prevention Center, SHCE and the HCV and Drug User Health Center. The activities of the Resource/Evaluation Center will be especially important for ensuring access to clinical education activities for providers located in HPSAs and rural areas.
		2. The Resource/Evaluation Center is responsible for reaching out to various affiliated medical organizations such as the Medical Society of the State of NY, American Medical Association, New York Chapter of the American College of Physicians, Medscape, Clinical Care Options, Coursera, etc. with the intent to expand CEI’s reach.
	2. **Curriculum**

The Resource/Evaluation Center will:

* + 1. With guidance from the NYSDOH AI, be responsible for developing curriculum that educates and prepares the healthcare workforce to use emerging social media and digital health technology tools.
		2. Expected to develop a wide range of different online training interventions based on curricula and materials developed by the other Centers of Excellence.
		3. Provide technical assistance to support healthcare providers to develop tools that help improve healthcare providers capacity to enhance patient self-management skills.
		4. Support the NYSDOH AI’s ETE initiative and NYS Prevention Agenda which is a blueprint for state and local community action to improve the health of New Yorkers.
	1. **Trainings**

The Resource/Evaluation Center will:

* + 1. Collaborate with the other Centers to develop various multimedia educational materials targeted for use by providers and clinician educators.
		2. Be expected to prioritize NYSDOH AI Clinical Guidelines and emerging clinical issues and policies determined by AI for educational content.
		3. Be responsible for the development of new mobile technology tools and the incorporation of other multimedia tools.
		4. Work with NYSDOH AI Clinical Guidelines contractors whenever posting materials related to clinical guidelines on the [www.ceitraining.org](http://www.ceitraining.org) website.
		5. Be expected to have the expertise needed to adapt to a changing technology and social media environment and restructure content formats and activities to create a meaningful online learning experience for participants.
		6. Have all online content be conducive to adult learning and in compliance with the Americans with Disability Act (ADA).
		7. Manage all continuing education credits and the tracking of these credits. The funded applicant will have the capacity to conduct surveys and tests required for awarding continued education credits and shall allow the learner to save and print documentation of completion of continuing education courses.
	1. **Technical Assistance**

The Resource/Evaluation Center will:

* + 1. Be responsible for routing all calls linked to the CEI line and ensuring that the CEI line functions seamlessly to address clinical inquiries for HIV, HCV, STI, primary care, prevention and drug user health.
		2. Respond to all technical issues related to the website and any online activities to improve user experience for all CEI users.
		3. Have a public facing direct technical assistance line on the website. Responses to this line will occur within 24 hours (or within 72 hours on the weekend) from the time the call was received.
		4. Develop a communication platform (e.g. blog) that provides another source to connect and engage with CEI clinical experts about inquiries related to HIV, HCV, STIs, and drug user health. The platform will be used to document the various cases submitted to the CEI.
	1. **Training Registration**

The Resource/Evaluation Center will:

* + 1. Develop an online registration system that will serve as a student portal (i.e. MyCEI) to register training participants in the full range of clinical education interventions. MyCEI will facilitate easy registration by providing pre-filled forms, allow the individual to track completed education activities and facilitate the collection of aggregate training data for reporting to the NYSDOH AI. A provider contact data base will be developed in concert with the NYSDOH AI and the other funded Centers and be made available to the NYSDOH AI as needed and determined by the NYSDOH AI.
	1. **Collaboration**

The Resource/Evaluation Center will:

* + 1. Provide technological assistance for CEI meetings.
		2. Participate in in-person meetings in a location to be determined by the NYSDOH AI, as well as web-based meetings to take place at least every other month, or as needed. The Administrative Director and other staff will participate in the meetings with NYSDOH AI and key staff from other CEI Centers.
		3. Collaborate with statewide and regional professional organizations, and federally funded HIV, STI, Viral Hepatitis and drug user health training initiatives to promote CEI and disseminate CEI resources.
		4. Communicate with NYSDOH AI’s Digital Health team.
	1. **Social Media**

The Resource/Evaluation Center will:

* + 1. Be required to manage all social media activities and content for CEI’s initiative. The Resource/Evaluation Center will work with the other Centers to integrate new and updated information to the CEI social media platforms (i.e. Facebook, Instagram, LinkedIn, Twitter, YouTube).
		2. Develop social media strategies to bridge the generational gap among health care professionals.
	1. **Marketing and Promotion**

The Resource/Evaluation Center will:

* + 1. Work with all of the Centers of Excellence to establish statewide visibility and become a trusted source of digital clinical education.
		2. Use standardized CEI branded material on all promotional materials and at all events.
		3. Work with the other Centers to register training participants in the full range of clinical education interventions.
		4. Work with the other Centers of Excellence to create an extensive marketing and promotional plan for the CEI program.
		5. Expect all of the Centers to utilize standardized CEI branded templates on all promotional and clinical materials utilized for public activities.
		6. Create a digital and social media plan that include clear goals for the CEI program and its various platforms. The goals set must increase awareness of the CEI and quantity of participant engagements on all social networking sites and other CEI media platforms. The plan should include an evaluation process and a mechanism for updating providers about new content in a timely manner.
	1. **Quality Improvement**

The Resource/Evaluation Center will:

* + 1. Develop performance measures for major areas of CEI activities (e.g. live and online trainings, technical assistance, dissemination resources, etc.) in consultation with the NYSDOH AI and define priorities for improvement and implement improvement strategies based on data.
	1. **Meetings and Reports**

The Resource/Evaluation Center will:

* + 1. Attend the annual CEI Statewide meeting to discuss and plan programmatic activities.
		2. Participate in NYSDOH AI’s annual CEI site visit to monitor and report on the Resource/Evaluation Center implementation work plan.
		3. Participate in monthly CEI all-center call to discuss emerging topics and ongoing concerns related to the overall program.
		4. Participate in NYSDOH AI CEI regular scheduled calls to provide updates about the Resource/Evaluation Center’s work plan activities.
		5. Be responsible for submitting monthly and quarterly reports.
		6. Submit quarterly reports to the NYSDOH AI Program Director demonstrating the growth and analysis of the various social media and digital technology platforms used by CEI.
		7. Submit an annual report to the NYSDOH AI CEI Program Director within one month following the close of the contract year using an NYSDOH AI-approved template.
	1. **Evaluation**

The Resource/Evaluation Center will:

* + 1. Work with the CEI Centers and NYSDOH AI to evaluate the delivery and effectiveness of the clinical education activities. The evaluation will include process and outcome measures examining the effect of the activities on clinical practice and its outcome.
		2. Report on a core set of data elements to be determined by the NYSDOH AI that reflect CEI’s clinical education activities on a quarterly basis within two weeks from the close of the quarter.
		3. Be required to create and maintain a centralized database, house data sets and report out on a core set of NYSDOH AI pre-approved data sets submitted by all three Centers.

## Requirements for the Program

**All applicants selected for funding will be required to:**

1. Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>);
2. Adhere to all objectives and tasks as listed in the respective **Work Plan** **Attachments 6, 7, 8, & 9;** and
3. Participate in monthly programmatic calls and provide monthly narrative reports describing the progress of the program with respect to: 1) implementation, 2) success in meeting workplan goals and objectives, 3) significant accomplishments achieved, and 4) barriers encountered and plans to address noted problems.

# ADMINISTRATIVE REQUIREMENTS

## Issuing Agency

This RFA is issued by the New York State Department of Health, AIDS Institute, Office of the Medical Director and Health Research Inc*.* (HRI).  The Department and HRI are responsible for the requirements specified herein and for the evaluation of all applications.

## Question and Answer Phase

All substantive questions must be submitted to Lyn Stevens via email at:

CEIRFA@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 posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can also be addressed in writing at the email address listed above.  **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

**All questions submitted should state “CEI RFA” in the subject line.**

Some helpful links for questions of a technical nature are below.  Questions regarding specific opportunities or applications should be directed to the DOH contact listed on the cover of this RFA.

* <https://grantsmanagement.ny.gov/resources-grant-applicants>
* Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: <https://grantsmanagement.ny.gov/videos-grant-applicants>
* Grants Gateway Team Email: grantsgateway@its.ny.gov

Phone:  518-474-5595

Hours:  Monday thru Friday 8am to 4pm

(Application Completion, Policy, and Registration questions)

* Agate Technical Support Help Desk

Phone: 1-800-820-1890

Hours:  Monday thru Friday 8am to 8pm

Email: helpdesk@agatesoftware.com

(Technical questions)

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

This RFA has been posted on the NYS Grants Gateway website at: <https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx>, a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>

and 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 these websites.  All such updates will be posted on or about the date identified on the cover sheet of this RFA.

## Letter of Intent

Letters of Intent are not a requirement of this RFA.

## Applicant Conference

An Applicant Conference will not be held for this project.

## How to File an Application

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

To apply for this opportunity:

1. Log into the [Grants Gateway](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (DOH) or enter the Grant Opportunity name <INSERT NAME>.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application.** Both DOH and Grants Gateway staff are available to answer applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA.

**PLEASE NOTE:**  Although DOH and the Grants Reform staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding.

The Grants Gateway will always notify applicants of successful submission.  If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application.  During the application process, please pay particular attention to the following:

* Not-for-profit applicants must be prequalified on the due date for this application submission.  Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis.  If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
* Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
* Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications.  An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise.  You can also run the global error check at any time in the application process. (see p.63 of the Grants Gateway: Vendor User Manual).
* Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name.  Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Role** | **Create and Maintain User Roles** | **Initiate Application** | **Complete Application** | **Submit Application** | **Only View the Application** |
| Delegated Admin | X |  |  |  |  |
| Grantee |  | X | X |  |  |
| Grantee Contract Signatory |  | X | X | X |  |
| Grantee Payment Signatory |  | X | X |  |  |
| Grantee System Administrator |  | X | X | X |  |
| Grantee View Only |  |  |  |  | X |

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

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

## Department of Health and HRI’s Reserved Rights

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

## Term of Contract

Any State contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.  Any HRI contract resulting from this RFA will be effective only upon approval by HRI. **Refer to Attachment 10 –** General Terms and Conditions – Health Research Incorporated Contracts.

It is expected that NYS contracts resulting from this RFA will have the following multi-year time period: **October 1, 2019 – September 30, 2024**. Continued funding throughout this period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

HRI funded contracts resulting from this RFA will be for 12-month terms. The anticipated start date of HRI contracts is **October 1, 2019**. However, depending on the funding source, the initial contract term could be for a shorter time period. HRI awards may be renewed for up to four (4) additional annual contract periods based on satisfactory performance and availability of funds. HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding.

## Payment & Reporting Requirements of Grant Awardees

* 1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed twenty-five (25) percent. Due to requirements of the federal funder, no advance payments will be allowed for HRI contracts resulting from this procurement.

2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

Dawn Marble-Biernacki

NYS Department of Health AIDS Institute

Corning Tower – Room 259

Empire State Plaza

Albany, NY 12237-0658

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC).  Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC’s procedures and practices to authorize electronic payments. Authorization forms are available at OSC’s website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363.

CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC’s electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

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

1. The grant contractor will be required to submit the following reports to the Department of Health at the address above or, in the future, through the Grants Gateway:
	* A monthly narrative addressing program implementation, barriers and accomplishments.

For HRI contracts, contractors will be expected to submit voucher claims and reports of expenditures in the manner that HRI requires. Required forms will be provided with the contract package.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract.  For HRI Contracts, payments and reporting requirements will be detailed in Exhibit “C” of the final contract.

## Minority & Woman-Owned Business Enterprise Requirements

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

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The

State of Minority and Women-Owned Business Enterprises: Evidence from New York"

(“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

**Business Participation Opportunities for MWBEs**

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 10% as follows:

1. For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
2. For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 5% for Minority-Owned Business Enterprises (“MBE”) participation and 5% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found on this page under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 11** of this RFA.  DOH will review the submitted MWBE Utilization Plan.  If the plan is not accepted, DOH may issue a notice of deficiency.   If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt.  DOH may disqualify a Grantee as being non-responsive under the following circumstances:

a) If a Grantee fails to submit a MWBE Utilization Plan;

b) If a Grantee fails to submit a written remedy to a notice of deficiency;

c) If a Grantee fails to submit a request for waiver (if applicable); or

d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

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

## Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo’s Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: [http://executiveorder38.ny.gov](http://executiveorder38.ny.gov/).

## Vendor Identification Number

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

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: <http://www.osc.state.ny.us/vendor_management/forms.htm>.

Additional information concerning the New York State Vendor File can be obtained on-line at: <http://www.osc.state.ny.us/vendor_management/index.htm>, by contacting the SFS Help

Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

## Vendor Responsibility Questionnaire

The New York State Department of Health recommends that vendors file the required

Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep system online at [https://portal.osc.state.ny.us](https://portal.osc.state.ny.us/).

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

ciohelpdesk@osc.state.ny.us.

Applicants should complete and upload the Vendor Responsibility Attestation (**Attachment 12**) of the RFA. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the same section.

## Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated.  Information on these initiatives can be found on the [Grants Management Website](http://www.grantsmanagement.ny.gov/get-prequalified).

**Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated.  Such applications will be disqualified from further consideration**.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements.  The [Vendor Prequalification Manual](https://grantsmanagement.ny.gov/get-prequalified) on the Grants Management Website details the requirements and an [online tutorial](http://grantsmanagement.ny.gov/videos-grant-applicants) are available to walk users through the process.

**1) Register for the Grants Gateway**

* On the Grants Management Website, download a copy of the [Registration Form for Administrator](https://grantsmanagement.ny.gov/system/files/documents/2018/09/edited-registration-form-administrators.pdf). A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.
* If you have previously registered and do not know your Username, please email grantsgateway @its.ny.gov. If you do not know your Password, please click the [Forgot Password](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/PersonPassword2.aspx?Mode=Forgot) link from the main log in page and follow the prompts.

**2) Complete your Prequalification Application**

* Log in to the [Grants Gateway](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/login2.aspx).  **If this is your first time logging in,** you will be prompted to change your password at the bottom of your Profile page.  Enter a new password and click SAVE.
* Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with.  This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page.  Click this link to access the main Document Vault page.
* Answer the questions in the *Required Forms* and upload *Required Documents*.  This constitutes your Prequalification Application.  Optional Documents are not required unless specified in this Request for Application.
* Specific questions about the prequalification process should be referred to your agency representative or to the Grants Gateway Team at grantsgateway@its.ny.gov.

**3) Submit Your Prequalification Application**

* After completing your Prequalification Application, click the ***Submit Document Vault*** Link located below the Required Documents section to submit your Prequalification Application for State agency review.  Once submitted the status of the Document Vault will change to *In Review*.
* If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
* Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.**

## General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

1. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter included with the application.
2. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default

* + - * 1. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
				2. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, HRI and the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
				3. If, in the judgment of the Department and HRI, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State and HRI, the Department and HRI acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.
1. Applicant must maintain an active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

# COMPLETING THE APPLICATION

## Application Format and Content

Please refer to the Grants gateway: Vendor User Manual for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at: [www.grantsmanagement.ny.gov/resources-grant-applicants](http://www.grantsmanagement.ny.gov/resources-grant-applicants).

**Also, you must use Internet Explorer (11 or higher) to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.**

Please respond to each of the sections described below when completing the Grants Gateway online application. Your responses comprise your application. Please respond to all items within each section. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

All applicants are required to complete and upload **Attachment 13** (Application Cover Page). Attachment 13 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

### Component A – HIV Primary Care and Prevention Center of Excellence

**Application Format**

1. Program Abstract Not Scored

2. Community and Agency Description    Maximum Score: 20 points

3. Program Design and Implementation    Maximum Score: 60 points

4. Budget and Justification    Maximum Score: 20 points

5. Work Plan Not Scored

**TOTAL** **100 points**

* 1. **Program Abstract Not Scored**

Applicants should provide a program abstract with the following information:

1. Summarize your proposed program including all major activities your institution will undertake to meet the stated goals of this initiative.
2. Describe how your program will address the goals and objectives of CEI.
3. Describe how your program will work with the other Centers to achieve CEI’s overall goal.
4. What types of outcomes does your organization expect to achieve? How will success be measured?  Please provide an example.
	1. **Community and Agency Description Total 20 Points**
5. Describe why your organization is qualified to implement the proposed program model.  Include both quantitative and qualitative evidence to address this question.
6. Provide an estimate of the number of CEI participants your organization proposes to educate and train in your HIV Primary Care and Prevention Center of Excellence. Include the number of trainees you have educated and trained for the past two (2) years.
7. Describe your understanding of the current clinical needs of the target audience, how these needs differ across the state and how you anticipate these needs will change throughout the proposed contract.
8. Describe your experience developing HIV primary care and prevention clinical education for healthcare providers.
9. Describe how your organization will collaborate with statewide and regional professional organizations to sponsor and promote clinical education opportunities. Please provide an example of your program’s experience with collaborating with other statewide and regional professional medical and nursing organizations.
10. Describe how your organization will collaborate with other federally funded HIV Primary Care and Prevention training initiatives (e.g. AIDS Educational Training Centers-AETC) to ensure the best possible clinical education outcomes and promote efficient use of resources.
11. Describe your awareness of the current HIV primary care and prevention clinical resources available to the target audience throughout NYS and how you will leverage these programs to maximize benefit to NYS healthcare providers without supplanting other resources.
12. Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal.  Include the results, successes and challenges of the program of those grants. If your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results, successes and challenges of the program in achieving those results. Include your experience in submitting program reports that indicated the program’s achievements and progress.
13. Provide your organizational chart to show where your specific program fits within the agency and how it will support the CEI programmatic goals. The organizational chart should be uploaded as **Attachment 14** in the Pre-Submission section of the Grants Gateway Online Application.
14. Describe how the activities proposed in your application will be distinct from, and clearly in addition to, your institution’s current intra and extramural clinical education activities.
	1. **Program Design and Implementation Total 60 Points**
15. Describe how your organization will address training healthcare providers in designated HPSAs and other rural areas where healthcare providers are limited.
16. Describe your experience in training healthcare providers and provide a description or implementation plan demonstrating how your organization will train healthcare providers on HIV, HIV-related topics, primary care and prevention (e.g. preceptorships, online training, tele-mentoring, and other innovative training activities).
17. Describe how you will respond to clinical education consultations on the CEI line. Please give an example of how your organization helps to manage clinical calls from healthcare providers.
18. Describe how you will address technical assistance needs and questions from health care organizations related to NYSDOH AI Clinical Guidelines and Policies.
19. Describe how you will work to overcome anticipated barriers to engage the target audience in clinical education activities.
20. Describe how you will develop regional representation to establish local networks across the state to respond to the needs of healthcare providers.
21. Describe your experience with developing training needs assessment and how you will use the information to develop and improve trainings.
22. Provide a detailed plan on how your organization will implement an annual statewide conference for NYS healthcare providers.
23. Provide your experience completing applications for continuing education credits (e.g. CME, CNE, CPE, etc.).
24. Describe key community partnerships required for successful implementation of clinical education. Describe how your program plans to collaborate with CEI Centers of Excellence, NYSDOH AI affiliated medical committees, professional medical and nursing educational organizations.
25. Describe the process for developing the curriculum and how the curriculum will be implemented in a meaningful timeframe, and how the curriculum aligns with the goals of CEI for the HIV Primary Care and Prevention Center.
26. What would be your program’s indicators for success?  How will you track and measure the program indicators and any potential corrective action for indicators falling below prescribed targets? Please provide a specific example that addresses the topic above.

3m) Describe how you will use the various CEI social media platforms or other networking sites to expand the base of clinicians able to provide HIV care and prevention services in NYS. Please provide an example of how your organization uses social media to educate and disseminate clinical information to healthcare providers and how your organization determines the effectiveness of this dissemination.

3n) Describe how your program will establish and increase CEI’s statewide visibility and become a trusted source of clinical education.  Provide a plan for implementation.

1. Describe your program’s experience on submitting program reports in a timely manner. Please give details about measures your organization uses to determine how your organization assesses training outcomes. Please describe how your program will work with the Resource/Evaluation Center (i.e. Evaluation team) to include measures that are relevant to the CEI’s training activities.
2. How does your proposed staffing plan meet the minimum requirements described in the program model?  Provide a brief description of each position’s roles and responsibilities, along with job qualifications, educational background, licensures and experience required for each position. Include the plan for initial and ongoing staff training and support. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Include CVs for the Medical Director, Program Director and 1-2 CV’s for the Faculty Subject Area Experts as one (1) pdf no larger than 10MB (**Attachment 15)**. **Attachment 15** should be uploaded in the Pre-Submission section of the Grants Gateway Online Application. Please ensure that uploaded files are not “protected” or “pass-worded”.
3. Describe how you will develop and maintain an adequate panel of Faculty Subject Area Experts in sufficient quantity to meet all program deliverables. Include in your description: activities to recruit faculty with demonstrated expertise working with injection drug users, men who have sex with men, individuals who have multiple sex partners, older adults with HIV and others; activities to engage and recruit ethnically diverse faculty from beyond your institution that are located throughout the state; activities to engage and recruit faculty from the NYSDOH AI Clinical Guidelines Committees; and how you will provide orientation and ongoing faculty development.
4. Describe how clinical education provided will be culturally competent and linguistically appropriate.
5. **Budgets and Justifications Total 20 Points**

*Complete and submit a budget following these instructions:*

1. Applicants are instructed to prepare an annual budget based on the maximum award as listed for the Center for which they are applying.  Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is $550,000; Years 2-5 budgets are each $550,000.  The total five-year budget submitted would equal $2,750,000).*
2. The budget for year one October 1, 2019 – September 30, 2020 must be entered into the Grants Gateway. Budgets for Years two through five must be uploaded as **Attachment 16**.  A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 17**, “Guide to Completing Budget Forms”.  **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 16.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 16**. Years two through five budgets should be labeled as follows:
	* + - Budget Year 2 – October 1, 2020 – September 30, 2021
			- Budget Year 3 – October 1, 2021 – September 30, 2022
			- Budget Year 4 – October 1, 2022 – September 30, 2023
			- Budget Year 5 – October 1, 2023 – September 30, 2024
3. For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff.  Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE’s and for the fringe benefits requested.
4. For each item listed under Non-Personal services, describe how it is necessary for program implementation.  Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

For the last three (3) years, does your organizations’ Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue?  If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this.  Please upload the Statement of Activities from your yearly audit for the last three (3) years as a pdf no larger than 10MB.  The Statement of Activities must show total support and revenue and total expenditures. The Statement of Activities should be uploaded as **Attachment 18** in the Pre-Submission section of the Grants Gateway Online Application. Please ensure that uploaded files are not “protected” or “pass-worded”.

1. Funding requests must adhere to the following guidelines:
* Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
* Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
* Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance).  The budget amount requested will be reduced to reflect the removal of the ineligible items.
* Faculty Subject Area Experts: Any agreements established with faculty should be made directly with the faculty and not an institution. Fees should not include any administrative costs and/or institutional fringe benefit rates.
1. **Work Plan Not Scored**

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 6**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to enter “not applicable.”  Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective and Tasks as listed in Attachment 6: Work Plan. **Applicants are required to enter a Performance Measure for each Task listed.**

### Component B - Sexual Health Center of Excellence

**Application Format**

1. Program Abstract    Not Scored

2. Community and Agency Description    Maximum Score: 20 points

3. Program Design and Implementation    Maximum Score: 60 points

4. Budget and Justification    Maximum Score: 20 points

5. Work Plan Not Scored

**TOTAL:** **100 points**

* 1. **Program Abstract Not Scored**

Applicants should provide a program abstract with the following information:

1. Summarize your proposed program, including all major activities your institution will undertake to meet the stated goals of this initiative.
2. Describe how your program will address the goals and objectives of CEI.
3. Describe how your program will work with the other Centers to achieve CEI’s overall goal.
4. What types of outcomes does your organization expect to achieve? How will success be measured?  Please provide an example.
	1. **Community and Agency Description Total 20 Points**
5. Describe why your organization is qualified to implement the proposed program model.  Include both quantitative and qualitative evidence to address this question.
6. Provide an estimate of the number of CEI participants your organization proposes to educate and train in your Sexual Health Center of Excellence.  Include the number of trainees you have educated and trained for the past two (2) years.
7. Describe your understanding of the current clinical needs of the target audience, how these needs differ across the state and how you anticipate these needs will change throughout the proposed contract.
8. Describe your experience developing STI clinical education for healthcare providers.
9. Describe how your organization will collaborate with statewide and regional professional organizations to sponsor and promote clinical education opportunities. Please provide an example of your program’s experience with collaborating with other statewide and regional professional medical and nursing organizations.
10. Describe how your organization will collaborate with other federally funded STI training initiatives (e.g. AIDS Educational Training Centers-AETC) to ensure the best possible clinical education outcomes and promote efficient use of resources.
11. Describe your awareness of the current STI clinical resources available to the target audience throughout NYS and how you will leverage these programs to maximize benefit to NYS healthcare providers without supplanting other resources.
12. Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal.  Include the results, successes and challenges of the program of those grants. If your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results, successes and challenges of the program in achieving those results. Include your experience in submitting program reports that indicated the program’s achievements and progress.
13. Provide your organizational chart to show where your specific program fits within the agency and how it will support the CEI programmatic goals. The organizational chart should be uploaded as **Attachment 14** in the Pre-Submission section of the Grants Gateway Online Application.
14. Describe how the activities proposed in your application will be distinct from, and clearly in addition to, your institution’s current intra and extramural clinical education activities.
	1. **Program Design and Implementation Total 60 Points**
15. Describe how your organization will address training healthcare providers in designated HPSAs and other rural areas where healthcare providers are limited.
16. Describe your experience in training healthcare providers and provide a description or implementation plan demonstrating how your organization will train healthcare providers on HIV, HIV-related topics, primary care and prevention (e.g. preceptorships, online training, tele-mentoring, and other innovative training activities).
17. Describe how you will respond to clinical education consultations on the CEI line. Please give an example of how your organization helps to manage clinical calls from healthcare providers.
18. Describe how you will address technical assistance needs and questions from health care organizations related to NYSDOH AI Clinical Guidelines and Policies.
19. Describe how you will work to overcome anticipated barriers to engage the target audience in clinical education activities.
20. Describe how you will develop regional representation to establish local networks across the state to respond to the needs of healthcare providers.
21. Describe your experience with developing training needs assessment and how your organization uses the information to develop and improve trainings.
22. Provide a detailed plan on how your organization will implement an annual statewide conference for NYS healthcare providers.
23. Provide your experience completing applications for continuing education credits (e.g. CME, CNE, CPE, etc.)
24. Describe key community partnerships required for successful implementation of clinical education. Describe how your program plans to collaborate with CEI Centers of Excellence, NYSDOH AI affiliated medical committees, professional medical and nursing educational organizations.
25. Describe the process for developing the curriculum and how the curriculum will be implemented in a meaningful timeframe, and how the curriculum aligns with the goals of CEI for the SHCE.
26. What would be your program’s indicators for success?  How will you track and measure the program indicators and any potential corrective action for indicators falling below prescribed targets? Please provide a specific example that addresses the topic above.

3m) Describe how the program will use the various CEI social media platforms or other networking sites to expand the base of clinicians able to provide HIV care and prevention services in NYS. Please provide an example of how your organization uses social media to educate and disseminate clinical information to healthcare providers and how your organization determines the effectiveness of this dissemination.

3n) Describe how your program will establish and increase CEI’s statewide visibility and become a trusted source of clinical education.  Provide a plan for implementation.

1. Describe your program’s experience on submitting program reports in a timely manner. Please give details about measures your organization uses to determine how your organization assesses training outcomes. Please describe how your program will work with the Resource/Evaluation Center (i.e. Evaluation team) to include measures that are relevant to the CEI’s training activities.
2. How does your proposed staffing plan meet the minimum requirements described in the program model? Provide a brief description of each position’s roles and responsibilities, along with job qualifications, educational background, licensures and experience required for each position. Include the plan for initial and ongoing staff training and support. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Include CVs for the Medical Director, Program Director and 1-2 CV’s for the Faculty Subject Area Experts as one (1) pdf no larger than 10MB (**Attachment 15)**. **Attachment 15** should be uploaded in the Pre-Submission section of the Grants Gateway Online Application. Please ensure that uploaded files are not “protected” or “pass-worded”.
3. Describe how you will develop and maintain an adequate panel of Faculty Subject Area Experts in sufficient quantity to meet all program deliverables. Include in your description: activities to recruit faculty with demonstrated expertise working with injection drug users, men who have sex with men, individuals who have multiple sex partners, older adults with HIV and others; activities to engage and recruit ethnically diverse faculty from beyond your institution that are located throughout the state; activities to engage and recruit faculty from the NYSDOH AI Clinical Guidelines Committees; and how you will provide orientation and ongoing faculty development.
4. Describe how clinical education provided will be culturally competent and linguistically appropriate.
5. **Budgets and Justifications Total 20 Points**

*Complete and submit a budget following these instructions:*

1. Applicants are instructed to prepare an annual budget based on the maximum award as listed for the Center for which they are applying.  Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is $480,000; Years 2-5 budgets are each $480,000.  The total five-year budget submitted would equal $2,400,000).*
2. The budget for year one October 1, 2019 – September 30, 2020 must be entered into the Grants Gateway. Budgets for Years two through five must be uploaded as **Attachment 16**.  A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 17**, “Guide to Completing Budget Forms”.  **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 16.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 16**. Years two through five budgets should be labeled as follows:
	* + - Budget Year 2 – October 1, 2020 – September 30, 2021
			- Budget Year 3 – October 1, 2021 – September 30, 2022
			- Budget Year 4 – October 1, 2022 – September 30, 2023
			- Budget Year 5 – October 1, 2023 – September 30, 2024
3. For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff.  Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE’s and for the fringe benefits requested.
4. For each item listed under Non-Personal services, describe how it is necessary for program implementation.  Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
5. For the last three (3) years, does your organizations’ Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue?  If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this.  Please upload the Statement of Activities from your yearly audit for the last three (3) years as a pdf no larger than 10MB.  The Statement of Activities must show total support and revenue and total expenditures. The Statement of Activities should be uploaded as **Attachment 18** in the Pre-Submission section of the Grants Gateway Online Application. Please ensure that uploaded files are not “protected” or “pass-worded”.
6. Funding requests must adhere to the following guidelines:
* Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
* Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
* Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance).  The budget amount requested will be reduced to reflect the removal of the ineligible items.
* Faculty Subject Area Experts: Any agreements established with faculty should be made directly with the faculty and not an institution. Fees should not include any administrative costs and/or institutional fringe benefit rate.
1. **Work Plan Not Scored**

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 7**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to enter “not applicable.”  Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective and Tasks as listed in Attachment 7: Work Plan. **Applicants are required to enter a Performance Measure for each Task listed.**

### Component C - HCV and Drug User Health Center of Excellence

**Application Format**

1. Program Abstract    Not Scored

2. Community and Agency Description    Maximum Score: 20 points

3. Program Design and Implementation    Maximum Score: 60 points

4. Budget and Justification    Maximum Score: 20 points

5. Work Plan Not Scored

**TOTAL:** **100 points**

**1. Program Abstract Not Scored**

Applicants should provide a program abstract with the following information:

1. Summarize your proposed program including all major activities your institution will undertake to meet the stated goals of this initiative.
2. Describe how your program will address the goals and objectives of CEI.
3. Describe how your program will work with the other Centers to achieve CEI’s overall goal.
4. What types of outcomes does your organization expect to achieve? How will success be measured?  Please provide an example.
5. **Community and Agency Description Total 20 Points**
6. Describe why your organization is qualified to implement the proposed program model.  Include both quantitative and qualitative evidence to address this question.
7. Provide an estimate of the number of CEI participants your organization proposes to educate and train in your HCV and Drug User Health Center of Excellence.  Include the number of trainees you have educated and trained for the past two (2) years.
8. Describe your understanding of the current clinical needs of the target audience, how these needs differ across the state and how you anticipate these needs will change throughout the proposed contract.
9. Describe your experience developing HCV and drug user healthclinical education for healthcare providers.
10. Describe how your organization will collaborate with statewide and regional professional organizations to sponsor and promote clinical education opportunities. Please provide an example of your program’s experience with collaborating with other statewide and regional professional nursing and medical organizations.
11. Describe how your organization will collaborate with other federally funded HCV and drug user healthtraining initiatives (e.g. AIDS Educational Training Centers-AETC) to ensure the best possible clinical education outcomes and promote efficient use of resources.
12. Describe your awareness of the current HCV and drug user healthclinical resources available to the target audience throughout NYS and how you will leverage these programs to maximize benefit to NYS healthcare providers without supplanting other resources.
13. Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal.  Include the results, successes and challenges of the program of those grants. If your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results, successes and challenges of the program in achieving those results. Include your experience in submitting program reports that indicated the program’s achievements and progress.
14. Provide your organizational chart to show where your specific program fits within the agency and how it will support the CEI programmatic goals. The organizational chart should be uploaded as **Attachment 14** in the Pre-Submission section of the Grants Gateway Online Application.
15. Describe how the activities proposed in your application will be distinct from, and clearly in addition to, your institution’s current intra and extramural clinical education activities.
16. **Program Design and Implementation Total 60 Points**
17. Describe how your organization will address training healthcare providers in designated HPSAs and other rural areas where healthcare providers are limited.
18. Describe your experience in training healthcare providers and provide a description or implementation plan demonstrating how your organization will train healthcare providers on HIV, HIV-related topics, primary care and prevention (e.g. preceptorships, online training, tele-mentoring, and other innovative training activities).
19. Describe how you will respond to clinical education consultations on the CEI line. Please give an example of how your organization helps to manage clinical calls from healthcare providers.
20. Describe how you will address technical assistance needs and questions from health care organizations related to NYSDOH AI Clinical Guidelines and Policies.
21. Describe how you will work to overcome anticipated barriers to engage the target audience in clinical education activities.
22. Describe how you will develop regional representation to establish local networks across the state to respond to the needs of healthcare providers.
23. Describe your experience with developing training needs assessment and how your organization uses the information to develop and improve trainings.
24. Provide a detailed plan on how your organization will implement an annual statewide conference for NYS healthcare providers.
25. Provide your experience completing applications for continuing education credits (e.g. CME, CNE, CPE, etc.)
26. Describe key community partnerships required for successful implementation of clinical education. Describe how your program plans to collaborate with CEI Centers of Excellence, NYSDOH AI affiliated medical committees, professional medical and nursing educational organizations.
27. Describe the process for developing the curriculum and how the curriculum will be implemented in a meaningful timeframe, and how the curriculum aligns with the goals of CEI for the HCV and Drug User Health Center.
28. What would be your program’s indicators for success?  How will you track and measure the program indicators and any potential corrective action for indicators falling below prescribed targets? Please provide a specific example that addresses the topic above.

3m) Describe how your program will use the various CEI social media platforms or other networking sites to expand the base of clinicians able to provide HIV care and prevention services in NYS. Please provide an example of how your organization uses social media to educate and disseminate clinical information to healthcare providers and how your organization determines the effectiveness of this dissemination.

3n) Describe how your program will establish and increase CEI’s statewide visibility and become a trusted source of clinical education.  Provide a plan for implementation.

1. Describe your program’s experience on submitting program reports in a timely manner. Please give details about measures your organization uses to determine how your organization assesses training outcomes. Please describe how your program will work with the Resource/Evaluation Center (i.e. Evaluation team) to include measures that are relevant to the CEI’s training activities.
2. How does your proposed staffing plan meet the minimum requirements described in the program model? Provide a brief description of each position’s roles and responsibilities, along with job qualifications, educational background, licensures and experience required for each position. Include the plan for initial and ongoing staff training and support. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Include CVs for the Medical Director, Program Director and 1-2 CV’s for the Faculty Subject Area Experts as one (1) pdf no larger than 10MB (**Attachment 15)**. **Attachment 15** should be uploaded in the Pre-Submission section of the Grants Gateway Online Application. Please ensure that uploaded files are not “protected” or “pass-worded”.
3. Describe how you will develop and maintain an adequate panel of Faculty Subject Area Experts in sufficient quantity to meet all program deliverables. Include in your description: activities to recruit faculty with demonstrated expertise working with injection drug users, men who have sex with men, individuals who have multiple sex partners, older adults with HIV and others; activities to engage and recruit ethnically diverse faculty from beyond your institution that are located throughout the state; activities to engage and recruit faculty from the NYSDOH AI Clinical Guidelines Committees; and how you will provide orientation and ongoing faculty development.
4. Describe how clinical education provided will be culturally competent and linguistically appropriate.

1. **Budgets and Justifications Total 20 Points**

*Complete and submit a budget following these instructions:*

1. Applicants are instructed to prepare an annual budget based on the maximum award as listed for the Center in which they are applying.  Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is $480,000; Years 2-5 budgets are each $480,000.  The total five-year budget submitted would equal $2,400,000).*
2. The budget for year one October 1, 2019 – September 30, 2020 must be entered into the Grants Gateway. Budgets for Years two through five must be uploaded as **Attachment 16**.  A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 17**, “Guide to Completing Budget Forms”.  **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 16.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 16**. Years two through five budgets should be labeled as follows:
	* + - Budget Year 2 – October 1, 2020 – September 30, 2021
			- Budget Year 3 – October 1, 2021 – September 30, 2022
			- Budget Year 4 – October 1, 2022 – September 30, 2023
			- Budget Year 5 – October 1, 2023 – September 30, 2024
3. For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff.  Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE’s and for the fringe benefits requested.
4. For each item listed under Non-Personal services, describe how it is necessary for program implementation.  Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
5. For the last three (3) years, does your organizations’ Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue?  If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this.  Please upload the Statement of Activities from your yearly audit for the last three (3) years as a pdf no larger than 10MB.  The Statement of Activities must show total support and revenue and total expenditures. The Statement of Activities should be uploaded as **Attachment 18** in the Pre-Submission section of the Grants Gateway Online Application. Please ensure that uploaded files are not “protected” or “pass-worded”.
6. Funding requests must adhere to the following guidelines:
* Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
* Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
* Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance).  The budget amount requested will be reduced to reflect the removal of the ineligible items.
* Faculty Subject Area Experts: Any agreements established with faculty should be made directly with the faculty and not an institution. Fees should not include any administrative costs and/or institutional fringe benefit rates.
1. **Work Plan Not Scored**

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 8**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to enter “not applicable.”  Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective and Tasks as listed in Attachment 8: Work Plan. Applicants are required to enter a Performance Measure for each Task listed.

### Component D – Resource/Evaluation Center of Excellence

**Application Format**

1. Program Abstract Not Scored

2. Community and Agency Description    Maximum Score: 20 points

3. Program Design and Implementation    Maximum Score: 60 points

4. Budget and Justification    Maximum Score: 20 points

5. Work Plan Not Scored

**TOTAL:** **100 points**

* 1. **Program Abstract Not Scored**

Applicants should provide a program abstract with the following information:

1. Summarize your proposed program including all major activities your institution will undertake to meet the stated goals of this initiative.
2. Describe how your program will address the goals and objectives of CEI.
3. Describe how your program will work with the other Centers to achieve CEI’s overall goal.
4. Describe your experience working with digital platforms and social media networking sites to increase outreach and expand your programs social media presence. Please provide an example.
5. What types of outcomes does your organization expect to achieve? How will success be measured?  Please provide an examples of social media measures used to help guide program activities.
	1. **Community and Agency Description Total 20 Points**
6. Describe why your organization is qualified to implement the proposed program model.  Include both quantitative and qualitative evidence to address this question.
7. Provide an estimate of the number of CEI participants your organization proposes to educate and train in your Resource/Evaluation Center of Excellenceprogram.  Target audience must include specifics, please provide examples of the user population. Include the number of users that have accessed online clinical education content for the past two (2) years.
8. Describe your experience developing online clinical education curriculum for healthcare providers. Provide examples of online content used to engage healthcare providers.
9. What are the other programs and agencies in the geographic area that are relevant to your proposed program model and describe how you will leverage these programs to maximize benefit to NYS clinical healthcare providers without supplanting other resources?
10. Describe how your organization will collaborate with statewide and regional professional organizations to sponsor and promote clinical education opportunities. Please provide an example of your program’s experience with collaborating with other statewide and regional professional organizations.
11. Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal.  Include the results, successes and challenges of the program of those grants. If your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results, successes and challenges of the program in achieving those results. Include your experience in submitting program reports that indicated the program’s achievements and progress.
12. Provide your organizational chart to show where your specific program fits within the agency and how it will support the CEI programmatic goals. The organizational chart should be uploaded as **Attachment 14** in the Pre-Submission section of the Grants Gateway Online Application.
13. Provide your background experience with working with digital platforms and how you apply it to enhance work activities.

1. Describe your experience with marketing and promoting clinical education digitally and traditionally. Provide a plan detailing how your program will market and promote CEI’s program to healthcare providers in first and second years. Explain how the program will share and implement the marketing and promotional plan with the other Centers of Excellence.
	1. **Program Design and Implementation  Total 60 Points**
2. Describe how your organization will address training healthcare providers online in designated HPSAs and other rural areas where healthcare providers are limited.
3. Describe how you will address technical assistance needs and questions related to the website and any online activities to improve user experience for all CEI users.
4. Describe how you will work to overcome anticipated barriers to engage the target audience in online clinical education activities. Please provide a specific example regarding web development and maintenance.
5. Describe your experience in training healthcare providers and provide examples (e.g. online training, tele-mentoring and other innovative training activities).
6. Describe how you will work with the other Centers of Excellence to conduct needs assessments of the program to identify training topics, formats, locations, and other aspects of clinical education needs.
7. Describe how you will manage a clinical phone line that supports the other Centers, which provides responses to clinical calls from NYS providers. Please provide an example.
8. Provide your experience with addressing technological issues associated with website management, mobile apps, user portals, online registration, etc. Include your experience with using innovative technology and other social networking platforms to help bridge the generational gap. Please provide specific examples.
9. Provide your experience with coordinating, processing, managing, tracking CME applications and accrediting clinical courses for continuing education credits for healthcare providers. Please provide a specific example of your program’s experience with the above.
10. Describe how your organization plans to collaborate with CEI Centers of Excellence and NYSDOH AI affiliated medical committees.
11. Describe the process for developing online curriculum and how the curriculum will be implemented in a meaningful timeframe. Include in your description how the online curriculum will address the goals of CEI for the Resource/Evaluation Center.
12. Describe how your program will use the various social media platforms to expand the base of providers in NYS. Include in your description how the program will establish and increase CEI’s statewide visibility and become a trusted source of clinical education.  Please provide an example.
13. Describe your program’s experience to assess digital security risk (threat assessment, vulnerability assessment, and asset identification, etc.). Provide a security plan that addresses risk assessment, contingency plan, security, test, and evaluation. Include the activities your organization would undertake to ensure site functionality and reliability.

3m) Describe the Resource/Evaluation Center of Excellence staffing plan you would employ to administer this large scale statewide clinical education. How does your proposed staffing plan meet the minimum requirements described in the program model? Provide a brief description of each position’s roles and responsibilities, along with job qualifications, educational background, licensures and experience required for each position. Include the plan for initial and ongoing staff training and support. If using any subcontractors, include a description of the role of the subcontractor and their expertise. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Include CVs for the Administrative Director, Medical Director, Program Director, Production Coordinator, Evaluation Manager and Social Media Coordinator as one (1) pdf no larger than 10MB **(Attachment 15)**. **Attachment 15** should be uploaded in the Pre-Submission section of the Grants Gateway Online Application. Please ensure that uploaded files are not “protected” or “pass-worded”.

1. Describe how clinical education provided will be culturally competent and linguistically appropriate.
2. Describe how you will collaborate with NYSDOH AI, other Centers of Excellence, and intended learners to evaluate clinical education activities, process measures and clinical outcomes.
3. Describe specific plans to evaluate the impact of clinical training interventions. Describe the measures you would use to evaluate:
* The extent to which CEI interventions reached the intended priority population;
* Utilization and effectiveness of various digital platforms (website apps, etc.); and
* The extent to which CEI activities reached providers in HPSAs.
1. Describe your program’s ability to obtain feedback and provide an implementation plan on CEI learner’s skills, development and training needs.
2. **Budgets and Justifications Total 20 Points**

*Complete and submit a budget following these instructions:*

1. Applicants are instructed to prepare an annual budget based on the maximum award as listed for the Center in which they are applying.  Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is $550,000; Years 2-5 budgets are each $550,000.  The total five-year budget submitted would equal $2,750,000).*
2. The budget for year one October 1, 2019 – September 30, 2020 must be entered into the Grants Gateway. Budgets for Years two through five must be uploaded as **Attachment 16**.  A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 17**, “Guide to Completing Budget Forms”.  **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 16.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 16**. Years two through five budgets should be labeled as follows:
	* + - Budget Year 2 – October 1, 2020 – September 30, 2021
			- Budget Year 3 – October 1, 2021 – September 30, 2022
			- Budget Year 4 – October 1, 2022 – September 30, 2023
			- Budget Year 5 – October 1, 2023 – September 30, 2024
3. For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff.  Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE’s and for the fringe benefits requested.
4. For each item listed under Non-Personal services, describe how it is necessary for program implementation.  Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
5. For the last three (3) years, does your organizations’ Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue?  If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this.  Please upload the Statement of Activities from your yearly audit for the last three (3) years as a pdf no larger than 10MB.  The Statement of Activities must show total support and revenue and total expenditures. The Statement of Activities should be uploaded as **Attachment 18** in the Pre-Submission section of the Grants Gateway Online Application. Please ensure that uploaded files are not “protected” or “pass-worded”.
6. Funding requests must adhere to the following guidelines:
* Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
* Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
* Ineligible budget items will be removed from the budget prior to contracting.   Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance).  The budget amount requested will be reduced to reflect the removal of the ineligible items.
1. **Work Plan Not Scored**

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 9**. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to enter “not applicable.”  Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective and Tasks as listed in Attachment 9: Work Plan. **Applicants are required to enter a Performance Measure for each Task listed.**

## Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law.  DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose.  All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law.  **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.**  If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure.  Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

## Review & Award Process

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the NYSDOH AI using an objective rating system reflective of the required items specified for each component.

The NYSDOH AI anticipates that there may be more worthy applications than can be funded with available resources. Please see [Section I. B](#_Available_Funding) of the RFA for specific review and award information. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) approved, but not funded, and 3) not approved.

In cases in which two or more applicants for funding are judged on the basis of their written applications to be equal in quality, the applicant with the highest score for Section 3 – Program Design and Implementation will receive the award.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

NYSDOH AI and HRI reserve the right to revise the award amounts as necessary due to changes in the availability of funding.  If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. NYSDOH AI and HRI reserve the right to review and rescind all subcontracts.

Once an award has been made, applicants may request a debriefing of their application (whether their application was funded or not funded). 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 fifteen (15) business days from date of award or non-award announcement.

To request a debriefing, please send an email to Lyn Stevens at CEIRFA@health.ny.gov. In the subject line, please write: *Debriefing Request (CEI RFA).*

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at [*http://www.osc.state.ny.us/agencies/guide/MyWebHelp*](http://www.osc.state.ny.us/agencies/guide/MyWebHelp). (Section XI. 17.)

# ATTACHMENTS

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

Attachment 1: Letters of Agreement (Component A, B and C ONLY)

Attachment 2: Statement of Assurances\*

Attachment 3: Proof of Status as an approved provider of credits through ACCME (Component D ONLY)

Attachment 4: Stipend Reimbursement Guidance\*\*

Attachment 5: Clinical Education Initiative Glossary Terms\*\*

Attachment 6: Component A Work Plan – HIV Primary Care and Prevention Center of Excellence\*\*

Attachment 7: Component B Work Plan – Sexual Health Center of Excellence\*\*

Attachment 8: Component C Work Plan – HCV and Drug User Health Center of Excellence\*\*

Attachment 9: Component D Work Plan – Resource/Evaluation Center of Excellence\*\*

Attachment 10: HRI General Terms and Conditions\*\*

Attachment 11: MWBE Utilization Plan\*

Attachment 12: Vendor Responsibility Attestation\*

Attachment 13: Application Cover Page\*

Attachment 14: Organizational Chart

Attachment 15: Curriculum Vitae (CV)

Attachment 16: Grant Years 2-5 Budget Forms\*

Attachment 17: Guide for Completing Budget Forms\*\*

Attachment 18: Statement of Activities for past three (3) years

\*These attachments are located / included in the Pre-Submission Upload section of the Grants Gateway on line Application.

\*\*These attachments are part of the RFA document and are for applicant information only.  These attachments do not need to be completed.

**Attachment 4**

**RFA# 18138**

**Clinical Education Initiative**

**STIPEND REIMBURSEMENT GUIDANCE**

**Providers (Physician, Physician Assistant or Nurse Practitioner)**

Preparatory time for a presentation of 1 to 3 hours cannot exceed 4 hours @ $125.00/hour

Honorarium for live presentation cannot exceed $500.00

Enduring credit presentation (2-year limit) cannot exceed $750.00

Total preparatory time allocation and honorarium cannot exceed $1,200.00

**Preceptorships**

Honoraria for preceptorship consisting of 6 – 8 hours per day may be $500 for 1-2-day preceptorship and $1,000 for 3-5 day preceptorship.

The honorarium includes travel costs. The CEI contract manager will review and may approve a higher rate on a case by case basis.

 **Attachment 5**

**RFA# 18138**

**Clinical Education Initiative**

**Glossary of Terms**

**Web Application or App:** A web application or mobile application that provides learners with access to organized, easy to use information in the form of documents, videos and other tools via a computer or other mobile device. An important feature of an app is the ability to automatically update information without requiring the learner to take action to reinstall or update the app.

**Conferences:** conducted on highly focused or broad-scope topics organized by each Center of Excellence and credited as their one conference. Conferences solicit content from colleagues who are providing and sharing ideas and up to date information, and can be organized as either a full day or half day conference.

**Digital Health:** the provision of health promotion or health care services mediated by digital technology such as mobile devices, sensors, social media, genomics, internet, health information technology, artificial intelligence, and data systems.

**Distance Learning or** **Distance Education:** a very broad term referring to anymode of delivering education or instruction to clinicians who are not physically present in a traditional setting. Distance learning provides access to learning when the source of information and the learners are separated by time and distance, or both.

**ECHO (Extension for Community Healthcare Outcomes):** a video conference-based “telementoring” program that brings together providers with CEI experts to build a learning community using brief didactics and case-based discussions.

**Health Hubs:** The Drug User Health Hubs are expected to improve the availability and accessibility of an array of appropriate health, mental health, and medication assisted treatment services for people who use drugs, especially but not solely injection drug users (IDUs). Reference: <https://www.health.ny.gov/diseases/aids/consumers/prevention/>.

**Narrated Slide Presentation**: an educational presentation using slides or other visuals along with pre-recorded narration by the instructor. A narrated slide presentation to progress automatically or at the learner’s direction, often using software such as Microsoft Powerpoint.

**Interactive On-Line Training:** a formal, organized training that can be accessed 24 hours a day on the internet that is self-paced and actively engages the learner with the material. Interactive distance learning trainings supported under the initiative should not require live facilitation.

**Preceptorship**: intensive, in-person clinical skills training with a preceptor. Mentorship experience and education program in which practicing clinicians receive didactic sessions and in-person experiential instruction and training from HIV, STI, HCV, and drug user health experts.

**Social Media:** a form of electronic communication (e.g. websites for social networking- Facebook, Twitter, LinkedIn, Instagram, YouTube, etc.) through which users (i.e. healthcare professionals and microblogging) create online communities to share clinical information, discuss healthcare policy and practice issues, and engage, educate and interact with other health professionals and affiliated health organizations.

**Teleconsulting**: a form of case-based clinical consultation which uses video-conferencing technology to connect an instructor/specialist with primary care providers at one or more remote sites for the purposes of collaborative decision-making in the diagnosis and treatment of the learner’s patients, without requiring the presence of the patient.

**Webcast:** an educational presentation that may be live or pre-recorded in which both audio and video are accessed by the learner via the internet or materials downloaded from the internet. In many cases, the learner will use Windows Media Player, Quicktime or another player to view and listen to the program. Examples of webcast range from live streaming of a presentation to posting a video of a previously recorded presentation.

**Webinar**: a live online educational presentation during which participating viewers can submit questions and comments. Webinars are generally hosted via a particular webinar platform such as Abode, Webex, Zoom or other service. In some cases, the learner will access both audio and video via a computer and in other cases, audio may be accessed via the telephone.

**ATTACHMENT 6: WORK PLAN (COMPONENT A)**

**SUMMARY**

PROJECT NAME: **HIV Primary Care and Prevention Center of Excellence**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: October 1, 2019

 To: September 30, 2024

|  |
| --- |
| PROJECT SUMMARY: (max 50,000 characters)The **HIV Primary Care and Prevention Center** **of Excellence** will serve as a statewide clinical education program addressing HIV screening, prevention (including Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), diagnosis and treatment with primary care providers. Conduct clinical education needs assessments with local health departments, HIV and primary care clinics and other primary care providers who screen, prevent, diagnose and treat HIV. The HIV Primary Care and Prevention Center will deliver a mix of live and online clinical education programs, conduct intensive clinical preceptorships in HIV clinics and primary care settings and convene an annual statewide HIV Primary Care and Prevention conference in New York State (NYS). The HIV Primary Care and Prevention Center will work with the Resource/Evaluation Center to deliver online education programs using the latest technologies including tele-mentoring, webcasting and other emerging digital health education technologies. The HIV Primary Care and Prevention Center will be responsible for ensuring adequate access to clinical expertise and training in all areas of the state with a focus on areas designated as Health Professional Shortage Areas (HPSAs), rural areas and other areas where there is not access to HIV screening, prevention, diagnosis and treatment by primary care providers. Working with the Resource/Evaluation Center the HIV Primary Care and Prevention Center will staff the CEI hot-line for case-based educational consultation on HIV clinical care and primary care. The HIV Primary Care and Prevention Center will collaborate with the Resource/Evaluation Center to promote CEI activities using various digital mediums and evaluate its clinical education activities.  |

**INSTRUCTIONS:**

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed above. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to enter “not applicable.”  Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective and Tasks as listed in Attachment 6: HIV Primary Care and Prevention Center of Excellence Work Plan. Applicants are required to enter a Performance Measure for each Task listed.

| **OBJECTIVE (max 75 characters)** | **TASKS (max 250 characters each)** | **PERFORMANCE MEASURES (max 500 characters each) To be entered by the Applicant** |
| --- | --- | --- |
| 1: Educate clinicians-provide continuous/innovative HIV, PEP/PrEP, trainings.  | 1.1 Tasks required to obtain administrative staff (medical & administrative director, coordinators, administrative support, etc.) within 90 days.  | 1.1.1 |
| 1.2 Tasks required to establish regional faculty area experts within 6 months.  | 1.2.1 |
| 1.3 Tasks required to create educational needs assessment tools and mechanism for continually scanning the educational environment for related clinical educational activities and resources within 90 days.  | 1.3.1 |
| 1.4 Tasks required to create a plan within 90 days for working with the other 3 CEI Centers to accomplish educational goals. | 1.4.1 |
| 1.5 Tasks required to create plan to distribute the latest clinical guidelines and emerging clinical issues and the challenges found in clinical practice within 90 days.  | 1.5.1 |
| 1.6 Develop plan of didactic and case based clinical education interventions using cost effective mix of in-person training methods and distance learning, tele-mentoring and digital health technologies to ensure services within 90 days.  | 1.6.1 |
| 1.7 Tasks associated with developing plan for awarding continuing professional education credits to CEI learners within 90 days.  | 1.7.1 |
| 2: Expand # of healthcare providers able to diagnose/care for HIV, PrEP, PEP. | 2.1 Task associated with getting access to the target audience. | 2.1.1 |
| 2.2 Tasks associated with utilizing CEI branded materials at various events and publications. | 2.2.1 |
| 2.3 Tasks associated with ensuring access of clinical expertise in HPSA, rural areas and other health shortage areas. | 2.3.1 |
| 2.4 Tasks associated with effectively promoting service integration for HIV, HCV, STI and people who use drugs.  | 2.4.1 |
| 2.5 Tasks associated with process by which Center will ensure coordination across the initiative, to maximize medical education outcomes and promote efficient use of resources.  | 2.5.1 |
| 3: Disseminate AI clinical guidelines and other relevant materials/resources. | 3.1 Tasks associated with promoting the services of the statewide CEI line. | 3.1.1 |
| 4: Foster partnerships among clinical providers & professional organizations. | 4.1 Tasks associated to increase CEI statewide visibility for clinical education. | 4.1.1 |
| 4.2 Tasks associated to increase CEI’s access to the target audience. | 4.2.1 |
| 4.3 Tasks associated to maximize effectiveness of the Resource/Evaluation Center registration process for learners. | 4.3.1 |
| 4.4 Tasks required to foster utilization of CEI branded templates and materials. | 4.4.1 |
| 4.5 Tasks associated with process for reaching out to state, federally funded HIV, HCV, STI and initiatives in support of AI clinical policies and activities.  | 4.5.1 |
| 5: Develop performance measures for CEI activities and priorities.  | 5.1 Tasks associated with evaluating CEI activities. | 5.1.1 |
| 5.2 Tasks associated with developing a core set of data elements and annual report.  | 5.2.1 |
| 6: Flexibility in programming for directing resources effectively.  | 6.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. | 6.1.1. N/A |
| 6.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice. | 6.2.1 Aid with non-workplan public health issues if/when they arise. |
| 6.3 Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan activities. | 6.3.1 Aid with non-workplan public health issues if/when they arise. |

**ATTACHMENT 7: WORK PLAN (COMPONENT B)**

**SUMMARY**

PROJECT NAME: **Sexual Health Center of Excellence**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: October 1, 2019

 To: September 30, 2024

|  |
| --- |
| PROJECT SUMMARY: (max 50,000 characters)The **Sexual Health Center of Excellence (SHCE)** will serve as a statewide clinical education program addressing STIs. SHCE will conduct clinical education needs assessments with STI clinics, local health departments, primary care providers and others who diagnose and treat STIs. The funded applicant will deliver a mix of live and online clinical education programs, conduct intensive clinical preceptorships in the STI clinic settings and convene an annual statewide STI conference in New York State (NYS). SHCE will work with Resource/Evaluation Center to deliver online education programs using the latest technologies including tele-mentoring, webcasting and other emerging digital health education technologies. SHCE will be responsible for ensuring adequate access to clinical expertise and training in all areas of the state with a focus on areas designated as HPSAs, rural areas and other areas where STI treatment providers are limited. Working with the Resource/Evaluation Center, SHCE will staff the CEI line for case-based educational consultation on STI clinical care. SHCE will work with the Resource/Evaluation Center to promote CEI activities using various digital mediums and evaluate all clinical education activities. SHCE will work in concert with other Centers funded under this initiative. |

**INSTRUCTIONS:**

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed above. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to enter “not applicable.”  Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective and Tasks as listed in Attachment 7: STI Center of Excellence Work Plan. Applicants are required to enter a Performance Measure for each Task listed.

| **OBJECTIVE (max 75 characters)** | **TASKS (max 250 characters each)** | **PERFORMANCE MEASURES (max 500 characters each) To be entered by the Applicant** |
| --- | --- | --- |
| 1: Educate clinicians by providing continuous and innovative STI trainings.  | 1.1 Tasks required to obtain administrative staff (medical & administrative director, coordinators, administrative support, etc.) within 90 days.  | 1.1.1 |
| 1.2 Tasks required to establish regional faculty area experts within 6 months.  | 1.2.1 |
| 1.3 Tasks required to create educational needs assessment tools and mechanism for continually scanning the educational environment for related clinical educational activities and resources within 90 days.  | 1.3.1 |
| 1.4 Tasks required to create a plan within 90 days for working with the other 3 CEI Centers to accomplish educational goals. | 1.4.1 |
| 1.5 Tasks required to create plan to distribute the latest clinical guidelines and emerging clinical issues and the challenges found in clinical practice within 90 days.  | 1.5.1 |
| 1.6 Develop plan of didactic and case based clinical education interventions using cost effective mix of in-person training methods and distance learning, tele-mentoring and digital health technologies to ensure services within 90 days.  | 1.6.1 |
| 1.7 Tasks associated with developing plan for awarding continuing professional education credits to CEI learners within 90 days.  | 1.7.1 |
| 2: Expand the base of healthcare providers able to diagnose and care for STI. | 2.1 Task associated with getting access to the target audience. | 2.1.1 |
| 2.2 Tasks associated with utilizing CEI branded materials at various events and publications. | 2.2.1 |
| 2.3 Tasks associated with ensuring access of clinical expertise in HPSA, rural areas and other health shortage areas. | 2.3.1 |
| 2.4 Tasks associated with effectively promoting service integration for HIV, HCV, STI and people who use drugs.  | 2.4.1 |
| 2.5 Tasks associated with process by which Center will ensure coordination across the initiative, to maximize medical education outcomes and promote efficient use of resources.  | 2.5.1 |
| 3: Disseminate AI clinical guidelines and other relevant materials/resources. | 3.1 Tasks associated with promoting the services of the statewide CEI line. | 3.1.1 |
| 4: Foster partnerships among clinical providers and professional organizations  | 4.1 Tasks associated to increase CEI statewide visibility for clinical education. | 4.1.1 |
| 4.2 Tasks associated to increase CEI’s access to the target audience. | 4.2.1 |
| 4.3 Tasks associated to maximize effectiveness of the Resource/Evaluation Center registration process for learners. | 4.3.1 |
| 4.4 Tasks required to foster utilization of CEI branded templates and materials. | 4.4.1 |
| 4.5 Tasks associated with process for reaching out to state, federally funded HIV, HCV, STI and initiatives in support of AI clinical policies and activities.  | 4.5.1 |
| 5: Develop performance measures for CEI activities & priorities. | 5.1 Tasks associated with evaluating CEI activities. | 5.1.1 |
| 5.2 Tasks associated with developing a core set of data elements and annual report.  | 5.2.1 |
| 6: Flexibility in programming for directing resources effectively. | 6.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.  | 6.1.1 N/A |
| 6.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.6.3 Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan activities. | 6.2.1 Aid with non-workplan public health issues if/when they arise.6.3.1 Aid with non-workplan public health issues if/when they arise. |

**ATTACHMENT 8: WORK PLAN (COMPONENT C)**

**SUMMARY**

PROJECT NAME: **HCV and Drug User Health Center of Excellence**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: October 1, 2019

 To: September 30, 2024

|  |
| --- |
| PROJECT SUMMARY: (max 50,000 characters)The **HCV and Drug User Health Center of Excellence** will serve as a statewide clinical education program addressing both HCV and drug user health. The funded applicant will conduct clinical education needs assessments with HCV and Health Hubs/Syringe Exchange Programs (SEPs), local health departments and HCV and drug user health providers who diagnose and treat HCV and PWUDs. The funded applicant will deliver a mix of live and online clinical education programs, including on-site, intensive clinical preceptorships in the HCV clinics and other healthcare settings where services are provided to PWUDs, and convene an annual statewide HCV and drug user health conference in New York State (NYS). The HCV and Drug User Health Center will work with the Resource/Evaluation Center to deliver online education programs using the latest technologies including tele-mentoring, webinar, webcasting and other emerging digital health education technologies. The HCV and Drug User Health Center will be responsible for ensuring adequate access to clinical expertise and trainings are available in Health Professional Shortage Areas (HPSA) and other areas where HCV and drug user health providers are limited. Working with the Resource/Evaluation Center, the HCV and Drug User Health Center will staff the CEI line for case-based educational consultation on HCV clinical care and drug user health. The HCV and Drug User Health Center will work with the Resource/Evaluation Center to promote CEI activities using various digital mediums and evaluate all clinical education activities. The HCV and Drug User Health Center will work in concert with other Centers of Excellence funded under this initiative. |

**INSTRUCTIONS:**

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed above. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to enter “not applicable.”  Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective and Tasks as listed in Attachment 8: HCV and Drug User Health Center of Excellence Work Plan. Applicants are required to enter a Performance Measure for each Task listed.

| **OBJECTIVE (max 75 characters)** | **TASKS (max 250 characters each)** | **PERFORMANCE MEASURES (max 500 characters each) To be entered by the Applicant** |
| --- | --- | --- |
| 1: Educate clinicians by providing continuous/innovative HCV & DUH trainings.  | 1.1 Tasks required to obtain administrative staff (medical & administrative director, coordinators, administrative support, etc.) within 90 days.  | 1.1.1 |
| 1.2 Tasks required to establish regional faculty area experts within 6 months.  | 1.2.1 |
| 1.3 Tasks required to create educational needs assessment tools and mechanism for continually scanning the educational environment for related clinical educational activities and resources within 90 days.  | 1.3.1 |
| 1.4 Tasks required to create a plan within 90 days for working with the other 3 CEI Centers to accomplish educational goals. | 1.4.1 |
| 1.5 Tasks required to create plan to distribute the latest clinical guidelines and emerging clinical issues and the challenges found in clinical practice within 90 days.  | 1.5.1 |
| 1.6 Develop plan of didactic and case based clinical education interventions using cost effective mix of in-person training methods and distance learning, tele-mentoring and digital health technologies to ensure services within 90 days.  | 1.6.1 |
| 1.7 Tasks associated with developing plan for awarding continuing professional education credits to CEI learners within 90 days.  | 1.7.1 |
| 2: Expand # of healthcare providers able to diagnose/care for HCV and PWUD. | 2.1 Task associated with getting access to the target audience. | 2.1.1 |
| 2.2 Tasks associated with utilizing CEI branded materials at various events and publications. | 2.2.1 |
| 2.3 Tasks associated with ensuring access of clinical expertise in HPSA, rural areas and other health shortage areas. | 2.3.1 |
| 2.4 Tasks associated with effectively promoting service integration for HIV, HCV, STI and people who use drugs.  | 2.4.1 |
| 2.5 Tasks associated with process by which Center will ensure coordination across the initiative, to maximize medical education outcomes and promote efficient use of resources.  | 2.5.1 |
| 3: Disseminate AI clinical guidelines and other relevant materials/resources. | 3.1 Tasks associated with promoting the services of the statewide CEI line. | 3.1.1 |
| 3.2 Tasks associated with promoting the services of the CEI website. | 3.2.1 |
| 4: Foster partnerships among clinical providers and professional organizations | 4.1 Tasks associated to increase CEI statewide visibility for clinical education. | 4.1.1 |
| 4.2 Tasks associated to increase CEI’s access to the target audience. | 4.2.1 |
| 4.3 Tasks associated to maximize effectiveness of the Resource/Evaluation Center registration process for learners. | 4.3.1 |
| 4.4 Tasks required to foster utilization of CEI branded templates and materials. | 4.4.1 |
| 4.5 Tasks associated with process for reaching out to state, federally funded HCV and Drug User Health initiatives in support of AI clinical policies and activities.  | 4.5.1 |
| 5: Develop performance measures for CEI activities priorities.  | 5.1 Tasks associated with evaluating CEI activities. | 5.1.1 |
| 5.2 Tasks associated with developing a core set of data elements and annual report.  | 5.2.1 |
| 6: Flexibility in programming for directing resources effectively. | 6.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. | 6.1.1 N/A |
| 6.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.6.3 Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan activities. | 6.2.1 Aid with non-workplan public health issues if/when they arise.6.3.1 Aid with non-workplan public health issues if/when they arise. |

**ATTACHMENT 9: WORK PLAN (COMPONENT D)**

**SUMMARY**

PROJECT NAME: **Resource/Evaluation Center of Excellence**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: October 1, 2019

 To: September 30, 2024

|  |
| --- |
| PROJECT SUMMARY: (max 50,000 characters)The **Resource/Evaluation Center of Excellence** will build and support the technological capacity of CEI, using the latest distance learning, tele-mentoring technologies (e.g. [ECHO](https://echo.unm.edu/)). The Resource/Evaluation Center will coordinate all continuing education crediting activities in concert with the CEI Centers and the New York State Department of Health AIDS Institute (NYSDOH AI) programs. The Center shall be an approved provider of credits through the Accreditation Council for Continuing Medical Education (ACCME).The Resource/Evaluation Center will maintain the [www.ceitraining.org](http://www.ceitraining.org) website and other related websites as a large scale, multimedia platform that meets all NYSDOH security protections and has the capacity to expand. The website will serve as a portal to host a wide range of online and media clinical education programs including but not limited to: archive webinars, webcasts, podcasts, virtual case simulation, public service announcements, etc. The Resource/Evaluation Center will be responsible for developing an innovative digital platform to train the Centers of Excellence on how to disseminate clinical education using the most current and effective technologies. The Center will conduct annual surveys to assess digital distribution, identify training topics, desired training formats, locations and other priority topics for needed trainings determined by the AI. The Resource/Evaluation Center will evaluate CEI’s clinical education activities. The Resource/Evaluation Center will maintain and update performance measures on the major areas of activities and evaluate the activities to implement improvement strategies based on data. The Resource/Evaluation Center will analyze CEI activities with the goal of reducing rates of HIV, HCV, STI and drug use and improving the health of patients who have HIV, HCV, STI and use drugs. The Center will develop a wide range of online training interventions based on the curricula and materials developed by the other Centers of Excellence and AI.  |

**INSTRUCTIONS:**

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed above. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to enter “not applicable.”  Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective and Tasks as listed in Attachment D: Resource/Evaluation Center of Excellence Work Plan. Applicants are required to enter a Performance Measure for each Task listed.

| **OBJECTIVE (max 75 characters)** | **TASKS (max 250 characters each)** | **PERFORMANCE MEASURES (max 500 characters each) To be entered by the Applicant** |
| --- | --- | --- |
| 1: Educate clinicians by providing continuous & innovative clinical trainings.  | 1.1 Tasks required to obtain administrative staff (medical & administrative director, coordinators, administrative support, etc.) within 90 days.  | 1.1.1 |
| 1.2 Tasks required to create educational needs assessment tools and mechanism for continually scanning the educational environment for related clinical educational activities and resources within 90 days.  | 1.2.1 |
| 1.3 Tasks required to create a plan within 90 days for working with the other 3 CEI Centers to accomplish educational goals. | 1.3.1 |
| 1.4 Tasks required to create plan to distribute the latest clinical guidelines and emerging clinical issues and the challenges found in clinical practice within 90 days.  | 1.4.1 |
| 1.5 Develop plan of didactic and case based clinical education interventions using cost effective mix of in-person training methods and distance learning, tele-mentoring and digital health technologies to ensure services within 90 days.  | 1.5.1 |
| 1.6 Tasks associated with developing plan for awarding continuing professional education credits to CEI learners within 90 days.  | 1.6.1 |
| 2: Expand the base of providers able to diagnose/care for target populations. | 2.1 Task associated with getting access to the target audience. | 2.1.1 |
| 2.2 Tasks associated with utilizing CEI branded materials at various events and publications. | 2.2.1 |
| 2.3 Tasks associated with ensuring access of clinical expertise in HPSA, rural areas and other health shortage areas. | 2.3.1 |
| 2.4 Tasks associated with effectively promoting service integration for HIV, HCV, STI and people who use drugs.  | 2.4.1 |
| 2.5 Tasks associated with process by which Center will ensure coordination across the initiative, to maximize medical education outcomes and promote efficient use of resources.  | 2.5.1 |
| 3: Disseminate AI clinical practice guidelines & other relevant materials/resources. | 3.1 Tasks associated with promoting the services of the statewide CEI line. | 3.1.1 |
| 3.2 Tasks associated with promoting CEI website. | 3.2.1 |
| 4: Foster partnerships among clinical providers and professional organizations. | 4.1 Tasks associated to increase CEI statewide visibility for clinical education. | 4.1.1 |
| 4.2 Tasks associated to increase CEI’s access to the target audience. | 4.2.1 |
| 4.3 Tasks associated to maximize effectiveness of the Resource/Evaluation Center registration process for learners. | 4.3.1 |
| 4.4 Tasks required to foster utilization of CEI branded templates and materials. | 4.4.1 |
| 4.5 Tasks associated with process for reaching out to state, federally funded HIV, HCV, STI and initiatives in support of AI clinical policies and activities.  | 4.5.1 |
| 5: Develop performance measures for CEI activities and priorities. | 5.1 Tasks associated with evaluating CEI activities. | 5.1.1 |
| 5.2 Tasks associated with developing a core set of data elements and annual report.  | 5.2.1 |
| 6: Flexibility in programming for directing resources effectively. | 6.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. | 6.1.1 |
| 6.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.6.3 Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan activities. | 6.2.1 Aid with non-workplan public health issues if/when they arise.6.3.1 Aid with non-workplan public health issues if/when they arise. |

**Attachment 10**

**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 –**
2. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Contractor Type** | **Administrative** **Requirements** | **Cost Principles** | **Audit****Requirements****Federally Funded Only** |
| College or University | Uniform Guidance | Uniform Guidance | Uniform Guidance |
| Not-for-Profit | Uniform Guidance | Uniform Guidance | Uniform Guidance |
| State, Local Gov. or Indian Tribe | Uniform Guidance | Uniform Guidance | Uniform Guidance |
| For-Profit | 45 CFR Part 74 | 48 CFR Part 31.2 | Uniform Guidance |
| Hospitals | 2 CFR Part 215 | 45 CFR Part 74 | Uniform Guidance |

1. 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 -**

1. 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.

1. 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.
2. 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.
3. 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:

1. it has the full right and authority to enter into and perform under this Agreement;
2. it will perform the services set forth in Exhibit A in a workmanlike manner consistent with applicable industry practices;
3. the services, work products, and deliverables provided by Contractor will conform to the specifications in Exhibit A;
4. 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, employees, officers, board members, 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 –**

1. 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.
2. In no event shall there be expenses charged to a restricted budget category without prior written consent of HRI.
3. 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 –**

1. 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.
2. 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.
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.
5. Provide that such policy may not be canceled or modified until at least 30 days after receipt by HRI of written notice thereof; and
6. Be reasonably satisfactory to HRI in all other respects.

**10. Publications and Conferences** –

1. 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.
2. Conference Disclaimer: Where a conference is funded by a grant, cooperative agreement, sub-grant 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 the <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** -

1. 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.
2. 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, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual’s relationship or association with a member of a protected category or any other basis protected by applicable state and federal law. Furthermore, Contractor agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familiar status, domestic violence victim status, individual’s relationship or association with a member of a protected category or any other basis protected by applicable state and federal law: (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 -**

1. 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.
2. 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.
3. 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 –**

1. 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.

1. 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.
2. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns.
3. 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 agency 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 agency under this Agreement.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.

1. 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.
2. 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:

1. 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.

1. 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*.

1. 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.*
2. 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.
3. Equal Employment Opportunity – for all agreements

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(a) which is hereby incorporated herein.

**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.**

f) National Labor Relations Act (Executive Order 13496)

Contractors that are not exempt from the National Labor Relations Act and have contracts, subcontracts or purchase orders subject to EO 13496 must satisfy the requirements of that Executive Order and its implementing regulations at 29 CFR Part 471 to be in compliance with the law.

**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:

1. If the Project Sponsor is an agency 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.
2. Title VI of the Civil Rights Act of 1964 as implemented in 45 CFR Part 80.
3. Section 504 of the Rehabilitation Act of 1973, as amended, as implemented by 45 CFR Part 84.
4. The Age Discrimination Act of 1975 (P.L. 94-135) as amended, as implemented by 45 CFR 1.
5. Title IX of the Education Amendments of 1972, in particular section 901 as implemented at 45 CFR Part 86 (elimination of sex discrimination).
6. Sections 522 and 526 of the HHS Act as amended, implemented at 45 CFR Part 84 (non-discrimination for drug/alcohol abusers in admission or treatment).
7. Section 543 of the HHS Act as amended as implemented at 42 CFR Part 2 (confidentiality of records of substance abuse patients).
8. 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).
9. 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.
10. Contractor agrees to comply with other requirements of the Project Sponsor, if applicable, set forth in the HHS Grants Policy Statement.
11. Notice as Required Under Public Law 103-333: If the Project Sponsor is an agency 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.
12. Contractor agrees that if the Project Sponsor is other than an agency of the DHHS, items 1, 2, 3 and 4 in subsection a) above shall be complied with as implemented by the Project Sponsor.
13. 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.
14. 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.
15. Equipment and Products - To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made.
16. Acknowledgment of Federal Support – When issuing statements, press releases, requests for proposals, 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.
17. 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.
18. 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 agency and the Regional Office of the Environmental Protection Agency (EPA).
19. 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.
20. Whistleblower Policy: Congress has enacted whistleblower protection statue 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 statue (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 agency; or an authorized official of the Department of Justice or other law enforcement agency; 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:

1. The Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
2. The Contractor is not delinquent on any Federal debt.
3. Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352) – Contracts for $100,000 or more must file the required certifications. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
4. 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.
5. 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.
6. The Contractor maintains a drug free workplace in compliance with the Drug Free Workplace Act of 1988 as implemented in 45 CFR Part 76.
7. If the Project Sponsor is either an agency 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.
8. 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.
9. 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>.
10. Equal Employment Opportunity, requires compliance with E.O. 13672 "Further Amendments to Executive Order 11478, Equal Employment Opportunity in the Federal Government, and Executive Order 11246, “Equal Employment Opportunity”, and as supplemented by regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”

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.

 **ATTACHMENT 17**

**Guide for Completing Budgets for Grant Years 2-5**

**Budgets for Years two through five are to be completed using the Excel budget forms in Attachment 16. Please be sure to complete all required budget pages for years two through five. The budgets for years two through five should be labeled as instructed in the RFA and combined into one .pdf document, then uploaded to the Grants Gateway as Attachment 16 under Pre-Submission Uploads.**

**Tab 1 - Summary Budget**

1. ***Project Name*** – Enter the Name of the Solicitation.
2. ***Contractor SFS Payee Name*** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.
3. ***Contract Period*** – “From” is the Start date of the budget and “To” is the end date of the budget. **A separate budget must be completed for each 12-month budget period for Years 2-5 and labeled for each contract period.**
4. The **GRANT FUNDS** column will need to be populated based on the information entered in the major budget categories on Tabs 2 through 5 of the Excel spreadsheet. These categories include:
* Salaries
* Fringe Benefits
* Contractual Services
* Travel
* Equipment
* Space, Property & Utilities
* Operating Expenses
* Other

No information should be entered into the columns labeled Match Funds, Match % or Other Funds.

**Tab 2- Salaries**

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page. *Please include a written justification on Tab 6.*

***Position Title*:** For each position, indicate the title along with the incumbent’s name. If a position is vacant, please indicate “TBD” (to be determined).

***Annualized Salary Per Position:*** For each position, indicate the total annual salary regardless of funding source.

***Standard Work Week (Hours):*** For each position, indicate the number of hours worked per week regardless of funding source.

***Percent of Effort Funded:*** For each position, indicate the percent effort devoted to the proposed program/project.

***Number of Months Funded:*** For each position, indicate the number of months funded on the proposed project.

***Total:*** For each position, applicants will need to populate the total funding requested column for the AIDS Institute based on annualized salary, hours worked, percent effort and months funded for each position.

**Tab 2 - Fringe Benefits**

On the bottom of Tab 2, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate requested for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification must be attached. *Please include a written justification on Tab 6.*

**Tab 3 – Contractual Services**

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. *Please include a written justification on Tab 6.*

**Tab 3 – Travel**

Please indicate estimated travel costs for the contract period. *Please include a written justification on Tab 6.*

**Tab 4 – Equipment and Space**

Please indicate estimated equipment or space costs for the contract period. *Please include a written justification on Tab 6.*

**Tab 5 – Operating Expenses / Other**

Please indicate any operating expenses for the contract period. *(Operating costs include may include Supplies and any other miscellaneous costs* *for the contract period*). *Please include a written justification on Tab 6.*

Please indicate the estimated other costs requested for the contract period. *(Other costs include indirect costs)* Please note indirect costs are limited to 15% of direct costs. *Please include a written justification on Tab 6. The justification for indirect costs needs to include the requested rate.*

**Tab 6 - Narrative Budget Justification**

Please provide a brief narrative justification for budget years 2-5 in the **JUSTIFICATION** column in Tab 6 for each budgeted item. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project. Separate justifications should be included at the end of each budget year.

**Those agencies selected for funding will be required to provide a more detailed budget as part of the contract process.**

1. National HIV/AIDS Strategy [↑](#footnote-ref-1)
2. NYS Prevention Agenda 2013-2018: New York State’s Health Improvement Plan [↑](#footnote-ref-2)