

RFA Number CCH–CPIA–2020-02

HEALTH RESEARCH, INC.

and

New York State Department of Health

*Center for Community Health/Division of Chronic Disease Prevention
Bureau of Cancer Prevention and Control*

Request for Applications

*Community Cancer Prevention in Action (CPiA)
Richmond, Suffolk and Warren Counties*

KEY DATES

RFA Release Date:	October 22, 2020
Letter of Interest Due:	November 5, 2020
Questions Due:	November 5, 2020
Questions, Answers and Updates Posted:	(on or around) November 19, 2020
Applications Due:	December 7, 2020 by 4:00 PM EST
Contact Name & Address:	Wendy Gould NYSDOH Bureau of Cancer Prevention and Control 150 Broadway, Room 350, Menands, NY 12204 canserv@health.ny.gov

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I. Introduction

A. Program Description

Health Research, Inc. (HRI) and the New York State Department of Health (the Department) Bureau of Cancer Prevention and Control (BCPC) seek applications from organizations that will work in New York State (NYS) communities to prevent and reduce cancer using a policy, systems, and environmental (PSE) change approach with organizations and municipalities. For information about cancer prevention and control PSE change, see:

https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/PSE_Resource_Guide_FINAL_05.15.15.pdf

Organizations receiving Community Cancer Prevention in Action (CPiA) awards as a result of this Request for Applications (RFA) will conduct work that supports priority areas within the Department's [Prevention Agenda 2019-2024](#); New York State's Health Improvement Plan and the [NYS Comprehensive Cancer Control Plan](#) (Cancer Plan).

HRI and the Department anticipates awarding three contracts for the three-year period, from April 1, 2021 to March 31, 2024 for applicants serving each of the three service regions - Warren, Suffolk, and Richmond Counties. The applicant proposal must include one of the three service regions (Warren, Suffolk, or Richmond) and may include up to two additional adjacent counties. Anticipated funding for each of the three awards will be valued up to \$225,000 annually and \$675,000 over the three-year period for each awardee. The total initiative value for the three-year contract period is \$2,025,000.

Successful applicants will employ the following strategies; 1) engage community members and local stakeholders, 2) leverage community resources, 3) educate community leaders and the public, and 4) mobilize community members and organizations, all of which will establish and strengthen organizational and municipal PSE change interventions to prevent and reduce cancer in awardee communities. Awardees will implement these strategies to decrease exposure to ultraviolet (UV) radiation to reduce the risk of skin cancer among priority populations (such as youth, minors, employees in outdoor occupational settings, etc.) through implementation of evidence-based, recommended interventions.

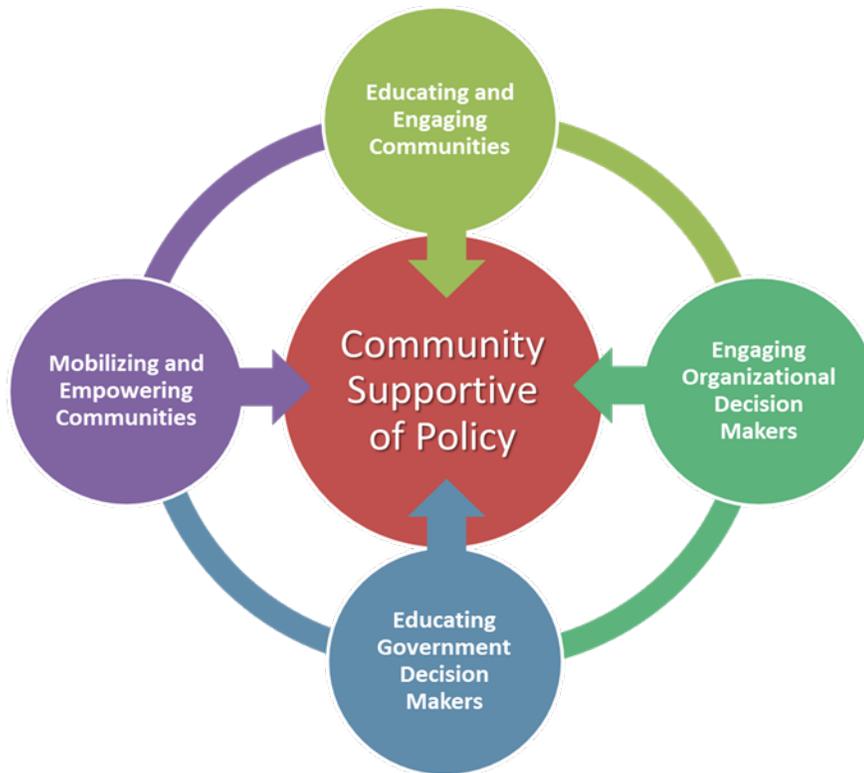
Awardees will also conduct education to promote other key cancer prevention, early detection and control priorities identified in the Cancer Plan, as needed and directed by HRI and the Department. This will include education and promotion about the need for human papillomavirus (HPV) vaccine as a key strategy to prevent HPV-related cancers (oropharynx, anus, cervix, vagina, vulva, penis). Education activities may be targeted to the general public, health care providers, and/or targeted priority populations, depending on the priority topic.

Strategies will be implemented using a combination of social media, virtual education and, as appropriate and practicable according to State and federal guidance, in-person activities, ensuring implementation of social distancing, use of masks and other public health strategies to mitigate disease transmission.

HRI and the Department may modify outcomes, or other priority cancer prevention-related outcomes may be added over the life of the three-year contract term to align with changes in the local and statewide policy environment and/or evidence-base regarding high-burden, preventable cancers and cancer risk factors.

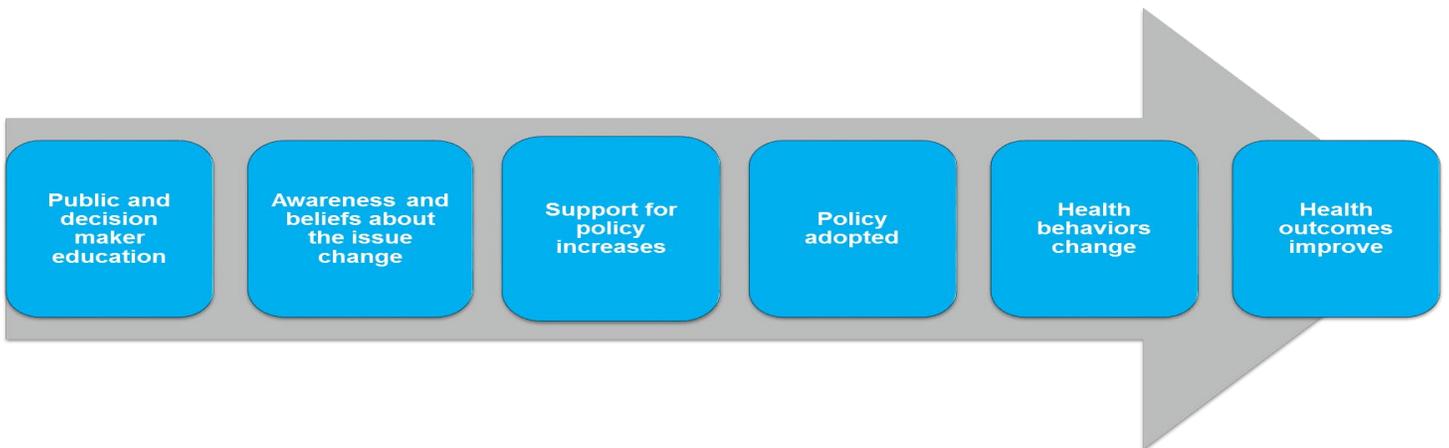
Awardees will promote cancer prevention and control efforts to foster and build support for PSE changes at the local level. Awardees will accomplish this work by implementing a coordinated set of evidence-based strategies to build public, decision-maker and organizational support. (Figure 1)

Figure 1 Community Transformation Framework



By effectively educating and mobilizing the public and educating government and organizational policy-makers, communities become receptive to or even demand environmental changes and/or policies that reinforce healthy behaviors and reduce cancer risk (Figure 2).

Figure 2 Policy Change Process and Community Outcomes



Adapted from RTI International. *2012 Independent Evaluation Report of the New York Tobacco Control Program*

B. Background

The BCPC oversees HRI and the Department programs whose collective mission is to reduce the burden of cancer for all New Yorkers through the coordination and implementation of population-based and evidence-based or evidence-informed strategies across the cancer care continuum – from prevention and risk reduction, to early detection, diagnosis, and treatment, through survivorship. The Department’s programs raise awareness about and support cancer prevention and risk reduction efforts such as tobacco control, reductions

to exposure to harmful UV radiation, increased uptake of cancer prevention vaccines and improved access to healthy foods and opportunities for physical activity to address obesity as a risk factor for cancers. The Department supports many initiatives that address common barriers to obtaining potentially life-saving early detection services, such as mobile mammography vans, community-based breast and prostate cancer peer education and outreach programs, and patient navigation services. The Department also supports the Cancer Services Program contractors who promote and provide access to breast, cervical and colorectal cancer screening and diagnostic services for un- and underinsured individuals and facilitate enrollment in the NYS Medicaid Cancer Treatment Program which provides full Medicaid coverage for the duration of the treatment period for eligible individuals diagnosed with breast, cervical, colorectal or prostate cancer. Other Department programs address the public health needs of breast cancer survivors through provision of education and wellness services.

Since 2002, HRI and the Department have managed the State's Comprehensive Cancer Control Program (CCCP) which coordinates efforts to build strong partnerships with state and local cancer coalitions, assess the burden of cancer and monitor changes in population-based measures, mobilize support for comprehensive cancer control activities, participate in development of the Cancer Plan and effect PSE changes to address cancer burden among New Yorkers. The Department is an active member in the State's Cancer Consortium (Consortium), the statewide coalition of organizations and individuals that develop, implement and track progress towards objectives of the Cancer Plan. The Consortium strives to address the cancer burden by implementing goals and strategies listed in the Cancer Plan. Ranging from prevention to end-of-life care, early detection and public policy, the Cancer Plan identifies concerns and issues throughout the cancer continuum. It offers a collective, statewide vision to advance, accelerate and focus on the State's cancer burden.

The Department supports statewide cancer prevention and control efforts by providing data on the nature and extent of the cancer problem in NYS, implementing evidence-based or evidence-informed programs and evaluating the efficacy of cancer control efforts. As an active member of the Consortium, the Department's efforts support the Consortium's health promotion and early detection goals, which are to ensure that, "All New Yorkers will have current and evidence-based information, resources and opportunities necessary to adopt and maintain health-promoting behaviors to reduce the risk of cancer and will receive age-appropriate, evidence-based, guideline-driven screening services for the early detection of cancer", respectively.

Since October 2018, the Department has supported CPiA grantees providing programming in 12 counties (St. Lawrence, Jefferson, Lewis, Oswego, Madison, Oneida, Herkimer, Fulton, Schenectady, Montgomery, Tioga and Broome). The awardees resulting from this funding opportunity expand the current CPiA into additional counties. For more information on the current CPiA grantees, visit the Department's website, [here](#), or the grantees' website, [Take Action Against Cancer, here](#).

C. Problem/Issue Resolution

Cancer is the second leading overall cause of death in NYS. Over 110,000 cases of cancer are diagnosed each year, with more than 95 New Yorkers dying each day from cancer (www.health.ny.gov/statistics/cancer/registry). In 2016, the age-adjusted cancer incidence rate was 474.8 cases per 100,000 New Yorkers, the fifth highest cancer incidence rate in the United States (U.S.) and above the national average of 436 cases per 100,000 people (CDC WONDER).

Medical care for many cancers is improving, and early diagnosis and screening procedures, as well as prevention approaches, have given cancer patients better chances of survival. Despite these advances, the cancer burden continues to weigh heavily on individuals and their families and on the community, public health and health care organizations that work to reduce the cancer burden.

In addition, certain groups in NYS face significant barriers to accessing health care and resources supportive of cancer prevention and risk reduction strategies. Many chronic conditions, such as cancer, tend to be more common, diagnosed later, and result in worse outcomes for particular individuals, such as people of color, people in low-income neighborhoods, and others whose life conditions place them at risk for poor health.

Health disparities occur when demographic groups experience more disease, death or disability beyond what would normally be expected based on their relative size in the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is also determined by where people live, work and play and can occur because of race/ethnicity, sexual orientation, gender, geographic location or some combination of these factors. Those most effected by health disparities also tend to have reduced access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are the **social determinants of health** and the systematic and unequal distribution of social determinants can result in negative health outcomes, or **health inequities**. **Health equity** is the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance.

Age-appropriate cancer screening, proper diet, physical activity, sun safety, breastfeeding for the first year of life, receipt of certain vaccines and reducing or preventing tobacco use are all known to reduce the incidence of cancer. Although such factors are typically measured at the level of the individual, effective PSE change interventions can be implemented at the level of the community. For example, increasing access to nutritious foods and decreasing barriers to obtainment of cancer screenings offer important opportunities for cancer prevention and early detection. Investments in strategies such as these can result in a return on investment in annual healthcare costs. A multilevel approach can address individual behaviors and include population-based activities to support and reinforce healthy behaviors and reduce cancer risk. PSE change interventions can have a large impact by changing the context in which an individual makes health decisions. Such approaches, recommended and commonly utilized in the areas of tobacco control and healthy communities, shift whole populations to a lower level of risk.

1. UV Radiation

Nearly five million people are treated for skin cancer in the U.S., costing approximately \$8.1 billion each year. Annually, about \$3.3 billion of skin cancer treatment costs are attributable to melanoma. The incidence of and mortality from invasive melanoma, the deadliest form of skin cancer, in the U.S. has risen steadily for at least the past two decades. Melanoma rates overall are highest among older adults, and in NYS, it is the fourth most common cancer in young adults (aged 20–34 years) (www.health.ny.gov/statistics/cancer/registry/). Although being fair-skinned or having a family history of skin cancer contributes to a person's risk for melanoma, as many as 90% of melanomas are estimated to be caused by UV radiation from the sun and artificial sources such as indoor tanning. One out of every three U.S. adults has been sunburned in the past year, and most do not take recommended actions to protect themselves from the sun. People who work outdoors are the most likely of all workers to suffer health damage from exposure to UV radiation.

By reducing intentional UV exposure and increasing sun protection, many skin cancers, including melanoma, can be prevented. Community organizations have the authority to implement sun safety policies to increase opportunities for shade in outdoor and recreational settings such as playgrounds, parks and worksites. *The Surgeon General's Call to Action to Prevent Skin Cancer* notes that skin cancer is the most commonly diagnosed cancer in the U.S., yet most cases are preventable. The *Call to Action* promotes evidence-based effective PSE population-based strategies implemented at the local and state levels.

Successful RFA awardees will implement sun safety PSE change interventions and will educate communities to reduce exposure to UV radiation from both the sun and indoor tanning, as recommended in *The Surgeon General's Call to Action to Prevent Skin Cancer*. PSE change interventions may include working with colleges, childcare facilities, outdoor recreation/tourism settings, or outdoor occupational settings to educate about the harms of UV radiation and implement new programs, policies, and/or environmental changes regarding sun safety. Once organizational policies and/or municipal laws are adopted, awardee activities will promote, educate and support implementation of the new policies.

2. HPV Vaccine Promotion and Education

HPV is the most common sexually transmitted infection. About 14 million people, including teens, become infected with HPV each year. The CDC estimates that more than 90% and 80%, respectively, of sexually active men and women will be infected with at least one type of HPV at some point in their lives. HPV exposure can occur with any type of intimate sexual contact. Each year, thousands of men and women in the U.S. are

diagnosed with cancers caused by HPV (cervical, oropharyngeal, anal, penile, vulvar, and vaginal). In the U.S., HPV causes about 17,000 cancers in women and about 9,000 cancers in men each year. HPV-related cancers impact racial and ethnic groups to varying degrees. For example, in NYS, cervical cancer incidence and mortality are higher among non-Hispanic black and Hispanic women. Many of these cancers could be prevented with the HPV vaccine, which has been recommended by the Advisory Committee on Immunization Practices (ACIP) since 2006 for female adolescents and 2011 for male adolescents. Despite research showing the benefits of the vaccine and recommendations from the ACIP and other prominent medical organizations, immunization rates both nationally and in NYS remain low and continue to lag significantly behind immunization rates of other adolescent vaccines. CPiA awardees will conduct education to promote the benefits of HPV vaccination for cancer prevention.

HRI and the Department participates on the steering committee of the [New York State HPV Coalition](#). The mission of the New York State HPV Coalition is to increase HPV vaccination rates and decrease HPV-related disease in New York State through education, coordination, advocacy, and leadership. CPiA contractors will become members of this coalition to learn about statewide efforts regarding the HPV vaccine.

II. Who May Apply

A. Minimum Eligibility Requirements

1. Nonprofit organizations and municipal agencies in NYS, including, but not limited to: local government and public health agencies, health care systems, primary care networks, academic institutions, community-based organizations, volunteer associations and professional associations.
2. Applying to implement the scope of work in one of the following required counties:
 - Richmond (Staten Island),
 - Suffolk, or
 - Warren

Applicants may propose to expand the service region up to two adjacent counties beyond one of the required counties listed above. One award will be made for each of the counties listed above.

B. Preferred Eligibility Requirements

Preference will be given to applicants that demonstrate the following:

1. Experience conducting policy work, community advocacy, community planning, and community organizing, including public communication campaigns, that result in the adoption of community PSE change interventions supporting cancer or other chronic disease prevention and control.
2. At least two years of experience with administrative, fiscal, and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports.
3. An understanding of health equity and its importance in community PSE change work and a hiring process and commitment to develop a professional workforce that is sensitive to and understands the root causes of health inequities, including willingness to expand their understanding.

All applicants should attach a copy of the applicant agency's most recent/current Audited Financial Statements to the application as an attachment. While not required for applications to move to review, this will be required prior to contract execution.

Note: an active, unexpired SAM.gov registration with no exclusions or debt offset is required prior to contract approval. Because registration in SAM.gov may take time, applicants are encouraged to begin the registration process as soon as they are able to ensure it is completed in the event that they are awarded a contract.

III. Project Narrative/ Work Plan Outcomes

A. Outcomes

Contractors are expected to establish and strengthen organizational and municipal PSE change interventions to prevent and reduce cancer in communities within the awarded service region. The goal is to develop communities where it is easier to practice behaviors that prevent or reduce cancer risk.

To accomplish the objectives below, contractors will engage, educate and mobilize communities, engage decision-makers and educate government policy-makers about the need for and health impact of the work (see Figure 1).

Contractors will implement activities in their distinct service regions to meet or exceed the following objectives over the course of the three-year contract period:

1. By March 31, 2024, increase by at least 25, the number of community education interventions for adolescents, parents and other adults to increase knowledge of the danger of indoor tanning.
2. By March 31, 2024, increase the adoption and use of sun safety policies/practices in at least 15 community settings such as colleges, childcare facilities, outdoor recreation/tourism locations, and outdoor worksites.
3. By March 31, 2024, increase by at least 25, the number of community education interventions for adolescents, health care providers and parents to support an increase in HPV vaccination.
4. By March 31, 2024, assist with promotion and education of other cancer prevention priorities as directed by the Department.

The Cancer Prevention in Action 2020-2023 Logic Model, Attachment 1, details the relationship between the activities that will be implemented and the stated three-year objectives. HRI and the Department may modify outcomes and activities or may add other priority cancer prevention-related outcomes over the life of the three-year contract term to align with changes in the local and statewide policy environment and/or evidence-base for high burden, preventable cancers and cancer risk factors.

1.UV Radiation

Contractors will complete multiple tasks in order to fulfill each of the interventions below (a – d) in support of meeting the three-year objective (objectives 1 and 2).

a. Community Education

Community education is essential for educating the public about skin cancer risks and the policy options available to communities to decrease these risks. Successful community education will increase public support for sun safety policies; will mobilize the community to educate others and voice its support for sun safety policies and the dangers of indoor tanning; and will educate policy-makers about the issue. Examples of community education tasks include:

- Disseminating information about skin cancer at community venues, forums, and/or public events;
- Generating earned media coverage about indoor tanning and/or UV policies;
- Writing articles for school newspapers, organizational or employee newsletters;
- Using social media tools to disseminate information; and
- Attending and/or speaking at events, meetings or hearings.

b. Community Mobilization

There is a broad constituency (schools, employers, camps, community recreation and pool centers, parks, etc.) that should be committed to protecting children, youth and employees from exposure to UV radiation.

Community mobilization refers to engaging influential community members, champions, organizations, skin cancer survivors and others that have a vested interest in protecting community members from the dangers of UV radiation. Applicants will mobilize the following community targets: influential community members and

organizations to identify champions and other partners who help publicly advance the goal of increasing measures which prevent skin cancer. Examples of community mobilization tasks include:

- Identifying community champions outside the applicant's organization who support and are willing to assist with policy change efforts;
- Educating and equipping allies and champions with key messages and other necessary information to effectively garner earned media coverage; educate/mobilize their networks and/or communicate with decision-makers;
- Assisting champions to localize and personalize resources and materials; and
- Working with youth/young adult groups (high school clubs, fraternities/sororities, scouts, etc.) to educate decision-makers.

c. Engaging Organizational Decision-makers

Contractors will work with employers, organizations, municipalities, etc. within their communities to develop policies that create a more sun safe community and increase knowledge about the dangers of indoor tanning. Examples of engaging organizational decision-maker tasks include:

- Researching and identifying the decision-maker within the target organization/municipality that will be the most help or the most likely to take interest in the initiative;
- Scheduling educational meetings with organizations on the benefits and importance of adopting UV policies;
- Contacting and meeting with employers to assist them to adopt UV-protective policies;
- Identifying and empowering organizational champions committed to providing safer environments that eliminate or reduce exposure to UV light; and
- Providing technical assistance, materials, and signage to organizations and municipalities as they adopt and implement sun safe policies.

d. Educating Governmental Decision-makers

As with all activities implemented for HRI and the Department, all lobbying is **expressly prohibited**. Organizations that receive this award may not lobby with the funds resulting from this award. Lobbying is expressly prohibited by all staff and subcontractors or consultants funded on this contract. This does not preclude a subcontractor from engaging in these activities outside of the scope of this contract, with staff and other resources that are NOT funded on this contract, through separate organizational efforts. Contractors will educate elected officials and other decision-makers about the prevalence of skin cancer, the harms caused by UV radiation, its impact on the local community and evidence-based community interventions that successfully reduce risk and cancer burden. Examples of educating governmental decision-maker tasks include:

- Meeting with municipal, county, and/or state representatives (or their staff) about the dangers of indoor tanning and/or UV policies;
- Testifying at public hearings about the impact of indoor tanning and/or UV radiation;
- Sending regular communications to local municipal legislators to keep them informed of the dangers of indoor tanning on youth;
- Inviting legislators to events regarding UV radiation and/or indoor tanning; and
- Sharing personal stories with decision-makers expressing the impact of skin cancer on community members; and
- Describing the role, impact, and presence of CPiA in the community and the importance of PSE change interventions.

Please refer to Suggested Reading and Resources, Attachment 2, for information on UV radiation.

Contractors will complete multiple tasks in order to fulfill the intervention below in support of meeting the three-year objective (objective 3).

a. Community Education

The public is largely unaware of the association between HPV and cancer risk and that the HPV vaccine prevents many of the cancers associated with HPV. Community education is essential for educating parents, medical providers, teens and other targeted audiences about the public health benefits of the HPV vaccine. Successful community education will build public support for local-level changes and policies that encourage use of, or remove barriers to, the HPV vaccine. Examples of community education tasks include:

- Organizing a free, screening of the film documentary “Someone You Love” for targeted audiences;
- Disseminating information about the HPV vaccine for adolescents at community venues, school events, and/or public events;
- Organizing community forums to educate about the vaccine;
- Engaging with and educating targeted audiences, such as dentists, parent teacher associations, pediatricians, etc.;
- Hosting survivors to speak about HPV-related cancers to targeted audiences;
- Working with community organizations to sign on to the [“We’re In Campaign”](#); and
- Generating earned media coverage about the HPV vaccine.

Additional strategies and interventions beyond Community Education as listed above may be implemented in years two and three, with approval from HRI and the Department. Please refer to Suggested Reading and Resources, Attachment 2, for more information on HPV.

Contractors will also assist with promotion and education of other cancer prevention priorities as directed by HRI and the Department and in support of three-year objective 4, above.

Strategies will be implemented using a combination of social media, virtual education and, as appropriate and practicable according to State and federal guidance, in-person activities, ensuring implementation of social distancing, use of masks and other public health strategies to mitigate disease transmission.

3. Evaluation

Successful applicants are required to participate in process and outcome performance reporting and an evaluation project. This will include regular reporting on implementation of work plan strategies and activities (such as number of earned media attempts, number of meetings with organizational decision-makers, number of activities held by partners, number of policies adopted and obtained, etc.) through a performance measurement (or management) system. Contractors will conduct local-level evaluation through the completion of pre- and post-assessments at sites recruited for policy change. Pre-assessments will assess site-level policy and practices supportive of sun safety at baseline, and post-assessments will evaluate changes made in site-level policy and practices as a result of policy implementation.

The contractor’s Institutional Review Board should approve research and evaluation protocols that involve human subjects. Contractors will participate in evaluation trainings provided by HRI and the Department and will work with HRI and the Department’s evaluation specialists to develop and implement appropriate evaluation methods and data collection instruments.

HRI and the Department may modify outcomes or add other priority cancer prevention-related outcomes over the life of the three-year contract term to align with changes in the local and statewide policy environment and/or evidence-base regarding high burden, preventable cancers and cancer risk factors.

B. Additional Requirements

Contractors are responsible for adhering to the following in support of the three-year objectives:

1. Staffing

- a. The contractor is required to hire and employ an initiative program coordinator. This position is responsible for managing the day-to-day operations of community engagement and for building, coordinating and guiding work to accomplish the cancer prevention and control outcomes.
- b. The contractor should identify and hire staff or potential subcontractors/consultants with the appropriate competencies to implement the full range of required activities. Overall, staff/subcontracts or other persons fulfilling the required functions on this contract should have knowledge and skills in:
 - program development, coordination and management;
 - fiscal management;
 - leadership development;
 - cancer control content;
 - cultural competency;
 - advocacy;
 - public relations;
 - public health policy, including analysis, development and implementation;
 - community outreach and mobilization;
 - health communications and counter-marketing;
 - strategic use of media including media advocacy, earned and paid media;
 - strategic planning;
 - gathering data; and
 - evaluation methods.
- c. Provide a sufficient staffing pattern to manage the project and provide information to demonstrate that management staff is at a level within the agency to affect decision making.
- d. Salaries should be commensurate with the level of education and experience required for the job.
- e. If a vacancy occurs (resignation, maternity leave, medical leave, etc.), the contractor is responsible for ensuring coverage of vacancies and/or prompt hiring to fill vacant positions in a timely manner as needed to ensure that programmatic work is completed and all contractual obligations are met. Extended vacancies which negatively impact the contractor's ability to fulfill contractual obligations may result in contract termination. Extended vacancies are any vacancies that are beyond routine time off and which have an impact on implementation of required scope of work, staffing and functions, contractual work plan implementation and budgeted expenditures. Such vacancies will be assessed on a case-by-case basis to determine their impact on contractual obligations and contractors may be required to provide proof of short-term and long-term coverage plans.
- f. Staff will become members of (if not already) and participate in the NYS Cancer Consortium.
- g. Staff will become members of the NYS HPV Coalition.

2. Staff Orientation, Training, Supervision and Program Support

Contractors are required to provide proper orientation to their organization's policies and procedures; appropriate budgeting for the program's transportation needs; fiscal and budget management support; timely processing of purchase and subcontracting requests; appropriate administrative supervision and support; access to up-to-date cancer prevention and control information; and a current computer system with access to an individual e-mail account, the Internet, and office space. Contractors will ensure that all contract-funded

staff have the resources and support necessary to manage a HRI contract and fulfill programmatic, fiscal and administrative contract obligations, including but not limited to the ability to comply with: contract administration, required time and effort policy and reporting, monthly voucher submission with appropriate back-up documentation, required budget and work plan development, required performance reporting and evaluation, etc.

3. Meetings and Training

At the minimum, the program coordinator will be required to attend and participate in all meetings, trainings and webinars at the direction of HRI and the Department. It is anticipated that meetings and trainings will be via virtual platform. However, applicants should include travel costs in their application budget for a one-day meeting in Albany for a contractor meeting anticipated to begin at approximately 9am and end at 4pm. HRI and the Department reserves the right to cancel the meeting as appropriate. Any in-person meetings or trainings that do occur will implement all necessary precautions based on State and federal guidance.

Successful awardees should have necessary software and other supplies, such as web cameras, to support participation in on-line, virtual meetings and trainings.

4. Organization

The contractor:

- should provide fiscal and budgetary support and have demonstrated capacity to expeditiously process budget and purchasing requests to facilitate the smooth operation of the contract and fully and appropriately expend funds as contracted.
- is responsible for reviewing the contract in its entirety and meeting all contractual requirements/obligations.
- is responsible for ensuring all program deliverables are met.
- will review and approve annual work plans, monthly reports, other required reports submitted to the Department, and attend all site visits.

Contractors are responsible for implementing the required work, described in the RFA. The required personnel (initiative program coordinator) should be employed by the applicant. It is not permissible to subcontract that position. Applicants may subcontract components of the scope of work, for example, development of promotion plans or evaluation projects. Those applicants that propose subcontracting should identify subcontracting agencies during the application process if known. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for HRI and the Department. Subcontracts need to be approved by HRI and the Department before work commences.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by HRI and the Department Bureau of Cancer Prevention and Control. HRI and the Department are responsible for the requirements specified herein and for evaluation of all applications.

B. Question and Answer Phase:

All substantive questions must be submitted in writing to:

Wendy Gould, NYS Department of Health, Bureau of Cancer Prevention and Control,
canserv@health.ny.gov; subject line should read, "CCH-CPIA-2020-02".

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.

All inquiries, whether technical or substantive should be submitted in writing to: canserv@health.ny.gov and include the RFA name and number in the subject line, "CCH-CPIA-2020-02".

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

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

C. Letter of Interest (optional)

Prospective applicants are strongly encouraged to complete and submit a letter of interest (see sample, Attachment 3). Prospective applicants should also submit a letter of interest to receive notification when updates/modifications are posted, including responses to written questions.

Letters of interest should be submitted to Wendy Gould at canserv@health.ny.gov. Please ensure that the RFA number is noted in the email subject line and the letter is submitted by the date posted on the cover of the RFA.

Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

D. Applicant Conference

An Applicant Conference will not be held for this project.

E. How to file an application

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

Applications must be submitted to: canserv@health.ny.gov using the Subject Line: <RFA CCH-CPIA-2020-02>, no later than 4:00 pm on December 7, 2020.

All application documents should be submitted as attachments to one email, labeled as described in RFA Section V. This may require applicants to 'zip' the documents to ensure successful, timely delivery. HRI and the Department are not responsible for undelivered emails, emails that are returned or 'bounced back', or emails that require HRI and the Department to respond or to request a password or other step in order to open the email and application/attachments. HRI and the Department will not open any email attachments prior to the application deadline and therefore will not confirm that all files were successfully received prior to the application due date.

* It is the applicant's responsibility to ensure that applications are delivered to the email address above by the stated date and time. Late applications will be assessed on a case-by-case basis and will not be considered unless the applicant can provide proof that the delay was due to an email transmission error.

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

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

19. Award contracts based on geographic or regional considerations to serve the best interests of HRI.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon final approval by HRI and the Department.

It is expected that contracts resulting from this RFA will be for three, 12-month time periods:

1. April 1, 2021 – March 31, 2022
2. April 1, 2022 – March 31, 2023
3. April 1, 2023 – March 31, 2024.

Annual renewals are dependent upon satisfactory performance and continued funding. HRI and the Department reserves the right to revise the award amount as necessary due to changes in the availability of funding, contractor performance and scope of work.

H. Payment & Reporting Requirements of Awardees

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

Bureau of Cancer Prevention and Control
BCPCCM@health.ny.gov

2. The contractor shall submit the following periodic reports:

- Quarterly activity reports on a web-based performance management system
- End of year reports as required and directed by HRI/the Department
- Other reports as required and directed by HRI/the Department

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

I. General Specifications

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

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

J. HRI General Terms & Conditions

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

Attachment A General Terms and Conditions - Health Research Incorporated Contracts

1. **Term** - This Agreement shall be effective and allowable costs may be incurred by the Contractor from the Contract Start Date through the Contract End Date, (hereinafter, the "Term") unless terminated sooner as hereinafter provided or extended by mutual agreement of the parties.
2. **Allowable Costs/Contract Amount** –
 - a) In consideration of the Contractor's performance under this Agreement, HRI shall reimburse the Contractor for allowable costs incurred in performing the Scope of Work, which is attached hereto as Exhibit A, in accordance with the terms and subject to the limits of this Agreement.
 - b) It is expressly understood and agreed that the aggregate of all allowable costs under the Agreement shall in no event exceed the Total Contract Amount, except upon formal amendment of this Agreement as provided herein below.
 - c) The allowable cost of performing the work under this Agreement shall be the costs approved in the Budget attached hereto as Exhibit B and actually incurred by the Contractor, either directly incident or properly allocable, to the Agreement, in the performance of the Scope of Work in accordance with cost principles of the Department of Health and Human Services Grants Policy Statement (HHS GPS). To be allowable, a cost must be necessary, cost-effective and consistent (as reasonably determined by HRI) with policies and procedures that apply uniformly to both the activities funded under this Agreement and other activities of the Contractor. Contractor shall supply documentation of such policies and procedures to HRI when requested.
 - d) Irrespective of whether the "Audit Requirements" specified in paragraph 3(a) are applicable to this Agreement, all accounts and records of cost relating to this Agreement shall be subject to audit by HRI or its duly authorized representative(s) and/or the Project Sponsor during the Term and for three years after the final voucher is submitted for payment. This provision includes the right for HRI to request copies of source documentation in support of any costs claimed. If an audit is started before the expiration of the 3-year period, the records must be retained until all findings involving the records have been resolved and final action taken. Any reimbursement made by HRI under this Agreement shall be subject to retroactive correction and adjustment upon such audits. The Contractor agrees to repay HRI promptly any amount(s) determined on audit to have been incorrectly paid. HRI retains the right, to the extent not prohibited by law or its agreements with the applicable Project Sponsor(s) to recoup any amounts required to be repaid by the Contractor to HRI by offsetting those amounts against amounts due to the Contractor from HRI pursuant to this or other agreements. The Contractor shall maintain appropriate and complete accounts, records, documents, and other evidence showing the support for all costs incurred under this Agreement.

3. Administrative, Financial and Audit Regulations –

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

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

b) If this Agreement is federally funded, the Contractor will provide copies of audit reports required under any of the above audit requirements to HRI within 30 days after completion of the audit.

4. Payments -

- a) No payments will be made by HRI until such time as HRI is in receipt of the following items:
- Insurance Certificates pursuant to Article 9;
 - A copy of the Contractor's latest audited financial statements (including management letter if requested);
 - A copy of the Contractor's most recent 990 or Corporate Tax Return;
 - A copy of the Contractor's approved federal indirect cost rate(s) and fringe benefit rate (the "federal rates"); or documentation (which is acceptable to HRI) which shows the Contractor's methodology for allocating these costs to this Agreement. If, at any time during the Term the federal rates are lower than those approved for this Agreement, the rates applicable to this Agreement will be reduced to the federal rates;
 - A copy of the Contractor's time and effort reporting system procedures (which are compliant with the Uniform Guidance) if salaries and wages are approved in the Budget.
 - A copy of equipment policy if equipment is in the approved budget.
 - Further documentation as requested by HRI to establish the Contractor's fiscal and programmatic capability to perform under this Agreement.

Unless and until the above items are submitted to and accepted by HRI, the Contractor will incur otherwise allowable costs at its own risk and without agreement that such costs will be reimbursed by HRI pursuant to the terms of this Agreement. No payments, which would otherwise be due under this Agreement, will be due by HRI until such time, if ever, as the above items are submitted to and accepted by HRI.

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

- c) The Contractor agrees that if it shall receive or accrue any refunds, rebates, credits or other amounts (including any interest thereon) that relate to costs for which the Contractor has been reimbursed by HRI under this Agreement it shall notify HRI of that fact and shall pay or, where appropriate, credit HRI those amounts.
- d) The Contractor represents, warrants and certifies that reimbursement claimed by the Contractor under this Agreement shall not duplicate reimbursement received from other sources, including, but not limited to client fees, private insurance, public donations, grants, legislative funding from units of government, or any other source. The terms of this paragraph shall be deemed continuing representations upon which HRI has relied in entering into and which are the essences of its agreements herein.
- 5. Termination** - Either party may terminate this Agreement with or without cause at any time by giving thirty (30) days written notice to the other party. HRI may terminate this Agreement immediately upon written notice to the Contractor in the event of a material breach of this Agreement by the Contractor. It is understood and agreed, however, that in the event that Contractor is in default upon any of its obligations hereunder at the time of any termination, such right of termination shall be in addition to any other rights or remedies which HRI may have against Contractor by reason of such default. Upon termination of the Agreement by either party for any reason, Contractor shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination.
- 6. Representations and Warranties** – Contractor represents and warrants that:
- it has the full right and authority to enter into and perform under this Agreement;
 - it will perform the services set forth in Exhibit A in a workmanlike manner consistent with applicable industry practices;
 - the services, work products, and deliverables provided by Contractor will conform to the specifications in Exhibit A;
 - 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** –
- 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.
 - In no event shall there be expenses charged to a restricted budget category without prior written consent of HRI.
 - The Budget Flexibility Percentage indicates the percent change allowable in each category of the Budget, with the exception of a restricted budget category. As with any desired change to this Agreement, budget category deviations exceeding the Budget Flexibility Percentage in any category of the Budget are not permitted unless approved in writing by HRI. In no way shall the Budget Flexibility Percentage be construed to allow the Contractor to exceed the Total Contract Amount less the restricted budget line, nor shall it be construed to permit charging of any unallowable expense to any budget category. An otherwise allowable charge is disallowed if the charge amount plus any Budget Flexibility Percentage exceeds the amount of the budget category for that cost.

9. Insurance –

- a) The Contractor shall maintain or cause to be maintained, throughout the Term, insurance or self-insurance equivalents of the types and in the amounts specified in section b) below. Certificates of Insurance shall evidence all such insurance. It is expressly understood that the coverage's and limits referred to herein shall not in any way limit the liability of the Contractor. The Contractor shall include a provision in all subcontracts requiring the subcontractor to maintain the same types and amounts of insurance specified in b) below.
- b) The Contractor shall purchase and maintain at a minimum the following types of insurance coverage and limits of liability:
 - 1) Commercial General Liability (CGL) with limits of insurance of not less than \$1,000,000 each Occurrence and \$2,000,000 Annual Aggregate. If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor's CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for the Additional Insureds shall be as broad as the coverage provided for the Named Insured Contractor. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.
 - 2) Business Automobile Liability (AL) with limits of insurance of not less than \$1,000,000 each accident. AL coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles.
 - 3) Workers Compensation (WC) & Employers Liability (EL) with limits of insurance of not less than \$100,000 each accident for bodily injury by accident and \$100,000 each employee for injury by disease.
 - 4) If specified by HRI, Professional Liability Insurance with limits of liability of \$1,000,000 each occurrence and \$3,000,000 aggregate.
- c) Provide that such policy may not be canceled or modified until at least 30 days after receipt by HRI of written notice thereof; and
- d) Be reasonably satisfactory to HRI in all other respects.

10. Publications and Conferences –

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

- a) Unless noted otherwise in an attachment to this Agreement, title to all equipment purchased by the Contractor with funds from this Agreement will remain with Contractor. Notwithstanding the foregoing, at any point during the Term or within 180 days after the expiration of the Term, HRI may require, upon written notice to the Contractor,

that the Contractor transfer title to some or all of such equipment to HRI. The Contractor agrees to expeditiously take all required actions to effect such transfer of title to HRI when so requested. In addition to any requirements or limitations imposed upon the Contractor pursuant to paragraph 3 hereof, during the Term and for the 180 day period after expiration of the Term, the Contractor shall not transfer, convey, sublet, hire, lien, grant a security interest in, encumber or dispose of any such equipment. The provisions of this paragraph shall survive the termination of this Agreement.

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

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

13. Equal Opportunity and Non-Discrimination - Contractor acknowledges and agrees, whether or not required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) or any other State or Federal statutory or constitutional non-discrimination provisions, that Contractor will not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, 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 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: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement. Contractor is subject to fines of \$50.00 per person per day for any violation of this provision, or of Section 220-e or Section 239 of the New York State Labor Law, as well as possible termination of this Agreement and forfeiture of all moneys due hereunder for a second or subsequent violation.

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

15. Site Visits and Reporting Requirements -

- a) Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, "Records"). The Records must be kept for three years after the final voucher is paid.
- b) HRI and the Project Sponsor or their designee(s) shall have the right to conduct site visits where services are performed and observe the services being performed by the Contractor and any subcontractor and inspect Records. The Contractor shall render all assistance and cooperation to HRI and the Project Sponsor in connection with such visits. The surveyors shall have the authority, to the extent designated by HRI, for determining contract compliance as well as the quality of services being provided.

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

16. Miscellaneous –

- a) Contractor and any subcontractors are independent contractors, not partners, joint venturers, or agents of HRI, the New York State Department of Health or the Project Sponsor; nor are the Contractor's or subcontractor's employees considered employees of HRI, the New York State Department of Health or the Project Sponsor for any reason. Contractor shall pay employee compensation, fringe benefits, disability benefits, workers compensation and/or withholding and other applicable taxes (collectively the "Employers Obligations") when due. The contractor shall include in all subcontracts a provisions requiring the subcontractor to pay its Employer Obligations when due. Contractor is fully responsible for the performance of any independent contractors or subcontractors.
- b) This Agreement may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet, subjected to any security interest or encumbrance of any type, or disposed of without the previous consent, in writing, of HRI.
- c) This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns.
- d) Contractor shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict, or the appearance of a conflict, with the proper discharge of Contractor's duties under this Agreement or the conflict of interest policy of any 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.
- e) Regardless of the place of physical execution or performance, this Agreement shall be construed according to the laws of the State of New York and shall be deemed to have been executed in the State of New York. Any action to enforce, arising out of or relating in any way to any of the provisions of this Agreement may only be brought and prosecuted in such court or courts located in the State of New York as provided by law; and the parties' consent to the jurisdiction of said court or courts located in the State of New York and to venue in and for the County of Albany to the exclusion of all other court(s) and to service of process by certified or registered mail, postage prepaid, return receipt requested, or by any other manner provided by law. The provisions of this paragraph shall survive the termination of this Agreement.
- f) All official notices to any party relating to material terms hereunder shall be in writing, signed by the party giving it, and shall be sufficiently given or served only if sent by registered mail, return receipt requested, addressed to the parties at their addresses indicated on the face page of this Agreement.
- g) If any provision of this Agreement or any provision of any document, attachment or Exhibit attached hereto or incorporated herein by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement but this Agreement shall be reformed and construed as if such invalid provision had never been contained herein and such provision reformed so that it would be valid, operative and enforceable to the maximum extent permitted.
- h) The failure of HRI to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by HRI or excuse a similar subsequent failure to perform any such term or condition by Contractor.
- i) It is understood that the functions to be performed by the Contractor pursuant to this Agreement are non-sectarian in nature. The Contractor agrees that the functions shall be performed in a manner that does not discriminate on

the basis of religious belief and that neither promotes nor discourages adherence to particular religious beliefs or to religion in general.

- j) In the performance of the work authorized pursuant to this Agreement, Contractor agrees to comply with all applicable project sponsor, federal, state and municipal laws, rules, ordinances, regulations, guidelines, and requirements governing or affecting the performance under this Agreement in addition to those specifically included in the Agreement and its incorporated Exhibits and Attachments.
- k) This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.
- l) The following pertains only to Contractors located in New York City or doing business in New York City: Contractor agrees it is compliant with NYC Local Law 96 (2018) Stop Sexual Harassment in NYC Act.

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

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

- a) Human Subjects, Derived Materials or Data - If human subjects are used in the conduct of the work supported by this Agreement, the Contractor agrees to comply with the applicable federal laws, regulations, and policy statements issued by DHHS in effect at the time the work is conducted, including by not limited to Section 474(a) of the HHS Act, implemented by 45 CFR Part 46 as amended or updated. The Contractor further agrees to complete an OMB No. 0990-0263 form on an annual basis.
- b) Laboratory Animals - If vertebrate animals are used in the conduct of the work supported by this Agreement, the Contractor shall comply with the Laboratory Animal Welfare Act of 1966, as amended (7 USC 2131 et. seq.) and the regulations promulgated thereunder by the Secretary of Agriculture pertaining to the care, handling and treatment of vertebrate animals held or used in research supported by Federal funds. The Contractor will comply with the *HHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions* and the *U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research and Training*.
- c) Research Involving Recombinant DNA Molecules - The Contractor and its respective principle investigators or research administrators must comply with the most recent *Public Health Service Guidelines for Research Involving Recombinant DNA Molecules* published at Federal Register 46266 or such later revision of those guidelines as may be published in the Federal Register as well as current *NIH Guidelines for Research Involving Recombinant DNA Molecules*.
- d) Contractor is required to register with SAM.gov and maintain active status as stated in 2 CFR Subtitle A, Chapter 1, and Part 25. Contractor must maintain the accuracy/currency of the information in SAM at all times during which the Contractor has an active agreement with HRI. Additionally, the Contractor is required to review and update the information at least annually after the initial registration, and more frequently if required by changes in information.
- e) Equal Employment Opportunity – for all agreements

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(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:

- a) 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.
 - 1) Title VI of the Civil Rights Act of 1964 as implemented in 45 CFR Part 80.
 - 2) Section 504 of the Rehabilitation Act of 1973, as amended, as implemented by 45 CFR Part 84.
 - 3) The Age Discrimination Act of 1975 (P.L. 94-135) as amended, as implemented by 45 CFR 1.
 - 4) Title IX of the Education Amendments of 1972, in particular section 901 as implemented at 45 CFR Part 86 (elimination of sex discrimination).
 - 5) Sections 522 and 526 of the HHS Act as amended, implemented at 45 CFR Part 84 (non-discrimination for drug/alcohol abusers in admission or treatment).
 - 6) Section 543 of the HHS Act as amended as implemented at 42 CFR Part 2 (confidentiality of records of substance abuse patients).
 - 7) Trafficking in Persons – subject to the requirement of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).
 - 8) HHS regulatory requirements on Responsibility of Applicants for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 C.F.R Parts 50 and 94.
 - 9) Contractor agrees to comply with other requirements of the Project Sponsor, if applicable, set forth in the HHS Grants Policy Statement.
- b) Notice as Required Under Public Law 103-333: If the Project Sponsor is an 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.
- c) 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.
- d) Contractor agrees that the Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith.
- e) Criminal Penalties for Acts Involving Federal Health Care Programs_- Recipients and sub-recipients of Federal funds are subject to the strictures of 42 U.S.C. 1320A-7B(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, including for making false statements and representations and illegal remunerations.
- f) Equipment and Products - To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made.
- g) Acknowledgment of Federal Support – When issuing statements, press releases, requests for 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.
- h) Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42. U.S.C. 1320a-7b (b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such

person to refer) and individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) in return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item for which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years or both.

- i) Clean Air Act and the Federal Water Pollution Control Act Compliance - If this contract is in excess of \$150,000, Contractor agrees to comply and to require that all subcontractors have complied, where applicable, with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401-7671q.) and the Federal Water Pollution Control Act as amended (33 U.S.C. §1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
- j) Americans With Disabilities Act - This agreement is subject to the provisions of Subtitle A of Title II of the Americans with Disabilities Act of 1990, 42. U.S.C. 12132 ("ADA") and regulations promulgated pursuant thereto, see 28 CFR Part 35. The Contractor shall not discriminate against an individual with a disability, as defined in the ADA, in providing services, programs or activities pursuant to this Agreement.
- k) Whistleblower Policy: Congress has enacted whistleblower protection statute 41 U.S.C. 4712, which applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts. This program requires all grantees, subgrantees and subcontractors to: inform their employees working on any federally funded award they are subject to the whistleblower rights and remedies of the program; inform their employee in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

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

Whistleblowing is defined as making a disclosure "that the employee reasonably believes is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee's disclosure must be made to: a Member of Congress or a representative of a Congressional committee; or an Inspector General; or the Government Accountability Office; or a Federal employee responsible for contract or grant oversight or management at the relevant 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:

- a) The Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
- b) The Contractor is not delinquent on any Federal debt.
- c) 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.
- d) The Contractor shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care, early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal

program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.

- e) The Contractor has established administrative policies regarding Scientific Misconduct as required by the Final Rule 42 CFR Part 93, Subpart A as published at the 54 Federal Register 32446, August 8, 1989.
- f) The Contractor maintains a drug free workplace in compliance with the Drug Free Workplace Act of 1988 as implemented in 45 CFR Part 76.
- g) 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.
- h) Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009. Recipients and sub recipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Grant recipients and sub recipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.
- i) EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/sites/default/files/ocr/civilrights/resources/specialtopics/lep/lepguidance.pdf>.
- j) 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 B Program Specific Clauses

The contractor shall obtain written approval from their assigned contract/program manager prior to:

1. Conducting publicity relating to this funded project. Publicity includes but is not limited to: news conferences; news releases; public announcements; advertising; brochures; reports; discussions or presentations at conferences or meetings.
2. Publication or use of all materials, articles, documents, forms, papers and similar materials whether electronic or paper form, including brochures, posters, websites, etc., developed under or in the course of performing this agreement.
3. Promoting or conducting educational programs or presentations conducted under or in the course of performing this agreement.
4. Implementing activities in the "Educating Governmental Decision Makers" section of this RFA.

V. Completing the Application

A. Application Content

All applications should conform to the format prescribed in RFA Section V. B., Application Format, below, and

should contain all requested information. Please read each section carefully and be certain to respond to each item included in every section when completing the application. An Application Checklist (Attachment 4) is included for use as a guide for submission requirements. Applicants should review the Application Checklist before and after writing the application but do not need to submit the Application Checklist with the application.

The application narrative should cover the entire, three-year HRI award period, from April 1, 2021 – March 31, 2024. The application work plan and budget should only cover the first twelve-month contract period from April 1, 2021 to March 31, 2022.

1. Coversheet (Not scored; one-page template)

An Application Coversheet is included as the first page of the fillable application form titled, Application Coversheet and Narrative Template (Attachment 8), posted along with this RFA and should be completed and included as the first page of the narrative application.

2. Program Summary (Not scored; up to two pages)

Briefly describe your organization's plans for use of these funds to ensure full implementation of the required scope of work and fulfillment of staffing requirements. Define the proposed Service Region in which you will implement the scope of work. The proposed Service Region must include only one of the three required counties listed in RFA Section II.A.2. and may include up to two adjacent counties beyond that county. Describe the partners and sites you propose to engage, and target populations you intend to reach to meet the Objectives stated in RFA Section III. A. Include the timeline for program implementation – the dates by which you will conduct staff recruitment, engage/procure consultants and/or subcontracts and be fully staffed to meet program deliverables. Additional pages beyond two will not be reviewed. This information should be included in the fillable application form titled, Application Coversheet and Narrative Template (Attachment 8), posted along with this RFA.

3. Service Region (Maximum Score 10 points. See B. Application Format, 1. Narrative for page limits)

a. State the service region: which one of the three required counties – Richmond, Suffolk or Warren will be served, and any additional proposed counties (not to exceed up to two additional, adjacent counties). Describe the factors (social, political, environmental) that make this service region a good option for this policy work (for example, large number of colleges, numerous parks and outdoor recreation centers used by certain populations, established coalition of service providers already working on PSE change work, passionate elected officials/leaders, etc.). If additional counties will be served, describe the rationale for including them. (5pts.)

b. Describe the type of setting(s) and target population(s) where each initiative (UV projects and HPV education) will be delivered (schools, worksites, municipalities, outdoor recreation sites, childcare settings, higher education, etc.) within the identified geographic service area. (5pts.)

4. Capacity and Experience (Maximum Score 34 points. See B. Application Format, 1. Narrative for page limits)

- a. How do the required activities in the RFA align with the organization's mission and purpose? (4pts.)
- b. Explain how your organization has worked with municipalities, local media, employers, and other selected sites to promote adoption of PSE change interventions (specify your role in activities, leader, on a committee, etc.). (6pts.)

- c. Describe past or current work engaging in community-wide prevention activities (public policy and changes in social, community or physical environments that support healthy behaviors). (6pts.)
- d. Describe the applicant organization's history of effective collaboration among diverse stakeholders, relevant experience in partnership building, working and/or identifying champions, and ability to lead and execute a multi-year project. (6pts.)
- e. Describe experience conducting community-level program evaluation to measure the impact of activities and strategies including experience:
 - i. collaborating with external evaluation specialists to develop and implement evaluation methodologies,
 - ii. collecting baseline and follow-up data,
 - iii. analyzing data,
 - iv. disseminating evaluation results, and
 - v. utilizing evaluation results to inform current and future activities. (5pts.)
- f. Describe how work plan activities will be implemented within 31 days of contract start date. (3pts.)
- g. Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. (4pts.)

5. Work Plan (Maximum Score 21 points; 8 page limit)

Use the CPIA Work Plan Instructions and Template (Attachment 5) to complete a proposed work plan for the first, twelve-month contract period, from April 1, 2021 to March 31, 2022.

Complete all fields of the form as instructed and save this fill-able form as one document using the naming convention <(insert agency name)_2 Work Plan_ CCH-CPIA-2020-02>

6. Staffing Patterns and Qualifications (Maximum Score 15 points. See B. Application Format, 1. Narrative for page limits)

Refer to staff competencies for implementing required activities is provided in RFA Section III.B.1. and provide the following description of the proposed staffing pattern:

- a. Describe activities to recruit staff and/or subcontracts/consultants with demonstrated expertise working on PSE approaches in the community setting. (4pts.)
- b. Describe how orientation and supervision of staff and/or subcontracts/consultants will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision to the program. (4pts.)
- c. Provide job descriptions for each position (program coordinator, fiscal, technical experts, administrative support, etc.) or subcontract/consultant which includes required competencies, knowledge and skills for the position. If at the time of application, it is known who will fill each position, provide a resume for each staff person that shows the individual's qualifications. Otherwise job descriptions which include required competencies, etc. are sufficient. If the proposal includes subcontracts or consultants, include a Subcontractor/Consultant Statement of Scope of Work and a Letter of Commitment for each proposed subcontract/consultant. Letters of Commitment should be specific to each proposed subcontract/consultant identified in the application. Subcontractor/Consultant Statements of Scope of Work should describe in not more than two, double spaced pages:
 - o Who the subcontracting/consultant organization(s) is/are;

- Why the collaboration is a necessary component of the program;
- What the organization(s) has committed to do (i.e., what the partner will contribute);
- When the collaborative activities will take place; and
- How the collaboration will be assessed.

Letters of Commitment that advocate and applaud the applicant but do not include a description of a scope of work commitment will not be accepted or reviewed. For any Letter of Commitment that is longer than two double spaced pages, only the first two pages will be reviewed. No Scope of Work nor Letter of Commitment is needed for the TBD media line. (5pts.)

- d. Include an organizational chart or charts showing the location of the CPIA program within the applicant agency and proposed staff and/or subcontracts/consultants and lines of supervision. (2pts.)

Include responses to a and b in the application narrative. Save all job descriptions, resumes, subcontractor/consultant scopes of work and letters of commitment, and an organizational chart or charts in response to c and d as one document using the naming convention <(insert agency name)_6 Staffing Plan_CCH-CPIA-2020-02>.

7. Budget (Maximum Score 20 points)

Applicants should develop a proposed budget for the first, twelve-month contract period, from April 1, 2021 to March 31, 2022. The document titled, CPIA Guidance for Completing the HRI Operations Budget (Attachment 6), provides detailed guidance for creating the budget, examples for each budget category and line, and eligible and ineligible budget items. Applicants should follow the guidance in Attachment 6 to prepare a budget using the CPIA HRI Expenditure Based Budget Template (Attachment 7). Attachment 7 is an Excel file workbook pre-populated with formulas to create the CPIA year one budget.

All costs must be related to the provision of <CCH-CPIA-2020-02>. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

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

Funding may be requested under the administrative cost line to support a portion of the agency's overall organizational structure to the extent that it allows implementation of program activities. This includes funding for administrative and fiscal staff, supervisors and support personnel and other than personal service costs such as a share of space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery.

To claim indirect costs, the contractor may have a federally approved indirect cost rate agreement; if there is no federally approved indirect cost rate, claim a De Minimus 10% Modified Total Direct Costs (MTDC). De Minimus MTDC means direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the Subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant costs and the portion of each subaward in excess of the first \$25,000. Those contractors with a federally approved rate must budget indirect using their approved rate base (MTDC, Personnel, etc.), to a value not to exceed the equivalent of 10% MTDC.

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

Complete the budget work book as instructed and save this Excel file form as one document using the naming convention <(insert agency name)_ Budget_ CCH-CPIA-2020-02>.

8. Preferred Qualifications (Up to 12points)

Applicants that demonstrate they meet the preferred qualifications, as stated in the Section II.B, may be awarded up to an additional 12 points. These points are awarded above the 100 points allocated for application content sections 1-7, as follows:

- a. Provide a list of the cancer or other chronic disease prevention and control PSE change interventions that were adopted as a direct result of the applicant organization's efforts. For each PSE intervention listed, provide the following:
 - i. The month/year it was adopted;
 - ii. A description, copy, or depiction (e.g., photo of complete streets, or a scan of the policy and/or PSE change intervention/s implemented).

Scoring will be based on the applicants' comprehensive and complete response to the information requested above demonstrating the following:

- 0 pts. for 0 PSE interventions adopted
- 1 pt. for 1 – 2
- 2 pts. for 3-5
- 3 pts. for 5+

- b. List the applicant organization's experience conducting policy work, community advocacy, community planning, and community organizing, including public communication campaigns that successfully resulted in the adoption of community PSE change interventions supporting cancer or other chronic disease prevention and control programs. Include the following information about the PSE change interventions implemented:
 - i. A timeline that includes the month/year and descriptions of activities that were conducted in support of each PSE change intervention that were implemented;
 - ii. Copies of public communication campaigns and other advocacy and communication/education activities;

Scoring will be based on the applicants' comprehensive and complete response to the information requested above demonstrating the following:

- 0 pts. for <1 years' experience
- 1 pt. for 1-2 yrs.
- 2 pts. for 3-4 yrs.
- 3 pts. for 5 + yrs. or more.

- c. Provide information that demonstrates the applicant organization has at least two years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports. Provide a list of the government contracts held by the organization within the last five years and include the funding agency name, time period for the awards, name of awards, and details of how the applicant organization ensured timely and accurate submission of fiscal and program reports. Applicants may receive up to three (3) preference points for demonstrating they have two years of oversight of government contracts.

- 0 pts. for <1 years' experience
- 2 pts for 1 yr.
- 3 pts. for 2 or more yrs.

- d. Provide an example of how the agency understands health equity and its importance in community PSE change work and describe the agency's hiring process and commitment to develop a professional

workforce that is sensitive to and understands the root causes of health inequities, including willingness to expand their understanding. (3 points)

APPLICATION FORMAT AND CONTENT FOR COMPONENT B

Response to items 8a, b, and/or c should be included in one document, saved in pdf format using the naming convention <(insert agency name)_ Pref Quals_ CCH-CPIA-2020-02>.

It is the applicant’s responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted by email by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring the application.

B. Application Format

ALL APPLICATIONS MUST CONFORM TO THE FORMAT PRESCRIBED BELOW.

Application Contents:

The following documents should be submitted as attachments to one email, saved and labeled as per instructions below. All applications should include attachments 1-4; Attachment 5 is optional. Applications should not include more than five (5) attachments as follows:

1. Application Coversheet and Narrative – using fillable form provided as Attachment 8, complete narrative Sections 1, 2, 3, 4, and 6a and 6b, saved in pdf format using the naming convention <(insert agency name)_ Narrative_ CCH-CPIA-2020-02>. Use no less than 11 point font. Any pages beyond the 20 page limit will be removed from the application and will not be reviewed.

Narrative Section #	Section Title	Template	Page Limit
1	Coversheet	Fillable Word	1
2	Program Summary	N/A	2
3	Service Region	N/A	17 in total
4	Capacity and Experience	N/A	
6a and 6b	Staffing Pattern and Qualifications	N/A	
Total Page Limit			20

2. Work Plan – complete Attachment 5, CPIA Work Plan Instructions and Template, save as a pdf using the naming convention <(insert agency name)_ Work Plan_ CCH-CPIA-2020-02> The work plan should not exceed 8 pages with all pages numbered consecutively and containing a header that reads, CCH-CPIA-2020-02 Work Plan. Do not use a font smaller than 11 points.

3. Staffing - save all job descriptions, resumes, subcontractor/consultant scopes of work and letters of commitment, and an organizational chart or charts in response to Section 6 c and d as one pdf document using the naming convention <(insert agency name)_ Staffing Plan_ CCH-CPIA-2020-02>. There is no page limit and all pages should be numbered consecutively and include a header that reads, CCH-CPIA-2020-02 Staffing.

4. Budget – complete Attachment 7, CPIA HRI Expenditure Based Budget Template, save as an Excel work book, using the naming convention: <(insert agency name)_ Budget_ CCH-CPIA-2020-02>. There is no page limit and the first page title should read, CCH-CPIA-2020-02 Budget.

5. Preferred Qualifications – this is optional and not a required submission. If including this section, provide responses to Section 8a, b, and/or c, save as one pdf document using the naming convention: <(insert agency

name)_ Pref Quals_ CCH–CPIA–2020-02>. All pages should be consecutively numbered with a header that reads, CCH–CPIA–2020-02 Preferred Qualifications.

6. Audited Financial Statements – this is not a required application submission, but applicants are encouraged to submit these with the application. If including these with the application submission, save as one pdf document using the naming convention: <(insert agency name)_ Financials_ CCH–CPIA–2020-02>.

Attachment #	Section Title	Page Limit	Total Available Score
1	Narrative	20	44
2	Work Plan	8	21
3	Staffing	N/A	15
4	Budget	N/A	20
5	Preferred Qualifications	N/A	12
Total Possible Points			112

Applications must be submitted to: canserv@health.ny.gov using the Subject Line: <CCH–CPIA–2020-02>, no later than 4:00 pm on December 7, 2020.

All application documents should be submitted as attachments to one email, labeled as described in this section. This may require applicants to ‘zip’ the documents to ensure successful, timely delivery. HRI and the Department are not responsible for undelivered emails, emails that are returned or ‘bounced back’, or emails that require HRI and the Department to respond or to request a password or other step in order to open the email and application/attachments. HRI and the Department will not open any email attachments prior to the application deadline and therefore will not confirm that all files were successfully received prior to the application due date.

It is the applicant’s responsibility to ensure that applications are delivered to the email address above by the stated date and time. Late applications will be assessed on a case-by-case basis and will not be considered unless the applicant can provide proof that the delay was due to an email transmission error.

C. Review Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by HRI and the *NYSDOH Division of Chronic Disease Prevention, Bureau of Cancer Prevention and Control*.

A minimum score of 70 points out of a possible 112 is required to be considered for funding. Applications will be sorted into three categories for review, aligned with the three service region counties (Richmond, Suffolk and Warren) such that all applications proposing to include Richmond will be scored against each other, all proposing to include Suffolk will be scored against each other and all proposing to include Warren will be scored against each other. The highest scoring applications in each of the three review categories will be recommended for awards, such that there will not be multiple awards serving the same geographic service region. If there are no passing applications to serve 1 or more of the priority counties HRI and the Department reserves the right to reissue the RFA to make an award in those counties. Should additional funding become available over the course of the grant period, HRI and the Department may make more than three awards, using the same funding methodology described here.

In the event of a tie score among the highest scoring applicants in any one category, the determining factors for award, in descending order of importance, will be:

- Applicant with the highest score in the Capacity and Experience section
- Applicant with the highest score in the Workplan section

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 HRI and the Department, 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.

HRI and the Department anticipates awarding three contracts for the three-year period from April 1, 2021 to March 31, 2024. Anticipated funding for each of the three awards will be valued up to \$225,000 annually. The total initiative value for the three-year contract period is \$2,025,000. Awards for successful applicants that request funding beyond the maximum values may be reduced to align with the stated funding value. The final number of awards and final award amounts will be contingent upon the total funds available.

Applications will fall into one of two categories: 1) approved and funded, 2) not approved.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

VI. Attachments

Attachment 1: The Cancer Prevention in Action Logic Model

Attachment 2: Suggested Reading and Resources

Attachment 3: Letter of Interest Format

Attachment 4: Application Checklist

Attachment 5: CPIA Work Plan Instructions and Template

Attachment 6: CPIA Guidance for Completing the HRI Operations Budget

Attachment 7: CPIA HRI Expenditure Based Budget Template

Attachment 8: Application Cover Sheet and Narrative Template

Attachment 1: Cancer Prevention in Action: Logic Model

Strategies/Activities	Milestones/Outputs	Short-Term Outcomes	Intermediate Outcomes
<p><i>Build support for cancer prevention policy, systems, and environmental (PSE) changes among community members and decision-makers through the following strategies and activities:</i></p>	<p><i>Quantity of contractor activities implemented to build support for site changes and outcomes at sites that occur as a result of contractor activities</i></p>	<p><i>Site and community changes that occur as a result of program activities</i></p>	<p><i>Changes in health knowledge, behaviors, and outcomes as a result of community education and implemented PSE changes</i></p>
<p><u>Community Education/Mobilization</u></p> <ul style="list-style-type: none"> • Provide community education • Identify and engage champions • Garner earned/paid media • Ask partners for public support 	<p><u>Community Education/Mobilization</u></p> <ul style="list-style-type: none"> # of earned media generated # of paid media generated # community education events held 	<p><u>Community Education/Mobilization</u></p> <p><i>Increased engagement and support from community members for PSE changes</i></p>	<p>Increased awareness of and support for cancer prevention PSE changes among community members</p>
<p><u>Engaging/Educating Organizational and Governmental Decision-makers</u></p> <ul style="list-style-type: none"> • Communicate with senior leadership, boards, or other champions within the organization or system about the importance of implementing or strengthening policies • Educate local elected officials and state legislators about the need for health-promoting cancer prevention policies 	<p><u>Engaging/Educating Organizational and Governmental Decision-makers</u></p> <ul style="list-style-type: none"> #/type of interactions with organizational decision-makers #/type of interactions with governmental decision-makers 	<p><u>Engaging/Educating Organizational and Governmental Decision-makers</u></p> <p><i>Increased engagement and support from municipal and organizational decisionmakers and policymakers for PSE changes</i></p>	<p>Increased awareness of and support for cancer prevention PSE changes among organizational and governmental decision-makers</p>
<p><i>Support sites toward adopting cancer prevention PSE changes</i></p>			
<p><u>Sun Safety Policies and Practices</u></p> <p>Work with community settings toward adopting policies and practices that promote sun safety</p> <ul style="list-style-type: none"> • Recruit sites and identify stakeholders • Assist sites to assess current policies and practices at start of work (PRE assessment) • Provide training and/or technical assistance to sites • Assist sites with policy development • Assist sites to assess current policies and practices at end of work (POST assessment) 	<p><u>Sun Safety Policies and Practices</u></p> <ul style="list-style-type: none"> # sites recruited with stakeholders identified # sites that completed a pre-assessment # sites provided training and/or technical assistance # sites with practice/environmental changes adopted # sites with policies adopted # sites that completed a post-assessment 	<p><u>Sun Safety Policies and Practices</u></p> <p><i>Increased number of community settings that adopt sun safety policies and practices and potential reach of CPIA activities</i></p>	<p>Decreased exposure to UV radiation among priority populations</p>
<p><u>HPV Vaccine Community Education</u></p> <ul style="list-style-type: none"> • Conduct community education interventions for adolescents, health care providers, and parents to support an increase in HPV vaccination 	<p><u>HPV Vaccine Community Education</u></p> <ul style="list-style-type: none"> # community HPV education events held 	<p><u>HPV Vaccine Community Education</u></p> <p><i>Increased community knowledge, attitudes, and intended behaviors supportive of HPV vaccination</i></p>	<p>Increased HPV vaccination rates among adolescents</p>
			<p>Long term Outcomes</p> <p>Reduced cancer morbidity, mortality, and cancer-related health disparities</p>
<p>Performance Monitoring</p>		<p>Local Level Evaluation Projects</p>	<p>Surveillance</p>

Indoor tanning/sun safety resources include:

- [Surgeon General Call to Action to Prevent Skin Cancer: Booklet](#)
- [Skin Cancer Prevention Progress Report](#)
- [CDC – Skin Cancer](#)
- [Everyone Can Play a Role to Reduce Skin Cancer](#)
- [What You Can Do: Sun Safe Schools](#)
- [Skin Cancer in New York State 2017 Report](#)
- NYSDOH Information for Action Reports: [Melanoma](#), [Indoor Tanning](#)

HPV resources include:

- [How many cancers linked with HPV each year?](#)
- [Human Papillomavirus \(HPV\) Vaccination & Cancer Prevention](#)
- [HPV Roundtable “We’re In Campaign” and other resources](#)
- [Prevent 6 Cancers with the HPV Vaccine](#)
- [Human Papillomavirus \(HPV\) Vaccine Safety](#)
- [NYS HPV Coalition](#)
- [HPV-Related Cancers and HPV Vaccination Rates in New York State](#)

Health Research Inc., New York State Department of Health
Bureau of Cancer Prevention and Control
Cancer Prevention in Action
RFA # CCH-CPIA-2020-02 Attachment 3: Letter of Interest Format

Attached separately as fillable form; use attachment and submit if submitting optional letter of interest.

Attached separately as fillable form; note that this is optional and does not get submitted with the application.

Health Research Inc., New York State Department of Health
Bureau of Cancer Prevention and Control
Cancer Prevention in Action
RFA # CCH-CPIA-2020-02 Attachment 5: Work Plan Instructions and Template

Attached separately as a fillable form; complete work plan and submit with application per RFA Section V.A and V.B.

Follow this guidance document to develop a proposed budget using the Excel document titled, CPIA HRI Expenditure Based Budget Template (Attachment 7).

The budget should be in support of CPIA year one required activities, from April 1, 2021 to March 31, 2022.

The Excel budget file is provided as a template that contains formulas for calculation and auto population of text and totals from each workbook page into the **Summary Budget P.1**.

All budget lines should be accurately calculated, entering figures as **whole dollar** amounts and percentages to the 100th place.

All requested funds should directly relate to the proposed CPIA year one required scope of work and include justification provided in the budget template where instructions indicate. Costs should be consistent with the scope of work, be aligned with the reach of the proposed project, and be reasonable and cost effective.

Summary Budget P.1

Applicants should not enter any data onto the **Summary Budget P.1**, other than the contractor name, contract periods and Federal ID #. Please note that the "Amount Requested" column is automatically populated as all subsequent workbook pages are completed.

Personal Services P.2

The personal services budget must include the required initiative program coordinator at an appropriate FTE (full time equivalency) to meet staffing and scope of work requirements per RFA (CCH-CPIA-2020-02). This position must be an employee of the contract agency (awardee) and may not be a consultant or subcontractor.

For all proposed staff, the Budget Justification should delineate how the percentage of time devoted to this contract has been determined. This funding may only be used to create new programming or expand/enhance existing activities pursuant to the scope of work. These funds may not be used to supplant currently existing staff activities.

Subcontractors/consultants should be listed on the **Subcontracts/Consultants P.9** workbook. Please refer to the instructions at the top of each column regarding the information requested.

Please refer to RFA Section III. B. 1. Staffing to ensure the budget reflects a sufficient staffing pattern to manage the project, through Personal Services, Subcontracts/Consultants, or a combination of both.

Below is a description of each column on **Personal Services P.2 – Salary Staff**:

Column 1- Position Title/Staff Name: For each requested position provide the name of staff member, if known. If the position is vacant or has not been filled yet, please indicate to be hired (TBH).

Column 2 – Annual Salary: For each position, indicate the total annual salary as paid by the agency, regardless of funding source

Column 3 – Hours Worked Per Week: For each position, indicate the standard hours worked each week for the agency, regardless of funding source.

Column 4 – % Effort: For each position, provide *only* the percentage of time to be spent on this project. Full-time equivalent (FTE) is a way to measure a worker’s involvement in a project. An FTE of 1.0 (100% FTE) means that a person is equivalent to a full-time employee, while an FTE of 0.5 (50% FTE) signals that the employee is part-time (or half-time). To obtain % FTE, divide the hours per week spent on the project by the number of hours in a work week. For example, an individual working 10 hours per week on the project given a 40-hour work week = 10/40 = .25 (show in whole number format; table will convert to %).

Column 5 - # of Months: Indicate the total estimated number of months the position will work on the proposed project, regardless of funding source; if an existing employee will begin immediately, indicate 12 months; if the employee is a new hire, enter the anticipated number of months based on the hire date.

Column 6 –Amount Requested: Amount requested can then be calculated as follows (also see formula at the top of Column 6): Total Annual Salary (col 3) x Months (col 4) x % FTE (col 5) divided by 12 months = Contract Amount Requested.

Sample Budget-Personal Services:

	<i>Position Title/Incumbent Name</i>	<i>Annual</i>	<i>Hours per week</i>	<i>% effort funded</i>	<i># Months</i>	<i>Amount Requested</i>
1.	<i>Program Coordinator (TBH)</i>	<i>\$45,000</i>	<i>37.5</i>	<i>100%</i>	<i>12</i>	<i>\$45,000</i>
2.	<i>Community Health Educator - Alejandra Machado</i>	<i>\$37,500</i>	<i>37.5</i>	<i>50%</i>	<i>10</i>	<i>\$15,625</i>
3.	<i>Fiscal Manager - John Johnson</i>	<i>\$87,000</i>	<i>37.5</i>	<i>5%</i>	<i>12</i>	<i>\$4,350</i>

Below is a description of each column on **Personal Services P.2 – Hourly Staff:**

Column 1 – Position Title/Staff Member: For each requested position provide the position title and the name of the staff member, if known. If the position is vacant or has not been filled yet, please indicated to be hired (TBH). Staff contributing in-kind efforts should be listed in the notes section.

Column 2 – Hourly Rate: For each position, indicate the hourly rate as paid by the agency, regardless of funding source.

Column 3 – Hours Worked: For each position, indicate the standard work week hours, regardless of funding source.

Columns 4, 5, and 6 request information specific to the proposed program/project.

Column 4 – Total Hours Worked Per Week on Contract: For each position, provide the total number of hours a week to be spent on the project.

Column 5 - # of Weeks Funded on Contract: Indicate the total estimated number of weeks the position will work on the proposed project, regardless of funding source; if an existing employee will begin immediately, indicate 52 weeks.

Column 6 – Amount Requested: Amount requested can be calculated as follows (also see formula at the top of column 6): Hourly Rate (col 2) x Totals Hours Worked on Project per week (col 4) x # of Weeks Funded on Contract (col 5) =Amount Requested. Do not enter in-kind staff contributions here.

Fringe P.3

There are currently three methodologies to request fringe:

1. Enter the current federally approved rate and provide a copy of the rate agreement.
2. Enter the total salary and fringe amounts as reported in the agency’s most recent financial audit to determine eligible fringe rate.

- Enter the percent allocated by fringe component (FICA, Health Insurance, Unemployment Insurance, Retirement, etc.) and the percentages comprising the fringe benefit rate, then total the percentages to show the fringe benefit rate used in budget calculations.

It is generally understood that the amount requested is not always equivalent to the maximum eligible rate because not all staff are eligible for the same level of benefits and/or the budget may not be sufficient to support all related costs. If different rates are used for different positions, submit additional documentation for each rate and specify which positions are subject to which rate.

Position Descriptions P.4

For each requested position, provide a justification and describe the scope of responsibility for each, relating it to the accomplishment of program objectives. *The description of responsibilities should be directly related to specific program objectives, even citing specific work plan tasks.*

Sample Justification-Position Descriptions:

<i>Position Title/Staff Member</i>		<i>Amount Requested</i>	<i>Position Description/Contract Duties</i>
1.	<i>Program Coordinator (TBH)</i>	<i>\$45,000</i>	<i>This position is responsible for coordinating and ensuring completion of CPIA grant deliverables, including reporting to NYSDOH. Will also serve as primary community educator and take lead on community education, decision-maker education, media, events, and other workplan tasks.</i>

Supplies P.5

Provide a justification for items budgeted and their relation it to specific program objectives. General office supplies may be shown by an estimated amount per month times the number of months on the contract period.

Successful awardees should have necessary software and other supplies, such as web cameras, to support participation in on-line, distance meetings and trainings.

Sample Budget-Supplies:

<i>Item Description</i>	<i>Item Cost</i>	<i># of Items</i>	<i>Subtotal</i>	<i>Justification</i>
1. <i>General Office Supplies</i>	<i>\$200.00</i>	<i>12</i>	<i>\$2,400</i>	<i>General office supplies for staff members to carry out daily activities of the program. Funds include, but are not limited to pens, pencils, notebooks, paper, toner, etc. Estimated monthly.</i>
2. <i>Program Implementation Supplies</i>	<i>\$100.00</i>	<i>12</i>	<i>\$1,200</i>	<i>Supplies needed for program staff to conduct outreach and other community events, such as tablecloths, EZ pop up shade tents, hand carts, tables, polo shirts, hats, or other uniform apparel for contractors to wear to have professional appearance. Estimated monthly</i>
3. <i>Laptop</i>	<i>\$1,100.00</i>	<i>1</i>	<i>\$1,100</i>	<i>Laptop for the program coordinator to carry out daily activities of the program. A laptop, docking station, keyboard, webcam, and mouse is requested so work may be completed both in the office and while at events or on outreach travel.</i>
4. <i>Software</i>	<i>\$600</i>	<i>3</i>	<i>\$600</i>	<i>Subscription and/or fees for web-based video conference services; Adobe Acrobat; and online file storage</i>

Travel P.6

Include travel for the Program Coordinator for the following required trainings and meetings:

1. One, one-day trip for a contractor meeting to be held in Albany anticipated to begin at approximately 9am and end at 4pm.

Funds requested in the travel category should be for direct project staff or in-kind staff only. Provide sufficient detail to establish the need and appropriateness of requested travel and provide the calculation used to allocate the appropriate portion of the expense to the contract within each category. If proposing funding travel for staff at percent of effort that differs from percent of effort funded under this contract, justification should be provided. All out of state travel reimbursement must be approved by NYSDOH/HRI prior to incurring any costs. Reimbursement for client travel expenses should be included in the **Miscellaneous P.8** category. Travel estimates must be prepared following the written standard travel policy of the contractor or the United States General Services Administration rates if contractor does not have a travel reimbursement policy. Federal travel cost guidelines can be found at <http://www.gsa.gov/>.

Provide a narrative justification describing the staff mileage proposed.

Proposed overnight travel, including meetings, conferences and workshops must include a narrative justification describing where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates.

At the minimum, the program coordinator will be required to attend and participate in all meetings, trainings and webinars at the direction of HRI/the Department. It is anticipated that meetings and trainings will be via virtual platform. Applicants should though include travel costs in their application budget for a one-day trip to Albany for a contractor meeting anticipated to begin at approximately 9am and end at 4pm HRI/the Department reserves the right to cancel the meeting as appropriate. Any in-person meetings or trainings that do occur will implement all necessary precautions based on State and federal guidance.

Prior approval by the NYSDOH/HRI of out of state travel must be secured before incurring costs, even with contract award approval

Sample Budget-Travel:		
<i>Travel Type/Description</i>	<i>Total</i>	<i>Justification</i>
1. <i>Mileage and Tolls</i>	\$296	<i>Travel throughout region to promote program and for provider visits 472 miles x \$0.575 = \$271, plus tolls and per diem at \$25.</i>
2. <i>Travel to Albany</i>	\$691	<i>Program Coordinator (1 FTE funded on contract) travel to Albany for technical assistance training, \$115 lodging x 2 nights + \$61 Per Diem x 3 days + 450 miles r/t x \$0.575/mile + NYS Thruway tolls, \$19 r/t x 1 Staff = \$691</i>

Equipment P.7

Shade Materials: Purchases >\$5,000

- Significant shade and/or sunscreen purchases should be reserved only for sites that have a documented commitment to adopt (such as MOU or partnership agreement) or have adopted a policy in support of their implementation. Proof of policy commitment, adoption or resolution may be requested prior to purchase approval.
- For all shade materials budgeted expenses, grantees must demonstrate a strong programmatic justification and documentation of how and why the recipient/site was selected to receive the material.
- HRI contract funds can be used to purchase shade materials and related delivery only. Funds cannot be used for purchase of concrete footers, concrete, set-up installation labor, or maintenance labor.

- Shade materials CANNOT be permanent additions to the land or building. All structures purchased with grant funds, including large wooden structures, should be able to be moved.

Provide enough detail to establish the need and appropriateness of the expense as well as provide the calculation used to allocate the appropriate portion of the expense to the contract within each category. Insert additional lines if more space is needed for justification detail.

Note: Federal regulations define equipment as tangible personal property (including information systems) having a useful life of more than one year and a per unit acquisition cost of \$5,000 or more. If the agency establishes a lower threshold, that policy should be followed, but it cannot exceed the federal threshold of \$5,000 per unit.

Provide justification for the use of each item and relate it to specific program objectives in the space provided. Include additional tabs if more space is needed. For shared costs, contractor should have methodology on file to support the amount requested. Maintenance or rental fees for equipment should be shown in the **Miscellaneous P.8** category. Expenses related to data plans should be shown in the **Miscellaneous P.8** category.

Sample Budget-Equipment:

	<i>Item</i>	<i>Amount</i>	<i>Justification</i>
1.	Moveable Shade Pavilion	\$8,000	Shade structure purchased to support school district's adoption of sun safety policy

Miscellaneous P.8

This category contains items not included in the previous budget categories such as: **Telecommunications, Space, and Other**. Individually list each item requested and provide appropriate justification related to the program objectives in the space provided. Add or expand lines if more space is needed.

Telecommunications - Detail the methodology and calculation used to allocate telecommunication costs to this contract. Include costs for the number or percentage of telephone lines funded or partially funded by this contract, including fax and modem lines. Also include any telecommunication installation or equipment costs, hotline, long distance, and cell phone or internet expenses that apply to this contract. For shared costs, contractor should have methodology on file to support the amount requested.

Sample Budget-Miscellaneous/Telecommunications:

	<i>Item</i>	<i>Amount</i>	<i>Justification</i>
1.	Cell phone	\$720	Cell phone to be used by Program Coordinator. \$60/month X 12 months x 1 staff = \$720
2.	Internet Provider Service	\$1,200	\$500 per month x 12 months = \$6,000, 20% of contract will share in cost for agency's internet provider service agreement
3.	Data Plan for cell phones/tablet computers	\$900	\$75 per month x 12 months x 1 staff = \$900

Space - In the space section, detail the methodology and calculation used to allocate space costs for each location supported by this contract. Rental or ownership costs related to overnight storage facilities that are necessary to ensure maintenance of temperature for mammography detectors may fall under this budget category.

- Rent: for each instance of property/space rental, enter a separate budget line and the requested amount. Each entry should include the property address.
- Own: if the property/space is owned enter a separate budget line and the requested amount. Each entry should include the property address.

Sample Budget – Miscellaneous/Space

<i>Item</i>		<i>Amount</i>	<i>Justification</i>
1.	<i>Office space/rent</i>	<i>\$1,700</i>	<i>123 ABC Ave, XYZ Ville, NY 12775. Cost is \$100/month for 30 sq. ft. cubicle space X 12 months = \$1,200 + \$500 Real Estate Tax</i>

Other –

Shade Materials: Purchases <\$5,000

- Significant shade and/or sunscreen purchases should be reserved only for sites that have a documented commitment to adopt (such as MOU or partnership agreement) or have adopted a policy in support of their implementation. Proof of policy commitment, adoption or resolution may be requested prior to purchase approval.
- For all shade materials budgeted expenses, grantees must demonstrate a strong programmatic justification and documentation of how and why the recipient/site was selected to receive the material.
- HRI contract funds can be used to purchase shade materials and related delivery only. Funds cannot be used for purchase of concrete footers, concrete, set-up installation labor, or maintenance labor.
- Shade materials CANNOT be permanent additions to the land or building. All structures purchased with grant funds, including large wooden structures, should be able to be moved.
- Reimbursement will be based on prior review and approval from the DOH and completion of required forms (NYSDOH CPIA Shade, Promotion, and Outreach Materials Request Form).

Program Promotion, Outreach and Education Materials:

- Purchase of educational materials and promotional items that build program recognition and promote and educate community members, decision-makers, and selected sites to support, champion and adopt policy, systems and environmental change interventions consistent with the RFA and with work plan implementation are allowable budget expenses.
- Reimbursement will be based on prior review and approval from the DOH and completion of required forms (NYSDOH CPIA Shade, Promotion, and Outreach Materials Request Form) demonstrating the need and use of these items in support of work plan implementation.
- Promotional and outreach items should be directly related to the intervention and demonstrate connection to workplan.
- These purchases, including sun safety and promotional and outreach items, should be made with the intent to distribute them within the budget period in which they are purchased to fully benefit the recipients and support the budget period work plan.
- Individual items with a monetary value of \$50 or more or have an associated cash value will be considered an incentive. Incentives will only be reimbursed at the time of distribution. Reimbursement cannot be made for bulk purchases. Items must be tracked and tracking information included the when requesting reimbursement. Reimbursement can be requested in the month which the items were distributed and will require submission of the original invoice with the monthly claim for payment.

May include other appropriate costs related program goals such as advertising/paid media, employee development, membership and sponsorship fees, postage, printing, program and outreach materials, and subscriptions. Please indicate with an “X” if the item requested is a shared cost. For shared costs, contractor should have methodology on file to support the amount requested. The purchase or development of new educational materials requires prior approval by NYSDOH staff.

Sample Budget – Miscellaneous/Other

<i>Item</i>		<i>Amount</i>	<i>Justification</i>
1.	<i>Sun Safety and Shade Materials</i>	<i>\$500</i>	<i>Shade protection for municipalities, outdoor worksites and schools, and other sites to use to implement outdoor policy adopted, etc. Approx. \$50/tent x 10 tents.</i>

2.	<i>Sunscreen Dispensers and Sunscreen Refill Bags, Poll Kits</i>	\$3,200	<i>Sunscreen dispenser, sunscreen refill bags, and poll for sites to implement policy adopted to increase access to sunscreen with staff, patrons, community members, students, etc. Approx. \$320 per kit x 10 kits.</i>
3.	<i>Cancer Prevention Signage</i>	\$500	<i>Sun safety and/or paid time off metal signage for sites which passed a policy to use outdoors and/or in worksites to promote and remind sites about adopted policies. Approx. \$10 per sign/50 signs.</i>
4.	<i>Membership and Sponsorship Fees</i>	\$2,000	<i>Fees to local membership organizations and/or paid event sponsorships in order to network, participate in events, and promote CPiA within target audiences.</i>
5.	<i>Printing and Postage</i>	\$80	<i>Postage stamps necessary for partner and decisionmaker mailings. 12 letters/month X 12 months X .55/stamp = \$80</i>
6.	<i>Program and Outreach Materials, Non-monetary incentives</i>	\$5,000	<i>Various items which support community education and mobilization which complete workplan such as: sun safety apparel to be distributed to sites adopting policy and intervention change, promotional items with CPiA branding (lip balm, sunscreen samples and other giveaways at tabling events, arts and craft supplies for children's activities</i>
7.	<i>Subscriptions</i>	\$500	<i>One-year subscriptions to 3 local newspapers to stay informed about organizations and events that CPiA may be able to identify as future community partners to meet workplan deliverables.</i>

Subcontracts/Consultants P.9

Provide a listing of all subcontracts, including consultant contracts, a description of the services to be provided and an estimate of the hours worked and rate per hour, if applicable. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process. Add or expand lines if more space is needed.

Subcontractors – Provide a justification of why each service listed is needed. Justification should include the name of the contractor, the specific service to be provided and the time frame for the delivery of services. As part of the services provided and commitment to adopting a policy, identified partners and/or sites may use subcontractor funds to purchase materials which support their policy, systems, and environmental change. Purchases must be preapproved, and costs reimbursed with appropriate documentation. If the site has not been identified yet, subcontractor funds may still be budgeted (see sample budget below).

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

Consultants – Hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the contracting organization. Indicate *Consultant* in the *Agency/Name* column and include the below information in the *Description of Services* column.

1. Name of Consultant; organizational affiliation (if applicable)
2. Description of services to be rendered
3. Basis for fee

This budget line MUST include an item titled, "Paid Media Efforts, Foster Martin", to be used towards contractor-led paid media efforts (work to be defined by the NYSDOH/HRI once contracts are executed). The line item should equal \$22,500 (10% of the total annual contract value). Successful applicants that do not include this line item will be required to modify the budget upon award

This budget line must also include "Professional Development and Trainings, TBD" to be used towards contractor-led professional development and training for programmatic purposes (work to be defined by the NYSDOH/HRI once contracts are executed). The line item should equal \$4,500 (2% of the total annual contract value). Successful applicants that do not include this line item will be required to modify the budget upon award

Sample Budget-Subcontracts/Consultants:

<i>Agency/Name</i>		<i>Description of Services</i>	<i>Amount</i>
1.	<i>Paid Media Efforts, Foster Martin</i>	<i>Contractor-led paid media efforts, Foster Martin, the media agent procured by the CPIA</i>	<i>\$22,500</i>
2.	<i>Professional Development and Training, TBD</i>	<i>Professional Development and Training, TBD as required by HRI/The Department</i>	<i>\$4,500</i>
3.	<i>XYZ Production Company</i>	<i>Local MWBE production company will develop videos for social media placement by creating a storyline and producing engaging content including cancer prevention education and call to action. The scope of work will be developed including videos for each of the CPIA objectives outlined indoor tanning, sun safety, increase support for the HPV vaccination and increase paid leave policies for cancer screenings. The scope of work will include but is not limited to scheduling, site locations for filming's, script writing, paying the video talent, purchase of some stock videos, media storage for videos, pre-production, production, and post production.</i>	<i>\$10,000</i>
4.	<i>ABC YMCA</i>	<i>Funds for ABC YMCA to purchase shade materials and sunscreen dispensers to make environmental changes which implement their passed sun safety policy; and other items for staff (ex: calendars, mugs, etc.) as reminders about their newly passed sun safety policy.</i>	<i>\$5,000</i>
5.	<i>Sun Safety Contract, TBD</i>	<i>Contract with TBD such as municipality, park, childcare, workplace or other site to develop, adopt, and implement sun safety policy. Funds used to implement policy and PSE change at site with shade materials, sunscreen dispensers, signage, and/or hats, sunglasses, or other personal sun safety items.</i>	<i>\$1,000</i>
6.	<i>123 Language Services Contract</i>	<i>Contract with consultant to provide translation of materials and interpretation services in languages other than English..</i>	<i>\$5,000</i>

Administrative/Indirect Costs P.10

Funding may be requested under the administrative cost line to support a portion of the agency's overall organizational structure to the extent that it allows implementation of program activities. This includes funding for administrative and fiscal staff, supervisors and support personnel and other than personal service costs such as a share of space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery.

To claim indirect costs, the contractor may have a federally approved indirect cost rate agreement; if there is no federally approved indirect cost rate, claim a De Minimus 10% Modified Total Direct Costs (MTDC). De Minimus MTDC means direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the Subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant costs and the portion of each subaward in excess of the first \$25,000. Those contractors with a federally approved rate must budget indirect using their approved rate base (MTDC, Personnel, etc.), to a value not to exceed the equivalent of 10% MTDC.

Health Research Inc., New York State Department of Health
Bureau of Cancer Prevention and Control
Cancer Prevention in Action
RFA # CCH-CPIA-2020-02 Attachment 8: Coversheet and Narrative Template

Attached separately as and Excel file; complete budget Excel file per instructions in Attachment 6 and submit with application per RFA Section V.A and V.B.