**Solicitation of Interest #23-0013**

**Hepatitis C (HCV) Learning Collaborative for Substance Use Disorder (SUD) Treatment Programs**

**Project Checklist**

**Organization:**

**Learning Collaborative Main Contact:**

**Description:**

The New York State Department of Health AIDS Institute (NYSDOH Al) announces the opportunity for qualified organizations located throughout NYS to receive support to participate in a two-year Hepatitis C (HCV) Learning Collaborative for Substance Use Disorder Treatment Programs.

**Please check yes or no to the following statements that best reflect your organization:**

|  |  |
| --- | --- |
| Yes | No  | The applicant is a not-for-profit 501(c)(3) organization. |
| Yes | No  | The applicant is certified by New York State (NYS) Office of Addiction Services and Supports (OASAS) to provide outpatient and/or opioid treatment services.  |
| Yes I No | The applicant should not be currently providing HCV treatment onsite or via telehealth. |
| Yes I No | The applicant is operating an outpatient or opioid treatment program in NYS. |
| Yes | No  | The applicant operating an outpatient or opioid treatment that served at least 400 unique clients in 2022, if an outpatient treatment program OR 250 unique clients, if an opioid treatment program. |
| Yes | No  | The applicant has included a signed copy of the **Agency Executive Director Attestation** signed by organization leadership (i.e., executive director).  |
| Yes | No | The applicant has **included a** **Project Proposal of seven pages or less**. |
| Yes | No | The applicant has included an **Agency Organizational Chart**. |
| Yes | No | The applicant has included a copy of the current F**inancial Audit Report**. |

Interested eligible organizations should submit the following information: 1) SOI Cover Sheet, 2) Completed Project Proposal form, 3) Completed Project Checklist, 4) Agency Executive Director Attestation signed by organization leadership, 5) Agency Organizational Chart, and 6) Current Financial Audit Report. The Project Proposal is limited to seven (7) double-spaced pages with one-inch margins.

If possible, submit all required documentation together in one pdf file. If you need to send separate documents, please make sure the project title is listed in the header/name of each file. Please submit these documents via email to AIGPU@health.ny.gov no later than 4:00 PM ET on 2/27/2024.