New York State
Department of Health
Division of HIV and Hepatitis Health Care
Bureau of Community Support Services
and
Health Research Inc.

Request for Applications
RFA Number: #23-0005

Ryan White Part B HIV/AIDS Support Services to Address Social Determinants of Health

This is a procurement which encompasses three (3) Components.

Component A: Community Support Services: Multi-Service Model
Component B: Community Support Services: Collaborative Model
Component C: Benefits Counseling

Applicants may submit no more than one (1) application in response to Component A or Component B. Applicants may not apply for both Component A and Component B.

All applicants may submit one (1) application in response to Component C.

KEY DATES

RFA Release Date: **February 14, 2024**

Applicant Conference: **February 26, 2024, at 11:00 AM ET**

Registration: **https://aidsinstituteny-org.zoom.us/webinar/register/WN_B5EXD4zJS_2g8t7k_c4Xog**

Questions Due: **March 1, 2024, by 4:00 PM ET**

Questions, Answers and
Updates Posted: (on or about)   **March 15, 2024**

Applications Due: **April 3, 2024, by 4:00 PM ET**

Contact Name & Address:
Harrison Moss
Bureau of Community Support Services
New York State Department of Health/AIDS Institute
Email: AIGPU@health.ny.gov

How to File an Application:

Applicants must submit one PDF version of the entire application (including Application Cover page, Application checklist, narrative, and all attachments) to AIGPU@health.ny.gov by the Application due date and time shown under Key dates). The subject of the email line should reference *(RWB Support Services RFA)*. Applications will only be accepted electronically to the above email address as stated in the instructions. Applications will not be accepted via fax, hard copy, courier, or hand delivery. Late applications will not be accepted.

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I. INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI) and Health Research, Inc. (HRI) announce the availability of federal funds to provide Ryan White Part B (RWB) HIV support services to address social determinants of health. This solicitation will specifically fund provision of the following support services to persons living with HIV/AIDS (PLWH/A) in New York State:

- Non-Medical Case Management (NMCM)
- Health Education/Risk Reduction (HE/RR)
- Food Bank/Home Delivered Meals (FB/HDM)
- Medical Transportation (MT)
- Housing
- Emergency Financial Assistance (EFA)
- Psychosocial Support Services (PSS)
- Other Professional Services (OPS)

The intent of the Request for Applications (RFA) is to fund **$15,090,655 annually for five (5) years** through three (3) distinct Components. Up to $14,690,655 in HRI funding is available annually to support Component A and B programs, and up to $400,000 in HRI funding is available annually for Component C programs.

Component A: Community Support Services: Multi-Service Model
Component B: Community Support Services: Collaborative Model
Component C: Benefits Counseling

A. Background/Intent

Social Determinants of Health (SDOH), such as socioeconomic factors, physical environment, health behaviors and health care, are linked to a lack of opportunity and resources to protect, improve, and maintain health. SDOH are a major driver of HIV treatment and prevention uptake and outcomes, and influence linkage and retention in medical care, and adherence to antiretroviral medications.

In New York State, the HIV epidemic disproportionately impacts Black, Indigenous, and People of Color (BIPOC), especially young people, non-Hispanic Black/African American women, gay, bisexual, transgender, gender-nonconforming persons, and men who have sex with men (MSM).
In order to eliminate disparities in health outcomes, there is a need to understand and address the relationship between underlying conditions and SDOH that may impact PLWH/A's ability to achieve and maintain viral load suppression (VLS) and affect individual health outcomes. This RFA will address multiple SDOH including access to comprehensive quality health care, access to social support networks, access to transportation, food security, access to healthy food, health literacy and housing. Many of the barriers to success in linking, engaging, and retaining PLWH/A in care and treatment are interconnected, requiring a multi-pronged approach to addressing complex psychosocial issues.

This RFA will support innovative programming that responds to and prioritizes the needs of populations adversely impacted by HIV disparities by addressing SDOH needs with a portfolio of RWB support services. This will be accomplished through a multi-service model (Component A) and a collaborative model (Component B) of service delivery. Applicants can apply as a:
>   1) multi-service model composed of an array of approved RWB services **or**;
>   2) collaborative model required to have formal partnerships with other RWB or community
>   service providers.
The goal is to create a robust service delivery system that promotes retention in care by eliminating the barriers that impede access to and engagement in care and treatment for PLWH/A. Component C

intends to make certified benefits counseling services available statewide.

To ensure RWB services are aligned with the needs of these populations, the AI has used Unmet Needs data, input from consumers, the community and providers on HIV supportive services and emerging needs in each region of NYS. The information gathered was crucial in identifying gaps in the service delivery system and played a vital role in the determining the portfolio of RWB services outlined in the RFA.

The AI Ryan White Unmet Needs Report highlights three priority populations: Black and Hispanic MSM (including MSM/IDU (injection drug users)) ages 18-39, Cisgender Female of color and persons living with diagnosed HIV 50 and older. From 2019 to 2020, these three populations showed an increase in the percentage of clients with an unmet need and percentage of clients not achieving viral suppression (Unmet Need (not in care) is defined as a Ryan White HIV/AIDS Program (RWHAP) client without any CD4, VL test, Outpatient/Ambulatory Health Services visit or a provider visit). The groups that represented the highest percentage of people not virally suppressed were Transgender/Non-conforming/Non-binary, Non-Hispanic Black/African American and Hispanic/Latino. Those under 45 years of age represented the highest percentage that did not achieve viral suppression.

The [2022 AI Call to Action Letter](#) noted the following: "In 2020, non-Hispanic Black people accounted for 14.4% of NY's population, but 45.7% of new HIV diagnoses. In terms of the Ending the AIDS Epidemic (ETE) metric, viral suppression for all people living with diagnosed HIV, the rates for non-Hispanic Black people over the past four years have averaged 7.8 percentage points lower than for White people. When looking at the ETE metric viral suppression rates for people diagnosed with HIV who are in care, the rates average 10 percentage points lower for non-Hispanic Black people than for White people." Due to these identified disparities, applicants should prioritize individuals and populations that are negatively impacted.

Ending the AIDS Epidemic (ETE) & Eliminating Hepatitis C in New York State
In June 2014, New York State announced a three-point plan to end the AIDS epidemic in NYS. This plan provided a roadmap to significantly reduce HIV infections to a historic low by the end of 2020, with the goal of achieving the first ever decrease in HIV prevalence. The plan also aimed to improve the health of all HIV positive New Yorkers and was the first jurisdictional effort of its kind in the U.S. The ETE Blueprint (BP) continues to guide all ETE efforts. The ETE Addendum Report is a written report that provides an overview of the past five years of New York State's ETE initiatives, as well as a summary of the community feedback sessions that were conducted in 2020 to assist in identifying areas of focus for ETE beyond 2020.

The ETE Blueprint and the ETE Addendum report are available on the NYSDOH website at: www.health.ny.gov/endingtheepidemic

In November 2021, NYS released its [plan](#) to eliminate hepatitis C as a public health problem in NYS by 2030. To achieve the goal of hepatitis C elimination, concerted efforts are needed to ensure access to timely diagnosis, care, and treatment for all people with hepatitis C. This RFA specifically addresses eliminating hepatitis C by addressing the social determinants of health.
Additional relevant resources include the National HIV/AIDS Strategy (NHAS) and the NYS Prevention Agenda. The NHAS is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic. The NHAS is available at: www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025.

The NYS Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them. The NYS Prevention Agenda is available at: www.health.ny.gov/prevention/prevention_agenda/2019-2024/.

II.   WHO MAY APPLY

A.   Minimum Eligibility Requirements

<u>**Component A:**</u>
All Component A applicants must meet the following minimum eligibility requirements:

- Applicant must:
    - Be a not-for-profit 501(c)(3) community-based organization; OR
    - Be a Federally Qualified Health Center (FQHC) that receives federal funding under Section 330 of the Public Health Service Act (PHS Act); OR
    - Be a FQHC Look-Alike (defined as a public or private non-profit health care organization that has been identified by Health Resources and Services Administration (HRSA) and certified by Centers for Medicare & Medicaid Services (CMS) as meeting the definition of "health center" under Section 330 of the Public Health Service Act but does not receive grant funding under Section 330).

- Applicant must:
    - Submit documentation of not-for-profit 501(c)(3) organization status, or FQHC status, or FQHC Look-Alike status as **Attachment 1;**
    - Have a minimum of three (3) years of experience providing services to PLWH/A and populations most impacted by HIV and AIDS including Black, Indigenous, and People of Color (BIPOC) and persons defined as high risk;
    - Have selected four (4) or more Support Services from Table A2 (Page 9 of the RFA);
    - Submit **Attachment 2 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**.; AND
    - Be located in the NYSDOH Region they propose to serve.

<u>**Component B:**</u>
All Component B applicants must meet the following minimum eligibility requirements:

- Applicant must:
    - Be a not-for-profit 501(c)(3) community-based organization; OR
    - Be a Federally Qualified Health Center (FQHC) that receives federal funding under Section 330 of the Public Health Service Act (PHS Act); OR
    - Be a FQHC Look-Alike (defined as a public or private non-profit health care organization that has been identified by Health Resources and Services Administration (HRSA) and certified by Centers for Medicare & Medicaid Services (CMS) as meeting the definition of "health center" under Section 330 of the Public Health Service Act but does not receive grant funding under Section 330).

- Applicant must:
    - Submit documentation to support not-for-profit 501(c)(3) organization status, or FQHC status, or FQHC Look-Alike status as **Attachment 1;**
    - Have a minimum of three (3) years of experience providing services to PLWH/A and populations most impacted by HIV and AIDS including Black, Indigenous, and People of Color (BIPOC) and persons defined as high risk;
    - Have selected three (3) or fewer Support Services from Table B2 (Page 11 of the RFA).
    - Submit **Attachment 2 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**.; AND,

o Be located in the NYSDOH Region they propose to serve.

Component C:
All Component C applicants must meet the following minimum eligibility requirements:

- Applicant must:
    o Be a not-for-profit 501(c)(3) community-based organization;
    o Have a minimum of two (2) years of experience providing credentialed or certified benefits counseling services to PLWH/A;
    o Submit documentation of not-for-profit 501(c)(3) organization status as **Attachment 3;**
    o Submit **Attachment 2 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**; AND
    o Be located in the NYSDOH Region they propose to serve.

Component A and Component B
Applicants may submit no more than one (1) application in response to Component A or Component B. Applicants may not apply for both Component A and Component B. If more than one (1) application is submitted in response to Component A or Component B, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

Component C
All applicants may submit one (1) application for Component C. If more than one (1) application is submitted in response to Component C, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

NYSDOH Region (applicable to all Components)
Applicants may only select one (1) NYSDOH Region on the **Application Cover Page - Attachment 4**. The NYSDOH Region should be the location where the largest number of clients is served. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region.

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

- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, HRI/NYSDOH AI reserves the right to:

    o Fund an application scoring in the range of (60-69) from a region and/or
    o Apply unawarded funding to the next highest scoring applicant(s) in other region(s) until the maximum number of awards per region is met.

- If there is an insufficient number of fundable applications in a region, the maximum number of awards may not be met for that region. HRI/NYSDOH AI reserves the right to re-solicit any region where there are an insufficient number of fundable applications.

- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region, HRI/the NYSDOH AI reserves the right to exceed the maximum number of awards.

- HRI/NYSDOH AI reserves the right to revise the award amounts as necessary due to changes in availability of funding.

- HRI/NYSDOH AI reserves the right to shift funding from one Component of the RFA to another Component should there be an insufficient number of fundable applications received in any Component.

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

Ryan White funding is the *"payer of last resort"*. Please see **Attachment 5 - Ryan White Guidance for Part B Direct Service Subcontractors** for funding restrictions.

Funds under this RFA are considered dollars of "last resort" and can only be used when there are no options for other reimbursement. Grant funding cannot be used to reimburse for services that are able to be billed to a third party (i.e., Medicaid, AIDS Drug Assistance Program (ADAP), PrEP-AP, private health insurance, Gilead patient assistance, co-pay assistance programs, etc.). A provider cannot use grant funds in lieu of billing for services to a third party.

III.   PROGRAM MODEL

A. Component A and Component B Program Model Description

1. Component A: Community Support Services: Multi-Service Model

Funded applicants will develop a comprehensive model of support services using a combination of four (4) or more RWB services based on expertise and community needs to form a comprehensive HIV supportive service program. Applicants will conduct or use a current community needs assessment to evaluate services and resources to inform the development of a multi-service program model that is client-centered, delivered by a multi-disciplinary team comprised of staff which will limit duplication of activities and streamline access to and delivery of funded services. For instance, a multi-service program could be comprised of a combination of non-medical case management, psychosocial support, health education and risk reduction, medical transportation, food bank/home delivered meals, housing, and emergency financial assistance services. A multi-disciplinary team could then be comprised of a case manager providing non-medical case management and health education including educating clients on risk reduction strategies and treatment adherence, a community health worker coordinating medical transportation, a health educator providing individual/group supportive counseling, and a housing specialist providing housing search/advocacy services and distributing emergency financial assistance funds.

Funded programs under this model should incorporate a centralized intake and initial assessment process, a referral system for specific services within the program, a shared service plan and coordination of care among staff into the program structure with clearly defined policies and procedures developed for staff.

Funded applicants under this model will:
- Develop policies and procedures regarding a centralized intake and initial assessment process;
- Develop a client flow chart throughout the organization to ensure a seamless transition between services and coordination of care among staff;
- Develop a shared assessment among the multidisciplinary team;

- Develop a shared service plan among the multidisciplinary team;
- Develop referral systems for specific services within the program; and
- Establish active bi-directional linkages and work effectively and efficiently including holding case conferences with providers of primary medical care services, medical case management, behavioral health (both mental health and substance use treatment) services, housing and entitlement services, nutrition services, transportation services, legal services, Health Homes, and peer programs.

2. Component B: Community Support Services: Collaborative Model

Funded applicants will develop a program that delivers up to three (3) RWB services based on expertise and needs of PLWH/A in their region. Applicants will conduct or use a current community needs assessment to evaluate services and resources to inform the development of a robust and collaborative service model that includes formal partnerships with other RWB, HIV and community service providers where clients can seamlessly access a myriad of HIV support services that address SDOH. The services and program structure will be outlined in clearly defined policies and procedures developed for staff.

Funded applicants under this model will:
- Develop partnerships with other RWB and HIV support service providers, including memoranda of understanding that will be reviewed and signed annually;
- Develop a referral methodology with a referral tool, release forms, outlined referral processes, and follow-up/care coordination processes with scheduled routine case conferences;
- Develop a resource guide for clients with information for all partnership programs; and
- Develop and perform trainings to inform other RWB service providers on how to access their program services.

3. Component A & Component B Available Funding

Up to $14,690,655 annually in HRI funding for five (5) years is available to support Component A and Component B through this RFA.

Component A: Community Support Services: Multi-Service Model (choose four (4) or more services)

Up to $9,044,703 annually in HRI funding is available to fund up to eleven (11) awards for Component A. Funding will be allocated based on the NYSDOH Region and support services selected. Table A1 lists the maximum annual award range and number of awards by NYSDOH Region. Table A2 lists the maximum annual award amounts by support service selected.

Component A applicants are instructed to **select four (4) or more support services from Table A2**. Selected services should be based on the needs of the community and priority population(s).

Budgets should be developed based on the total award and not separated by each service selected. For example, an agency in the Finger Lakes region selects NMCM, HE/RR, EFA and MT. If successful, this agency would be awarded a total of $550,870 annually. The program and staffing structure should reflect the selected services. A separate position or program is not required for each service.

Table A1 – Component A: Annual Award Range & Number of Awards by NYSDOH Region

For purposes of this RFA, the NYSDOH Regions are defined as in the chart below.

NYSDOH Region	Annual Award Range Based on Support Service(s) Selected from Table A2	Number of Awards
NYC: Manhattan	$515,000	1
NYC: Brooklyn	$515,000	1
NYC: Bronx	$515,000	1
NYC: Queens/Staten Island	$515,000	1
Central New York: Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, and Tompkins	$465,000 - $1,034,773	1
Finger Lakes: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates	$465,000 - $1,034,773	1
Hudson Valley: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester	$465,000 - $1,034,773	1
Long Island: Nassau and Suffolk	$465,000 - $1,034,773	1
Northeastern New York: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington	$465,000 - $1,034,773	1
Southern Tier: Broome, Chenango, and Tioga	$348,750 - $776,065	1
Western New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming	$465,000 - $1,034,773	1

Table A2 – Component A: Maximum Annual Award Amounts by Support Service Selected

Region	NMCM	HE/RR	FB/HDM	PSS	EFA	MT	Housing	Max. Award
NYC: Manhattan	$150,000	$100,000	$200,000	$65,000	N/A	N/A	N/A	$515,000
NYC: Brooklyn	$150,000	$100,000	$200,000	$65,000	N/A	N/A	N/A	$515,000
NYC: Bronx	$150,000	$100,000	$200,000	$65,000	N/A	N/A	N/A	$515,000
NYC: Queens/Staten Island	$150,000	$100,000	$200,000	$65,000	N/A	N/A	N/A	$515,000
Central NY	$150,000	$100,000	$200,000	$65,000	$169,773	$150,000	$200,000	$1,034,773
Finger Lakes	$150,000	$100,000	$200,000	$65,000	$169,773	$150,000	$200,000	$1,034,773
Hudson Valley	$150,000	$100,000	$200,000	$65,000	$169,773	$150,000	$200,000	$1,034,773
Long Island	$150,000	$100,000	$200,000	$65,000	$169,773	$150,000	$200,000	$1,034,773
Northeastern	$150,000	$100,000	$200,000	$65,000	$169,773	$150,000	$200,000	$1,034,773
Southern Tier	$112,500	$75,000	$150,000	$48,750	$127,315	$112,500	$150,000	$776,065
Western NY	$150,000	$100,000	$200,000	$65,000	$169,773	$150,000	$200,000	$1,034,773

KEY
NMCM = Non-Medical Case Management
HE/RR = Health Education/Risk Reduction
FB/HDM = Food Bank/Home Delivered Meals
PSS = Psychosocial Support Services
EFA = Emergency Financial Assistance
MT = Medical Transportation

Component B: Community Support Services: Collaborative Model (choose three (3) or fewer services)

Up to $5,645,952 annually in HRI funding is available to fund up to 11 awards for Component B. Funding will be allocated based on the NYSDOH Region and support services selected. Table B1 lists the maximum annual award range and number of awards by NYSDOH Region. Table B2 lists the maximum annual award amounts by support service selected.

Component B applicants are instructed to **select three (3) or fewer support services from Table B2**. Selected services should be based on the needs of the community and priority population(s).

Budgets should be developed based on the total award and not separated by funding amount for each service selected. For example, an agency in the NYC: Bronx region selects NMCM and FB/HDM. If successful, this agency would be awarded a total of $350,000 annually. The program and staffing structure should reflect the selected services. A separate position or program is not required for each service.

Table B1 - Component B: Annual Award Range & Number of Awards by NYSDOH Region
For purposes of this RFA, the NYSDOH Regions are defined as in the chart below.

NYSDOH Region	Annual Award Range Based on Support Service(s) Selected from Table B2	Number of Awards
NYC: Manhattan	$100,000 - $450,000	1
NYC: Brooklyn		1
NYC: Bronx		1
NYC: Queens/Staten Island		1
Central New York: Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, and Tompkins	$100,000 - $569,773	1
Finger Lakes: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates	$100,000 - $569,773	1
Hudson Valley: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester	$100,000 - $569,773	1
Long Island: Nassau and Suffolk	$100,000 - $569,773	1
Northeastern New York: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington	$100,000 - $569,773	1
Southern Tier: Broome, Chenango, and Tioga	$75,000 - $427,314	1
Western New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming	$100,000 - $569,773	1

Table B2 - Component B: Maximum Annual Award Amounts by Support Service(s) Selected

Region	NMCM	HE/RR	FB/HDM	PSS	EFA	MT	Housing	Max. Award
NYC: Manhattan	$150,000	$100,000	$200,000	$65,000	N/A	N/A	N/A	$450,000
NYC: Brooklyn	$150,000	$100,000	$200,000	$65,000	N/A	N/A	N/A	$450,000
NYC: Bronx	$150,000	$100,000	$200,000	$65,000	N/A	N/A	N/A	$450,000
NYC: Queens/Staten Island	$150,000	$100,000	$200,000	$65,000	N/A	N/A	N/A	$450,000
Central NY	$150,000	$100,000	$200,000	$65,000	$150,870	$150,000	$200,000	$569,773
Finger Lakes	$150,000	$100,000	$200,000	$65,000	$150,870	$150,000	$200,000	$569,773
Hudson Valley	$150,000	$100,000	$200,000	$65,000	$150,870	$150,000	$200,000	$569,773
Long Island	$150,000	$100,000	$200,000	$65,000	$150,870	$150,000	$200,000	$569,773
Northeastern	$150,000	$100,000	$200,000	$65,000	$150,870	$150,000	$200,000	$569,773
Southern Tier	$112,500	$75,000	$150,000	$48,750	$127,314	$112,500	$150,000	$427,314
Western NY	$150,000	$100,000	$200,000	$65,000	$150,870	$150,000	$200,000	$569,773

KEY
NMCM = Non-Medical Case Management
HE/RR = Health Education/Risk Reduction
FB/HDM = Food Bank/Home Delivered Meals
PSS = Psychosocial Support Services
EFA = Emergency Financial Assistance
MT = Medical Transportation

4. Component A & Component B Client Eligibility

All clients should meet the following eligibility requirements:
- Living with HIV/AIDS
- Income eligible (cannot exceed 500% of Federal Poverty Level based on household size)
- New York State resident

5. Component A & Component B Scope of Services

Applicants are expected to develop a program model based on the following portfolio of HRSA RWHAP defined services:

a. **Non-Medical Case Management Services (NMCM)**
NMCM is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Key activities include:
- Initial assessment of service needs;
- Development of a comprehensive, individualized care plan;
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
- Client-specific advocacy and/or review of utilization of services;
- Continuous client monitoring to assess the efficacy of the care plan;

- Re-evaluation of the care plan at least every six (6) months with adaptations as necessary; and
- Ongoing assessment of the client's and key family members' needs and personal support systems.

The objective of NMCM Services is to provide coordination, guidance, and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

b. **Health Education/Risk Reduction (HE/RR)**
HE/RR is the provision of education to clients living with HIV/AIDS about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.

Topics covered may include:
- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners, and treatment as prevention;
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage);
- Health literacy; and
- Treatment adherence education.

Health Education/Risk Reduction services cannot be delivered anonymously.

c. **Food Bank/Home Delivered Meals (FB/HDM)**
FB/HDM is the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:
- Personal hygiene products
- Household cleaning supplies

Unallowable costs include household appliances, pet foods, and other non-essential products.

d. **Medical Transportation (MT)**
MT is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:
- Contracts with providers of transportation services;
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (US General Services Administration provides further guidance on this subject);
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle;
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); and
- Voucher or token systems.

Unallowable costs include:
- Direct cash payments or cash reimbursements to clients;
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle; and

- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

e. **Housing**

Housing is the provision of transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category should also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

HRSA RWHAP recipients and subrecipients that use funds to provide Housing should have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP HIV/AIDS Bureau (HAB) recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development (HUD), which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

f. **Emergency Financial Assistance (EFA)**

EFA provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance should occur as a direct payment to an agency or through a voucher program.

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services are to be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client cannot be funded through Emergency Financial Assistance.

g. **Psychosocial Support Services (PSS)**
Note: If PSS is selected, applicant is instructed to select an additional service
PSS provides group or individual support and counseling services to assist eligible people living with HIV/AIDS to address behavioral and physical health concerns.
These services may include:
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

Peer Services

The use of Peer Navigators is required for funded applicants. The [National HIV/AIDS Strategy for the United States](), updated to 2025, states a culturally sensitive and skilled workforce is vital to developing a model of competent care which includes peer navigators. Peers are a valuable community resource lending credibility and cultural competence to a program. Peers can be particularly helpful with individuals who are sporadically engaged in or resistant to care, and they also provide an additional social support. Peers can assist with outreach, contacting and engaging consumers, accompany clients on medical and supportive service appointments, assist with technology, provide encouragement as well as coaching elements, assist clients in self-advocacy and self-management, and assist with monitoring of progress. Peers can also assist a Health Educator during sessions but cannot be the main/sole facilitator and assist Case Managers during some interventions. Peer staff should be reflective of the communities/populations being served (bilingual, PLWH/A, African American, BIPOC, Latino, LGBT, former substance users, etc.), be knowledgeable about the region's services and familiar with navigating the systems of care.

Peers provide a culturally sensitive approach to self-management that incorporates the sharing of similar experiences and strategies for success from an individual who has navigated similar systems. Applicants are encouraged to visit [TargetHIV](), a one-stop shop for technical assistance (TA) and training resources for HRSA's RWHAP, to find resources on the role of a Peer, integrating Peers and Peer Education Programs.

6. Component A & Component B Staffing Requirements

Each service component requires a significant knowledge base and skill set. It is expected that staff have the credentials, skills, and experience to offer high quality services and meet the needs of the priority population in the applicant's community. A comprehensive holistic approach to care is critical. Applicants are strongly encouraged to determine appropriate qualifications for each position, and to propose salaries that are commensurate with these qualifications.

Although this RFA is not requiring specific positions for service delivery, the inclusion of peer services and quality and data positions is essential and will be required of all funded applicants. It is recommended that all programs designate a Program Director or Coordinator position familiar with the provision of supportive services to the HIV/AIDS population who will be responsible for the oversight, coordination, and outcomes of the program.

Funded Applicants will:
- Demonstrate a staffing structure that supports the delivery of multiple services;
- Demonstrate experience hiring appropriate and experienced staff; and
- Have programs fully staffed and trained within three months of receipt of funding.
- Have at least one Full Time Equivalent (FTE) Centralized Intake & Service Coordinator to triage services provided under the Ryan White Part B Supportive Services Program. This may include ensuring client eligibility and coordinating centralized intake, assessment/reassessment, person-centered care planning, interdisciplinary team case conferencing, and making additional internal or external referrals as needed.
- Have at least one (1) Peer Navigator. The Peer Navigator can be full or part-time and may be blended with other initiatives or funding streams.
- Have at least one 1.0 FTE position for Component A and at least one 0.5 FTE position for Component B to provide quality and evaluation activities consistent with tracking division and program indicators and outcomes as described below in **7. Component A & Component B Program Outcomes.** Position(s) will be responsible for participating in the NYSDOH Ryan White Quality Management Program and ensuring the program adheres to all quality program requirements. Funding for these activities may be assigned to more than one individual and funding for this position under this initiative may be blended with other initiatives or funding streams. The recommended

qualifications for this position are a B.A. or B.S. with at least two (2) years of experience working in quality and/or data/evaluation.

7. Component A & Component B Program Outcomes
1. Increased connections to, and engagement of communities disproportionately impacted including Black/African American, Hispanic and People of Color, Trans, Gender Non-Conforming and Non-Binary;
2. Improved engagement in HIV medical care;
3. Improved responses to social determinants of health assessment; and
4. Increased rates of sustained HIV viral load suppression (defined as a viral load test less than 200 copies).

B. Component C Program Model Description

1. Component C
Funded applicants will develop a program that provides certified benefits counseling services either in person or virtually. This service is meant to be part of the continuum of HIV prevention, health care and supportive services that addresses social determinants of health to help achieve equitable health outcomes for PLWH/A who are disproportionately impacted. Economic stability, a social determinant of health, and the stress involved in navigating a complicated benefits system, can negatively impact PLWH/A, including returning to work.

Program services enable clients to learn about their benefits and ensure they are receiving, maintaining, and maximizing all eligible benefits, as well as making decisions about beginning or returning to work and potentially reducing benefit loss and overpayment issues. Navigating and understanding public benefits can be challenging for PLWH/A who are looking to maintain employment or return to work. Assistance is often needed to understand how earned income may affect their benefits. Benefits counseling is designed to strengthen PLWH/A's knowledge and ability to navigate benefits appropriately.

It is the expectation that staff who perform benefits counseling have extensive knowledge of public benefits and the regionally specific complexities involved with returning to work and the impact on their benefits. Credentialing or certification should be obtained within six (6) months if not already active and is the best way to guarantee that the agency will be able to competently meet the needs of clients. All staff members providing benefits counseling are required to collaborate with internal and external stakeholders to assist each client in achieving their benefits counseling goals. This involves ensuring that the client receives the information and guidance necessary to make responsible and fiscally appropriate choices as they consider employment, discontinuing public benefits, or applying for such benefits. Staff will work with supportive services providers, public benefit representatives (e.g., health insurance navigators) and other services and resources in the community that will support client goals.

Individual interventions with and on behalf of the client that may include education on earnings calculations and how they impact existing benefits, additional benefits that may be available, exploration of back to work options (e.g., Ticket to Work), and financial literacy skill building (e.g., budgeting, retirement savings, planning, banking services, insurance considerations).

Services include:
- Screening clients for education needs regarding benefits counseling;
- Providing individualized education and benefits counseling;
- Providing basic information and/or interventions related to legal services (including advanced directives, discrimination, HIV confidentiality issues, power of attorney and wills) as needed;
- Making appropriate referrals to legal and other supportive services as needed;

- Facilitating group education sessions/seminars on benefits counseling; and
- Collaborating with case managers in assessing client need, developing service plans, and participating in case conferences.

2. Component C: Benefits Counseling Available Funding

Up to $400,000 annually in HRI funding is available to fund up to two (2) awards for Component C. Funding will be allocated as stated in **Table C** below.

Table C - Component C: Annual Award Range & Number of Awards by NYSDOH Region

NYSDOH Region	Maximum Annual Award Amount	Number of Awards
Downstate: Manhattan, Brooklyn, Bronx, Queens/Staten Island, and Long Island (Nassau/Suffolk)	$200,000	0 to 1
Upstate: Central NY, Finger Lakes, Hudson Valley, Northeastern, Southern Tier, and Western NY	$200,000	0 to 1

3. Component C Client Eligibility

All clients should meet the following eligibility requirements:
- Living with HIV/AIDS;
- Income eligible (cannot exceed 500% of Federal Poverty Level based on household size);
- New York State resident

4.Component C Scope of Services

Applicants are expected to develop a program based on the following HRSA defined service:

1) **Other Professional Services (OPS)**
   OPS allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:
   - Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH/A and involving legal matters related to or arising from their HIV disease, including:
     o Assistance with public benefits such as Social Security Disability Insurance (SSDI)
     o Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP.

   This component does not include the provision of direct legal services, only those outlined in the above section. Furthermore, services may not include employment readiness or vocational training as these services are not fundable under RWHAP Part B funding.

5. Component C Program Staffing

It is expected that staff have the credentials, skills, and experience to offer high quality services and meet the need of the priority population in the applicant's community. A comprehensive holistic approach to care is critical. Applicants are strongly encouraged to determine appropriate qualifications for each position, and to propose salaries that are commensurate with these qualifications.

Although this RFA is not requiring a specific position, the inclusion of a quality, data and evaluation position(s) is recommended. It is recommended that all programs designate a Program Director or Coordinator position familiar with the provision of benefits counseling to the HIV/AIDS population who will be responsible for the oversight, coordination, and outcomes of the program.

Funded applicants are expected to have at least one FTE Benefits Counselor (one or more staff depending on regional needs) to deliver benefits counseling services and submit documentation of

Workforce Incentive Practitioner Certification (preferred certification) or equivalent OR obtain certification within the first six months of receiving an award.

6. Component C Program Outcomes
1. Increased connections to, and engagement of communities disproportionately impacted including Black/African American, Hispanic and People of Color, Trans, Gender Non-Conforming and Non-Binary;
2. Improved access to the necessary supports impacting the social determinants of health;
3. Improved capacity for individuals living with HIV/AIDS to understand their current benefits;
4. Improved capacity for individuals living with HIV/AIDS to make informed decisions regarding benefits related to work opportunities.

C. Program Requirements (Applicable to all Components except as noted)

All applicants selected for funding will be required to:

- Incorporate the **Bureau of Community Support Services (BCSS) Guiding Principles-Attachment 6** in their program model:
  - Demonstration of Cultural Sensitivity and Linguistic Competency
  - Demonstration of Commitment to Health Equity
  - Formal partnership(s) with clinical provider(s) in the region (Component A and Component B only)
  - Development of Referral Service Agreements
  - Consumer Involvement
  - Harm Reduction Approach Strategies
  - Development of Self-Management Interventions
  - Integration of Trauma-Informed care principles
  - Use of Behavioral Science-Based Interventions
  - Hepatitis Screening and Referrals (Component A and Component B only)
  - Health Literacy Universal Precautions
  - Undetectable = Untransmittable (U=U)
  - Affiliation with Medicaid Managed Care (MMC), Medicaid Health Homes, and SNPS for NYC Medicaid Beneficiaries (Component A and Component B only); and
  - Development of a Quality Management Plan including an evaluation strategy and program deliverables/benchmarks to monitor success.

- Serve a cross-section of clients who are representative of the overall Black/African American, Indigenous and People of Color population demographics within the selected community,
- Participate in a collaborative process with the NYSDOH AI to assess program outcomes and provide monthly narrative reports describing the progress of the program with respect to 1) implementation, 2) client recruitment, 3) success in meeting the **Ryan White Part B HIV/AIDS Support Services to Address Social Determinants of Health RFA Program Model**, 4) significant accomplishments achieved, and 5) barriers encountered and plans to address noted problems,
- Submit statistical reports on clients served, and other data using the NYSDOH AI Reporting System (AIRS). Successful applicants will demonstrate the capacity to collect and report all required data, including both personnel and hardware-related capacity to maintain AIRS. AIRS is a data reporting system that is required by the NYSDOH AI to report client demographic information as well as program activities. The NYSDOH AI requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. The NYSDOH AI provides and supports the AIRS software to

enable providers to meet data submission requirements. Details on this software product may be obtained by accessing the following Internet address, www.airsny.org.

- Participate in quality management activities as established by the NYSDOH AI. This includes, but is not limited to, the collection and reporting of data for use in measuring performance and identifying quality improvement projects. Quality management activities require a quality management infrastructure, including commitment from agency leadership, development of a quality management plan that incorporates the principles of a proven quality improvement framework, staff development and training, and a process that supports participation of staff, and

- Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or structural determinants can lead to disparities and ultimately inequities in health and health outcomes. Strategies should prioritize those populations that are most negatively impacted by social and structural determinants of health.

Please see **Attachment 7** for **Health Equity Definitions and Examples** of social and structural determinants of health.

Besides the required services for all components, cultural and linguistic sensitivity and a commitment to health equity should be demonstrated.

Demonstration of Cultural and Linguistic Sensitivity

In order to effectively engage clients and provide high-quality services, a meaningful, trusting partnership should be developed between provider and client. Programs should be designed with an understanding of the differences that derive from language, culture, race/ethnicity, religion, age and developmental characteristics. Programs would benefit from using The Guide to Providing Effective Communication and Language Assistance Services within their organization which can be found at https://hclsig.thinkculturalhealth.hhs.gov/. This Guide is grounded in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (or the National CLAS Standards located at

https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf), which were developed by the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) as a means to advance health equity, improve health care quality, and help eliminate health care disparities. Applicants should also review the topic of Structural Competency, which aims to develop a language and set of interventions to reduce health inequalities at the level of neighborhoods, institutions, and policies. Organizations that address structural competency can be more attentive to social determinants of health in patients/clients, shift how clients are understood, and potentially increase empathy for marginalized clients.

Demonstration of a Commitment to Health Equity

Health Equity (HE) is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education, health care/services, and safe environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma) and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race, racism, and genocide in the United States that perpetuate many of the racial inequities we see manifested today. Because health equity can never truly be achieved without racial equity, we work toward achieving both.

The NYSDOH AI works closely with its community partners to identify and respond to current needs. The needs are wide and varied, but they center on addressing social determinants, socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare

services and discrimination.

The NYSDOH AI is committed to ensuring our funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health and social inequities. We are all accountable to pay attention to the intersections of race and health equity. We are committed to the implementation of new and tailored approaches to address the challenges faced by our Black/Brown, Indigenous, and People of Color (BIPOC) communities. In our mission to ensure that everyone has a fair chance to experience optimal health, we are employing the following health equity principles:
- Be Explicit.
- Identify and Effectively Address Racism and Racial Implicit Biases.
- Adopt a "Health in all Policies" Approach.
- Create an Internal Organization-Wide Culture of Equity.
- Respect and Involve Communities in Health Equity Initiatives.
- Measure and Evaluate Progress in Reducing Health Disparities**.**

IV.   ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute, (Division of HIV and Hepatitis Health Care/Bureau of Community Support Services*)* and Health Research Inc. The Department and HRI are responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted via email to:

AIGPU@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. **Written questions will be accepted until the date posted on the cover of this RFA.** Questions of a technical nature can also be addressed in writing at the email address listed above. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

All questions submitted should state "*Ryan White Part B HIV/AIDS Support Services RFA*" in the subject line.

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*.*

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

C. Letter of Intent

Letters of Intent are not a requirement of this RFA.

D. Applicant Conference

An Applicant Conference WILL be held for this project. This conference will be held at:

https://aidsinstituteny-org.zoom.us/webinar/register/WN_B5EXD4zJS_2q8t7k_c4Xog on the date and time posted on the Cover Page of this RFA.

The failure of any potential Applicant to attend the Applicant Conference will not preclude the submission of an Application by that Applicant.

E. How to File an Application

Applicants must submit one PDF version of the entire application (including Application Cover Page, Application checklist, narrative and all attachments) to AIGPU@health.ny.gov by 4:00 pm ET on the date posted on the cover page of this RFA. The subject of the email line should reference *Ryan White Part B HIV/AIDS Support Services RFA.*

*It is the applicant's responsibility to see that applications are emailed to AIGPU@health.ny.gov by 4:00 PM ET on the date specified. **Applications will only be accepted electronically to the Bureau Mail Log (BML) as stated in the instructions. Applications will not be accepted via fax, hard copy, courier, or hand delivery.**

Late applications will not be accepted.

F. Department of Health's and HRI's Reserved Rights

The Department of Health and HRI reserve the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's or HRI's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department 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 the State and HRI.

18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state and HRI.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by Health Research Inc. Refer to **HRI General Terms and Conditions - Attachment 8.** Contracts resulting from this RFA will be for 12-month terms. The anticipated start date of the contract is **October 1, 2024**, however depending on the funding source, the initial contract term could be for a shorter period. HRI awards may be renewed for up to four (4) additional annual contract periods based on satisfactory performance and availability of funds. HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding.

H. Payment & Reporting Requirements of Grant Awardees

1. Due to requirements of the federal funder, no advance payments will be allowed for HRI contracts resulting from this procurement.

2. The funded contractor will be expected to submit voucher claims and reports of expenditures in the manner that HRI requires. Required forms will be provided with the contract package.

All payments and reporting requirements will be detailed in Exhibit "C" of the final contract.

I. General Specifications

1. By signing **Attachment 4 - Application Cover Page** each applicant attests to its express authority to sign on behalf of the applicant.

2. Applicants will possess, at no cost to HRI, 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 and the Department during the "Question and Answer" Phase (Section IV.B.) must be clearly noted in **Attachment 4 - Application Cover Page**.

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 and the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

    b. In the event that the Contractor, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department or HRI acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

c. If, in the judgment of the Department and HRI, the Contractor acts in such a way which is likely to or does impair or prejudice the interests of the State and HRI, the Department or HRI acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

6. Applicant must maintain an active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

V. COMPLETING THE APPLICATION

A. Application Format and Content

Please respond to each of the following statements and questions. Your responses comprise your application. ***Number/letter your narrative to correspond to each statement and question in the order presented below.*** Be specific and complete in your response. The value assigned to each section is an indication of the relative weight that will be given to that section when your application is scored.

An applicant checklist has been included to help ensure that submission requirements have been met. Applicants should review this attachment before and after writing the application. **In assembling your application, please follow the outline provided in the Application Checklist - Attachment 9***.*

Applications should not exceed twelve (12) double-spaced pages, using a 12-pitch type font with one-inch margins on all sides. The **Application Cover Page - Attachment 4**, **Program Abstract - Attachment 10**, budget and budget justification, and all attachments are **not included** in the twelve (12) page limitation.

Pages should be numbered consecutively, including all attachments. Please submit only requested information in attachments and do not add attachments that are not requested. **Failure to follow these guidelines will result in a deduction of up to ten (10) points.**

When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

Application Format for Component A

1.	Program Abstract	Not Scored	(Max 2 pages)
2.	Community and Agency Description	Maximum Score:	15 points
3.	Health Equity	Maximum Score:	15 points
4.	Program Design and Implementation	Maximum Score:	50 points
5.	Budget and Justification	Maximum Score:	<u>20 points</u>
			100 points

Component A

1. Program Abstract   **Maximum 2 Pages**
                                                                 Not Scored

   Applicants should complete **Attachment 10 - Program Abstract.**

2. Community and Agency Description   **Maximum 2 Pages**
                                                       Total 15 Points

2a)   Describe why your agency is qualified to implement the proposed program model. Describe the need for services within the community. Include both quantitative and qualitative evidence to address this question. Applicants are instructed to include their **Agency Organizational Chart** as **Attachment 11.**

2b)   Describe the number of PLWH/A clients served in each of the past two (2) years and include data on priority populations and services provided by your agency during this period. Provide an estimate of the number of clients your organization proposes to serve in your Ryan White Support Services program. The number of clients served should be reflective of the amount allotted in **Attachment 12 - Proposed Number of Clients to be Served** for each service selected allowing for duplication across services. Applicants are instructed to complete and include **Proposed Number of Clients to be Served** as **Attachment 12.**

2c)   Describe the other programs and agencies in the geographic area that are relevant to your proposed program model and describe how you will leverage these programs to maximize benefit to Black/African American, Indigenous and People of Color in your community without supplanting other resources. Applicants are instructed to complete **Attachment 13 - Service Linkages Chart**.

2d)   Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal. Include the results of the program and successes of those grants. OR, if your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

3. Health Equity   **Maximum 2 Pages**
                                                       Total 15 Points

3a) Which SDOH barriers will you address with the priority population served by this funding?

3b) Please provide the most current data that you have used to identify the SDOH barriers affecting the population served by the funding.

3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the SDOH. (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their adherence with treatment?)

3d) What is your organization's policy around addressing SDOH? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?

3e) How does the organization's leadership reflect the population served? Leadership includes people with decision making power i.e., Directors/Managers, Board of Directors, Executive staff, etc.

4. Program Design and Implementation   **Maximum 8 Pages**
                                                                                              Total 50 Points

4a) Describe the community or communities you will serve through this funding. Include a description of the priority population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority population. Applicants are instructed to complete **Attachment 14 - Sites, Days, and Hours of Operation Chart.**

4b) Describe the needs assessment your organization conducted or used to determine the model and services your organization selected in the application.

4c) Describe your overall program design. Include specific strategies for implementing the program services and complying with the Program Model. Describe any innovative strategies you will utilize to implement your program model and the rationale or evidence that has informed the strategy. Strategies should align with RWB guidelines. Applicants are instructed to complete **Attachment 15 - Program Timeline**.

4d) Describe how PLWH/A will be involved in the design, implementation, and evaluation of program services. Describe how peers will be utilized by the program model, including how peers will be selected, trained, and the types of peer services that will be provided.

4e) Describe how the intake process will be centralized.

4f) Describe key community partnerships required for the proposed program to succeed and how clients' access to and engagement in these services will be facilitated, coordinated, recorded, and reported.

4g) What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?

4h) Describe how data will flow from point of service delivery to entry into AIRS. Include how your organization will collect, analyze, and report client level and programmatic data. If using an electronic health record (EHR), describe how data is extrapolated from this to AIRS and other tracking systems.

4i) How does your proposed staffing plan meet the minimum requirement described in the program model? Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures, and experience required for each position. Staff roles and responsibilities for AIRS activities (System administration, data entry, data quality control and NYSDOH AI reporting) should be included. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are instructed to complete **Attachment 16 – Proposed Staffing** and **Attachment 17 – Agency Capacity and Staffing Information**.

4j) Describe the plan for initial and ongoing staff training and support.

4k) Describe how the agency will ensure that the services provided are culturally sensitive and linguistically appropriate.

5. Budgets and Justifications   Total 20 Points

Complete and submit a budget following these instructions:

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Complete all required Budget Pages. See **Ryan White Funding Specific Budget Forms and Justification - Attachment 18**. Instructions for completing the budget forms are included as **Instructions for Completion of Budget Forms for Solicitations - Attachment 19**. All budget lines should be calculated using whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative, and should be justified in detail. All costs should be reasonable and cost-effective. See **Program Specific Clauses – AIDS Institute - Attachment 20** for additional information on unallowable costs. Contracts established resulting from the RFA will be cost reimbursable.

5b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5c) For each item listed under non-personal services, describe how it is necessary for program implementation. Non-personal services include: Supplies, Travel, Equipment, Space/Property, Telecommunications, Miscellaneous costs, and Subcontracts/Consultants.

5d) For the last three (3) years, does your organization's Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the **Statement of Activities** from your yearly audit for the last three (3) years as **Attachment 21**. The Statement of Activities should show total support and revenue and total expenditures.

5e) Applicants are required to include a copy of the agency's most recent **Yearly Independent Audit** as **Attachment 22.**

5f) Applicants are required to include a copy of their **Agency Time and Effort Policy** as **Attachment 23.**

5g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).

5h) Applicants are required to complete and include **Funding History for HIV Services** as **Attachment 24.**

5i) Indirect costs are limited to a maximum of 10% total direct costs. See **Ryan White Guidance for Part B Direct Service Subcontractors (Attachment 5)**.

5j) **Subcontracting:**
Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. 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 the NYSDOH AI/HRI. All subcontractors should be approved by the NYSDOH AI/HRI.

5k) Funding requests must adhere to the following guidelines:
Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the NYSDOH AI to provide program services identified in this RFA must apply for continuation of funding.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed program or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

Application Format for Component B

1.	Program Abstract	Not Scored	(Max 2 pages)
2.	Community and Agency Description	Maximum Score:	15 points
3.	Health Equity	Maximum Score:	15 points
4.	Program Design and Implementation	Maximum Score:	50 points
5.	Budget and Justification	Maximum Score:	<u>20 points</u>
			100 points

Component B

1. Program Abstract   **Maximum 2 Pages**
                                                               Not Scored

Applicants should complete **Attachment 10: Program Abstract.**

2. Community and Agency Description   **Maximum 2 Pages**
                                                    Total 15 Points

2a)   Describe why your agency is qualified to implement the proposed program model. Describe the need for services within the community. Include both quantitative and qualitative evidence to address this question. Applicants are instructed to include their **Agency Organizational Chart** as **Attachment 11.**

2b)   Describe the number of PLWH/A clients served in each of the past two (2) years and include data on priority populations and services provided by your agency during this period. Provide an estimate of the number of clients your organization proposes to serve in your Ryan White Support Services program. The number of clients served should be reflective of the amount allotted in **Attachment 12: Proposed Number of Clients to be Served** for each service selected allowing for duplication across services. Applicants are instructed to complete and include **Proposed Number of Clients to be Served** as **Attachment 12.**

2c)   Describe the other programs and agencies in the geographic area that are relevant to your proposed program model and describe how you will leverage these programs to maximize benefit to Black/African American, Indigenous and People of Color in your community without supplanting other resources. Applicants are instructed to complete **Attachment 13 - Service Linkages Chart**.

2d)   Describe any prior grants your organization has received from the NYSDOH AI that are

relevant to this proposal. Include the results of the program and successes of those grants. OR, if your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

3. Health Equity   **Maximum 2 Pages**
                                                           Total 15 Points

3a)   Which SDOH barriers will you address with the priority population served by this funding?

3b)   Please provide the most current data that you have used to identify the SDOH barriers affecting the population served by the funding.

3c)   Describe how you will monitor and evaluate the immediate impact of your efforts to address the SDOH. (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their adherence with treatment?)

3d)   What is your organization's policy around addressing SDOH? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?

3e)   How does the organization's leadership reflect the population served? Leadership includes people with decision making power i.e., Directors/Managers, Board of Directors, Executive staff, etc.

4. Program Design and Implementation   **Maximum 8 Pages**
                                                           Total 50 Points

4a) Describe the community or communities you will serve through this funding. Include a description of the priority population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority population. Applicants are instructed to complete **Attachment 14 - Sites, Days, and Hours of Operation Chart.**

4b) Describe the needs assessment your organization conducted or used to determine the model and services your organization selected in the application.

4c) Describe your overall program design. Include specific strategies for implementing the program services and complying with the Program Model. Describe any innovative strategies you will utilize to implement your program model and the rationale or evidence that has informed the strategy. Strategies should align with RWB guidelines. Applicants are instructed to complete **Attachment 15 - Program Timeline**.

4d) Describe how PLWH/A will be involved in the design, implementation, and evaluation of program services. Describe how peers will be utilized by the program model, including how peers will be selected, trained, and the types of peer services that will be provided.

4e) Describe how the intake process will be centralized and include the method for referrals.

4f) Describe key community partnerships required for the proposed program to succeed and how clients' access to and engagement in these services will be facilitated, coordinated, recorded, and reported.

4g) What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?

4h) Describe how data will flow from point of service delivery to entry into AIRS. Include how your organization will collect, analyze, and report client level and programmatic data. If using an electronic health record (EHR), describe how data is extrapolated from this to AIRS and other tracking systems.

4i) How does your proposed staffing plan meet the minimum requirement described in the program model? Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures, and experience required for each position. Staff roles and responsibilities for AIRS activities (System administration, data entry, data quality control and NYSDOH AI reporting) should be included. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are instructed to complete **Attachment 16 – Proposed Staffing** and **Attachment 17 – Agency Capacity and Staffing Information**.

4j) Describe the plan for initial and ongoing staff training and support.

4k) Describe how the agency will ensure that the services provided are culturally sensitive and linguistically appropriate.

5. Budgets and Justifications   Total 20 Points

Complete and submit a budget following these instructions:

5a)   Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Complete all required Budget Pages. See **Ryan White Funding Specific Budget Forms and Justification - Attachment 18**. Instructions for completing the budget forms are included as **Instructions for Completion of Budget Forms for Solicitations - Attachment 19**. All budget lines should be calculated using whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative, and should be justified in detail. All costs should be reasonable and cost-effective. See **Program Specific Clauses – AIDS Institute - Attachment 20** for additional information on unallowable costs**.** Contracts established resulting from the RFA will be cost reimbursable.

5b)   For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5c)   For each item listed under non-personal services, describe how it is necessary for program implementation. Non-personal services include: Supplies, Travel, Equipment, Space/Property, Telecommunications, Miscellaneous costs, and Subcontracts/Consultants.

5d)   For the last three (3) years, does your organization's Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the **Statement of Activities** from your yearly audit for the last three (3) years as **Attachment 21**. The Statement of Activities should show total support and revenue and total expenditures.

5e)   Applicants are required to include a copy of the agency's most recent **Yearly Independent Audit** as **Attachment 22.**

5f)   Applicants are required to include a copy of their **Agency Time and Effort Policy** as **Attachment 23.**

5g)   Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).

5h)   Applicants are required to complete and include **Funding History for HIV Services** as **Attachment 24.**

5i)   Indirect costs are limited to a maximum of 10% total direct costs. See **Ryan White Guidance for Part B Direct Service Subcontractors (Attachment 5)**.

5j)   **Subcontracting:**
         Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. 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 the NYSDOH AI/HRI. All subcontractors should be approved by the NYSDOH AI/HRI.

5k)   Funding requests must adhere to the following guidelines:
         Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the NYSDOH AI to provide program services identified in this RFA must apply for continuation of funding.
         •   Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed program or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

Application Format for Component C

1.	Program Abstract	Not Scored	(Max 2 pages)
2.	Community and Agency Description	Maximum Score:	15 points
3.	Health Equity	Maximum Score:	15 points
4.	Program Design and Implementation	Maximum Score:	50 points
5.	Budget and Justification	Maximum Score:	20 points
			100 points

Component C

1. Program Abstract   **Maximum 2 Pages**
                                                   Not Scored

Applicants should complete **Attachment 10 - Program Abstract.**

2. Community and Agency Description   **Maximum 2 Pages**
                                                   Total 15 Points

2a)   Describe why your agency is qualified to implement the proposed program model. Describe the need for services within the community. Include both quantitative and

qualitative evidence to address this question. Applicants are instructed to include their **Agency Organizational Chart** with proposed positions as **Attachment 11.**

2b)   Describe the number of PLWH/A clients served in each of the past two (2) years and include data on priority populations and services provided by your agency during this period. Provide an estimate of the number of clients your organization proposes to serve in your Benefits Counseling program.

2c)   Describe the other programs and agencies in the selected region (i.e., Upstate or Downstate) that are relevant to your proposed program model and describe how you will leverage these programs to maximize benefit to Black/African American, Indigenous and People of Color in your community without supplanting other resources. Applicants are instructed to complete **Attachment 13 - Service Linkages Chart**.

2d)   Describe any prior grants your organization has received from the NYSDOH AI that are relevant to this proposal. Include the results of the program and successes of those grants. OR, if your organization has not received funding from the NYSDOH AI, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

3. Health Equity   **Maximum 2 Pages**
                                                                 Total 15 Points

3a) Which SDOH barriers will you address with the priority population served by this funding?

3b) Please provide the most current data that you have used to identify the SDOH barriers affecting the population served by the funding.

3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the SDOH. (i.e., if you have offered nutrition or housing services, for example, to a client and they have responded, has it improved their adherence with treatment?)

What is your organization's policy around addressing SDOH? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?

3d) How does the organization's leadership reflect the population served? Leadership includes people with decision making power i.e., Directors/Managers, Board of Directors, Executive staff, etc.

4. Program Design and Implementation   **Maximum 8 Pages**
                                                                 Total 50 Points

4a) Describe the community or communities you will serve through this funding. Include a description of the priority population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority population. Applicants are instructed to complete **Attachment 14 - Sites, Days, and Hours of Operation Chart.** Describe how virtual benefits counseling services will be provided in addition to in person.

4b) Describe your overall program design. Describe the intake process and any innovative strategies you will utilize to implement your program model and the rationale or evidence that has informed the strategy. Strategies should align with RWB guidelines. Applicants are instructed to complete **Attachment 15 - Program Timeline**.

4c) Describe how PLWH/A will be involved in the design, implementation, and evaluation of program services.

4d) Describe key community partnerships required for the program to succeed and how clients' access to and engagement in these services will be facilitated, coordinated, recorded, and reported.

4e) What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?

4f) Describe how data will flow from point of service delivery to entry into AIRS. Include how your organization will collect, analyze, and report client level and programmatic data. If using an electronic health record (EHR), describe how data is extrapolated from this to AIRS and other tracking systems.

4g) Describe your proposed staffing plan and provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures/certifications, and experience required for each position. Staff roles and responsibilities for AIRS activities (System administration, data entry, data quality control and NYSDOH AI reporting) should be included. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are instructed to complete **Attachment 17 - Agency Capacity and Staffing Information**.

4h) Describe the plan for initial and ongoing staff training and support. Describe how the program will ensure staff are certified or credentialed to provide benefits counseling within the first six (6) months of receiving an award.

4i) Describe how the agency will ensure that the services provided are culturally sensitive and linguistically appropriate.

5. Budgets and Justifications   Total 20 Points

Complete and submit a budget following these instructions:

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Complete all required Budget Pages. See **Ryan White Funding Specific Budget Forms and Justification – Attachment 18**. Instructions for completing the budget forms are included as **Instructions for Completion of Budget Forms for Solicitations – Attachment 19**. All budget lines should be calculated using whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative, and should be justified in detail. All costs should be reasonable and cost-effective. See **Program Specific Clauses – AIDS Institute - Attachment 20** for additional information on unallowable costs. Contracts established resulting from the RFA will be cost reimbursable.

5b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5c) For each item listed under non-personal services, describe how it is necessary for program implementation. Non-personal services include: Supplies, Travel, Equipment, Space/Property, Telecommunications, Miscellaneous costs, and Subcontracts/Consultants.

5d) For the last three (3) years, does your organization's Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the **Statement of Activities** from your yearly audit for the last three (3) years as **Attachment 21**. The Statement of Activities should show total support and revenue and total expenditures.

5e) Applicants are required to include a copy of the agency's most recent **Agency Yearly Independent Audit** as **Attachment 22.**

5f) Applicants are required to include a copy of their **Agency Time and Effort Policy** as **Attachment 23.**

5g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).

5h) Applicants are required to complete and include **Funding History for HIV Services** as **Attachment 24.**

5i) Indirect costs are limited to a maximum of 10% total direct costs. See **Ryan White Guidance for Part B Direct Service Subcontractors - Attachment 5**.

5j) **Subcontracting:**
Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. 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 the NYSDOH AI/HRI. All subcontractors and subcontracts under Contracts awarded pursuant to this RFA must be approved by the NYSDOH AI and HRI.

5k) Funding requests must adhere to the following guidelines:
Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the NYSDOH AI to provide program services identified in this RFA must apply for continuation of funding.
• Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed program or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

B. Freedom of Information Law

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

C. Application Review & Award Process

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

The NYSDOH AI anticipates that there may be more worthy applications than can be funded with available resources. Please see Section I. B of the RFA for specific review and award information. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) not funded, due to limited resources, and 3) not approved. Not funded applications may be awarded should additional funds become available.

In the event of a tie score, the applicant with the highest score for Section 3 – Health Equity – will receive the award.

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

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

Applicants awarded funding will be required to follow the guidance detailed in **Attachment 5 - Ryan White Guidance for Part B Direct Services Subcontractors**.

Once the awards have been made, applicants may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

To request a debriefing, please send an email to enter AIGPU@health.ny.gov. In the subject line, please write: *Debriefing request (RWB SS RFA).*

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

VI. ATTACHMENTS

Attachment 1: Documentation of: Current not-for-profit 501(c)(3) organization status OR FQHC status OR FQHC Look-Alike status (Component A and Component B Only)
Attachment 2: Statement of Assurances
Attachment 3: Documentation of: Current not-for-profit 501(c)(3) organization status (Component C Only)
Attachment 4: Application Cover Page
Attachment 5: Ryan White Guidance for Part B Direct Service Subcontractors (Attachment B-1)*
Attachment 6: Bureau of Community Support Services Guiding Principles*

Attachment 7: Health Equity Definitions and Examples*
Attachment 8: HRI General Terms and Conditions*
Attachment 9: Application Checklist
Attachment 10: Program Abstract
Attachment 11: Agency Organizational Chart
Attachment 12: Proposed Number of Clients to be Served (Component A & Component B Only)
Attachment 13: Service Linkages Chart
Attachment 14: Sites, Address, Days and Hours of Operations Chart
Attachment 15: Program Timeline
Attachment 16: Proposed Staffing (Component A and Component B Only)
Attachment 17: Agency Capacity and Staffing Information
Attachment 18: Ryan White Specific Budget Forms and Justification
Attachment 19: Instructions for Completion of Budget Form for Solicitations *
Attachment 20: Program Specific Clauses – NYSDOH AIDS Institute*
Attachment 21: Statement of Activities for past three (3) years
Attachment 22: Agency Yearly Independent Audit
Attachment 23: Agency Time and Effort Policy
Attachment 24: Funding History for HIV Services

*These attachments are attached to the RFA and are for applicant information only. These attachments do not need to be completed.