

RFA Number OHEP 2026-01

HEALTH RESEARCH, INC.

New York State Department of Health
Office of Public Health
Division of Public Health Infrastructure

Request for Applications
[Local Health Department Health Equity Contractor](#)

<i>RFA Release Date</i>	<i>May 26, 2026</i>
<i>Questions Due</i>	<i>June 2, 2026</i>
<i>Questions-and-Answers Document Posted on or about</i>	<i>June 6, 2026</i>
<i>Applications Due</i>	<i>June 12, 2026</i>

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I. Introduction

A. Program Description

The New York State Department of Health (NYSDOH), Office of Public Health (OPH), Division of Public Health Infrastructure (DPHI), is seeking applications from qualified organizations to support statewide engagement efforts related to the 2025–2030 Prevention Agenda.

The selected contractor will assess current informational and partnership needs among local health departments (LHDs), hospitals, community-based organizations (CBOs), and other community and health partners. This will be accomplished by convening key stakeholders to review and discuss findings and by hosting regional partnership meetings to strengthen collaboration and inform future Prevention Agenda activities.

The information, feedback, and recommendations generated through this work will be used by NYSDOH to guide future planning, resource development, and partnership strategies in support of the 2025–2030 Prevention Agenda.

The selected contractor will work in close partnership with NYSDOH to:

- Review and analyze existing Prevention Agenda resources to understand current partners, informational tools, and training opportunities available to LHDs, hospitals, CBOs, and other community and health partners.
- Develop, distribute, and analyze statewide informational needs assessment to identify gaps and opportunities related to partnerships, data use, health equity integration, and training.
- Convene NYSDOH staff and other key Prevention Agenda stakeholders to review assessment findings and identify priority topics and strategies for regional engagement.
- Plan and facilitate five regional meetings to support collaboration among LHDs, hospitals, NYSDOH staff, CBOs, and other community partners.
- Collect and analyze post-event feedback to assess changes from the initial needs assessment and inform future Prevention Agenda planning and activities.
- Maintain ongoing communication with NYSDOH and submit required reports and documentation to ensure transparency, accountability, and progress tracking throughout the project period.

2025-2030 New York State Prevention Agenda

The [2025-2030 Prevention Agenda](#) is New York State's Health Improvement Plan (SHIP). It is a six-year initiative aimed at improving the health status of New Yorkers and reducing health disparities through prevention and collaboration. The Prevention Agenda outlines key public health priorities and interventions to improve the health and well-being of individuals in New York.

of people who are born, live, learn, work, play, and age in New York State. The SHA includes various data sources for demographics, health outcomes, health behaviors, and community resources and is developed with over 100 critical partners. The SHA empowers public health agencies, policy leaders, community partners, and other groups to make informed decisions and drive positive changes to advance health and improve the health outcomes of the state's populations. Elements of the SHA assisted in the selection of New York's public health priorities for the 2025-2030 Prevention Agenda cycle.

The Prevention Agenda identifies twenty-four priority areas that are grouped into five domains:

- Economic Stability
- Social and Community Context
- Neighborhood and Built Environment
- Health Care Access and Quality
- Education Access and Quality

For more information on the 2025-2030 Prevention Agenda, please visit the [NYS Prevention Agenda 2025-2030 website](#).

B. Available Funding

The total funding available for this contract is up to three hundred thousand dollars (\$300,000.00) for one (1) contractor with an anticipated contract start date of **July 1, 2026, and end date of November 30, 2026.**

II. Who May Apply

A. Minimum Eligibility Requirements

All applicants must meet the following Minimum Eligibility Requirements:

- Applicants must have applied to and been reviewed in previous Local Health Department Health Equity RFA.
- Applicant must be a not-for-profit 501(c)(3) community-based organization (CBO), or an academic institution
- An independent entity that is not a subsidiary of, or otherwise controlled by, any other entity and
- Applicant must have a New York State Employer Identification Number (EIN)

Eligible applicants must demonstrate a minimum of five (5) years addressing the following:

- Demonstrated experience in public health program implementation, providing technical assistance on health improvement initiatives and/or community health planning.
- Proven track record of working with LHDs, hospitals, CBOs and/or government agencies on collaborative health improvement initiatives.
- Experience in developing and providing tailored technical assistance and training to state and/or local government and/or hospitals.
- Demonstrated experience facilitating cross-sector partnerships in public health, health

equity and/or community development initiatives.

- Experience supporting state and/or local government and/or hospitals participating in organizational change management and/or systems transformation to advance health equity through program and health care service delivery.
- Capacity to gather, analyze, and summarize data to inform and drive planning and strategy
- Strong facilitation skills and ability to promote collaboration and shared learning among diverse groups.
- Ability to conduct work across NYS, including virtual meetings and stakeholder engagement.
- Dedicated resources for project management, host meetings in-person and virtually and report out progress in meeting workplan deliverables.

Applications submitted by applicants that fail to meet the minimum eligibility criteria will not be reviewed.

III. Project Narrative/ Work Plan Outcomes

A. Program Expectation

The selected contractor is expected to support New York State Department of Health (NYSDOH) efforts to inform and strengthen Prevention Agenda engagement through assessment, convening, and structured information-sharing. The contractor will lead a statewide informational needs assessment, facilitate stakeholder discussions, and convene regional partnership summits to document the informational, partnership, training, data, and health equity needs of local health departments, hospitals, community-based organizations (CBOs), and other community and health partners engaged in the 2025–2030 Prevention Agenda.

New York State Department of Health will collaborate with the selected contractor throughout the project period to support successful implementation of activities, including coordination with regional offices, identification of key stakeholders, and review of materials developed through the project.

New York State Department of Health reserves the right to review and approve all required materials, products and or resources the awardee develops as part of the scope of work.

B. Contractor Responsibilities

Informational Needs Assessment

- Review existing Prevention Agenda resources, tools, materials, and partnership activities to identify informational, training, and engagement needs among local health departments, hospitals, community-based organizations, and other Prevention Agenda partners.
- Develop and submit for NYSDOH review and approval an informational needs assessment and distribution plan.
- Propose assessment method(s), such as surveys, interviews, focus groups, or other data collection approaches, and obtain NYSDOH approval prior to implementation.

- Analyze assessment findings and develop summary reports and recommendations related to partnership gaps, training and technical assistance needs, communication strategies, data utilization, and health equity considerations.

Stakeholder Convening and Engagement

- Plan and facilitate one (1) in-person Prevention Agenda workgroup meeting to present assessment findings and engage NYSDOH staff and stakeholders in discussions related to partnership development, collaboration, and health equity.
- Plan and facilitate five (5) regional, one-day, in-person Prevention Agenda Partnership Summits to support relationship-building, shared learning, and collaboration among Prevention Agenda partners.
- Develop agendas, presentation materials, discussion guides, and region-specific engagement content informed by assessment findings and stakeholder feedback.

Reporting and Communication

- Maintain ongoing communication and coordination with NYSDOH regarding project activities, timelines, deliverables, and emerging findings.
- Submit required reports, summaries, participation records, survey analyses, meeting materials, and supporting documentation in accordance with established timelines. All materials must be submitted to NYSDOH for review and approval.
- Develop and submit final evaluation and summary reports synthesizing assessment findings, engagement outcomes, participant feedback, project impacts, and recommendations to support future Prevention Agenda partnership and engagement activities.

Budget Requirements

Applicants must complete and submit the required budget template as part of their application. The proposed budget must align directly with the deliverables outlined in this RFA. The budget should identify the proposed cost associated with each deliverable, including major cost categories (e.g., personnel, fringe, travel, supplies, and other direct costs).

In addition, applicants must provide a concise budget justification explaining how the proposed costs were determined and how reasonable and necessary to successfully complete each deliverable within the contract period.

Work Plan Requirements

Applicants must complete and submit the required work plan template as part of their application. The work plan will be evaluated for clarity, completeness, and alignment with the scope of work listed below.

Payment Structure

Payments under this contract will be made on a deliverable-based contract. The selected contractor will submit vouchers and support documentation upon completion of deliverables as outlined in the Scope of Work.

Deliverables must be completed in accordance with the timelines and requirements described in this RFA and the executed contract. Payments will not be issued until deliverables have been reviewed and accepted by NYSDOH.

Applicants must include sufficient funding in the proposed budget to support both reimbursement payments and the administrative costs associated with managing the reimbursement process.

B. Scope of Work

Deliverable 1: Conduct and analyze a statewide informational needs assessment to identify partnership, training, communication, data utilization, and health equity needs among local health departments (LHDs), hospitals, community-based organizations (CBOs), and other Prevention Agenda partners. Activities include developing NYSDOH-approved assessment methods and distribution plans, collecting stakeholder input, tracking participation and outreach efforts, and developing findings and recommendations reports to support future Prevention Agenda planning and engagement activities.

Deliverable 2: Plan, coordinate, and facilitate a one-day Prevention Agenda workgroup meeting to present informational needs assessment findings, engage NYSDOH staff and key stakeholders in structured discussions, and identify regional and statewide partnership, engagement, and capacity-building priorities to inform future Prevention Agenda activities. Activities include developing agendas, facilitation materials, meeting logistics, and a summary report with recommendations and region-specific engagement considerations.

NYSDOH will collaborate with the selected contractor on stakeholder identification and regional coordination; however, the contractor will be responsible for overall project management and implementation of approved activities

Deliverable 3: Plan, coordinate, facilitate, and evaluate five (5) one-day, in-person Regional Prevention Agenda Partnership Summits, with virtual participation options as applicable, to strengthen collaboration among local health departments (LHDs), hospitals, NYSDOH regional offices, community-based organizations (CBOs), and other community and health partners. Activities include developing region-specific materials, coordinating participant outreach and logistics, facilitating structured discussions, collecting participant feedback, and developing evaluation summaries and recommendations related to partnership development, health equity, social determinants of health, and data utilization.

Deliverable 4: Maintain ongoing project coordination, reporting, and communication with NYSDOH throughout the contract period. Activities include participating in regular project meetings, submitting monitoring and progress documentation, tracking implementation activities and participation metrics, and developing a final comprehensive evaluation and project summary report documenting project outcomes, challenges, lessons learned, and recommendations to support future Prevention Agenda engagement and partnership activities.

Deliverable 1	Informational Needs Assessment to Support Prevention Agenda Partnerships	To Be Completed By
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Activity 1	<p><i>Develop and submit an informational needs assessment and distribution plan for NYSDOH review and approval that includes:</i></p> <ul style="list-style-type: none"> • Conduct a stakeholder assessment, such as surveys, interview guides, or focus group, to propose target audiences for the assessment, including local health departments, hospitals, community-based organizations and other relevant Prevention Agenda partners • Questions designed to collect information related to: <ul style="list-style-type: none"> ○ Existing Prevention Agenda resources, tools, training, and informational materials ○ Current partnership and engagement activities ○ Informational and training needs ○ Data utilization practices ○ Incorporation of health equity principles into existing resources and practices • Develop and maintain a target audience categorization table that organizes participating organizations by partner type, geographic region, and engagement category • Distribute the approved informational needs assessment to identified target audiences • Maintain response tracking documentation that includes outreach activities, participation rates, completed responses, and engagement trends across target audience groups • Submit response tracking summaries and participation updates to NYSDOH throughout the assessment period 	July 30, 2026
Activity 2	<p><i>Develop and submit a written summary report of informational needs assessment findings:</i></p> <ul style="list-style-type: none"> • Compile and summarize information needs assessment responses • Develop a written findings report that includes statewide and regional trends, informational and training needs, partnership gaps, data utilization finding, and health equity considerations • Submit draft assessment findings and distribution materials to NYSDOH for review and approval 	August 15, 2026

	<ul style="list-style-type: none"> • Upon approval, distribute finalized informational needs assessment findings to local health departments, hospitals, community-based organizations, and other relevant Prevention Agenda partners 	
Activity 3	<p><i>Develop and submit a final recommendations report for NYSDOH</i></p> <ul style="list-style-type: none"> • Develop a final recommendations report that includes: <ul style="list-style-type: none"> ○ Priority partnership and capacity-building needs ○ Recommendations to strengthen Prevention Agenda partnerships ○ Recommendations to improve information sharing and communication strategies ○ Recommendations for training and technical assistance opportunities ○ Recommendations to strengthen data utilization and integration of health equity principles into Prevention Agenda implementation activities • Submit final recommendation report and supporting documentation to NYSDOH 	August 30, 2026

Deliverable 2	Plan, coordinate and facilitate a One-day in-person meeting for the Prevention Agenda workgroup meeting	To Be Completed By
Activity 1	<p><i>Develop and coordinate materials, and participation for a one-day Prevention Agenda workgroup meeting</i></p> <ul style="list-style-type: none"> • Develop and submit a detailed workgroup agenda for NYSDOH review and approval • Prepare presentation materials, discussion guides, and handout materials summarizing findings from the informational needs assessment. Share all materials developed with NYSDOH • Coordinate presenters, stakeholders participants, and meeting communications in collaboration with NYSDOH • Coordinate meeting logistics, including venue arrangements, accessibility accommodations, and virtual participation options 	September 10, 2026
Activity 2	<p><i>Facilitate one-day Prevention Agenda workgroup meeting:</i></p> <ul style="list-style-type: none"> • Present findings from the informational needs assessment • Facilitate structured discussions with NYSDOH program experts and Prevention Agenda stakeholders focused on partnership needs, engagement gaps, health equity considerations, and opportunities for collaboration • Manage in-person and virtual participation to support inclusive engagement and participation • Document key discussion themes, priorities, recommendations, and action items discussed during the workgroup meeting 	September 15, 2026

Activity 3	<p><i>Develop and submit a Prevention Agenda workgroup summary report to NYSDOH:</i></p> <ul style="list-style-type: none"> • Develop a written summary report synthesizing findings from the informational needs assessment and Prevention Agenda workgroup discussions • Develop region-specific agenda items and recommendations that reflect localized needs, priorities, partnership gaps, and capacity-building opportunities • Develop recommendations to support future regional and statewide Prevention Agenda engagement and partnership strategies • Submit final workgroup summary report and supporting documentation to NYSDOH 	September 30, 2026
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Deliverable 3	Facilitate 5 in-person Regional Prevention Agenda Partnership Summits	To Be Completed By
Activity 1	<p><i>Develop region-specific summit materials and session content</i></p> <ul style="list-style-type: none"> • Develop region-specific presentation materials, discussion guides, and session modules informed by: <ul style="list-style-type: none"> ○ findings from the informational needs assessment; and ○ priorities and recommendations identified during the Prevention Agenda workgroup meeting • Submit draft summit materials and agendas to NYSDOH for review and approval 	October 1, 2026
Activity 2	<p><i>Coordinate and manage logistics for five (5) regional Prevention Agenda Partnership Summits</i></p> <ul style="list-style-type: none"> • Coordinate and manage logistics for five in-person regional Prevention Agenda Partnership Summits, including: <ul style="list-style-type: none"> ○ Securing meeting locations in collaboration with NYSDOH, ○ Coordinating accessibility accommodations and virtual participation options, ○ Managing participant outreach, recruitment, registration, and meeting communications in coordination with NYSDOH regional offices, • Develop and maintain summit registration and participation records 	October 1, 2026

<p>Activity 3</p>	<p><i>Facilitate five (5) regional one-day, in-person Prevention Agenda Partnership Summits with virtual participation option:</i></p> <ul style="list-style-type: none"> • Facilitate five regional one-day, in-person Prevention Agenda Partnership Summits with virtual participation options, as applicable • Present standardized, region-specific summit materials and session modules • Facilitate structured discussions focused on: <ul style="list-style-type: none"> ○ Advancing health equity, ○ Addressing social determinants of health, ○ Improving data utilization, ○ Strengthening regional partnerships, ○ Identifying opportunities for Prevention Agenda collaboration • Facilitate engagement among local health departments, hospitals, NYSDOH regional offices, community-based organizations, and other community and health partners • Document summit discussion themes, partnership priorities, participant feedback, and action items identified during summit activities 	<p>November 15, 2026</p>
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Activity 4	<p><i>Develop and submit a Regional Prevention Agenda Partnership Summit evaluation summary report</i></p> <ul style="list-style-type: none"> • Develop, distribute, and collect post-event surveys for summit participants • Compile and summarize participant feedback related to summit content, delivery, participant experience, partnership readiness, and capacity-building needs • Develop a final evaluation summary report that includes: <ul style="list-style-type: none"> ○ Key findings and regional trends, ○ Identified areas of impact and remaining partnership gaps, ○ Participant feedback and engagement outcomes, ○ Provide recommendations for future Prevention Agenda partnership and capacity-building activities • Submit final evaluation summary report and supporting documentation to NYSDOH 	November 30, 2026
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Deliverable 4	Develop and submit a Comprehensive Prevention Agenda Partnership Evaluation and Implementation Report	To Be Completed By
Activity 1	<p><i>Maintain ongoing project coordination and communication</i></p> <ul style="list-style-type: none"> • Meet monthly with NYSDOH staff to review project status, timelines, deliverables, and emerging needs • Participate in monthly meetings with NYSDOH staff to review project status, deliverables, timelines, implementation progress, and emerging project needs • Develop and submit meeting summaries or supporting documentation related to project coordination activities, as requested by NYSDOH 	Ongoing
Activity 2	<p><i>Develop and submit project monitoring summaries</i></p> <ul style="list-style-type: none"> • Develop and submit monitoring summaries documenting progress toward approved workplans, deliverables, timelines, and project activities • Develop and maintain performance tracking documentation related to meetings, assessments, outreach activities, participation metrics, and engagement efforts across all deliverables • Develop summaries documenting implementation successes, challenges encountered, lessons learned, and recommendations for continuous improvement 	November 30, 2026

Activity 3	<p><i>Develop and submit a comprehensive final evaluation and project summary report to NYSDOH:</i></p> <p>Project Implementation and Outputs:</p> <ul style="list-style-type: none"> • Summary of all project activities and completed deliverables • Attendance records and participant reach across meetings, workgroups, and regional summits • Description of topics addressed and reported outcomes or changes resulting from project activities <p>Evaluation Findings:</p> <ul style="list-style-type: none"> • Summary of post-event survey findings and other evaluation results • Assessments of project effectiveness in meeting stated objectives and advancing Prevention Agenda priorities • Identification of key successes, challenges, and implementation lessons learned <p>Reach and Participation Metrics</p> <ul style="list-style-type: none"> • Number of individuals, communities, and regions served • Counties and zip codes reached • Number and type of collaborative partners • Key successes and challenges encountered • Plans, if any, to continue project activities beyond the grant period 	November 30, 2026
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C. Performance Evaluation

The selected contractor will be measured through a performance evaluation based on the completion of tasks and adherence to the timeline outlined in the scope of work. They will be expected to submit timely progress reports and other deliverables related to Prevention Agenda activities, as identified in the scope of work, and respond promptly to inquiries from NYSDOH. Metrics monitoring and analysis conducted as part of the contract will contribute to the performance evaluation and will be used to assess progress toward the goals and objectives of the Prevention Agenda.

IV. Application and Review Process

Applications and supporting documentation must be **received** in SM Apply© by **June 12, 2026**. Late applications will not be accepted. *

Applications will *not* be accepted via fax or e-mail.

*It is the applicant's responsibility to see that applications are submitted in SM Apply© prior to the date and time specified above. Late applications due to documentable delay by the carrier may be considered at HRI's discretion.

Applications meeting the minimum eligibility requirements will be reviewed and evaluated competitively by a panel convened by the Division of Public Health Infrastructure using an objective rating system (applicant questions below) reflective of the required items specified for each component. An application that does not meet the minimum eligibility requirements will not be evaluated.

For applications to be considered and scored, applicants must submit all required components listed below. Applications that are incomplete or fail to address all required elements will not be scored.

[Click here to apply.](#)

- Fully complete and submit the application in Survey Monkey Apply®, ensuring all questions are answered.
- Upload the following required documents:
 - Upload the Budget Template (Attachment 1)
 - Completed work plan (Attachment 2)

A. Applicant Attestation and Questions

Applicant Attestation:

1. My organization meets the minimum qualifications:
 - Applicants must have applied to and been reviewed in previous Local Health Department Health Equity RFA.
 - Applicant must be a not-for-profit 501(c)(3) community-based organization (CBO), or an academic institution
 - An independent entity that is not a subsidiary of, or otherwise controlled by, any other entity and
 - Applicants must have a New York State Employer Identification Number (EIN) and a Unique Entity Identifier (UEI)

Yes No

2. My organization has the minimum of five (5) years of experience:
 - Demonstrated experience in public health program implementation, providing technical assistance on health improvement initiatives and/or community health planning.
 - Proven track record of working with LHDs, hospitals, CBOs and/or government agencies on collaborative health improvement initiatives.
 - Experience in developing and providing tailored technical assistance and training to state and/or local government and/or hospitals.

- Demonstrated experience facilitating cross-sector partnerships in public health, health equity and/or community development initiatives.
- Experience supporting state and/or local government and/or hospitals participating in organizational change management and/or systems transformation to advance health equity through program and health care service delivery.
- Capacity to gather, analyze, and summarize data to inform and drive planning and strategy
- Strong facilitation skills and ability to promote collaboration and shared learning among diverse groups.
- Ability to conduct work across NYS, including virtual meetings and stakeholder engagement.
- Dedicated resources for project management, host meetings in-person and virtually report out progress in meeting workplan deliverables.

Please state how you meet this minimum qualification.

Applicant Questions:

Responses exceeding the 500 word limit may not be reviewed beyond the stated limit.

1. Has the organization contracted with or received funding from NYSDOH or HRI? (5 bonus points if never received funding)
2. Describe the organization’s mission and previous experience advancing the Prevention Agenda, health equity, and cross-sector public health partnerships with Local Health Departments, hospitals and community-based organizations. (5 points)
3. Describe a specific example in which your organization planned, facilitated, and evaluated a statewide or multi-regional public health convening involving diverse stakeholders (e.g., LHDs, hospitals, CBOs, government partners). Your response should include at least one example outlining the purpose of the convening, number and types of partners involved, strategies used to recruit and retain participation, challenges encountered and how they were addressed, measurable outcomes or impacts. (5 points)
4. Describe your organization’s capacity to plan and coordinate multiple in-person convenings with virtual participation options, including participant recruitment, logistics and reimbursement processes. Your answer should include staffing structure and tools used to manage timelines and deliverables. (5 points)
5. Describe a specific example in which your organization designed and implemented an informational needs assessment or other primary data collection efforts focused on health outcomes. An example of an informational needs assessment is a community-based needs assessment. Your response should focus on the purpose and populations engaged, methods used and rationale, recruitment and response strategies, number and type of respondents, approach to analysis, and how findings informed decisions or programming. (5 points)

6. Describe your approach to facilitating structured discussions among varying stakeholders with differing priorities and levels of authority (e.g. state agencies, local health departments, hospitals, CBOs)? Please include strategies to ensure inclusive participation, how you manage conflict or competing priorities, how you drive toward actionable outcomes, the forum of the discussion, the type of stakeholders. (5 points)
7. Describe your approach to recruiting and engaging varying stakeholders across New York State. Please include your outreach strategies, existing partnerships or networks, methods to ensure cross-sector and regional participation, and strategies to engage underrepresented groups. (5 points)
8. Describe your organization's experience developing and/or regionally tailored materials for public health initiatives addressing root causes of health issues (e.g. agendas, presentations, toolkits, session modules). Please include how materials were adapted across regions while remaining consistent with statewide goals, how do you ensure materials were accessible, culturally relevant, and appropriate for the intended audience, specific methods used to evaluate effectiveness (e.g. participant feedback, pre/post assessments), and how you determined that materials improved knowledge or understanding. (5 points)
9. Describe a specific example of when your organization analyzed and interpreted public health or healthcare-related data to inform decision making. Your answer should focus on data analysis and include: the data sources used (whether a primary or secondary source), analytical methods used, key findings, and how results were translated into recommendations or action. (5 points)
10. Describe your organization's experience preparing formal reports and maintaining documentation. Your example should include the types of reports produced, systems used to track participation and outcomes, and how accuracy, timeliness, and compliance were ensured. (5 points)
11. Describe your organization's capacity to support meetings with both in-person and virtual participation. Please include technology platform used, strategies to engage both audiences, and experience managing technical challenges. (5 points)
12. Describe the proposed project team, including roles, experience as it relates to the work listed in this RFA, and level of effort. Explain how staff responsibilities will support timely completion of all deliverables throughout the project period. (5 points)
13. Identify potential challenges or risks associated with implementing this scope of work and describe how your organization would mitigate them. Your answer should include risks related to stakeholder engagement, timelines and or participation. (5 points)
14. Please upload your completed workplan that demonstrates a clear and feasible approach to completing the scope of work. The workplan should be clear and the level of detail provided for

each activity should be realistic and feasible, consistent between the workplan, proposed staffing, and budget, and overall readiness to successfully execute the project within the contract period. Workplans will be evaluated for clarity, completeness, and the applicant's ability to successfully execute the proposed activities within the specified time frame. (5 points)

Cost Proposal:

1. Please upload a detailed budget and budget justification that clearly explains how funds will be used to support the proposed work. Applicants should clearly describe how funds will be allocated across deliverables and activities. Proposed costs must be reasonable, appropriate for the work described, and demonstrate a clear connection between spending, staffing, project implementation, the proposed workplan, and timeline. (20 points)

Budgets will be evaluated based on completeness, cost reasonableness, and alignment with the proposed scope of work, deliverables, and project activities.

B. Review and Selection Process

Applications meeting the minimum eligibility requirements will be reviewed and evaluated competitively by a panel convened by the Division of Public Health Infrastructure using an objective rating system reflective of the required items specified for each component. An application that does not meet the minimum eligibility requirements will not be evaluated.

Applications will be evaluated using a combined scoring methodology that includes both the application question scores and the budget score. An award will be made to the applicant with the highest combined total score.

The total maximum score any application can receive is 90 points.

Five (5) bonus points will be given to organizations who have not received funding from NYSDOH or HRI in the past. In the event of a tie score, preference will be given to the applicant with the highest score for question 3 and 5.

An email will be sent from dphi@health.ny.gov to let applicants know if they have been selected or not selected for this opportunity. Once award notices have been sent, applicants may request a debriefing of their application (whether their application was selected or not selected). Please note the debriefing will be limited only to the organization's application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from the date of award or non-award announcement via email. To request a debriefing, please send an email to dphi@health.ny.gov. In the subject line, please write: **Debriefing Request**

V. Administrative Requirements

A. Issuing Agency

This RFA is issued by Health Research, Inc. (HRI) and the NYS Department of Health (NYS DOH) Division of Public Health Infrastructure (DPHI). HRI/NYS DOH are responsible for the

requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions by applicants with respect to any aspect of this opportunity must be submitted by **May 29, 2026** via email at: dphi@health.ny.gov

Questions of a technical nature can be addressed via email at: dphi@health.ny.gov

Questions are of a technical nature if they are limited to how to prepare the application (e.g., formatting) rather than relating to the substance of the application.

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

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 **June 6, 2026**.

C. How to apply

Applications must be **received** in SM Apply© by **June 12, 2026**. Late applications will not be accepted. *

Applications will not be accepted via fax or e-mail.

*It is the applicant's responsibility to see that applications are submitted in SM Apply© prior to the date and time specified above. Late applications due to documentable delay by the carrier may be considered at HRI's discretion.

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

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at HRI's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's

request for clarifying information in the course of evaluation and/or selection under the RFA.

7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should HRI be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offer's application and/or to determine an offer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of HRI.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award contracts based on geographic or regional considerations to serve the best interests of HRI.

B. Term of Contract

Any contract resulting from this RFA will be effective only upon final approval by Health Research, Inc.

It is expected that contracts resulting from this RFA will have the following time period: *July 1, 2026 – November 30, 2026*. Renewals are dependent upon satisfactory performance and continued funding. HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding.

C. Payment & Reporting Requirements of Awardees

The Contractor must submit monthly vouchers and reports required through SM Apply©.

To contract with HRI and receive funds under this funding opportunity, organizations are required to have a SAM.gov Unique Entity ID (UEI) number. If you do not already have a UEI, please visit [SAM.gov | Home](https://sam.gov) to get a Unique Entity ID number. Obtaining a UEI number may take several weeks, so it is best to begin the process now. This will ensure that if you are selected for this funding opportunity, there will not be a delay in the contracting process.

Additional Information

- Successful applicants will be expected to enter into a contractual agreement with HRI.
- If applicant is already receiving funding for similar work, they must show how this new funding would be used for work that is distinct from existing efforts.
- Applicant must have experience working directly with the populations they will serve, and the capacity to plan and conduct the trainings and activities.
- Final approved budget will be coordinated with the awardee.

D. General Specifications

1. By signing the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractor will possess, at no cost to HRI or the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by HRI during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of HRI as to all matters arising in connection with or relating to the contract resulting from this RFA.
 - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, HRI shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

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

I. HRI Boilerplate Agreement

THIS AGREEMENT, made as of XXX (the "Effective Date"), by and between **HEALTH RESEARCH, INC.**, a not for profit corporation organized and existing under the laws of the State of New York, with principal offices located at Riverview Center, 150 Broadway, Ste. 280, Menands, NY 12204, hereinafter referred to as **HRI**, and **XXXXXX**, located at XXXXX, herein after referred to as the **CONSULTANT**.

WITNESSETH

WHEREAS, HRI has been awarded a grant from XXXXXXXX for the conduct of a project entitled "XXX"; and,

WHEREAS, funding for the project, in whole or in part, is provided under a federal government grant or contract; and,

WHEREAS, HRI desires the Consultant's performance of certain services for HRI in connection with such project; and,

WHEREAS, Consultant has represented to HRI that "he/she/it" is competent, willing and able to perform such services for HRI.

NOW THEREFORE, in consideration of the promises, mutual covenants, and agreements contained herein, it is mutually agreed by and between the respective parties as follows:

1. Consultant agrees to perform, as an independent contractor and not as an employee or agent of HRI, all the services set forth in Exhibit "A", appended hereto and made a part hereof, to the satisfaction of HRI's Principal Investigator, XXXX.
2. The Agreement shall be effective and allowable costs may be incurred by the Consultant from the Effective Date and shall continue until XXX (the "Term") unless terminated sooner as hereinafter provided or extended by written agreement of the parties.
3. In full and complete consideration of Consultant's performance hereunder, HRI agrees to compensate Consultant pursuant to the breakdown in Exhibit "A" attached. Final invoices are due within 60 days of the termination date of this Agreement. Requests received after this 60-day period may not be honored. Any reimbursement payable hereunder by HRI to the Consultant shall be subject to retroactive reductions and/or repayment for amounts included therein which are identified by HRI, on the basis of any review or audit, to not constitute an allowable cost or charge hereunder.
4. The Scope of Work and Budget in Exhibit "A" may be modified as conditions warrant by mutual agreement between HRI and Consultant, and confirmed in writing. In no event shall the total consideration under this Agreement exceed «Total Contract Amount Typed Out» Dollars (\$XXXXX).

5. Consultant acknowledges and agrees that all work products, deliverables, designs, writings, inventions, discoveries, and related materials, (collectively "Works") made, produced or delivered by Consultant in the performance of its obligations hereunder will be owned exclusively by HRI. All copyrightable Works are "works made for hire". Consultant will assign, and hereby assigns and transfers, to HRI all intellectual property rights in and to Works, including without limitation, copyrights, patent rights, trademark rights, and trade secret rights. Consultant further agrees that "he/she/it" shall not claim or assert any proprietary interest in any of the data or materials required to be produced or delivered by Consultant in the performance of its obligation hereunder. Consultant warrants that all Works shall be original except for such portion from copyrighted works as may be included with Consultant's advance permission of the copyright owner(s) thereof, that it shall contain no libelous or unlawful statements or materials, and will not infringe upon any copyright, trademark or patent, statutory or other proprietary rights of others. Consultant further agrees that "he/she/it" will not publish, permit to be published, or distribute for public consumption, any information, oral or written, concerning the results or conclusions made pursuant to this Agreement without the prior written consent of HRI.
6. Neither party shall use the name of the other or any adaptation, abbreviation or derivative of any of them, whether oral or written, without the prior written permission of the other party. For the purposes of this paragraph "party" on the part of HRI shall include the State of New York and the NYS Department of Health.
7. It is understood and agreed that the services to be rendered by Consultant are unique and that Consultant shall not assign, transfer, subcontract or otherwise dispose of its rights or duties hereunder, in whole or in part, to any other person, firm or corporation, without the advance written consent of HRI.
8. The nature of the relationship which the Consultant shall have to HRI pursuant to this Agreement shall be that of an independent contractor. Under no circumstance shall the Consultant be considered an employee or agent of HRI. This Agreement shall not be construed to contain any authority, either expressed or implied, enabling the Consultant to incur any expense or perform any act on behalf of HRI.
9. Consultant is solely responsible for complying with all applicable laws and obtaining, at Consultant's sole expense, any and all licenses, permits, or authorizations necessary to perform services hereunder. Without limiting the generality of the foregoing, Consultant acknowledges and agrees, to the extent required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, that Consultant will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, in accordance with Section 220-e of the Labor Law, Consultant agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Contract. Consultant is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this Contract and forfeiture of all moneys due hereunder for a second or

subsequent violation. Consultant further agrees to the related terms and conditions set forth in Appendix "A".

10. This Agreement shall be void and no force and effect unless Consultant shall provide and maintain coverage during the life of this Agreement for the benefit of such employees as are required to be covered by the provisions of Workers' Compensation Law.
11. Unless otherwise agreed by HRI, Consultant shall maintain, or cause to be maintained, during the Term of this Agreement, insurance or self-insurance equivalents of the following types and amounts: a) Commercial General Liability (CGL) with limits of insurance of not less than \$1,000,000 each occurrence and \$2,000,000 annual aggregate; b) HRI and the People of the State of New York shall be included as Additional Insureds on the Consultant's CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for the Additional Insureds shall be as broad as the coverage provided for the Named Insured Consultant. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds; c) other such insurance as may be specified by HRI, depending on the project and services provided by Consultant.
12. Consultant shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, "Records"). The Records must be kept for the balance of the calendar year in which they are created and for six years thereafter. HRI shall have reasonable access to such Records as necessary for the purposes of inspection, audit, and copying. Records shall be maintained as Confidential Information and protected from public disclosure.
13. This Agreement, including all applicable attachments and appendices thereto, represents the entire Agreement and understanding of the parties hereto and no prior writings, conversations or representations of any nature shall be deemed to vary the provisions hereof. This Agreement may not be amended in any way except in writing, duly executed by both parties hereto.
14. HRI may terminate this Agreement with or without cause at any time by giving advance notice, when, in its sole discretion, HRI determines that it is in the best interests of HRI to do so, or as directed by the project sponsor. Such termination shall not affect any commitments which, in the judgment of HRI, have become legally binding prior to the effective date of termination. Upon termination of the Agreement by either party for any reason, Consultant shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination. It is understood and agreed, however, that in the event that Consultant is in default upon any of its obligations, hereunder, at the time of such termination, such right of termination on the part of HRI shall expressly be in addition to any other rights or remedies which HRI may have against Consultant by reason of such default.
15. Consultant acknowledges and agrees that, during the course of performing services for HRI, it may receive information of a confidential nature, whether marked or unmarked ("Confidential Information"). Consultant agrees to protect such Confidential Information

with the same degree of care it uses to protect its own confidential information of similar nature and importance, but with no less than reasonable care. Consultant will not use Confidential Information for any purpose other than to facilitate the provision of services under this Agreement, and Consultant will not disclose Confidential Information to any third party without HRI's advance written consent.

16. Consultant represents and warrants that: a) it has the full right and authority to enter into and perform under this Agreement; b) it will perform the services set forth in Exhibit "A" in a workmanlike manner consistent with applicable industry practices; c) the services, work products, and deliverables provided by Consultant will conform to the specifications in Exhibit "A"; d) there is no pending or threatened claim or litigation that would have a material adverse impact on its ability to perform as required by this Agreement.
17. Consultant shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict with the proper discharge of Consultant's duties under this Agreement. In the event any actual or potential conflict arises, Consultant agrees to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential impact on Consultant's performance under this Agreement.
18. Consultant agrees to defend, indemnify and hold HRI, its agents and employees, the New York State Department of Health, and the People of the State of New York, harmless from any losses, claims, damages, expenses, and liabilities (including reasonable attorneys' fees arising out of: (i) any act or omission by Consultant in connection with the performance of services constituting negligence, willful misconduct, or fraud; (ii) the breach of the confidentiality obligations set forth herein; (iii) any claim for compensation or payment asserted by any employee or agent of Consultant; (iv) Consultant's failure to carry out Consultant's responsibilities under this Agreement; (v) any intellectual property infringement or misappropriation by Consultant in connection with the services provided under this Agreement.
19. Should any provision of this Agreement be proven to be invalid or legally ineffective, the overall validity of this Agreement shall not be affected. Unless the parties agree on an amended provision, the invalid provision shall be deemed to be replaced by a valid provision accomplishing as far as possible the purpose and intent of the parties at the date of the Agreement.
20. The failure of HRI to assert a right hereunder or to insist on compliance with any term or condition of this Agreement shall not constitute a waiver of that right of HRI, or other rights of HRI under the Agreement, or excuse a subsequent failure to perform any such term or condition by Consultant.
21. This Agreement shall be governed and construed in accordance with the laws of the State of New York. The jurisdictional venue for any legal proceedings involving this Agreement shall be in the State of New York. Disputes involving this Agreement may not be submitted to binding arbitration.
22. In addition to the methods of process allowed by the State Civil Practice Law & Rules (CPLR), in any litigation arising under or with respect to this Agreement, Consultant hereby consents to the service of process upon it by registered or certified mail, return

receipt requested, and will promptly notify HRI in writing in the event there is any change of address to which service of process can be made.

23. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.
24. Consultant agrees to abide by the terms and conditions of Appendix "A" attached hereto and made a part hereof, including the provisions required for federally funded projects, if applicable.

The parties to the attached Agreement further agree to be bound by the following terms, which are hereby made a part of said Agreement:

1. During the performance of the Agreement, the Consultant agrees as follows:
 - (a) Equal Opportunity, Non-Discrimination, and Notice of Labor Rights - Consultant acknowledges and agrees, whether or not required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) or any other State or Federal statutory or constitutional non-discrimination or civil rights provisions, including but not limited to the American Disabilities Act, that Consultant will not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual's relationship or association with a member of a protected category or any other basis protected by state and federal law. Furthermore, Consultant agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual's relationship or association with a member of a protected category or any other basis protected by applicable state and federal law: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement. Consultant is subject to Section 220-e or Section 239 of the New York State Labor Law for work performed under this Agreement. Pursuant thereto, Consultant is subject to fines of \$50.00 per person per day for any violation of this provision, which may be deducted from any amounts payable under this Agreement, as well as possible termination of this Agreement and forfeiture of all moneys due hereunder for a second or subsequent violation. **Consultant shall, to the extent they apply, abide by (1) the requirements of 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a), which prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity, or national origin and require affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status, or disability; (2) 29 CFR Part 471, Appendix A to Subpart A, and (3) E-Verify.**

- (b) EEO Reporting - If Consultant is required by federal regulations to file Employer Information Report EEO-1 (standard form 100) or Federal Contractor Veterans' Employment Report VETS-4212, Consultant certifies that it has done so or will file such reports in accordance with applicable instructions and will continue to file such reports unless or until no longer required by law or regulation.
- (c) System for Award Management (SAM) - Consultant is required to register with SAM.gov and maintain active status as stated in 2 CFR Subtitle A, Chapter 1, and Part 25 of Code of Federal Regulations. Consultant must maintain the accuracy/currency of the information in SAM at all times during which your entity has an active agreement with HRI. Additionally, your entity is required to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information.

2. Assurances Required by DHHS--HHS (Where Applicable)

(a) Human Subjects, Derived Materials or Data

The Consultant and HRI both agree to abide by DHHS regulations concerning Human Subjects. The DHHS regulation, 45 CFR 46, provides a systematic means, based on established ethical principles, protecting the rights and welfare of individuals who may be exposed to the possibility of physical, psychological or social injury while they are participating as subjects in research, development or related activities. The regulation extends to the human fetus (either in utero or ex utero), the dead, organs, tissues, and body fluids, and graphic, written or recorded information derived from human sources.

The DHHS regulation requires institutional assurances, including the implementation of procedures for review, and the assignment of responsibilities for adequately protecting the rights and welfare of human subjects. Safeguarding these rights and welfare is, by DHHS policy, primarily the responsibility of the grantee. The Consultant is responsible for ensuring that the activity described or covered by this Agreement, and additional information relating to human subjects, derived materials or data are annually reviewed and approved by the Institutional Review Board of the Consultant. The Consultant and HRI agree to complete an HHS 596 form on an annual basis.

(b) Laboratory Animals

The Consultant agrees to abide by HHS policy requiring that laboratory animals not suffer unnecessary discomfort, pain or injury. The Consultant must assure HHS, in writing that it is committed to following the standards established by the Animal Welfare Acts and by the documents entitled "Principles for Use of Animals" and "Guide for the Care and Use of Laboratory Animals."

(c) Recombinant DNA

The Consultant agrees to abide by the current HHS Guidelines for Research involving Recombinant DNA Molecules. All research involving recombinant DNA techniques that is supported by the Public Health Service must meet the requirements of these Guidelines, which were developed in response to the concerns of the scientific and lay communities about the possible effects of recombinant DNA research. Their purpose is to specify practices for the construction and handling of recombinant DNA molecules and organisms or viruses containing recombinant DNA. As defined by the Guidelines, "recombinant DNA" corresponds to: (1) molecules that are constructed outside living

cells by joining natural or synthetic DNA segments to DNA molecules that can replicate in a living cell; or (2) DNA molecules that result from the replication of a molecule described in (1).

Several types of studies involving recombinant DNA are exempt from the Guidelines while others are prohibited by the Guidelines. For the remainder, the Consultant must establish and implement policies that provide for the safe conduct of the research in full conformity with the Guidelines. This responsibility includes establishing an institutional biosafety committee to review all recombinant DNA research to be conducted at or sponsored by the Consultant and to approve those projects that are in conformity with the Guidelines. For each approved project, a valid Memorandum of Understanding and Agreement (MUA) shall be prepared for submission when solicited by an appropriate HHS staff member. The MUA is considered approved after review and acceptance by ORDA and by the Consultant.

(d) Promoting Objectivity in Research

Neither Consultant nor anyone working on its behalf shall have any interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity that may create a conflict, or the appearance of a conflict, with the proper discharge of Consultant's duties under this Agreement or the conflict of interest policy of any agency providing federal funding under this Agreement. In the event any actual or potential conflict arises, Consultant agrees (i) to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential or actual conflict, and, (ii) if required, eliminate the conflict or put in place an acceptable conflict management plan. Consultant agrees to comply with the DHHS/HHS regulatory requirements on Responsibility of Applicants for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 CFR Part 50 Subpart F, as may be amended from time to time. Failure to disclose conflicts or provide information related thereto to HRI may be cause for termination of the Agreement.

(e) Additional Assurances

Should any additional DHHS-HHS regulations be promulgated that are applicable to this Agreement, the Consultant and HRI will review and agree to include them as part of this Agreement.

(f) National Labor Relations Act (Executive Order 13496)

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

The following provisions 3-6 are applicable to federally funded projects:

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

4. Notice as Required Under Public Law 103-333 - The Consultant is hereby notified of the following statement made by the Congress at Section 507(a) of Public Law 103-333 (The DHHS Appropriations Act, 1995, hereinafter the "Act"): It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.
5. Required Federal Certifications - Acceptance of this Agreement by Consultant constitutes certification by the Consultant of all of the following:
 - (a) The Consultant is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
 - (b) The Consultant is not delinquent on any Federal debt.
 - (c) The Consultant will comply with the Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352) requiring for Agreements of \$100,000 or more, that Consultant (i) will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352, and (ii) will disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
 - (d) The Consultant shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care, early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.
 - (e) The Consultant has established administrative policies regarding Scientific Misconduct as required by the Final Rule 42 CFR Part 93, Subpart A as published at the 54 Federal Register 32446, August 8, 1989.
 - (f) The Consultant maintains a drug free workplace in compliance with the Drug Free Workplace Act of 1988 as implemented in 45 CFR Part 76.
 - (g) If the Project Sponsor is either an agency of the Public Health Service or the National Science Foundation, the Consultant is in compliance with the rules governing Objectivity in Research as published in 60 Federal Register July 11, 1995.
6. Whistleblower Policy - Congress has enacted whistleblower protection statute 41 U.S.C. 4712, which applies to all employees working for contractors, grantees, subcontractors, and sub-grantees on federal grants and contracts. This program requires all grantees, sub-grantees and subcontractors to: inform their employees working on any federally funded

award they are subject to the whistleblower rights and remedies of the program; inform their employee in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and Contractors and grantees will include such requirements in any agreement made with a subcontractor or sub-grantee.

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

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

The Consultant shall require that the language of all of the above certifications will be included in the award documents for all subawards under this Agreement (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

The Consultant agrees to notify HRI immediately if there is a change in its status relating to any of the above certifications.

7. The following pertains only to Consultants located in New York City or doing business in New York City: Contractor agrees it is compliant with NYC Local Law 96 (2018) Stop Sexual Harassment in NYC Act.

Key Terms

Term	Meaning
Best practices	Intervention that has been shown to be effective in achieving positive health outcomes and can be implemented in various settings to address specific health issues. ²
Contributors	Individuals and groups, including New York State Department of Health staff and external participants, who actively engaged in and contributed to the development of the Prevention Agenda through their expertise, lived

	experience, leadership governance, or other valuable input.
Domain	The 2025-2030 Prevention Agenda groups priorities into <u>5</u> five major social determinants of health (in prior cycles, domains were called priorities). The current cycle of the Prevention Agenda bases its <u>5</u> five domains on the <u>5</u> five domains of social determinants of health defined by Healthy People 2030.
Evidence-based Interventions	Interventions that have been proven effective within certain circumstances, environments, and cultures. The effects are clearly linked to the activities themselves, not to outside unrelated events. Evidence of effectiveness is demonstrated by: <ol style="list-style-type: none"> 1. inclusion in federal registries of data-driven interventions; 2. reports in peer-reviewed journals; or documentation in other reputable sources of information.
Equity	Policies and practices that lead to equitable outcomes, meaning everyone gets what they need to be successful. Equity ensures that identity is not predictive of opportunities or outcomes. ⁴
Health	A state of optimal physical, mental, and social well-being. ⁵
Health disparities	Measurable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health between population groups. ⁶ Health disparities may lead to differences in health outcomes that are avoidable, unfair, and unjust
Health equity	Everyone has a fair and just opportunity to be healthy, where no one is limited in achieving optimal health because of who they are or where they live. This means that to work towards health equity, everyone must be able to access and experience the conditions in life that contribute to optimal health: safe and secure housing, steady and livable income, quality education, social support networks, quality health care, nutritious food, safe transportation, green spaces, clean air and water, and freedom from discrimination based on race, gender, sexual orientation, disability status, or any other part of one's identity. In a world where health equity is the norm, everyone has fair and just access to these conditions, and therefore, has a fair and just opportunity to achieve optimal health. ⁷
Health inequity	Differences in health that are unnecessary, unfair, unjust, and avoidable which inherently make individuals more underserved. Health inequities are rooted in different levels of access to the social determinants of health, and social injustices. ⁷
Indicator	A specific metric or measure used to evaluate progress of a given initiative by quantifying intermediate outcomes, typically expressed as a number, percent, or rate.
Interventions	Policies, programs, or other actions intended to address the objectives.
Race	Today, the term “race” is usually used to refer to a group of people descended from common ancestors (often from the same geographic area). However, it’s important to note that racial categories and labels are considered social

	constructs that are not based in biology. ¹³ The labels of race have historically been used to create advantages and disadvantages between these categories of people. ¹⁴
Social determinants of health	<p>Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks. As defined by Healthy People 2030, SDOH can be grouped into 5 five domains:</p> <ol style="list-style-type: none"> 1. Economic Stability 2. Social and Community Context 3. Neighborhood and Built Environment 4. Health Care Access and Quality 5. Education Access and Quality <p>The five domains of the 2025-2030 Prevention Agenda align with this structure.¹⁵</p>

Acronyms Used in This Report

Acronym	Meaning
CBOs	Community-Based Organizations
CHA	Community Health Assessment. The CHA is developed by local health departments and hospitals and includes an analysis of county-level secondary data and, where available, primary data on health status, demographics, and community resources. Based on this assessment, local health departments and hospitals identify key community health priorities and develop a plan to address them, ensuring a strategic approach to improving public health outcomes.
CHIP	Community Health Improvement Plan. The CHIP is developed by local health departments and must align with Prevention Agenda priorities and objectives and incorporate evidence-based interventions to address selected priorities. CHIPs are updated annually, with the Office of Local Health Services assisting local health departments in monitoring performance.
CSP	Community Service Plan. Hospitals typically refer to the Community Health Assessment (CHA) as the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP) as the Community Service Plan (CSP), though the content is similar.
IRS	Internal Revenue Service
PHAB	Public Health Accreditation Board
LHDs	Local Health Departments
OPH	New York State Department of Health, Office of Public Health
SDOH	Social Determinants of Health
SHA	State Health Assessment

SHIP	State Health Improvement Plan
EIN	Employee Identification Number

Attachments:

Attachment 1: Budget Template

Attachment 2: Workplan