

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

**Request for Applications  
RFA Number: #24-0007**

***Ryan White Part B Emerging Communities – Peer Service Pilot,  
Rochester Region, New York - Reissue***

**Applicants may submit no more than one (1) application in response to this Request for Applications (RFA).**

**KEY DATES**

<b>RFA Release Date:</b>	November 21, 2024
<b>Questions Due:</b>	December 6, 2024, by 4:00 PM ET
<b>Questions, Answers, and Updates Posted: (on or about)</b>	December 20, 2024
<b>Applications Due:</b>	January 16, 2025, by 4:00 PM ET

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**How to File an Application:**

Applicants **must** submit one (1) PDF version of the entire application (including Application Cover Page, Application Checklist, Narrative, and all Attachments) to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) by the application due date/time shown above. The subject of the email line should reference *Emerging Communities Peer Pilot RFA-2024*.

Applications will only be accepted electronically to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov). 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 Ryan White Part B supplemental funds for emerging communities to provide HIV-related peer support services to gay men and Men who have Sex with Men (MSM) living with HIV/AIDS who are unengaged or sporadically engaged in care and who have had difficulty in maintaining sustained viral suppression.

The intent of the Request for Applications (RFA) is to fund a peer pilot program at \$250,000 annually through March 31, 2029. Funding for this pilot program is region-specific, focusing on one (1) area identified by Health Resources Services Administration (HRSA) in Upstate New York that has a significant prevalence of AIDS cases: the Rochester Metropolitan statistical area. Additionally, the number of new diagnoses of HIV infection in Monroe County has been increasing since early 2020. According to the 2022 HIV Surveillance Report, the case rate of AIDS diagnoses in Monroe County was 3.4 per 100,000 population, representing the second highest case rate of any Rest of State county. There has been a disproportionate increase in new HIV diagnoses among non-Hispanic, Black individuals, aged 25 and younger with a history of male-to-male sexual contact (MSM).

### A. Background/Intent

The purpose of the Ryan White Part B supplemental funds for emerging communities is to support an innovative program that addresses barriers to social determinants of health (SDOH) through provision of supportive services to communities in need. An emerging community, as defined by Health Resources Services Administration (HRSA), is a community located within a Metropolitan Statistical Area (MSA) that is not eligible to receive additional grants under Ryan White Part A. A Metropolitan Statistical Area (MSA) must have between 500-999 cumulative AIDS cases during the most recent five years.

**The intent of this funding is to support one (1) innovative peer-centric and peer-delivered demonstration model to supplement, complement, and enhance existing and established HIV services.** It will meet the following specific components of the [Ending The Epidemic \(ETE\) Plan](#) and the AIDS Institute's Priorities:

- Link and retain persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission;
- Promote services that are responsive to the lived experiences, trauma, and stigma that disproportionately affects diverse communities; and
- Continue and expand the AIDS Institute Health Equity Initiative's work to promote promising practices that address health disparities.

This Request for Applications is also informed by the [2022-2025 National HIV/AIDS Strategy for the United States](#) that emphasizes the importance of a diverse, culturally sensitive, and skilled HIV workforce, which includes peer navigators and peer mentors. Incorporating peers supports increased diversity and capacity of HIV workforce and demonstrates meaningful involvement and integration of people with HIV in program design and implementation.

Peers can:

- conduct focused outreach and assist with contact, technology, engagement, and involvement;
- provide encouragement, coaching, motivation, and education;

- provide social and emotional support;
- support clients in self-advocacy, self-management/self-care, and treatment adherence;
- assist with monitoring progress and identifying/addressing barriers to engagement and retention in care (ex. mitigating stigma, racism, and/or discrimination);
- support to clients in fully accessing HIV care, treatment, and support services and community resources; and,
- accompany clients on appointments for HIV care, treatment, and support services.

Research shows peer supports improve retention in care, medication adherence, and viral load suppression among people living with HIV<sup>1</sup>. The Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program has identified effective peer interventions and are included in their Best Practices Compilation. For example, a peer intervention designed to engage and reengage Black men who sex with men (MSM) with HIV into HIV care services demonstrated a 37% increase in viral load suppression rate<sup>2</sup>.

Program models will develop, refine, and tailor peer support strategies specific to gay men and Men who have Sex with Men (MSM), especially Black and Hispanic gay men and Men who have Sex with Men (MSM). Funding will support outreach and engagement efforts, identification of obstacles/unmet needs and elimination/reduction of barriers, support positive change, and ultimately achieve self-sufficiency with navigating systems of care and support. Peers will work within and across systems, agencies, and organizations. The successful applicant will establish models of care that are peer-led and peer-centered to assist clients in obtaining timely, essential, and appropriate HIV care, treatment, and support services so that social determinants of health (SDOH) barriers are addressed, resulting in improved health outcomes and prevention of HIV/STI/HCV transmission.

## B. Available Funding

Up to \$250,000 in Health Research, Inc. (HRI) funding is available annually through March 31, 2029, to support the program funded through this Request for Applications (RFA).

New York State Department of Health Region	Annual Award Amount	Number of Awards
<b>Rochester, NY Metropolitan Statistical Area</b> Principal City: Rochester Counties: Livingston, Monroe, Ontario, Orleans, Wayne, Yates	\$250,000	1

**Applicants may submit no more than one (1) application in response to this Request for Applications (RFA).** If more than one (1) application is submitted in response to this Request for Applications (RFA), the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

- Awards will be made to the highest scoring applicant in the region, up to the minimum

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1. Berg RC, Page S, Øgård-Repål A (2021) The effectiveness of peer-support for people living with HIV: A systematic review and meta-analysis. PLoS ONE 16(6): e0252623. [https://doi.org/ 1.1371/journal.pone.0252623](https://doi.org/1.1371/journal.pone.0252623)

2. Kisler KA, Fletcher JB, Reback CJ. Peer case management promoting advancement along the HIV care continuum among Black men who have sex with men living with HIV: Building Brothers Up. AIDS Patient Care STDs. 2022;36(Suppl 1): S-46-S-53

number of awards indicated for that region.

- If there is an insufficient number of acceptable applications (scoring 70 or above) received, Health Research, Inc. (HRI)/New York State Department of Health AIDS Institute (NYSDOH AI) reserves the right to fund an applicant scoring in the range of 60-69.
- If there is an insufficient number of fundable applications in the region, the maximum number of awards may not be met. Health Research, Inc. (HRI)/ New York State Department of Health (NYSDOH)/AIDS Institute (AI) reserves the right to re-solicit any region where there are an insufficient number of fundable applications.
- Health Research, Inc. (HRI)/the New York State Department of Health (NYSDOH) reserves the right to revise the award amounts as necessary due to changes in availability of funding.

Should additional funding become available, the New York State Department of Health (NYSDOH) AIDS Institute (AI) and Health Research, Inc. (HRI) may select an organization from the pool of applicants deemed not approved due to limited resources. If it is determined that the needed expertise/services are not available among these organizations, the New York State Department of Health (NYSDOH) AIDS Institute (AI) and Health Research, Inc. (HRI) reserve the right to establish additional competitive solicitations.

Ryan White funding is the “*payer of last resort*”. Please see **Ryan White Guidance for Part B Direct Service Subcontractors: Attachment 1** for funding restrictions.

Funds under this Request for Applications (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, Pre-Exposure Prophylaxis Patient Assistance Program, 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.

The organization that is awarded a contract through this Request for Applications (RFA) will be required to document, in client files, how each client was screened for and enrolled in eligible third-party programs to pay for those services that are reimbursable by other sources.

## **II. WHO MAY APPLY**

### **A. Minimum Eligibility Requirements**

All applicants must meet the following minimum eligibility requirements:

- Applicant must:
  - Be non-profit organization 501(c)(3) community-based organization; OR
  - Be a New York State Department of Health (NYSDOH) licensed Article 28 facility that operates an HIV clinic; 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 Federally Qualified Health Center (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 Article 28 status, or Federally Qualified Health Center (FQHC) status, or Federally Qualified Health Center (FQHC) Look-Alike status as **Attachment 2**;
  - Have a minimum of two (2) years of experience and currently provide HIV care and/or supportive services to Persons Living with HIV/AIDS (PLWH/A) and populations most impacted by HIV/AIDS including Black, Indigenous, and People of Color (BIPOC);
  - Submit the **Statement of Assurances: Attachment 3** signed and dated by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed in the Request for Applications (RFA); AND
  - Be located in the Rochester, NY Metropolitan Statistical Area.

### III. PROGRAM MODEL

#### A. Program Model Description

Applicants are encouraged to be creative and propose peer service models of care based on the needs of the eligible priority population. The New York State Department of Health AIDS Institute (NYSDOH AI) is committed to health equity and reducing inequities to ensure that everyone has a fair and just opportunity to reach their full health potential. In support of this commitment, applicants must prioritize gay men and Men who have Sex with Men (MSM), especially Black and Hispanic gay men and Men who have Sex with Men (MSM) who have been disproportionately impacted by HIV.

The pilot programming should address barriers and needs of gay men and Men who have Sex with Men living with HIV so that they can maintain optimal health, including but not limited to viral suppression and improved treatment adherence. One intended outcome of this program is to identify new, innovative, and replicable approaches to reaching and serving the priority population. The New York State Department of Health AIDS Institute (NYSDOH AI) recognizes that pilot projects are not always successful and that documenting what did not work is just as important as documenting what did work. (see **Program Specific Clauses – NYSDOH AI: Attachment 4** for a list of unallowable costs).

Applicants are expected to propose models that will develop, refine, and tailor peer support strategies specific to gay men and Men who have Sex with Men, especially Black and Hispanic gay men and Men who have Sex with Men. Funding will support outreach and engagement efforts, identification of obstacles/unmet needs, elimination/reduction of barriers, support positive change, and ultimately help clients to achieve self-sufficiency with navigating systems of care and support. Peers will work within and across systems, agencies, and organizations. The successful applicant will establish models of care that are peer-led and peer-centered to assist clients in obtaining timely, essential, and appropriate HIV care, treatment, and support services so that social determinants of health barriers are addressed, resulting in improved health outcomes and prevention of HIV/STI/HCV transmission.

Applicants are expected to develop a comprehensive model that uses peers to increase connection to and engagement of gay men and Men who have Sex with Men living with HIV,

especially Black and Hispanic gay men and Men who have Sex with Men who have been disproportionately impacted by HIV. Funded peer services will address barriers to client engagement in the HIV service delivery system and expected program outcomes include behavior change leading to improvement in individual client health outcomes. Peer services are to be delivered via a seamless and coordinated approach designed to eliminate silos and improve efficiency and effectiveness.

The funded organization will recruit, hire, train, supervise, and support peers who are representative and reflective of the clients being served. The funded organization is expected to review data to guide peer-delivered activities to effectively reach and match peers to the priority population.

Peers will:

1. Focus outreach informed by data, lived experience, and unique understanding of the community to identified gay men and Men who have Sex with Men living with HIV, especially Black and Hispanic gay men and Men who have Sex with Men, who have fallen out of care or are unengaged or sporadically engaged in HIV care, treatment, and support services.
2. Provide the following services to clients:
  - a. Conduct a Social Determinants of Health (SDOH) Assessment to identify clients' needs and barriers, prior to referral to a Case Manager (as needed and available). This service may be delivered by a peer but can be delivered by another staff, as determined by the applicant.
  - b. Assist clients in understanding, prioritizing, and troubleshooting the most impactful barriers to HIV care and services, as defined and driven by the client via a client-centered approach.
  - c. Support client referrals to needed HIV care, treatment, and support services and community resources.
  - d. Facilitate immediate and successful client access to, utilization of, and engagement in these services/resources by providing appointment reminders, accompanying them on appointments, offering emotional and social support/encouragement, and providing education on health education/risk reduction topics and the importance of/how to navigate these services/resources.

#### **B. Priority Population/Community:**

Gay men and Men who have Sex with Men (MSM), prioritizing Black and Hispanic gay men and Men who have Sex with Men (MSM) and other disproportionately impacted subpopulations based on regional data and needs assessment in the following area of New York State:

- Rochester, NY Metropolitan statistical area (Finger Lakes)
  - Principal City: Rochester
  - Counties: Livingston County, Monroe County, Ontario County, Orleans County, Wayne County, Yates County

#### **C. Client Eligibility**

All clients must meet the following eligibility requirements:

- Living with HIV;
- New York State Resident living within the defined Emerging Communities catchment area;
- Income eligible (500% of Federal Poverty Level (FPL) based on household size);



- Gay Men and Men who have Sex with Men (MSM); and
- Meet **at least one (1)** of the medical criteria listed below:
  - Newly diagnosed with HIV in the past twelve (12) months;
  - Out of care for at least six (6) months (if virally unsuppressed at last viral load test) or for at least nine (9) months (if virally suppressed at last viral load test and in need of treatment adherence support);
  - Virally unsuppressed at most recent known viral load test within the past twelve (12) months;
  - Previously diagnosed but new to care or reengaging in care;
  - Currently living with untreated Hepatitis C and HIV; or
  - Previously diagnosed but inconsistently in care *or* at high risk for falling out of medical care *or* becoming unsuppressed *or* undergoing change in treatment regimen.

Among individuals meeting at least one (1) of the criteria listed above, services should be prioritized for those who are not eligible for Medicaid. See **Program Specific Clauses – NYSDOH AI: Attachment 4** for additional information on client eligibility.

#### **IV. SCOPE OF SERVICES**

The funded applicant will provide the following support services delivered by peers:

##### **Outreach Services**

Outreach Services under this funding are for the linkage or re-engagement of People Living with HIV/AIDS who know their status into Health Resources and Services Administration Ryan White HIV/AIDS Program (HRSA RWHAP) services, including provision of information about health care coverage options. Outreach should be focused on the priority population diagnosed with HIV who are not virally suppressed; and/or have barriers to engagement/retention in HIV care and/or are lost to HIV medical care to secure their participation.

##### **Social Determinants of Health (SDOH) Assessment**

Utilizing a trauma-informed and patient-centered approach, an assessment of social determinants of health (SDOH) will identify needs and barriers to engagement and retention in HIV care and support services. Although any staff can conduct the assessment, applicants are encouraged to consider having the peer conduct it.

##### **Referral for Health Care and Support Services**

Referral for Health Care and Support Services directs clients to needed core medical or support services in person or through telephone, written, or other type of communication. The peer can provide support to the client in accessing the referral by providing appointment reminders, accompanying them on appointments, offering emotional and social support/encouragement, and providing education on the importance of/ how to navigate these services/resources.

Activities provided under this service category may include peer-assisted referrals for HRSA Ryan White HIV/AIDS Program-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

##### **Psychosocial Support Services**

Psychosocial Support Services include activities to address behavioral and physical health



concerns through peer support. These may include HIV support groups and individual support services to assist eligible People Living with HIV/AIDS in addressing behavioral and physical health concerns. Use of technology including social, medical, virtual platforms and telehealth services is allowable.

Psychosocial support services are not therapeutic in nature. Mental health services are NOT fundable. Referrals however to licensed behavioral health professionals should be provided to clients in need of mental health and/or substance use treatment.

Ryan White funds may not be used for social/recreational activities or to pay for a client's gym membership. Refer to **Program Specific Clauses – NYSDOH AI: Attachment 4** for additional information on unallowable costs.

### **Health Education/Risk Reduction**

Health Education/Risk Reduction is the provision of education to clients living with HIV 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.

### **Additional Services**

Additional services would be services identified by the applicant that are consistent with the goals and eligible costs as stipulated in this Request for Applications (RFA). For example, applicants may have innovative ideas that support the goals of this Request for Applications (RFA) but are not specifically mentioned above as fundable services. Applicants are encouraged to propose such ideas in this Request for Applications (RFA). All activities however must be allowable under all relevant federal and Ryan White Part B regulations and requirements - see **Ryan White Guidance for Part B Direct Service Subcontractors: Attachment 1**.

**Besides provision of the above services, the funded applicant is expected to demonstrate commitment to health equity and cultural and linguistic humility.**

### **Demonstration of 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. The New York State Department of Health (NYSDOH) AIDS Institute also acknowledges 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. See **Health Equity Definitions and Examples: Attachment 5**.

### **Demonstration of Cultural and Linguistic Humility**

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.

The New York State Department of Health (NYSDOH) AIDS Institute is committed to ensuring 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 the AIDS Institute's 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.

### **3. Minimum Required Staffing**

The funded program is expected to adhere to the minimum staffing requirements, but staffing should meet the need of the priority population in the funded applicant's community. A comprehensive holistic approach to care is critical.

**Please note, there are no minimum required qualifications for these positions.** Applicants are strongly encouraged to determine appropriate qualifications for each position, and to propose salaries/compensation that are commensurate with these qualifications and competitive for the region.

This peer pilot model is expected to include the following staff positions:

- a. **Up to 2.0 FTE Peers, which can be achieved with a combination of full and/or part-time peers. Peers will provide the services noted in Section III. A - Program Model Description and Section IV - Scope of Services of the Request for Applications. For purposes of this Request for Applications., a peer is defined as someone living with HIV.**

*Funding for this position under this initiative may be blended with other initiatives or funding streams.*

The recommended qualifications for a Peer are:

- Has the ability to speak and write clearly;
- Be reflective of and share life experiences with the communities/populations they will serve (bilingual; people living with HIV/AIDS; Black, Indigenous, People Of Color (BIPOC); Hispanic/Latino; LGBTQ+; Men who have Sex with Men (MSM, former substance users, etc.);
- Be knowledgeable about the region's services and familiar with navigating the systems of care;
- Has completed a peer training program such as the [New York State Peer Worker Certification Program](#) offered through the New York State Department of Health AIDS Institute;
- Familiarity with outreach strategies to engage the priority population;
- Are engaged in and adherent to HIV care, treatment, and/or supportive services; and
- Be willing to openly and strategically share personal life experiences related to HIV.

- b. **At least a 0.5 Full Time Equivalent (FTE) position to provide oversight, supervision, and support to peers and services described above and in the provider's grant application.**

*Funding for this position under this initiative may be blended with other initiatives or funding streams.*

This staff will provide ongoing support to Peers including (but not limited to):

- Creating and ensuring a safe, supportive environment in which Peers can be seamlessly integrated in the care team as valued members;
- Assisting with managing client caseloads;
- Facilitating relationships and open communication with other team members and community partners;
- Supporting Peers' mental health and wellbeing by facilitating access to resources and services that address feelings of past trauma that may be triggered as part of Peers sharing their lived experience;
- Providing ongoing training and oversight to Peers to ensure and maintain quality delivery of peer-delivered services and supports; and
- Work with data/quality/evaluation staff to ensure Peer work is documented appropriately and in a timely manner.

The recommended qualifications for this position are:

- Associate degree, Bachelor's of Arts (BA) or Bachelor's of Science (BS) preferred, with two (2) years of experience working in the field of HIV/AIDS, behavioral health, substance use, health education, or other chronic illnesses;

- Familiarity with regional HIV primary care, mental health, substance use and other services and resources;
- Knowledge of public benefits and how an increase in income resulting from new employment as a Peer may impact the Peers' access to benefits;
- Experience recruiting, hiring, training, supervising, and/or working with Peers;
- Understanding of community level work (including outreach and peer support) and the importance of collaborating and coordinating with other organizations;
- Experience attending peer supervisor trainings;
- Effective communication and documentation skills;
- Cultural and linguistic humility for the priority population;
- Established relationships with the care team and community partners; and
- Familiarity with motivational interviewing and trauma-informed care.

- c. At least a 0.5 FTE position to provide quality, data, and evaluation activities consistent with tracking outcomes as described in the next section and the application. Position will be responsible for participating in the New York State Department of Health (NYSDOH) Ryan White Quality Management Program and ensuring the program adheres to all quality program requirements.**

*Funding for this position under this initiative may be blended with other initiatives or funding streams.*

The recommended qualifications for this position are:

- Bachelor's of Arts (BA) or Bachelor's of Sciences (BS) with at least two (2) years of experience working in data/evaluation.

#### **4. Outcomes**

The intended outcome of this pilot is to develop best practices, recommendations, and lessons learned for peer programming that effectively identifies, links, engages, and retains gay men and Men who have Sex with Men (MSM), particularly Black and Hispanic gay men and Men who have Sex with Men (MSM), in HIV care, treatment, and support services, reduces racial/ethnic disparities, and demonstrates success in the following areas:

1. Increased linkages, engagement/re-engagement, and retention of gay men and Men who have Sex with Men (MSM) in needed HIV care, treatment, and support services;
2. Expanded options for HIV care, treatment, support services and community resources that are acceptable and accessible to gay men and Men who have Sex with Men (MSM);
3. Reduced burden of unmet social determinants of health (SDOH) needs and barriers impacting gay men and Men who have Sex with Men (ex. mitigating stigma, racism, and discrimination); and
4. Increased achievement of HIV viral load suppression.

Best practices, recommendations, and lessons learned identified may be used to inform future potential funding solicitations that include peers.

#### **B. Requirements for the Program**

**The applicant selected for funding will be required to:**

1. Participate in a collaborative process with the New York State Department of Health AIDS Institute (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 **NYSDOH AI Emerging Communities Peer Pilot Program Model**, 4) significant accomplishments achieved, and 5) barriers encountered and plans to address noted problems;
2. Submit statistical reports on clients served, and other data using the New York State Department of Health AIDS Institute Reporting System (AIRS). Successful applicants must demonstrate the capacity to collect and report all required data, both personnel and hardware-related using AIDS Institute Reporting System (AIRS). AIDS Institute Reporting System (AIRS) is a data reporting system that is required by the New York State Department of Health AIDS Institute (NYSDOH AI) to report client demographic information as well as program activities. The New York State Department of Health AIDS Institute (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 New York State Department of Health AIDS Institute (NYSDOH AI) provides and supports the AIDS Institute Reporting System (AIRS) software to enable providers to meet data submission requirements. System requirements for AIDS Institute Reporting System (AIRS) include having an Operating system of Windows 7 or greater with a 17" or larger monitor for running AIDS Institute Reporting System (AIRS). Details on this software product may be obtained by accessing the following Internet address, [www.airsny.org](http://www.airsny.org).

#### **IV. ADMINISTRATIVE REQUIREMENTS**

##### **A. Issuing Agency**

This Request for Applications (RFA) is issued by the New York State Department of Health AIDS Institute, Division of HIV & Hepatitis Health Care/Bureau of Community Support Services and Health Research, Inc (HRI). The Department and Health Research, Inc. (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](mailto:AIGPU@health.ny.gov)

To the degree possible, each inquiry should cite the Request for Applications (RFA) section and paragraph to which it refers. **Written questions will be accepted until the date posted on the cover of this Request for Applications (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 "Emerging Communities Peer Pilot RFA-2024" in the subject line.**

This Request for Applications (RFA) has been posted on Health Research, Inc.'s (HRI) 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 Health Research, Inc.'s (HRI) website. All such updates will be posted by the date identified on the cover sheet of this Request for Applications (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 Request for Applications (RFA).

### **D. Applicant Conference**

An Applicant Conference will **not** be held for this procurement.

### **E. How to File an Application**

Applicants must submit one Portable Document Format (PDF) version of the entire application (including Application Cover Page, Application Checklist, Narrative, and all Attachments) to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov) by 4:00 pm Eastern Time (ET) on the date posted on the cover page of this Request for Applications (RFA). The subject of the email line should reference **Emerging Communities Peer Pilot RFA-2024**.

\*It is the applicant's responsibility to see that applications are emailed to [AIGPU@health.ny.gov](mailto: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 Health Research, Inc.'s (HRI) Reserved Rights**

The Department of Health and Health Research, Inc. (HRI) reserve the right to:

1. Reject any or all applications received in response to this Request for Applications (RFA).
2. Withdraw the Request for Applications (RFA) at any time, at the Department's or Health Research, Inc.'s (HRI) sole discretion.
3. Make an award under the Request for Applications (RFA) in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the Request for Applications (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 Request for Applications (RFA).
7. Prior to application opening, amend the Request for Applications (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 Request for Applications (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 Request for Applications (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 Request for Applications (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 Request for Applications (RFA).
  17. Negotiate with successful applicants within the scope of the Request for Applications (RFA) in the best interests of the State and Health Research, Inc. (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 Health Research, Inc. (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 6**. Contracts resulting from this Request for Applications (RFA) will be for 12-month terms. The anticipated start date of the contract is July 1, 2025. Health Research, Inc. (HRI) awards may be renewed annually through March 31, 2029, based on satisfactory performance and availability of funds. Health Research, Inc. (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 Health Research, Inc. (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 Health Research, Inc. (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 the **Application Cover Page: Attachment 7** each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to Health Research, Inc. (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 Request for Applications (RFA), including the terms and conditions of the contract. Any exceptions allowed by Health Research, Inc. (HRI) and the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in the **Application Cover Page: Attachment 7**.
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 Health Research, Inc. (HRI) and the Department as to all matters arising in connection with or relating to the contract resulting from this Request for Applications (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 Request for Applications (RFA), Health Research, Inc. (HRI) and the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
  - c. If, in the judgment of the Department and Health Research, Inc. (HRI), the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State and Health Research, Inc. (HRI), the Department and Health Research, Inc. (HRI) acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this Request for Applications (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. Indicate if the statement or question is not relevant to your agency or proposal. 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 8.**

Applications should not exceed **twelve** (12) double-spaced pages, (not including the budget, and all attachments) using a 12-pitch type font with one-inch margins on all sides. Pages should be numbered consecutively, including all attachments. The **Application Cover Page: Attachment 7**, Program Abstract, budget and budget justification, and all attachments are **not included** in the 12-page limitation. 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

1. Program Abstract	Not Scored	
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

**1. Program Abstract** **Maximum 1 page**  
**Not Scored**

Applicants should provide a program abstract with the following information:

- 1a) Describe the proposed peer services program. Include what will be completed and how.
- 1b) How many years of experience does your organization have providing HIV care and/or supportive services to Persons Living with HIV/AIDS (PLWH/A) and populations most impacted by HIV/AIDS including Black, Indigenous, and People of Color (BIPOC)? Please describe the services and populations you currently serve.
- 1c) What are the program goals and objectives?
- 1d) Describe the priority population you plan to serve with this program. Indicate the total number of unduplicated clients to be served.
- 1e) What types of outcomes does your organization expect to achieve? How will success be measured?

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

- 2a) Describe why your organization is qualified to implement the proposed program model. Detail any experience your organization has in the planning, implementation, and/or evaluation of peer services. 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 9**. This chart should reflect all proposed program staff, including any "in-kind" staff, and lines of supervision/oversight.
- 2b) Describe the other programs and agencies in the geographic area that are relevant to your proposed program model and how you will leverage these programs to maximize benefit to gay men and Men who have Sex with Men (MSM) who are unengaged or sporadically engaged in HIV care and treatment in your community without supplanting other resources.
- 2c) Describe any prior grants your organization has received from the New York State Department of Health AIDS Institute (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 New York State Department of Health AIDS Institute (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 1 Page  
Total 15 Points**

- 3a) Which social determinants of health (SDOH) barriers will you address with the priority population(s) served by this funding?
- 3b) Please provide the most current data that you have used to identify the social determinants of health (SDOH) barriers affecting the population(s) served by the funding.
- 3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the social determinants of health (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 social determinants of health (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 9 Pages  
Total 50 Points**

- 4a) Describe the clients you will serve through this funding using quantitative and qualitative data from the past two (2) years. This should include internal data on current or past clients/patients and external data that is specific to the region.

Describe the needs specific to the priority population. This should describe the most relevant and significant factors that impact HIV care engagement and outcomes among the priority population. Include information about current HIV services available in the region that demonstrates knowledge and understanding of the gaps and need for services that are missing or desired.

- 4b) Describe how you will recruit, identify, and reach the clients you will serve through this funding. Describe how client access and entry into the proposed program model will be approached and facilitated. Applicants are instructed to submit a **Peer Pilot Program Flowchart** (see **Attachment 10** for instructions).
- 4c) Describe how you will tailor and focus peer services to the priority populations. Include a description of the specific strategies you will employ and the qualitative and quantitative data you will use. Describe how you will ensure services demonstrate cultural humility and linguistic appropriateness.
- 4d) Describe your overall program design and how peer services will be integrated into existing HIV services. Describe any innovative strategies and technology you will utilize to implement your peer program model and the rationale or evidence that has informed their usage. Applicants are instructed to complete and submit the **Program Timeline** as **Attachment 11**.
- 4e) Describe key community partnerships required for successful implementation of the proposed peer program and how peers will be recognized and integrated into these partnerships. Describe how clients' access to and engagement in services provided by community partners will be facilitated, coordinated, recorded, and reported, including the role of the peer. Applicants are instructed to complete and submit the **Service Linkages Chart** as **Attachment 12**.
- 4f) Describe how data will flow from point of peer service delivery to entry into AIDS Institute Reporting System (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 AIDS Institute Reporting System (AIRS) and other tracking systems.
- 4g) How will your program measure success and effectiveness? List and define the specific indicators and targets/goals (including frequency of measurement) you will use and the rationale or evidence that informed them. How will the program identify and address indicators that fall below prescribed targets?
- 4h) 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 for each position. Staff roles and responsibilities for AIDS Institute Reporting System (AIRS) activities (System administration, data entry, data quality control and New York State Department of Health AIDS Institute 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 and submit the **Agency Capacity and Staffing Information** as **Attachment 13**.

- 4i) Describe your plan for peer recruitment, training, support, and oversight for the proposed program model. Include the plan for both initial and ongoing peer training and support. The applicant is instructed to complete and submit the **Sites, Days, and Hours of Operations Chart as Attachment 14**. This chart should include all program staff (including in-kind staff) and if working at multiple sites, where staff will be based.

#### 4. Budgets and Justifications

**Total 20 Points**

*Complete and submit a budget following these instructions:*

- 5a) Applicants are instructed to prepare an annual budget for the period of July 1, 2025 – June 30, 2026, 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 15. Instructions** for completing the budget forms are included as **Attachment 16**. 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 – NYSDOH AI** for additional information on unallowable costs (**Attachment 4**). Contracts established resulting from the Request for Applications (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 Full Time Equivalents (FTEs) and for the fringe benefits requested. For the Peer positions, please provide a rationale for the compensation proposed, detailing how it is competitive and equitable.
- 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, Contractual and Operating Expenses.
- 5d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the **Statement of Activities** from your yearly audit for the last three (3) years as **Attachment 17**. The Statement of Activities must 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 18**.
- 5f) Applicants are required to include a copy of their **Agency Time and Effort Policy** as **Attachment 19**.
- 5g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 5h) Indirect costs are limited to a maximum of 10% total contract costs. See **Attachment 1 - Ryan White Guidance for Part B Direct Service Subcontractors**.

5i) Funding requests must adhere to the following guidelines:

- Funding may only be used to expand existing activities and create new activities pursuant to this Request for Applications (RFA). Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the New York State Department of Health AIDS Institute (NYSDOH AI) to provide program services in accordance with the requirements of this Request for Applications (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 New York State Department of Health (NYSDOH)/Health Research, Inc. (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 New York State Department of Health (NYSDOH) to the extent permitted by law. New York State Department of Health (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 New York State Department of Health (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 minimum eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the New York State Department of Health AIDS Institute (NYSDOH AI) using an objective rating system reflective of the required items specified for each component. A panel convened by the New York State Department of Health AIDS Institute (NYSDOH AI) will conduct a review of applications from eligible applicants.

The reviewers will consider the following factors:

1. Clarity of application;
2. Responsiveness to the Request for Applications;
3. Ability/willingness to develop working relationships with other providers, which may include medical providers and community organizations;
4. The applicant's experience in the effective oversight of the administrative, fiscal, and programmatic aspects of government contracts; and
5. The funding and performance history of the agency or program with the New York State Department of Health AIDS Institute (NYSDOH AI) and other funding sources for providing similar and related services.



The application with the highest acceptable score will receive the award. If there is not an acceptable application (scoring 70 or above) received in response to this Request for Applications (RFA), the New York State Department of Health AIDS Institute (NYSDOH AI) and Health Research, Inc. (HRI) reserve the right to fund an application scoring in the marginal range (60-69).

The New York State Department of Health AIDS Institute (NYSDOH AI) anticipates that there may be more worthy applications than can be funded with available resources. Please see Section I. B of the Request for Applications (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. Should additional funding become available, the New York State Department of Health AIDS Institute (NYSDOH AI) may select a contractor from the pool of applicants deemed not funded due to limited resources. If it is determined that the needed expertise/services are not available among these organizations, the New York State Department of Health AIDS Institute (NYSDOH AI) reserves the right to establish additional competitive solicitations or to award funds on a sole source basis.

In cases in which two (2) or more applicants for funding are judged on the basis of their written applications to be equal in quality, the applicant with the highest score for Section 3 – *Health Equity* will receive the award.

New York State Department of Health AIDS Institute (NYSDOH AI) and Health Research, Inc. (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. New York State Department of Health AIDS Institute (NYSDOH AI) and Health Research, Inc. (HRI) reserve the right to review and rescind all subcontracts.

Applicants awarded funding will be required to follow the guidance detailed in **Ryan White Guidance for Part B Direct Services Subcontractors (Attachment 1)**.

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.

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

To request a debriefing, please send an email to [AIGPU@health.ny.gov](mailto:AIGPU@health.ny.gov). In the subject line, please write: *Debriefing Request - Emerging Communities Peer Pilot RFA-2024*.

## **VI. ATTACHMENTS**

Attachment 1: Ryan White Guidance for Part B Direct Service Subcontractors\*\*



Attachment 2: Documentation of: Current not-for-profit 501(c)(3) organization status, OR Article 28 status, OR Federally Qualified Health Center (FQHC) status, OR Federally Qualified Health Center (FQHC) Look-Alike status\*

Attachment 3: Statement of Assurances\*

Attachment 4: Program Specific Clauses - NYSDOH AI\*\*

Attachment 5: Health Equity Definitions and Examples\*\*

Attachment 6: HRI General Terms and Conditions\*\*

Attachment 7: Application Cover Page\*

Attachment 8: Application Checklist\*

Attachment 9: Agency Organizational Chart\*

Attachment 10: Peer Pilot Program Flowchart\*

Attachment 11: Program Timeline\*

Attachment 12: Service Linkages Chart\*

Attachment 13: Agency Capacity and Staffing Information\*

Attachment 14: Site(s), Address, Day(s), and Hours of Operations Chart\*

Attachment 15: Ryan White Funding Specific Budget Forms and Justification\*

Attachment 16: Instructions for Completion of Budget Forms for Solicitations\*\*

Attachment 17: Statement of Activities for past Three (3) years\*

Attachment 18: Yearly Independent Audit\*

Attachment 19: Agency Time and Effort Policy\*

\*These attachments are required and must be submitted with your application.

\*\*These attachments are for applicant information only. These attachments do not need to be completed.