

ADDENDUM #1

December 6, 2024

New York State Department of Health AIDS Institute

Request for Applications (RFA)

**Advancing Health Equity through Comprehensive Community-Based HIV
Ambulatory Care Services – Centers for Young Adults - Reissue**

The following are official modifications, which are hereby incorporated into **RFA #20559**, Internal Program #23-0012 / **SFS #: AHER**

SFS Event Name: RFA #20559 Advancing Health Equity - CYA - Reissue

Deleted language appears in strikethrough (“~~xxx~~”) and added language appears in **red** text. The information contained in this amendment prevails over the original RFA language. Applicants should review all documents in their entirety to ensure all amended language is incorporated into their applications.

This event, **RFA #20559 Advancing Health Equity - CYA – Reissue**, did not include Bid Factors requesting Applicants to upload **Attachment 9: MWBE Utilization Plan** and **Attachment 10: Vendor Responsibility Attestation** to the New York Statewide Financial System (SFS). These should be uploaded along with **Attachment 11: Application Cover Page** to Bid Factor Question 1i according to the instructions below.

The following changes are made to Section V. Completing the Application, A. Application Format and Content, Program Specific Questions (PSQ)/Bid Factors, 1. Program Abstract pages 28 - 29 of the RFA:

1. Program Abstract Not Scored

Applicants should provide a program abstract with the following information:

- 1a) Describe the proposed program. Include its purpose and design stating what will be completed and how.
- 1b) Describe the priority population(s) and specific needs of the priority population(s). Indicate the total projected number of unduplicated clients to be served annually.
- 1c) Describe the unmet service gaps or patient needs that the proposed program and funding will address. What organizational systems are in place to ensure program services reach the priority populations experiencing the most significant disparate outcomes?
- 1d) State the goals and objectives of your program and outcomes your organization expects to achieve.
- 1e) State how program success will be measured. Include anticipated challenges in providing services.
- 1f) Applicants are instructed to upload the **Article 28 Operating Certificate** that includes the address proposed for funding as **Attachment 2** in response to this Bid Factor question.
- 1g) Applicants are instructed to complete and upload **Attachment 3 - Electronic Health Records (EHR) Assessment** in response to this Bid Factor question.

1h) Applicants are instructed to complete and upload **Attachment 4 – Statement of Assurances** in response to this Bid Factor question.

1i) Applicants are instructed to complete and upload **the following Attachments in response to this Bid Factor Question:**

- Attachment 9: MWBE Utilization Plan
- Attachment 10: Vendor Responsibility Attestation
- Attachment 11: Application Cover Sheet.