

**New York State
Department of Health
AIDS Institute**
*Division of HIV and Hepatitis Health Care
Bureau of Ambulatory Care Services
And
Health Research Inc.*

**Request for Applications
SFS #AHER
RFA #20559
Internal RFA #23-0012**

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

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

In order to apply for this Request for Applications, eligible applicants must be prequalified in the New York Statewide Financial System (SFS) *and* must submit an application via the Statewide Financial System.

Applicants may submit one (1) application per region.

A separate application must be submitted for each region proposed.

KEY DATES

Request for Applications Release Date:	December 3, 2024
Questions Due:	December 17, 2024, by 4:00 PM ET
Questions, Answers and Updates Posted: (on or about)	January 3, 2025
Applications Due:	January 22, 2025, by 4:00 PM ET

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I. Introduction

The New York State Department of Health AIDS Institute and Health Research, Inc. announce the availability of State and Health Research, Inc. funds to provide services to improve health outcomes and address health disparities experienced by people living with HIV/AIDS in New York State. The intent of the Request for Applications is to fund \$1,437,501 annually from July 1, 2025, through June 30, 2028. The Request for Applications will fund Centers for Young Adults (CYA) to provide services for young adults ages (13-29) living with HIV.

A. Background/Intent

As a national leader in the fight to End the HIV epidemic, the New York State Department of Health AIDS Institute has invested significant resources to increase access to high-quality HIV prevention, care, and treatment services designed to eliminate the transmission of HIV and improve the medical outcomes of people living with diagnosed HIV. The success of these interventions is demonstrated by a declining number of new HIV diagnoses, increases in linkage to, and retention in care, with higher percentages of patients achieving sustained viral load suppression.

In New York State, the number of persons newly diagnosed with HIV has decreased 34% from 2013 to 2022 with a 46% decrease in new AIDS diagnoses since 2013.¹ In 2022, 79% of People Living with Diagnosed HIV in New York State were virally suppressed.²

Though progress has been achieved through current programming efforts to end the HIV epidemic, success has not been equitable across all age groups and communities, especially among Black, Indigenous, and People of Color communities. New York State HIV Surveillance confirms that the HIV epidemic continues to disproportionately impact women, adolescents and young adults, and men who have sex with men from Black, Indigenous, and People of Color communities.

In 2022, non-Hispanic Black/African American people represented 15.21% of the population of New York State but accounted for 41% of new HIV diagnoses; and Hispanic persons represented 19% of the population of New York State yet constituted 35.8% of new HIV diagnoses. The severity of this disparity is confirmed when rates among those newly diagnosed with HIV are compared by race/ethnicity. The rate of new HIV diagnoses among non-Hispanic Black individuals was 7.6 times higher than the rate for non-Hispanic White individuals; and the rate for Hispanic individuals was 4.8 times higher than the rate for non-Hispanic White individuals. The prevalence rate of HIV among non-Hispanic Black individuals was 7.7 times higher than their non-Hispanic White counterparts; and similarly, among Hispanic individuals, the prevalence rate was 4.1 times higher than their non-Hispanic White counterparts.

2022 surveillance data³ highlights include:

- Persons –younger than 40 years old represented 69% of new diagnoses and 55.8% of concurrent diagnoses.³

¹ [R.I.C.H. Report New York State \(ny.gov\)](#)

² [HIV Care in New York State \(ny.gov\)](#)

³ [New York State HIV/AIDS Annual Surveillance Report 2022 \(ny.gov\)](#)

- Men who have sex with men represented 55.5% of new HIV diagnoses and 23.6% of concurrent diagnoses.³
- Non-Hispanic Black/African American people represented 40.66% of individuals newly diagnosed with HIV and 16% of concurrent diagnoses.³
- Hispanic people accounted for 35.8% of new HIV diagnoses and 17.6% of concurrent diagnoses.³
- Black and Hispanic Women represent 58% and 28% of Women Living with Diagnosed HIV in New York State, while only representing 18% and 19% of the total population of women.⁴
- Non-Hispanic Black Women are less likely to be virally suppressed, with only 77% achieving viral suppression compared to 82% among Hispanic and White New York Women.⁴

These data are stark confirmation of the disproportionate burden and HIV health inequity faced by from Black, Indigenous, and People of Color communities, adolescents/young adults, men who have sex with men, and from Black, Indigenous, and People of Color women of child-bearing age who are prioritized to receive services through this Request for Applications.

The New York State Department of Health AIDS Institute is committed to achieving health equity by identifying and responding to the social determinants identified through funded programming, employing cross-sector partnerships to address the non-medical needs of patients more effectively, and by addressing institutional and structural racism to promote equal access and care for all.

Health equity 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. HIV health disparities are inextricably linked to a complex blend of social determinants that impact the outcomes of HIV direct and supportive services. Community health centers are well positioned to assess and address their patients' social determinants of health because primary care is a natural point of integration among clinical care, public health, behavioral health, and community-based services.

To effectively improve health outcomes, it is important to look at both disparities and social determinants of health to identify and address the root causes (i.e., racism, classism, sexism). Funded programs should proactively address intersectional factors impacting racial and ethnic disparities using a health equity framework.

This Request for Applications intends to improve HIV health equity through the delivery of funded services and the development of clinical-community partnerships designed to address the non-medical social needs identified. Funded services will occur in community-based ambulatory care settings by multidisciplinary teams that incorporate sexual health, health equity, and social determinants of health principles and frameworks. Services delivered must be “person-centered” and responsive to the complex clinical and non-clinical needs of the priority populations, to achieve the goals of reducing health disparities and health inequities. Successful applicants will provide integrated and innovative interventions that effectively promote linkage to, retention in, and re-engagement in care, address barriers experienced by consumers, and increase the use of Antiretroviral therapy (ART) among

⁴ [2024 National Women and Girls HIV/AIDS Awareness Day – Ending the Epidemic \(etedashboardny.org\)](https://www.endedaids.org/2024-national-women-and-girls-hiv-aids-awareness-day-ending-the-epidemic)

Black, Indigenous, and People of Color communities. Proposed models of care should be community-driven and address HIV and medical treatment beliefs, racism, social determinants of health, patient-provider relationships, stigma, and trauma.

In June 2014, New York State announced a three-point plan to end the AIDS epidemic in New York State.⁵ This plan provided a roadmap to significantly reduce HIV infections to a historic low by the end of 2020, with the goal of achieving the first ever decrease in HIV prevalence. The plan also aimed to improve the health of all HIV positive New Yorkers and was the first jurisdictional effort of its kind in the U.S. The three points highlighted in the plan are:

- 1) Identify persons with HIV who remain undiagnosed and get them linked to care;
- 2) Link and retain persons diagnosed with HIV in health care to maximize viral suppression; and
- 3) Increase access to Pre-Exposure Prophylaxis (PrEP) for persons who are HIV negative.

New York State has been laying the groundwork for ending the AIDS epidemic since the disease emerged in the early 1980s. New York State's response to the HIV/AIDS epidemic has involved the development of comprehensive service delivery systems that evolved over time in sync with the evolution of AIDS from a terminal illness to a manageable chronic disease. This strategy enabled the state to implement new technologies as they were introduced, including new treatments, new diagnostic tests and Pre-Exposure Prophylaxis. By building upon each individual success and relying on a strong administrative infrastructure, the state was able to roll out innovative programs quickly to achieve the greatest impact. Ending the epidemic in New York State is within reach, thanks to aggressive and systematic public health initiatives that have made it possible to drive down rates of new infections. The State's Ending the Epidemic (ETE) initiative was launched with visionary leadership and extensive stakeholder leadership and participation.

This Request for Applications addresses these Ending the Epidemic Blueprint (BP) recommendations:

- BP3: Address acute HIV infection.
- BP4: Improve referral and engagement.
- BP5: Continuously act to monitor and improve rates of viral suppression.
- BP7: Use client-level data to identify and assist patients lost to care or not virally suppressed.
- BP8: Enhance and streamline services to support the non-medical needs of all persons with HIV.
- BP13: Create a coordinated statewide mechanism for persons to access Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis and prevention focused care.
- BP26: Provide hepatitis C testing to persons with HIV and remove restrictions to hepatitis C treatment access based on financial considerations for individuals co-infected with HIV and hepatitis C.
- BP28: Equitable funding where resources follow the statistics of the epidemic.
- BP29: Expand and enhance the use of data to track and report progress.

The Ending the Epidemic Blueprint continues to guide all Ending the Epidemic efforts. The Ending the Epidemic Addendum Report is a written report that provides an overview of the past five years of New York State's Ending the Epidemic initiatives, as well as a summary of the

⁵ https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint_summary.pdf

community feedback sessions that were conducted in 2020 to assist in identifying areas of focus for Ending the Epidemic beyond 2020.

The Ending the Epidemic Blueprint and the Ending the Epidemic Addendum report are available on the New York State Department of Health’s website at: www.health.ny.gov/endingtheepidemic

In November 2021, New York State released its [plan](#)⁶ to eliminate hepatitis C as a public health problem in New York State by 2030. To achieve the goal of hepatitis C elimination, concerted efforts are needed to ensure access to timely diagnosis, care, and treatment for all people with hepatitis C. New York State plans to eliminate hepatitis C by:

- Enhancing hepatitis C prevention, testing and linkage to care services for people who inject drugs, people who are incarcerated, men who have sex with men, and other populations disproportionately impacted by hepatitis C infection;
- Expanding hepatitis C screening and testing to identify people living with hepatitis C who are unaware of their status and link them to care;
- Providing access to clinically appropriate medical care and affordable hepatitis C treatment without restrictions and ensure the availability of necessary supportive services for all New Yorkers living with hepatitis C;
- Enhancing New York State hepatitis C surveillance, set and track hepatitis C elimination targets, and make this information available to the public; and
- Addressing social determinants of health (SDOH).

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the New York State Prevention Agenda. The National HIV/AIDS Strategy is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic. The National HIV/AIDS Strategy five-year plan and updates to the strategy through **2025** can be found at: [National HIV/AIDS Strategy \(2022-2025\) | HIV.gov](#). The New York State Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them. The New York State Prevention Agenda can be found on the following website: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/.

B. Available Funding

Centers for Young Adults (CYA)

Up to \$1,437,501 annually in State and Health Research, Inc. funding is available to fund up to five (5) awards. The awards allocated will not exceed the annual amounts listed in the tables below. Applicants must meet the minimum caseload requirements stated in the chart below.

New York State Department of Health Region	Maximum Annual Award Amount	Minimum Caseload Requirement	Number of Awards
Hudson Valley	\$250,000	25+	1 to 2
Long Island	\$362,500	50+	0 to 1

⁶ [NYS Hepatitis C Elimination Plan](#)

New York City - Bronx	\$362,500	50+	2 to 3
Northeastern New York	\$250,000	25+	1 to 2

Hudson Valley: Putnam, Rockland, Westchester, Dutchess, Orange, Sullivan, and Ulster counties

Long Island: Nassau and Suffolk counties

Northeastern New York: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties

Applicants may submit one (1) application per region. A separate application must be submitted for each region proposed. Applications must propose to render services at a single geographic location licensed by the New York State Department of Health under Article 28 of the Public Health Law. Applications that propose funding services at multiple locations will be deemed ineligible and disqualified from further consideration.

- Awards will be made to the highest scoring applicants in each region, up to the minimum number of awards indicated for that region. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, Health Research Inc./New York State Department of Health AIDS Institute reserves the right to:
 - Fund an application scoring in the range of (60-69) from a region and/or
 - Apply unawarded funding to the next highest scoring applicant(s) in other region(s) until the maximum number of awards per region is met.
- If there are an insufficient number of fundable applications in a region, the maximum number of awards may not be met for that region. Health Research Inc./New York State Department of Health AIDS Institute reserves the right to re-solicit any region where there are an insufficient number of fundable applications.
- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region, Health Research Inc./New York State Department of Health AIDS Institute reserves the right to exceed the maximum number of awards.
- Health Research Inc./New York State Department of Health AIDS Institute 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 AIDS Institute and Health Research Inc. may select an organization 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 and Health Research Inc. reserve the right to establish additional competitive solicitations.

The New York State Department of Health AIDS Institute encourages new programs that reach the priority population to apply, even though they may not have a history of funding.

Current Contractors: If you choose to not apply for funding, the New York State Department of Health AIDS Institute highly recommends notifying your community partners of your intent. This will ensure community members and providers are aware of the discontinuation of the program and services.

Please see **Guidance for HRI Contracts – Attachment 1** for funding restrictions.

Funds under this Request for Applications 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.

II. Who May Apply

A. Minimum Eligibility Requirements – Applicants are required to meet all Minimum Eligibility Requirements listed below.

- Applicant must be prequalified in the New York Statewide Financial System (SFS), if not exempt, on the date and time applications in response to this RFA are due as specified in the "Key Dates" set forth on the Cover Page of this RFA.
- Applicant must propose to render services at a single geographic location licensed by the New York State Department of Health under Article 28 of the Public Health Law; and submit the **Article 28 Operating Certificate that includes the address proposed for funding as Attachment 2** in response to Bid Factor question 1f, Program Specific Questions (PSQ)/Bid Factors.
- Applicant must be a not-for-profit 501(C)(3) organization.
- Applicant must utilize an electronic health record system (EHR). Applicants must submit **Attachment 3 - Electronic Health Records (EHR) Assessment** in response to Bid Factor question 1g, Program Specific Questions (PSQ)/Bid Factors.
- Applicant must have the capacity to collect Social Determinants of Health (SDOH) and Sexual Orientation Gender Identity (SOGI) data within the electronic health record. Applicants must submit **Attachment 3 - Electronic Health Records (EHR) Assessment** in response to Bid Factor question 1g, Program Specific Questions (PSQ)/Bid Factors.
- Applicant must submit **Attachment 4 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on Attachment 4. The Statement of Assurances must be uploaded in response to Bid Factor question 1h, Program Specific Questions (PSQ)/Bid Factors.
- Applicant must propose to serve an annual minimum caseload of 50 adolescents/young adults living with HIV in New York City. Applicants from regions outside of New York City must propose to serve a minimum caseload of 25 adolescents/young adults who are living with HIV.

III. Project Narrative/Work Plan Outcomes

This Request for Applications aims to improve HIV health equity and reduce HIV disparity by delivering health care services modeled to ensure quality HIV clinical care and systemic practices that mitigate the impact of racism and address the social determinants of health experienced by community health center patients.

To achieve these aims, funded applicants should provide comprehensive, [patient-centered](#)⁷ health service models that utilize a [health equity lens](#),⁸ incorporate the **Bureau of HIV Ambulatory Care Request for Applications Guiding Principles - Attachment 5** and routinely collect and analyze social determinants of health data. Successful models use social determinants of health data to develop tailored clinical-community partnerships responsive to the spectrum of non-medical social needs that contribute to health inequity. Additionally, programs implement self-correcting strategies to ensure efforts target those disproportionately impacted.

Successful applicants will demonstrate current organizational engagement with the priority population using HIV surveillance, cascade, and disparity data for the selected region.

Applicants may propose innovation-based programming tailored to the needs and service gaps identified through organizational community needs assessments, demonstrated experience with the priority population, and feedback obtained from people living with HIV/AIDS. In addition, applicants may propose innovative or evidence-based services not outlined in the scope of services consistent with the outcomes, guiding principles, and eligible costs as stipulated in this Request for Applications.

Request for Applications Priority Population(s) and Client Eligibility	
	Centers for Young Adults
Priority Population(s)	Young adults ages (13-29) living with HIV, are from Black, Indigenous, and People of Color, lesbian, gay, bisexual, transgender and queer, or other adolescent young adult communities experiencing disparate HIV outcomes.
Client Eligibility	Eligible clients are individuals living with HIV who meet Ryan White eligibility criteria (Attachment 1: Guidance for HRI Contracts), and are newly diagnosed, out-of-care or not regularly engaged in care or are not virally suppressed.

Scope of Services:

The following are core service categories.

Medical Case Management provides a range of client-centered activities focused on improving health outcomes. Activities are provided by an interdisciplinary team that includes other

⁷ [Patient-centered care: achieving higher quality by designing care through the patient's eyes - PMC \(nih.gov\)](#)

⁸ [Using a Health Equity Lens | Gateway to Health Communication | CDC](#)

specialty care providers. Key activities include: initial assessment of service needs; development of a comprehensive, individualized care plan; timely and coordinated access to medically appropriate levels of health and support services and continuity of care; continuous client monitoring to assess the efficacy of the care plan; re-evaluation of the care plan with adaptations as necessary; ongoing assessment of the clients' and other key family members' needs and personal support systems; treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and client-specific advocacy and/or review of utilization of services. In addition, Medical Case Management will provide benefits counseling by assisting eligible clients in obtaining 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, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

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.

Psychosocial Support Services provide group or individual support and counseling services to assist people living with HIV/AIDS in addressing behavioral and physical health concerns.

Expected Outcomes:

The expected outcomes of this Request for Applications are to improve access and engagement in quality HIV, sexually transmitted infections, and hepatitis C services. Contractors are expected to provide a range of services that reduce the health inequities experienced by people living with HIV/AIDS that negatively impact health outcomes. Additional outcomes include:

1. Increased access and acceptability of HIV primary care, sexual health, behavioral health and supportive services.
2. Improved early identification of HIV and immediate access to treatment and medical care.
3. Improved viral load suppression and sustained suppression rates for people living with HIV/AIDS.
4. Reduced incidence and transmission of HIV/ sexually transmitted infections / hepatitis C.
5. Supporting the elimination of perinatal HIV transmission.
6. Reengaging people living with HIV/AIDS who have stopped receiving medical care due to social determinants of health or other barriers.
7. Reduced racial and ethnic disparities experienced by people living with HIV/AIDS.
8. Decreased rates of HIV morbidity and mortality.

A. Program Model Description:

Applicants are expected to integrate the **Bureau of HIV Ambulatory Care Services Guiding Principles - Attachment 5** as part of the proposed model.

Proposed models will align with current AIDS Institute priorities, Ending the Epidemic goals, and adherence to [AIDS Institute Clinical Guidelines](#)⁹ and include strategies intended to reduce racial and ethnic health disparities experienced by the priority population(s).

Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the New York State Department of Health AIDS Institute. All subcontractors should be approved by the New York State Department of Health AIDS Institute.

An applicant with an established program funded by a source other than the AIDS Institute may apply for funding of one or more discrete services to supplement the existing program. In these cases, the applicant should demonstrate the program will be comprehensive with the addition of the requested service(s).

Demonstration of a Commitment to Health Equity

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

The New York State Department of Health AIDS Institute works closely with its community partners to identify and respond to current needs. The needs are wide and varied, but they center on addressing social determinants, socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare services and discrimination.

The New York State Department of Health AIDS Institute is committed to ensuring our funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health and social inequities. We are all accountable to pay attention to the intersections of race and health equity. We are committed to the implementation of new and tailored approaches to address the challenges faced by our Black, Indigenous, and People of Color (BIPOC) communities. In our mission to ensure that everyone has a fair chance to experience optimal health, we are employing the following health equity principles:

- Be Explicit;
- Identify and Effectively Address Racism and Racial Implicit Biases;

⁹[Clinical Guidelines Program \(hivguidelines.org\)](http://hivguidelines.org)

- Adopt a “Health in all Policies” Approach;
- Create an Internal Organization-Wide Culture of Equity;
- Respect and Involve Communities in Health Equity Initiatives; and
- Measure and Evaluate Progress in Reducing Health Disparities.

Center for Young Adults (CYA) Program Description

The Centers for Young Adults (CYAs), formally known as the Specialized Care Centers program, will provide comprehensive HIV primary care, sexual and behavioral health, medical case management, and supportive services tailored to the unique needs of adolescents and young adults living with HIV (ages 13-29). Applicants must demonstrate experience providing HIV clinical and primary care and supportive services to young adults ages 13 - 29, from Black, Indigenous, and People of Color, lesbian, gay, bisexual, transgender and queer, and other communities experiencing disparate HIV outcomes.

Applicants will provide the scope of services in a clinical setting that is young adult and/or adolescent focused. Centers for Young Adults programs are patient-centered models of service delivery and are designed to improve early diagnosis and linkage to HIV primary care, rapid initiation of antiretroviral therapy, engagement in supportive and psychosocial services, and use a strengths-based approach to facilitate the transition of adolescents to adult care.

The program model is implemented by a multidisciplinary team in a manner that employs a social justice/racial equity framework, affirms sexual and gender identity, incorporates a [sexual health framework](#)¹⁰, [trauma informed practices](#),¹¹ and [health literate care](#)¹². Centers for Young Adults team members and primary care providers work collaboratively to coordinate clinical care and to address the psychosocial and non-medical social determinants of health that contribute to disparate health outcomes experienced by this population.

In addition to the **Bureau of HIV Ambulatory Care Services Guiding Principles - Attachment 5**, effective Centers for Young Adults models include linkage, navigation, multidisciplinary service coordination, peer services, systemic identification of medical and non-medical needs, including mental, behavioral health, and substance use services; Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis education and partner screening, sexually transmitted infections screening, referral follow up and tracking, and, tailored clinical-community partnerships that are responsive to the needs of the priority populations to be reached. Successful applicants will develop partnerships with community-based programs serving individuals to be reached through this solicitation and those that serve youth at elevated risk to facilitate early identification and active entry and referrals to care.

Peer services can play a key role in increasing linkage and retention in care, rates of viral suppression and preventing new infections. It is expected that peers will be included in proposed service models to the greatest extent possible. Programs models may also include evidence-based interventions that are responsive to the lived experiences, racism/racial discrimination, trauma, and stigma that disproportionately affects from Black, Indigenous, and People of Color, lesbian, gay, bisexual, transgender and queer, men who have sex with men or other adolescent young adult communities experiencing disparate HIV outcomes.

To ensure a continuum of services that are responsive to the identified needs and social determinants of health experienced by the priority population(s) selected by the applicant, programs must develop and maintain streamlined referral processes and a tailored network of clinical-community partnerships to provide age-appropriate services not available at the funded

location. Network partners should have a history serving at-risk youth, provide age appropriate psychosocial and supportive services, and work collaboratively with the Centers for Young Adults multidisciplinary team.

Priority populations served through this funding may include adolescents and young adults who are from Black, Indigenous, and People of Color, men who have sex with men, lesbian, gay, bisexual, transgender and queer, or gender non-conforming individuals. Additional determinants that negatively impact successful engagement and viral load suppression may include homelessness or unstable housing; involvement in “street economy”, sex trafficking; substance use; having experienced physical, mental, and/or sexual abuse/trauma; gang involvement; and/or involvement with the criminal justice system. These experiences should be considered when developing proposals.

Centers for Young Adults Required Staffing

Applicants who use the following staffing pattern will be best prepared to administer successful programs. Please note that applicants are not required to have each of these positions in place to be eligible to apply:

- One or more (1.0) Full-Time Equivalent (FTE) Centers for Young Adults Medical Case Manager or equivalent must have a B.A. or B.S. with at least one (1) year of HIV or other chronic-illness related field experience, or an Associate degree and three (3) years of such experience, or five (5) years of such experience;
- Employ or subcontract with a youth-oriented mental health provider (Psychiatrist, Psychologist, Psychiatric Nurse Practitioner, licensed clinical social worker, licensed mental health counselor) to deliver co-located services. This consultation position allows a specialist to conduct assessments, review patient charts and provide input into mental health care and treatment, provide bridge services, and facilitate referrals to higher levels of mental health care and treatment when needed. Programs may include up to 25% (NYC) or 10% (Rest of State) of one Full-Time Equivalent psychologist/psychiatrist/psychiatric nurse practitioner employed as a mental health consultant; and
- Employ or subcontract with a qualified substance use provider experienced in the delivery of young adult-focused therapeutic services for individuals living with HIV/AIDS to deliver services at the funded location. This position allows for a specialist to conduct assessments, review medical records, provide clinical input into substance use care and treatment plans, provide bridge services, and facilitate referrals to higher levels of substance use care and treatment when needed.

Additional staff to be considered include:

- Program Manager
- Clinical Lead
- Social Worker
- Peer(s)
- Data Entry
- Quality Improvement

Funded programs will provide qualified program administrators, managers, direct service, data, and peers representative of the population(s) to be reached through the proposal.

B. Requirements for Funded Applicants

All applicants selected for funding are expected to:

1. Adhere to the **Bureau of HIV Ambulatory Care Services Request for Applications Guiding Principles Attachment 5**;
2. Adhere to all Work Plan objectives, tasks and performance measures. Please see **Attachment 6: Work Plan**;
3. Be actively engaged and have experience providing services to clients who are representative of the priority population within the selected community;
4. Coordinate services with other HIV/ sexually transmitted infections / hepatitis C health and human service providers and participate in local HIV-related planning groups;
5. Collaborate with local health departments, regional offices of the New York State Department of Health as well as other health and human service providers in identifying and responding to emerging trends;
6. Participate in a collaborative process with the New York State Department of Health AIDS Institute to assess progress meeting the initiative standards and program outcomes and provide monthly narrative reports describing the program with respect to 1) model implementation, 2) client identification, engagement, and retention 3) success in meeting the workplan objectives, tasks and performance measures, 4) data collection and reporting 5) significant accomplishments achieved, and 6) barriers encountered and plans to address noted problems;
7. Ensure funded staff receive a minimum of twelve (12) hours of training annually specific to the scope of services provided through this Request for Applications;
8. 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 AIRS. AIRS is a data reporting system that is required by the New York State Department of Health AIDS Institute to report client demographic information as well as program activities. New York State Department of Health AIDS Institute requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. New York State Department of Health AIDS Institute provides and supports the AIRS software to enable providers to meet data submission requirements. Details on this software product may be obtained by accessing the following Internet address, www.airсны.org;
9. Have an electronic medical record system;
10. Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or determinants can lead to disparities and ultimately inequities in health and health outcomes. Strategies should prioritize those populations that are most impacted, negatively, by social and structural determinants of health;
11. Adhere to the most current Standards of Care, including, but not limited to, those issued by the New York State Department of Health AIDS Institute and the HRSA National Monitoring Standards as a condition of receiving Ryan White funds.
(<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/program-monitoring-faq.pdf>);
12. Plan, implement, and sustain a quality management infrastructure that is in accordance with the most current New York State Department of Health AIDS Institute-issued Ryan White Part B Quality Management Program Standards and the HRSA Clinical Quality Management Policy Clarification Notice (PCN) #15-02.
(<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf>);

13. Establish, implement, and update annually an agency-specific quality management plan and shall conduct quality improvement projects addressing the specific needs of Ryan White Part B-funded services utilizing a proven quality improvement framework, such as the Plan-Do-Study-Act (PDSA) model or equivalent;
14. Participate in New York State Department of Health AIDS Institute-supported Ryan White Part B Quality Management Program meetings and activities, including, but not limited to, the submission of an annual Ryan White Part B quality management plan and quality improvement project, the reporting of established performance measures and the presentations of quality improvement projects at quality meetings per the timeline established by the New York State Department of Health AIDS Institute;
15. Provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the New York State Department of Health AIDS Institute, and
16. Participate in Ryan White Part B Quality Management Program-specific quality improvement trainings to ensure that the Contractor staff is aware and capacitated to participate in agency-specific quality improvement projects.
17. Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or determinants can lead to disparities and ultimately inequities in health and health outcomes. Strategies should prioritize those populations that are most impacted, negatively, by social and structural determinants of health. Please see **Attachment 7 - Health Equity Definitions and Examples** of social and structural determinants of health.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute (hereinafter referred to as New York State Department of Health AIDS Institute, or the Department), Division of HIV Hepatitis Health Care, Bureau of HIV Ambulatory Care Services and Health Research Inc. The Department and Health Research Inc. are responsible for the requirements specified herein and for the evaluation of all Applications. See, Section V.C. (Review and Award Process).

B. Question and Answer Phase

All substantive questions by Applicants with respect to any aspect of the RFA must be submitted in writing to Margaret Smalls, New York State Department of Health AIDS Institute, Bureau of HIV Ambulatory Care Services at the following email address: 2024.AHE.RFA.CYA@health.ny.gov. This includes Minority and Woman Owned Business Enterprise (MWBE) Requirements questions and related forms. See, Section IV.K. (Minority & Woman-Owned Business Enterprise Requirements). Questions of a technical nature related to formatting or other minor details related to preparation of an Application may also be addressed in writing to the email address noted 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.

To the degree possible, each question submitted by a potential Applicant pursuant to the terms of this RFA should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the Cover Page of this RFA.

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or Applications should be directed to the NYSDOH contact listed on the cover of this RFA.

- On-Demand Statewide Financial System Training Videos: On-demand training focused on using the new grants management features in SFS is available by logging in to the SFS Vendor Portal and clicking the SFS Coach icon available on the homepage. Additional questions? Contact the SFS Help Desk listed below:
- Statewide Financial System Technical Support Help Desk
Phone: 1-877-737-4185 toll-free / 518-457-7737
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@sfs.ny.gov
- Grants Management Team Email: grantsreform@its.ny.gov
Phone: 518-474-5595
Hours: Monday thru Friday 8am to 4pm
(Application Completion, Policy, Prequalification and Registration questions)

Prospective Applicants must submit all requests for clarifications of, or exceptions or changes to, the terms, conditions or provisions of this RFA or the Master Contract for Grants during the Question and Answer Phase, which will end on the “Questions Due” date specified on the Cover Page of this RFA. An Applicant must clearly indicate the clarification, exception or change in the RFA or the Master Contract for Grants the Applicant is requesting. All questions, answers, and requests for clarification, exception or change will be published by the Department at [SFS Public Portal Homepage](#) to ensure equal access and knowledge by all prospective Applicants, on or about the date specified on the Cover Page of this RFA.

This RFA has been posted on the NYS Statewide Financial System website at: [SFS Public Portal Homepage](#) and additionally, via a link provided on the Department’s public website at: <https://www.health.ny.gov/funding/>.

Questions and answers, as well as any updates, addendums to, and/or other modifications of this RFA, will be posted on these websites. All such questions and answers, updates, addendums to, and other modifications to this RFA will be posted by the date identified on the Cover Page of this RFA under “Key Dates”.

All Questions must be received by the date and time specified on the Cover Page of this RFA, under “Key Dates”, opposite the heading “Questions Due”.

All questions submitted by email should state the RFA Title and Number set forth on the Cover Page (RFA#20559, *Advancing Health Equity CYA- Reissue*) in the subject line of the email.

C. Letter of Interest

Letters of Interest are not a requirement of this Request for Applications.

D. Applicant Conference

An Applicant Conference will not be held for this project.

E. How to File an Application

Applications must be submitted online via the Statewide Financial System by the date and time posted on the Cover Page of this RFA under the heading “Key Dates”.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Statewide Financial System. Please visit the Statewide Financial System website at the following web address: [SFS Public Portal Homepage](#) and click the “Search for Grant Opportunities” tile. There is also a more detailed “Statewide Financial System: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants located in SFS Coach. Training webinars are also provided by the Grants Management Team. Dates and times for webinar instruction can be located at the following web address: [Live Webinars | Grants Management \(ny.gov\)](#)

To submit an Application an Applicant must:

1. Log into the [Statewide Financial System Vendor Portal](#) .
2. Click the Grant Management Tile. Next, Click the Bid Event Search tile.
3. Enter the applicable search criteria in the Search Criteria Fields. Locate an opportunity; search by Funding Agency (DOH01) or enter the Grant Opportunity name into the Search by Grant Opportunity field: *Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services – Reissue*. You can also filter search by Status such as “available” which filters to include only the bid events that are published and open for potential bid response.
4. Click on “Search” button to initiate the search.
5. Click on Event ID link to initiate a bid response.
6. Please review the Grantee User Manual found in SFS Coach for additional steps on how to respond to various types of Bid Events.

Once the Application is complete, a prospective Applicant is **strongly encouraged** to submit their Application at least **48 hours prior to the** Application’s due date and time specified on the Cover Page of this RFA. This will allow sufficient opportunity for the Applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an Applicant’s ability to submit their Application.** Both NYSDOH, SFS, and Grants Management staff are available to answer an Applicant’s technical questions and provide technical assistance prior to the Application due date and time. Contact information for the Grants Management Staff and SFS is available under Section IV.B. (Question and Answer Phase) of this RFA.

PLEASE NOTE: Although NYSDOH and the Grants Management staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time for the submission of an Application, there is no guarantee that they will be resolved in time for the Application to be submitted on time and, therefore, considered for funding.

During the Application process, please pay particular attention to the following:

- Not-for-profit Applicants must be prequalified, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA. Be sure to maintain prequalification status between funding opportunities. **NOTE:** Three of a not-for-profit’s essential financial documents - the IRS990, its Financial Statement, and its Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the role of “Bid Response Submitter” can submit an Application on behalf of an Applicant.
- Prior to submission, the Statewide Financial System will automatically initiate a global error checking process to protect against an incomplete Application. An Applicant may need to attend to certain parts of the Application prior to being able to submit the Application successfully. An Applicant must be sure to allow time after pressing the submit button to clean up any global errors that may arise. (Vendor User Guide).
- Applicants should use numbers, letters, and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (20 MB) when uploading documents. Applicants should ensure that any attachments uploaded with their application are not “protected” or “passworded” documents.

The Applicant’s Delegated Administrator is able to assign, modify, remove roles for the applicant in SFS. Please see SFS Vendor Portal Access Reference Guide, [SFS Vendor Portal Access Reference Guide.pdf \(ny.gov\)](#), for additional information on roles. **Bid Response Initiator and Bid Response Submitter** are the **necessary roles for applying to a Bid Event in SFS**. If you are a not-for-profit you will also need Prequalification Processor for Prequalification purposes.

PLEASE NOTE: Waiting until the last several days to complete your Application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.

Applications will not be accepted via fax, e-mail, paper copy or hand delivery.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

F. Department of Health’s and Health Research Inc.’s Reserved Rights

The Department of Health and Health Research Inc. reserve the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s or Health Research Inc.’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any Applicant whose conduct and/or Application fails to conform to the requirements of the RFA.

5. Seek clarifications and revisions of Applications, in the Department's or Health Research Inc.'s sole discretion.
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 Department'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. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State and Health Research Inc.
13. Conduct contract negotiations with the next responsible Applicant, should the Department or Health Research Inc. be unsuccessful in negotiating with the selected Applicant.
14. Utilize any and all ideas submitted with the Applications received, at the Department's or Health Research Inc.'s sole discretion.
15. Unless otherwise specified in the RFA, every offer in an Applicant's Application is firm and not revocable for a period of 60 days from the Application opening.
16. Waive or modify minor irregularities in Applications received after prior notification to the Applicant.
17. 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 Applicant's Application and/or to determine an Applicant's compliance with the requirements of the RFA.
18. Eliminate any term of this RFA that can be complied with by none of the Applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the State and Health Research Inc.

G. Term of Contract

Any Contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller. Any Health Research Inc. contract resulting from this Request for

Applications will be effective only upon approval by Health Research Inc. **Refer to Attachment 8 – General Terms and Conditions – Health Research Incorporated Contracts.**

It is expected that contracts resulting from this RFA will have the following time period:
July 1, 2025 – June 30, 2028.

Continued funding throughout this period is contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found at <https://grantsmanagement.ny.gov/system/files/documents/2023/12/january-2024-contract-for-grants.pdf>

Health Research Inc. funded contracts resulting from this RFA will be for 12-month terms. The anticipated start date of HRI contracts is July 1, 2025. However, depending on the funding source, the initial contract term could be for a shorter time period. Health Research Inc. awards may be renewed annually through June 30, 2028 based on satisfactory performance and availability of funds. Health Research, Inc. 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. The Department may, at its discretion, make an advance payment to a successful not-for-profit grant Applicant under this RFA (a "Grantee") in an amount not to exceed twenty-five (25) percent of the annual grant provided for under the Grantee's Contract. Due to requirements of the federal funder, no advance payments will be allowed for Health Research Inc. contracts resulting from this procurement.
2. The Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract to the State's designated payment office (below) or, if requested by the Department, through the Statewide Financial System:

AIDS Institute
New York State Department of Health
dhhhfiscal@health.ny.gov

A Grantee must provide complete and accurate billing invoices in order to receive payment of the grant funding provided for under the terms of its Grant Contract. Invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department, and the Office of the State Comptroller (OSC). Payment for invoices submitted by the Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner of Health, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments.

Authorization forms are available at OSC's website at:

<http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under its Grant Contract if it does not comply with

OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of claims for reimbursement by the State (Department) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Grantee will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work Plan.

- The Grantee will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through the Statewide Financial System:
 - A monthly narrative addressing program implementation, barriers and accomplishments.
 - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS). <http://www.airсны.org/>

All payment and reporting requirements will be detailed in "Attachment D: Payment and Reporting", of the final STATE OF NEW YORK MASTER CONTRACT FOR GRANTS.

For HRI contracts, contractors will be expected to submit voucher claims and reports of expenditures in the manner that HRI requires. Required forms will be provided with the contract package.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract. For HRI Contracts, payments and reporting requirements will be detailed in Exhibit "C" of the final contract.

I. Procurement Requirements

General Requirements

The Grantee may procure various goods and services in connection with the grant-funded project ranging from routinely purchased goods or services to those that involve substantive programmatic work. The procurement of such goods or services, however, must be conducted in an equitable and competitive manner to promote equal treatment, efficiency, and economy in grant-funded activities.

Any Grantee that is a State entity (i.e., a State agency or political subdivision of the State) must follow the same policies and procedures it uses for procurements from its general funds. All other Grantees (private companies, not-for-profit-organizations, etc.) must have a sufficient and documented procurement process that maintains records to detail the history of procurements associated with any awarded grant project. These records shall include, but are not limited to, rationale for the method of procurement (e.g., micro-purchase, small purchases, sealed bids, request for proposals, noncompetitive/sole source), the selection of a contract type, contractor selection and/or rejection, and the basis of a contract price.

The Grantee's documented procurement process must conform with any applicable federal, State and local laws and regulations. As part of the required procurement procedures, a Grantee must maintain written standards of conduct covering conflict of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts.

The standards of conduct must provide for disciplinary actions to be applied for violations by officers, employees or agents of the Grantee. Such standards shall provide, at a minimum, that no employee, officer, or agent of the Grantee will participate in the selection, award, or administration of a contract supported by grant funds if a conflict of interest, real or actual, is involved. Such conflicts may arise when:

- The employee, officer, or agent, or
- Any member of such individual's immediate family, or
- Such individual's partner, or
- Any organization which employs, or is about to employ the selected contractor, has a financial or other interest in or receives or stands to receive a tangible personal benefit from a firm being considered for a contract.

2. Bid Protest Procedures

Any contractor, subcontractor, or aggrieved party has the right to protest actions before or after the award of a contract utilizing grant funds. The Grantee alone will be responsible, in accordance with good administrative practice and sound business judgement, for the settlement of all contractual and administrative issues arising out of procurement contract solicitations and awards.

Grantees shall have written protest procedures, which may be analogous to those set forth in Part 24 of Title 2 of the New York Codes, Rules and Regulations, in order for effective due process to be achieved. A Grantee's specific protest procedures shall be outlined in all bid requests, request for proposals, request for applications, etc. issued by or on behalf of the Grantee concerning any grant-funded projects. In summary, Grantees are responsible for handling all contract activity protests. Except in matters of direct State or possibly Federal concern (in cases involving federally funded grants), the Department of Health will not substitute its judgement for that of the Grantee.

3. Procurement Contract Language

Any contract concerning a grant-funded project must be a written agreement between the Grantee and the third party providing specific goods and/or services. Whether with a contractor, subcontractor, consultant or vendor, the contract must as appropriate state the activities to be performed; the time schedule; the policies and requirements that apply to the contractor, subcontractor consultant or vendor, including the above procurement requirements; and any other terms and conditions of the grant and the master grant contract.

J. Assurances of No Conflicts of Interest and/or Other Detrimental Effects

The Grantee as well as any subgrantees, contractors, subcontractors or consultants engaged by the Grantee to provide goods or services in connection with the grant-funded project shall attest that their performance of any contracted services does not and will not create a conflict of interest with nor position the Grantee to breach any other contract it currently has in force with the State of New York and Health Research, Inc.

The Grantee as well as any subgrantees, contractors, subcontractors or consultants engaged by the Grantee to provide goods or services in connection with the grant-funded project shall disclose any existing or contemplated relationship with any other person or entity, including

relationships with any member, shareholder of 5% or more, parent, subsidiary, or affiliate organization, which would constitute an actual or potential conflict of interest or appearance of impropriety, relating to other clients/customers/agents of the Grantee, subgrantees, contractors, subcontractors, consultants or former officers and employees of the State and its affiliates, in connection with the providing of goods or rendering of services related to the grant-funded project. The Grantee shall have procedures in place for alerting the State or Health Research, Inc. of any such actual or potential conflicts as well as procedures to resolve the same.

K. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified minority- and women-owned business enterprises (M/WBEs) and the employment of minority group members and women in the performance of NYSDOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("M/WBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the Department of Health hereby establishes a goal of 30% as follows:

- 1) For Not-for-Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the total amount of the Budget provided for the Work Plan in the Grant Contract entered into pursuant to this RFA.

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this RFA will be 15% for Minority-Owned Business Enterprises ("MBE") participation and 15% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms). A Grantee awarded a Grant Contract pursuant to this RFA must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Grant Contract and Grantee will agree under the terms of its Grant Contract that NYSDOH may withhold payment pending receipt of the required M/WBE documentation required by the

Department or the OSC. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs can be viewed at:

<https://ny.newnycontracts.com>. The directory is found on this page under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented by a Grantee to evidence its good faith efforts to encourage M/WBE participation in the performance of its obligations under its Grant Contract.

By submitting an Application, each Applicant and potential Grantee agrees to complete an M/WBE Utilization plan as directed in **Attachment 9** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted by each Grantee. If a Grantee’s M/WBE Utilization Plan is not accepted, NYSDOH may issue a Notice of Deficiency. If a Notice of Deficiency is issued, Grantee agrees that it shall respond to the Notice of Deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being **non-responsive** under the following circumstances:

- a) If a Grantee fails to submit a M/WBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a Notice of Deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If NYSDOH determines that the Grantee has failed to document good-faith efforts to meet the established NYSDOH M/WBE participation goals for the procurement.

In addition, Grantees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

L. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award of a grant to a successful Applicant pursuant to the terms of this RFA and in order to initiate a Grant Contract with the New York State Department of Health, a Grantee must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, the Applicant should include the Vendor Identification number in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at:

<https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

M. Vendor Responsibility Questionnaire

The Department strongly encourages each Applicant to file the required Vendor Responsibility

Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire> or go directly to the VendRep system online at <https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system>.

An Applicant must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at itservicedesk@osc.ny.gov.

Applicants opting to complete online should complete and upload the **Vendor Responsibility Attestation (Attachment 10)** of the RFA. The Attestation is located under the SFS Attachments Section and once completed should be uploaded to the applicable PSQ/Bid Factor.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, and upload it with their Application in response to the applicable PSQ/Bid Factor.

N. Vendor Prequalification for Not-for-Profits

Each not-for-profit Applicant subject to prequalification is required to prequalify prior to having the ability to submit an Application in the NYS Statewide Financial System.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, and revised on December 9, 2023, the new Prequalification Policy will be effective as of January 16, 2024. The updated policy requires that not-for-profit organizations register and prequalify in the SFS using the updated Prequalification Application. The updated Prequalification Application and New York State Prequalification Manual for Grantees can be found on the Grants Management website at: <https://grantsmanagement.ny.gov/get-prequalified>.

An Application cannot be submitted/received from a not-for-profit Applicant that (a) has not Registered in the NYS Statewide Financial System or (b) has not Prequalified in the Statewide Financial System by the Application's due date specified on the Cover Page of this RFA.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor User Manual within the Statewide Financial System Website details the requirements and job aid walks users through the process.

1) Register for the Statewide Financial System

- Applicants will first need to create an account in SFS. Applicants that need to create an account should do so at the following link: <https://www.osc.ny.gov/state-vendors/portal/enroll-vendor-self-service-portal>. Any questions related to SFS accounts should be sent to the SFS Help Desk (HelpDesk@sfs.ny.gov).

If you have previously registered and do not know your Username, please email helpdesk@sfs.ny.gov. If you do not know your Password, please click the "I Forgot My Password" link from the main log-in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the Statewide Financial System.
- Applicants will first need to create an account in SFS. Applicants that need to create an account should do so at the following link: <https://www.osc.ny.gov/state-vendors/portal/enroll-vendor-self-service-portal>. Any questions related to SFS accounts should be sent to the SFS Help Desk (HelpDesk@sfs.ny.gov).
- Instructions for SFS Prequalification can be found on Page 20 of the SFS Grantee User Manual entitled, “! Grantee Processing in SFS”. This user manual is accessible to organizations with an SFS account under the SFS Coach Tile/Button in the SFS Vendor Portal. Select “Handbook: User Manual with Screenshots” from the Training Type drop down to locate the manual. If you have any problems accessing the manual please contact HelpDesk@sfs.ny.gov. Please see the section entitled, “Enter and Submit a Prequalification Application”, located on page 20 of the SFS Grantee User Manual, for complete instructions on how to complete and submit an SFS Prequalification in the NYS Statewide Financial System.
- Specific questions about the prequalification process should be referred to your primary New York State agency representative (vendor.responsibility@health.ny.gov) or to the Grants Management Team at grantsreform@its.ny.gov.

3) Add a signatory or “Grant Contract Approver” to your account

- In order to have your designated signatory (known in SFS as Grant Contract Approver) sign a contract and have their name appear on the contract agreement you have to add the Grant Contract Approver’s name to your SFS Vendor Profile. The Delegated Administrator for your organization can add the Signatory’s Name by following the instructions found on page 17-20 of the SFS Grantee User Manual entitled, “! Grantee Processing in SFS”. This user manual is accessible to organizations with an SFS account under the SFS Coach Tile/Button in the SFS Vendor Portal. Select “Handbook: User Manual with Screenshots” from the Training Type drop down to locate the manual. If you have any problems accessing the manual please contact HelpDesk@sfs.ny.gov.

All potential Applicants are strongly encouraged to begin Statewide Financial System Registration and Prequalification process as soon as possible in order to participate in this opportunity.

O. General Specifications

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Grantees will possess, at no cost to 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 any Contract awarded pursuant to this RFA 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 terms and conditions contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions the Applicant would like considered by the Department relating to the terms and conditions of this RFA and/or Master Contract for Grants must have been raised during the Question and Answer Phase of this RFA (See, Section IV.B.).
4. An Applicant may be disqualified from receiving an award 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, in the State of New York or otherwise.
5. Provisions Upon Default
 - a. If an Applicant is awarded a grant pursuant to this RFA, the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the Contract resulting from this RFA.
 - b. In the event that the Grantee, through any cause, fails to perform any of the terms, covenants, or promises of any Contract resulting from this RFA, 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 Grantee.
 - c. If, in the judgement of the Department, the Grantee acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any Contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of the Contract, which such compensation shall not exceed the total cost incurred for the work which the Grantee was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format and Content

Please refer to the Statewide Financial System: Vendor User Guide for assistance in applying for this procurement through the NYS Statewide Financial System. This guide is available by logging into the Statewide Financial System and searching under SFS Coach.

Please respond to each of the sections described below when completing the Statewide Financial System online Application. Your responses comprise your Application. Please respond to all items within each section. When responding to the statements and questions, be mindful that Application reviewers may not be familiar with your agency and its services. Your answers should be specific, succinct, and responsive to the statements and questions as outlined. Please be aware that the value assigned to each section described below indicates the relative weight that will be given to each section of your Application when scoring your Application.

It is each Applicant's responsibility to ensure that all materials included in its Application have

been properly prepared and submitted. Applications must be submitted via the Statewide Financial System by the Application deadline date and time specified on the Cover Page of this RFA.

IMPORTANT: Any material added to a Bid Factor “Add Comments” box in SFS will not be reviewed as part of a submitted application. Applicants are instructed to use the “Response” box for narrative responses unless otherwise instructed within this RFA.

Please note there is a 2,000-character limit for each response.

Please provide any requested attachments as specified within this RFA. Applicants are instructed to upload one (1) attachment in response to any request for an attachment. If more than one (1) version of an attachment is uploaded, the final version uploaded will be the version considered for review.

See the Event Comments and Attachments link at the bottom of the Bid Event page in SFS for required attachments to be completed in response to corresponding bid factor questions, as well as informational only attachments.

Program Specific Questions (PSQ)/Bid Factors

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

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 **Attachment 11 – Application Cover Sheet** in response to this Bid Factor question.

2. Community and Agency Description Total 15 Points

- 2a) Describe why the applicant is qualified to implement the proposed program model. Describe the need for services within the community. Include both quantitative and qualitative evidence to address this question.
- 2b) Applicants are instructed to complete and upload **Attachment 12 – Proposed Site, Address, Days and Hours of Operation Chart** indicating the service location within the proposed service area, and site accessibility for the priority population. Applicants are instructed to upload **Attachment 12** in response to this Bid Factor question.
- 2c) Describe your organization’s experience in serving the priority population and community identified for the program services you are proposing. Include organizational strengths and experience. State how your previous efforts and successes have aligned with achieving the goals of improving health outcomes of people living with HIV/AIDS.
- 2d) Applicants are instructed to complete and upload **Attachment 13 - Service Delivery Experience Table** indicating how many years of experience they have providing the listed services and an estimate of how many individuals received those services. Applicants are instructed to upload **Attachment 13** in response to this Bid Factor Question.
- 2e) What are the other programs and agencies in the geographic area that are relevant to your proposed program model? Describe your partnership with these agencies and how you will leverage these programs to maximize benefit to the priority populations indicated in your proposal without supplanting other resources.
- 2f) Please describe prior grants your organization has received from the New York State Department of Health AIDS Institute that are relevant to this proposal. Include the results of the program and successes. OR, if your organization has not received funded from the New York State Department of Health AIDS Institute, describe any similar types of programs that your organization has undertaken in the past; include the results of the program and successes in achieving those results.

3. Health Equity Total 15 Points

- 3a) Which social determinants of health barriers will you address with the priority population served by this funding?

- 3b) Please provide the most current data that you have used to identify the social determinants of health barriers affecting the population served by the funding.
- 3c) Describe how you will monitor and evaluate the immediate impact of your efforts to address the social determinants of health. (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? 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?

4. Program Design and Implementation

Total 50 Points

- 4a) Describe the proposed program model design. Include specific strategies for implementing the program services. Describe interventions or innovative strategies with supporting evidence or rationale for utilizing them to implement your program model. Include how your model reflects the **Bureau of HIV Ambulatory Care Request for Applications Guiding Principles - Attachment 5** and the **Work Plan - Attachment 6**.
- 4b) Describe how consumers and key representatives from the community and priority populations you are proposing to serve were included in the program design process. Describe what steps you will take to ensure that representation from the priority population(s) is/are included in implementing and evaluating the proposed program services.
- 4c) Applicants are required to complete and upload the **Program Implementation Timeline - Attachment 14**. Applicants are instructed to upload **Attachment 14** in response to this Bid Factor Question.
- 4d) Describe how your program will ensure effective services across the HIV, sexually transmitted infections, and hepatitis C care continuum, including access, linkage, and engagement in needed services. Describe the organization's processes to ensure the development of tailored internal and external referral partnerships that meet the priority population's needs. Describe how these referrals will be facilitated, coordinated, recorded, reported, and evaluated for outcomes. What are the proposed methods to evaluate the effectiveness of these referral partnerships and community collaborations and their impact on the social determinants of health experienced by the priority population(s)?
- 4e) Applicants are required to complete and upload the **Accessibility, Referral, Navigation, and Services Continuum Assessment - Attachment 15**. Applicants are instructed to upload **Attachment 15** in response to this Bid Factor question.
- 4f) Provide a brief description of staff roles and responsibilities and how the proposed staffing plan meets the minimum requirement and innovations described in the program model. The descriptions should include the job qualifications, educational background, licensures, and experience required. The staffing detail should include staff responsible

for AIDS Institute Reporting System (AIRS) activities (System administration, data entry, data quality control, and New York State Department of Health AIDS Institute reporting) and any in-kind staff.

- 4g) Applicants are instructed to complete and upload **Attachment 16 - Agency Capacity and Staffing Information** in response to this Bid Factor question.
- 4h) Applicants are instructed to upload **Attachment 17 - Agency Organizational Chart** to demonstrate the management and supervisory structure for the proposed program in response to this Bid Factor question. **Organizational charts should be submitted as a .PDF document.**
- 4i) Describe how your organization identifies, prioritizes, and responds to health disparities. Describe any systemic or programmatic changes that have resulted from this approach in the past two (2) years.
- 4j) Describe the plan for initial and ongoing staff training and support. Describe the agency's health equity training plan, current and proposed.
- 4k) Describe the agency's processes of program monitoring and Quality Improvement. Include the program's indicators for success and how these measures are tracked to assess the effectiveness of the proposed services and activities for which you are applying. Describe how you will ensure that indicators falling below targets are addressed and improved.
- 4l) Describe the data flow process from the point of service delivery to entry into the AIDS Institute Reporting System (AIRS). Include how your organization will collect, analyze, and report client-level quality programmatic data. Explain how data is extrapolated from the electronic health record to AIRS and other tracking systems.

5. Budgets and Justifications

Total 20 Points

Applicants are instructed to complete and submit a budget following these instructions:

- 5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (**July 1, 2024 – June 30, 2025.**) must be entered into the SFS online application. Refer to **SFS Expenditure Budget Instructions - Attachment 18**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and Work Plan (Attachment 6) and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the Request for Applications will be cost reimbursable. Once the budget in SFS is completed, Applicants are required to also enter the total grant funds being requested in the Unit Bid Price field at the bottom of the page. The total grant funds and Unit Bid Price must match in order for the application to submit successfully.
- 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 FTEs and for the fringe benefits requested.

- 5c) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
- 5d) For the last three (3) years, does your organization's Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this.
- 5e) Applicants are instructed to upload the **Statement of Activities for past three (3) years** from their yearly audit for the last three (3) years. The Statement of Activities must show total support and revenue and total expenditures. Applicants are instructed to upload the **Statement of Activities** in response to this Bid Factor question as **Attachment 19**. **Please note, if submitting a .PDF it cannot be a secure or "password protected" file.**
- 5f) Applicants are required to upload a copy of their **Agency Time and Effort Policy** as **Attachment 20** in response to this Bid Factor question.
- 5g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 5h) Applicants are required to complete and upload **Funding History for HIV Services - Attachment 21** in response to this Bid Factor question.
- 5i) Funding requests must adhere to the following guidelines:
- An indirect cost rate of up to 15% of modified total direct costs can be requested. If your organization has a federally approved rate, contractors may request up to 20% of the federally approved rate. If your organization has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the approved federally approved rate.
 - Funding may only be used to expand existing activities and create new activities pursuant to this Request for Applications. 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 to provide program services in accordance with the requirements of this Request for Applications 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/Health Research Inc. to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

For the SFS **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in **Attachment 6: Work Plan**. Any additional Project Summary entered in this area will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in the Work Plan (Attachment 6). Applicants are not required to enter any Objectives, Tasks or Performance Measures into the SFS Work Plan.

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via SFS by the date and time posted on the cover of this Request for Applications. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

All applications may be disclosed or used by New York State Department of Health to the extent permitted by law. New York State Department of Health 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 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. Review & Award Process

An Application which meets ALL of the guidelines set forth above will be reviewed and evaluated competitively by the New York State Department of Health AIDS Institute. An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An Application that does not provide all required information will be omitted from consideration.

In the event of a tie score, the applicant with the highest score for Section 3 – Health Equity – will receive the award. Should there still be a tie score, the applicant with the highest score in **Section 4. Program Design and Implementation** will receive the award.

Applications with minor issues (for example, an Application missing information that is not essential to timely review and would not impact review scores) MAY be processed and evaluated, at the discretion of the State, but any issues with an Application which are identified by the Department **must** be resolved prior to time of award. An Application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, 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 reserves 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 reserves the right to review and rescind all subcontracts.

Applicants will be deemed to fall into one of three categories: 1) not approved, 2) not funded due to limited resources, and 3) approved and funded. Not funded applications may be awarded should additional funds become available.

Once awards have been made pursuant to the terms of this Request for Applications, an Applicant may request a debriefing of their own Application (whether their application was funded or not funded). The debriefing will be limited only to the strengths and weaknesses of the Application submitted by the Applicant requesting a debriefing and will not include any discussion of ANY OTHER Applications. Requests for a debriefing must be received by the Department no later than fifteen (15) Calendar days from date of the award or non-award announcement to the Applicant requesting a debriefing.

To request a debriefing, please send an email to Margaret Smalls at 2024.AHE.RFA.CYA@health.ny.gov here. In the subject line, please write: *Debriefing Request - Advancing Health Equity CYA - Reissue*.

Unsuccessful Applicants who wish to protest the award(s) resulting from this Request for Applications on legal and/or factual grounds, should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <https://www.osc.state.ny.us/state-agencies/gfo/chapter-xi/xi17-protest-procedures> (Section XI. 17.).

VI. Attachments

- Please note that ALL Attachments to this RFA are accessed under the “**Attachments Section**” of the Statewide Financial System online Application/Bid Event and are not included in the RFA document. In order to access the online Application/Bid Event and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Statewide Financial System. Attachments that are requested to be uploaded as part of an Application/Bid Event response will be requested in individual corresponding Bid Factors (See Section V.A., “Program Specific Questions (PSQ)/Bid Factors”).
- **ALL applicants are instructed to verify each required attachment that has been uploaded to the application.** To check attachments, Applicants are instructed to click "View" in the SFS application for each uploaded attachment to ensure that the attachment and all of its applicable information/data is viewable in its final format.
- **PDF Attachments – due to system constraints, PDF attachments cannot be uploaded with annotations, editable fields, or JAVA/active controls. Please submit PDFs that are read- only.**

Attachment 1: Guidance for HRI Contracts**

Attachment 2: Article 28 Operating Certificate*

Attachment 3: Electronic Health Records Assessment*

Attachment 4: Statement of Assurances*

Attachment 5: Bureau of HIV Ambulatory Care Services Guiding Principles**

Attachment 6: Work Plan**

Attachment 7: Health Equity Definitions and Examples**
Attachment 8: General Terms and Conditions – Health Research Incorporated Contracts**
Attachment 9: MWBE Utilization Plan*
Attachment 10: Vendor Responsibility Attestation*
Attachment 11: Application Cover Page*
Attachment 12: Proposed Site, Days, and Hours of Operations*
Attachment 13: Service Delivery Experience Table*
Attachment 14: Program Implementation Timeline*
Attachment 15: Accessibility, Referral, Navigation, and Services Continuum Assessment*
Attachment 16: Agency Capacity and Staffing Information*
Attachment 17: Agency Organizational Chart*
Attachment 18: SFS Expenditure Budget Instructions**
Attachment 19: Statement of Activities for past Three (3) Years*
Attachment 20: Agency Time and Effort Policy*
Attachment 21: Funding History for HIV Services*

*These attachments **must** be uploaded as part of your agency’s Statewide Financial System (SFS) online Application in response to corresponding Bid Factor questions. Forms to be completed are located in the “**Attachments Section**” of the Statewide Financial System online Application/Bid Event.

These attachments do not need to be completed and are for Applicant information only. These Attachments may be accessed in the “Attachments Section**” of the Statewide Financial System online Application/Bid Event.