RFA#20142 / Grants Gateway # DOH01-BCLNY-2023

New York State Department of Health
Center for Community Health/Division of Chronic Disease Prevention
Bureau of Community Chronic Disease Prevention

Request for Applications

Breastfeeding, Chestfeeding, and Lactation Friendly New York (BFF-NY)

KEY DATES:

Release Date:	**September 14, 2022**
Letter of Interest/Intent Due:	**September 28, 2022**
Questions Due:	**October 5, 2022**
Questions, Answers and Updates Posted (on or about):	**October 19, 2022**
Applications Due:	**November 4, 2022, by 4:00 PM** *(Due to Grants Gateway, this time cannot be altered unless discussed prior with BOC.)*
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Inclusive Language Statement

Using inclusive language is essential within public health and for the lactation workforce as it contributes to safe and supportive environments for patients, clients, and communities, and ensures that programs and services are delivered with respect and meet the needs of all people.[1] Recently published guidelines recommend that lactation-related language be more inclusive, and acknowledge recommended changes to language or terminology are still evolving.[2] The appropriate use of gendered- or sex-based language may differ when describing research findings conducted with a specific population or during conversations with individuals to tailor communication for their known preferences. Many organizations, institutions, professional groups, and advocates, including the New York State (NYS) Department of Health, are actively discussing ways to promote diversity, inclusion, and equity when supporting human milk feeding.

Throughout this RFA, several terms - breastfeeding, chestfeeding, nursing, and lactating - are used interchangeably to describe feeding human milk (from donor or birth parent) via a bottle, cup, spoon, syringe, breast, or at the chest.[1] Please refer to **Attachment 1 - Key Terms and Definitions** for more information.

I. Introduction

Through this Request for Applications (RFA), the New York State Department of Health (Department), Division of Chronic Disease Prevention, Bureau of Community Chronic Disease Prevention (BCCDP) seeks applications to fund a coordinated community network to build and expand partnerships and advance broad-based policy, system, and environmental changes to proactively promote, support, and protect human milk feeding across community settings. The Breastfeeding, Chestfeeding, and Lactation Friendly New York (BFF-NY) RFA also seeks to reduce racial/ethnic, socioeconomic, and community disparities in the prevalence of human milk feeding, especially exclusive human milk feeding during the infant's first six months of life, and to be inclusive of all breastfeeding, chestfeeding, and human milk feeding individuals. This RFA is intended to reduce disparities in breastfeeding initiation, duration, and exclusivity; improve health; and reduce obesity and chronic disease risk factors. The population of focus for this RFA is racially and ethnically diverse communities within high-need areas as defined by the Area Deprivation Index (Neighborhood Atlas - Home (wisc.edu)), which uses 17 indicators for education, employment, housing quality, and poverty.

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[1] National Association of County and City Health Officials & United States Breastfeeding Committee. *Continuity of Care in Breastfeeding Support: A Blueprint for Communities.* 2021. Available from: http://www.breastfeedingcontinuityofcare.org/blueprint.

[2] Bartick M, Stehel EK, Calhoun SL, Feldman-Winter L, Zimmerman D, Noble L, Rosen-Carole C, Kair LR. Academy of Breastfeeding Medicine Position Statement and Guideline: Infant Feeding and Lactation-Related Language and Gender. Breastfeed Med. 2021 Aug;16(8):587-590. doi: 10.1089/bfm.2021.29188.abm. Available from: https://pubmed.ncbi.nlm.nih.gov/34314606/.

A. Background

The health of parents, infants, children, and their families is fundamental to population health. Supporting human milk feeding is a NYS and national public health priority.[3] The NYS Prevention Agenda is the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. The vision of the Prevention Agenda for 2019-2024 is that New York is the healthiest state in the nation for people of all ages. BFF-NY is aligned with the NYS Prevention Agenda's *Promote Healthy Women, Infants, and Children Action Plan* Focus Area 2: Perinatal and Infant Health, Goal 2.2: Increase breastfeeding.[4]

Feeding human milk offers many health benefits to infants, children, and parents. Infants fed human milk have a reduced risk for ear, respiratory, and gastrointestinal infections; asthma; and sudden infant death syndrome (SIDS). Children fed human milk have a lower risk of childhood obesity, type 1 and type 2 diabetes mellitus, high total cholesterol levels, high blood pressure, and childhood cancers.[5,6,7] Women who breastfeed reduce their long-term risk of breast and ovarian cancers and type 2 diabetes mellitus.[8] Major medical authorities, including the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the U.S. Surgeon General, recommend exclusive breastfeeding for the first six months of life, with continued human milk feeding as complementary foods are introduced for at least the first year of life.[5,6,7,9] Furthermore, the AAP's recently revised policy statement recommends continued breastfeeding as long as mutually desired by mother and child for 2 years or beyond.[5]

Addressing factors that improve breastfeeding rates and reduce breastfeeding disparities is central to the Department's maternal and child health, nutrition, and chronic disease prevention initiatives. The Department's Center for Community Health leads statewide efforts with stakeholders, partners, and contractors to improve breastfeeding rates and awareness, and provide access to lactation supports through the following strategies: legislative and policy

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[3] Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Available from: https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants.

[4] New York State Department of Health. New York State Prevention Agenda (2019-2024) Promote Healthy Women, Infants, and Children Action Plan. 2021. Available from: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/docs/ship/hwic.pdf.

[5] Joan Younger Meek, Lawrence Noble, Section on Breastfeeding; Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics* July 2022; 150 (1): e2022057988. 10.1542/peds.2022-057988. Available from: https://publications.aap.org/pediatrics/article/150/1/e2022057988/188347/Policy-Statement-Breastfeeding-and-the-Use-of?_ga=2.20623805.423165125.1657655835-1419428459.1656006085.

[6] American Congress of Obstetricians and Gynecologists (ACOG). Optimizing support for breastfeeding as part of obstetric practice. Committee Opinion No. 658. (Replaces Committee Opinion No 361, 2007) Obstet Gynecol 2016;127: e86-92.

[7] American Academy of Family Physicians (AAFP). Breastfeeding, Family Physicians Supporting (Position Paper). 2008. Available from: https://www.aafp.org/about/policies/all/breastfeeding-position-paper.html.

[8] Agency for Healthcare Research and Quality. Systemic Review of Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries. 2017. Available from: https://effectivehealthcare.ahrq.gov/products/breastfeeding/research-protocol.

[9] U.S. Department of Health & Human Services, Office of the Surgeon General. The Surgeon General's Call to Action to Support Breastfeeding. 2011. Available from: https://www.hhs.gov/surgeongeneral/reports-and-publications/breastfeeding/index.html.

actions in various settings (e.g., hospitals and health care practices, worksites, child care, and community and public spaces), media campaigns, hospital-based quality improvement initiatives, and community programs to increase human milk feeding exclusivity and duration. The Department's initiatives to support these strategies include, but are not limited to, the following:

- *Creating Breastfeeding Friendly Communities* (2017-2023);
- *NYS Breastfeeding Friendly Designations* for health care and child care providers;
- The Child and Adult Care Food Program;
- Continuing education for health care providers and public health and lactation professionals in collaboration with the University at Albany School of Public Health: *Breastfeeding Grand Rounds* and *Supporting and Promoting Breastfeeding, Chestfeeding, and Lactation in Health Care Settings* four-part webinar series;
- Breastfeeding disparities report with recommendations for the NYS legislature (under development);
- Family support programs for pregnant and parenting families (including maternal and infant home visiting programs); and
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program).

Statewide efforts to date have contributed to improvement in human milk feeding during the birth hospitalization. The results from CDC's National Immunization Survey indicate that most NYS families choose to breastfeed. However, while 87.1% of NYS children born in 2018 were breastfed at birth, only 24.1% were exclusively breastfed at six months and only 37.7% were breastfed at twelve months.[10] These exclusivity and duration rates fall far below the national Healthy People 2030 goals for exclusive breastfeeding at six months and breastfeeding at twelve months which are 42.4% and 54.1% respectively.[11] While there have been improvements in breastfeeding rates for all races and ethnicities, disparities still exist among non-Hispanic Black women, who have the lowest breastfeeding rates. This is seen across the nation as indicated by the following data from the CDC's National Immunization Survey.[12,9]

Children Born in 2018	Ever Breastfed	Exclusively Breastfed at six months	Breastfed at twelve months
U.S. National Average	83.9%	25.8%	35.0%
Hispanic	85.0%	23.3%	32.3%
Non-Hispanic White	85.3%	28.8%	37.6%
Non-Hispanic Black	75.5%	19.8%	27.9%

[10] Centers for Disease Control and Prevention. Rates of Any and Exclusive Breastfeeding by State among Children Born in 2018. Available from: https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-by-state-2018.htm.
[11] U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Healthy People 2030. Increase the proportion of infants who are breastfed exclusively through age 6 months and 1 year — MICH-15 and MICH-16. Available from: https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants.
[12] Centers for Disease Control and Prevention. National Immunization Survey (NIS) Results: Breastfeeding Rates. Available from: https://www.cdc.gov/breastfeeding/data/nis_data/results.html.

Families, especially families of color, that wish to breastfeed or chestfeed may experience several barriers that make it difficult for them to start or continue. Breastfeeding/chestfeeding is a public health issue. It is imperative to increase local capacity to implement community driven approaches to support human milk feeding, and center the needs of populations disproportionately impacted by racism and structural barriers that lead to low rates of lactation. Governments, policy makers, hospitals, workplaces, communities, health care providers, and other social support providers have important roles in providing positive breastfeeding or chestfeeding messages and improving lactation support services during pregnancy and postpartum.[13] This includes providing continuity of care through health care practices, employers, peer and professional lactation support, access to culturally appropriate information, easily available and accessible lactation spaces, and aligning state and local-level work with The Continuity of Care in Breastfeeding Support: A Blueprint for Communities. The Department is committed to continuing its work with a diverse group of community organizations that will increase community capacity and improve lactation support and make policy, system, and environmental changes that will make human milk feeding the easy choice for families in every community.

This RFA is informed by preliminary findings from the Department's *Creating Breastfeeding Friendly Communities* initiative and the NYS Breastfeeding Disparities Qualitative Research Study conducted by the University at Albany School of Public Health in collaboration with the Department. The purpose of the study is to better understand breastfeeding disparities in NYS and how to address them. The study consists of key informant interviews and a survey representative of diverse expertise and stakeholders in NYS and across the nation. Preliminary results from respondents have been meaningfully incorporated into the key strategies of this RFA.

B. Intent

The Department's BCCDP seeks applications to increase local capacity and support for the continuity of care for breastfeeding and chestfeeding families, especially in low income and racially/ethnically diverse communities, and to ultimately reduce breastfeeding health disparities. This will be accomplished through building and expanding partnerships to advance broad-based policy, system, and environmental changes on breastfeeding protection, promotion, support and care management. Priority settings for this initiative include businesses and worksites, health care practices, public spaces, and community venues where people live, work, gather, play, worship, and receive services. This approach supports and aligns with the Department's Prevention Agenda (2019-2024) and Centers for Disease Control and Prevention (CDC)-funded State Physical Activity and Nutrition (SPAN) Program (2018-2023).

[13] Lee, F., Edmunds, L.S., Cong, X., & Sekhobo, J.P. Breastfeeding among infants enrolled in the Special Supplementation Program for Women, Infants, and Children- New York. 2017. MMWR Morb Mortal Wkly Rep, 66(23), 610-614. Available from: https://www.cdc.gov/mmwr/volumes/66/wr/mm6623a4.htm.

C. Catchment Areas

The Department has defined five regions (Western, Central, Capital, Metropolitan Area, and New York City) and identified eligible communities in these regions. Communities are eligible when 40% or more of their population is not non-Hispanic White and/or where the percent of people living in high-need block groups is above the regional mean. High-need block groups were identified by the Area Deprivation Index (Neighborhood Atlas - Home (wisc.edu)), which uses 17 indicators for education, employment, housing quality, and poverty (data source: American Community Survey, 2009-2013).

Selecting Communities:
In the application process, applicants will identify target communities to represent the catchment or service area in which the applicants will work to implement the strategies in this RFA (**see Section III. Project Narrative/Work Plan Outcomes, E. Major Tasks** for strategy descriptions). The communities are defined as Minor Civil Divisions (MCDs) in Western, Central, Capital, and Metropolitan Area Regions; and as Neighborhood Tabulation Areas (NTAs) in New York City (NYC). The Department intends to have significant reach through this RFA. Since communities vary in population density and size, applicants may apply for one or more eligible communities of any size (MCDs or NTAs) to achieve the greatest possible reach. A minimum combined population reach of 50,000 is required for the Central and Capital regions; 100,000 for the Western and Metropolitan regions; and 150,000 for the NYC region. The instructions, maps, and tables for selecting communities can be found in **Attachment 2 - Catchment Area Instructions, Maps, and Tables.**

Region	Minimum Combined Population Reach
Central	50,000
Capital	50,000
Western	100,000
Metropolitan	100,000
NYC	150,000

Some MCDs or NTAs may have few or no sites in which to implement a strategy. Therefore, it is the collective group of MCDs or NTAs identified by each applicant as their entire proposed catchment area that will include all the sites in which to implement all strategies. Applicants will describe their plan to implement strategies within the proposed catchment areas. A list of sites within eligible MCDs or NTAs is not required to be included in the application.

If an applicant can demonstrate that selecting specific health care practices, worksites, or community and public spaces or opening a structured breastfeeding or chestfeeding drop-in support group in an MCD or NTA outside those listed in **Attachment 2** directly serves populations living in the eligible MCDs or NTAs in **Attachment 3 – Proposed MCDs or NTAs,**

and Community Presence Description, then those sites may be included in the proposed scope of work. A description of any specific sites OUTSIDE eligible MCDs or NTAs must be provided in **Section V. Completing the Application, C. Program Specific Questions, 3. Statement of Need and Catchment Area** for selecting, prioritizing, or identifying sites using the best information or data available to clearly demonstrate the reach of the populations being served by those sites. All final decisions to conduct activities outside of eligible MCDs or NTAs will be made by the Department, post award.

D. Available Funding and Anticipated Awards

The anticipated total funding, pending availability, is $6,912,600 over a five-year contract term. The anticipated contract start date is **July 1, 2023**. The Department intends to award up to seven (7) multi-year contracts funded at approximately $197,502 per contract per year, totaling $987,510 per grantee for each five (5) year contract.

Applicants may apply to serve more than one region and must meet the minimum combined population reach for each region as described above. Applicants must submit separate applications for each proposed region. Applicants receiving more than one award will receive a contract for each award with separate and distinct work plans and budgets for the communities in each award. Applicants receiving more than one award will comply with all specifications of each individually, including separate and distinct staffing levels, deliverables, and other requirements for this initiative.

The Department will fund up to a total of seven awards including the highest scoring and acceptable application in each region and the next two highest scoring applications from any region(s). **To encourage greater coverage of communities statewide, potential applicants are strongly encouraged to submit a Letter of Interest listing the communities where they propose to work** (see **Attachment 4 – Sample Letter of Interest).** Interested applicants and the communities identified in the Letter of Interest will be listed in the questions and answers posted on or around the date listed on the cover sheet of the RFA posted for this funding opportunity. This will allow community partners to work together to ensure adequate coverage within communities. The Department reserves the right to modify the final catchment area of successful applicants to ensure sufficient program coverage and reach. The Department also reserves the right to fund more than seven (7) applications if additional funding becomes available.

II. Who May Apply

A. Minimum Eligibility

All applicants must meet the following minimum eligibility requirements:

1. Applicants must be a not-for-profit 501(c)(3) organization *or* municipality in NYS

including, but not limited to: local health departments, hospitals, health care systems, primary care networks, academic institutions, WIC-sponsoring organizations, Cornell Cooperative Extension agencies, community-based organizations, volunteer organizations and professional organizations.

2. Applicants must be an *organization with an established presence in the community/catchment area to be served and will be required to describe this* in **Section 4: Community and Agency Description** of their application.

3. Applicants must be pre-qualified, if not exempt, in the New York State Grants Gateway on the date applications are due.

B. Preferred Experience

Up to five (5) additional points will be given to applicants that demonstrate the following experience (up to one point each):

- Experience working as part of a coalition, collaborative, or community group partnering with health care practices or systems; businesses; the Department-funded local Maternal/Perinatal and Infant Community Health Collaboratives; the Maternal, Infant and Early Childhood Home Visiting Program; local WIC program(s) and/or other organizations to advance broad-based policy, system, and environmental change strategies with a focus on reducing health disparities and health inequities.
- Experience working with community leaders, decision-makers, and diverse stakeholders to achieve adoption of community changes (i.e., policy, system, environmental changes) supporting breastfeeding, chestfeeding, and lactation.
- Experience promoting health equity by addressing and reducing breastfeeding or chestfeeding health disparities, working with low-income populations, diverse racial/ethnic groups, and persons with disabilities in high-need communities.
- Experience working directly with underserved communities to better understand their cultural history, experience, and beliefs to ensure that breastfeeding, chestfeeding, and lactation support is provided in a culturally responsive manner that promotes health equity and reduces health disparities.
- Experience implementing institutional practices that encourage hiring members from the communities of focus, prioritizing racial justice and/or health equity principles when working with communities disproportionately impacted by breastfeeding disparities.

III. Project Narrative/Work Plan Outcomes

An Applicant may subcontract components of the Work Plan to be performed by Applicant pursuant to the terms of its application but is expected to state in their application the specific components to be performed through subcontracts. The total of subcontracts cannot exceed 49%

of requested funding. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors, and will be the primary contact for the DOH. All subcontractors and subcontracts will be required to be approved by the Department of Health.

The aim of this project is to establish a breastfeeding, chestfeeding, and lactation friendly care continuum from pregnancy through the postpartum period, infancy and beyond. It will promote evidence-based human milk feeding education/management; help parents meet their breastfeeding or chestfeeding goals; increase breastfeeding initiation, exclusivity, and duration; and reduce the racial/ethnic and community disparities in the prevalence of breastfeeding, especially exclusive breastfeeding in New York State.

A. Expected Outcomes

Short Term Outcomes

- Health care practices adopt policies and implement practices that are supportive of breastfeeding, chestfeeding, and lactation;
- Worksites adopt policies and implement practices that are supportive of breastfeeding, chestfeeding, and lactation;
- Support groups provide high quality and culturally responsive breastfeeding, chestfeeding, and lactation support;
- Coalitions implement community-generated strategies to eliminate gaps in services and overcome barriers to breastfeeding, chestfeeding, and lactation;
- Elected leaders, community members and media recognize importance of breastfeeding, chestfeeding, and lactation and are aware of strategies to support it; and
- Community and public spaces adopt policies and implement practices that are supportive of breastfeeding, chestfeeding, and lactation.

Intermediate Outcomes

- Patients initiate and continue breastfeeding, chestfeeding, and lactation;
- Employees initiate and continue breastfeeding, chestfeeding, and lactation;
- Support group members initiate and continue breastfeeding, chestfeeding, and lactation;
- Communities eliminate gaps in services and overcome barriers to breastfeeding, chestfeeding, and lactation;
- Increased support for policies and practices that are supportive of breastfeeding, chestfeeding, and lactation; and
- Community members initiate and continue breastfeeding, chestfeeding, and lactation.

Long Term Outcomes

- Increased breastfeeding initiation, exclusivity, and duration in communities of focus;
- Reduced racial/ethnic and community disparities in breastfeeding initiation, exclusivity, and duration;
- Improved health in communities of focus; and
- Reduced obesity and risk of chronic disease in NYS.

For more information, please see **Attachment 5 – Project Logic Model and Performance Measures.**

B. Scope of Work

Applicants are expected to implement a coordinated, multi-sector initiative that employs community-generated solutions to build and expand community-based breastfeeding partnerships and advance broad-based policy, system, and environmental changes on breastfeeding, chestfeeding, and lactation protection, promotion, support, and care management within selected high-need communities.

Funded applicants will:

- Provide for services and staffing within their organization as follows:
    - Provide qualified, professional staff in sufficient numbers and at reasonable costs to carry out the deliverables of this RFA. Applicants receiving an award will use grant funds to support a minimum of 1.0 FTE coordinator position, employed by the applicant agency. The combined staffing pattern will work together as a team, effectively communicate and plan grant activities in coordination, and effectively manage all budget and program requirements of the grant.
        - The coordinator will provide oversight of the work and be responsible for managing the day-to-day operations of community engagement and networking, coordinating, guiding, and monitoring work to accomplish implementation of the identified objectives and deliverables. The coordinator position cannot be subcontracted.
        - Professional staff should have breastfeeding, chestfeeding, and lactation knowledge and skills, and experience in the following: public health program development, coordination, and management; fiscal management; strategic planning; cultural competency; health equity; public health policy, including analysis, development, and implementation; community engagement and mobilization; training; technical assistance; and public health detailing.
        - Management staff should be at a level within the agency to affect decision making.

    - Provide salaries that are commensurate with the level of education and experience required for the position.
    - Notify the Department within 30 days of a vacancy occurring (resignation, maternity/paternity/parental bonding leave, medical leave, etc.), and ensure programmatic work is being completed.
- Provide orientation, training, supervision and program support to staff and subcontractors as follows:
    - Provide staff with training and resources to equip them with adequate professional competencies including, but not limited to, understanding appropriate use of grant funding; fundamental concepts of evidence-based systems approach to implementation, and timely execution of grant activities including reporting requirements.
    - Orient staff to the organization's policies and procedures and the Department's policies and procedures for budget and program management; fiscal and budget management support; timely processing of purchase and subcontracting requests; appropriate administrative supervision and support; access to current resources and information; current computer systems with access to an individual e-mail account and the Internet, and office and meeting space.
    - Program staff from each funded organization are required to have the ability to participate in in-person/virtual professional development opportunities convened by the Department.
- Collaborate with partners to:
    - Provide services that are ethnically, culturally, linguistically, gender-affirming and age appropriate, and delivered at suitable developmental and literacy levels, within priority population(s)/communities.
    - Involve members of the priority population in the planning and design of the proposed program.
- Subcontract with other community-based organizations, partners, consultants, or experts if and as needed to implement the following required strategies and optional strategy, if selected.
    - Applicants may subcontract components of the scope of work. The applicant must retain at least 51% effort and the primary, overall responsibility as the lead organization (contractor), for all contract activities, including those performed by subcontractors; and will be the primary contact for the Department. 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 and in **Attachment 17 – Subcontractor/Consultant Letter(s) of Commitment** 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 Department. All subcontractors should be approved by the Department.

- Report on activities and accomplishments and participate in outcomes evaluation projects as follows:
    - Funded applicants will be expected to report regularly on their activities and accomplishments, on the activities and accomplishments of sites that they recruit, and on the reach of their activities and accomplishments. They will also be expected to participate in outcomes evaluation projects that will be developed by the Department.
    - Required performance monitoring and evaluation activities will include:
        - Maintaining a list of sites, using a format provided by the Department;
        - Submitting quarterly progress reports that summarize activities and accomplishments, using a web-based performance monitoring system selected by the Department;
        - Collecting baseline data at sites, using assessment tools developed by the Department;
        - Using baseline data to inform program activities and site-level action plans
        - Collecting follow-up data at sites, using assessment tools developed by the Department; and
        - Submitting annual reports to estimate reach and impact of activities and accomplishments, using a format provided by the Department.

Applicants are also encouraged to leverage resources from multiple stakeholders to achieve the intent of this RFA. The applicants selected for funding will be required to adhere to all required and, if applicable, optional objectives, tasks, and performance measures as they are listed in their work plan.

C. Major Tasks

Funded applicants will work in selected high-need communities within a variety of settings and sectors. Applicants will identify intervention sites and initiate work plan activities to support the strategies described below in the first year of the grant. Additional sites may be added in years two through five. Please refer to **Attachment 6 – Overview of Strategies and Useful Resources** for more information regarding the strategies and resources applicable to this section.

Applicants are required to include Strategies 1-5 in their applications. Strategy 6 is optional.

Strategy 1:

Implement breastfeeding, chestfeeding, and lactation supports in health care practices (e.g., Federally Qualified Health Centers; obstetric, family medicine, midwifery, and pediatric practices).

Work Plan Requirements

1. Identify and recruit health care practices that will adopt policies and implement health care practices supportive of breastfeeding, chestfeeding, and lactation; prioritizing those that serve low-income, racially/ethnically diverse, Medicaid-eligible individuals and/or their infants and children.
2. Assess the breastfeeding, chestfeeding, and lactation friendly environment at health care practices that agree to actively pursue the *NYS Breastfeeding Friendly Practice* designation. Please refer to the Department's website to access details on how to *Become a NYS Breastfeeding Friendly Practice.*
3. Provide site-specific breastfeeding, chestfeeding, and lactation training, technical assistance, and resources to practices on components of a Breastfeeding Friendly Practice.
4. Assist health care practices to adopt policies and implement practices that support, protect, and promote breastfeeding, chestfeeding, and lactation.
5. Recognize practices achieving *NYS Breastfeeding Friendly Practice* designation. Suggested activities include writing a success story and distributing it to the media and legislators.

Performance Measures

The Department will provide evaluation guidance and tools to funded applicants for the collection and submission of performance measure data. Examples include:

- number of health care practices that make progress towards adopting policies and implementing practices supportive of breastfeeding, chestfeeding and lactation
- number of health care practices that adopt policies supportive of breastfeeding, chestfeeding, and lactation
- number of health care practices that implement practices supportive of breastfeeding, chestfeeding, and lactation
- number of patients at health care practices with policies and practices supportive of breastfeeding, chestfeeding, and lactation and percent of those patients who are low-income, racially/ethnically diverse, and/or Medicaid-eligible

Strategy 2:

Implement breastfeeding, chestfeeding, and lactation supports in worksites.

Work Plan Requirements

1. Identify and recruit worksites, prioritizing those that employ low-income, racially/ethnically diverse individuals, that agree to actively pursue the Breastfeeding Friendly Worksite recognition.
2. Assess the breastfeeding, chestfeeding, and lactation friendly environment.

3. Provide worksite-specific training, technical assistance and resources to worksites that are supportive of breastfeeding, chestfeeding, and lactating employees.
4. Assist in the development and/or modification of employee workplace breastfeeding, chestfeeding, and lactation policies that support employees to successfully pump (and store and feed) human milk to their infants.
5. Support the implementation of employee workplace breastfeeding, chestfeeding, and lactation practices.
6. Recognize worksites that meet the necessary breastfeeding, chestfeeding, and lactation Friendly worksite criteria. Suggested activities include writing a success story and distributing it to the media and legislators.

Performance Measures

The Department will provide evaluation guidance and tools to funded applicants for the collection and submission of performance measure data. Examples include:

- number of worksites that make progress towards adopting policies and implementing practices supportive of breastfeeding, chestfeeding, and lactation
- number of worksites that adopt policies supportive of breastfeeding, chestfeeding, and lactation
- number of worksites that implement practices supportive of breastfeeding, chestfeeding, and lactation
- number of employees at worksites with policies and practices supportive of breastfeeding, chestfeeding, and lactation, and percent of those employees who are low-income or racially/ethnically diverse.

Strategy 3

Develop breastfeeding, chestfeeding, and lactation support groups.

Work Plan Requirements

1. Complete an informal community needs assessment to determine existing breastfeeding, chestfeeding, and lactation support groups in communities of focus.
2. Identify and collaborate with diverse stakeholders to establish new support groups and continue or expand existing groups.
3. Ensure new and existing groups are inclusive and culturally responsive by recruiting and training lactation support providers that reflect the diversity of the communities of focus. Note, support groups must be minimally staffed by at least one lactation support provider (and preferably two staff, including the lactation support provider) at every meeting. Please refer to **Attachment 6 – Overview of Strategies and Useful Resources** for minimum support group staffing requirements.
4. Provide training, technical assistance, and resources to new and existing groups to ensure support groups are providing high quality and culturally responsive breastfeeding,

chestfeeding, and lactation support.

Performance Measures

The Department will provide evaluation guidance and tools to funded applicants for the collection and submission of performance measure data. Examples include:

- number of existing support groups that improve their ability to provide high quality and culturally responsive breastfeeding, chestfeeding, and lactation support
- number of new support groups that provide high quality and culturally responsive breastfeeding, chestfeeding, and lactation support
- number of people participating in high quality and culturally responsive support groups

Strategy 4

Build, expand, and/or activate breastfeeding coalitions in the community(s) of focus.

Work Plan Requirements

1. Identify existing coalitions working on breastfeeding or chestfeeding issues in communities of focus. Applicants should consider existing coalitions that focus on public health issues and may consider integrating breastfeeding, chestfeeding, and lactation promotion, protection, and support goals into existing community health improvement strategies.
2. Work with existing coalitions or establish new breastfeeding coalitions to implement community-generated strategies to eliminate gaps in services and overcome barriers to breastfeeding, chestfeeding, and lactation.
3. Recruit and actively engage diverse coalition members that are reflective of the communities of focus and to address the ongoing and evolving needs of the communities of focus.
4. Work with coalitions to support community-driven and developed recommendations and solutions to eliminate gaps in breastfeeding, chestfeeding, and lactation services and barriers. Suggested activities may include advocating for the community by educating decision makers, community leaders and policy makers on the needs of the community to eliminate gaps in lactation support services and overcome barriers to successful breastfeeding or chestfeeding.

Performance Measures

The Department will provide evaluation guidance and tools to funded applicants for the collection and submission of performance measure data. Examples include:

- number of coalitions that improve their ability to promote, protect, and support breastfeeding, chestfeeding, and lactation
- number of organizations participating in coalitions that promote, protect, and support

breastfeeding, chestfeeding, and lactation
- number of community-generated strategies implemented to eliminate gaps in services and overcome barriers to breastfeeding, chestfeeding, and lactation

Strategy 5

Conduct communication and sustainability activities.

Work Plan Requirements

1. Write at least one success story annually for dissemination in the community or with media partners. Additional stories may be written.
2. Engage regularly with partners to generate earned media coverage.
3. Distribute materials to local, regional, or state-wide media outlets (i.e., social media, mail, e-mail, or hand-deliver press releases, press kits, letters to the editor, opinion pieces, etc.) to gain news coverage.
4. Build community support and awareness and educate community leaders and decision makers (i.e., distribute information to educate NYS Senate and Assembly members, decision makers, community leaders, and policy makers; this information can be presented in the form of success stories, newsletters, press clippings, photographs of community events, recent publications from national organizations, etc.).

Performance Measures

The Department will provide evaluation guidance and tools to awarded applicants for the collection and submission of performance measure data. Examples include:

- number of success stories completed
- number of communication activities conducted with elected leaders, community members, and the media
- If applicable: number of impressions collected from various social media platforms (e.g., Facebook, twitter, Instagram, and more)

Strategy 6 (Optional)

Implement breastfeeding, chestfeeding, and lactation supports in community and public spaces.

Some examples of community and public spaces include but are not limited to city and/or county government, food pantries, correctional facilities, shelters, malls, shopping centers, libraries, sport stadiums, zoos, museums, parks and recreation facilities, faith-based settings, schools (K-12), colleges and universities, transportation hubs, gyms/fitness centers, pharmacies, and community-based organizations.

Please Note: Child care settings and hospitals are <u>not</u> approved sites in this strategy.

This is an optional strategy for the Work Plan. Applicants that select Strategy 6 will be required to include all Work Plan Requirements and performance measures included below in their applications.

Work Plan Requirements

1. Identify and recruit community and/or public spaces; prioritizing those utilized by low-income, and/or racially/ethnically diverse individuals, that agree to actively pursue Breastfeeding Friendly recognition.
2. Assess the current breastfeeding, chestfeeding, and lactation environment in the community and/or public space.
3. Provide site-specific training, technical assistance, and resources to increase breastfeeding or chestfeeding promotion and support and lactation accommodations.
4. Assist community and public spaces to adopt policies that are supportive of breastfeeding, chestfeeding, and lactation.
5. Support implementation of practices that are supportive of breastfeeding, chestfeeding, and lactation.
6. Recognize sites that meet the necessary breastfeeding friendly criteria.

Performance Measures

The Department will provide evaluation guidance and tools to funded applicants for the collection and submission of performance measure data. Examples include:

- number of community and public spaces that make progress towards adopting policies and implementing practices supportive of breastfeeding, chestfeeding, and lactation
- number of community and public spaces that adopt policies supportive of breastfeeding, chestfeeding, and lactation
- number of community and public spaces that implement practices supportive of breastfeeding, chestfeeding, and lactation
- number of people using community and public spaces with policies and practices supportive of breastfeeding, chestfeeding, and lactation and percent of those people who are low-income or racially/ethnically diverse.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (NYSDOH), Division of Chronic Disease Prevention, Bureau of Community Chronic Disease Prevention. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted by email to:

promotebreastfeeding@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed by email or telephone to:

Katie Potestio
promotebreastfeeding@health.ny.gov
518-408-5142

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

All questions must be received by the date and time referenced on the cover page of this RFA.

All questions submitted by email should state the RFA number in the subject line.

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.

- https://grantsmanagement.ny.gov/resources-grant-applicants
- Grants Gateway Videos: https://grantsmanagement.ny.gov/videos-grant-applicants
- Grants Gateway Team Email: grantsgateway@its.ny.gov
  Phone: 518-474-5595
  Hours: Monday thru Friday 8am to 4pm
  (Application Completion, Policy, Prequalification and Registration questions)
- Agate Technical Support Help Desk
  Phone: 1-800-820-1890

Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(After hours support w/user names and lockouts)

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

This RFA has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: https://www.health.ny.gov/funding/. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

Prospective applicants are strongly encouraged to complete and submit a letter of interest (see **Attachment 4 – Sample Letter of Interest**). Prospective Applicants who submit a letter of interest by the date identified on the cover of this RFA may receive email notifications when updates to and modifications of this RFA are posted, including responses to written questions. . Letters of interest should be submitted via the Grants Gateway under the Pre-Submission Uploads section of the online application. Please note that you will receive an error message when uploading the letter into the application as other Pre-Submission uploads are not due until the application is submitted. A copy should also be emailed to promotebreastfeeding@health.ny.gov. Please ensure that the *RFA#20142* is noted in the subject line and Letters of Interest are submitted by the date posted on the cover of the RFA.

Submission of a letter of interest is not a requirement of this RFA, nor does the submission of a letter of interest impose any obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

D. Applicant Conference

No applicant conference is planned for this RFA.

E. How to File an Application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: https://grantsmanagement.ny.gov/ and select the "Apply for a Grant" from the Apply & Manage menu. There is also a more detailed "Grants Gateway: Vendor User Manual" available in the documents section under Training & Guidance; For Grant

Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: https://grantsmanagement.ny.gov/live-webinars.

To apply for this opportunity:

1. Log into the Grants Gateway as either a "Grantee" or "Grantee Contract Signatory."
2. On the Grants Gateway home page, click the "View Opportunities" button.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name "**Breastfeeding, Chestfeeding, and Lactation Friendly New York**."
4. Click on "Search" button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the "APPLY FOR GRANT OPPORTUNITY" button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. 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 and Grants Gateway staff are available to answer applicant's technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under **Section IV. Administrative Requirements, B. Question & Answer Phase** of this RFA.

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

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not receive a successful submission message assigning their application a unique ID number, it has not successfully been submitted. During the application process, please pay particular attention to the following:

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit's essential financial documents - the IRS990, Financial Statement and 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 roles "Grantee Contract Signatory" or "Grantee System Administrator" can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (See p.68 of the Grants Gateway: 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 (10 MB) when uploading documents. Applicants should ensure that any attachments uploaded with their application are not "protected" or "pass-worded" documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

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.

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

F. Department of Health's Reserved Rights

The Department of Health reserves 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 sole discretion.

3. Make an award under the RFA in whole or in part.

4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.

5. Seek clarifications and revisions of applications.

6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.

7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.

8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.

9. Change any of the scheduled dates.

10. Waive any requirements that are not material.

11. Award more than one contract resulting from this RFA.

12. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.

13. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with the selected applicant.

14. Utilize any and all ideas submitted with the Applications received, at the Department'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 bid 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 cannot be complied with by any of the Applicants.

19. Award grants based on geographic or regional considerations to serve the best interests of the State.

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.

It is expected that contracts resulting from this RFA will have the following time period: July 1, 2023 – June 30, 2028. For the budget and work plan, there will be five annual periods, beginning July 1, 2023, and ending June 30, 2028.

Continued funding throughout this five-year period is contingent upon availability of funding and state budget appropriations. 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 in the Forms Menu once an application to this funding opportunity is started.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25 percent.

2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

Division of Chronic Disease Prevention Fiscal Unit
NYS Department of Health
BCCDP.fiscop@health.ny.gov

Grant's contractors must provide complete and accurate billing invoices in order to receive payment. Billing 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 CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, 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. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this 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 such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work Plan.

3. The grant Contractor 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 Grants Gateway:

    - Quarterly Progress Reports on a web-based system
    - End of Year Reports as required
    - Other Reports as required by the Department

    All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Contract for Grants.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("NYSDOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises 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 ("MWBE") 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 New York State Department of Health hereby establishes a goal of **0%** 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 budget in total.

The goal on the eligible portion of this contract will be **0%** for Minority-Owned Business Enterprises ("MBE") participation and **0%** for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that NYSDOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how NYSDOH will determine "good faith efforts," refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs 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.

This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is optional **(Attachment 18 - Minority & Women-Owned Business Enterprise Requirement Forms 1-3 are optional. Form 4 is required for all applications regardless of goal).** Funded applicants are encouraged

to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.

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

J. 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 and in order to initiate a contract with the New York State Department of Health, vendors 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, please be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/forms.htm.

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.

K. Vendor Responsibility Questionnaire

The New York State Department of Health strongly encourages that each Applicant files 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 7 – Vendor Responsibility Attestation)** of the RFA. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the same

section.

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 the Pre-Submission uploads section in place of the Attestation.

L. Vendor Prequalification for Not-for-Profits

Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the Grants Management Website.

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor Prequalification Manual on the Grants Management Website details the requirements and an online tutorial are available to walk users through the process.

1) Register for the Grants Gateway

- On the Grants Management Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

  If you have previously registered and do not know your Username, please email grantsgateway@its.ny.gov. If you do not know your Password, please click the Forgot Password link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the Grants Gateway. **If this is your first time logging in,** you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Gateway Team at grantsgateway@its.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the ***Submit Document Vault*** Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.

- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

M. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractors 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 this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question & Answer Phase (**Section IV. B.**) must be clearly noted in a cover letter included with the Application submitted by an Applicant wishing to incorporate any of such exceptions in its Applicants and the Contract awarded purusant to this RFA.

4. An applicant may be disqualified from receiving awards if such Applicant or any subsidiary, affiliate, partner, officer, agent, or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts, in the State of New York or otherwise.

5. Provisions Upon Default

    a. The services to be performed by the Applicant shall be at all times subject to the direction and control of 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 ~~Applicant~~ 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 this agreement, 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.

N. Healthy Meeting Guidelines

Contractors will attest that they will comply with the Department's requirements for healthy meetings when the State is reimbursing for all or a portion of the meeting costs. An attestation to confirm planned compliance will be included in Attachment A1, Part B of the contract. The Department reserves the right to review the site, menu and agenda so that the

State can ensure the nutrition, physical activity, sustainability and tobacco-free guidelines are met. The Healthy Meeting Guidelines can be accessed at: https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm

O. Refusal of Funds from Tobacco-Related Entities

Contractors will attest that it has a written policy prohibiting any affiliation with a tobacco company or tobacco product manufacturer including receipt of gifts, grants, contracts, financial support and in-kind support, and other relationships. The contractor will attest that no not-for-profit subcontractors receiving funding through this agreement for work instrumental to achieving the goals and objectives of the grant has any affiliation with a tobacco company or tobacco product manufacturer. An attestation to confirm such policy is in place will be included in Attachment A1, Part B of the contract. More information regarding the tobacco-free requirements, including frequently asked questions, can be found at https://www.health.ny.gov/funding/cch_rfte_faq.pdf

V. Completing the Application

A. Application Format/Content

Please refer to the Grants Gateway: Vendor User Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at: https://grantsmanagement.ny.gov/vendor-user-manual. Additional information for applicants is available at: https://grantsmanagement.ny.gov/resources-grant-applicants.

The Grants Gateway works well in most cases with all browsers, including Microsoft Edge, Google Chrome, Safari, and Firefox. However, you will need to use Internet Explorer Compatibility Mode in Microsoft Edge if you need to save 500-character limit fields in the Work Plan. You can access Internet Explorer mode by right-clicking on a tab in Edge and selecting the option "Reload Tab in Internet Explorer Mode".

Please respond to each of the sections described below when completing the Grants Gateway 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 the agency and its services. Therefore, answers should be specific, succinct, and responsive to the statements and questions as outlined.

B. Pre-Submission Uploads

As a reminder, the following attachments need to be uploaded under the Pre-Submission Uploads

section of the Grants Gateway in order to submit an application in the system.

1. Application Cover Sheet - required (**Attachment 12**)
2. Sample Letter of Interest - optional (**Attachment 4**)
3. Vendor Responsibility Attestation - required (**Attachment 7**)
4. Fringe Detail Sheet - if applicable (**Attachment 10**)
5. Job Descriptions for Key Personnel - required (**Attachment 13 - combined in one PDF**)
6. Key Personnel Resumes - required (**Attachment 14 - combined in one PDF**)
7. Organizational Chart with Proposed Staffing - required (**Attachment 15 – combined in one PDF**)
8. Proposed/Current Partners, MOU(s)/MOA(s)/Letter(s) of Support - required (**Attachment 16 - combined in one PDF**)
9. Subcontractor/Consultant Letter(s) of Commitment - optional (**Attachment 17 - combined in one PDF**)
10. Minority & Women-Owned Business Enterprise Requirement Forms – required (**Attachment 18 - PDF**)

Applicants should secure and include community partner Memorandum of Understanding/ Memorandum of Agreement (MOU/MOA) or letter(s) of support (**Attachment 16**) and/or subcontractor organizations, partnering agencies, and consultants in their catchment area(s) letter(s) of commitment (**Attachment 17**) in pre-submission uploads to submit with the application.

C. Program Specific Questions

Please complete the "Project Title" using the following text: Breastfeeding, Chestfeeding, and Lactation Friendly New York

Section 1: Executive Summary **Not Scored**

1a. Provide a summary of the project proposal, including your objectives to meet the stated goals and a confirmation of your agency's eligibility.

1b. What types of outcomes does your organization expect to achieve? How will success be measured?

1c. Complete **Attachment 12 – Application Cover Sheet** and save under Pre-Submission Uploads.

Section 2: Preferred Experience **Maximum Score: 5 points**

Applicants that demonstrate they meet the preferred experience qualifications, as stated in

Section II. Who May Apply, B. Preferred Experience, may be awarded up to 5 points.

2a. Describe experience working as part of a coalition, collaborative or community group partnering with health care practices or systems; businesses; the Department-funded local Maternal/Perinatal and Infant Community Health Collaboratives; the Maternal, Infant and Early Childhood Home Visiting Program; local WIC program(s) and/or other organizations to advance broad-based policy, system, and environmental change strategies with a focus on reducing health disparities and health inequities.

2b. Describe experience working with community leaders, decision-makers, and diverse stakeholders to achieve adoption of community changes (i.e., policy, system, environmental changes) supporting breastfeeding, chestfeeding, and lactation.

2c. Describe experience promoting health equity by addressing and reducing breastfeeding health disparities, working with low-income populations, diverse racial/ethnic groups, and persons with disabilities in high-need communities.

2d. Describe experience working directly with underserved communities to better understand their cultural history, experience and beliefs to ensure that breastfeeding, chestfeeding, and lactation support is provided in a culturally responsive manner that promotes health equity and reduces health disparities.

2e. Describe experience implementing institutional practices that encourage hiring members from the communities of focus, prioritizing racial justice and/or health equity principles when working with communities disproportionately impacted by breastfeeding disparities.

Section 3: Statement of Need and Catchment Area Maximum Score: 5 points

3a. Describe the geographic catchment area you plan to serve, including the proposed communities you will serve through this funding using the tables provided in **Attachment 2 – Catchment Area Instructions, Maps, and Tables**. Include a description of the priority population(s); the geographic area to be served; the service location(s) within the proposed service area; and its accessibility for the priority population. Use **Attachment 3 – Proposed MCDs or NTAs, and Community Presence Description** to list the Applicant's Proposed MCDs or NTAs and total population of reach for all communities selected. Once completed, save under Pre-Submission Uploads.

3b. Describe the catchment area and the need for policy, system, and environmental changes to protect, promote and support breastfeeding, chestfeeding, and lactation. Identify existing resources and services in the communities to support the work.

3c. Describe how the proposed strategies will address breastfeeding related disparities and

inequities in the catchment area with a focus on racial justice and health equity.

Section 4: Community and Agency Description **Maximum Score: 15 points**

4a. Describe the mission and purpose of the agency. How will this initiative support the mission and programs within the applicant agency?

4b. Describe the agency's experience or capacity to implement the work outlined in this procurement.

4c. Describe the agency's experience serving high-need (low income, low level of education, high rate of chronic disease, racially and ethnically diverse) populations, recruiting new partners and identifying settings in which to support implementation.

4d. Describe the applicant's experience working directly with the community and provide information to demonstrate the organization's understanding of the social and cultural norms of the priority population. Provide information to demonstrate that the organization/program and staff have the capacity to work with populations, communities, and cultures that may fall outside that of the dominant organization culture and has developed trust and credibility with the populations and communities prioritized in this application. Please provide examples, such as utilizing a health equity framework to develop ethnically/culturally responsive and language appropriate services to diverse populations.

4e. Describe the agency's experience engaging local or regional leaders, partners, and decision-makers to adopt and support implementation of community-level systems and policy approaches to foster supportive breastfeeding or chestfeeding environments.

4f. Describe the agency's experience managing budgets that are subject to state and/or federal requirements or guidelines, and how the agency will ensure both budget and programmatic accountability. Please indicate the applicant's budget and programmatic capability and capacity to ensure both timely start-up and continued project implementation during periods of staff turnover or with anticipated or unanticipated changes.

4g. If applicable, please describe any organization(s) with whom you plan to subcontract. If not applicable, enter N/A.

Section 5: Program Design and Implementation **Maximum Score: 20 points**

5a. Describe the year one implementation timeline and how the agency will implement all

required and, if applicable, optional strategies outlined in **Section III. Project Narrative/Work Plan Outcomes.**

5b. Clearly describe a logical, achievable plan for organizing, implementing, and accomplishing all the required strategies and project deliverables, including the use of subcontractors if and as appropriate, over the life of the contract.

5c. Describe how the agency will select, prioritize, and recruit obstetric, family medicine, midwifery, and pediatric practices and Federally Qualified Health Centers in your community(s) of focus.

5d. Describe how the agency will select, prioritize, and recruit worksites that receive the lactation friendly worksite recognition in your community(s) of focus.

5e. Describe how the agency will complete a community needs assessment to determine community needs related to no-cost, structured lactation support groups. For example, how will you determine if there is a need for additional no-cost, structured lactation support groups (please refer to **Attachment 6 – Overview of Strategies and Useful Resources** for more details); the best location of the support groups; and how you will recruit appropriate organizations and support providers that are representative of the target populations to host these groups.

5f. Describe how the agency will ensure that community voices with lived experience and expertise are adequately represented and integrated into the work of the grant; specifically, in the breastfeeding coalition(s), at the no-cost structured lactation support groups, and in identifying community spaces/public spaces to be recognized as breastfeeding friendly.

5g. Describe how the agency will assist breastfeeding coalition(s) in determining and implementing community-generated solutions to resolve identified gaps in breastfeeding, chestfeeding or services.

5h. Describe how the agency will engage regularly with partners to generate earned media coverage for BFF-NY work.

5i. Describe how the agency will participate in ongoing communication about BFF-NY work with legislators.

Section 6: Community Partnerships and Leadership **Maximum of 15 points**

6a. Describe the agency's experience working on maternal/child health initiatives or

projects/activities in your community, and any efforts specifically working to improve breastfeeding, chestfeeding, and lactation and/or work with health care providers and/or practices (e.g. Federally Qualified Health Centers, obstetric, pediatric, family medicine and midwifery practices) or employers.

6b. Describe the agency's experience with planning, organizing, and implementing community events, such as events for World Breastfeeding Week and Black Breastfeeding Week, and your engagement and success working with diverse stakeholders and community partners to ensure the events are inclusive and appropriate.

6c. Describe how the agency will encourage community leaders and key maternity and newborn care, lactation staff, and providers to actively participate in training opportunities.

6d. Provide an estimate of how many obstetric, pediatric, family physician and midwifery practices (private and hospital-affiliated clinics) and Federally Qualified Health Centers in the agency's community/catchment areas are not yet designated as a *NYS Breastfeeding Friendly* practice. Describe existing working relationships with any primary care practices in the agency's catchment area and plans to engage them as part of this program.

6e. Describe an existing partnership or coalition the agency would use or expand upon to support the multi-pronged approach of the BFF-NY grant.

6f. Describe past successes, challenges and what solutions were developed working directly with community members from the priority population with an existing partnership or coalition, including those specific to achieving local-level policy, systems and environmental changes through partnership or coalition work.

6g. Describe the agency's experience working effectively and creating inclusive spaces with persons from diverse cultural, social, and ethnic backgrounds, including but not limited to racially and ethnically diverse communities, people with disability, people who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ+), people from historically marginalized or underrepresented communities, and people across the life span (youth, adolescents, adults, and older adults).

6h. Attach a list of existing and proposed partners and coalition members including name, title, organization, and length of time working together. Notate which individuals are potential leadership team members of this BFF-NY initiative. Attach MOU(s), MOA(s), and letters of support demonstrating community partnerships for coalitions, support groups, practices, and worksites. Letters and all documents should be combined into one PDF no larger than 10MB and saved under Pre-Submission Uploads as **Attachment 16 – Proposed/Current Partners, MOU(s)/MOA(s)/Letter(s) of Support.**

Section 7: Performance Monitoring and Evaluation **Maximum of 5 points**

7a. Describe the capacity of the applicant organization to collect data for performance monitoring and program evaluation. Include previous experience with data collection, data entry systems, reporting data, and any other relevant performance monitoring and evaluation experience.

Section 8: Staffing Pattern and Qualifications **Maximum of 15 points**

8a. Describe how the proposed program will be staffed. Identify titles, roles, and responsibilities of each position needed to operate and manage the proposed program. A minimum of a 1.0 FTE Project Coordinator employed by the applicant agency is required and cannot be subcontracted. Additional in-kind staff is recommended, if necessary, to meet the deliverables of the contract. Describe the experience and role(s) of any in-kind staff that will support this initiative. Indicate whether each position is to be hired (TBH) or existing staff. If a position is TBH, please explain the recruitment and hiring process to fill the position(s).

8b. Describe the plan for initial and ongoing staff training and support. The Organizational Chart should be uploaded as **Attachment 15 – Organizational Chart with Proposed Staffing** in the Pre-Submission Uploads section of the online application, demonstrating proposed staffing pattern and the location of the proposed grant contract within the organization. Job Descriptions for key personnel should be combined into one PDF no larger than 10MB uploaded as **Attachment 13 – Job Descriptions for Key Personnel** in the Pre-Submission Uploads section of the online application.

8c. Upload a Letter(s) of Commitment (**Attachment 17 – Subcontractor/Consultant Letter(s) of Commitment**) that includes a statement of scope of work for each proposed subcontractor. Letter(s) should be combined into one PDF no larger than 10MB and saved under Pre-Submission Uploads. Each letter should describe in two double-spaced pages or less (additional pages per letter will not be reviewed):

- The partnering organization;
- Why the collaboration is necessary to achieve the outcomes;
- What strategies the subcontractor proposes to implement; and
- What staff will be hired by the subcontractor to perform the work.

8d. If applicable, describe how your organization will manage the work of the subcontractor(s) and ensure fiscal and programmatic accountability. If not applicable, enter N/A.

8e. Describe how orientation and supervision of staff will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision

to the program. Include resumes of all key personnel providing orientation and supervision, along with staff who will help carry out the proposed strategies and activities of this program. Resumes or CVs for key personnel should be uploaded as **Attachment 14 – Key Personnel Resumes**. Please combine resumes into one PDF no larger than 10MB and save under Pre-Submission Uploads.

8f. If a vacancy occurs in the Project Coordinator position or other core program staff positions, describe how the position(s) would be covered within the organization until staff returned or new staff were hired.

8g. Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualification of key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds. Describe your ability to hire required staff and execute subcontract(s) within 60 days of the start of this initiative to ensure timely start-up.

8h. Describe the breastfeeding, chestfeeding, and lactation expertise and credentials of staff, such as IBCLCs, CBSs, CLEs or CLCs, at the applicant organization, partnering agencies and subcontractors' organizations.

Section 9: Budget and Justification **Maximum of 22 points**

THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

PLEASE NOTE: Any ineligible items will be removed from the budget prior to contracting. Ineligible items are those items determine by Department personnel to be inadequately justified relative to the proposed work plan, or not fundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.

9a. Complete a twelve-month budget for Year 1 in the Grants Gateway (July 1, 2023 – June 30, 2024). Budgets should total $197,502. Successful applicants with budgets that do not total $197,502 will be required to modify the budget upon award. Please read and refer to **Attachment 9 – Grants Gateway Budget Data Entry Guidelines.**

9b. Only costs related to the provision of BFF-NY, consistent with the scope of work, that are reasonable and cost effective will be accepted. Justifications for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined.

9c. Funding may be requested under the administrative cost line to support a portion of the agency's overall organizational structure to the extent that it allows a funded application to implement program activities. This includes funding for space, supplies, internet, telephone, and other expenses indirectly associated with program implementation and service delivery. **Administrative costs may not exceed a rate of 10% of the total direct costs.**

9d. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure.

9e. A minimum of a 1.0 FTE Project Coordinator is required to be employed by the applicant.

9f. The budget should include travel within the service region expected to conduct the activities of the proposed work plan.

9g. If the budget includes subcontracts, ensure that the total of subcontracts does not exceed 49% of the total requested funding. Include a Statement of Scope of Work and letter of commitment for each subcontract partner. **Attachment 17 – Subcontractor/Consultant Letter(s) of Commitment** should be specific to each proposed partnership in the application. Description should not be more than two (2) double-spaced pages. Letters of Commitment should be combined into one PDF no larger than 10MB and saved under Pre-Submission Uploads. Proposed subcontracts should be included in Nonpersonal Service. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors and/or consultants, and will be the primary contact for the Department. All subcontractors and/or consultants need to be approved by the Department.

PLEASE NOTE: Applicants may subcontract components of the scope of work, however, a minimum of 51% of the budget will be retained.

9h. Applicants and their subcontractor should consider budgeting for breastfeeding, chestfeeding, and lactation support items that would meet the immediate needs of low-income people. These extra item costs can be barriers to them and to the continuation of breastfeeding or chestfeeding. Allowable examples include but are not limited to: chest/breast pads; nursing pillows; chest/breast pump kits; baby scales; comfortable furniture/seating and lactation spaces; hospital grade chest/breast pumps; refrigeration units for the storage of expressed human milk; and age-appropriate books, toys or activities for older siblings accompanying the nursing parent at structured breastfeeding, chestfeeding, and lactation support groups. Minority/Women business entities should be considered for procurement of these and other eligible items in the budget (see **Attachment 18 - MWBE Forms and Instructions** in Pre-submission Uploads if applicable).

Section 10: Work Plan **Maximum of 5 points**

10a. Applicants must submit a detailed work plan for Year 1 of the award. Develop a work plan using the Grants Gateway online application using instructions and outline provided in **Attachment 8 – Grants Gateway Work Plan Instructions.** The work plan includes the required objectives (strategies described in Section III. Project Narrative, C. Major Tasks), tasks (work plan requirements), and performance measures for each task to achieve the grant performance measures. The objectives, tasks, and performance measures have been pre-populated. The target numbers for each objective must be completed by the applicant. Additional tasks and performance measures may be entered by the applicant. Applicants only need to enter items in the work plan that are not grayed out in the Grants Gateway Work Plan. The work plan should only list objectives, tasks, and performance measures for the first twelve months of the contract.

10b. Complete the "Project Summary" section using the following text: The aim of this project is to establish a breastfeeding, chestfeeding, and lactation friendly care continuum from pregnancy through the postpartum period, infancy, and beyond. Expected long term outcomes of the project include increased breastfeeding initiation, exclusivity, and duration in communities of focus and reduced racial/ethnic and community disparities in breastfeeding initiation, exclusivity, and duration. This will be achieved by the following strategies: implementing breastfeeding, chestfeeding, and lactation supports in health care practices, worksites, and community and public spaces; developing breastfeeding, chestfeeding, and lactation support groups; and building, expanding, and/or activating community-based breastfeeding coalition(s).

10c. For Organizational Capacity within the work plan format of the Grants Gateway, please enter "N/A." Applicants are to provide this information in **V. Completing the Application, C. Program Specific Questions, Section 8: Staffing Pattern and Qualifications.**

Please note that the Work Plan for this RFA is limited to the following: 6 objectives (strategies), 40 Tasks, and 40 performance measures. **The Grants Gateway does not keep a running count of these; applicants will be responsible for ensuring that they stay within these limits. If you exceed these limits, it will jeopardize your ability to submit your application.** 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 the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

D. Freedom of Information Law

All applications may be disclosed or used by NYSDOH to the extent permitted by law.

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

E. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Division of Chronic Disease Prevention.

Applications that fail to meet the minimum eligibility criteria set forth above (see **Section II. Who May Apply Section A. Minimum Eligibility)** will not be evaluated.

Section Title	Maximum Score	Other Format Requirements
1. Executive Summary	Not Scored	
2. Preferred Experience	5	
3. Statement of Need and Selection of Geographic Service Areas	5	
4. Community and Agency Description	15	
5. Program Design and Implementation	20	
6. Community Partnerships and Leadership	15	
7. Performance Monitoring and Evaluation	5	
8. Staffing Pattern and Qualifications	15	
9. Budgets and Justification	22	Follow all guidance instructions provided in **Attachment 9**.
10. Work Plan	5	Use guidance for objectives, tasks, and performance measures provided in **Attachment 8**.
TOTAL	107	

A minimum score of 63 points out of a possible 107 is required to be considered for funding. In the event of a tie score within a region, the determining factors for an award, in descending

order of importance, will be:

- Applicant with the highest score in Program Design and Implementation
- Applicant with highest score in the Staffing Pattern and Qualifications section

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

If there are no applicants with passing scores in a service region, the Department reserves the right to re-procure for one or more service regions left without a successful awardee.

Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

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.

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 RFA, an Applicants may request a debriefing of their application (whether their application was funded or not funded). The debriefing will be limited only to the subject Application and will not include any discussion of other Applications. Requests for a debriefing must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

To request a debriefing, please send an email to Katie Potestio at promotebreastfeeding@health.ny.gov. In the subject line, please write: Debriefing Request RFA#20142 / Grants Gateway # DOH01-BCLNY-2023.

Any unsuccessful Applicants who wish to protest the awards resulting from this RFA should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Section XI. 17. on the OSC website at http://www.osc.state.ny.us/agencies/guide/MyWebHelp.

VI. Attachments

Please note that certain attachments are accessed under the "Pre-Submission Uploads" section of

an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a "Grantee" or a "Grantee Contract Signatory."

Attachment 1:	Key Terms and Definitions**
Attachment 2:	Catchment Area Instructions, Maps, and Tables**
Attachment 3:	Proposed MCDs or NTAs, and Community Presence Description*
Attachment 4:	Sample Letter of Interest*
Attachment 5:	Project Logic Model and Performance Measures**
Attachment 6:	Overview of Strategies and Useful Resources**
Attachment 7:	Vendor Responsibility Attestation*
Attachment 8:	Grants Gateway Work Plan Instructions**
Attachment 9:	Grants Gateway Budget Data Entry Guidelines**
Attachment 10:	Fringe Detail Sheet*
Attachment 11:	Indirect Cost Guidelines**
Attachment 12:	Application Cover Sheet*
Attachment 13:	Job Descriptions (PDF)*
Attachment 14:	Key Personnel Resumes (PDF)*
Attachment 15:	Organizational Chart with Proposed Staffing (PDF)*
Attachment 16:	Proposed/Current Partners, MOU(s)/MOA(s)/Letter(s) of Support (PDF)*
Attachment 17:	Subcontractor/Consultant Letter(s) of Commitment (PDF)*
Attachment 18:	Minority & Women-Owned Business Enterprise Requirement Forms (PDF)*

*These attachments are located and included in the Pre-Submission Upload section of the Grants Gateway online Application.

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

PLEASE NOTE: **Attachments 13 - 17** are applicant-generated.

ATTACHMENT 1
Key Terms and Definitions

Please refer to this attachment while writing your application. The definitions, resources and suggested readings are not exhaustive but can be used as a jumping off point for planning your work.

Key Terms and Definitions:

Inclusive language – Using inclusive language is essential within public health and for the lactation workforce as it contributes to safe and supportive environments for patients, clients, and communities, and ensures that programs and services are delivered with respect and meet the needs of all people. A key component of continuity of care is consistent messaging in chest/breastfeeding education and support in printed materials and verbal communication; no matter how established continuity of care is, a community cannot be fully supportive of chest/breastfeeding for all families unless it reflects all families. Through this document, we have used language to be inclusive. While we are not attempting to dictate any specific wording choice through this document, we recognize the importance of language in promoting and implementing inclusive and equitable continuity of care systems.

Breastfeeding/chestfeeding – breastfeeding, chestfeeding, human milk feeding, lactating and nursing will be used interchangeably to describe human milk (from donor or birth parent) feeding through a bottle, cup, spoon, syringe, or at the chest/breast.

Breast pumps/pumping – Breast pumps/pumping also indicates chest pumps and expressing human milk.

Cultural Humility – Cultural Humility will encompass and may be used interchangeably with culturally responsive, culturally appropriate, culturally tailored, and culturally attuned, but NOT culturally competent, to indicate a posture of constant learning and not making assumptions about a family's background, experiences, and/or choices related to maternity care and infant feeding.

Culturally Responsive – able to understand and consider the different cultural background of the people to whom you offer services. It means respecting the cultures and experiences of various group and then using these as resources and opportunities to achieve health equity.

Parents – Parents will be used to refer to pregnant people, mothers, fathers, parents, adoptive parents, birthing people, and primary caregivers. It will be used to recognize that people of many gender identities —transgender, non-binary, and cisgender alike — have babies and receive maternity care. By using "parents," we also recognize the critical role of the non-birthing parent or other support person to support and enable the breastfeeding journey.

Adapted from: National Association of County and City Health Officials & United States Breastfeeding Committee. (2021). Continuity of Care in Breastfeeding Support: a Blueprint for Communities. Supported with funds from the Centers for Disease Control and Prevention through award number: 5 NU38OT000306-03-00. Available from: http://www.breastfeedingcontinuityofcare.org/blueprint

ATTACHMENT 2

Breastfeeding, Chestfeeding, and Lactation Friendly New York

Instructions, Regional Maps, and Regional Tables for Eligible Towns, Cities, Reservations, and Neighborhoods

Instructions for Identifying your Proposed Catchment Area

1. Use the list below to determine if you want to apply to work in Western Region, Central Region, Capital Region, Metropolitan Area Region, or New York City.

    - Western Region: Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates

    - Central Region: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Saint Lawrence, Tioga, Tompkins

    - Capital Region: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

    - Metropolitan Area Region: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester, Nassau, Suffolk

    - New York City: Bronx, Brooklyn, Manhattan, Queens, Staten Island

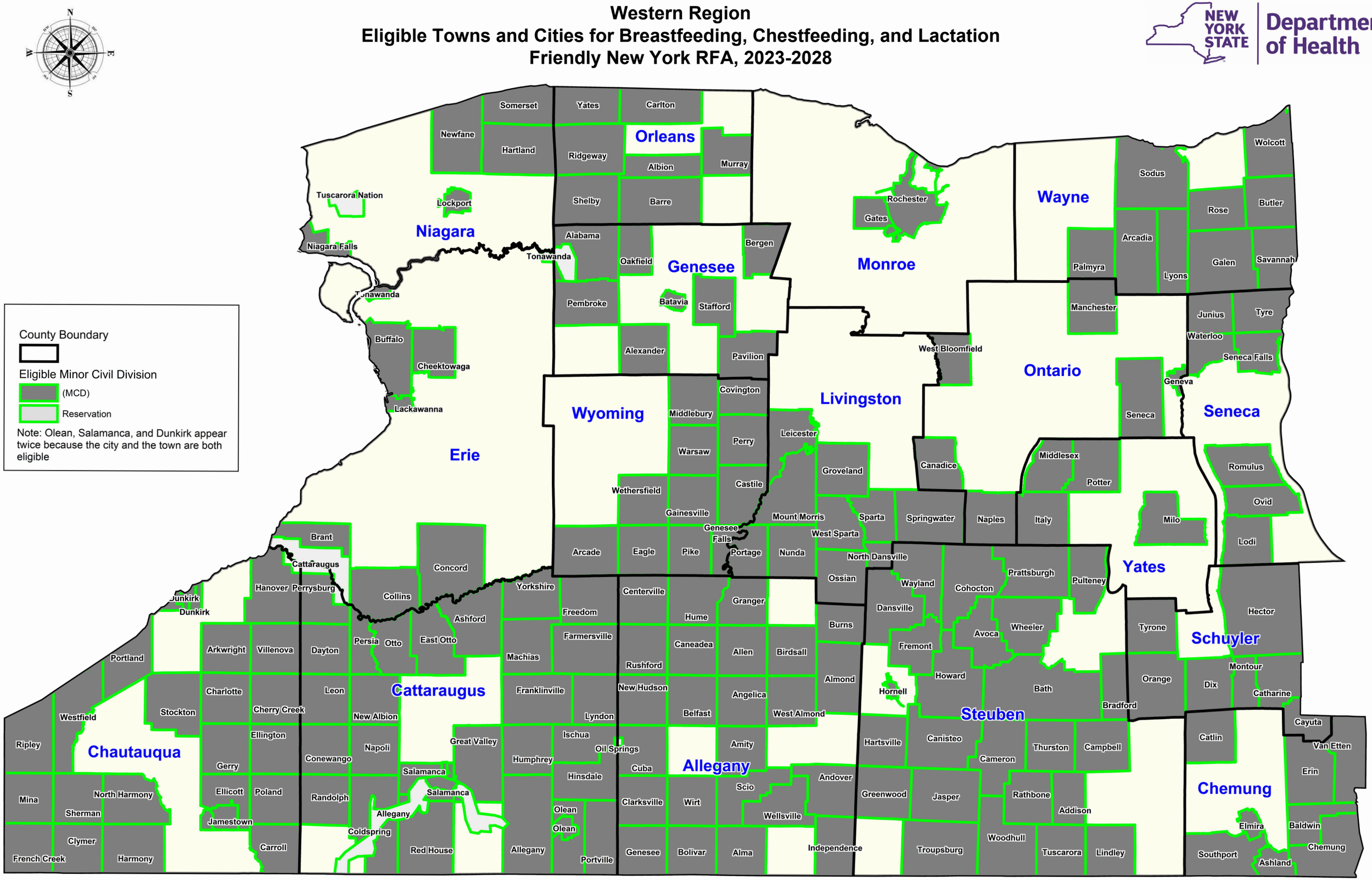
2. Use the appropriate regional map to determine which high-need communities you want to represent your catchment area. The communities are defined as Minor Civil Divisions (MCDs) in Western, Central, Capital, and Metropolitan Area Regions; and as Neighborhood Tabulation Areas (NTAs) in New York City.

3. Use the appropriate regional table to determine the total population of each MCD/NTA that you selected.

4. Complete Attachment 3 by checking the appropriate applicant region and populating the table. Include the total combined population for all MCDs/NTAs at the bottom of the table.

Western Region
Eligible Towns and Cities for Breastfeeding, Chestfeeding, and Lactation Friendly New York RFA, 2023-2028

NEW YORK STATE | Department of Health



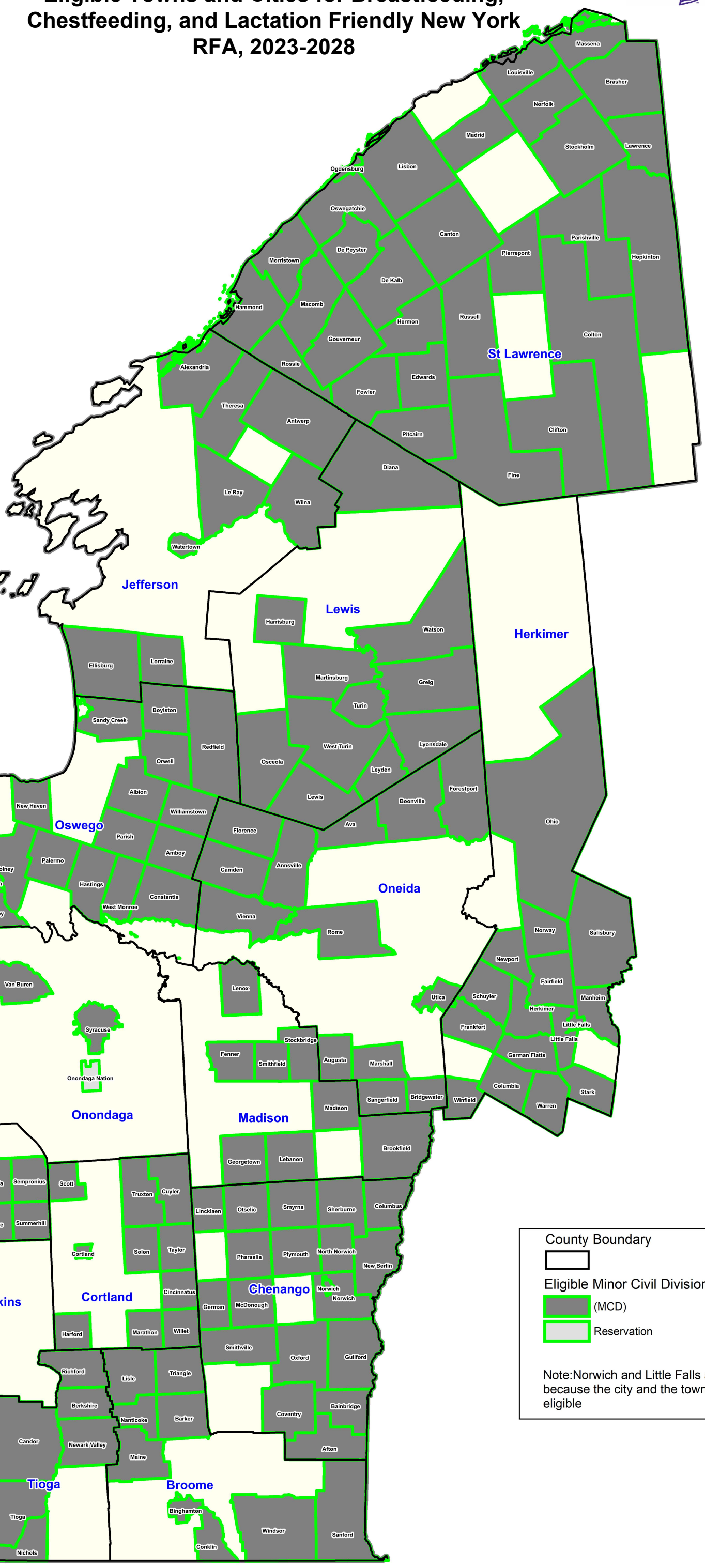
County Boundary

Eligible Minor Civil Division
- (MCD)
- Reservation

Note: Olean, Salamanca, and Dunkirk appear twice because the city and the town are both eligible

Central Region
Eligible Towns and Cities for Breastfeeding, Chestfeeding, and Lactation Friendly New York RFA, 2023-2028

NEW YORK STATE Department of Health



County Boundary

Eligible Minor Civil Division

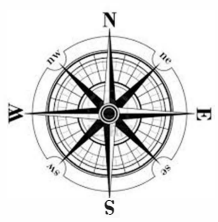
(MCD)

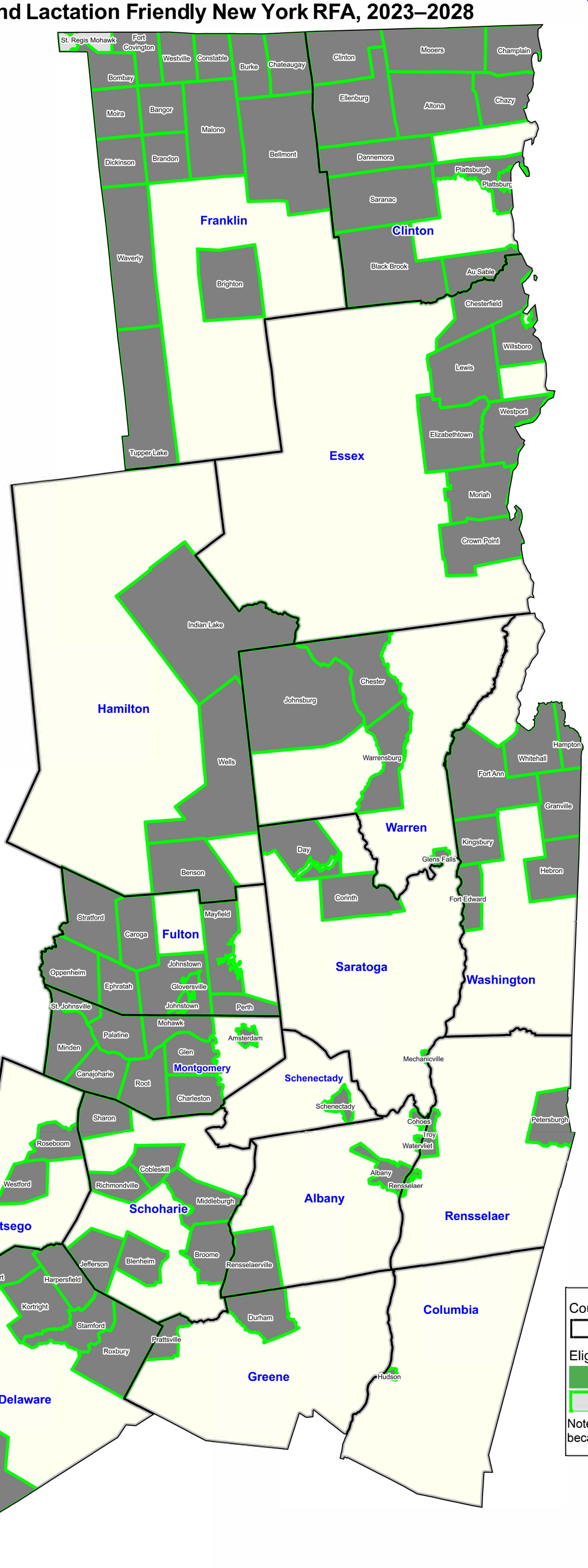
Reservation

Note:Norwich and Little Falls appear twice because the city and the town are both eligible

Capital Region
Eligible Towns and Cities for Breastfeeding, Chestfeeding, and Lactation Friendly New York RFA, 2023–2028

NEW YORK STATE | Department of Health





County Boundary

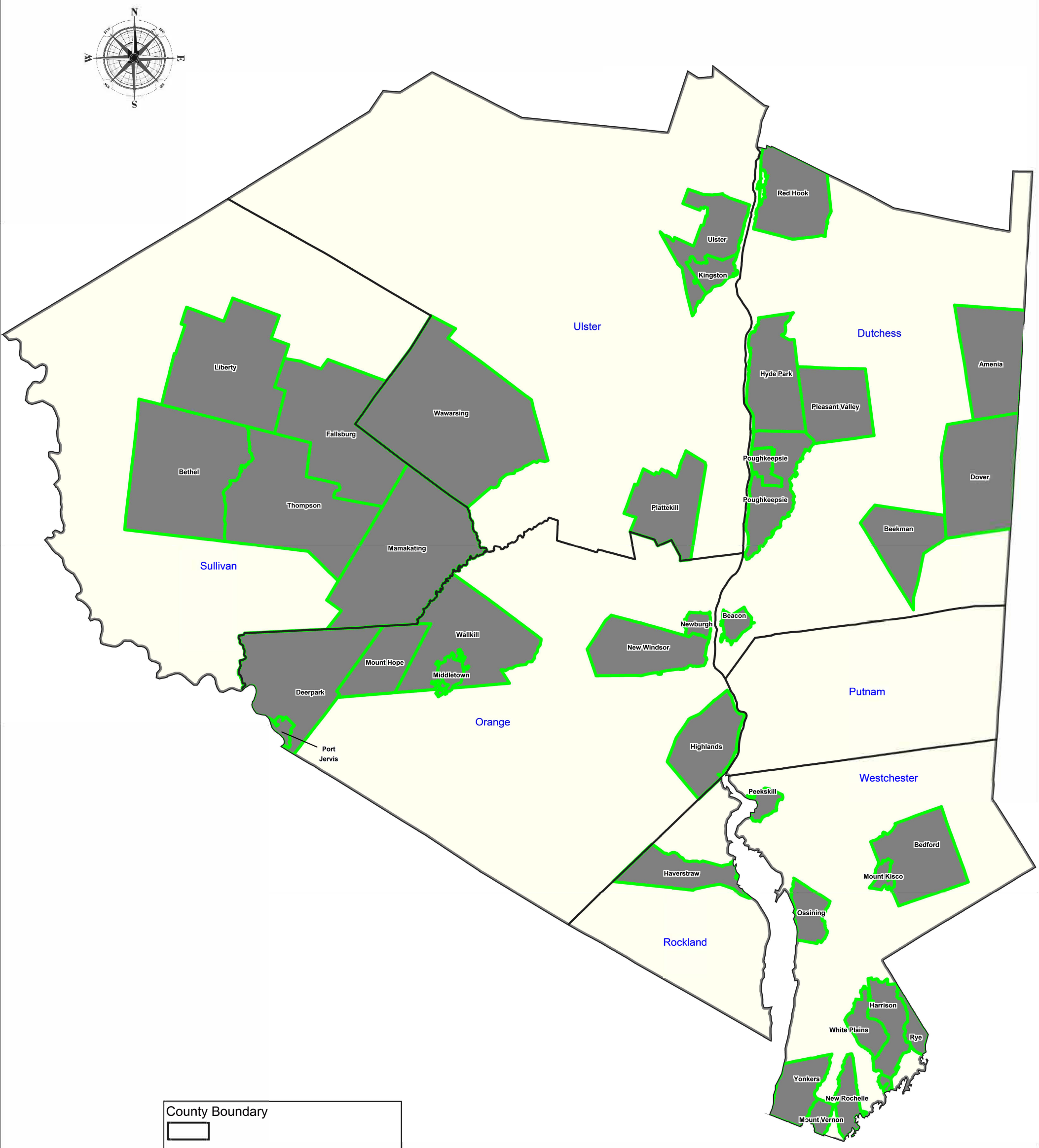
Eligible Minor Civil Division (MCD)

Reservation

Note: Plattsburgh and Johnstown appear twice because the city and the town are both eligible.

Metro Region
Eligible Towns and Cities for Breastfeeding, Chestfeeding, and Lactation Friendly New York RFA, 2023-2028

NEW YORK STATE | Department of Health



County Boundary

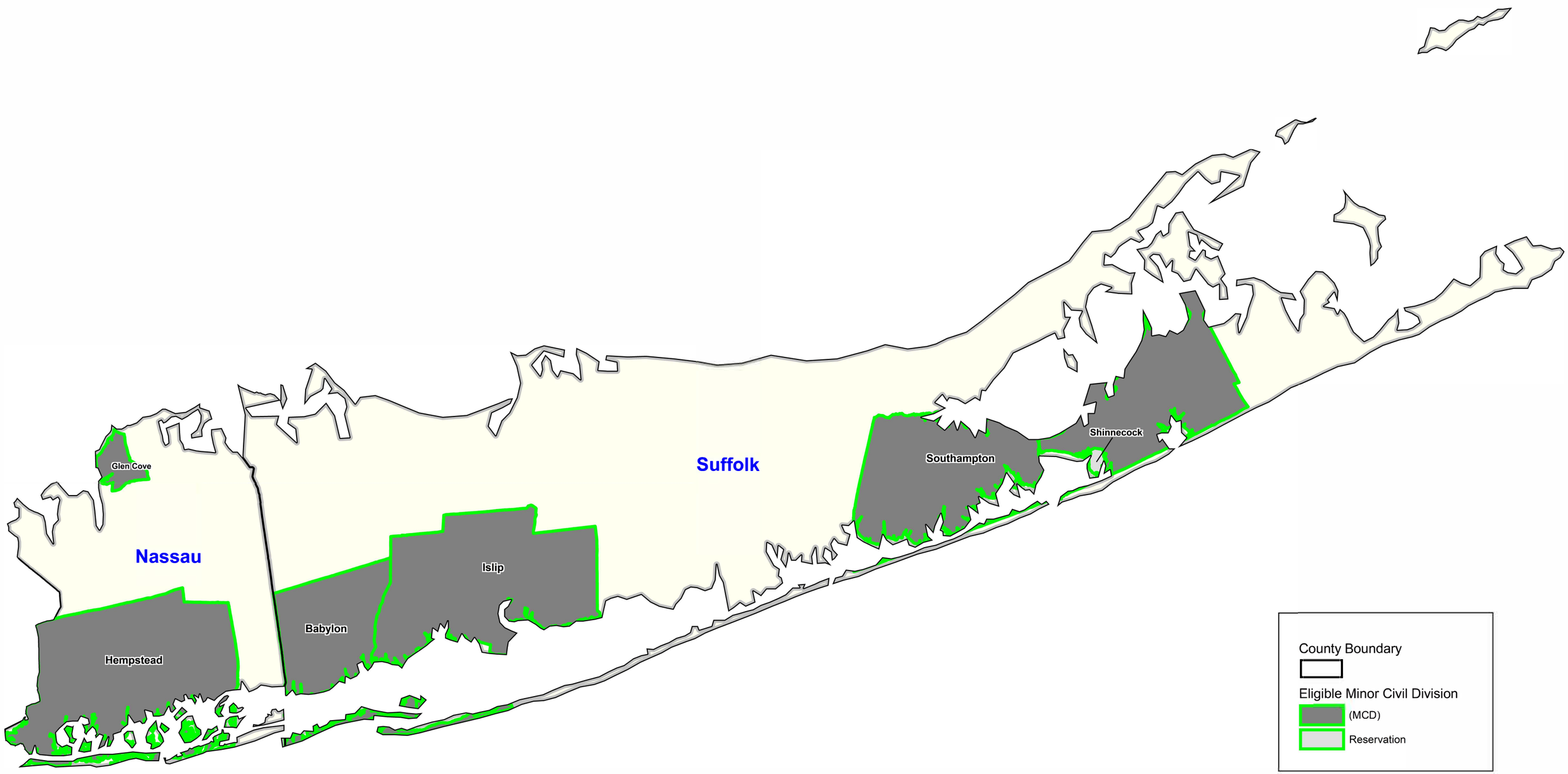
Eligble Minor Civil Division

(MCD)

Note: Poughkeepsie appears twice because the city and the town are both eligible.

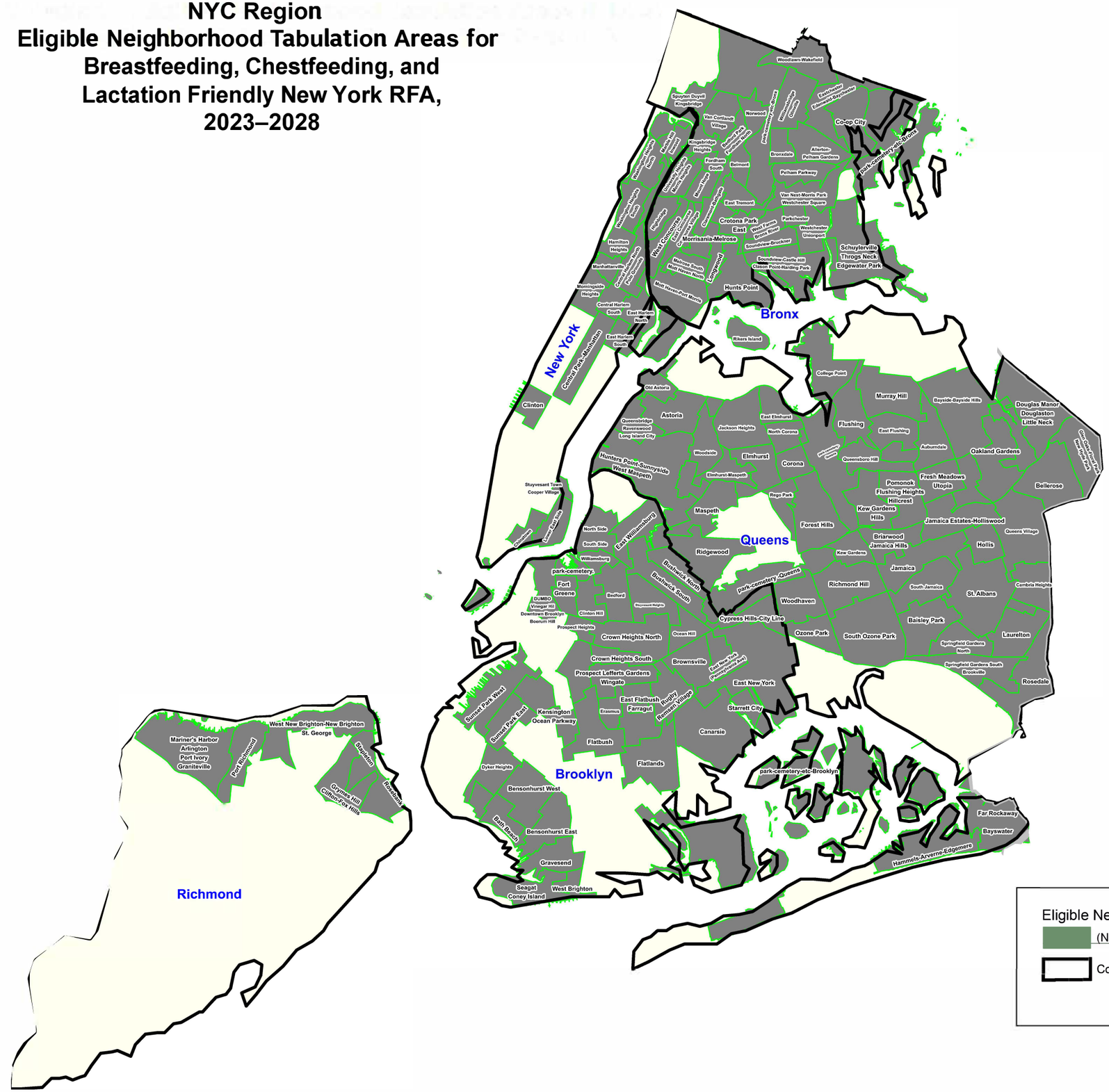
Metro Region - Long Island
Eligible Towns and Cities for Breastfeeding, Chestfeeding, and Lactation Friendly New York RFA, 2023-2028

NEW YORK STATE Department of Health



NYC Region
Eligible Neighborhood Tabulation Areas for Breastfeeding, Chestfeeding, and Lactation Friendly New York RFA, 2023–2028

NEW YORK STATE | Department of Health



ATTACHMENT 2

Breastfeeding, Chestfeeding, and Lactation Friendly New York

Eligible Minor Civil Divisions (MCDs) — Western Region

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
ALLEGANY	Allen town	1489
ALLEGANY	Alma town	1805
ALLEGANY	Almond town	1791
ALLEGANY	Amity town	3864
ALLEGANY	Andover town	832
ALLEGANY	Angelica town	824
ALLEGANY	Belfast town	1457
ALLEGANY	Birdsall town	404
ALLEGANY	Bolivar town	2295
ALLEGANY	Burns town	1522
ALLEGANY	Caneadea town	911
ALLEGANY	Centerville town	1228
ALLEGANY	Clarksville town	1184
ALLEGANY	Cuba town	3051
ALLEGANY	Genesee town	926
ALLEGANY	Granger town	791
ALLEGANY	Hume town	1281
ALLEGANY	Independence town	1877
ALLEGANY	New Hudson town	1457
ALLEGANY	Oil Springs Reservation	9
ALLEGANY	Rushford town	2976
ALLEGANY	Scio town	1982
ALLEGANY	Wellsville town	7209
ALLEGANY	West Almond town	2748
ALLEGANY	Wirt town	975
CATTARAUGUS	Allegany Reservation	1192
CATTARAUGUS	Allegany town	7236
CATTARAUGUS	Ashford town	1021
CATTARAUGUS	Cattaraugus Reservation	317
CATTARAUGUS	Coldspring town	1003
CATTARAUGUS	Conewango town	1166
CATTARAUGUS	Dayton town	2128
CATTARAUGUS	East Otto town	945
CATTARAUGUS	Farmersville town	1664
CATTARAUGUS	Franklinville town	2909
CATTARAUGUS	Freedom town	2716
CATTARAUGUS	Great Valley town	1976
CATTARAUGUS	Hinsdale town	2175
CATTARAUGUS	Humphrey town	1385
CATTARAUGUS	Ischua town	1693
CATTARAUGUS	Leon town	1906

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
CATTARAUGUS	Lyndon town	646
CATTARAUGUS	Machias town	1245
CATTARAUGUS	Napoli town	649
CATTARAUGUS	New Albion town	2620
CATTARAUGUS	Olean city	14316
CATTARAUGUS	Olean town	1628
CATTARAUGUS	Otto town	1505
CATTARAUGUS	Perrysburg town	1132
CATTARAUGUS	Persia town	2232
CATTARAUGUS	Portville town	4408
CATTARAUGUS	Randolph town	2778
CATTARAUGUS	Red House town	1065
CATTARAUGUS	Salamanca city	5265
CATTARAUGUS	Salamanca town	1096
CATTARAUGUS	Yorkshire town	4891
CHAUTAUQUA	Arkwright town	835
CHAUTAUQUA	Carroll town	2067
CHAUTAUQUA	Charlotte town	1985
CHAUTAUQUA	Cherry Creek town	1126
CHAUTAUQUA	Clymer town	1850
CHAUTAUQUA	Dunkirk city	12458
CHAUTAUQUA	Dunkirk town	955
CHAUTAUQUA	Ellicott town	8675
CHAUTAUQUA	Ellington town	1558
CHAUTAUQUA	French Creek town	1119
CHAUTAUQUA	Gerry town	1669
CHAUTAUQUA	Hanover town	7126
CHAUTAUQUA	Harmony town	1934
CHAUTAUQUA	Jamestown city	30944
CHAUTAUQUA	Mina town	890
CHAUTAUQUA	North Harmony town	2403
CHAUTAUQUA	Poland town	2254
CHAUTAUQUA	Portland town	4915
CHAUTAUQUA	Ripley town	2112
CHAUTAUQUA	Sherman town	1432
CHAUTAUQUA	Stockton town	2268
CHAUTAUQUA	Villenova town	897
CHAUTAUQUA	Westfield town	4866
CHEMUNG	Ashland town	1627
CHEMUNG	Baldwin town	852
CHEMUNG	Catlin town	2608
CHEMUNG	Chemung town	2558
CHEMUNG	Elmira city	29176
CHEMUNG	Erin town	1966
CHEMUNG	Southport town	10947
CHEMUNG	Van Etten town	1578
ERIE	Brant town	2074
ERIE	Buffalo city	260568

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
ERIE	Cattaraugus Reservation	1845
ERIE	Cheektowaga town	87998
ERIE	Collins town	6558
ERIE	Concord town	8502
ERIE	Lackawanna city	18069
ERIE	Tonawanda city	15074
ERIE	Tonawanda Reservation	17
GENESEE	Alabama town	1589
GENESEE	Alexander town	2514
GENESEE	Batavia city	15406
GENESEE	Bergen town	3102
GENESEE	Oakfield town	3237
GENESEE	Pavilion town	2449
GENESEE	Pembroke town	4393
GENESEE	Stafford town	2371
GENESEE	Tonawanda Reservation	484
LIVINGSTON	Groveland town	3311
LIVINGSTON	Leicester town	2281
LIVINGSTON	Mount Morris town	4426
LIVINGSTON	North Dansville town	4695
LIVINGSTON	Nunda town	3366
LIVINGSTON	Ossian town	918
LIVINGSTON	Portage town	574
LIVINGSTON	Sparta town	1929
LIVINGSTON	Springwater town	2161
LIVINGSTON	West Sparta town	1564
MONROE	Gates town	28450
MONROE	Rochester city	211537
NIAGARA	Hartland town	3881
NIAGARA	Lockport city	21042
NIAGARA	Newfane town	9595
NIAGARA	Niagara Falls city	49920
NIAGARA	Somerset town	2806
NIAGARA	Tuscarora Nation Reservation	997
ONTARIO	Canadice town	1617
ONTARIO	Geneva city	13252
ONTARIO	Manchester town	9352
ONTARIO	Naples town	2646
ONTARIO	Seneca town	2730
ONTARIO	West Bloomfield town	2387
ORLEANS	Albion town	3925
ORLEANS	Barre town	2011
ORLEANS	Carlton town	3761
ORLEANS	Murray town	3899
ORLEANS	Ridgeway town	6743
ORLEANS	Shelby town	5275
ORLEANS	Yates town	2459
SCHUYLER	Catharine town	1354

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
SCHUYLER	Cayuta town	859
SCHUYLER	Dix town	3885
SCHUYLER	Hector town	4955
SCHUYLER	Montour town	2294
SCHUYLER	Orange town	1847
SCHUYLER	Tyrone town	1630
SENECA	Junius town	1424
SENECA	Lodi town	1732
SENECA	Ovid town	2196
SENECA	Romulus town	4314
SENECA	Seneca Falls town	9104
SENECA	Tyre town	858
SENECA	Waterloo town	7649
STEUBEN	Addison town	2587
STEUBEN	Avoca town	2448
STEUBEN	Bath town	12321
STEUBEN	Bradford town	1071
STEUBEN	Cameron town	912
STEUBEN	Campbell town	3390
STEUBEN	Canisteo town	3381
STEUBEN	Cohocton town	2567
STEUBEN	Dansville town	1662
STEUBEN	Fremont town	927
STEUBEN	Greenwood town	732
STEUBEN	Hartsville town	559
STEUBEN	Hornell city	8500
STEUBEN	Howard town	1188
STEUBEN	Jasper town	1350
STEUBEN	Lindley town	1946
STEUBEN	Prattsburgh town	2291
STEUBEN	Pulteney town	1340
STEUBEN	Rathbone town	1207
STEUBEN	Thurston town	1278
STEUBEN	Troupsburg town	1732
STEUBEN	Tuscarora town	1391
STEUBEN	Wayland town	4070
STEUBEN	Wheeler town	1093
STEUBEN	Woodhull town	2076
WAYNE	Arcadia town	15366
WAYNE	Butler town	1420
WAYNE	Galen town	3636
WAYNE	Lyons town	4397
WAYNE	Palmyra town	7900
WAYNE	Rose town	3070
WAYNE	Savannah town	2154
WAYNE	Sodus town	8332
WAYNE	Wolcott town	4439
WYOMING	Arcade town	4174

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
WYOMING	Castile town	2877
WYOMING	Covington town	1084
WYOMING	Eagle town	943
WYOMING	Gainesville town	2335
WYOMING	Genesee Falls town	883
WYOMING	Middlebury town	1568
WYOMING	Perry town	4596
WYOMING	Pike town	888
WYOMING	Warsaw town	5026
WYOMING	Wethersfield town	783
YATES	Italy town	1101
YATES	Middlesex town	1349
YATES	Milo town	4813
YATES	Potter town	1607

Eligible Minor Civil Divisions (MCDs) — Central Region

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
BROOME	Barker town	2708
BROOME	Binghamton city	46975
BROOME	Conklin town	5392
BROOME	Lisle town	2727
BROOME	Maine town	5338
BROOME	Nanticoke town	1474
BROOME	Sanford town	2573
BROOME	Triangle town	2926
BROOME	Windsor town	6226
CAYUGA	Auburn city	27571
CAYUGA	Brutus town	4440
CAYUGA	Cato town	2541
CAYUGA	Conquest town	1603
CAYUGA	Genoa town	1839
CAYUGA	Ira town	2560
CAYUGA	Locke town	1803
CAYUGA	Mentz town	2338
CAYUGA	Montezuma town	1139
CAYUGA	Moravia town	3593
CAYUGA	Sempronius town	908
CAYUGA	Sterling town	3059
CAYUGA	Summerhill town	1275
CAYUGA	Venice town	1318
CAYUGA	Victory town	1992
CHENANGO	Afton town	3785
CHENANGO	Bainbridge town	2598
CHENANGO	Columbus town	2034
CHENANGO	Coventry town	1334
CHENANGO	German town	544
CHENANGO	Guilford town	2009

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
CHENANGO	Lincklaen town	599
CHENANGO	McDonough town	1390
CHENANGO	New Berlin town	3348
CHENANGO	North Norwich town	1014
CHENANGO	Norwich city	7135
CHENANGO	Norwich town	2015
CHENANGO	Otselic town	1684
CHENANGO	Oxford town	5183
CHENANGO	Pharsalia town	693
CHENANGO	Plymouth town	1820
CHENANGO	Sherburne town	1175
CHENANGO	Smithville town	2100
CHENANGO	Smyrna town	2575
CORTLAND	Cincinnatus town	856
CORTLAND	Cortland city	19187
CORTLAND	Cuyler town	769
CORTLAND	Harford town	751
CORTLAND	Marathon town	2725
CORTLAND	Scott town	1178
CORTLAND	Solon town	1123
CORTLAND	Taylor town	755
CORTLAND	Truxton town	977
CORTLAND	Willet town	1208
HERKIMER	Columbia town	1608
HERKIMER	Fairfield town	1581
HERKIMER	Frankfort town	7613
HERKIMER	German Flatts town	13235
HERKIMER	Herkimer town	10147
HERKIMER	Little Falls city	4917
HERKIMER	Little Falls town	1436
HERKIMER	Manheim town	3321
HERKIMER	Newport town	2188
HERKIMER	Norway town	901
HERKIMER	Ohio town	967
HERKIMER	Salisbury town	1976
HERKIMER	Schuyler town	3426
HERKIMER	Stark town	1941
HERKIMER	Warren town	1250
HERKIMER	Winfield town	1964
JEFFERSON	Alexandria town	4425
JEFFERSON	Antwerp town	1839
JEFFERSON	Ellisburg town	3038
JEFFERSON	Le Ray town	20491
JEFFERSON	Lorraine town	1276
JEFFERSON	Theresa town	2665
JEFFERSON	Watertown city	27453
JEFFERSON	Wilna town	6456
LEWIS	Diana town	1269

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
LEWIS	Greig town	1272
LEWIS	Harrisburg town	1047
LEWIS	Lewis town	1175
LEWIS	Leyden town	1516
LEWIS	Lyonsdale town	611
LEWIS	Martinsburg town	2724
LEWIS	Osceola town	654
LEWIS	Turin town	1977
LEWIS	Watson town	4055
LEWIS	West Turin town	1029
MADISON	Brookfield town	2310
MADISON	Fenner town	1885
MADISON	Georgetown town	2355
MADISON	Lebanon town	1429
MADISON	Lenox town	9080
MADISON	Madison town	3460
MADISON	Smithfield town	1531
MADISON	Stockbridge town	2413
ONEIDA	Annsville town	2991
ONEIDA	Augusta town	1203
ONEIDA	Ava town	1434
ONEIDA	Boonville town	4548
ONEIDA	Bridgewater town	1505
ONEIDA	Camden town	4926
ONEIDA	Florence town	1015
ONEIDA	Forestport town	1473
ONEIDA	Marshall town	3119
ONEIDA	Rome city	33375
ONEIDA	Sangerfield town	2558
ONEIDA	Utica city	61979
ONEIDA	Vienna town	5457
ONONDAGA	Onondaga Nation Reservation	179
ONONDAGA	Syracuse city	144742
ONONDAGA	Van Buren town	13249
OSWEGO	Albion town	1981
OSWEGO	Amboy town	1191
OSWEGO	Boylston town	573
OSWEGO	Constantia town	4968
OSWEGO	Fulton city	11854
OSWEGO	Granby town	6774
OSWEGO	Hannibal town	4818
OSWEGO	Hastings town	9435
OSWEGO	New Haven town	2865
OSWEGO	Orwell town	1071
OSWEGO	Oswego city	18148
OSWEGO	Palermo town	3673
OSWEGO	Parish town	2746
OSWEGO	Redfield town	1195

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
OSWEGO	Sandy Creek town	3917
OSWEGO	Volney town	5903
OSWEGO	West Monroe town	4248
OSWEGO	Williamstown town	779
ST. LAWRENCE	Brasher town	2493
ST. LAWRENCE	Canton town	11193
ST. LAWRENCE	Clifton town	1244
ST. LAWRENCE	Colton town	1517
ST. LAWRENCE	De Kalb town	1479
ST. LAWRENCE	De Peyster town	1888
ST. LAWRENCE	Edwards town	1117
ST. LAWRENCE	Fine town	1479
ST. LAWRENCE	Fowler town	1581
ST. LAWRENCE	Gouverneur town	7041
ST. LAWRENCE	Hammond town	1687
ST. LAWRENCE	Hermon town	998
ST. LAWRENCE	Hopkinton town	1903
ST. LAWRENCE	Lawrence town	954
ST. LAWRENCE	Lisbon town	4093
ST. LAWRENCE	Louisville town	3140
ST. LAWRENCE	Macomb town	732
ST. LAWRENCE	Madrid town	1645
ST. LAWRENCE	Massena town	12853
ST. LAWRENCE	Morristown town	2234
ST. LAWRENCE	Norfolk town	4666
ST. LAWRENCE	Ogdensburg city	11097
ST. LAWRENCE	Oswegatchie town	4401
ST. LAWRENCE	Parishville town	2146
ST. LAWRENCE	Pierrepont town	2588
ST. LAWRENCE	Pitcairn town	1428
ST. LAWRENCE	Rossie town	787
ST. LAWRENCE	Russell town	1519
ST. LAWRENCE	Stockholm town	3669
TIOGA	Barton town	8802
TIOGA	Berkshire town	1455
TIOGA	Candor town	5261
TIOGA	Newark Valley town	4113
TIOGA	Nichols town	2534
TIOGA	Richford town	912
TIOGA	Spencer town	3129
TIOGA	Tioga town	4841
TOMPKINS	Newfield town	4128

Eligible Minor Civil Divisions (MCDs) — Capital Region

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
ALBANY	Albany city	98142
ALBANY	Cohoes city	16180

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
ALBANY	Rensselaerville town	1921
ALBANY	Watervliet city	10249
CLINTON	Altona town	2889
CLINTON	Au Sable town	3139
CLINTON	Black Brook town	1449
CLINTON	Champlain town	5735
CLINTON	Chazy town	4258
CLINTON	Clinton town	667
CLINTON	Dannemora town	4837
CLINTON	Ellenburg town	1848
CLINTON	Mooers town	3582
CLINTON	Plattsburgh city	19907
CLINTON	Plattsburgh town	11848
CLINTON	Saranac town	4010
COLUMBIA	Hudson city	6686
DELAWARE	Colchester town	2057
DELAWARE	Davenport town	2943
DELAWARE	Deposit town	1673
DELAWARE	Harpersfield town	1606
DELAWARE	Kortright town	1471
DELAWARE	Masonville town	1160
DELAWARE	Roxbury town	2479
DELAWARE	Sidney town	5718
DELAWARE	Stamford town	2508
DELAWARE	Tompkins town	1691
DELAWARE	Walton town	5513
ESSEX	Chesterfield town	2567
ESSEX	Crown Point town	2083
ESSEX	Elizabethtown town	1577
ESSEX	Lewis town	1571
ESSEX	Moriah town	4784
ESSEX	Westport town	1113
ESSEX	Willsboro town	1636
FRANKLIN	Bangor town	2691
FRANKLIN	Bellmont town	1693
FRANKLIN	Bombay town	1200
FRANKLIN	Brandon town	682
FRANKLIN	Brighton town	1346
FRANKLIN	Burke town	1311
FRANKLIN	Chateaugay town	2021
FRANKLIN	Constable town	1308
FRANKLIN	Dickinson town	909
FRANKLIN	Fort Covington town	1831
FRANKLIN	Malone town	14635
FRANKLIN	Moira town	2915
FRANKLIN	St. Regis Mohawk Reservation	3240
FRANKLIN	Tupper Lake town	5957
FRANKLIN	Waverly town	978

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
FRANKLIN	Westville town	1610
FULTON	Caroga town	1183
FULTON	Ephratah town	1650
FULTON	Gloversville city	15514
FULTON	Johnstown city	8619
FULTON	Johnstown town	7165
FULTON	Mayfield town	6446
FULTON	Oppenheim town	1916
FULTON	Perth town	3605
FULTON	Stratford town	572
GREENE	Durham town	2711
GREENE	Prattsville town	693
HAMILTON	Benson town	699
HAMILTON	Indian Lake town	1345
HAMILTON	Wells town	718
MONTGOMERY	Amsterdam city	18425
MONTGOMERY	Canajoharie town	3704
MONTGOMERY	Charleston town	1037
MONTGOMERY	Glen town	2221
MONTGOMERY	Minden town	4246
MONTGOMERY	Mohawk town	3821
MONTGOMERY	Palatine town	3237
MONTGOMERY	Root town	2115
MONTGOMERY	St. Johnsville town	2604
OTSEGO	Burlington town	1129
OTSEGO	Butternuts town	1964
OTSEGO	Edmeston town	1978
OTSEGO	Exeter town	928
OTSEGO	Laurens town	2588
OTSEGO	Morris town	1506
OTSEGO	New Lisbon town	978
OTSEGO	Oneonta city	13922
OTSEGO	Pittsfield town	1467
OTSEGO	Plainfield town	979
OTSEGO	Richfield town	2317
OTSEGO	Roseboom town	1056
OTSEGO	Unadilla town	4368
OTSEGO	Westford town	884
RENSSELAER	Petersburgh town	1716
RENSSELAER	Rensselaer city	9451
RENSSELAER	Troy city	50019
SARATOGA	Corinth town	6517
SARATOGA	Day town	569
SARATOGA	Mechanicville city	5209
SCHENECTADY	Schenectady city	66466
SCHOHARIE	Blenheim town	641
SCHOHARIE	Broome town	972
SCHOHARIE	Cobleskill town	6567

County	Minor Civil Divisions (Cities/Towns/Reservations)	Total Population
SCHOHARIE	Jefferson town	1581
SCHOHARIE	Middleburgh town	4464
SCHOHARIE	Richmondville town	2577
SCHOHARIE	Sharon town	1839
WARREN	Chester town	3354
WARREN	Glens Falls city	14652
WARREN	Johnsburg town	1956
WARREN	Warrensburg town	4086
WASHINGTON	Fort Ann town	6224
WASHINGTON	Fort Edward town	6477
WASHINGTON	Granville town	6620
WASHINGTON	Hampton town	901
WASHINGTON	Hebron town	1727
WASHINGTON	Kingsbury town	12674
WASHINGTON	Whitehall town	4033

Eligible Minor Civil Divisions (MCDs) — Metropolitan Area Region

County	MCD (City/Town)	Total Population
DUTCHESS	Amenia town	4405
DUTCHESS	Beacon city	15432
DUTCHESS	Beekman town	14616
DUTCHESS	Dover town	8643
DUTCHESS	Hyde Park town	21514
DUTCHESS	Pleasant Valley town	9660
DUTCHESS	Poughkeepsie city	31172
DUTCHESS	Poughkeepsie town	44602
DUTCHESS	Red Hook town	11291
NASSAU	Glen Cove city	27047
NASSAU	Hempstead town	761975
ORANGE	Deerpark town	7854
ORANGE	Highlands town	12401
ORANGE	Middletown city	27011
ORANGE	Mount Hope town	7056
ORANGE	New Windsor town	25510
ORANGE	Newburgh city	28848
ORANGE	Port Jervis city	8774
ORANGE	Wallkill town	28635
ROCKLAND	Haverstraw town	36834
SUFFOLK	Babylon town	213805
SUFFOLK	Islip town	335916
SUFFOLK	Shinnecock Reservation	281
SUFFOLK	Southampton town	57180
SULLIVAN	Bethel town	4245
SULLIVAN	Fallsburg town	12905
SULLIVAN	Liberty town	9776
SULLIVAN	Mamakating town	11958
SULLIVAN	Thompson town	15220

County	MCD (City/Town)	Total Population
ULSTER	Kingston city	23823
ULSTER	Plattekill town	10412
ULSTER	Ulster town	12268
ULSTER	Wawarsing town	13235
WESTCHESTER	Bedford town	17500
WESTCHESTER	Harrison town	27636
WESTCHESTER	Mount Kisco town	10936
WESTCHESTER	Mount Vernon city	67653
WESTCHESTER	New Rochelle city	77820
WESTCHESTER	Ossining town	37880
WESTCHESTER	Peekskill city	23702
WESTCHESTER	Rye town	46151
WESTCHESTER	White Plains city	57153
WESTCHESTER	Yonkers city	197493

Eligible Neighborhood Tabulation Areas (NTAs) — New York City

Borough	Neighborhood Tabulation Area	Total Population
Bronx	Allerton-Pelham Gardens	33408
Bronx	Bedford Park-Fordham North	53053
Bronx	Belmont	26180
Bronx	Bronxdale	34506
Bronx	Claremont-Bathgate	31566
Bronx	Co-op City	45986
Bronx	Crotona Park East	21362
Bronx	East Concourse-Concourse Village	62937
Bronx	East Tremont	43156
Bronx	Eastchester-Edenwald-Baychester	36523
Bronx	Fordham South	26947
Bronx	Highbridge	37304
Bronx	Hunts Point	26379
Bronx	Kingsbridge Heights	29981
Bronx	Longwood	26718
Bronx	Melrose South-Mott Haven North	39482
Bronx	Morrisania-Melrose	37926
Bronx	Mott Haven-Port Morris	52971
Bronx	Mount Hope	52435
Bronx	Norwood	41549
Bronx	park-cemetery-etc-Bronx	1569
Bronx	Parkchester	30435
Bronx	Pelham Parkway	30249
Bronx	Rikers Island	9191
Bronx	Schuylerville-Throgs Neck-Edgewater Park	47622
Bronx	Soundview-Bruckner	36306
Bronx	Soundview-Castle Hill-Clason Point-Harding Park	53922
Bronx	Spuyten Duyvil-Kingsbridge	30053
Bronx	University Heights-Morris Heights	54132
Bronx	Van Cortlandt Village	50185

Borough	Neighborhood Tabulation Area	Total Population
Bronx	Van Nest-Morris Park-Westchester Square	29768
Bronx	West Concourse	39234
Bronx	West Farms-Bronx River	35836
Bronx	Westchester-Unionport	28035
Bronx	Williamsbridge-Olinville	62345
Bronx	Woodlawn-Wakefield	44068
Brooklyn	Bath Beach	29356
Brooklyn	Bedford	71078
Brooklyn	Bensonhurst East	60022
Brooklyn	Bensonhurst West	88895
Brooklyn	Brownsville	58463
Brooklyn	Bushwick North	63780
Brooklyn	Bushwick South	73958
Brooklyn	Canarsie	86491
Brooklyn	Clinton Hill	36452
Brooklyn	Crown Heights North	102336
Brooklyn	Crown Heights South	41262
Brooklyn	Cypress Hills-City Line	46545
Brooklyn	DUMBO-Vinegar Hill-Downtown Brooklyn-Boerum Hill	37442
Brooklyn	Dyker Heights	45977
Brooklyn	East Flatbush-Farragut	52714
Brooklyn	East New York	92806
Brooklyn	East New York (Pennsylvania Ave)	29906
Brooklyn	East Williamsburg	33675
Brooklyn	Erasmus	29088
Brooklyn	Flatbush	105491
Brooklyn	Flatlands	71015
Brooklyn	Fort Greene	28023
Brooklyn	Gravesend	28502
Brooklyn	Kensington-Ocean Parkway	36935
Brooklyn	North Side-South Side	49551
Brooklyn	Ocean Hill	31558
Brooklyn	park-cemetery-etc-Brooklyn	363
Brooklyn	Prospect Heights	20919
Brooklyn	Prospect Lefferts Gardens-Wingate	68664
Brooklyn	Rugby-Remsen Village	56135
Brooklyn	Seagate-Coney Island	28748
Brooklyn	Starrett City	12848
Brooklyn	Stuyvesant Heights	64752
Brooklyn	Sunset Park East	72614
Brooklyn	Sunset Park West	56291
Brooklyn	West Brighton	15309
Brooklyn	Williamsburg	31723
Manhattan	Central Harlem North-Polo Grounds	79373
Manhattan	Central Harlem South	48111
Manhattan	Chinatown	46371
Manhattan	Clinton	41647
Manhattan	East Harlem North	58820

Borough	Neighborhood Tabulation Area	Total Population
Manhattan	East Harlem South	58937
Manhattan	Hamilton Heights	51007
Manhattan	Lower East Side	75660
Manhattan	Manhattanville	23566
Manhattan	Marble Hill-Inwood	49933
Manhattan	Morningside Heights	56072
Manhattan	park-cemetery-etc-Manhattan	1521
Manhattan	Stuyvesant Town-Cooper Village	22996
Manhattan	Washington Heights North	73111
Manhattan	Washington Heights South	88211
Queens	Astoria	75257
Queens	Auburndale	20716
Queens	Baisley Park	35651
Queens	Bayside-Bayside Hills	46280
Queens	Bellerose	27046
Queens	Briarwood-Jamaica Hills	38685
Queens	Cambria Heights	19614
Queens	College Point	24470
Queens	Corona	56319
Queens	Douglas Manor-Douglaston-Little Neck	25191
Queens	East Elmhurst	23743
Queens	East Flushing	27404
Queens	Elmhurst	85855
Queens	Elmhurst-Maspeth	25057
Queens	Far Rockaway-Bayswater	50314
Queens	Flushing	68902
Queens	Forest Hills	84378
Queens	Fresh Meadows-Utopia	18305
Queens	Glen Oaks-Floral Park-New Hyde Park	22758
Queens	Hammels-Arverne-Edgemere	36255
Queens	Hollis	20479
Queens	Hunters Point-Sunnyside-West Maspeth	61565
Queens	Jackson Heights	105339
Queens	Jamaica	54053
Queens	Jamaica Estates-Holliswood	25944
Queens	Kew Gardens	23198
Queens	Kew Gardens Hills	38218
Queens	Laurelton	26070
Queens	Maspeth	27811
Queens	Murray Hill	52121
Queens	North Corona	51847
Queens	Oakland Gardens	27980
Queens	Old Astoria	28293
Queens	Ozone Park	22572
Queens	park-cemetery-etc-Queens	448
Queens	Pomonok-Flushing Heights-Hillcrest	33183
Queens	Queens Village	57958
Queens	Queensboro Hill	21281

Borough	Neighborhood Tabulation Area	Total Population
Queens	Queensbridge-Ravenswood-Long Island City	18708
Queens	Rego Park	27895
Queens	Richmond Hill	64569
Queens	Ridgewood	71472
Queens	Rosedale	27915
Queens	South Jamaica	39008
Queens	South Ozone Park	81547
Queens	Springfield Gardens North	26525
Queens	Springfield Gardens South-Brookville	20077
Queens	St. Albans	52999
Queens	Woodhaven	61285
Queens	Woodside	44837
Staten Island	Grymes Hill-Clifton-Fox Hills	23552
Staten Island	Mariner's Harbor-Arlington-Port Ivory-Graniteville	29947
Staten Island	Port Richmond	18656
Staten Island	Stapleton-Rosebank	26904
Staten Island	West New Brighton-New Brighton-St. George	31847

Data Source: American Community Survey Data from 2009-2013

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ATTACHMENT 5 -Program Logic Model (2023-2028)

	Strategies and Activities →	Short Term Outcomes →	Intermediate Outcomes →	Long Term Outcomes
Strategies and activities will be implemented in communities of focus (see Attachment 2 for complete list and maps)	**Implement breastfeeding, chestfeeding, and lactation supports in health care practices** – Recruit and assess healthcare practices that serve low-income, racially/ethnically diverse, Medicaid-eligible individuals – Provide training, technical assistance, and resources to healthcare practices	Health care practices adopt policies and implement practices that are supportive of breastfeeding, chestfeeding, and lactation	Patients initiate and continue breastfeeding, chestfeeding, and lactation	Increased breastfeeding initiation, exclusivity, and duration in communities of focus ↓ Improved health in communities of focus ↓ **Reduced obesity and risk of chronic disease in NYS**
	Implement breastfeeding, chestfeeding, and lactation supports in worksites – Recruit and assess worksites that employ low-income or racially/ethnically diverse individuals – Provide training, technical assistance, and resources to worksites	Worksites adopt policies and implement practices that are supportive of breastfeeding, chestfeeding, and lactation	Employees initiate and continue breastfeeding, chestfeeding, and lactation	
	Develop breastfeeding, chestfeeding, and lactation support groups – Identify and assess existing support groups – Help establish new support groups – Ensure new and existing groups are representative of and responsive to needs of communities of focus – Provide training, technical assistance, and resources to new and existing groups	Support groups provide high quality and culturally responsive breastfeeding, chestfeeding, and lactation support	Support group members initiate and continue breastfeeding, chestfeeding, and lactation	Reduced racial/ethnic and community disparities in breastfeeding initiation, exclusivity, and duration
	Develop breastfeeding coalitions – Identify and assess existing coalitions – Recruit new members that reflect the community of focus – Support implementation of community-generated strategies	Coalitions implement community-generated strategies to eliminate gaps in services and overcome barriers to breastfeeding, chestfeeding, and lactation	Communities eliminate gaps in services and overcome barriers to breastfeeding, chestfeeding, and lactation	
	Implement communication activities – Write success stories – Generate earned media coverage – Distribute materials to media outlets – Educate community leaders and decision makers	Elected leaders, community members and media recognize importance of breastfeeding, chestfeeding, and lactation and are aware of strategies to support it	Increased support for policies and practices that are supportive of breastfeeding, chestfeeding, and lactation	
	Implement breastfeeding, chestfeeding, and lactation supports in community and public spaces [Optional] – Identify and assess community and public spaces utilized by low-income or racially/ethnically diverse families – Provide training, technical assistance, and resources to community and public spaces	Community and public spaces adopt policies and implement practices that are supportive of breastfeeding, chestfeeding, and lactation	Community members initiate and continue breastfeeding, chestfeeding, and lactation	

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Performance Measures for Breastfeeding, Chestfeeding, and Lactation Friendly New York (2023-2028)

1. number of health care practices that make progress towards adopting policies and implementing practices supportive of breastfeeding, chestfeeding, and lactation
2. number of health care practices that adopt policies supportive of breastfeeding, chestfeeding, and lactation
3. number of health care practices that implement practices supportive of breastfeeding, chestfeeding, and lactation
4. number of patients at health care practices with policies and practices supportive of breastfeeding, chestfeeding, and lactation, and percent of those patients who are low-income, racially/ethnically diverse, and/or Medicaid-eligible

5. number of worksites that make progress towards adopting policies and implementing practices supportive of breastfeeding, chestfeeding, and lactation
6. number of worksites that adopt policies supportive of breastfeeding, chestfeeding, and lactation
7. number of worksites that implement practices supportive of breastfeeding, chestfeeding, and lactation
8. number of employees at worksites with policies and practices supportive of breastfeeding, chestfeeding, and lactation, and percent of those employees who are low-income or racially/ethnically diverse.

9. number of existing support groups that improve their ability to provide high quality and culturally responsive breastfeeding, chestfeeding, and lactation support
10. number of new support groups that provide high quality and culturally responsive breastfeeding, chestfeeding, and lactation support
11. number of people participating in high quality and culturally responsive support groups

12. number of coalitions that improve their ability to promote, protect, and support breastfeeding, chestfeeding, and lactation
13. number of organizations participating in coalitions that promote, protect, and support breastfeeding, chestfeeding, and lactation
14. number of community-generated strategies implemented to eliminate gaps in services and overcome barriers to breastfeeding, chestfeeding, and lactation

15. number of success stories completed
16. number of communication activities conducted with elected leaders, community members, and the media
17. If applicable: number of impressions collected from various social media platforms (e.g., Facebook, twitter, Instagram, and more)

18. [optional] number of community and public spaces that make progress towards adopting policies and implementing practices supportive of breastfeeding, chestfeeding, and lactation
19. [optional] number of community and public spaces that adopt policies supportive of breastfeeding, chestfeeding, and lactation
20. [optional] number of community and public spaces that implement practices supportive of breastfeeding, chestfeeding, and lactation

21. [optional] number of people using community and public spaces with policies and practices supportive of breastfeeding, chestfeeding, and lactation, and percent of those people who are low-income or racially/ethnically diverse.

ATTACHMENT 6
Overview of Strategies and Useful Resources

Please refer to this attachment while writing your application. The resources and suggested readings are not exhaustive but can be used as a jumping off point for planning your work.

Inclusive Communities of Focus: This RFA is addressing health equity by funding high-need geographic regions prioritizing health care practices that serve, worksites that employ, and coalitions that engage and include low-income, racially/ethnically diverse, Medicaid-eligible individuals and/or their infants and children.

Strategy 1: Implement breastfeeding, chestfeeding, and lactation supports in health care practices.

Strategy Overview: Federally Qualified Health Center, obstetric, family medicine, midwife and pediatric health care providers play an essential role in providing expectant and new parents and families with accurate, evidence-based information. This allows expectant parents to make an informed decision about breastfeeding prenatally. It also provides the opportunity for lactation assistance and support immediately after delivery, during the birth hospitalization, during the early newborn period, and beyond. Practices should, among other things, designate a breastfeeding champion with training/experience/certification in lactation support and know when and how to connect patients to an IBCLC.

Health Care Practice: A Health Care Practice is one pediatric, family, obstetrics and gynecology, midwifery, Federally Qualified Health Center or other primary care provider and clinical offices operating at least one or more geographically distinct practice sites.

NYS Breastfeeding Friendly Practice Designation: The program was developed to guide and assist physicians and health care providers and staff at primary care practices (pediatric, family medicine, obstetric and midwifery) to improve their breastfeeding, chestfeeding, and lactation policies and procedures to better support parents who want to breastfeed or chestfeed. Practices that achieve all *New York State Ten Steps to a Breastfeeding Friendly Practice* will be recognized with a Certificate of Designation, and designated practices will be listed on the Department's public website.

- **NYS Breastfeeding Friendly Practice Designation Assessment Survey:** The assessment survey is used as a pre-assessment for practices to assess gaps in practice compared to the *New York State Ten Steps to a Breastfeeding Friendly Practice*. The survey is also used as a post-assessment to determine if all the *New York State Ten Steps to a Breastfeeding Friendly Practice* have been implemented. See NYS Breastfeeding Friendly Practice Designation Assessment Survey (Fillable Survey).
- **NYS Ten Steps to a Breastfeeding Friendly Practice Handout:** This handout lists the official New York State Ten Steps to a Breastfeeding Friendly Practice. See NYS Ten Steps to a Successful Breastfeeding Friendly Practice Handout.
- **NYS Ten Steps to a Breastfeeding Friendly Practice Implementation Guide:** A practice-based tool that details implementation strategies to embed the *Ten Steps to a*

Breastfeeding Friendly Practice into action. See NYS Ten Steps to a Breastfeeding Friendly Practice Implementation Guide.

Useful Resources:

- NYS Medicaid Perinatal Care Standards – Breastfeeding/Chestfeeding (NYS Department of Health).
- NYS Medicaid Expanded List of Lactation Services Certifications: Breastfeeding Support Authorized for Payment (NYS Department of Health)

Strategy 2: Implement breastfeeding, chestfeeding, and lactation supports in worksites.

Strategy Overview: Working outside the home is related to a shorter duration of breastfeeding, chestfeeding, and lactation, and intentions to work full time are significantly associated with lower rates of breastfeeding initiation and shorter duration. Low-income women, among whom African American and Hispanic women are overrepresented, are more likely than their higher-income counterparts to return to work earlier and to be engaged in jobs that make it challenging for them to continue breastfeeding. Barriers identified in the workplace include a lack of flexibility for milk expression in the work schedule, lack of accommodations to pump or store breastmilk, concerns about support from employers and colleagues, and real or perceived low milk supply.

Parents who continue breastfeeding, chestfeeding, and lactation after returning to work need the support of their coworkers, supervisors, and others in the workplace. Individual employers can do a great deal to create an atmosphere that supports employees who breastfeed. Such an atmosphere will become easier to achieve as workplace support programs are promoted by diverse employers. Applicants can consider providing lactation support education opportunities to human resources staff and others who collaborate on policy development and implementation and provide ongoing support to breastfeeding, chestfeeding, and lactating individuals upon their return to work. In addition, applicants should work with employers to ensure that they are informing pregnant persons of benefits to which they may be eligible, including the federal Family and Medical Leave Act (FMLA), federal Fair Labor Standards Act (FLSA), New York (NY) Temporary Disability Insurance, NY Paid Family Leave Act, and the NY Nursing Mothers in the Workplace Act.

Work in the worksite setting will align with and promote the NY Nursing Mothers in the Workplace Act, which requires employers to provide nursing mothers with unpaid break time or permit use of paid break time or meal time each day to express breast milk at work for up to three years following childbirth. No employer shall discriminate in any way against an employee who chooses to express breast milk in the workplace.

The Breastfeeding Friendly Worksite recognition program will be developed and administered by the applicant and partner organizations, if selected.

Adapted from: Centers for Disease Control and Prevention. Support for Breastfeeding in the Workplace. 2006. https://www.cdc.gov/breastfeeding/pdf/BF_guide_2.pdf.

Useful Resources:

- Business Case for Breastfeeding (U.S. Department of Health & Human Services)
- Breastfeeding: Making It Work Toolkit (U.S. Department of Agriculture WIC Works Resource System)
- Workplace Health Promotion - Lactation Resources (CDC)
- Breastfeeding and Returning to Your Workplace (CDC)
- NY Nursing Mothers in the Workplace Act (NYS Department of Labor)

Strategy 3: Develop breastfeeding, chestfeeding, and lactation support groups.

Strategy Overview: Local health departments, hospitals, health centers, insurers (including Medicaid Managed Care), businesses, Community Based Organizations and other stakeholders should collaboratively work to ensure increased awareness, availability and accessibility of culturally responsive lactation consultants, and breastfeeding support prenatally and postpartum. This includes ensuring that culturally responsive, professional lactation consultants (e.g., International Board Certified Lactation Consultant (IBCLC)); peer support (e.g., WIC Peer Counselors or Le Leche League groups); and breastfeeding education classes for families (e.g., hospital or health center breastfeeding / birthing classes) are available in the local area, and that information and resources on accessing support and contacts is up-to-date and accessible. Support groups should be accessible and inclusive based on participant needs, and may occur in-person, virtually, and hybrid (e.g., in-person and virtual). Applicants should support the establishment of new support groups and the continuation or expansion of existing groups identified by an informal community needs assessment to provide breastfeeding, chestfeeding, and lactation support to the communities of focus.

It is critical that the lactation support workforce reflects the diverse communities they serve and that support groups are inclusive spaces. However, barriers to entrance into and maintenance of the lactation credentials and professional opportunities exist, particularly for racially and ethnically diverse communities, people with disabilities, and people who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ+). Communities can and should identify and create or improve access to opportunities for both training and mentorship to build community capacity to provide lactation support in a sustainable and equitable manner.

To meet grant requirements, support groups must be minimally staffed by at least 1 lactation support provider (and preferably 2 staff, including the lactation support provider) at every meeting.

Lactation support provider staff may consist of the following:

- Lactation consultants;
- Breastfeeding counselors;
- Breastfeeding peer counselors;
- Breastfeeding or Lactation educators; or

- Health care providers licensed as a physician, midwife, nurse practitioner, physician assistant, or registered nurse, with knowledge, skills, and expertise on breastfeeding and lactation.

For information about options for lactation support provider credentials and training programs, see the United State Breastfeeding Committee's Lactation Support Providers Descriptors Table.

Support group staff should:

- Be knowledgeable about breastfeeding physiology, common breastfeeding challenges and lactation problems, and have the skills and expertise to assess breastfeeding, latch, milk transfer, etc.;
- Have excellent communication and counseling skills with diverse populations;
- Know when and how to refer community members to more advanced breastfeeding support (e.g., an IBCLC or health care provider with breastfeeding knowledge, skills, and expertise) when there are lactation difficulties requiring further care or immediate intervention (e.g., mastitis, thrush, failure to thrive, weight loss, etc.); and
- Develop working relationships with lactations specialists and Breastfeeding Friendly health care practices in the community and make referrals as needed.

Useful Resources:

- Continuity of Care in Breastfeeding Support: a Blueprint for Communities [Section 5] (National Association of County and City Health Officials)
- Lactation Support Providers Descriptors Table (United State Breastfeeding Committee)
- NYS Medicaid Expanded List of Lactation Services Certifications: Breastfeeding Support Authorized for Payment (NYS Department of Health)
- Baby Café USA
- Breastfeeding USA
- La Leche League International

Strategy 4: Build, expand, and/or activate breastfeeding coalition(s).

Strategy Overview: Developing Effective Coalitions: An Eight Step Guide, states that "A coalition is a union of people and organizations working to influence outcomes on a specific problem. Coalitions are useful for accomplishing a broad range of goals that reach beyond the capacity of any individual member organization." Coalitions can influence policy, systems and environmental changes in communities and support breastfeeding, chestfeeding, and lactation efforts. Coalitions can also play a role in identifying and creating training and mentorship opportunities to increase community capacity to provide lactation support in a sustainable and equitable manner. Coalitions are most effective when they are inclusive, diverse and representative of the diverse cultural, social, and ethnic backgrounds of communities, including but not limited to racially and ethnically diverse communities, people with disability, people who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ+), people from historically marginalized or underrepresented communities, and people across the life span (youth, adolescents, adults, and older adults).

Useful Resources:

- Continuity of Care in Breastfeeding Support: a Blueprint for Communities [Section 7] (National Association of County and City Health Officials)
- The Use of Community Needs Assessment to Inform Breastfeeding Services (National Association of County and City Health Officials)
- Developing Effective Coalitions: An Eight Step Guide (Prevention Institute)

Suggested Coalition Partners – The list below may assist with planning effort but is not exhaustive.

- Local Health Departments
- Local or Regional Breastfeeding Coalitions: NYS Breastfeeding Coalition - About Us
- Breastfeeding Support groups for Black Moms (Parents): 22 Breastfeeding Support Groups For Black Moms
- Breastfeeding Support groups for additional (underrepresented) populations
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) https://www.health.ny.gov/prevention/nutrition/wic/
- Home Visiting Programs
    - Maternal, Infant and Early Childhood Home Visiting (MIECHV) Initiative - https://www.health.ny.gov/community/pregnancy/home_visiting_programs/provider.htm
    - Maternal and Infant Community Health Collaborative (MICHC) - https://www.health.ny.gov/community/adults/women/maternal_and_infant_comm_health_collaboratives.htm
    - Perinatal and Infant Community Health Collaboratives (PICHC)
    - Healthy Families New York (HFNY) Home Visiting Programs - https://ocfs.ny.gov/main/contracts/tanf/hfny/
- Hospitals
- Practices
- Professional Organizations
    - State, Regional or Local Chapters of American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), American College of Nurse-Midwives (ACNM)
- Colleges and Universities
- Chambers of Commerce
- Houses of Worship/Faith-Based Groups
- Food Banks
- Libraries
- Social Service Organizations
- Disability Support Organizations

Strategy 5: Conduct communication and sustainability activities.

Strategy Overview: Effective communication is an essential component for successful public health program implementation. It can support behavior change, convey critical information, encourage key individuals to support or lead an initiative, and reframe messages for community public health action. Examples include, but are not limited to, activities designed to: 1) increase community and policy maker awareness of breastfeeding, chestfeeding, and lactation support policies and programs; 2) highlight the burden of chronic diseases in communities; and 3) demonstrate the success of grant strategies in preventing and reducing many chronic diseases and health conditions.

Sustainability can be defined as a community's ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all. The sustainability of grant strategies results in long-term or permanent systems or environmental changes in implementation sites or communities that are sustained beyond the grant term. Sustainability activities vary across communities and regions and can be identified based on different resources that are unique to a locality. Examples include, but are not limited to: 1) developing ongoing relationships with local elected officials and engaging them in grant activities or events; 2) developing ongoing partnerships with community leaders and the business community among others; 3) working with local or regional organizations to build community and organizational capacity; 4) leveraging other local, regional, state or national expertise or funding sources; and 5) engaging a variety of community members in an inclusive participatory process to support implementation changes.

Communication and sustainability activities should be embedded in the work to advance the strategies. The goal of these combined activities is to establish sustainability systems and environments, educate and engage elected leaders and community members, and utilize a variety of media channels to communicate with the public and serve as an avenue for raising awareness about the positive changes to build/expand community-based breastfeeding, chestfeeding, and lactation partnerships and advance broad-based policy, system, and environmental changes on breastfeeding, chestfeeding, and lactation protection, promotion, and support.

Useful Resources:

- A Sustainability Planning Guide for Healthy Communities (CDC)

Strategy 6 (Optional): Implement breastfeeding, chestfeeding, and lactation supports in community and public spaces.

Strategy Overview: Breastfeeding, chestfeeding, and lactation support outside of worksites, practices, and structured support groups can impact breastfeeding, chestfeeding, and lactation success. This optional strategy allows applicants, if selected, to work with community and business leaders, local officials, and others who oversee community or public spaces to create environments that contribute to the protection, promotion, and support of breastfeeding, chestfeeding, and lactation. This may include designating private or shared lactation spaces for human milk expression or breastfeeding, chestfeeding, and lactation and developing family-friendly policies for all public and community spaces.

The applicant should inform community leaders of NY laws that 1) guarantee women the right to breastfeed her baby in any location, public or private, where the mother is otherwise authorized to be (NY Civil Rights Law § 79-e) and 2) require NY public building owned by the state of New York, or under the supervision and control of the commissioner of general services, to contain a lactation room that is made available for use by a member of the public to breastfeed or express breast milk (NY Public Buildings Law § 144).

Some examples of additional community and public spaces include but are not limited to city and/or county government, food pantries, correctional facilities, shelters, malls, shopping centers, libraries, sport stadiums, zoos, museums, parks and recreation facilities, faith-based settings, schools (K-12), colleges and universities, transportation hubs, gyms/fitness centers, and other community-based organizations.

Please Note: Child care settings and hospitals are not approved sites in this strategy.

The Breastfeeding Friendly Worksite recognition program will be developed and administered by the applicant and partner organizations, if selected.

Useful Resources:

- Continuity of Care in Breastfeeding Support: a Blueprint for Communities [Section 2] (National Association of County and City Health Officials)
- Breastfeeding Friendly Health Departments
    - Kansas Breastfeeding Friendly Local Health Department Designation
    - Minnesota Breastfeeding Friendly Local Health Department Designation
- NY Public Health Law §2505-b mandates the provision of lactation accommodations in airports (Governor's Press Release July 6, 2022). The NY law expands the number of airports in NY required to provide lactation accommodation beyond those covered under federal laws, Friendly Airports for Mothers Act, or the Friendly Airports for Mothers Improvement Act, which require large and medium hub airports, and small hub airports, respectively, to maintain a lactation area for nursing mothers.

ATTACHMENT 8
Grants Gateway Work Plan Instructions

This document is intended to guide applicants through entering the work plan in the Grants Gateway. Please note that when entering information into the Grants Gateway Work Plan, the following should beobserved:

The objectives and tasks in the outline below have been prepopulated in the Grants Gateway Work Plan. **Only items with an * *(in italics)* below are those that should be entered by the applicant.**

Applicants are required to update the performance measures (for Year 1) that will be implemented to meet each of the provided objectives, including a description of any performance measures that are required asnoted above.

Work Plan Contents:

Objective 1 Name: Breastfeeding Supports in Health Care Practices (HCPs)

Objective 1 Description: By the end of Year 1, increase the number of health care practices (prioritizing those in communities of focus) that adopt policies and implement practices supportive of breastfeeding, chestfeeding, and lactation by **#.**

- **Task Name 1: Identify and recruit HCPs.**
- **Task Description:** Identify and recruit HCPs that will adopt policies and implement practices supportive of breastfeeding, chestfeeding, and lactation.
    - Performance Measure Name: *# *of HCPs identified*
    - Performance Measure Name: *# *of HCPs recruited*

- **Task Name 2: Assess HCPs.**
- **Task Description:** Assess the breastfeeding, chestfeeding, and lactation friendly environment.
    - Performance Measure Name: *# *of HCPs assessed*

- **Task Name 3: Provide site-specific training, technical assistance, and resources.**
- **Task Description:** Provide site-specific breastfeeding, chestfeeding, and lactation training, technical assistance (TA), and resources to practices on components of a breastfeeding, chestfeeding, and lactation friendly practice.
    - Performance Measure Name: *# *of HCPs that receivedsite-specific TA and resources*

- **Task Name 4: Assist HCPs to adopt policies and practices supportive of breastfeeding.**
- **Task Description:** Assist health care practices to adopt policies and implement practices

that are supportive of breastfeeding,
    - Performance Measure Name: *# *of HCPs with policies that are supportive of lactation.*
    - Performance Measure Name: *# *of HCPs that apply for designation*

- **Task Name 5: Recognize HCPs.**
- **Task Description:** Recognize practices achieving NYS Breastfeeding Friendly Practice designation; prioritizing those that employ low-income, racially/ethnically diverse individuals.
    - Performance Measure Name: *# *of HCPs that achieve designation*

- **Task Name 6:** ***Additional Task as needed. Include a performance measure.***

Objective 2 Name: Breastfeeding, Chestfeeding, and Lactation Support in Worksites.

Objective 2 Description: By the end of Year 1, increase the number of worksites (prioritizing those in communities of focus) that adopt policies and implement practices that are supportive of breastfeeding, chestfeeding, and lactation by **#**.

- **Task Name 1: Identify and recruit worksites.**
- **Task Description:** Identify and recruit worksites, prioritizing those that employ low-income, racially/ethnically diverse, and Medicaid-eligible individuals, that agree to actively pursue the breastfeeding, chestfeeding, and lactation friendly worksite recognition.
    - Performance Measure Name: *# *of worksites identified and recruited*

- **Task Name 2: Assess worksites.**
- **Task Description:** Assess the breastfeeding, chestfeeding, and lactation friendly environment.
    - Performance Measure Name: *# *of worksites assessed*

- **Task Name 3: Provide training, TA, and resources to worksites.**
- **Task Description:** Provide worksite-specific training, TA, and resources that are supportive of breastfeeding, chestfeeding, and lactating employees.
    - Performance Measure Name: *# *of worksites that received training, TA, and resources.*

- **Task Name 4: Assist worksites to adopt policies supportive of lactation.**
- **Task Description:** Assist worksites to adopt policies that support employees to successfully pump (and store and feed) human milk to their infants.
    - Performance Measure Name: *# *of worksites with polices supportive of lactating employees.*

- **Task Name 5: Support worksites to implement practices supportive of lactation.**
- **Task Description:** Support worksites to implement practices supportive of breastfeeding, chestfeeding, and lactation.

    - Performance Measure Name: *# *of worksites that implement practices that support lactation.*

- **Task Name 6: Recognize breastfeeding, chestfeeding, and lactation friendly worksites.**
- **Task description:** Recognize worksites that meet the necessary breastfeeding, chestfeeding, and lactation friendly criteria.
    - Performance Measure Name: *# *of worksites recognized.*

- **Task 7:** ***Additional Task as needed. Include a performance measure.***

Objective 3 Name: Breastfeeding, Chestfeeding, and Lactation Support Groups.

Objective 3 Description: By the end of Year 1, increase the number of support groups that provide high quality and culturally responsive breastfeeding, chestfeeding, and lactation support by **#.**

- **Task Name 1: Identify and assess existing lactation support groups.**
- **Task Description:** Complete an informal community needs assessment of breastfeeding, chestfeeding, and lactation support groups in communities of focus.
    - Performance Measure Name: *# *of groups identified and assessed*

- **Task Name 2: Help establish new lactation support groups, if indicated.**
- **Task Description:** Identify and collaborate with diverse stakeholders to establish new support groups.
    - Performance Measure Name: *# *of diverse stakeholders identified*
    - Performance Measure Name: *# *of diverse stakeholders engaged*
    - Performance Measure Name: *# *of groups established*

- **Task Name 3: Ensure new and existing groups are inclusive and culturally responsive.**
- **Task Description:** Ensure new and existing groups are inclusive and culturally responsive by recruiting lactation support providers that reflect the diversity of the communities of focus.
    - Performance Measure: *# *of lactation support providers recruited*
    - Performance Measure: *# *of support groups that are responsive to the needs of their communities*

- **Task 4: Provide training, TA, & resources to new & existing groups.**
- **Task Description:** Provide training, technical assistance, and resources to new and existing lactation support groups to ensure support groups are providing high quality and culturally responsive breastfeeding, chestfeeding, and lactation support.
    - Performance Measure: *# *groups receiving training, technical assistance, and resources.*

- **Task 5:** ***Additional Task as needed. Include a performance measure.***

Objective 4 Name: Breastfeeding, Chestfeeding, and Lactation Coalitions.

Objective 4 Description: By the end of Year 1, increase the number of community coalitions (in communities of focus) working to implement community-generated strategies to eliminate gaps in services and overcome barriers to breastfeeding, chestfeeding, and lactation by **#.**

- **Task Name 1: Identify and assess existing coalitions working on breastfeeding.**
- **Task Description:** Identify existing coalitions working on breastfeeding, chestfeeding, and lactation issues (e.g., coalitions focused on integrating breastfeeding promotion, protection, and support goals into existing community health improvement strategies).
    - Performance Measure Name: *# *of coalitions identified and assessed*

- **Task Name 2: Establish or activate breastfeeding, chestfeeding, & lactation coalitions.**
- **Task Description:** Work with existing coalitions or establish new coalitions to implement community-generated strategies to eliminate gaps in services and overcome barriers to breastfeeding, chestfeeding, and lactation.
    - Performance Measure Name: *# *of coalitions expanded, activated, or developed*

- **Task Name 3: Recruit coalition members that are reflective of the communities of focus.**
- **Task Description:** Recruit coalition members that are reflective of the communities of focus and to address the ongoing and evolving needs of the communities of focus.
    - Performance Measure Name: *# *new coalition members*

- **Task Name 4: Support implementation of community-generated strategies.**
- **Task Description:** Work with coalition to support community-driven and develop solutions to eliminate gaps in breastfeeding, chestfeeding, and lactation services and barriers.
    - Performance Measure Name: *# *of community-generated strategies implemented*

- **Task Name 5:** ***Additional Task as needed. Include a performance measure.***

Objective 5 Name: Communication and Sustainability.

Objective 5 Description: By the end of Year 1, increase the number of communication and sustainability activities to support breastfeeding, chestfeeding, and lactation strategies by **#**.

- **Task Name 1: Write at least one community success story annually.**
- **Task Description:** Write at least one success story annually for dissemination in the community or with media partners. Additional stories may be written.
    - Performance Measure Name: *# *of success stories written and disseminated*

- **Task Name 2: Engage regularly with partners to generate earned media coverage.**
- **Task Description:** Engage regularly with partners to generate earned media coverage (i.e., partners will distribute materials and/or speak directly to news media and/or

decision-makers).
    - Performance Measure Name: *# *of times engaged with partners*

- **Task Name 3: Distribute materials to media outlets to gain news coverage.**
- **Task Description:** Distribute materials to local, regional, or statewide media outlets (i.e., social media, mail, e-mail, or hand-deliver press releases, press kits, letters to the editor, opinion pieces, etc.) to gain news coverage.
    - Performance Measure Name: *# *of materials distributed*

- **Task Name 4: Communicate with community leaders and decision makers.**
- **Task Description:** Communicate with community leaders and decision makers via success stories, newsletters, press clippings, photographs of community events, recent publications from national organizations, and more.
    - Performance Measure Name: *# *of times communication occurred*

(Optional) Objective 6 Name: Breastfeeding Support in Community and Public Spaces.

Objective 6 Description: By the end of Year 1, increase the number of community and public spaces (prioritizing those in communities of focus), that adopt policies and implement practices that are supportive of breastfeeding, chestfeeding, and lactation by **#**.

- **Task Name 1: Identify and recruit community and/or public spaces.**
- **Task Description:** Identify and recruit community and/or public spaces; prioritizing those utilized by low-income, racially/ethnically diverse, Medicaid-eligible families, that agree to actively pursue breastfeeding, chestfeeding, and lactation friendly recognition.
    - Performance Measure Name: *# *of community or public spaces. identified and recruited.*

- **Task Name 2: Assess community and/or public spaces.**
- **Task Description:** Assess the current breastfeeding, chestfeeding, and lactation environment in the community and/or public space.
    - Performance Measure Name: *# *of sites assessed.*

- **Task Name 3: Provide training, TA, and resources**.
- Task Description: Provide site-specific training, TA, and resources to increase breastfeeding, chestfeeding, and lactation promotion and support, and lactation accommodations.
    - Performance Measure Name: *# *of community/public spaces that received training, TA, and resources.*

- **Task 4: Assist community and public spaces to adopt policies.**
- **Task Description:** Assist community and public spaces to adopt policies supportive of breastfeeding, chestfeeding, and lactation.
    - Performance Measure Name: *# *community /public spaces that adopt practices supportive of lactation.*

- **Task 5: Assist community and public spaces to implement practices.**
- **Task Description:** Assist community and public spaces to implement practices supportive of breastfeeding, chestfeeding, and lactation.
    - Performance Measure Name: *# *community/public spaces that implement practices supportive of lactation.*

- **Task Name 6: Recognize sites.**
- **Task Description:** Recognize sites that meet the necessary breastfeeding, chestfeeding, and lactation friendly criteria.
    - Performance Measure Name: *# *of community/public spaces that received recognition.*

RFA Specifications ***Administrative Costs may not exceed a rate of 10% of the total direct costs.***
A minimum of 1.0 FTE Project Coordinator is required to be employed by the applicant.
Total of subcontracts cannot exceed 49% of the total requested funding.

Grants Gateway Field	***Character Limits***	***Enter Required Information as Instructed Below***
Personal Services - Salary	**** Refer to funding opportunity for additional information.*** ***In the Salary section only include staff positions related to the implementation and administration of the project. A separate entry is REQUIRED if the position includes any change in Salary, Hours, % Funded (time and effort), or # Months Funded. ONLY staff that are employees of the applicant organization are to be included here. All other staff should be listed under Contractual Services. If Salary is not applicable, leave this section blank.***	
Position/Title	55	Provide the position title and employee name, if known. TBH should be entered in place of the employee name if the position is vacant at the time of budget submission.
Role/Responsibility	500	Provide a brief narrative of how the position will contribute directly to this project. Provide the start date and end date for this budget line item. If TBH, also provide the anticipated start date and end date for this position.
# in Title	N/A	Always enter the number 1. A separate position should be added for "each" position on the contract.
Annualized Salary Per Position	N/A	Enter the total annual salary the organization will pay this employee regardless of funding source. This figure should NOT be adjusted if a portion of the salary will be paid with other funds. Percentage of time supported with "other funds" should be entered in the PS narrative.
STD Work Week (hrs.)	N/A	Enter the standard (STD) hours worked each week by the employee. This figure should NOT be adjusted for hours paid with other funds.
% Funded	N/A	Enter only the percent of time this position will spend on this project. Do NOT include any percentage of time supported by other projects and/or fund sources. This % is a calculation of total grant funding requested divided by annual salary.
# Months Funded	N/A	Enter the estimated number of months this position will work on this grant. If TBH, enter the number of months based upon the anticipated start date.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this position on the project. (Annual Salary / 12 Months x # Months Funded x % Funded).
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Match %	N/A	Enter the percent that the organization is matching this project with other fund sources OR Always leave blank.
> Personal Services - Salary Narrative	**4000**	**Program Specific Instructions / Requirements** **All PS costs that will be incurred for staff that work on this project but are not directly supported with grant dollars should be summarized in this section.**
Personal Services - Fringe*	***Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements and should not exceed the current NYS rate. If Fringe is not applicable, leave this section blank.*** ***Example: Fringe rate at 47% based on fringe detail sheet.***	
Type/Description	125	Provide the requested fringe rate, indicating whether it is based on a Federally Approved Rate Agreement OR the Fringe Detail Sheet.
Justification	1000	Indicate if the rate is straight or based on a blend of varying rates. Also, state specifically which document was uploaded to the Grants Gateway (Federally Approved Rate Agreement OR Fringe Benefit Detail Sheet) *Example: Blending Fringe rate at 47% based on Fringe Detail Sheet. Fringe Detail Sheet uploaded to Grantee Document Folder.*
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Personal Services - Fringe Narrative	**4000**	**All fringe costs that will be incurred related to staff that work on this project but are not directly supported with grant dollars should be summarized in this section.**

* An asterisk has been placed next to specific budget categories which require that additional information be provided.

RFA Specifications ***Administrative Costs may not exceed a rate of 10% of the total direct costs.***
A minimum of 1.0 FTE Project Coordinator is required to be employed by the applicant.
Total of subcontracts cannot exceed 49% of the total requested funding.

Grants Gateway Field	***Character Limits***	***Enter Required Information as Instructed Below***
Contractual*	**** Refer to funding opportunity for additional information.*** ***The Contractual Services (CS) section should include costs for services rendered to the project under a format or written agreement such as direct provision of services by contractual arrangement (Subcontractors, Consultants, Affiliate Staff, and Vendors). ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to CS. If Contractual Services are not applicable, leave this section blank.***	
Type/Description	125	Provide the name of the organization, company or individual and the type of service being provided. If not know, enter TBD in place of the name of the organization, company or individual. (i.e. Research & Evaluation - TBH)
Justification	1000	Provide the anticipated intended use of this budget line item, and how this expense supports the workplan objective. Provide a time frame for when the work will be completed.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Contractual Narrative	**4000**	**All contractual positions not directly supported with grant dollars, that will be incurred to meet program deliverables should be summarized in this section.**
Travel*	**** Refer to funding opportunity for additional information.*** ***Out-of-State travel requires prior approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank.***	
Type/Description	125	Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, In-State, or Out-of-State).
Justification	1000	Provide the anticipated intended use of this budget line item, and how this expense supports the workplan objective. include the title of the position(s) traveling. Justification must referene whether the organization has a travel policy. If the organization has a travel policy, the organizational policy must be uploaded into the Grantee Document Folder. Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Example: Travel policy uploaded. Director, Associate Director and Coordinator will be traveling in state to meet workplan deliverables.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Travel Narrative	**4000**	**All travel costs not directly supported with grant dollars, that will be incurred to meet program deliverables should be summarized in this section.**

RFA Specifications ***Administrative Costs may not exceed a rate of 10% of the total direct costs.***
A minimum of 1.0 FTE Project Coordinator is required to be employed by the applicant.
Total of subcontracts cannot exceed 49% of the total requested funding.

Grants Gateway Field	***Character Limits***	***Enter Required Information as Instructed Below***
Equipment	**** Refer to funding opportunity for additional information.*** ***This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank.***	
Type/Description	125	Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs)
Justification	1000	Provide the Position/Title AND names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Equipment Narrative	**4000**	**All equipment purchases not directly supported with grant dollars, that will be incurred to meet program deliverables should be summarized in this section.**
Space/Property: Rent	***This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more than one instance of rental property is needed. If Space/Property: Rent is not applicable, leave this section blank.***	
Type/Description	125	Provide the physical address of the rental property.
Justification	1000	Provide the anticipated intended use of this budget line item, and how this expense supports the workplan objective. Provide the cost share allocation for this line item, and how this expense is allocated across the organization.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Rent Narrative	**4000**	**All space costs not directly supported with grant dollars, that will be incurred to meet program deliverables should be summarized in this section.**
Space/Property: Own	***This section is used to itemize costs associated with Space/Property: Own. If Space/Property: Own is not applicable, leave this section blank.***	
Type/Description	125	Provide the physical address of the property that is owned.
Justification	1000	Provide the anticipated intended use of this budget line item, and how this expense supports the workplan objective. Provide the cost share allocation for this line item, and how this expense is allocated across the organization.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Own Narrative	**4000**	**All space costs not directly supported with grant dollars, that will be incurred to meet program deliverables should be summarized in this section.**
Utilities	***This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, landline telephone, cellphone, etc.) If Utilities are is not applicable, leave this section blank.***	
Type/Description	125	Provide the type of expense and include the property address. (i.e. Landline Telephone - 123 Cherry Lane)

* An asterisk has been placed next to specific budget categories which require that additional information be provided.

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Total of subcontracts cannot exceed 49% of the total requested funding.

Grants Gateway Field	***Character Limits***	***Enter Required Information as Instructed Below***
Justification	1000	Provide the anticipated intended use of this budget line item, and how this expense supports the workplan objective. Provide the cost share allocation for this line item, and how this expense is allocated across the organization. If the organization has a cellphone policy, the justification must include whether there is a policy and that policy must be uploaded into the Grantee Document Folder. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Utilities Narrative	**4000**	**All utility costs not directly supported with grant dollars, that will be incurred to meet program deliverables should be summarized in this section.**
Operating Expenses	**** Refer to funding opportunity for additional information.*** ***This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, program supplies/materials, storage rental units & technology licenses. A separate entry for each type of expense is needed. Any expense shared across the organization must provide a calculation method used to determine the expense to this project. If Operating Expenses are not applicable, leave this section blank.***	
Type/Description	125	Provide the type of expense
Justification	1000	Provide the anticipated intended use of this budget line item, and how this expense supports the workplan objective. Provide the cost share allocation for this line item, and how this expense is allocated across the organization. Incentives and promotional items should be deliniated separately from Office Supplies.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Operating Expenses Narrative	**4000**	**All operating expenses not directly supported with grant dollars, that are required to meet program deliverables should be summarized in this section.**
Other Expenses Detail*	***Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Regardless of the method (Federally Approved Indirect Rate Agreement (IDC) or (Modified Total Direct Cost base (MTDC) , the maximum rate cannot exceed the limit as outlined procurement documents and the Grants Gateway Budget Instructions.***	
Type/Description	125	Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Indirect Rate Agreement (IDC) OR Modified Total Direct Cost base (MTDC).
Justification	1000	If the rate is based on a Federally Approved Indirect Rate Agreement (IDC), indicate that the document was uploaded to the Grants Gateway.
Total Grant Funds	N/A	Provide the requested value using the formulary provided.
Total Match Funds	N/A	Enter the amount that the organization is matching this project with other fund sources OR Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Other Narrative	**4000**	**All indirect costs, up to the maximum rate allowable, not directly supported with grant dollars, that will be incurred to meet program deliverables should be summarized in this section.**

* An asterisk has been placed next to specific budget categories which require that additional information be provided.

Grants Gateway Budget Data Entry
Where to Budget

Budget Category Side-by-Side – use this chart to assist with aligning cost categories with the (8) defined budget categories, labeled a through f on the budget summary. This a sample listing of those most commonly used

Master Grant Contract Budget Categories	***Sample of Budget Categories***
Personal Services	ALL employees that will be compensated for time and effort contributed to this project
Fringe	Payroll Taxes, Health Insurance, Pension, Worker's Compensation, etc. ***OR*** Federally Approved Fringe Rate
Contractual Services*	Vendors*
Contractual Services**	Subcontractors / Consultants / Affiliate Staff
Travel	Travel for individuals for employees on payroll represented in Personal Services. Travel for individuals funded under the Contractual Service budget category must be included under Contractual Services. ALL other travel, for example - for client, staff, and volunteers, must be entered into Operating Expenses.
Equipment Expense	Provide the Position/Title AND names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Space/Property & Utility Expenses	Rent, Depreciation, Maintenance & Repairs, Utilities (including electric, heat, cell phone, internet, telephone)
Operating Expense	Office Furniture, desk chairs, file cabinets, ect.
Operating Expense	Beverages, Food, Meeting Costs. Adherence to Guidelines for Healthy Meetings as adopted from National Alliance for Nutrition and Activity (NANA) Healthy Meeting Guidelines is required: https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm.
Operating Expense	Office Supplies, Program Supplies/Materials
Operating Expenses	Conference Costs/Registration Fees/Special Events/Workshops. (This does not include costs associated with lodging, mileage, ect. for staff funded under Personal Services. These costs must be budgeted under travel.)
Operating Expenses	Client Travel, Youth Travel, Volunteer travel and Travel related expenditures for employees not funded by this project
Operating Expenses	Storage Units
Operating Expenses	Software & Technology licenses including, but not limited to, video conferencing, Adobe, Microsoft Office
Operating Expenses	Staff Training/Professional Development
Operating Expenses	Vehicle Operating Expenses
Operating Expenses	Client Services (medical supplies and translation services)
Operating Expenses	Incentives
Operating Expenses	Stipends
Operating Expense unless fringe benefit related, then it is Personal Services	Insurance (e.g. general liability)
Operating Expense unless it is contracted out, then it is Contractual Services	Database Management, Computer/Network Maintenance
Operating Expense unless it is contracted out, then it is Contractual Services	Media Placement, Advertising (e.g. recruitment ads, program promotion). ALL purchased media placement or advertising requires prior approval.
Operating Expense unless it is contracted out, then it is Contractual Services	Educational Materials, Printing, Postage
Other	Indirect

*Contractual Services - Vendors: include those persons or organizations that provide the same or similar services to any customer without altering its product. Examples of vendors include audit services, payroll services, bookkeepers, and IT consultants.

**Contractual Services – Subcontractors / Consultants / Affiliate Staff: performs a portion of the scope of work from the lead contractor's project, often off-site and under the direction of a third party. The subcontractor has its performance measured against the objectives of its portion of the scope of work of the lead program.

ATTACHMENT 11
Indirect Cost Guidelines

Indirect costs (administrative costs) are defined as those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. (Examples of indirect costs may include rental costs and related utilities).

Indirect cost rate limitations are outlined in the Request For Application (RFA) from which the contract was procured. The maximum rate(s) will vary by program initiative.

If a contractor does not have an approved Federally approved indirect rate agreement (IDC), the maximum rate is either a de minimis rate of 0% or can be less than 10% if stipulated by the RFA. To remain adherent to the Federal Office of Management and Budget Guidance, section 2 CFR Part 230 (Accounting Principles for Nonprofits), indirect costs for those contractors without a IDC will be calculated using a **Modified Total Direct Cost** base (**MTDC**) which is explained further below.

How is the rate applied to the contract?

1. With a federally approved IDC:
    - The rate must be applied to the same base costs as used in the IDC;
    - A copy of the IDC (current) must be submitted with the contract; and
    - If the RFA limits restricts the rate to an amount less than the IDC, the contractor may ONLY request up to the rate stated in the RFA, which cannot exceed the federally approved rate.
2. Without a federally approved IDC:
    - Contractors may request up to the maximum rate stipulated by the RFA as funding permits;
    - The rate may only be applied to those costs allowable as part of the MTDC;
    - Upon audit the organization must be able to substantiate the rate requested; and
    - Costs being reimbursed from the administrative cost line cannot be budgeted on any other line of the contract.

What is the Modified Total Direct Cost base (MTDC)?

The MTDC **includes**:

+ Direct Salaries and Wages
+ Applicable Fringe Benefits
+ Materials and Supplies
+ Services
+ Travel
+ Subawards and subcontracts up to the first $25,000 of each subaward or subcontract

The MTDC **excludes**:

- Equipment

- Capital Expenditures
- Charges for Patient Care
- Rental Costs
- Tuition Remission
- Scholarships and Fellowships
- Participant Support Costs
- Portion of any Subawards and subcontracts in excess of first $25,000 of each subaward and subcontract

If using the IDC, to ensure that the indirect costs requested on the contract do not exceed the maximum rate based allowable by the RFA, use the following formula.

Total Budget – Indirect Costs = Direct Costs
Indirect Costs / Direct Costs = Rate

If using the MTDC, to ensure that the indirect costs requested on the contract do not exceed the maximum rate based allowable by the RFA, use the following formula.

Total Budget – MTDC Exclusions = MTDC Costs
Indirect Costs / MTDC Costs = MTDC Rate