RFA # 17650
Grants Gateway #s
DOH01-COCA-2018
DOH01-COCB-2018
DOH01-COCC-2018
DOH01-COCD-2018
DOH01-COCE-2018
DOH01-COCF-2018

New York State Department of Health AIDS Institute
Division of HIV, STD, HCV Prevention
Bureau of Community Based Services, Bureau of Special Populations
and Health Research Inc.

Request for Applications
Internal Program #17-0004

High Impact Prevention within Communities of Color

COMPONENT A: Comprehensive HIV/STD/HCV Prevention and Related Services for Men and HIV Positive Men within Communities of Color

COMPONENT B: Comprehensive HIV/STD/HCV Prevention and Services for Transgender and Gender Non-Conforming (TGNC) Individuals particularly in Communities of Color

COMPONENT C: Comprehensive HIV/STD/HCV Prevention and Related Services for Women and Young Women within Communities of Color

COMPONENT D: NYS Hotline Services and Social Media Based Outreach for English and Spanish Speakers

COMPONENT E: Training and Technical Assistance on HIV-Related Violence Targeting LGBT Individuals

COMPONENT F: Capacity Building for High Impact Prevention

ADDENDUM #1
February 28, 2018

RFA and Grants Gateway Online Application Clarifications:

- On pages 30-31 of the RFA, Minimum Service Targets - Component C, applicants are instructed that they should serve a minimum of 50-100 unduplicated clients through all funded program services. The RFA should state that the minimum number of unduplicated clients to be served in Component C is 150.
- For Components A, B, and C, in the Grants Gateway Pre-submission Uploads section, Attachment 12 – Services Linkage Chart for Program Model 2 is labeled incorrectly. Applicants for Components A, B and C are required to respond to question 4K of the RFA and must complete Attachment 12 for both Program Models 1 and 2.

New York State Department of Health (NYSDOH)
AIDS Institute (AI)/Division of HIV/STD/HCV Prevention
Bureau of Community Based Services (BCBS), Bureau of Special Populations and
Health Research Inc. (HRI)

Request for Applications (RFA)
RFA Number: 17650 / **Internal Program Number** #17-0004

High Impact Prevention within Communities of Color

Grants Gateway #'s: DOH01-COCA-2018, DOH01-COCB-2018, DOH01-COCC-2018, DOH01-COCD-2018, DOH01-COCE-2018, DOH01-COCF-2018

This is a procurement which encompasses six (6) components.
In order to apply for any of the six (6) components, eligible applicants must submit an application via the New York State Grants Gateway.
Applicants may submit no more than two (2) applications in response to this RFA.

COMPONENT A: Comprehensive HIV/STD/HCV Prevention and Related Services for Men and HIV Positive Men within Communities of Color

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COMPONENT E: Training and Technical Assistance on HIV-Related Violence Targeting LGBT Individuals

COMPONENT F: Capacity Building for High Impact Prevention

KEY DATES

RFA Release Date:	**January 31, 2018**
Questions Due:	**February 14, 2018 by 4:00 PM**
Questions, Answers and Updates Posted: (on or about)	**February 28, 2018**
Applications Due:	**March 20, 2018 by 4:00 PM**

Contact Name & Address:
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NYS Department of Health/AIDS Institute
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Table of Contents

I. INTRODUCTION

A. Purpose

The New York State Department of Health AIDS Institute (NYSDOH AI) Division of HIV/STD/HCV Prevention, Bureau of Community Based Services (BCBS), Bureau of Special Populations and Health Research Inc. (HRI) announce the availability of **$7,519,000** in state and federal funds to support Comprehensive HIV/STD/HCV Prevention and Related Services for Priority Populations impacted by HIV/STD/HCV within Communities of Color.

The purpose of this funding is to identify service providers to develop and/or enhance comprehensive HIV/STD/HCV programs through implementation of high impact prevention strategies and innovative interventions for HIV positive and HIV negative individuals in specific high prevalence neighborhoods/regions within communities of color.

This RFA contains six (6) components as outlined on the cover page of the RFA.

The primary goals of this RFA are to:

- Prevent new HIV/STD/HCV infections;
- Increase HIV/STD/HCV testing and screening services so that an increased number of people of color know their HIV/STD/HCV status;
- Identify HIV/STD/HCV infected individuals and ensure access to early, high-quality medical care and prevention services;
- Increase access to comprehensive sexual and reproductive health information and risk reduction services;
- Facilitate access to prevention services including Pre-Exposure Prophylaxis (PrEP) and Post□Exposure Prophylaxis (PEP); and
- Facilitate access to essential supportive services.

B. Background

On June 29, 2014, Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of the AIDS Epidemic in New York State (NYS). The goal of the plan is to reduce the number of new HIV infections to just 750 (from an estimated 3,000) by the end of 2020 and achieve the first ever decrease in HIV prevalence in NYS.[1]

The three-point plan includes:

1. Identifying persons with HIV who remain undiagnosed and linking them to health care;
2. Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and
3. Providing access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

1 https://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm

The Ending the Epidemic Blueprint was publicly released on April 29, 2015. This document provides recommendations to support the implementation of the three-point plan. The RFA specifically addresses BP#(s):

BP2 - Expand targeted testing;
BP4 - Improve referral and engagement;
BP5 - Continuously act to monitor and improve rates of viral suppression;
BP8 - Enhance and streamline services to support the non-medical needs of all persons with HIV;
BP11 - Undertake a statewide education campaign on PrEP and PEP;
BP13 - Create a coordinated statewide mechanism for persons to access PrEP and PEP and prevention focused care;
BP18 - Health, housing, and human rights for LGBT communities:
BP19 - Institute an integrated comprehensive approach to transgender health care and human rights;
BP22 - Access to care for residents of rural, suburban and other areas of the state;
BP23: Promote comprehensive sexual health education;
BP25: Treatment as prevention information and anti-stigma media campaign; and
BP29 - Expand and enhance the use of data to track and report progress.

The Ending the Epidemic Blueprint is available on the NYSDOH's website at: www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf.

Furthermore, as of September 2017 the NYSDOH was the first state health department to sign onto the Prevention Access Campaign Consensus statement that the *risk of sexual transmission of HIV from a person living with HIV who has an undetectable viral load is negligible.* More specifically, there is now evidence-based confirmation that the risk of HIV transmission from a person living with HIV who is on Antiretroviral Therapy (ART), and has achieved an undetectable viral load in their blood for at least 6 months, is negligible (negligible is defined as: *so small or unimportant as to be not worth considering; insignificant*.[2] These developments address the concept of Treatment as Prevention (TasP), referred to as Undetectable=Untransmittable, or U=U. The evidence affirming TasP provides another pillar in our progress toward ending the epidemic by the end of 2020.

More information on Undetectable=Untransmittable (U=U) is available on the NYSDOH's website at: https://health.ny.gov/endingtheepidemic.

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the New York State Prevention Agenda. The National HIV/AIDS Strategy is a five-year plan that details principles, priorities and actions to guide our collective national response to the HIV epidemic.[3] Information on the National HIV/AIDS Strategy and updates to the strategy through 2020 can be found at: https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/. The New York State Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic,

2 *Undetectable = Untransmittable.* www.preventionaccess.org*. U=U consensus statement: Risk of sexual transmission of HIV from a person living with HIV who has an undetectable viral load.* www.preventionaccess.org/consensus

3 National HIV/AIDS Strategy

disability and low socioeconomic groups, as well as other populations who experience them.[4] The New York State Prevention Agenda can be found on the following website: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017.

C. Available Funding and Awards

COMPONENT A

Comprehensive HIV/STD/HCV Prevention and Related Services for Men and HIV Positive Men within Communities of Color

Approximately **$3,200,000** in State and HRI funding is available annually to support programs that provide a comprehensive range of HIV/STD/HCV prevention interventions and related services to men and HIV positive men within communities of color. Funding will support the provision of Client Recruitment/Engagement; HIV Prevention Community Collaboration; Condom Promotion, Education, and Distribution; direct provision of HIV Testing; direct provision of, or documented referral to STD and HCV Screening; Linkage and Navigation Services; and delivery of a High Impact Prevention Public Health Strategy, Evidence Based Behavioral Intervention (EBI) and/or Locally Developed Intervention; or formalized PrEP Support programs.

Funding for Component A will be allocated as stated in the chart below. Annual awards will not exceed $200,000.

Region	Maximum Annual Award Amount	Number of Awards
Central New York (Counties: Onondaga, Madison, Cayuga, Oswego, Oneida, Herkimer, Lewis, Jefferson and St. Lawrence)	$200,000	1-2
Finger Lakes - (Counties: Monroe, Wayne, Ontario, Livingston, Steuben, Yates, Schuyler and Seneca)	$200,000	1-2
Hudson Valley (Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester)	$200,000	1-2
Long Island (Counties: Nassau and Suffolk)	$200,000	1-2
New York City - Bronx	$200,000	2-3
New York City - Brooklyn	$200,000	2-3
New York City – Manhattan	$200,000	2-3
New York City - Queens	$200,000	1-2
New York City - Staten Island	$200,000	0-1

4 NYS Prevention Agenda 2013-2018: New York State's Health Improvement Plan

Northeastern New York – (Counties: Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington)	$200,000	1-2
Southern Tier (Counties: Otsego, Delaware, Cortland, Chenango, Tompkins, Chemung, Tioga and Broome)	$200,000	0-1
Western New York - (Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming)	$200,000	2-3

Applicants are requested to list their primary region of service on the application cover page. **It is the intention of this RFA to support the implementation of prevention and support services with a focus on epicenters of the epidemic where the largest number of clients within the priority population seek services and/or reside. However, applicant agencies are expected to serve clients from all counties within the region listed if the need presents.**

COMPONENT B

Comprehensive HIV/STD/HCV Prevention and Services for Transgender and Gender Non-Conforming (TGNC) Individuals particularly in Communities of Color

Approximately **$1,450,000** in State funding is available annually to support programs funded through Component B that provide a comprehensive range of HIV/STD/HCV prevention and related services for TGNC individuals and HIV positive TGNC individuals particularly in communities of color. Funding will support the provision of Client Recruitment/Engagement; HIV Prevention Community Collaboration; Condom Promotion, Education and Distribution; direct provision of HIV Testing; direct provision of, or documented referral to STD and HCV Screening; Linkage and Navigation Services; delivery of prevention/supportive interventions; Evidence Based Behavioral Interventions (EBI) and/or Locally Developed Interventions; or formalized PrEP Support programs.

Funding for Component B will be allocated as stated in the chart below. Annual awards will not exceed $150,000 for all areas of the State, except for NYC Multi-borough which has a maximum annual award of $200,000.

Region	Maximum Annual Award Amount	Number of Awards
Central New York - (Counties: Onondaga, Madison, Cayuga, Oswego, Oneida, Herkimer, Lewis, Jefferson and St. Lawrence)	$150,000	1-2
Finger Lakes – (Counties: Monroe, Wayne, Ontario,		1-2

Livingston, Steuben, Yates, Schuyler, and Seneca)	$150,000	
Hudson Valley (Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester)	$150,000	1-2
Long Island (Counties: Nassau and Suffolk)	$150,000	1-2
Northeastern New York (Counties: Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington)	$150,000	1-2
Southern Tier – (Counties: Otsego, Delaware, Cortland, Chenango, Tompkins, Chemung, Tioga and Broome)	$150,000	1-2
Western New York – (Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming)	$150,000	1-2
*****NYC Multi-borough (Manhattan, Queens, Brooklyn, the Bronx, and Staten Island)	$200,000	2-3

***NYC Multi-borough –** NYC Multi-borough applicants need to serve two or more boroughs.

Applicants are requested to list their primary region of service on the application cover page. **It is the intention of this RFA to support the implementation of prevention and support services with a focus on epicenters of the epidemic where the largest number of clients within the priority population seek services and/or reside. However, applicant agencies are expected to serve clients from all counties within a region listed if the need presents.**

COMPONENT C

Comprehensive HIV/STD/HCV Prevention and Related Services for Women and Young Women within Communities of Color

Approximately **$2,075,000** in State funding is available annually to support programs that provide a comprehensive range of HIV/STD/HCV prevention interventions and related services for women and young women within communities of color. Funding will support the provision of Client Recruitment/Engagement; HIV Prevention Community Collaboration; Condom Promotion, Education, and Distribution; direct provision of HIV Testing; direct provision of, or documented referral to, STD and HCV Screening; Linkage and Navigation Services; and delivery of High Impact Prevention Public Health Strategies, Evidence Based Behavioral Interventions (EBI), and/or Locally Developed Interventions; or formalized PrEP Support programs.

Funding for Component C will be allocated as stated in the chart below. Annual awards will not exceed $175,000 for all areas of the State, except for Hudson Valley counties, Long Island, and NYC boroughs which have a maximum annual award of $200,000.

Region	Maximum Annual Award Amount	Number of Awards
Central New York (Counties: Onondaga, Madison, Cayuga, Oswego, Oneida, Herkimer, Lewis, Jefferson and St. Lawrence)	$175,000	1-2
Finger Lakes - (Counties: Monroe, Wayne, Ontario, Livingston, Steuben, Yates, Schuyler and Seneca)	$175,000	1-2
Hudson Valley (Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester)	$200,000	1-2
Long Island (Counties: Nassau and Suffolk)	$200,000	1-2
New York City - Bronx	$200,000	1-2
New York City - Brooklyn	$200,000	1-2
New York City – Manhattan	$200,000	1-2
New York City - Queens	$200,000	1-2
New York City - Staten Island	$200,000	0-1
Northeastern New York – (Counties: Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington)	$175,000	1-2
Southern Tier (Counties: Otsego, Delaware, Cortland, Chenango, Tompkins, Chemung, Tioga and Broome)	$175,000	1-2
Western New York - (Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming)	$175,000	1-2

Applicants are requested to list their primary region of service on the application cover page. **It is the intention of this RFA to support the implementation of prevention and support services with a focus on epicenters of the epidemic where the largest number of clients within the priority population seek services and/or reside. However, applicant agencies are expected to serve clients from all counties within a region listed if the need presents.**

COMPONENT D

NYS Hotline Services and Social Media Based Outreach for English and Spanish Speakers

Approximately **$269,000** in State funding is available annually to support one (1) agency to provide a statewide HIV/STD/HCV Hotline and conduct Social Media Based Outreach for English and Spanish speakers. Funding will support the operation of a telephone hotline and social media presence to provide information, referrals, and support services to residents of NYS.

Funding for Component D will be allocated as stated in the chart below. The annual award will not exceed $269,000.

Region	Maximum Annual Award Amount	Number of Awards
Statewide	$269,000	1

COMPONENT E

Training and Technical Assistance on HIV-Related Violence Targeting LGBT Individuals

Approximately **$125,000** in State funding is available annually to support one (1) agency to provide training and technical assistance on HIV-related violence for LGBT individuals. Activities funded under this component will support the provision of services that address the intersection of HIV/AIDS and HIV-related violence impacting the lives of infected and affected LGBT individuals, particularly LGBT individuals of color. Funding will support recruitment and engagement of LGBT individuals into violence and post-victimization related services/interventions; provision of community education to raise awareness around the various forms of violence experienced by LGBT individuals; facilitate navigation to crisis intervention and support services for LGBT victims of hate, assault and sexual intimate partner violence; linkage and navigation services; provider education and training on the provision of culturally competent/sensitive services to LGBT populations; and provider education and training on the provision of competent post-victimization services for LGBT individuals who have experienced violence.

Funding for Component E will be allocated as stated in the chart below. The annual award will not exceed $125,000.

Region	Maximum Annual Award Amount	Number of Awards
*New York City (NYC)	$125,000	1

***NYC is comprised of the five (5) boroughs: Manhattan, Queens, Brooklyn, Bronx, and Staten Island**

COMPONENT F

Capacity Building for High Impact Prevention

Approximately **$400,000** in State funding is available annually to support two (2) awards of $200,000 each. Funding will support two (2) Training/Technical Assistance meetings to promote the health and wellness of the priority population, as defined below. These Training/Technical Assistance meetings will engage all sectors in a community-wide effort to discuss innovative approaches to address health, social, and environmental issues that intersect with HIV prevention and care and impact the priority population including health equity; the role of social justice in ending the HIV and Hepatitis C (HCV) epidemics; core-competencies of HIV

programming (e.g., PEP and PrEP access); data and policy; and program sustainability.

Funding for Component F will be allocated as stated in the chart below. Annual awards will not exceed $200,000.

Region	Program Model and Priority Population	Maximum Annual Award Amount	Number of Awards	Community Event Locations
Statewide	**Program Model 1:** Capacity Building for Hispanic/Latino Gay Men/Men who have Sex with Men (MSM)	$200,000	1-2	1 NYC 1 ROS*
Statewide	**Program Model 2:** Capacity Building for African American and Latina/Hispanic Women	$200,000	1-2	1 NYC 1 ROS*
*ROS: Rest of State, New York State excluding New York City (Manhattan, Queens, Brooklyn, the Bronx, and Staten Island)				

D. Application Submission Requirements and Anticipated Awards

Applicants may submit no more than two (2) applications in response to all Components of this RFA. If an applicant submits more than two (2) applications in response to this RFA, the first two (2) applications received in the Grants Gateway will be considered. Any additional applications received will not be evaluated and disqualified from further consideration.

- Awards will be made to the highest scoring applicants in each region, up to the minimum number of awards indicated for that region. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.

- If there are an insufficient number of acceptable applications (scoring 70 or above) received from any region, HRI/NYSDOH AI reserves the right to:

  - Fund an application scoring in the range of (60-69) from a region and/or
  - Apply unawarded funding to the next highest scoring applicant(s) in other region(s) until the maximum number of awards per region is met.
  - Re-solicit any region where there are an insufficient number of fundable applications.

- If funding remains available after the maximum number of acceptable scoring applications is

awarded to each region, HRI/NYSDOH AI reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.

- HRI/NYSDOH AI reserves the right to revise the award amounts as necessary due to changes in availability of funding.

- HRI/NYSDOH AI reserves the right to shift funding from one Component of the RFA to another Component should there be an insufficient number of fundable applications received in any Component.

  Should additional funding become available, NYSDOH AI and HRI may select an organization from the pool of applicants deemed approved, but not funded. If it is determined that the needed expertise/services are not available among these organizations, NYSDOH AI and HRI reserve the right to establish additional competitive solicitations.

II. WHO MAY APPLY

A. Minimum Eligibility Requirements: ALL COMPONENTS

All applicants must meet the following minimum eligibility requirements:

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due;
- Not-for-profit 501(c)(3) organizations, including community based organizations, tribal organizations, counties and government entities providing human services proposing to serve one of the regions listed in this application; or an Article 28 licensed facility proposing to serve one of the regions; and
- Applicant has submitted **Attachment 1** - Statement of Assurances signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 1**.

Additional Minimum Eligibility Requirements: COMPONENT D ONLY

- Hotline services and social media based outreach activities must be made available in English and Spanish**;** and
- Offer a minimum of 40 hours of hotline and social media activities per week.

B. Preference Factors:

COMPONENT A

Preference will be given to applicants that demonstrate the following:

- A minimum of two (2) years of experience engaging HIV positive men and men within communities of color;
- A minimum of two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports;

- A minimum of fifty (50%) percent of the Board of Directors and senior management staff who are representative of the racial/ethnic, gender identity and sexual orientation characteristics of the populations served through this application;
- A minimum of fifty (50%) percent of direct service staff who are representative of the racial/ethnic, gender identity and sexual orientation characteristics of the populations served through this application; and
- Agencies that have experience delivering PrEP supportive services and have established collaborations with PrEP prescribers within the service delivery catchment area proposed in the application.

COMPONENT B

Preference will be given to applicants that demonstrate the following:

- A minimum of two (2) years of experience engaging the priority population of TGNC individuals, particularly TGNC individuals of color;
- A minimum of two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports;
- A minimum of fifty (50%) percent of the Board of Directors and senior management staff who are representative of the racial/ethnic, gender identity and sexual orientation characteristics of the populations served through this application;
- A minimum of fifty (50%) percent of direct service staff who are representative of the racial/ethnic, gender identity and sexual orientation characteristics of the populations served through this application;
- Organizations developed by and for Transgender and Gender Non-Conforming (TGNC) individuals and that have a demonstrated history of serving the priority population for a minimum of two (2) years; and
- Agencies that have experience: conducting linkage and navigation services for PrEP; delivering PrEP supportive services; and have established collaborations with PrEP prescribers within the service delivery catchment area proposed in the application.

COMPONENT C

Preference will be given to applicants that demonstrate the following:

- A minimum of two (2) years of experience engaging women and young women within communities of color;
- A minimum of two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports;
- A minimum of fifty (50%) percent of the Board of Directors and senior management staff who are representative of the racial/ethnic, gender identity and sexual orientation characteristics of those served through this application;
- A minimum of fifty (50%) percent of direct service staff who are representative of the racial/ethnic, gender identity and sexual orientation characteristics of those served through this application; and
- Agencies that have experience delivering PrEP supportive services and have established collaborations with PrEP prescribers within the service delivery catchment area proposed in the application.

COMPONENT D

Preference will be given to applicants that demonstrate the following:

- A minimum of two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports; and
- A minimum of two (2) years of experience of providing hotline and social media outreach in New York State.

COMPONENT E

Preference will be given to applicants that demonstrate the following:

- A minimum of two (2) years of experience engaging the priority population of LGBT individuals, particularly within communities of color;
- A minimum of two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports;
- A minimum of fifty (50%) percent of the Board of Directors and senior management staff who are representative of the racial/ethnic, gender identity and sexual orientation characteristics of those served through this application;
- A minimum of fifty (50%) percent of direct service staff who are representative of the racial/ethnic, gender identity and sexual orientation characteristics of those served through this application;
- A minimum of five (5) years of experience delivering culturally responsive anti-violence and post-victimization services to LGBT communities, particularly within communities of color; and
- A minimum of two (2) years of experience in the provision of LGBT sensitivity training to medical and/or social service providers.

COMPONENT F

Preference will be given to applicants that demonstrate the following:

- A minimum of five (5) years of experience providing capacity building with a focus on the priority population of Program Model selected;
- The ability to implement a statewide program with a regional approach to training/technical assistance and capacity building; and
- A minimum of two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports.

III. PROGRAM MODELS

A. Program Model Descriptions

COMPONENT A

HIV/STD/HCV Prevention and Related Services for Men and HIV Positive Men within Communities of Color

This component supports a high impact approach to prevention efforts. Funding will support programs that provide a comprehensive range of HIV/STD/HCV prevention interventions and related services to men and HIV positive men within communities of color (e.g., Hispanic/Latino, Black/African American, Asian American/Native Hawaiian/Other Pacific Islander and American Indian/Alaska Native) with an emphasis on epicenters of the epidemic. The overall goals are to:

- Prevent new HIV/STD/HCV infections;
- Increase HIV/STD/HCV testing and screening services;
- Increase the number of men who know their HIV/STD/HCV status;
- Identify HIV/STD/HCV infected individuals and ensure access to early, high-quality medical care and prevention services;
- Increase access to comprehensive sexual health information;
- Facilitate access to prevention services with an emphasis on linkage to PrEP and PEP support services;
- Facilitate access to essential supportive services;
- Support persons living with HIV in maintaining successful HIV treatment to improve their overall health and prevent the transmission of HIV to their sexual partners; and
- Increase social support, reduce social isolation and increase self-esteem for men and HIV positive men.

Priority Populations:

The priority population of this component is men and HIV positive men within communities of color including but not limited to the following:

- Gay men;
- Bisexual men;
- Men who have sex with men;
- Heterosexual men;
- Users of substances;
- Men who have been diagnosed with STDs and/or HCV;
- Men who engage in transactional sex;
- Men with a recent history of incarceration or other forms of institutionalization;
- Men who are homeless or unstably housed;
- Men in sexual relationships with partners whose status is unknown or who are in sero-discordant relationships; and

- HIV positive men.

Applicants are expected to:

- Conduct client recruitment and engagement;
- Integrate direct provision of HIV testing;
- Integrate direct provision or documented referrals to STD and HCV screening;
- Establish, build, and/or maintain collaboration agreements (e.g., memorandums of understanding, memorandums of agreement, service agreements) with other community based organizations and medical providers to ensure delivery of comprehensive services across the care continuum (Please refer to **Attachment 2** – AIDS Institute's Cross Sector Collaborations Requirements);
- Provide appropriate access to PrEP and PEP;
- Support persons living with HIV in maintaining their treatment regimen in order to improve their overall health outcomes and prevent transmission of HIV to their sexual partners; and
- Incorporate condom promotion, education and distribution into all funded program activities.

Program Models *(Choose ONE model):*

Applicants are required to select one (1) of the program models described below. The program model will serve as the foundation for the delivery of services. Applicants should select the program model that best addresses the unmet needs of the priority population and which will most effectively be integrated into the applicant's continuum of services.

Component A – Program Model 1:

1) Direct provision of HIV testing with linkage to prevention and HIV medical care services and partner services;
2) Direct provision of STD testing and HCV screening;
3) Linkage and navigation services for men and HIV positive men within communities of color; and
4) Implement at least one of the following: a high impact prevention public health strategy (i.e., ARTAS, Social Network Strategy for HIV Testing, Testing Together); an EBI; formalized PrEP support program; and/or locally developed interventions that:
    i. Support access to HIV testing, STD and HCV screening and linkage and navigation services, with an emphasis on access to PrEP/PEP and PrEP support services; or
    ii. Increase social support, reduce social isolation and increase self-esteem for men and HIV positive men.

Component A – Program Model 2:

1) Direct provision of HIV testing with linkage to prevention and HIV care services;
2) Documented referral to STD and HCV screening;
3) Linkage and navigation services for men and HIV positive men within communities of color; and

4) Implement at least one of the following: a high impact prevention public health strategy (i.e., ARTAS, Social Network Strategy for HIV Testing, Testing Together); an EBI; formalized PrEP support program; and/or locally developed interventions that:
    i. Support access to HIV testing, STD and HCV screening, and linkage and navigation services with an emphasis on access to PrEP/PEP and PrEP support services; or
    ii. Increase social support, reduce social isolation and increase self-esteem for men and HIV positive men.

This RFA does not support the direct provision of routine HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.

Direct provision of STD screening is limited to healthcare providers and non-healthcare providers who have at least two (2) years of experience successfully providing this service. An exception to this requirement may be considered for organizations that want to expand their STD screening services to include syphilis serology and/or extra-genital Nucleic Acid Amplification Testing (NAAT) with necessary case confirmation and treatment protocols in place.

Minimum Service Targets– Component A

Annual service targets and the minimum number of newly diagnosed HIV infections are based on the geographical region supported by local epidemiologic and surveillance data. Regardless of the Program Model chosen; the minimum annual number of newly diagnosed HIV positive infections from a *testing encounter*; the minimum annual number of HIV negative and HIV positive clients enrolled in *linkage and navigation services*; and the minimum annual number of unduplicated clients enrolled in a *high impact prevention public health strategy, evidence based behavioral intervention and/or locally developed interventions* per region are outlined in the chart below. The minimum annual number of unduplicated clients receiving STD testing and HCV screening is restricted to applicants selecting Program Model 1. **The applicant is required to meet the annual minimum service targets. Applicants may propose a number above the annual minimum targets.**

The priority population for this component is men and HIV positive men within communities of color. Service targets are specific to the priority population. **Serving individuals outside of the priority population will not count towards minimum program service targets.**

Minimum Service Targets for Component A - Program Model Interventions

Region	HIV Testing		Linkage and Navigation Services		High Impact Prevention Public Health Strategy, Evidence Based Intervention, and/or Locally Developed Interventions	Direct Provision of or Documented Referral to STD and HCV Screening
	Minimum Number of Newly Diagnosed Infections Annually	Minimum Number of HIV Tests Conducted Annually	Minimum Number of HIV Negative Clients Enrolled Annually	Minimum Number of HIV positive Clients Enrolled Annually	Minimum Number of Unduplicated Clients Annually	Minimum Number of Unduplicated Clients Annually
Central New York	2	100	45	11	30	150
Long Island	3	150	45	11	30	175
Hudson Valley	3	150	45	11	30	175
New York City: Brooklyn	4	200	60	15	30	200
New York City: Bronx	4	200	60	15	30	200
New York City: Manhattan	4	200	60	15	30	200
New York City: Queens	4	200	60	15	30	200
New York City: Staten Island	4	200	60	15	30	200
Northeastern New York	2	100	40	10	30	150
Southern Tier	2	100	40	10	30	150
Finger Lakes	3	150	45	11	30	175
Western New York	4	200	60	15	30	200

Applicants should serve a minimum of 230 - 300 unduplicated clients through all funded program services. Minimum number of unduplicated clients served vary by region.

Scope of Services – Component A

This section details the scope of services required for the interventions comprising each program model supported in Component A.

HIV Testing *(Program Models 1 and 2)*

Applicants are expected to reach men who are unaware of their infection status. **This RFA does not support the direct provision of routine HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.** Fourth Generation HIV AG/AB rapid test is now available and is recommended by NYSDOH. Third Generation tests using blood samples may be used if Fourth Generation testing is not practicable. Due to its decreased sensitivity to detect HIV infection, **oral fluid HIV testing will not be supported through this RFA.** Targeted HIV testing should occur in a variety of settings most effective in identifying members of the priority population with undiagnosed HIV infection. Examples include, but are not limited to: onsite testing within the organization; venue-based testing; and/or mobile testing/field testing. All applicants will be required to adhere to **Attachment 3** – AIDS Institute's Targeted HIV Testing Requirements.

STD and HCV Screening *(Program Model 1)*

Because untreated STDs can facilitate the transmission of HIV, STD screening and treatment are important tools in HIV prevention. Since many persons who are HIV positive or at risk for HIV are also at risk for hepatitis, education regarding hepatitis transmission and prevention, hepatitis C risk reduction strategies, healthy liver messages and information about hepatitis A and B vaccination should also be addressed. All applicants directly providing STD testing and HCV screening will be required to adhere to **Attachment 4** – AIDS Institute's STD/HCV Screening Requirements.

Linkage and Navigation Services *(Program Models 1 and 2)*

Linkage and navigation is a process of service delivery to help a person obtain timely, essential and appropriate HIV-related medical and social services to optimize his or her health and prevent HIV transmission and acquisition. Navigation includes linking persons to health care systems, assisting with access to health insurance and transportation, identifying and reducing barriers to care and tailoring health education to the client to influence his or her health-related attitudes and behaviors.

Pre-Exposure Prophylaxis (PrEP) *(Program Models 1 and 2)*

PrEP is an HIV prevention intervention in which HIV negative individuals take antiretroviral medication to lower their chances of acquiring HIV. Providing PrEP has been identified as one of the core strategies in the Governor's three-point plan to reduce the number of persons living with HIV in NYS to sub-epidemic levels by the end of 2020. A complete list of persons who may benefit from PrEP is included in the NYSDOH PrEP Guidance Document available at https://www.hivguidelines.org/.

Applicants are required to raise awareness about this biomedical HIV prevention tool, educate their clients about PrEP, screen and assess the priority population for PrEP and link appropriate clients to medical providers for PrEP assessment and possible PrEP initiation. Programming to educate individuals about PrEP should be integrated into the interventions and activities being proposed. Referrals should be provided to the NYS PrEP Assistance Program as appropriate: http://www.health.ny.gov/diseases/aids/general/resources/adap/prep.htm.

Post-Exposure Prophylaxis (PEP) *(Program Models 1 and 2)*

Post-exposure Prophylaxis (PEP) is used for anyone who may have been exposed to HIV during a single event. It is not the right choice for people who may be exposed to HIV frequently. Applicants should detail the process for assuring that individuals who have been exposed to HIV are referred for PEP services. In addition, clients should be made aware that they can seek out PEP within 36 hours of unprotected sex. Decisions regarding initiation of PEP beyond 36 hours post exposure should be made by the clinician in conjunction with the patient.

High Impact Prevention Public Health Strategy, Evidence Based Behavioral Interventions, and/or Locally Developed Interventions *(Program Models 1 and 2)*

Select public health strategies, evidence based behavioral interventions, and/or locally developed interventions will be supported through this RFA. Strategies, and/or interventions should be designed to support access to HIV testing, STD and HCV screening, and linkage and navigation services; address barriers to HIV/STD/HCV prevention (stigma, discrimination, and other social, economic and structural issues) that increase vulnerability to HIV/STD/HCV and come between clients and the care they need; or increase social support, reduce social isolation, and increase self-esteem for men and HIV positive men. The High Impact Prevention Public Health Strategies supported in this RFA are: ARTAS, Social Network Strategy for HIV Testing and Testing Together.

Applicants choosing to implement an evidence based behavioral intervention should select a behavioral intervention that is proven effective with the priority population. Applicants can also propose locally developed interventions that are known to be effective with the priority population. Locally developed interventions are interventions the agency has developed that have not yet undergone rigorous evaluation to prove their success, but nevertheless have strong indication of being effective with the priority population.

Applicants proposing to implement non-CDC supported interventions should describe how ongoing training and support will be provided for staff implementing the intervention. All locally developed activities and interventions should adhere to the AIDS Institute's 15 Common Factors of Effective Interventions. Applicants are required to complete **Attachment 5 -** AIDS Institute Locally Developed Intervention(s). Applicants proposing to implement locally developed activities and interventions should indicate why the interventions are appropriate for the priority population and demonstrate how they will evaluate their impact.

Pre-exposure Prophylaxis (PrEP) Support Program *(Program Models 1 and 2)*

Applicants proposing a formalized PrEP support program are required to implement the following minimum activities:

- Utilize internal and external resources to identify potential clients for PrEP;

- Screen potential clients for eligibility and link interested and eligible clients to a medical provider who prescribes PrEP with referrals to the NYS PrEP Assistance Program as appropriate: http://www.health.ny.gov/diseases/aids/general/resources/adap/prep.htm;
- Work with clients to develop PrEP readiness;
- Work with the medical provider to provide supportive services as part of a comprehensive prevention plan that includes routine HIV and STD testing, risk reduction and adherence counseling, and education on condom use and safer sex practices; and
- Participation in data collection/monitoring and evaluation activities as specified by the AIDS Institute.

COMPONENT B

Comprehensive HIV/STD/HCV Prevention and Services for Transgender and Gender Non-Conforming (TGNC) Individuals particularly in Communities of Color

This component supports a high impact approach to prevention efforts. Funding will support programs that provide a comprehensive range of HIV/STD/HCV prevention interventions and related services to Transgender and Gender Non-Conforming individuals, particularly within communities of color (e.g., Hispanic/Latino, Black/African American, Asian American/Native Hawaiian/Other Pacific Islander, and American Indian/Alaska Native) with an emphasis on epicenters of the epidemic. The overall goals are to:

- Prevent new HIV/STD/HCV infections;
- Increase HIV/STD/HCV testing and screening services;
- Increase the number of TGNC individuals who know their HIV/STD/HCV status;
- Identify HIV/STD/HCV infected individuals and ensure access to early, high-quality medical care and prevention services;
- Increase access to comprehensive sexual health information;
- Facilitate access to prevention services with an emphasis on linkage to PrEP and PEP support services;
- Facilitate access to essential supportive services;
- Support persons living with HIV in maintaining successful HIV treatment to improve their overall health and prevent the transmission of HIV to their sexual partners; and
- Increase social support, reduce social isolation and increase self-esteem for TGNC individuals.

Priority Populations:

The priority population for this component includes:

- Transgender women and men;
- Transgender young people and seniors; and
- Gender non-conforming people of all ages.

Applicants are expected to:

- Conduct client recruitment and engagement;
- Integrate direct provision of HIV testing;
- Integrate direct provision or documented referrals to STD and HCV screening;

- Establish, build, and/or maintain collaboration agreements (e.g., memorandum of understanding, memorandum of agreement, service agreements) with other community based organizations and medical providers to ensure delivery of comprehensive services across the care continuum (Please refer to **Attachment 2** – AIDS Institute's Cross Sector Collaborations Requirements);
- Provide appropriate access to PrEP and PEP;
- Support persons living with HIV in maintaining their treatment regimen in order to improve their overall health outcomes and prevent transmission of HIV to their sexual partners; and
- Incorporate condom promotion, education and distribution into all funded program activities.

Program Models (***Choose ONE model***):

Applicants are required to select one (1) of the program models described below. The program model will serve as the foundation for the delivery of services. Applicants should select the program model that best addresses the unmet needs of the priority population and which will most effectively be integrated into the applicant's continuum of services.

Component B – Program Model 1:

1) Direct provision of HIV testing with linkage to prevention and HIV medical care services and partner services;
2) Direct provision ***or*** documented referral to STD and HCV screening;
3) One (1) TGNC culturally responsive/sensitive/affirming intervention: select from prevention/supportive intervention; high impact prevention public health strategy; an EBI and/or locally developed interventions or a formalized PrEP support program; and
4) Linkage and navigation services for HIV positive and TGNC individuals.

Component B – Program Model 2:

1) Documented referral to HIV testing and STD and HCV screening;
2) Two (2) TGNC culturally responsive/sensitive/affirming interventions: select from prevention/supportive interventions; high impact prevention public health strategies; EBI's and/or locally developed interventions or a formalized PrEP support programs; and
3) Linkage and navigation services for HIV positive and TGNC individuals.

Notes: In addition, a formalized peer training program may be substituted for one (1) EBI.

This RFA does not support the direct provision of routine HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.

Direct provision of STD screening is limited to healthcare providers and non-healthcare providers who have at least two (2) years of experience successfully providing this service. An exception to this requirement may be considered for organizations that want to expand their STD screening services to include syphilis serology and/or extra-genital Nucleic Acid Amplification Testing (NAAT) with necessary case confirmation and treatment protocols in place.

Minimum Service Targets – Component B

The applicant is required to meet the annual minimum service targets. Applicants may propose a number above the annual minimum targets.

The priority population for this component is TGNC individuals who are HIV positive and TGNC individuals, particularly in Communities of Color. Service targets are specific to that population only. Serving individuals outside of this population will not count towards minimum program service targets. Applicants are required to serve a minimum of **60 percent** or more clients from communities of color.

Minimum Service Targets for Component B - Program Model Interventions

Intervention	Annual Service Targets	Clarification(s)
HIV Testing	**100** unduplicated clients	An annual service target of 3 newly diagnosed individuals applies for NYC. An annual service target of 2 newly diagnosed individuals applies to all areas outside of NYC.
STD and/or HCV Screening	**100** unduplicated clients	
Linkage and Navigation Services	**40** unduplicated clients	A minimum of 25% of clients served should be HIV positive.
Prevention/Supportive Intervention, High Impact Prevention Public Health Strategy, Evidence Based Behavioral Intervention, and/or Locally Developed Interventions	A minimum of **100** unduplicated clients annually	A minimum of 25% of clients served should be HIV positive.
Notes: Clients served are required to be unduplicated within interventions but not between interventions. For example, the same client can participate in multiple activities (e.g. the same 100 clients could be HIV tested and tested for STDs) and may also participate in a prevention/supportive intervention, high impact prevention public health strategy, evidence based behavioral intervention or locally developed intervention. Funding level is based on the total number of unduplicated clients served through all interventions in the program model.		

Applicants should serve a minimum of 100 unduplicated clients through all funded program services. Minimum number of unduplicated clients served vary by region.

Scope of Services – Component B

This section details the scope of services required for the interventions comprising each program model supported in Component B.

HIV Testing

Direct Provision of HIV Testing *(Program Model 1)*

Applicants are expected to reach TGNC individuals who are unaware of their infection status. **This RFA does not support the direct provision of routine HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.** Fourth generation HIV AG/AB rapid test is now available and is recommended by NYSDOH. Third Generation tests using blood samples may be used if Fourth Generation testing is not practicable. Due to its decreased sensitivity to detect HIV infection, **oral fluid HIV testing will not be supported through this RFA.** Targeted HIV testing should occur in a variety of settings most effective in identifying members of the priority population with undiagnosed HIV infection. Examples include, but are not limited to: onsite testing within the organization; venue-based testing; and/or mobile testing/field testing. All applicants will be required to adhere to **Attachment 3 –** AIDS Institute's Targeted HIV Testing Requirements.

HIV Testing Through a Paid Sub-Contractor *(Program Model 1)*

Applicants may provide HIV testing through a paid subcontract with another agency. Testing services that are subcontracted are required to be demonstrated through a working relationship (contract/service agreement are requirement of the application) that describes the primary funded agency's responsibilities for collecting client level data, including the reporting of results regarding HIV testing to the AIDS Institute. The contract/service agreement is required to describe the subcontracting agency's demonstrated experience working with the priority population and the mechanisms that will be utilized for data submission and reporting program strategies and activities to the lead agency.

HIV Testing through Linkage Agreements *(Program Model 2)*

Applicants that propose to provide HIV testing through a linkage agreement are expected to have documented working relationships with agencies that provide these services at the time of engagement with the priority population. Memorandum of Understandings (MOUs)/Linkage Agreements should specify how clients will be directly linked to testing services and how the applicant agency will obtain results regarding the outcome of the linkage. Applicants are required to be able to document that the referred clients receive HIV testing and obtain test results.

STD and HCV Screening *(Program Models 1 and 2)*

Because untreated STDs can facilitate the transmission of HIV, STD screening and treatment are important tools in HIV prevention. Since many persons who are HIV positive or at risk for HIV are also at risk for hepatitis, education regarding hepatitis transmission and prevention, hepatitis C risk reduction strategies, healthy liver messages and information about hepatitis A and B

vaccination should also be addressed. All applicants directly providing STD testing and HCV screening will be required to adhere to **Attachment 4** – AIDS Institute's STD/HCV Screening Requirements.

Linkage and Navigation Services *(Program Models 1 and 2)*

Linkage and navigation is a process of service delivery to help a person obtain timely, essential and appropriate HIV-related medical and social services to optimize his or her health and prevent HIV transmission and acquisition. Navigation includes linking persons to health care systems, assisting with access to health insurance and transportation, identifying and reducing barriers to care, and tailoring health education to the client to influence his or her health-related attitudes and behaviors.

Pre-Exposure Prophylaxis (PrEP) *(Program Models 1 and 2)*

PrEP is an HIV prevention intervention in which HIV negative individuals take antiretroviral medication to lower their chances of acquiring HIV. Providing PrEP has been identified as one of the core strategies in the Governor's three-point plan to reduce the number of persons living with HIV in NYS to sub-epidemic levels by the end of 2020. A complete list of persons who may benefit from PrEP is included in the NYSDOH PrEP Guidance Document available at https://www.hivguidelines.org/.

Applicants are required to raise awareness about this biomedical HIV prevention tool, educate their clients about PrEP, screen and assess the TGNC individuals for PrEP and link appropriate clients to medical providers for PrEP assessment and possible PrEP initiation. Programming to educate individuals about PrEP should be integrated into the interventions and activities being proposed. Referrals should be provided to the NYS PrEP Assistance Program as appropriate: http://www.health.ny.gov/diseases/aids/general/resources/adap/prep.htm.

Post-Exposure Prophylaxis (PEP) *(Program Models 1 and 2)*

Post-exposure Prophylaxis (PEP) is used for anyone who may have been exposed to HIV during a single event. It is not the right choice for people who may be exposed to HIV frequently. Applicants should detail the process for assuring that individuals who have been exposed to HIV are referred for PEP services. In addition, clients should be made aware that they can seek out PEP within 36 hours of unprotected sex. Decisions regarding initiation of PEP beyond 36 hours post exposure should be made by the clinician in conjunction with the patient.

High Impact Prevention, Locally Developed, and Prevention/Supportive Interventions *(Program Models 1 and 2)*

Applicants proposing Program Model 1 are required to select a minimum of <u>one</u> intervention
Applicants proposing Program Model 2 are required to select a minimum of <u>two</u> interventions

Select public health strategies, EBIs, and/or locally developed interventions will be supported through this RFA. Strategies, activities, and/or interventions should be designed to support the following:

- Access to HIV testing, STD and HCV screening, and linkage and navigation services;

- Address barriers to HIV/STD/HCV prevention (stigma, discrimination, and other social, economic and structural issues) that increase vulnerability to HIV/STD/HCV and come between clients and the care they need; or
- Increase social support, reduce social isolation, and increase self-esteem for TGNC individuals.

Applicants choosing to implement an evidence based behavioral intervention should select a behavioral intervention that is proven effective with the priority population. However, very few interventions have been specifically developed for TGNC individuals. Intervention selection should be appropriate and specific to the age group being served.

Applicants can also propose locally developed interventions that are known to be effective with the priority population. Locally developed interventions are interventions the agency has developed that have not yet undergone rigorous evaluation to prove their success, but nevertheless have strong indication of being effective with the priority population.

Applicants proposing to implement non-CDC supported interventions should describe how ongoing training and support will be provided for staff implementing the intervention. All locally developed activities and interventions should adhere to the AIDS Institute's 15 Common Factors of Effective Interventions. Applicants are required to complete **Attachment 5 -** AIDS Institute Locally Developed Intervention(s). Applicants proposing to implement locally developed activities and interventions should indicate why the interventions are appropriate for the priority population and demonstrate how it will evaluate their impact.

Prevention/Supportive Interventions

A variety of factors may influence high-risk behaviors as well as the ability for members of the priority population to be retained in care. Key social determinants of health such as economic stability, education, social and community factors, health care etc. should be considered when developing interventions that address the HIV related needs of TGNC individuals.

Applicants can propose innovative prevention interventions designed to provide support to HIV positive and TGNC individuals. All proposed interventions should support connection to HIV testing, STD and HCV screening, and linkage and navigation services with an emphasis on access to PrEP/PEP and PrEP support services; provide peer PrEP support services to support clients on PrEP, address barriers to HIV/STD/HCV prevention (stigma, discrimination, and other social, economic and structural issues) that increase vulnerability to HIV/STD/HCV and impede individuals from accessing needed services, and increase social support, reduce isolation and increase self-esteem for TGNC individuals.

Prevention/Supportive Interventions that will be supported in Component B:

- **Employment:** interventions that increase access to opportunities for employment, including related education and employment/workforce/vocational services for transgender and gender non-conforming people; job readiness services and employment workshops;
- **Education:** interventions that increase access to respectful, safer and TGNC-affirming educational opportunities;
- **Healthcare:** interventions that increase access to physical, sexual, mental and behavioral

healthcare that is regionally accessible, affordable, and delivered by staff that are both skilled in trans-specific care and provide services in a trans-affirming manner; and
- **Housing Navigation:** interventions that increase access to safe, quality, affordable and gender-affirming housing, and the supports necessary to maintain that housing.

Other prevention/supportive interventions may include but are not limited to:
- Behavioral screening and assessment;
- Counseling services provided by a licensed mental health professional;
- Opioid overdose prevention training and delivery;
- Support groups;
- Legal workshops/clinics; and
- Other innovative interventions that support initiative and program objectives.

Pre-exposure Prophylaxis (PrEP) Support Program

Applicants proposing a formalized PrEP support program are required to implement the following minimum activities:

- Utilize internal and external resources to identify potential clients for PrEP;
- Screen potential clients for eligibility and link interested and eligible clients to a medical provider who prescribes PrEP with referrals to the NYS PrEP Assistance Program as appropriate: http://www.health.ny.gov/diseases/aids/general/resources/adap/prep.htm
- Work with clients to develop PrEP readiness;
- Work with the medical provider to provide supportive services as part of a comprehensive prevention plan that includes routine HIV and STD testing, risk reduction and adherence counseling, and education on condom use and safer sex practices; and
- Participation in data collection/monitoring and evaluation activities as specified by the AIDS Institute.

Peer Services/Peer Training Program *(Optional)*

Peers may be utilized to implement all or some of the proposed activities within Program Models 1 or 2. The applicant may utilize existing peers, hire peers trained by another program/agency, or choose to implement a formalized peer training program.

Applicants may propose innovative peer services/training interventions that incorporate and emphasize TGNC mentoring and leadership development, and facilitate access to services. Applicants proposing to utilize peers in their program should describe the number of peers to be employed; the responsibilities and activities of the peers, including a description of the core program deliverables the peers will provide; how peers will be supervised to ensure program services are being conducted appropriately; and peer retention strategies, including incentives/compensation.

Applicants proposing to implement a **formalized peer training program** are required to meet the following requirements:
- A minimum of eight to ten (8-10) peers should be trained annually;
- A minimum of two (2) multi-session group peer training cycles should be conducted annually; and

- A structured peer training curriculum, which includes initial and on-going training of peers, should be followed (this may be a CDC supported EBI or a locally developed intervention).

Note: A formalized peer training program qualifies as an EBI.

COMPONENT C

Comprehensive HIV/STD/HCV Prevention and Related Services for Women and Young Women within Communities of Color

This component supports a high impact approach to prevention efforts. Funding will support programs that provide a comprehensive range of HIV/STD/HCV prevention interventions and related services to Women and Young Women within Communities of Color (e.g., Hispanic/Latino, Black/African American, Asian American/Native Hawaiian/Other Pacific Islander, and American Indian/Alaska Native) with an emphasis on epicenters of the epidemic. The overall goals are to:

- Prevent new HIV/STD/HCV infections;
- Increase HIV/STD/HCV testing and screening services;
- Increase the number of women and young women of color who know their HIV/STD/HCV status;
- Identify HIV/STD/HCV infected individuals and ensure access to early, high-quality medical care and prevention services;
- Increase access to comprehensive sexual health information;
- Facilitate access to prevention services with an emphasis on linkage to PrEP and PEP support services;
- Support persons living with HIV in maintaining successful HIV treatment to improve their overall health and prevent the transmission of HIV to their sexual partners; and
- Facilitate access to essential supportive services.

Priority Populations:

The priority population of this component are women and young women within communities of color, including but not limited to the following:

- Women and young women in sexual relationships with partners whose status is unknown, or who are in sero-discordant relationships;
- Partners of men who have sex with men (MSM);
- Women and young women with a history of trauma, sexual, emotional and physical abuse;
- Women and young women involved in sex work;
- Women and young women who have sex with women;
- Women and young women with a history of incarceration or other forms of institutionalization; and
- HIV positive women and young women.

Applicants are expected to:

- Conduct client recruitment and engagement;
- Integrate direct provision or linkages to STD and HCV screening;
- Establish, build, and/or maintain collaboration agreements (e.g., memorandum of understanding, memorandum of agreement, service agreements) with other community based organizations and medical providers to ensure delivery of comprehensive services across the care continuum (Please refer to **Attachment 2** – AIDS Institute's Cross Sector Collaborations Requirements);
- Provide appropriate access to PrEP and PEP; and incorporate condom promotion, education and distribution into all funded program activities;
- Support persons living with HIV in maintaining their treatment regimen in order to improve their overall health outcomes and prevent transmission of HIV to their sexual partners; and
- Incorporate condom promotion, education, and distribution into all funded program activities.

Program Models (*Choose ONE model*)

Applicants are required to select one (1) of the program models described below. The program model will serve as the foundation for the delivery of services. Applicants should select the program model that best addresses the unmet needs of the priority population and which will most effectively be integrated into the applicant's continuum of services.

Component C – Program Model 1:

1) Direct provision of HIV testing with linkage to prevention and HIV medical care services and partner services;
2) Direct provision ***or*** documented referral to STD and HCV screening;
3) One (1) culturally responsive/sensitive/affirming intervention: select from prevention/ supportive intervention; high impact prevention public health strategy; EBI; locally developed intervention, or formalized PrEP support program; and
4) Linkage and navigation services for HIV positive women and women within communities of color.

Component C – Program Model 2:

1) Linkage to on-site/co-located HIV testing provided by the applicant agency;
2) Direct provision or documented referral to STD and HCV screening;
3) Two (2) culturally responsive/sensitive/affirming interventions: select from prevention/supportive interventions; high impact public health strategies; evidence based behavioral interventions; locally developed interventions or formalized PrEP Support programs; and
4) Linkage and navigation services for HIV positive women and women within communities of color.

Notes: In addition, a formalized peer training program may be substituted for one (1) EBI.

This RFA does not support the direct provision of routine HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.

Direct provision of STD screening is limited to healthcare providers and non-healthcare providers who have at least two (2) years of experience successfully providing this service. An exception to this requirement may be considered for organizations that want to expand their STD screening services to include syphilis serology and/or Extra-Genital Nucleic Acid Amplification Testing (NAAT) with necessary case confirmation and treatment protocols in place.

Minimum Service Targets – Component C

Annual service targets and minimum number of newly diagnosed HIV infections are based on geographical region supported by local epidemiologic and surveillance data. Regardless of the program model chosen; the minimum annual number of newly diagnosed HIV positive infections from a *testing encounter*; the minimum annual number of HIV negative and HIV positive clients enrolled in *linkage and navigation services*; and the minimum annual number of unduplicated clients enrolled in a *high impact prevention public health strategy, evidence based behavioral intervention and/or locally developed interventions* per region are outlined in the chart below. **The applicant is required to meet the annual minimum service targets. Applicants may propose a number above the annual minimum targets.**

The priority population for this component women and young women within communities of color. Service targets are specific to that population only. Serving individuals outside of this population will not count towards minimum program service targets.

Intervention	Annual Service Targets	Clarification(s)
HIV Testing	**150** unduplicated clients	An annual service target of 3 newly diagnosed individuals applies for NYC. An annual service target of 2 newly diagnosed individuals applies to all areas outside of NYC.
STD and/or HCV Screening	**100** unduplicated clients	
Linkage and Navigation Services	**60** unduplicated clients	A minimum of 25% of clients served should be HIV positive.
Prevention/Supportive Intervention, High Impact Prevention Public Health Strategy, Evidence Based Behavioral Intervention, and/or Locally Developed	A minimum of **150** unduplicated clients annually	A minimum of 25% of clients served should be HIV positive.

Interventions		

Notes: Clients served are required to be unduplicated within interventions but not between interventions. For example, the same client can participate in multiple activities (e.g. the same 150 clients could be HIV tested and tested for STDs) and may also participate in a prevention/supportive intervention, high impact public health strategy, or evidence based behavioral intervention, or locally developed intervention. Funding level is based on the total number of unduplicated clients served through all interventions in the program model.

Applicants should serve a minimum of 50-100 unduplicated clients through all funded program services. Minimum number of unduplicated clients served vary by region.

Scope of Services – Component C

This section details the scope of services required for the interventions comprising each program model supported in Component C.

HIV Testing

Direct Provision of HIV Testing *(Program Model 1)*
Applicants are expected to reach women who are unaware of their infection status. **This RFA does not support the direct provision of routine HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.** Fourth generation HIV AG/AB rapid test is now available and is recommended by NYSDOH. Third Generation tests using blood samples may be used if Fourth Generation testing is not practicable. Due to its decreased sensitivity to detect HIV infection, **oral fluid HIV testing will not be supported through this RFA.** Targeted HIV testing should occur in a variety of settings most effective in identifying members of the priority population with undiagnosed HIV infection. Examples include, but are not limited to: onsite testing within the organization; venue-based testing; and/or mobile testing/field testing. All applicants will be required to adhere to **Attachment 3 –** AIDS Institute's Targeted HIV Testing Requirements.

HIV Testing Through a Paid Sub-Contractor *(Program Model 1)*
Applicants may provide HIV testing through a paid subcontract with another agency. Testing services that are subcontracted are required to be demonstrated through a working relationship (contract/service agreements are requirements of the application) that describes the primary funded agency's responsibilities for collecting client level data, including the reporting of results regarding HIV testing to the AIDS Institute. The contract/service agreement is required to describe the subcontracting agency's demonstrated experience working with the priority population and the mechanisms that will be utilized for data submission and reporting program strategies and activities to the lead agency.

HIV Testing through Linkage to on-site/co-located HIV testing provided by the applicant agency *(Program Model 2)*
Applicants may propose to provide HIV testing via a documented referral to on-site/co-located HIV testing within their own agency. Applicants will be required to document that the referred clients received HIV testing and obtained test results.

STD and HCV Screening *(Program Models 1 and 2)*
Because untreated STDs can facilitate the transmission of HIV, STD screening and treatment are important tools in HIV prevention. Since many persons who are HIV positive or at risk for HIV are also at risk for hepatitis, education regarding hepatitis transmission and prevention, hepatitis C risk reduction strategies, healthy liver messages and information about hepatitis A and B vaccination should also be addressed. All applicants directly providing STD testing and HCV screening will be required to adhere to **Attachment 4** – AIDS Institute's STD/HCV Screening Requirements

Linkage and Navigation Services *(Program Models 1 and 2)*
Linkage and Navigation Services is a process of service delivery to help a person obtain timely, essential and appropriate HIV-related medical and social services to optimize his or her health and prevent HIV transmission and acquisition. Navigation includes linking persons to health care systems, assisting with access to health insurance and transportation, identifying and reducing barriers to care, and tailoring health education to the client to influence his or her health-related attitudes and behaviors.

Pre-Exposure Prophylaxis (PrEP) *(Program Models 1 and 2)*
PrEP is an HIV prevention intervention in which HIV negative individuals take antiretroviral medication to lower their chances of acquiring HIV. Providing PrEP to persons has been identified as one of the core strategies in the Governor's three-point plan to reduce the number of persons living with HIV in NYS to sub-epidemic levels by the end of 2020. A complete list of persons who may benefit from PrEP is included in the NYSDOH PrEP Guidance Document available at https://www.hivguidelines.org/.

Applicants are required to raise awareness about this biomedical HIV prevention tool, educate their clients about PrEP, screen and assess the priority population for PrEP and link appropriate clients to medical providers for PrEP assessment and possible PrEP initiation. Programming to educate individuals about PrEP should be integrated into the interventions and activities being proposed. Referrals should be provided to the NYS PrEP Assistance Program as appropriate: http://www.health.ny.gov/diseases/aids/general/resources/adap/prep.htm

Post-Exposure Prophylaxis (PEP) *(Program Models 1 and 2)*
Post-exposure Prophylaxis (PEP) is used for anyone who may have been exposed to HIV during a single event. It is not the right choice for people who may be exposed to HIV frequently. Applicants should detail the process for assuring that individuals who have been exposed to HIV are referred for PEP services. In addition, clients should be made aware that they can seek out PEP within 36 hours of unprotected sex. Decisions regarding initiation of PEP beyond 36 hours post exposure should be made by the clinician in conjunction with the patient.

High Impact Prevention Public Health Strategy, Evidence Based Behavioral Interventions, and/or Locally Developed Interventions *(Program Models 1 and 2)*

Applicants proposing Program Model 1 are required to select a minimum of <u>one</u> intervention. Applicants proposing Program Model 2 are required to select a minimum of <u>two</u> interventions.

Select public health strategies, evidence based behavioral interventions, and/or locally developed interventions will be supported through this RFA. More specifically, strategies, activities, and/or interventions should be designed to support access to HIV testing, STD and HCV screening, and

linkage and navigation services; address barriers to HIV/STD/HCV prevention (stigma, discrimination, and other social, economic and structural issues) that increase vulnerability to HIV/STD/HCV and come between clients and the care they need; or increase social support, reduce social isolation and increase self-esteem for women.

Applicants choosing to implement an evidence based behavioral intervention should select a behavioral intervention that is proven effective with the priority population. Applicants can also propose locally developed interventions that are known to be effective with the priority population. Locally developed interventions are interventions the agency has developed that have not yet undergone rigorous evaluation to prove their success, but nevertheless have strong indication of being effective with the priority population.

Applicants proposing to implement non-CDC supported interventions should describe how ongoing training and support will be provided for staff implementing the intervention. All locally developed activities and interventions should adhere to the AIDS Institute's 15 Common Factors of Effective Interventions. Applicants are required to complete **Attachment 5 -** AIDS Institute Locally Developed Intervention(s). Applicants proposing to implement locally developed activities and interventions should indicate why the interventions are appropriate for the priority population and demonstrate how they will evaluate their impact.

Prevention Supportive Interventions

A variety of factors may influence high-risk behaviors as well as the ability for members of the priority population to be retained in care. Key social determinants of health such as economic stability, education, social and community factors, health care etc. should be considered when developing interventions that address the HIV related needs of women and young women.

Applicants can propose innovative prevention interventions designed to provide support to women and young women. All proposed interventions should support connection to HIV testing, STD and HCV screening, and linkage and navigation services with an emphasis on access to PrEP/PEP and PrEP support services; provide peer PrEP support services to support clients on PrEP, address barriers to HIV/STD/HCV prevention (stigma, discrimination, and other social, economic and structural issues) that increase vulnerability to HIV/STD/HCV and impede individuals from accessing needed services, and increase social support, reduce isolation and increase self-esteem for women and young women.

- **Trauma informed interventions:** A significant number of women who are at high-risk for acquiring HIV or who are HIV positive are victims of violence and/or may have a history of childhood sexual abuse, rape or incest. Co-factors such as substance use and mental health issues may also be present, further emphasizing the importance of providing comprehensive and integrated trauma informed services.

  Applicants may propose trauma informed interventions that address the underlying mental health/issues needs that adversely impact coping skills, self-protective behaviors and decision making and link women to appropriate treatment and support services. The proposed interventions should support clients to become safer emotionally, physically and socially.

- **Comprehensive sexual health education for women particularly young women:**

Comprehensive sexual health education that is inclusive of age and developmentally appropriate; medically-accurate information on a broad set of topics related to sexuality; including human development, relationships, decision making, abstinence, contraception and disease prevention.

Proposed interventions should provide women with the tools to make informed decisions, build healthy relationships, stress the value of abstinence while also preparing them for when/if they become sexually active. Interventions should provide medically accurate information; encourage family communication about sexuality with parents/guardians; and teach young women the skills to make responsible decisions about sexuality.

- **Employment:** Programs may propose interventions that increase access to opportunities for employment, including related education and employment/workforce/vocational services for young women and women; job readiness services and employment workshops.

- **Education:** Programs may propose interventions that increase access to educational opportunities for women.

- **PrEP awareness campaign:** Raise awareness about PrEP as an HIV prevention option for women through the development of a regional PrEP campaign.

Other prevention/supportive interventions may include but are not limited to:

- Behavioral health screening and assessment;
- Counseling services provided by a licensed mental health professional;
- Opioid overdose prevention training and delivery;
- Support groups;
- Legal workshops/clinics; and
- Other innovative interventions that support initiative and program objectives.

Pre-exposure Prophylaxis (PrEP) Support Program
Applicants proposing a formalized PrEP support program are required to implement the following minimum activities:

- Utilize internal and external resources to identify potential clients for PrEP;
- Screen potential clients for eligibility and link interested and eligible clients to a medical provider who prescribes PrEP with referrals to the NYS PrEP Assistance Program as appropriate: http://www.health.ny.gov/diseases/aids/general/resources/adap/prep.htm;
- Work with clients to develop PrEP readiness;
- Work with the medical provider to provide supportive services as part of a comprehensive prevention plan that includes routine HIV and STD testing, risk reduction and adherence counseling, and education on condom use and safer sex practices; and
- Participation in data collection/monitoring and evaluation activities as specified by the AIDS Institute.

Peer Services/Peer Training Program *(Optional)*
Peers may be utilized to implement all or some of the proposed activities within Program Models 1 or 2. The applicant may utilize existing peers, hire peers trained by another program/agency,

or choose to implement a formalized peer training program.

Applicants may propose innovative peer services/training interventions that incorporate and emphasize mentoring and leadership development, and facilitate access to services. Applicants proposing to utilize peers in their program should describe the number of peers to be employed, the responsibilities and activities of the peers, including a description of the core program deliverables the peers will provide; how peers will be supervised to ensure program services are being conducted appropriately; and peer retention strategies, including incentives/compensation.

Applicants proposing to implement a **formalized peer training program** are required to meet the following requirements:

- A minimum of eight to ten (8-10) peers should be trained annually;
- A minimum of two (2) multi-session group peer training cycles should be conducted annually; and
- A structured peer training curriculum, which includes initial and on-going training of peers, should be followed (this may be a CDC supported EBI or a locally-developed intervention)

Note: A formalized peer training program qualifies as an evidence-based intervention.

COMPONENT D

NYS Hotline Services and Social Media Based Outreach for English and Spanish Speakers

This component supports a statewide hotline for English and Spanish speakers. Funding will support the operation of a **toll-free** telephone hotline and social media outreach services to provide information, referrals, and support services to residents of NYS. Applicants are expected to develop a mechanism to respond to telephone and social media inquiries and provide comprehensive HIV/STD/HCV information, LGBT health and wellness, drug user health information and serve as a referral source for information about prevention, support, and care services throughout NYS.

Funded applicants must ensure hotline services and social media based outreach activities are:

- Available in English and Spanish; and
- Offered at a minimum of 40 hours per week.

The overall goals are to:

- Provide clear, accurate and science-based information;
- Promote Drug User Health Services and provide referrals to Opioid Overdose Prevention Programs, Syringe Exchange and Expanded Syringe Access Programs (ESAP);
- Promote LGBT Health and Wellness;
- Facilitate access to early, high-quality medical care and essential support services; and
- Facilitate access to behavioral and biomedical prevention services including HIV testing, STD and HCV screening, effective behavioral interventions, PEP, PrEP, and Treatment as Prevention (TasP), referred to as Undetectable=Untransmittable, or U=U.

Funding allows for the provision of a toll-free statewide hotline and social media based outreach for English and Spanish speakers and supports the following:

- Mechanisms to receive and respond to telephone and social media inquiries in English and Spanish; and provide comprehensive information and referral source contacts for HIV/STD/HCV prevention, support, and care related services throughout NYS;
- Program staff who provide information and referral services and have knowledge of Ending the Epidemic Initiative goals, harm reduction strategies, PrEP and PEP interventions, and understand the ethnic/cultural norms that influence HIV risk; and
- Collaboration with State and local health departments, community based organizations, and medical providers to facilitate delivery of comprehensive Hotline Services and Social Media Based Outreach across the care continuum.

Program Model – Component D

1) Hotline Services and Social Media Outreach Promotion: promote Hotline Services and implement social media outreach activities.

   Hotline program promotion/marketing and caller engagement social media approaches supported with this funding include:

   - Conducting engagement events targeted to community based organizations and medical providers that seek to promote the hotline number and social media presence;
   - Establishing, building, and/or maintaining collaborative relationships with State and local health departments, community based organizations, and medical providers to facilitate hotline promotion and social media activities;
   - Distribution of hotline marketing materials, promote NYSDOH AIDS Institute HIV/STD/HCV, LGBT health and wellness, and drug user health-related educational campaigns and provide educational materials; and
   - Expanding audience reach via the use social media sites (e.g., Twitter, Facebook, Instagram) to advertise the hotline number and services as well as to promote community based activities led by partner agencies (e.g., post information about a health fair at a partner agency, etc.).

2) Provision of Information, Education, and Referral Services: educate and increase awareness about HIV/STD/HCV and related health topics and provide referrals to interventions and needed medical and support services.

   Information/resource sharing and referral approaches supported with this funding include:

   - Responding to telephone and social media inquiries and provide comprehensive HIV/STD/HCV information and referral source information for prevention, support, and care related services throughout NYS;
   - Providing individuals with accurate answers and reliable information in a friendly, non-threatening, non-judgmental manner;
   - Dedicating time to dialogue and increase the individual's knowledge, build health protective skills, promote prevention behaviors and provide support as appropriate;

- Providing referrals for all needed services and offer free printed materials to individuals on HIV/STD/HCV and other health related topics;
- Expanding audience reach via the use of social media sites (e.g., Twitter, Facebook, Instagram) to address misinformation, and provide credible, science-based health information regarding HIV/STD/HCV and other health related topics;
- Educating and providing facts via the use of use of social media sites to increase knowledge of HIV related topics such as HIV testing, PEP and PrEP access, TasP, U=U, syphilis and other STDs, LGBT health and wellness and drug user health; and
- Educating and raising public awareness via the use of use of social media sites to promote HIV/STD/HCV public health messaging and annual observances such as PrEP awareness/education during Pride month, STD Awareness month, National HIV Testing Day, World AIDS Day, etc.

3) Condom Promotion, Education, and Distribution: upon request, condoms and other safer sex supplies should be made available to the caller(s) at no cost. The Hotline Program is required to use social media sites (e.g., Twitter, Facebook, Instagram) to promote condom access and education.

Other Requirements for the Statewide Hotline and Social Media Based Outreach Program:

- Operate during hours and days that optimize opportunities for callers to receive clear, accurate/science based education and appropriate referrals on matters related to HIV/STD/HCV;
- Develop mechanisms to provide information to individuals who speak a language other than English or Spanish or are deaf and/or hearing impaired;
- Maintain informational and referral resource materials for use by hotline operators; and
- Provide training and on-going staff development for program staff.

COMPONENT E

Training and Technical Assistance on HIV-Related Violence Targeting LGBT Individuals

This component supports the provision of services that address the intersection of HIV/AIDS and HIV-related violence impacting the lives of infected and affected LGBT individuals, particularly LGBT individuals of color. The overall goals are to:

- Increase access to services for LGBT individuals who are victims of violence, victimization, hate, assault, and/or sexual intimate partner violence;
- Raise awareness of HIV-related violence;
- Increase provider skills and knowledge to provide culturally competent/sensitive services to LGBT populations; and
- Increase provider skills and knowledge to provide competent post-victimization services for LGBT individuals who have experienced violence.

Applicants are expected to:

- Conduct client recruitment and engagement;

- Integrate direct provision or linkages to HIV, STD and HCV screening;
- Establish, build, and/or maintain collaboration agreements (e.g., memorandum of understanding, memorandum of agreement, service agreements) with other community based organizations and medical providers to ensure delivery of comprehensive services across the care continuum (Please refer to **Attachment 2** – AIDS Institute's Cross Sector Collaborations Requirements);
- Provide appropriate access to PrEP and PEP; and
- Incorporate condom promotion, education and distribution into all funded program activities.

Scope of Services – Component E

This section details the scope of services required for the required interventions in Component E.

- Recruitment and engagement of LGBT individuals into violence and post-victimization related services/interventions;
- Provision of community education to raise awareness around the various forms of violence experienced by LGBT individuals;
- Navigation to crisis intervention and support services for LGBT victims of hate, assault and sexual intimate partner violence;
- Linkage and navigation services to HIV/STD/HCV testing, medical care, prevention/supportive services, PrEP and PEP and other needed services;
- Provider education and training on the provision of culturally responsive services to LGBT populations; and
- Provider education and training on the provision of competent post-victimization services for LGBT individuals who have experienced violence.

Client Recruitment/Engagement

Applicants are expected to propose innovative strategies to engage LGBT individuals in violence and post-victimization interventions and services. Applicants should describe client recruitment/engagement strategies that demonstrate access to the priority population and the ability to engage them in the proposed services. Applicants should describe how the selected strategies will engage the priority population, how immediate needs will be addressed and the messages and methods to be used to ensure a connection is made to funded services.

Anti-Violence Education and Training Interventions

At a minimum, activities should include:

- Provider education and training on the provision of culturally responsive services to LGBT populations, particularly within communities of color on issues specific to LGBT communities, e.g. creating safe environment for LGBT clients, offering effective referrals in the face of limited options, and working with clients who have strong feelings of internalized hatred and low self-esteem which hinder engagement in services;

- Provider education and training on the provision of competent post-victimization services for LGBT individuals who have experienced violence; and
- Provision of community education to raise awareness around the various forms of violence experienced by LGBT individuals. Activities should include a mechanism where people can share their own experiences on such issues as being the target of violence, experiencing intimate partner violence and/or being sexually assaulted.

Linkage and Navigation Services

This service involves facilitating navigation to crisis intervention and support services for LGBT victims of hate, assault and sexual intimate partner violence and the provision of linkage and navigation services to HIV/STD/HCV testing, medical care, prevention/supportive services, PrEP and PEP and other needed services.

Pre-Exposure Prophylaxis (PrEP)

PrEP is an HIV prevention intervention in which HIV negative individuals take antiretroviral medication to lower their chances of acquiring HIV. Providing PrEP has been identified as one of the core strategies in the Governor's three-point plan to reduce the number of persons living with HIV in NYS to sub-epidemic levels by the end of 2020. PrEP is recommended for individuals who do not regularly use condoms while having sex with partners who have unknown HIV status, are current or former injection drug users, and/or have partners who may be bisexual or engage in sex with other men. PrEP is also recommended for serodiscordant couples. In addition, PrEP is one of several options to protect an uninfected woman who has an HIV positive partner during conception and pregnancy. A complete list of persons who may benefit from PrEP is included in the NYSDOH PrEP Guidance Document available at https://www.hivguidelines.org/.

Applicants are required to raise awareness about this biomedical HIV prevention tool, educate their clients about PrEP, screen and assess the priority population for PrEP, and link appropriate clients to medical providers for PrEP assessment and possible PrEP initiation. Programming to educate LGBT individuals about PrEP should be integrated into the interventions and activities being proposed. Referrals should be provided to the NYS PrEP Assistance Program as appropriate: http://www.health.ny.gov/diseases/aids/general/resources/adap/prep.htm

Post-Exposure Prophylaxis (PEP)

Post-exposure Prophylaxis (PEP) is used for anyone who may have been exposed to HIV during a single event. It is not the right choice for people who may be exposed to HIV frequently. Applicants should detail the process for assuring that individuals who have been exposed to HIV are referred for PEP services. In addition, clients should be made aware that they can seek out PEP within 36 hours of unprotected sex. Decisions regarding initiation of PEP beyond 36 hours post exposure should be made by the clinician in conjunction with the patient.

COMPONENT F

Capacity Building for High Impact Prevention

This component supports the implementation of training and technical assistance activities. Meetings are an excellent mechanism for expanding and strengthening capacity, addressing social determinants of health (e.g., unemployment), socio-cultural issues, and promoting overall health and wellness in an open and safe environment. The overall goal is to improve the risk conditions and behaviors in a community by focusing on the priority population and the community as a whole rather than on individuals or small groups.

Program Models (*Choose ONE model*)

Applicants are required to select one (1) of the program models described below. The program model selected will serve as the foundation for the implementation of funded activities.

Component F - Program Model 1: Capacity Building for High Impact Prevention for Hispanic/Latino Gay Men/MSM

The NYSDOH AI seeks one organization to develop and coordinate two (2) Training/Technical Assistance meetings events to promote learning, foster cross sector collaboration and strengthen provider capacity to effectively serve Hispanic/Latino gay men/MSM.

Meetings will offer an opportunity for representatives from community based organizations (health and social services); academia; faith community; and state and local government to discuss innovative and technical approaches to address topics that intersect HIV prevention and care and impact Hispanic/Latino gay men/MSM, including health equity, the role of social justice in ending the HIV and HCV epidemics, core-competencies of HIV programming (e.g., PEP and PrEP access, HIV/STI care, linkage and navigation), data and policy and program sustainability.

Meetings should also promote/make available HIV testing and linkage to care (e.g. HIV primary care, PrEP prescriber) and offer information on combination prevention strategies, including PrEP, PEP, Treatment as Prevention (TasP), referred to as Undetectable=Untransmittable, or U=U and related referrals.

Meetings should include participation of community based organizations that deliver health and social services, referrals, or information regarding mental and behavioral health, access to primary care, health insurance enrollment, substance use, workforce development, immigration and other areas that contribute to overall wellness of this community.

In developing, coordinating and implementing the events, the selected applicant will:

- Work with existing coordinating and community planning bodies such as ETE regional committees, NY Links and New York Knows to plan, promote and implement events, share resources and learn from one another;
- Establish relationships with other organizations (e.g., academic, faith, health centers/hospitals, prevention and support services, immigration, substance use, mental health, housing, employment, etc.) and local health departments to address various

domains of wellness for Hispanic/Latino gay men/MSM and help identify innovative strategies to achieve collective impact;

- Include Hispanic/Latino gay men /MSM in the planning process to gain input on barriers and facilitators to seeking prevention/sexual health services and medical care;
- Foster a spirit of community partnership among members of the priority population (both HIV positive individuals and/or HIV negative) and the community based organizations who serve them to achieve both individual HIV prevention and care goals, and Ending the Epidemic goals;
- Enhance provider capacity to effectively serve Hispanic/Latino gay men/MSM and address cultural competency deficiencies that may prevent this community from accessing services such as PEP and PrEP, HIV testing, STD screening and HIV medical care/treatment;
- Make HIV testing, linkage to care, PEP and PrEP services, Partner Services and safer sex products available at events and ensure providers' commitment to reporting on service outputs. Services provided should be tailored and must not stigmatize or negatively judge members of the priority population, their gender identity, sexual orientation, sexual and drug-use behaviors and medical or social characteristics; and
- Use technology and social media platforms (e.g., Facebook, Twitter, YouTube, Grindr) to support event promotion, increase general awareness, provide accurate and science based education and address misinformation. The applicant should consider existing social media efforts to not duplicate but enhance awareness/education efforts. Applicants can develop their own campaign materials but are strongly encouraged to use existing campaign resources (with permission, as appropriate) such as those available from CDC, NYSDOH and NYC DOHMH and tailor them to meet the needs of the priority population and geographic area.

Component F - Program Model 2: Capacity Building for High Impact Prevention for African American and Latina/Hispanic Women

The NYSDOH AI seeks one organization to develop and coordinate two (2) Training/Technical Assistance meetings events to promote learning, foster cross sector collaboration and strengthen provider capacity to effectively serve African American and Latina/Hispanic Women.

Meetings will offer an opportunity for representatives from community based organizations (health and social services); academia; faith community, and state and local government to discuss innovative and technical approaches to address topics that intersect HIV prevention and care and impact African American and Latina/Hispanic women, including health equity, the role of social justice in ending the HIV and HCV epidemics, core-competencies of HIV programming (e.g., PEP and PrEP access, linkage and navigation), data and policy and program sustainability.

Meetings should also promote/make available HIV testing and linkage to care (e.g., reproductive health, PrEP prescriber) and offer information on combination prevention strategies, including PrEP, PEP, Treatment as Prevention (TasP), referred to as Undetectable=Untransmittable, or U=U, and related referrals.

Meetings should include participation of community based organizations that deliver health and social services, referrals, or information regarding mental and behavioral health, access to

primary care, health insurance enrollment, substance use, workforce development, immigration and other areas that contribute to overall wellness of this community.

In developing, coordinating and implementing the events, the selected applicant will:

- Work with existing coordinating and community planning bodies such as ETE regional committees, NY Links, New York Knows (New York City Department of Health and Mental Hygiene's-NYC DOHMH jurisdictional HIV testing initiative) to plan, promote and implement events, share resources and learn from one another;
- Establish relationships with other organizations (e.g., academic, faith, health centers/hospitals, prevention and support service, immigration, substance use, mental health, employment, etc.) and local health departments to address various domains of wellness for African American and Latina/Hispanic women and help identify innovative strategies to achieve collective impact;
- Include African American and Latina/Hispanic women in the planning process to gain input on barriers and facilitators to seeking prevention/sexual health services and medical care;
- Foster a spirit of community partnership among members of the priority population (both HIV positive individuals and/or HIV negative) and the community based organizations who serve them to achieve both individual HIV prevention and care goals and Ending the Epidemic goals;
- Enhance provider capacity to effectively serve African American and Latina/Hispanic women and address cultural competency deficiencies that may prevent this community from accessing services such as PEP and PrEP, HIV testing, STD screening and HIV medical care/treatment;
- Make HIV testing, linkage to care, PEP and PrEP services; Partner Services, and safer sex products available at events and ensure providers' commitment to reporting on service outputs. Services provided should be tailored and must not stigmatize or negatively judge members of the priority population, their gender identity, sexual orientation, sexual and drug-use behaviors, and medical or social characteristics; and
- Use technology and social media platforms (e.g., Facebook, Instagram, Pinterest) to support event promotion, increase general awareness, provide accurate and science based education, and address misinformation. The applicant should consider existing social media efforts to not duplicate, but enhance awareness/education efforts. Applicants can develop their own campaign, but are strongly encouraged to use existing resources (with permission, as appropriate) such as those available from CDC, NYSDOH and NYC DOHMH and tailor them to meet the needs of the priority population and geographic area.

B. Requirements for the Program

COMPONENTS A - F
All applicants selected for funding will be required to:

1. Adhere to Health Literacy Universal Precautions (https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html;
2. Adhere to all objectives, tasks and performance measures as listed in the **Work Plans;**
3. Adhere to AIDS Institute Division of HIV/STD/HCV Prevention Program Guidance/Program Models;
4. Collaborate with other organizations and medical providers funded by the NYSDOH AI that have an established history of working with and recruiting members of the priority population(s);
5. Submit educational materials to AIDS Institute Contract Manager for approvals from the AIDS Institute Materials Review Board;
6. Funded applicants should ensure that all efforts be informed by contextual factors such as culture, norms, stigma, discrimination, immigration, and health care disparities (e.g., unemployment) that increase vulnerability and contribute to the transmission of HIV/STD/HCV for the priority population; and
7. Effectively engage clients and provide high-quality services, a meaningful, trusting partnership should be developed between provider and client. Programs should be designed with an understanding of the differences that derive from language, culture, race/ethnicity, religion, age and developmental characteristics.

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the NYSDOH AI, Division of HIV/STD/HCV Prevention, Bureau of Community Based Services, Bureau of Special Populations and HRI. The Department and HRI are responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted via email to:

cocrfa@health.ny.gov

To the degree possible, each inquiry should cite the RFA component, 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 MWBE forms.

Questions of a technical nature can also be addressed in writing at the email address listed above.

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

All questions submitted should state **"COC RFA"** 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 DOH contact listed on the cover of this RFA.

- https://grantsreform.ny.gov/grantees

- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: https://grantsreform.ny.gov/youtube

- Grants Gateway Team Email: grantsgateway@its.ny.gov
  Phone: 518-474-5595
  Hours: Monday thru Friday 8am to 4:30pm
  (Application Completion, Policy, and Registration questions)

- Agate Technical Support Help Desk
  Phone: 1-800-820-1890
  Hours: Monday thru Friday 8am to 8pm
  Email: helpdesk@agatesoftware.com
  (Technical questions)

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 Department's public website at: http://www.health.ny.gov/funding/, the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and HRI's public website at: http://www.healthresearch.org/funding-opportunities.

Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted on or about the date identified on the cover sheet of this RFA.

C. Letter of Intent

Letters of intent are not a requirement of this RFA.

D. Applicant Conference

An applicant conference will not be held for this project.

E. How to File an Application

Applications must be submitted online via the 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 Reform website at the following web address: http://grantsreform.ny.gov/Grantees and select the "Grantee Quick Start Guide Applications" from the menu on the left. There is also a more detailed "Grantee User Guide" available on this page as well. Training webinars are also provided by the Grants Reform Team. Dates and times for webinar instruction can be located at the following web address: http://grantsreform.ny.gov/training-calendar.

To apply for this opportunity:

1. Log into the Grants Gateway as either a "Grantee" or "Grantee Contract Signatory".
2. Click on the "View Opportunities" button under "View Available Opportunities".
3. In the Search Criteria, enter the Grant Opportunity name "Communities of Color" and select the Department of Health as the Funding Agency.
4. Click on "Search" button to initiate the search.
5. Click on the name of the Grant Opportunity form 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 DOH and Grants Reform 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 Reform Team is available under Section IV.B of this RFA.

PLEASE NOTE: Although DOH and the Grants Reform 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 get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. 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.66 of the Grantee User Guide).
- Grantees 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.

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, hard copy or hand delivery.

F. Department of Health's and HRI's Reserved Rights

The Department of Health and HRI reserve the right to:

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

standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.

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

G. Term of Contract

Any State contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller. Any HRI contract resulting from this RFA will be effective only upon approval by HRI. **Refer to Attachment 6 –** General Terms and Conditions – Health Research Incorporated Contracts.

It is expected that NYS contracts resulting from this RFA will have the following multi-year time period: December 1, 2018 – November 30, 2023. Continued funding throughout this period is contingent upon availability of funding and state budget appropriations. DOH 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.

HRI funded contracts resulting from this RFA will be for 12-month terms. The anticipated start date of HRI contracts is December 1, 2018. However, depending on the funding source, the initial contract term could be for a shorter time period. HRI awards may be renewed for up to four (4) additional annual contract periods based on satisfactory performance and availability of funds. HRI reserves the right to revise the award amount as necessary due to changes in the

availability of funding.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed twenty-five (25) percent. Due to requirements of the federal funder, no advance payments will be allowed for HRI contracts resulting from this procurement.

2. The grant contractor will be required to submit monthly invoices and required reports of expenditures through the Grants Gateway to the State's designated payment office:

Fiscal Management Unit
Division of HIV/STD and Hepatitis C Prevention
New York State Department of Health, AIDS Institute
Empire State Plaza Station
P.O. Box 2055
Albany, NY 12220-2055

Grant 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. State and HRI contractors will be required to submit the following periodic reports:
    - A monthly narrative addressing program implementation, barriers and accomplishments.
    - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS). http://www.airsny.org/

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

package.

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

Applicants awarded Ryan White grant funding will be required to follow the guidance detailed in Ryan White Guidance for Part B Direct Service Contractors (**Attachment 7).**

Funds can only be used when there are no options for other reimbursement. Grant funding cannot be used to reimburse for services that are able to be billed to a third party (i.e., Medicaid, ADAP, PrEP-AP, private health insurance, Gilead patient assistance, co-pay assistance programs, etc.). A provider cannot use grant funds in lieu of billing for services to a third party.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") 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 DOH 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 DOH 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 30%.

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 15% for Minority-Owned Business Enterprises ("MBE") participation and 15% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified 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 DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH 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 in the upper right hand side of the webpage under "Search for Certified Firms" and accessed by clicking on the link entitled "MWBE Directory". Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 8** of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

a) If a Grantee fails to submit a MWBE Utilization Plan;
b) If a Grantee fails to submit a written remedy to a notice of deficiency;
c) If a Grantee fails to submit a request for waiver (if applicable); or
d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

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

J. Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: http://executiveorder38.ny.gov.

K. 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 include the Vendor Identification number on the application cover sheet. 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/issues_guidance.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.

L. Vendor Responsibility Questionnaire

The New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep system online at https://portal.osc.state.ny.us.

Vendors 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 ciohelpdesk@osc.state.ny.us.

Applicants should complete and submit **Attachment 9** (Vendor Responsibility Attestation).

M. Vendor Prequalification for Not-for-Profits

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 Reform 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 Reform 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 Reform Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the Division of Budget at the address provided in the 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 Reform Team at grantsreform@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.

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

N. General Specifications

1. By signing **Attachment 10 (**Application Cover Page) each applicant attests to its express authority to sign on behalf of the applicant. Complete and upload **Attachment 10** (Application Cover Page) to provide additional information. **Attachment 10** should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

2. Contractors will possess, at no cost to the State or HRI, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in **Attachment 10** (Application Cover Page) and uploaded in the Pre-Submission Uploads section of the online application.

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

5. Provisions Upon Default

   a. The services to be performed by the Applicant shall be at all times subject to the direction and control of 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 Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, HRI and the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

   c. If, in the judgment of the Department and HRI, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State and HRI, the Department and HRI 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 Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

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

V. COMPLETING THE APPLICATION

A. Application Format and Content

Refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: www.grantsreform.ny.gov/Grantees

Please respond to each of the following statements and questions. Your responses comprise your application. The maximum score value assigned to each section is an indication of the weight that section holds in relation to the overall application when your application is scored. 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.

COMPONENT A

Comprehensive HIV/STD/HCV Prevention and Related Services for Men and HIV Positive Men within Communities of Color

Application Format

1. Program Abstract	Not Scored	
2. Preference Factors	Maximum Additional:	5 Points
3. Community and Agency Description	Maximum Score:	25 points
4. Program Design and Implementation	Maximum Score:	55 points
5. Budgets and Justifications	Maximum Score:	20 points
6. Work Plan	Not Scored	
TOTAL		**105 points**

1. Program Abstract **Not Scored**

Applicants should provide a program abstract with the following information:

1a) Summarize the proposed program. Indicate the program model selected and briefly describe the program design, proposed services, and interventions/activities.

1b) What are the project goals and objectives?

1c) What is the geographic region to be served?

1d) Describe the priority population. Indicate the total number of unduplicated clients to be served in each program area.

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

2. Preference Factors **Maximum Additional: 5 Points**

Preference will be given to applicants that demonstrate the following:

2a) Provide information to demonstrate that your agency has a minimum of two (2) years of experience engaging HIV positive men and men within communities of color.

2b) Provide information to demonstrate that your agency has a minimum of two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports.

2c) Describe the composition of your agency's Board of Directors and senior management staff. Provide information to demonstrate that at least 50% of the Board of Directors and senior management staff are representative of the populations served through this component addressing aggregate race/ethnicity, gender identity and/or sexual orientation characteristics.

2d) Describe the composition of your agency's direct staff. Provide information to demonstrate that at least 50% of your agency's direct staff are representative of the populations served through this component addressing aggregate race/ethnicity, gender identity and/or sexual orientation characteristics.

2e) Provide information to demonstrate that the applicant has experience delivering PrEP supportive services and has established collaborations with PrEP prescribers within the service delivery catchment area proposed in the application.

3. Community and Agency Description **Maximum Score: 25 Points**

3a) Describe why your agency is qualified to implement the proposed program model. Describe your existing HIV/STD/HCV prevention related activities/services, highlighting those serving the priority population. State the length of time each service has been provided.

3b) Provide an estimate of the number of men of color and HIV positive men of color your organization has served for the past two (2) years. Provide the prevention related activities/services and delineate the number and percent of HIV negative individuals and HIV positive individuals from the priority population that received the service(s).

3c) Describe how your agency has created an affirming environment for men of color and HIV positive men of color. Provide evidence/information to support that your agency has a history providing ethnically/culturally competent and language appropriate affirming/responsive services. Responses should address the following areas: staff recruitment, staff training, client services, development of agency and program policies and procedures.

3d) Provide information to demonstrate the agency's understanding of the social and cultural norms of the priority population. Provide information to demonstrate that your agency/program and staff has the capacity to work with populations and cultures that fall outside that of the dominate agency culture. Provide evidence to demonstrate that the applicant has developed trust and credibility with the priority population.

3e) What are the other programs and agencies in the geographic area that are relevant to your proposed program model and describe how you will leverage these programs to maximize benefit to the priority population without supplanting other resources?

3f) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. If your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results. Indicate if the agency ever had to terminate, or had a grant terminated, prior to the contract end. If so, describe the circumstances related to the contract termination.

4. Program Design and Implementation — Maximum Score: 55 Points

4a) Describe the community or communities you will serve through this funding. Include a description of the priority population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority population**.**

4b) Describe your overall program design. Include specific strategies for implementing the program services and any innovative strategies you will utilize to implement the program model. Explain the rationale for the selection of the strategy or strategies. Strategies should align with the prescribed program model.

4c) Describe how, by whom, and where targeted HIV testing will be provided. Indicate which rapid HIV test technology(ies) will be used. A copy of the agency's valid **CLIA Permit** should be uploaded as **Attachment 11** in the Grants Gateway online application.

4d) Explain the process for how confirmatory HIV testing will be conducted including how you will ensure the timely provision of test results and how will you follow up with and locate individuals who test HIV positive and do not show up for a test result appointment. For newly diagnosed clients, please describe how your program will ensure timely reporting of the diagnosis to NYSDOH, as well as linkage to: HIV medical care with HIV-related lab work within 30 days of diagnosis; Partner Services; and prevention services.

Applicants are required to answer questions for the method by which STD and HCV screening will be provided (i.e., direct, paid subcontract or via linkage).

Direct STD and HCV Screening – Program Model 1
If directly providing STD and HCV Screening, please complete questions "4.e.- 4.h." below.

4e) Explain how your program will ensure linkage to STD treatment and medical care within 72 hours of diagnosis including scheduling the medical appointment and follow up to confirm client has accessed treatment/care. For clients with HCV reactive results, explain how your program will ensure linkage to HCV diagnostic testing and/or medical care including scheduling the medical appointment and follow up to confirm client has accessed treatment/care.

4f) Explain how you will ensure support and linkages to Partner Services and prevention services for STD positive individuals.

4g) Indicate which STD screening methods (e.g., syphilis serology, NAAT) and in which anatomic sites (e.g., urethral, rectal, pharyngeal). Indicate the lab to be used for processing specimens.

4h) Explain how you will fulfill your reporting obligations under NYS Sanitary Code for HCV and/or STDs and/or applicable public health law.

Documented referral to STD and HCV Screening – Program Model 2
If providing STD and HCV screening via documented referral, please complete question "4.i" below.

4i) Describe the process used to refer clients to STD and HCV screening services. Describe the process that will be used to document and confirm that services were received.

4j) Describe your process for delivering linkage and navigation services from client readiness to case closure. Describe how will you track linkages to ensure services were received and the outcomes of the linkages.

4k) **Complete Attachment 12** - Services Linkage Chart to indicate the services clients will be linked to for medical, prevention and supportive services providers. **Attachment 12** can be found in the Pre-Submission Uploads section of the Grants Gateway online application.

4l) Describe the specific public health strategy, evidence based behavioral intervention and/or locally developed intervention that will be implemented and describe how the proposed strategy/intervention are designed to support connection to HIV testing, STD and HCV screening, PrEP/PEP and/or linkage and navigation services. Explain how the proposed services will meet the needs of the priority population and indicate the total number of individuals projected to be served in a 12-month period.

4m) Describe how the proposed program will be integrated with other programs within your organization serving the priority population.

4n) Describe how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and

ongoing staff training and support. The **Organizational Chart** should be uploaded as **Attachment 13** in the Pre-Submission Uploads section of the online application.

4o) Indicate the type of program evaluation activities you will conduct to track your progress in meeting key performance measures. Explain how your results will inform future program changes.

5. Budgets and Justifications — Maximum Score: 20 Points

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is 200,000, Years 2-5 budgets are each $200,000. The total five-year budget submitted would equal $1,000,000).*

5b) The budget for year one (December 1, 2018 – November 30, 2019) should be entered in the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 14**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 15**, "Guide to Completing Budget Forms". **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 14.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 14**. Years two through five budgets should be labeled as follows:

- Budget Year 2 – December 1, 2019 – November 30, 2020
- Budget Year 3 – December 1, 2020 – November 30, 2021
- Budget Year 4 – December 1, 2021 – November 30, 2022
- Budget Year 5 – December 1, 2022 – November 30, 2023

5c) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5d) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5e) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please upload the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities should show total support and revenue and total expenditures. The Statement of Activities for the past three (3) years should be uploaded to the Grants Gateway as **Attachment 16.**

5f) Applicants are required to complete the Funding History for HIV Services (**Attachment 17)**. Attachment 17 can be found in the Pre-Submission uploads section of the Grants Gateway online application.

5g) Funding requests should adhere to the following guidelines:

- Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Applicants are <u>not</u> required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 18** – Component A Work Plan – HIV/STD/HCV Prevention and Related Services for Men and HIV Positive Men within Communities of Color.

Funded applicants will be held to the performance measures as listed in **Attachment 18** for Component A and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 18**. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

COMPONENT B

Comprehensive HIV/STD/HCV Prevention and Services for Transgender and Gender Non-Conforming (TGNC) Individuals particularly in Communities of Color

Application Format

1.	Program Abstract	Not Scored
2.	Preference Factors	Maximum Additional: 6 points
3.	Community and Agency Description	Maximum Score: 25 points
4.	Program Design and Implementation	Maximum Score: 55 points
5.	Budgets and Justifications	Maximum Score: 20 points
6.	Work Plan	Not Scored
TOTAL		**106 points**

1. Program Abstract **Not Scored**

Applicants should provide a program abstract with the following information:

1a) Summarize the proposed program. Indicate the program model selected and briefly describe the program design, proposed services, and interventions/activities.

1b) What are the project goals and objectives?

1c) What is the geographic region to be served?

1d) Describe the priority population. Indicate the total number of unduplicated clients to be served in each program area.

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

2. Preference Factors **Maximum Additional: 6 Points**

2a) Provide information to demonstrate that your agency meets the preference factor of having a minimum of two (2) years of experience engaging the priority population of TGNC individuals, particularly TGNC individuals of color.

2b) Provide information to demonstrate that your agency has a minimum of two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports.

2c) Describe the composition of your agency's Board of Directors and senior management staff. Provide information to demonstrate that a minimum of 50% of the Board of Directors and senior management staff are representative of the populations served through this component addressing aggregate race/ethnicity, gender identity and sexual orientation characteristics.

2d) Describe the composition of your agency's direct staff. Provide information to demonstrate that at least 50% of your agency's direct staff are representative of the populations served through this component addressing aggregate race/ethnicity, gender identity and/or sexual orientation characteristics.

2e) Provide information to demonstrate that the applicant has experience delivering PrEP supportive services and has established collaborations with PrEP prescribers within the service delivery catchment area proposed in the application.

2f) Provide information to demonstrate that the applicant organization was developed by transgender and/or gender non-conforming individuals in order to provide services to transgender and gender non-conforming individuals and has a demonstrated history of serving this priority population.

3. Community and Agency Description **Maximum Score: 25 Points**

3a) Describe why your agency is qualified to implement the proposed program model. Describe your existing HIV/STD/HCV prevention related activities/services, highlighting those serving the priority population. State the length of time each service has been provided.

3b) Provide an estimate of the number of TGNC individuals your organization has served for the past two (2) years. Provide the prevention related activities/services and delineate the number and percent of HIV negative individuals and HIV positive individuals from the priority population that received the service(s).

3c) Describe how your agency has created an affirming environment TGNC individuals. Provide evidence/information to support that your agency has a history providing ethnically/culturally competent and language appropriate affirming/responsive services. Responses should address the following areas: staff recruitment, staff training, client services, development of agency and program policies and procedures.

3d) Provide information to demonstrate the agency's understanding of the social and cultural norms of the priority population. Provide information to demonstrate that your agency/program and staff has the capacity to work with populations and cultures that fall outside that of the dominate agency culture. Provide evidence to demonstrate that the applicant has developed trust and credibility with the priority population.

3e) Describe how members of the TGNC community were involved in the planning and design of the proposed program, and describe the method for maintaining their ongoing involvement in an advisory capacity.

3f) What are the other programs and agencies in the geographic area that are relevant to your proposed program model and describe how you will leverage these programs to maximize benefit to the priority population without supplanting other resources?

3g) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of

those grants. If your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results. Indicate if the agency ever had to terminate, or had a grant contract terminated, prior to contract end. If so, describe the circumstances related to the contract termination.

4. Program Design and Implementation — Maximum Score: 55 Points

4a) Describe the community or communities you will serve through this funding. Include a description of the priority population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority targeted population.

4b) Describe your overall program design, including specific strategies for implementing the program services and any innovative strategies you will utilize to implement the program model. Explain the rationale for the selection of the strategy or strategies. Strategies should align with the prescribed program model.

4c) Describe how, by whom, and where targeted HIV testing will be provided. Indicate which rapid HIV test technology(ies) will be used. A copy of the agency's valid **CLIA Permit** should be uploaded as **Attachment 11** in the Grants Gateway online application.

4d) Explain the process for how confirmatory HIV testing will be conducted including how you will ensure the timely provision of test results and how will you follow up with and locate individuals who test HIV positive and do not show up for a test result appointment. For newly diagnosed clients, please describe how your program will ensure timely reporting of the diagnosis to NYSDOH, as well as linkage to: HIV medical care with HIV-related lab work within 30 days of diagnosis; partner services; and prevention services

Applicants are required to answer questions for the method by which STD and HCV screening will be provided (i.e. direct provision, documented referral)

Direct STD and HCV Screening – Program Model 1
If directly providing STD and HCV Screening, please complete questions "4.e.- 4.h." below.

4e) Explain how your program will ensure linkage to STD treatment and medical care within 72 hours of diagnosis including scheduling the medical appointment and follow up to confirm client has accessed treatment/care. For clients with HCV reactive results, explain how your program will ensure linkage to HCV diagnostic testing and/or medical care including scheduling the medical appointment and follow up to confirm client has accessed treatment/care.

4f) Explain how you will ensure support and linkages to partner services and prevention services for STD positive individuals.

4g) Indicate which STD screening methods (e.g., syphilis serology, NAAT) and in which anatomic sites (e.g., urethral, rectal, pharyngeal). Indicate the lab to be used for processing specimens.

4h) Explain how you will fulfill your reporting obligations under NYS Sanitary Code for HCV and/or STDs and/or applicable public health law.

Documented referral to STD and HCV Screening – Program Model 2
If providing STD and HCV screening via documented referral, please complete question "4.i." below.

4i) Describe the process used to refer clients to STD and HCV screening services. Describe the process that will be used to document and confirm that services were received.

4j) Describe your process for delivering linkage and navigation services from client readiness to case closure. Describe how will you track linkages to ensure services were received and the outcomes of the linkages.

4k) **Complete Attachment 12 -** Services Linkage Chart to indicate the services clients will be linked to for medical, prevention and supportive services. **Attachment 12** can be found in the Pre-Submission Uploads section of the Grants Gateway online application.

4l) Describe the specific public health strategy(s), evidence based behavioral intervention(s), prevention/supportive intervention(s) and/or locally developed intervention(s) that will be implemented and describe how the proposed strategy(s)/intervention(s) are designed to support connection to HIV testing, STD and HCV screening, PrEP/PEP and/or linkage and navigation services. Explain how the proposed services will meet the needs of the priority population and indicate the total number of individuals projected to be served in a 12-month period.

4m) Applicants proposing a Peer Services/Peer Training Program should complete **Attachment 5**, Section B. Applicants proposing a PrEP Support Program should complete Attachment 5, Section C. **Attachment 5** can be found in the Pre-Submission Uploads section of the Grants Gateway online application.

4n) Describe how the proposed program will be integrated with other programs within your organization serving the priority population.

4o) Describe how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. The **Organizational Chart** should be uploaded as **Attachment 13** in the Pre-Submission Uploads section of the online application.

4p) Indicate the type of program evaluation activities you will conduct to track your progress in meeting key performance measures. Explain how your results will inform future program changes.

5. Budgets and Justifications — Maximum Score: 20 Points

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is $150,000. Years 2-5 budgets are each $150,000. The total five-year budget submitted would equal $750,000).*

5b) The budget for year one (December 1, 2018 – November 30, 2019) should be entered in the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 14**. **Attachment 14** can be found in the Pre-Submission Uploads section of the Grants Gateway online application. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 15**, "Guide to Completing Budget Forms". **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 14.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 14**. Years two through five budgets should be labeled as follows:

- Budget Year 2 – December 1, 2019 – November 30, 2020
- Budget Year 3 – December 1, 2020 – November 30, 2021
- Budget Year 4 – December 1, 2021 – November 30, 2022
- Budget Year 5 – December 1, 2022 – November 30, 2023

5c) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5d) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5e) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please upload the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities should show total support and revenue and total expenditures. The Statement of Activities for the past three (3) years should be uploaded to the Grants Gateway as **Attachment 16**.

5f) Applicants are required to complete the Funding History for HIV Services (**Attachment 17**). Attachment 17 can be found in the Pre-Submission uploads section of the Grants Gateway online application.

5g) Funding requests should adhere to the following guidelines:

- Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Applicants are not required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 19** – Component B Work Plan – Comprehensive HIV/STD/HCV Prevention and Services for Transgender and Gender Non-Conforming (TGNC) Individuals, particularly in Communities of Color.

Funded applicants will be held to the performance measures as listed in **Attachment 19** for Component B and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 19**. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

COMPONENT C

Comprehensive HIV/STD/HCV Prevention and Related Services for Women and Young Women within Communities of Color

Application Format

1. Program Abstract	Not Scored	
2. Preference Factors	Maximum Additional:	5 points
3. Community and Agency Description	Maximum Score:	25 points
4. Program Design and Implementation	Maximum Score:	55 points
5. Budgets and Justifications	Maximum Score:	20 points
6. Work Plan	Not Scored	
TOTAL		**105 points**

1. Program Abstract **Not Scored**

Applicants should provide a program abstract with the following information:

1a) Summarize the proposed program. Indicate the program model selected and briefly describe the program design, proposed services, and interventions/activities.

1b) What are the project goals and objectives?

1c) What is the geographic region to be served?

1d) Describe the priority population. Indicate the total number of unduplicated clients to be served in each program area.

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

2. Preference Factors **Maximum Additional: 5 Points**

2a) Provide information to demonstrate that your agency meets the preference factor of having a minimum of two (2) years of experience engaging the priority population of women and/or young women of color.

2b) Provide information to demonstrate that your agency has a minimum of two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

2c) Describe the composition of your agency's Board of Directors and senior management staff. Provide information to demonstrate that a minimum of 50% of the Board of Directors and senior management staff are representative of the populations served

through this component addressing aggregate race/ethnicity, gender identity, and/or sexual orientation characteristics.

2d) Describe the composition of your agency's direct staff. Provide information to demonstrate that at least 50% of your agency's direct staff are representative of the populations served through this component addressing aggregate race/ethnicity, gender identity and/or sexual orientation characteristics.

2e) Provide information to demonstrate that the applicant has experience delivering PrEP supportive services and has established collaborations with PrEP prescribers within the service delivery catchment area proposed in the application.

3. Community and Agency Description **Maximum Score: 25 Points**

3a) Describe why your agency is qualified to implement the proposed program model. Describe your existing HIV/STD/HCV prevention related activities/services, highlighting those serving the priority population. State the length of time each service has been provided.

3b) Provide an estimate of the number of women of color and HIV positive women of color your organization has served for the past two (2) years. Provide the prevention related activities/services and delineate the number and percent of HIV negative individuals and HIV positive individuals from the priority population that received the service(s).

3c) Describe how your agency has created an affirming environment for women of color and HIV positive women of color. Provide evidence/information to support that your agency has a history providing ethnically/culturally competent and language appropriate affirming/responsive services. Responses should address the following areas: staff recruitment, staff training, client services, development of agency and program policies and procedures.

3d) Provide information to demonstrate the agency's understanding of the social and cultural norms of the priority population. Provide information to demonstrate that your agency/program and staff has the capacity to work with populations and cultures that fall outside that of the dominate agency culture. Provide evidence to demonstrate that the applicant has developed trust and credibility with the priority population.

3e) What are the other programs and agencies in the geographic area that are relevant to your proposed program model and describe how you will leverage these programs to maximize benefit to the priority population without supplanting other resources?

3f) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. If your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results. Indicate if the agency ever had to terminate, or had a grant contract terminated,

prior to contract end. If so, describe the circumstances related to the contract termination.

4. Program Design and Implementation — Maximum Score: 55 Points

4a) Describe the community or communities you will serve through this funding. Include a description of the priority population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority targeted population.

4b) Describe your overall program design, including specific strategies for implementing the program services and any innovative strategies you will utilize to implement the program model. Explain the rationale for the selection of the strategy or strategies. Strategies should align with the prescribed program model.

4c) Describe how, by whom, and where targeted HIV testing will be provided. Indicate which rapid HIV test technology(ies) will be used. A copy of the agency's valid **CLIA Permit** should be uploaded as **Attachment 11** in the Grants Gateway online application.

4d) Explain the process for how confirmatory HIV testing will be conducted including how you will ensure the timely provision of test results and how will you follow up with and locate individuals who test HIV positive and do not show up for a test result appointment. For newly diagnosed clients, please describe how your program will ensure timely reporting of the diagnosis to NYSDOH, as well as linkage to: HIV medical care with HIV-related lab work within 30 days of diagnosis; partner services; and prevention services

Applicants are required to answer questions for the method by which STD and HCV screening will be provided (i.e., direct provision, documented referral).

Direct STD and HCV Screening – Program Model 1
If directly providing STD and HCV Screening, please complete questions "4.e.- 4.h." below.

4e) Explain how your program will ensure linkage to STD treatment and medical care within 72 hours of diagnosis including scheduling the medical appointment and follow up to confirm client has accessed treatment/care. For clients with HCV reactive results, explain how your program will ensure linkage to HCV diagnostic testing and/or medical care including scheduling the medical appointment and follow up to confirm client has accessed treatment/care.

4f) Explain how you will ensure support and linkages to partner services and prevention services for STD positive individuals.

4g) Indicate which STD screening methods (e.g., syphilis serology, NAAT) and in which anatomic sites (e.g., urethral, rectal, pharyngeal). Indicate the lab to be used for processing specimens.

4h) Explain how you will fulfill your reporting obligations under NYS Sanitary Code for HCV and/or STDs and/or applicable public health law.

Documented referral to STD and HCV Screening – Program Model 2
If providing STD and HCV screening via documented referral, please complete question "4.i." below.

4i) Describe the process used to refer clients to STD and HCV screening services. Describe the process that will be used to document and confirm that services were received.

4j) Describe your process for delivering linkage and navigation services from client readiness to case closure. Describe how will you track linkages to ensure services were received and the outcomes of the linkages.

4k) **Complete Attachment 12** - Services Linkage Chart to indicate the services and providers clients will be linked to for medical, prevention and supportive services. **Attachment 12** can be found in the Pre-Submission Uploads section of the Grants Gateway online application.

4l) Describe the specific public health strategy(s), evidence based behavioral intervention(s), prevention/supportive intervention(s) and/or locally developed intervention(s) that will be implemented. Describe how the proposed strategy(s)/intervention(s) are designed to support connection to HIV testing, STD and HCV screening, PrEP/PEP and/or linkage and navigation services. Explain how the proposed services will meet the needs of the priority population. Indicate the total number of individuals projected to be served in a 12-month period.

4m) Applicants proposing a Peer Services/Peer Training Program should complete **Attachment 5**, Section B. Applicants proposing a PrEP Support Program should complete Attachment 5, Section C. **Attachment 5** can be found in the Pre-Submission Uploads section of the Grants Gateway online application.

4n) Describe how the proposed program will be integrated with other programs within your organization serving the priority population.

4o) Describe how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. The **Organizational Chart** should be uploaded as **Attachment 13** in the Pre-Submission Uploads section of the online application.

4p) Indicate the type of program evaluation activities you will conduct to track your progress in meeting key performance measures. Explain how your results will inform future program changes.

5. Budgets and Justifications — Maximum Score: 20 Points

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is $175,000; Years 2-5 budgets are each $175,000. The total five-year budget submitted would equal $875,000).*

5b) The budget for year one (December 1, 2018 – November 30, 2019) should be entered in the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 14**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 15**, "Guide to Completing Budget Forms". **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 14.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 14**. Years two through five budgets should be labeled as follows:

- Budget Year 2 – December 1, 2019 – November 30, 2020
- Budget Year 3 – December 1, 2020 – November 30, 2021
- Budget Year 4 – December 1, 2021 – November 30, 2022
- Budget Year 5 – December 1, 2022 – November 30, 2023

5c) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5d) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5e) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please upload the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities should show total support and revenue and total expenditures. The Statement of Activities for the past three (3) years should be uploaded to the Grants Gateway as **Attachment 16**.

5f) Applicants are required to complete the Funding History for HIV Services (**Attachment 17**). Attachment 17 can be found in the Pre-Submission uploads section of the Grants Gateway online application.

5g) Funding requests should adhere to the following guidelines:

- Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.

- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Applicants are not required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 20** – Component C Work Plan – Comprehensive HIV/STD/HCV Prevention and Related Services for Women and Young Women within Communities of Color.

Funded applicants will be held to the performance measures as listed in **Attachment 20** for Component C and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 20**. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

COMPONENT D

NYS Hotline Services and Social Media Based Outreach for English and Spanish Speakers

Application Format

1.	Program Abstract	Not Scored
2.	Preference Factors	Maximum Additional: 4 points
3.	Community and Agency Description	Maximum Score: 20 points
4.	Program Design and Implementation	Maximum Score: 60 points
5.	Budgets and Justifications	Maximum Score: 20 points
6.	Work Plan	Not Scored
TOTAL		**104 points**

1. Program Abstract **Not Scored**

Applicants should provide a program abstract with the following information:

1a) Summarize the proposed program. Briefly describe the program design, proposed services, and activities.

1b) What are the project goals and objectives?

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

2. Preference Factors **Maximum Additional: 4 Points**

Preference will be given to applicants that demonstrate the following:

2a) Provide information that demonstrate that your agency meets the preference factor of having a minimum of two (2) years of experience implementing hotline services and social media outreach activities in NYS.

2b) Provide information to demonstrate that your agency has a minimum of two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

3. Community and Agency Description **Maximum Score: 20 Points**

3a) Describe why your agency is qualified to implement the proposed program. Describe your agency's existing HIV/STD/HCV prevention services including the length of time services have been provided and locations where services are delivered. Indicate the total

number of individuals served in the past calendar year and what interventions and services were provided.

3b) Describe your experience establishing collaborations with state and local health departments, community based organizations and medical providers to promote services and facilitate community access to information and referrals across the care continuum.

3c) Describe your agency's experience providing culturally competent and linguistically appropriate services and include one example of this experience.

3d) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. If your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results. Indicate if the agency ever had to terminate, or had a grant contract terminated, prior to contract end. If so, describe the circumstances related to the contract termination.

4. Program Design and Implementation **Maximum Score: 60 Points**

4a) Describe your overall program design. Include specific strategies on how funded services will be implemented in compliance with the program model including: 1) hotline program promotion/marketing and caller engagement social media approaches; 2) provision of information, education, and referral services, and 3) condom promotion, education, and distribution.

4b) Explain how you will receive and respond to telephone and social media inquiries in English and Spanish. Indicate how your mechanism for addressing individuals who speak a language other than English or Spanish or are deaf or hearing impaired.

4c) Describe how you will engage other programs and agencies in NYS that are relevant to your proposed program model and how you will leverage these programs to maximize benefit to program participants.

4d) Describe how your organization will collaborate with these agencies to ensure adequate coverage of HIV/STD/HCV prevention and care services.

4e) Describe how your proposed program and messaging will be informed by contextual factors such as culture, language, health literacy levels, norms, stigma, discrimination, and health care disparities.

4f) Describe how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. The **Organizational Chart** should be uploaded as **Attachment 13** in the Pre-Submission Uploads section of the online application.

4g) Indicate the type of program evaluations activities that you will conduct to track your progress in meeting key performance measures. Explain how information will be used to change or improve the program.

5. Budgets and Justifications — Maximum Score: 20 Points

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed in the RFA for Component D. Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is $269,000; Years 2-5 budgets are each $269,000. The total five-year budget submitted would equal $1,345,000).*

5b) The budget for year one (December 1, 2018 – November 30, 2019) should be entered in the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 14**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 15**, "Guide to Completing Budget Forms". **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 14.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 14**. Years two through five budgets should be labeled as follows:

- Budget Year 2 – December 1, 2019 – November 30, 2020
- Budget Year 3 – December 1, 2020 – November 30, 2021
- Budget Year 4 – December 1, 2021 – November 30, 2022
- Budget Year 5 – December 1, 2022 – November 30, 2023

5c) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5d) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5e) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please upload the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities should show total support and revenue and total expenditures. The Statement of Activities for the past three (3) years should be uploaded to the Grants Gateway as **Attachment 16**.

5f) Applicants are required to complete the Funding History for HIV Services (**Attachment 17**). Attachment 17 can be found in the Pre-Submission uploads section of the Grants Gateway online application.

5g) Funding requests should adhere to the following guidelines:

- Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Applicants are <u>not</u> required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 21** – Component D Work Plan – NYS Hotline Services and Social Media Based Outreach for English and Spanish Speakers.

Funded applicants will be held to the performance measures as listed in **Attachment 21** for Component D and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 21**. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

COMPONENT E

Training and Technical Assistance on HIV-Related Violence Targeting LGBT Individuals

1.	Program Abstract	Not Scored
2.	Preference Factors	Maximum Additional: 6 points
3.	Community and Agency Description	Maximum Score: 25 points
4.	Program Design and Implementation	Maximum Score: 55 points
5.	Budgets and Justifications	Maximum Score: 20 points
6.	Work Plan	Not Scored
TOTAL		**106 points**

1. Program Abstract **Not Scored**

Applicants should provide a program abstract with the following information:

1a) Describe the proposed program. Include what will be completed and how. Indicate the program model selected and briefly describe the program design, proposed services, and interventions/activities.

1b) What are the project goals and objectives?

1c) What is the geographic region to be served?

1d) Describe the priority population. Indicate the total number of unduplicated clients to be served.

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

2. Preference Factors **Maximum Additional: 6 Points**

2a) Provide information to demonstrate that your agency meets the preference factor of having a minimum of a two (2) years of experience engaging the priority population of LGBT individuals, particularly within communities of color.

2b) Provide information to demonstrate that your agency has a minimum of two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

2c) Describe the composition of your agency's Board of Directors and senior management staff. Provide information to demonstrate that a minimum of 50% of the Board of Directors and senior management staff are representative of the populations served through this component addressing aggregate race/ethnicity, gender identity and/or sexual orientation characteristics.

2d) Describe the composition of your agency's direct staff. Provide information to demonstrate that at least 50% of your agency's direct staff are representative of the populations served through this component addressing aggregate race/ethnicity, gender identity and/or sexual orientation characteristics.

2e) Provide information to demonstrate that your agency meets the preference factor of having a minimum of five (5) years of experience delivering culturally responsive anti-violence and post-victimization services to LGBT communities, particularly within communities of color.

2f) Provide information to demonstrate that your agency meets the preference factor of having a minimum of two (2) years of experience in the provision of LGBT sensitivity training to medical and/or social service providers.

3. Community and Agency Description **Maximum Score: 25 Points**

3a) Describe why your agency is qualified to implement the proposed program. Describe your existing HIV/STD/HCV prevention related activities/services, highlighting those serving the priority population. State the length of time each service has been provided.

3b) Provide an estimate of the number of individuals your organization proposes to serve through the proposed program. Indicate the number of LGBT individuals that have received anti-violence and post-victimization services and technical assistance/training in the past two years by your organization.

3c) Describe how your agency has created an affirming environment for LGBT individuals, particularly LGBT persons of color. Provide evidence/information to support that your agency has a history providing ethnically/culturally competent and language appropriate affirming/responsive services. Responses should address the following areas: staff recruitment, staff training, client services, development of agency and program policies and procedures.

3d) Provide information to demonstrate the agency's understanding of the social and cultural norms of the priority population. Provide information to demonstrate that your agency/program and staff has the capacity to work with populations and cultures that fall outside that of the dominate agency culture. Provide evidence to demonstrate that the applicant has developed trust and credibility with the priority population.

3e) What are the other programs and agencies in the geographic area that are relevant to your proposed program design and describe how you will leverage these programs to maximize the benefit to LGBT individuals in your community without supplanting other resources?

3f) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. If your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results. Indicate if the agency ever had to terminate, or had a grant contract terminated, prior to contract end. If so, describe the circumstances related to the contract termination.

3g) Describe how members of the community were involved in the planning and design of the proposed program, and describe the method for maintaining their ongoing

involvement in an advisory capacity.

4. Program Design and Implementation **Maximum Score: 55 Points**

4a) Describe the community or communities you will serve through this funding. Include a description of the priority population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority population**.**

4b) Describe your overall program design. Include specific strategies for implementing the program services and any innovative strategies you will utilize to implement the program model. Explain the rationale for the selection of the strategy or strategies. Strategies should align with the prescribed program model.

4c) Describe the specific Anti-Violence Education and Training Interventions that will be implemented and the implementation plan for the intervention(s).

4d) Describe the assessment process used to determine the proposed interventions. Indicate the appropriateness for the priority population and how these services will meet the needs of the priority population. Indicate the total number of individuals projected to be served in a 12-month period.

4e) Describe how your proposed program and messaging will be informed by contextual factors such as culture, language, health literacy levels, norms, stigma, discrimination, and health care disparities.

4f) Describe how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. The **Organizational Chart** should be uploaded as **Attachment 13** in the Pre-Submission Uploads section of the online application.

4g) Describe how your proposed program will be integrated with other programs within your organization serving the priority population.

4h) Indicate the type of program evaluations activities that you will conduct to track your progress in meeting key performance measures. Explain how information will be used to change or improve the program.

5. Budgets and Justifications **Maximum Score: 20 Points**

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed in the RFA for Component E. Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is $125,000, Years 2-5 budgets are each $125,000. The total five-year budget submitted would equal $625,000).*

5b) The budget for year one (December 1, 2018 – November 30, 2019) should be entered in the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 14**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 15**, "Guide to Completing Budget Forms". **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 14.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 14**. Years two through five budgets should be labeled as follows:

- Budget Year 2 – December 1, 2019 – November 30, 2020
- Budget Year 3 – December 1, 2020 – November 30, 2021
- Budget Year 4 – December 1, 2021 – November 30, 2022
- Budget Year 5 – December 1, 2022 – November 30, 2023

5b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5c) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please upload the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities should show total support and revenue and total expenditures. The Statement of Activities for the past three (3) years should be uploaded to the Grants Gateway as **Attachment 16**.

5e) Applicants are required to complete the Funding History for HIV Services (**Attachment 17).** Attachment 17 can be found in the Pre-Submission uploads section of the Grants Gateway online application.

5f) Funding requests should adhere to the following guidelines:

- Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Applicants are not required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 22** – Component E Work Plan – Training and Technical Assistance on HIV-Related Violence Targeting LGBT Individuals.

Funded applicants will be held to the performance measures as listed in **Attachment 22** for Component E and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 22**. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

COMPONENT F

Capacity Building for High Impact Prevention

Your responses should specifically relate to the program model and priority population your program is proposing to be served in response to this RFA.

1.	Program Abstract	Not Scored
2.	Preference Factors	Maximum Additional: 5 points
3.	Community and Agency Description	Maximum Score: 20 points
4.	Program Design and Implementation	Maximum Score: 60 points
5.	Budgets and Justifications	Maximum Score: 20 points
6.	Work Plan	Not Scored
TOTAL		**105 points**

1. Program Abstract **Not Scored**

Applicants should provide a program abstract with the following information:

1a) Summarize the proposed program. Indicate the program model selected and briefly describe the program design, proposed services, and activities.

1b) What are the project goals and objectives?

1c) Describe the priority population.

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

2. Preference Factors **Maximum Additional: 5 Points**

Preference will be given to applicants that demonstrate the following:

2a) Provide information to demonstrate that your agency meets the preference factor of having a minimum of five (5) years of experience providing capacity building with a focus on the priority population of program model selected.

2b) Describe your agency's ability to implement a statewide program with a regional approach to training/technical assistance and capacity building.

2c) Provide information to demonstrate that your agency has a minimum of two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

3. Community and Agency Description **Maximum Score: 20 Points**

3a) Indicate your agency staff experience with the provision of technical assistance and capacity building services in support of the priority population you propose to reach as per the proposed program model. Provide a specific example to demonstrate your agency's leadership role regarding strengthening capacity building in support of the priority population.

3b) Explain your agency's experience in bringing together individuals/entities who have different perspectives and vested interests to support a shared goal. Provide a brief example that demonstrates your agency's experience building cross-sector collaboration and leveraging shared resources.

3c) Describe your agency's experience working with a variety of existing communication platforms (e.g., social media, video, print).

3d) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. If your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results. Indicate if the agency ever had to terminate, or had a grant contract terminated, prior to contract end. If so, describe the circumstances related to the contract termination.

4. Program Design and Implementation **Maximum Score: 60 Points**

4a) Describe your overall program design, include specific and/or innovative strategies for implementing the program services. Explain the rationale for the selection of the strategy or strategies.

4b) Describe how you will work with existing coordinating and community planning bodies to plan, promote and implement events, share resources and encourage learning.

4c) Explain how you will involve members of the priority population in the planning process and how their input will be incorporated in the design of events and related activities.

4d) Indicate how existing and new relationships with other organization will be established or re-established to accomplish program objectives of the program model selected (e.g., promote community wide collaboration/learning, address various domains of wellness, identify innovative strategies).

4e) Indicate how you will work with community partners to address knowledge, attitude and beliefs that may prevent members of the priority community from accessing prevention, support and medical care services.

4f) Indicate how you will work with community partners to strengthen capacity to understand the contextual factors such as culture, norms, stigma, discrimination, and health care disparities experienced by the priority population(s).

4g) Describe what communication platforms (e.g., print, social media) you will use to support event promotion, increase general awareness, provide accurate and science-based information and address misinformation.

4h) Indicate how community messaging will be informed by contextual factors such as culture, language, health literacy levels, norms, stigma, discrimination and health care disparities experienced by the priority population.

4i) Describe how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. The **Organizational Chart** should be uploaded as **Attachment 13** in the Pre-Submission Uploads section of the online application**.**

4j) Indicate the type of program evaluation activities that you will conduct to track your progress in meeting key performance measures. Indicate how your agency plans to share findings from program evaluation activities with community partners. Explain how information will be used to change or improve the program and inform future events.

5. Budgets and Justifications — Maximum Score: 20 Points

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the program model in which they are applying. Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is$200,000, Years 2-5 budgets are each $200,000. The total five-year budget submitted would equal $1,000,000).*

5b) The budget for year one (December 1, 2018 – November 30, 2019) should be entered in the Grants Gateway. Budgets for Years two through five should be uploaded as **Attachment 14**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 15**, "Guide to Completing Budget Forms". **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 14.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as **Attachment 14**. Years two through five budgets should be labeled as follows:

- Budget Year 2 – December 1, 2019 – November 30, 2020
- Budget Year 3 – December 1, 2020 – November 30, 2021
- Budget Year 4 – December 1, 2021 – November 30, 2022
- Budget Year 5 – December 1, 2022 – November 30, 2023

5b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5c) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please upload the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities should show total support and revenue and total expenditures. The Statement of Activities for the past three (3) years should be uploaded to the Grants Gateway as **Attachment 16**.

5e) Applicants are required to complete the Funding History for HIV Services (**Attachment 17**). Attachment 17 can be found in the Pre-Submission uploads section of the Grants Gateway online application.

5f) Funding requests should adhere to the following guidelines:

- Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Applicants are <u>not</u> required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 23** – Component F Work Plan – Capacity Building for High Impact Prevention.

Funded applicants will be held to the performance measures as listed in **Attachment 23** for Component F and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in Work Plan **Attachment 23**. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

B. Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH 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 DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the AIDS Institute using an objective rating system reflective of the required items specified for each component. The AIDS Institute anticipates that there may be more worthy applications than can be funded with available resources. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) approved, but not funded, and 3) not approved.

In cases in which two or more applicants for funding are judged on the basis of their written applications to be equal in quality, the applicant with the highest score for Program Design and Implementation Section will receive the award.

Once the awards have been made, applicants not funded may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of non-award announcement.

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

To request a debriefing, please send an email to enter **cocrfa@health.ny.gov.** In the subject line, please write: *Debriefing request: High Impact Prevention within Communities of Color RFA.*

VI. ATTACHMENTS

Attachment 1: Statement of Assurances*
Attachment 2: AIDS Institute's Cross Sector Collaborations Requirements (Components, A, B, C and E ONLY) **
Attachment 3: AIDS Institute's Targeted HIV Testing Requirements (Components A, B and C ONLY) **
Attachment 4: AIDS Institute's STD/HCV Screening Requirements (Components A, B and C ONLY) **
Attachment 5: AIDS Institute Locally Developed Intervention(s) (Components, A, B and C ONLY) *
Attachment 6: General Terms and Conditions – Health Research Incorporated**
Attachment 7: Ryan White Guidance for Part B Direct Service Contractors**
Attachment 8: MWBE Utilization Plan *
Attachment 9: Vendor Responsibility Attestation *
Attachment 10: Application Cover Page*
Attachment 11: CLIA Permit for Component (Components A, B and C ONLY)
Attachment 12: Services Linkage Chart (Components A, B and C ONLY) *
Attachment 13: Organizational Chart
Attachment 14: Budget Forms*
Attachment 15: Guide to Completing the Budget Forms**
Attachment 16: Statement of Activities for past three (3) years
Attachment 17: Funding History for HIV Services*
Attachment 18: Work Plan – Component A**
Attachment 19: Work Plan – Component B**
Attachment 20: Work Plan – Component C**
Attachment 21: Work Plan – Component D**
Attachment 22: Work Plan – Component E**
Attachment 23: Work Plan – Component F**

*These attachments are located / included in the Pre-Submission Upload section of the Grants Gateway on line Application.

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

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 2

AIDS Institute's Cross Sector Collaborations Requirements (Components A, B, C and E ONLY)

Applicants are required to establish collaboration agreements (e.g., memorandum of understanding [MOU], memorandum of agreement [MOA], service agreements) with a comprehensive network of medical providers, community based organizations, and State and local health departments to ensure adequate coverage of HIV/STD/HCV prevention and care services for clients of the priority population(s). The goal of the network is to encourage collaboration, facilitate information exchange, reduce duplication of efforts, and to facilitate timely client-centered linkages. Signed Authorization for Release of Health Information and Confidential HIV-Related Information (DOH-2557) forms must be signed by clients to authorize the release of health information including HIV-related information between medical providers and community based organizations. **NYSDOH AIDS Institute encourages that releases be made valid for a period of two (2) years or based on the client's request for a shorter timeframe.**

When establishing collaboration agreements, consider the following

1. Proximity and accessibility of the medical provider and/or community based organization within your service area(s);
2. The medical provider's capacity and history as it relates to care and treatment of HIV positive persons, STD and HCV services, and priority population; and
3. The community based organization's capacity and history of providing supportive services to the priority population, HIV positive persons, and those of unknown HIV status (e.g., housing, substance abuse services, counseling, mental health services, treatment adherence, etc.).

Establish collaboration agreements that include, but are not limited to, the following:

1. Name and address of the provider(s);
2. Name, title, and contact information for the primary point of contact for the provider;
3. Description of the services provided at the agency and/or medical provider;
4. Description of reimbursement mechanisms;
5. Specific linkage procedures;
6. Description of the exchange of patient identifying health information;
7. Description of how agencies will obtain results regarding the outcome of the linkage;
8. Medical Care: Description of the agreed-upon processes that will be used to link newly diagnosed and out-of-care HIV positive individuals to **HIV medical care with CD4 or viral load tests performed within 30 days of date of diagnosis** and client's readiness to reengaging in HIV medical care; and
9. Essential Supportive Services: Description of the agreed-upon processes that will be used to deliver supporting services pending client's readiness to engage in services.

Attachment 3

AIDS Institute's Targeted HIV Testing Requirements (Components A, B and C ONLY)

HIV Testing is an essential part of a comprehensive high-impact HIV prevention program. Applicant organizations will be required to develop new or enhance existing *targeted* HIV testing programs aimed at reaching members of the priority population(s) at risk of acquiring HIV and not already confirmed to be HIV positive. Targeted HIV testing should occur in a variety of settings most effective in identifying members of the priority population(s) with undiagnosed HIV infection. Examples include, but are not limited to: onsite testing within the organization; venue-based testing; and/or mobile testing/field testing.

This RFA does not support direct provision of HIV testing in healthcare settings. Routine HIV testing in healthcare settings has been supported by NYS Public Health Law since 2010. Licensed Medical Providers are required to offer HIV testing as part of routine primary care for all persons aged 13 and older.

Fourth generation HIV AG/AB rapid test is now available and is recommended by NYSDOH. Third Generation tests using blood samples may be used if Fourth Generation testing is not practicable. Due to its decreased sensitivity to detect HIV infection, **oral fluid HIV testing will not be supported through this RFA**. The NYSDOH regulates HIV testing. HIV testing must operate under the supervision of a medical provider (e.g., MD, NP, PA).

As a part of the HIV testing session, applicant organizations are expected to:

1. Complete a brief assessment to ascertain clients' risks (e.g., sexual risk behaviors, drug use behaviors).
2. Provide brief risk reduction education messaging when appropriate.
    - Brief risk reduction education messaging should provide persons with their HIV test results and include factual HIV education (e.g., transmission, window period, and risk reduction methods).
3. Confirm rapid reactive results;
4. After HIV testing is completed, link clients to appropriate prevention strategies and activities.
    - For persons with a non-reactive HIV test result and who are at high or substantial risk for HIV infection must receive: linkages to PrEP and PEP services; screening or referred for screening for STDs and HCV; and linkage to other prevention and essential support services.
    - For rapid reactive/newly identified HIV cases, contractors are required to:
        1. Confirm the positive test result;
            - Applicants that propose to provide confirmatory HIV testing through a linkage agreement are expected to have documented working relationships with agencies that provide these services at the time of engagement with the priority population. Collaboration Agreements, as described in **Attachment 2 – AIDS Institute's Cross Sector Collaborations Requirements** section should specify how clients will be directly **linked to confirmatory testing services within 72 hours of receiving their rapid reactive result** and how the applicant agency

will obtain results regarding the outcome of the linkage. Applicants are required to be able to document that the referred client(s) received HIV testing and obtain test results.

2. Report confirmed cases of HIV within 14 days of diagnosis to the NYSDOH.
   - Note: NYS Public Health Law (PHL) Article 21 (Chapter 163 of the Laws of 1998) requires the reporting of persons with HIV as well as AIDS to the NYSDOH. The Medical Provider Report Form (PRF) (DOH-4189), must be completed within 14 days of diagnosis. The PRF is now able to be completed electronically using the Provider Portal on the NYSDOH Health Commerce System at https://commerce.health.state.ny.us. Information regarding electronic reporting or paper forms are available from the NYSDOH 518-474-4284; contractors located in NYC should call 212-442-3388.
   - Note: Applicants that propose to refer/link to another entity for confirmatory testing: it is the responsibility of the provider conducting the confirmatory testing to report the diagnosis to the NYSDOH within 14 days of diagnosis.
3. Link individuals to HIV medical care **with CD4 or viral load tests performed within 30 days of date of diagnosis;**
   - A formalized collaboration agreement with local public health providers and appropriate medical care providers is required. More information on collaboration agreements is described in **Attachment 2 – AIDS Institute's Cross Sector Collaborations Requirements section**.
4. Link individuals to Partner Services; and
   - For more information on Partner Services, visit www.health.ny.gov/diseases/communicable/std/partner_services
5. Provide follow up for confirmed HIV positive cases to provide test results and to ensure linkage to HIV medical care and Partner Services is required.

5. As appropriate, linkages should be made to essential support services and offered screening or referred for screening for STDs and HCV.

Applicants directly providing HIV testing are required to have the following:

- Prior experience conducting HIV testing services or can demonstrate the capacity to provide testing activities;
- Successful history engaging and working with the priority population(s);
- Medical provider (i.e., MD, NP, PA) of record under whose license specimens are collected and processed (Note: The provider can be an employee or any medical provider with whom the agency has a contractual or referral relationship.);
- A valid CLIA permit;
- An approved laboratory quality assurance protocol covering handling and transport of specimens;
- Appropriate liability insurance;
- Procedures for contacting persons tested with results and linkage to treatment; and
- Meet disease reporting requirements as part of the point-of-service testing protocols.

Contractors providing HIV testing need to develop protocols specific to their intervention and site(s), and submit for approval to NYSDOH prior to initiating testing services. Agency protocols must include guidance for activities that are carried out prior to, during and after HIV testing. These must include:

- Staff training;
- Management of bio-hazardous waste and sharps;
- Client risk assessment for testing;
- Completion of required documentation for client intake;
- Testing logs for tracking purposes;
- Requisitions for test processing;
- Specimen collection and handling;
- Transport of specimens for laboratory processing services;
- Result tracking and medical records maintenance;
- Interpretation and delivery of results to clients (posttest);
- Facilitation to immediate access for medical treatment;
- Referral and facilitation of partner services for partner notification;
- Disease reporting to the NYSDOH within 14 business days;
- Blood borne pathogens, OSHA requirements, and medical waste disposal; and
- A process to insure culturally and linguistically appropriate services.

HIV testing should also be used as an access point to link *high risk individuals* testing HIV negative to needed behavioral, health and supportive services. HIV negative test results provide an opportunity to expand the menu of prevention offerings to populations already identified as being at high risk for HIV/STD/HCV acquisition. Individuals should be engaged in prevention interventions as long as there is risk present. This includes linkage to high impact behavioral interventions and strategies, STD and HCV screening, essential support services etc. Linkage to affordable health insurance and culturally sensitive care is a priority for those who test HIV positive as well as those who test negative but potentially remain at risk for infection. Assessments for medical care, social services and insurance coverage should be integrated into prevention activities.

In March of 2016, the Centers for Disease Control and Prevention released program guidance for HIV testing providers called *Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers* that can be utilized by contractors as a resource. (https://www.cdc.gov/hiv/pdf/testing/cdc_hiv_implementing_hiv_testing_in_nonclinical_settings.pdf)

Attachment 4

AIDS Institute's STD and HCV Screening Requirements (Components A, B and C ONLY)

The direct provision of STD and HCV screening services are limited to healthcare providers and non-healthcare providers who have at least two years of experience successfully providing this service or can demonstrate the capacity to provide integrated screening activities on-site.

Non-healthcare providers who do not have a history of providing STD and HCV screening services, cannot demonstrated the capacity, and choose to refer/link to another entity are required to link clients who engage in high-risk behaviors to medical providers for these services. Applicants are expected to have documented working relationships with agencies that provide STD and HCV screening at the time of engagement with the priority population. Collaboration agreements should specify how clients will be directly linked to screening services and how the applicant agency will obtain test results and outcomes of referral and linkage services, where appropriate.

Applicants proposing to directly provide STD and HCV screening are required to have the following:

- Prior experience conducting these services or can demonstrate the capacity to provide integrated screening activities on-site;
- Successful history engaging and working with the priority population;
- Medical provider (i.e., MD, NP, PA) of record under whose license specimens are collected and processed;
- A valid CLIA permit;
- An approved laboratory quality assurance protocol covering handling and transport of specimens;
- Staff that can perform phlebotomy and collect urine specimens;
- Appropriate liability insurance;
- NYS-licensed laboratory to process specimens;
- Procedures for contacting persons tested with results and linkage to treatment;
- Meet disease reporting requirements as part of the point-of-service testing protocols; and
- Have collaboration agreements with medical providers and/or Sexual Health Centers/STD Clinics to provide medical evaluation and treatment.
    - STD positive clients: Collaboration agreements should specify how clients will be directly linked to services **within 3 business days of receiving their STD positive results** and how the applicant agency will obtain results regarding the outcome of the linkage. Applicants are required to be able to document that the referred clients receive treatment and/or medical evaluation and obtain test/treatment results. More information on collaboration agreements is described in **Attachment 2 – AIDS Institute's Cross Sector Collaborations Requirements**.
    - HCV Reactive and or HCV RNA detectable clients: Collaboration agreements should specify how clients will be directly linked to medical services and how the applicant agency will obtain results regarding the outcome of the linkage. Applicants are required to be able to document that the referred clients

receive treatment and/or medical evaluation and obtain test/treatment results. More information on collaboration agreements is described in **Attachment 2 - AIDS Institute's Cross Sector Collaborations Requirements.**

Contractors with the capacity to provide integrated screening activities are highly encouraged to provide Extra-Genital nucleic acid amplification testing (NAAT). Urine-based screening alone has been shown to miss a significant proportion of extragenital chlamydial and gonococcal infections. Because extragenital (oropharyngeal and/or rectal) infections are common in men who engage in high-risk behaviors and the majority are asymptomatic, routine extragenital screening of this population is recommended. While the federal Food and Drug Administration has not yet approved NAAT technology for such samples, select labs have been approved by New York State to analyze these samples (see table below). It is recommended that successful applicants and/or referral agencies establish relationships with these laboratories to provide high quality, comprehensive STD screening services for at risk individuals.

Other STD tests should use currently recommended test technology, including NAAT of urine-based and self-collected vaginal swab for chlamydia and/or gonorrhea, and appropriate syphilis serologic testing.

Clients who engage in sexual intercourse and who accept the offer for the screenings should be screened for the following:

1. Syphilis serology, with a confirmatory test to establish whether persons with reactive serologies have incident untreated syphilis, have partially treated syphilis, or are manifesting a slow serologic response to appropriate prior therapy.
2. A test for urethral infection with gonorrhea and chlamydia in clients who have had insertive intercourse during the preceding year; testing of the urine or self-collected vaginal swab using NAAT is the preferred approach.
3. A test for rectal infection with gonorrhea and chlamydia in clients who have had receptive anal intercourse during the preceding year; NAAT of self-collected rectal swabs is the preferred approach.
4. A test for oral infection with gonorrhea and chlamydia in clients who have had performed oral intercourse during the preceding year; NAAT of self-collected pharyngeal swabs is the preferred approach.

Contractors electing to provide direct STD and/or HCV screening need to develop protocols specific to their intervention and site(s), and submit for approval to NYSDOH prior to initiating screening services. Contractors must collaborate with laboratories approved by NYSDOH Wadsworth Center to preform Extra-Genital NAAT.

Protocols must address the provision of confidential HCV and STD screening for syphilis, gonorrhea and Chlamydia and other STDs as appropriate; the defined priority population(s) to be tested; and the settings where access to testing services and how those services will be carried out in regards to: registering client; documenting tests performed; rationale/risk assessment; follow up appointment for receipt of results; and direct link for medical care and treatment when indicated. Protocols must be specific to the testing model that is developed. The NYSDOH regulates medical HCV and STD screening.

Contractors who conduct testing directly with agency staff must have a medical provider (i.e.,

MD, NP, PA) of record under whose license staff are authorized to collect blood, urine, rectal and/or pharyngeal specimens from client(s) being screened for STDs. Screenings for syphilis, gonorrhea and chlamydia, and must adhere to New York State Sanitary Code (10NYCRR §2.12) concerning the reporting requirements of communicable diseases to the appropriate authorities.

Agency policy and procedures must include guidance for activities that are carried out prior to, during and after STD testing and HCV screening. These must include:

- Staff training;
- Management of bio-hazardous waste and sharps;
- Client risk assessment for screening;
- Completion of required documentation for client registration, testing logs for tracking purposes;
- Requisitions for test processing;
- Specimen collection and handling of blood, urine, client-collected vaginal swab and blood specimens;
- Transport of specimens for laboratory processing services;
- Result tracking and medical records maintenance;
- Interpretation and delivery of results to clients (posttest);
    - Note: For reactive syphilis tests, testing providers must contact the patient's local health department to request a syphilis serology search in order to interpret test results before notifying the client. The testing provider must initiate this communication, therefore agencies choosing to offer syphilis testing via subcontract and/or referral must coordinate communication with the appropriate provider.
- Facilitation to immediate access for medical treatment;
- Referral and facilitation of partner services for partner notification;
- Disease reporting to the local health department as required by statute based on the patient's residence;
- Blood borne pathogens, OSHA requirements and medical waste disposal; and
- A process to insure culturally/linguistically appropriate services.

At the time of writing **Laboratories approved by NYSDOH Wadsworth Center to perform Extra-Genital NAAT** are indicated in the table below; other laboratories may be conducting validation studies and may become available in the future.

Laboratory	**Anorectal NAAT**	**Pharyngeal NAAT**
BioReference Laboratories	X	X
LabCorp	X	X
Quest (Teterboro & VA)	X	X
NYCDOHMH Public Health Laboratory	X	X
Albany Medical Center	X	X
ACM Medical Laboratory, Inc.	X	X
Sunrise Medical Laboratories	X	X
Northwell (Nassau County Medical Center Lab)	X	X
SUNY Upstate Medical Univ. Clinical Pathology Lab.	X	X
Shiel Medical Laboratory - Brooklyn Navy Yard	X	X

Attachment 6
General Terms and Conditions - Health Research Incorporated Contracts

1. **Term -** This Agreement shall be effective and allowable costs may be incurred by the Contractor from the Contract Start Date through the Contract End Date, (hereinafter, the "Term") unless terminated sooner as hereinafter provided or extended by mutual agreement of the parties.

2. **Allowable Costs/Contract Amount –**
   a) In consideration of the Contractor's performance under this Agreement, HRI shall reimburse the Contractor for allowable costs incurred in performing the Scope of Work, which is attached hereto as Exhibit A, in accordance with the terms and subject to the limits of this Agreement.

   b) It is expressly understood and agreed that the aggregate of all allowable costs under the Agreement shall in no event exceed the Total Contract Amount, except upon formal amendment of this Agreement as provided herein below.

   c) The allowable cost of performing the work under this Agreement shall be the costs approved in the Budget attached hereto as Exhibit B and actually incurred by the Contractor, either directly incident or properly allocable, to the Agreement, in the performance of the Scope of Work in accordance with cost principles of the Department of Health and Human Services Grants Policy Statement (HHS GPS). To be allowable, a cost must be necessary, cost-effective and consistent (as reasonably determined by HRI) with policies and procedures that apply uniformly to both the activities funded under this Agreement and other activities of the Contractor. Contractor shall supply documentation of such policies and procedures to HRI when requested.

   d) Irrespective of whether the "Audit Requirements" specified in paragraph 3(a) are applicable to this Agreement, all accounts and records of cost relating to this Agreement shall be subject to audit by HRI or its duly authorized representative(s) and/or the Project Sponsor during the Term and for three years after the final voucher is submitted for payment. This provision includes the right for HRI to request copies of source documentation in support of any costs claimed. If an audit is started before the expiration of the 3-year period, the records must be retained until all findings involving the records have been resolved and final action taken. Any reimbursement made by HRI under this Agreement shall be subject to retroactive correction and adjustment upon such audits. The Contractor agrees to repay HRI promptly any amount(s) determined on audit to have been incorrectly paid. HRI retains the right, to the extent not prohibited by law or its agreements with the applicable Project Sponsor(s) to recoup any amounts required to be repaid by the Contractor to HRI by offsetting those amounts against amounts due to the Contractor from HRI pursuant to this or other agreements. The Contractor shall maintain appropriate and complete accounts, records, documents, and other evidence showing the support for all costs incurred under this Agreement.

3. **Administrative, Financial and Audit Regulations –**
   a) This Agreement shall be audited, administered, and allowable costs shall be determined in accordance with the terms of this Agreement and the requirements and principles applicable to the Contractor as noted below, including, but not limited to, the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (referred to herein as the "Uniform Guidance") as codified in Title 2 of the Code of Federal Regulations. The federal regulations specified below apply to the Contractor (excepting the "Audit Requirements," which apply to federally- funded projects only), regardless of the source of the funding specified (federal/non-federal) on the face page of this Agreement. For non-federally funded projects any right granted by the regulation to the federal sponsor shall be deemed granted to the Project Sponsor. It is understood that a Project Sponsor may impose restrictions/requirements beyond those noted below in which case such restrictions/requirements will be noted in Attachment B Program Specific Clauses.

Contractor Type	Administrative Requirements	Cost Principles	Audit Requirements Federally Funded Only
College or University	Uniform Guidance	Uniform Guidance	Uniform Guidance
Not-for-Profit	Uniform Guidance	Uniform Guidance	Uniform Guidance
State, Local Gov. or Indian Tribe	Uniform Guidance	Uniform Guidance	Uniform Guidance
For-Profit	45 CFR Part 74	48 CFR Part 31.2	Uniform Guidance
Hospitals	2 CFR Part 215	45 CFR Part 74	Uniform Guidance

b) If this Agreement is federally funded, the Contractor will provide copies of audit reports required under any of the above audit requirements to HRI within 30 days after completion of the audit.

4. Payments -

a) No payments will be made by HRI until such time as HRI is in receipt of the following items:
- Insurance Certificates pursuant to Article 9;
- A copy of the Contractor's latest audited financial statements (including management letter if requested);
- A copy of the Contractor's most recent 990 or Corporate Tax Return;
- A copy of the Contractor's approved federal indirect cost rate(s) and fringe benefit rate (the "federal rates"); or documentation (which is acceptable to HRI) which shows the Contractor's methodology for allocating these costs to this Agreement. If, at any time during the Term the federal rates are lower than those approved for this Agreement, the rates applicable to this Agreement will be reduced to the federal rates;
- A copy of the Contractor's time and effort reporting system procedures (which are compliant with the Uniform Guidance) if salaries and wages are approved in the Budget.
- A copy of equipment policy if equipment is in the approved budget.
- Further documentation as requested by HRI to establish the Contractor's fiscal and programmatic capability to perform under this Agreement.

Unless and until the above items are submitted to and accepted by HRI, the Contractor will incur otherwise allowable costs at its own risk and without agreement that such costs will be reimbursed by HRI pursuant to the terms of this Agreement. No payments, which would otherwise be due under this Agreement, will be due by HRI until such time, if ever, as the above items are submitted to and accepted by HRI.

b) The Contractor shall submit voucher claims and reports of expenditures at the Required Voucher Frequency noted on the face page of this Agreement, in such form and manner, as HRI shall require. HRI will reimburse Contractor upon receipt of expense vouchers pursuant to the Budget in Exhibit B, so long as Contractor has adhered to all the terms of this Agreement and provided the reimbursement is not disallowed or disallowable under the terms of this Agreement. All information required on the voucher must be provided or HRI may pay or disallow the costs at its discretion. HRI reserves the right to request additional back up documentation on any voucher submitted. Further, all vouchers must be received within thirty (30) days of the end of each period defined as the Required Voucher Frequency (i.e. each month, each quarter). Contractor shall submit a final voucher designated by the Contractor as the "Completion Voucher" no later than sixty (60) days from termination of the Agreement. Vouchers received after the 60 day period may be paid or disallowed at the discretion of HRI.

c) The Contractor agrees that if it shall receive or accrue any refunds, rebates, credits or other amounts (including any interest thereon) that relate to costs for which the Contractor has been reimbursed by HRI under this Agreement it shall notify HRI of that fact and shall pay or, where appropriate, credit HRI those amounts.

d) The Contractor represents, warrants and certifies that reimbursement claimed by the Contractor under this Agreement shall not duplicate reimbursement received from other sources, including, but not limited to client fees, private insurance, public donations, grants, legislative funding from units of government, or any other source. The terms of this paragraph shall be deemed continuing representations upon which HRI has relied in entering into and which are the essences of its agreements herein.

5. **Termination** - Either party may terminate this Agreement with or without cause at any time by giving thirty (30) days written notice to the other party. HRI may terminate this Agreement immediately upon written notice to the Contractor in the event of a material breach of this Agreement by the Contractor. It is understood and agreed, however, that in the event that Contractor is in default upon any of its obligations hereunder at the time of any termination, such right of termination shall be in addition to any other rights or remedies which HRI may have against Contractor by reason of such default. Upon termination of the Agreement by either party for any reason, Contractor shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination.

6. **Representations and Warranties –** Contractor represents and warrants that:
   a) it has the full right and authority to enter into and perform under this Agreement;
   b) it will perform the services set forth in Exhibit A in a workmanlike manner consistent with applicable industry practices;
   c) the services, work products, and deliverables provided by Contractor will conform to the specifications in Exhibit A;
   d) there is no pending or threatened claim or litigation that would have a material adverse impact on its ability to perform as required by this Agreement.
7. **Indemnity -** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend HRI, its agents, employees, officers, board members, the New York State Department of Health, and the People of the State of New York against all claims, damages, losses or expenses including but not limited to attorneys' fees arising out of or resulting from the performance of the agreement, provided any such claim, damage, loss or expense arises out of, or in connection with, any act or omission by Contractor, or anyone directly or indirectly employed or contracted by Contractor, in the performance of services under this Agreement, and such acts or omissions (i) constitute negligence, willful misconduct, or fraud; (ii) are attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including loss of use resulting there from; (iii) cause the breach of any confidentiality obligations set forth herein; (iv) relate to any claim for compensation and payment by any employee or agent of Contractor; (v) result in intellectual property infringement or misappropriation by Contractor, its employees, agents, or subcontractors; or (vi) are violations of regulatory or statutory provisions of the New York State Labor Law, OSHA or other governing rule or applicable law. The obligation of the Contractor to indemnify any party under this paragraph shall not be limited in any manner by any limitation of the amount of insurance coverage or benefits including workers' compensation or other employee benefit acts provided by the Contractor. In all subcontracts entered into by the Contractor related to performance under this Agreement, the Contractor will include a provision requiring the subcontractor to provide the same indemnity and hold harmless to the indemnified parties specified in this paragraph.
8. **Amendments/Budget Changes –**
   a) This Agreement may be changed, amended, modified or extended only by mutual consent of the parties provided that such consent shall be in writing and executed by the parties hereto prior to the time such change shall take effect, with the exception of changes and amendments that are made mandatory by the Project Sponsor under the sponsoring grant/contract, which will take effect in accordance with the Project Sponsor's requirements and schedule.

   b) In no event shall there be expenses charged to a restricted budget category without prior written consent of HRI.

   c) The Budget Flexibility Percentage indicates the percent change allowable in each category of the Budget, with the exception of a restricted budget category. As with any desired change to this Agreement, budget category deviations exceeding the Budget Flexibility Percentage in any category of the Budget are not permitted unless approved in writing by HRI. In no way shall the

Budget Flexibility Percentage be construed to allow the Contractor to exceed the Total Contract Amount less the restricted budget line, nor shall it be construed to permit charging of any unallowable expense to any budget category. An otherwise allowable charge is disallowed if the charge amount plus any Budget Flexibility Percentage exceeds the amount of the budget category for that cost.

9. Insurance –

a) The Contractor shall maintain or cause to be maintained, throughout the Term, insurance or self-insurance equivalents of the types and in the amounts specified in section b) below. Certificates of Insurance shall evidence all such insurance. It is expressly understood that the coverage's and limits referred to herein shall not in any way limit the liability of the Contractor. The Contractor shall include a provision in all subcontracts requiring the subcontractor to maintain the same types and amounts of insurance specified in b) below.

b) The Contractor shall purchase and maintain at a minimum the following types of insurance coverage and limits of liability:

1) Commercial General Liability (CGL) with limits of insurance of not less than $1,000,000 each Occurrence and $2,000,000 Annual Aggregate. If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor's CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for the Additional Insureds shall be as broad as the coverage provided for the Named Insured Contractor. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.

2) Business Automobile Liability (AL) with limits of insurance of not less than $1,000,000 each accident. AL coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor's AL policy. The AL coverage for the Additional Insureds shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.

3) Workers Compensation (WC) & Employers Liability (EL) with limits of insurance of not less than $100,000 each accident for bodily injury by accident and $100,000 each employee for injury by disease.

4) If specified by HRI, Professional Liability Insurance with limits of liability of $1,000,000 each occurrence and $3,000,000 aggregate.

c) Provide that such policy may not be canceled or modified until at least 30 days after receipt by HRI of written notice thereof; and

d) Be reasonably satisfactory to HRI in all other respects.

10. Publications and Conferences –

a) All written materials, publications, journal articles, audio-visuals that are either presentations of, or products of the Scope of Work which are authorized for publication or public dissemination, subject to the confidentiality restrictions herein, will acknowledge HRI, the New York State Department of Health (DOH) and the Project Sponsor and will specifically reference the Sponsor Reference Number as the contract/grant funding the work with a disclaimer, as appropriate, such as: "The content of this publication (journal article, etc.) is solely the responsibility of the authors and does not necessarily represent the official views of HRI or the Project Sponsor. This requirement shall be in addition to any publication requirements or provisions specified in Attachment B – Program Specific Clauses.

b) Conference Disclaimer: Where a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites, “Funding for this conference was made possible (in part) by the <insert Project Sponsor name>. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of HRI, NYS Department of Health or the Project Sponsor, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

Use of Logos: In order to avoid confusion as to the conference source or a false appearance of Government, HRI or DOH endorsement, the Project Sponsor, HRI and/or DOH’s logos may not be used on conference materials without the advance, express written consent of the Project Sponsor, HRI and/or DOH.

11. Title -

a) Unless noted otherwise in an attachment to this Agreement, title to all equipment purchased by the Contractor with funds from this Agreement will remain with Contractor. Notwithstanding the foregoing, at any point during the Term or within 180 days after the expiration of the Term, HRI may require, upon written notice to the Contractor, that the Contractor transfer title to some or all of such equipment to HRI. The Contractor agrees to expeditiously take all required actions to effect such transfer of title to HRI when so requested. In addition to any requirements or limitations imposed upon the Contractor pursuant to paragraph 3 hereof, during the Term and for the 180 day period after expiration of the Term, the Contractor shall not transfer, convey, sublet, hire, lien, grant a security interest in, encumber or dispose of any such equipment. The provisions of this paragraph shall survive the termination of this Agreement.

b) Contractor acknowledges and agrees that all work products, deliverables, designs, writings, inventions, discoveries, and related materials (collectively, “Works”) made, produced or delivered by Contractor in the performance of its obligations hereunder will be owned exclusively by HRI. All copyrightable Works are “works made for hire”, which are owned by HRI. Contractor will assign, and hereby assigns and transfers to HRI, all intellectual property rights in and to Works, including without limitation, copyrights, patent rights, trademark rights, and trade secret rights. The Contractor shall take all steps necessary to effect the transfer of the rights granted in this paragraph to HRI. As set forth in paragraph 18(d) herein, Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R. 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith. The provisions of this paragraph shall survive the termination of this Agreement.

12. Confidentiality - Information relating to individuals who may receive services pursuant to this Agreement shall be maintained and used only for the purposes intended under the Agreement and in conformity with applicable provisions of laws and regulations or specified in Attachment B, Program Specific Clauses. Contractor acknowledges and agrees that, during the course of performing services under this Agreement, it may receive information of a confidential nature, whether marked or unmarked, (“Confidential Information”). Contractor agrees to protect such Confidential Information with the same degree of care it uses to protect its own confidential information of a similar nature and importance, but with no less than reasonable care. Contractor will not use Confidential Information for any purpose other than to facilitate the provision of services under this Agreement, and Contractor will not disclose Confidential Information in an unauthorized manner to any third party without HRI’s advance written consent.

13. Equal Opportunity and Non-Discrimination - Contractor acknowledges and agrees, whether or not required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) or any other State or Federal statutory or constitutional non-discrimination provisions, that Contractor will not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual’s relationship or association with a member of a protected category or any other basis protected by applicable state and federal law. Furthermore, Contractor agrees that neither

it nor its authorized subcontractors, if any, shall, by reason of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familiar status, domestic violence victim status, individual's relationship or association with a member of a protected category or any other basis protected by applicable state and federal law: (a)discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement. Contractor is subject to fines of $50.00 per person per day for any violation of this provision, or of Section 220-e or Section 239 of the New York State Labor Law, as well as possible termination of this Agreement and forfeiture of all moneys due hereunder for a second or subsequent violation.

14. Use of Names - Unless otherwise specifically provided for in Attachment B, Program Specific Clauses, and excepting the acknowledgment of sponsorship of this work as required in paragraph 10 hereof (Publications), the Contractor will not use the names of Health Research, Inc. the New York State Department of Health, the State of New York or any employees or officials of these entities without the express written approval of HRI.

15. Site Visits and Reporting Requirements -

a) Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, "Records"). The Records must be kept for three years after the final voucher is paid.

b) HRI and the Project Sponsor or their designee(s) shall have the right to conduct site visits where services are performed and observe the services being performed by the Contractor and any subcontractor and inspect Records. The Contractor shall render all assistance and cooperation to HRI and the Project Sponsor in connection with such visits. The surveyors shall have the authority, to the extent designated by HRI, for determining contract compliance as well as the quality of services being provided.

c) The Contractor agrees to provide the HRI Project Director, or his or her designee complete reports, including but not limited to, narrative and statistical reports relating to the project's activities and progress at the Reporting Frequency specified in Exhibit C. The format of such reports will be determined by the HRI Project Director and conveyed in writing to the Contractor.

16. Miscellaneous –

a) Contractor and any subcontractors are independent contractors, not partners, joint venturers, or agents of HRI, the New York State Department of Health or the Project Sponsor; nor are the Contractor's or subcontractor's employees considered employees of HRI, the New York State Department of Health or the Project Sponsor for any reason. Contractor shall pay employee compensation, fringe benefits, disability benefits, workers compensation and/or withholding and other applicable taxes (collectively the "Employers Obligations") when due. The contractor shall include in all subcontracts a provisions requiring the subcontractor to pay its Employer Obligations when due. Contractor is fully responsible for the performance of any independent contractors or subcontractors.

b) This Agreement may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet, subjected to any security interest or encumbrance of any type, or disposed of without the previous consent, in writing, of HRI.

c) This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns.

d) Contractor shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict, or the appearance of a conflict, with the proper discharge of Contractor's duties under this Agreement or the conflict of interest policy of any agency providing federal funding under this Agreement. In the event any actual or potential conflict arises, Contractor agrees to notify HRI in writing within ten (10) days to

allow HRI to evaluate any potential or actual conflict. Contractor certifies that it has implemented and is in compliance with a financial conflict of interest policy that complies with 42 CFR Part 50 Subpart F, as may be amended from time to time. Contractor acknowledges that it cannot engage in any work or receive funding from HRI until they have disclosed all financial conflicts of interest and identified an acceptable management strategy to HRI. At HRI's request, Contractor will provide information about how it identified, managed, reduced or eliminated conflicts of interest. Failure to disclose such conflicts or to provide information to HRI may be cause for termination as specified in the Terms & Conditions of this Agreement. HRI shall provide Contractor with a copy of notifications sent to the funding agency under this Agreement.

e) Regardless of the place of physical execution or performance, this Agreement shall be construed according to the laws of the State of New York and shall be deemed to have been executed in the State of New York. Any action to enforce, arising out of or relating in any way to any of the provisions of this Agreement may only be brought and prosecuted in such court or courts located in the State of New York as provided by law; and the parties' consent to the jurisdiction of said court or courts located in the State of New York and to venue in and for the County of Albany to the exclusion of all other court(s) and to service of process by certified or registered mail, postage prepaid, return receipt requested, or by any other manner provided by law. The provisions of this paragraph shall survive the termination of this Agreement.

f) All official notices to any party relating to material terms hereunder shall be in writing, signed by the party giving it, and shall be sufficiently given or served only if sent by registered mail, return receipt requested, addressed to the parties at their addresses indicated on the face page of this Agreement.

g) If any provision of this Agreement or any provision of any document, attachment or Exhibit attached hereto or incorporated herein by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement but this Agreement shall be reformed and construed as if such invalid provision had never been contained herein and such provision reformed so that it would be valid, operative and enforceable to the maximum extent permitted.

h) The failure of HRI to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by HRI or excuse a similar subsequent failure to perform any such term or condition by Contractor.

i) It is understood that the functions to be performed by the Contractor pursuant to this Agreement are non-sectarian in nature. The Contractor agrees that the functions shall be performed in a manner that does not discriminate on the basis of religious belief and that neither promotes nor discourages adherence to particular religious beliefs or to religion in general.

j) In the performance of the work authorized pursuant to this Agreement, Contractor agrees to comply with all applicable project sponsor, federal, state and municipal laws, rules, ordinances, regulations, guidelines, and requirements governing or affecting the performance under this Agreement in addition to those specifically included in the Agreement and its incorporated Exhibits and Attachments.

k) This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.

17. Federal Regulations/Requirements Applicable to All HRI Agreements -

The following are federal regulations, which apply to all Agreements; regardless of the source of the funding (federal/non-federal) specified on the face page of this Agreement. Accordingly, regardless of the funding source, the Contractor agrees to abide by the following:

a) Human Subjects, Derived Materials or Data - If human subjects are used in the conduct of the work supported by this Agreement, the Contractor agrees to comply with the applicable federal laws, regulations, and policy statements issued by DHHS in effect at the time the work is

conducted, including by not limited to Section 474(a) of the HHS Act, implemented by 45 CFR Part 46 as amended or updated. The Contractor further agrees to complete an OMB No. 0990-0263 form on an annual basis.

b) Laboratory Animals - If vertebrate animals are used in the conduct of the work supported by this Agreement, the Contractor shall comply with the Laboratory Animal Welfare Act of 1966, as amended (7 USC 2131 et. seq.) and the regulations promulgated thereunder by the Secretary of Agriculture pertaining to the care, handling and treatment of vertebrate animals held or used in research supported by Federal funds. The Contractor will comply with the *HHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions* and the *U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research and Training*.

c) Research Involving Recombinant DNA Molecules - The Contractor and its respective principle investigators or research administrators must comply with the most recent *Public Health Service Guidelines for Research Involving Recombinant DNA Molecules* published at Federal Register 46266 or such later revision of those guidelines as may be published in the Federal Register as well as current *NIH Guidelines for Research Involving Recombinant DNA Molecules.*

d) Contractor is required to register with SAM.gov and maintain active status as stated in 2 CFR Subtitle A, Chapter 1, and Part 25. Contractor must maintain the accuracy/currency of the information in SAM at all times during which the Contractor has an active agreement with HRI. Additionally, the Contractor is required to review and update the information at least annually after the initial registration, and more frequently if required by changes in information.

e) Equal Employment Opportunity – for all agreements

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(a) which is hereby incorporated herein.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

18. Federal Regulations/Requirements Applicable to Federally Funded Agreements through HRI - The following clauses are applicable only for Agreements that are specified as federally funded on the Agreement face page:

a) If the Project Sponsor is an agency of the Department of Health and Human Services: The Contractor must be in compliance with the following Department of Health and Human Services and Public Health Service regulations implementing the statutes referenced below and assures that, where applicable, it has a valid assurance (HHS-690) concerning the following on file with the Office of Civil Rights, Office of the Secretary, HHS.

1) Title VI of the Civil Rights Act of 1964 as implemented in 45 CFR Part 80.
2) Section 504 of the Rehabilitation Act of 1973, as amended, as implemented by 45 CFR Part 84.
3) The Age Discrimination Act of 1975 (P.L. 94-135) as amended, as implemented by 45 CFR 1.
4) Title IX of the Education Amendments of 1972, in particular section 901 as implemented at 45 CFR Part 86 (elimination of sex discrimination).
5) Sections 522 and 526 of the HHS Act as amended, implemented at 45 CFR Part 84 (non-discrimination for drug/alcohol abusers in admission or treatment).

6) Section 543 of the HHS Act as amended as implemented at 42 CFR Part 2 (confidentiality of records of substance abuse patients).
7) Trafficking in Persons – subject to the requirement of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).
8) HHS regulatory requirements on Responsibility of Applicants for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 C.F.R Parts 50 and 94.
9) Contractor agrees to comply with other requirements of the Project Sponsor, if applicable, set forth in the HHS Grants Policy Statement.

b) Notice as Required Under Public Law 103-333: If the Project Sponsor is an agency of the Department of Health and Human Services, the Contractor is hereby notified of the following statement made by the Congress at Section 507(a) of Public Law 103-333 (The DHHS Appropriations Act, 1995, hereinafter the "Act"): It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.

c) Contractor agrees that if the Project Sponsor is other than an agency of the DHHS, items 1, 2, 3 and 4 in subsection a) above shall be complied with as implemented by the Project Sponsor.

d) Contractor agrees that the Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith.

e) Criminal Penalties for Acts Involving Federal Health Care Programs - Recipients and sub-recipients of Federal funds are subject to the strictures of 42 U.S.C. 1320A-7B(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, including for making false statements and representations and illegal remunerations.

f) Equipment and Products - To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made.

g) Acknowledgment of Federal Support – When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part by federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

h) Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42. U.S.C. 1320a-7b (b) and should be recognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) and individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) in return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item for which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years or both.

i) Clean Air Act and the Federal Water Pollution Control Act Compliance - If this contract is in excess of $150,000, Contractor agrees to comply and to require that all subcontractors have complied, where applicable, with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401-7671q.) and the Federal Water Pollution Control Act as

amended (33 U.S.C. §1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

j) Americans With Disabilities Act - This agreement is subject to the provisions of Subtitle A of Title II of the Americans with Disabilities Act of 1990, 42. U.S.C. 12132 ("ADA") and regulations promulgated pursuant thereto, see 28 CFR Part 35. The Contractor shall not discriminate against an individual with a disability, as defined in the ADA, in providing services, programs or activities pursuant to this Agreement.

k) Whistleblower Policy: Congress has enacted whistleblower protection statue 41 U.S.C. 4712, which applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts. This program requires all grantees, subgrantees and subcontractors to: inform their employees working on any federally funded award they are subject to the whistleblower rights and remedies of the program; inform their employee in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

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

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

19. Required Federal Certifications –

Acceptance of this Agreement by Contractor constitutes certification by the Contractor of all of the following:

a) The Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.

b) The Contractor is not delinquent on any Federal debt.

c) Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352) – Contracts for $100,000 or more must file the required certifications. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

d) The Contractor shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care,

early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.

e) The Contractor has established administrative policies regarding Scientific Misconduct as required by the Final Rule 42 CFR Part 93, Subpart A as published at the 54 Federal Register 32446, August 8, 1989.

f) The Contractor maintains a drug free workplace in compliance with the Drug Free Workplace Act of 1988 as implemented in 45 CFR Part 76.

g) If the Project Sponsor is either an agency of the Public Health Service or the National Science Foundation, the Contractor is in compliance with the rules governing Objectivity in Research as published in 60 Federal Register July 11, 1995.

h) Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009. Recipients and sub recipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Grant recipients and sub recipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.

i) EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at http://www.hhs.gov/sites/default/files/ocr/civilrights/resources/specialtopics/lep/lepguidance.pdf.

j) Equal Employment Opportunity, requires compliance with E.O. 13672 "Further Amendments to Executive Order 11478, Equal Employment Opportunity in the Federal Government, and Executive Order 11246, “Equal Employment Opportunity”, and as supplemented by regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”

The Contractor shall require that the language of all of the above certifications will be included in the award documents for all subawards under this Agreement (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. The Contractor agrees to notify HRI immediately if there is a change in its status relating to any of the above certifications.

Attachment 7

RYAN WHITE GUIDANCE FOR PART B DIRECT SERVICE SUBCONTRACTORS

This guidance sets forth requirements related to AIDS Institute Ryan White Part B contracts as stipulated in the Ryan White HIV/AIDS Treatment Extension Act and as mandated by HRSA policy and New York State policy. The following information provides guidance for contractors in developing budgets and work plans. Ryan White Part B contracts **must** adhere to these requirements. This guidance includes information on allowable services, client eligibility, time and effort reporting, administration, and payer of last resort requirements. Please note that these policies may not be applicable to Ryan White Part A contracts administered by PHS.

Ryan White Service Categories

The Ryan White law limits the persons eligible for Ryan White services and limits the services that are allowable with Ryan White funds. Activities supported and the use of funds appropriated under the law must be in accordance with legislative intent, federal cost principles, and program-specific policies issued by the federal Health Resources and Services Administration (HRSA). HRSA policy related to Ryan White Parts A and B states that no service will be supported with Ryan White funds unless it falls within the legislatively defined range of services. In addition, the law stipulates that Ryan White is the "payer of last resort" (see payer of last resort section on page 4).In conducting program planning, developing contracts, and overseeing programs, you must comply with legislative intent and HRSA policy regarding allowable services and payer of last resort requirements.

Ryan White funded medical and support services must be provided in settings that are accessible to low income individuals with HIV disease.

By receiving Part B funds, the contractor agrees to participate, as appropriate, in Ryan White HIV/AIDS Treatment Extension Act initiatives. The contractor agrees that such participation is essential in meeting the needs of clients with HIV as well as achieving the overall goals and objectives of the Ryan White HIV/AIDS Treatment Extension Act.

Ryan White Part B funds may be used to support the following services:

CORE SERVICES

1. **Mental health services for HIV-positive persons.** Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, including individual and group counseling, based on a detailed treatment plan, provided by mental health professionals licensed by the NYS Department of Education and the Board of Regents to practice within the boundaries and scope of their respective profession. This includes Psychiatrists, Psychologists, Psychiatric Nurse Practitioners, Masters prepared Psychiatric Registered Nurses, and Licensed Clinical Social Workers. All mental health services must be provided in accordance with the AIDS Institute Mental Health Standards of Care.

2. **Medical case management services (including treatment adherence)** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments are key components of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the care plan at least every 6 months, as necessary during the enrollment of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication. Medical case management services must be provided by trained professionals who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other

services. Medical case management may be provided in a variety of medical settings, including community health centers, County Departments of Health, hospitals, or other Article 28 facilities. All medical case management services must be provided in accordance with AIDS Institute medical case management standards.

SUPPORT SERVICES, defined as services needed to achieve outcomes that affect the HIV-related clinical status of a person with HIV/AIDS. Support services must be shown to improve clinical outcomes. Support services must facilitate access to care. Allowable support services are:

3. **Case management (non-medical**) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed support services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does. In accordance with HRSA HAB policy notice 07-04, this includes transitional case management for incarcerated persons as they prepare to exit the correctional system as part of effective discharge planning, or who are in the correctional system for a brief period, which would not include any type of discharge planning. All non-medical case management services must be provided in accordance with AIDS Institute non-medical case management standards.

4. **Emergency financial** - Ryan White HIV/AIDS Program funds may be used to provide Emergency Financial Assistance (EFA) as an allowable support service.

    a. The decision-makers deliberately and clearly must set priorities and delineate and monitor what part of the overall allocation for emergency assistance is obligated for transportation, food, essential utilities, and/or prescription assistance. Careful monitoring of expenditures within a category of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to indicate when reallocations may be necessary.

    b. In addition, Grantees and planning councils/consortia must develop standard limitations on the provision of Ryan White HIV/AIDS Program funded emergency assistance to eligible individuals/households and mandate their consistent application by all contractors. It is expected that all other sources of funding in the community for emergency assistance will be effectively utilized and that any allocation of Ryan White HIV/AIDS Program funds to these purposes will be the payer-of-last-resort, and for limited amounts, limited use and limited periods of time

5. **Food bank/home-delivered meals -** Food and Meal Services assist with improving the nutrition status of the client while they develop the necessary skills to make appropriate food choices that will improve and/or maintain their health status. Nutrient dense, well balanced, and safe meals and food tailored to the specific dietary needs of PLWH/A can assist in maximizing the benefits of medical interventions and care. The food and meal services include home-delivered meals, congregate meals, pantry bags, and food gift cards/vouchers. Meals and pantry bags must provide culturally acceptable foods based on knowledge of the food habits and preferences of the target populations.

6. **Health education/risk reduction -**HIV education and risk reduction services include short term individual and/or group level activities to address medical and/or health related education intended to increase a client's knowledge of and participation in their health care, address secondary HIV prevention, improve health, and decrease the risk of transmission of HIV. Education and risk reduction services should be structured to enhance the knowledge base, health literacy and self efficacy of HIV-infected persons in accessing and maintaining HIV medical services and staying healthy. Recreational and socialization activities are not included in this category.

7. **Housing services** are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or

supportive services such as residential mental health services, foster care, or assisted living residential services.

8. **Linguistic services** include interpretation/translation services (both written and oral), provided to HIV- infected individuals (including non-English speaking individuals, and those who are deaf or hard of hearing) for the purpose of ensuring the client's access to medical care and to Ryan White fundable support services that have a direct impact on primary medical care. Funded providers must ensure linguistic services are provided by a qualified professional interpreter.

9. **Medical Transportation services** include conveyance services provided, directly or through voucher, to an eligible client so that he or she may access HIV-related health and support services intended to maintain the client in HIV/AIDS medical care. If this contract is funded under Catalog of Federal Domestic Assistance Number 93.917 or 93.915, the contractor certifies that it will provide transportation services for eligible clients to medical and support services that are linked to medical outcomes associated with HIV clinical status. Transportation should be provided through: A contract(s) with a provider(s) of such services; Voucher or token systems, Mileage reimbursement that enables individuals to travel to needed medical or other support services may be supported with Ryan White HIV/AIDS Program funds, but should not in any case exceed the established rates for Federal Programs. Federal Joint Travel Regulations provide further guidance on this subject; Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); or, Purchase or lease of organizational vehicles for client transportation programs. Note: Grantees must receive prior approval for the purchase of a vehicle.

10. **Outreach services** are programs that have as their principal purpose identification of people who know their status so that they may become aware of, and may be enrolled in care and treatment services, **NOT** HIV counseling and testing or HIV prevention education. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

11. **Psychosocial support service**s are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups that improve medical outcomes, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.

12. **Referral for health care/supportive s**ervices is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.

13. **Treatment adherence counseling** - Short term individual and/or group level activities used to provide HIV/AIDS treatment information, adherence counseling, monitoring, and other strategies to support clients in readiness to begin ARV treatment or maintain maximal adherence to prescribed HIV/AIDS treatment. Treatment adherence counseling activities are provided by non-medical personnel outside of the medical case management and clinical setting. The ultimate goal of treatment education is for a consumer to self-manage their own HIV/AIDS-related care. Self-management is the ability of the consumer to manage their health and health care autonomously, while working in partnership with their physician.

Ryan White funds may also be used to support training of providers delivering allowable services that is intended to improve medical outcomes and consumer education/training that is intended to improve medical outcomes.

Payer of Last Resort

- Ryan White is payer of last resort. The Ryan White HIV/AIDS Treatment Extension Act requires that "...the State will ensure that grant funds are not utilized to make payments for any item or

service to the extent that payment has been made or can reasonably be expected to be made with respect to that item or service under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or by an entity that provides health services on a prepaid basis. "DSS program policy guidance No. 2 further states that at the individual client level, grantees and/or their subcontractors are expected to make reasonable efforts to secure other funding instead of Ryan White whenever possible. Ryan White funding may only be used for services that are not reimbursable by Medicaid, ADAP Plus or other third-party payers.

- The Contractor shall (i) maintain policies and staff training on the requirement that Ryan White be the payer of last resort and how that requirement is met; (ii) screen each client for insurance coverage and eligibility for third party programs, assist clients in applying for such coverage and document this in client files; and (iii) carry out internal review of files and billing system to ensure Ryan White resources are used only when a third party payer is not available.

- The Contractor shall (i) have billing, collection, co-pay and sliding fee policies that do not act as a barrier to providing services regardless of the clients ability to pay and (ii) maintain file of individuals refused services with reasons for refusal specified and any complaints from clients with documentation of complaint review and decision reached.

- The Contractor shall ensure that policies and procedures classify veterans receiving VA health benefits as uninsured, thus exempting these veterans from the payer of last resort requirement.

Medicaid Certification & Program Income

- Contractors that provide Medicaid-eligible services pursuant to this agreement shall (i) participate in New York State's Medicaid program; (ii) maintain documentation of their Medicaid certification; (iii) maintain file of contracts with Medicaid insurance companies; and (iv) document efforts to obtain Medicaid certification or request waiver where certification is not feasible.

- The Contractor shall bill, track and report to HRI all program income (including drug rebates) pursuant to this agreement that are billed and obtained. Report of program income will be documented by charges, collections and adjustment reports or by the application of a revenue allocation formula.

- The Contractor shall (i) establish policies and procedures for handling Ryan White revenue including program income; (ii) prepare a detailed chart of accounts and general ledger that provide for the tracking of Ryan White revenue; and (iii) make the policies and process available for granted review upon request.

Client Charges

The Ryan White HIV/AIDS Program legislation requires grantees and subgrantees to develop and implement policies and procedures that specify charges to clients for Ryan White funded services. These policies and procedures must also establish sliding fee scales and discount schedules for clients with incomes greater than 100% of poverty. The legislation also requires that individuals be charged no more than a maximum amount (cap) in a calendar year according to specified criteria.

Each subcontractor may adopt the following policy for use in their policies and procedures in order to satisfy this legislative requirement.

All clients receiving Ryan White Part B services must meet the following income eligibility requirements. Financial eligibility is based on 435% of the Federal Poverty Level (FPL). Clients above 435% of FPL are

not eligible for services. FPL varies based on household size and is updated semi-annually. Financial eligibility is calculated on the gross income available to the household:

- If an individual's income is less than or equal to 100% of the Federal Poverty Level (FPL), the individual may not be charged for services.

- For individuals with income from 101% to 200% of the FPL, a nominal fee of $5 will be charged per service visit. Cumulative charges in a calendar year can be no more than 5% of the individual's annual gross income. Once the 5% cap is reached, the individual may no longer be charged for services.

- For individuals with incomes from 201% to 300% of the FPL, a nominal fee of $7 will be charged per service visit. Cumulative charges in a calendar year can be no more than 7% of the individual's annual gross income. Once the 7% cap is reached, the individual may no longer be charged for services.

- For individuals with income over 300% of the FPL, a nominal fee of $10 will be charged per service visit. Cumulative charges in a calendar year can be no more than 10% of the individual's annual gross income. Once the 10% cap is reached, the individual may no longer be charged for services.

The following discounted fee schedule shall be applied to all individuals receiving a Ryan White Part B service as follows:

- For individuals with income from 101% to 200% of the FPL, a discount of $5 will be applied to each charge per service visit.

- For individuals with income from 201% to 300% of the FPL, a discount of $7 will be applied to each charge per service visit.

- For individuals with income over 300% of the FPL, a discount of $10 will be applied to each charge per service visit.

Services must be provided to eligible clients without regard to either the ability of the individual to pay for such services or the current or past health conditions of the individuals to be served.

Time and Effort Reporting

Contractors must have systems in place to document time and effort of direct program staff supported by all federal funds. New federal contractors must submit their written policies related to time and effort to HRI for approval. Most often, such systems take the form of a time sheet entry. These time and effort reporting procedures must clearly identify the percentage of time each staff person devotes to contract activities in accordance with the approved budget. The percent of effort devoted to the project may vary from month to month. The employee's time sheet must indicate the percent of effort the employee devotes to each particular project for a given time period. The effort recorded on the time sheet must reflect the employee's funding sources, and the percent of effort recorded for Ryan White funds must match the percentage being claimed on the Ryan White voucher for the same time period. In addition, 100 percent of the employee's time must be documented. In cases where the percentage of effort of contract staff changes during the contract period, contractors must submit a budget modification request to the AIDS Institute.

On audit, contractors will be expected to produce this documentation. Failure to produce this documentation could result in audit disallowances. HRI also has the right to request back-up documentation on any vouchers if they choose to do so. Only indirect staff is not subject to time and effort reporting requirements. Such staff must be included in the indirect costs line, rather than in the salaries section.

Quality

Ryan White Part B contractors are expected to participate in quality management activities as contractually required, at a minimum compliance with relevant service category standards of care and collection and reporting of data for use in measuring performance. Quality management activities should incorporate the principles of continuous quality improvement, including agency leadership and commitment, staff development and training, participation of staff from all levels and various disciplines, and systematic selection and ongoing review of performance criteria, including consumer satisfaction.

HRSA National Monitoring Standards

The National Monitoring Standards (Standards) are designed to help Ryan White HIV/AIDS Program Part A and B (including AIDS Drug Assistance Program) grantees meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Requirements set forth in other sources are consolidated into a single package of materials that provide direction and advice to grantees for monitoring both their own work and the performance of service providers. The Standards consolidate existing HRSA/HAB requirements for program and fiscal management and oversight based on federal law, regulations, policies, and guidance documents.

The Standards were developed by the Division of Service Systems (DSS) within the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB) in response to several Office of Inspector General (OIG) and Government Accountability Office (GAO) reports. These reports identified the need for a specific standard regarding the frequency and nature of grantee monitoring of subgrantees and a clear HRSA/HAB Project Officer role in monitoring grantee oversight of subgrantees.

Grantees and Subgrantees are required to comply with the Standards as a condition of receiving Ryan White Part A and Part B funds. The Standards can be accessed by visiting: http://www.hab.hrsa.gov/manageyourgrant/granteebasics.html

Administration

The Ryan White legislation imposes a cap on contractor administration. The legislative intent is to fund services and keep administrative costs to a minimum. Contractors shall ensure that expenses on administrative costs do not exceed 10% of the total grant.
Administrative expenses may be individually set and may vary; however, the aggregate total of a contractors administrative costs may not exceed the 10% limit. Administrative activities include:

- usual and recognized overhead activities, **including established indirect rates** for agencies;
- management oversight of specific programs funded under the RWHAP; and
- other types of program support such as quality assurance, quality control, and related activities (exclusive of RWHAP CQM).

The portion of direct facilities expenses such as rent, maintenance, and utilities for areas primarily utilized to provide core medical and support services for eligible RWHAP clients (e.g., clinic, pharmacy, food bank, counseling rooms, areas dedicated to groups) are not required to be included in the 10% administrative cost cap. Note: by legislation, all indirect expenses must be considered administrative expenses subject to the 10% cap.

For contractors funded by Ryan White Part B, the following programmatic costs are **not** required to be included in the 10% limit on administrative costs; they may be charged to the relevant service category directly associated with such activities specific to the contract:

- Biannual RWHAP client re-certification;
- The portion of malpractice insurance related to RWHAP clinical care;
- Electronic Medical Records (EMR) data entry costs related to RWHAP clinical care and support services;
- The portion of the clinic receptionist's time providing direct RWHAP patient services (e.g., scheduling appointments and other intake activities);

- The portion of medical waste removal and linen services related to the provision of RWHAP services;
- The portion of medical billing staff related to RWHAP services;
- The portion of a supervisor's time devoted to providing professional oversight and direction regarding RWHAP-funded core medical or support service activities, sufficient to assure the delivery of appropriate and high-quality HIV care, to clinicians, case managers, and other individuals providing services to RWHAP clients (would not include general administrative supervision of these individuals); and
- RWHAP clinical quality management (CQM). However, expenses which are clearly administrative in nature cannot be included as CQM costs.

The following items of expense **are considered administrative** and should be included in the column for administrative costs when completing the budget forms.

(A) Salaries

Management and oversight: This includes staff that has agency management responsibility but no direct involvement in the program or the provision of services.

Finance and Contract administration: This includes proposal, work plan and budget development, receipt and disbursal of contract funds, and preparation of programmatic and financial reports as required by the AIDS Institute.

A position **or** percentage of a position may be considered administrative. Examples of titles that are 100% administrative: Controller, Accounting Manager, Director of Operations, Bookkeeper, Accountant, Payroll Specialist, Finance Coordinator, Maintenance Worker, or Security Officer.

Examples of titles that may in part involve administrative duties: Deputy Executive Director; Program Manager, Program Coordinator, or Clinic Manager. With regard to supervision, the percentage of time devoted to supervising programmatic activities and/or providing overall direction to program activities should be considered programmatic.

In the example below, the Chief Operating Officer and Chief Administrative Officer have wholly administrative positions. As such the entire amount requested from the AIDS Institute for these salaries is transferred into the administrative cost line. The Clinic Manager position is 20% administrative so 20% of the requested salary is considered administrative. A calculation on the Salary budget form page will divide all administrative salaries by the total salaries.
This percentage in the example below (9.93%) may be applied to items in the miscellaneous category that may be shared by program and administrative staff.

Administrative Cost Updates:
AIRS Data entry staff are **not** required to be included in the 10% limit on Administrative Costs for data entry related to core medical and support services provided to Ryan White HIV/AIDS Program (RWHAP) clients.

Some **examples** based on the recent updates are:

- A Receptionist's time providing direct RWHAP patient services is not required to be counted against the 10% administrative cost limit.
- A Supervisor's time devoted to providing professional oversight and direction regarding RWHAP-funded core medical or support service activities is not required to be included in the 10% administrative cost limit.

Job descriptions provided must describe the position's involvement with these activities in order to justify the charges.

Position Title/Incumbent Name(s) List only those positions funded on this contract. If salary for position will change during the contract period, use additional lines to show salary levels for each period of time. If additional space is needed, copy this page	Hours Worked Per Week Hours worked per week, regardless of funding source.	Annual Salary Salary for 12 months, regardless of funding source.	# of months or pay periods funded on this contract	% of effort worked on this contract	Amount Requested from AIDS Institute (1) Col 3 x Col 4 x Col 5 12 mos. or 26 pp	Third Party Revenue Show anticipated use of revenue generated by this contract. (Medicaid and ADAP Plus)	Administrative Costs Includes administrative staff salaries supported by this contract. (2)
Director of Case Mgt and Treatment Adherence	35	$65,000	12	75.00%	$48,750		
Chief Operating Officer	35	$80,000	12	4.00%	$3,200		$3,200
Chief Administrative Officer	35	$72,000	12	4.00%	$2,880		$2,880
Case Manager I	35	$45,000	12	100.00%	$45,000		
Clinic Manager	35	$30,000	12	100.00%	$30,000		$6,000
Data Entry	35	$29,000	12	20.00%	$5,800		
IT Specialist	35	$30,000	12	4.00%	$1,200		$1,200
SUBTOTAL					$136,830		$13,280
Notes:							9.71% (2)

(B) Fringe

The fringe rate should be applied to the amount of staff salaries devoted to administration ($12,400 in the above example) in order to calculate the amount of administrative fringe benefits. The summary budget form will calculate this amount once the administrative salaries have been identified on the salary page and the fringe rate has been entered on the fringe page.

(C) Supplies

All funds budgeted for office supplies are considered administrative. Supplies such as educational or clinical materials would be considered programmatic. The administrative supply amount should be entered directly on the supply budget form.

(D) Travel

Travel pertaining to the financial operations or overall management of the organization is considered administrative. Client travel or travel of program staff to training would be considered programmatic. The administrative travel amount should be entered directly on the travel budget form.

(E) Equipment

Equipment purchased for administrative staff or for the financial operations or overall management of the organization is considered administrative. Equipment purchased for program staff or to support or enhance service delivery would be considered programmatic. The administrative equipment amount should be entered directly on the equipment budget form.

(F) Miscellaneous

Includes any portion of rent, utilities, telecommunications that are not directly related to core medical and support services provided to RWHAP clients. Audit expenses are considered 100% Administrative. Liability insurance can be considered both Administrative and programmatic if a methodology is included by the provider which demonstrates that a portion of the direct service is to RWHAP clients. The percentage of staff time devoted to administration (as calculated on the salary page) should be applied to items of expense shared by program and administrative staff (such as photocopiers, printers, and maintenance agreements). The amount of administrative telecommunications, space and miscellaneous other costs should be entered directly on the miscellaneous budget form.

Cell phone costs for 100% direct program staff will be considered programmatic expenses and should not be charged as administrative costs. If a portion of a staff salary is administrative, then that portion of their cell phone charges must be administrative.

Examples:

- A Case manager has a cell phone whose sole purpose is to use that cell phone for serving Ryan White positive clients would be considered 100% programmatic.
- A Clinic Manager has a cell phone and their administrative effort on the contract is 20%. This means that 20% of the cell phone cost must count towards the 10% administrative cost limit.

(G) Subcontracts/Consultant

Includes contractors who perform non-service delivery functions (bookkeepers, payroll services, accountants, security, maintenance, etc.) The administrative contractual amount should be entered directly on the subcontracts/consultants budget form.

(H) Indirect

100% of funds budgeted in the indirect line are administrative. Any contractor that has never received a Federal negotiated indirect cost rate may charge a de minimis rate of 10% of modified total direct costs. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a contractor chooses to negotiate for a rate, which they may apply to do at any time. The total amount of indirect costs requested should be transferred to the administrative cost line on the indirect costs budget form. **All indirect expenses must be considered administrative expenses subject to the 10% cap.**

The summary budget form will calculate a rate based on the entries made on each budget form. This rate must be 10% or less for Ryan White contractors. We recognize that some administrative resources are needed by contractors to support direct service programs; however, it is important to note that Ryan White funds are meant to support direct services rather than administration. Upon review of the budget, contract managers will work with you if necessary to reduce administrative costs.

Guide for Completing Budgets for Grant Years 2-5

Budgets for Years two through five are to be completed using the excel budget forms in Attachment 14. Please be sure to complete all required budget pages for years two through five. The budgets for years two through five should be labeled as instructed in the RFA and combined into one .pdf document, then uploaded to the Grants Gateway as Attachment 14.

Tab 1 - Summary Budget

A. ***Project Name*** – Enter the Name of the Solicitation.
B. ***Contractor SFS Payee Name*** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.
C. ***Contract Period*** – "From" is the Start date of the budget and "To" is the end date of the budget. **A separate budget must be completed for each 12 month budget period for Years 2-5 and labeled for each contract period.**
D. The **GRANT FUNDS** column will need to be populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet. These categories include:

- Salaries
- Fringe Benefits
- Contractual Services
- Travel
- Equipment
- Space, Property & Utilities
- Operating Expenses
- Other

No information should be entered into the columns labeled Match Funds, Match % or Other Funds.

Tab 2- Salaries

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page. *Please include a written justification on Tab 6.*

***Position Title*:** For each position, indicate the title along with the incumbent's name. If a position is vacant, please indicate "TBD" (to be determined).

Annualized Salary Per Position: For each position, indicate the total annual salary regardless of funding source.

Standard Work Week (Hours): For each position, indicate the number of hours worked per week regardless of funding source.

Percent of Effort Funded: For each position, indicate the percent effort devoted to the proposed program/project.

Number of Months Funded: For each position, indicate the number of months funded on the proposed project.

Total: For each position, applicants will need to populate the total funding requested column from the AIDS Institute based on annualized salary, hours worked, percent effort and months funded for each position.

Tab 2 - Fringe Benefits

On the bottom of Tab 2, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate requested for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification must be attached. *Please include a written justification on Tab 6.*

Tab 3 – Contractual Services

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. *Please include a written justification on Tab 6.*

Tab 3 – Travel

Please indicate estimated travel costs for the contract period. *Please include a written justification on Tab 6.*

Tab 4 – Equipment and Space

Please indicate estimated equipment or space costs for the contract period. *Please include a written justification on Tab 6.*

Tab 5 – Operating Expenses / Other

Please indicate any operating expenses for the contract period. *(Operating costs include may include Supplies and any other miscellaneous costs for the contract period*). *Please include a written justification on Tab 6.*

Please indicate the estimated other costs requested for the contract period. *(Other costs include indirect costs)* Please note indirect costs are limited to 10% of direct costs. *Please include a written justification on Tab 6. The justification for indirect costs needs to include the requested rate.*

Tab 6 - Narrative Budget Justification

Please provide a brief narrative justification for budget years 2-5 in the **JUSTIFICATION** column in Tab 6 for each budgeted item. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project. Separate justifications should be included at the end of each budget year.

Those agencies selected for funding will be required to provide a more detailed budget as part of the contract process.

ATTACHMENT 18: WORK PLAN (COMPONENT A)
SUMMARY

PROJECT NAME: HIV/STD/HCV Prevention and Related Services for Men and HIV Positive Men within Communities of Color – Component A
CONTRACTOR SFS PAYEE NAME:
CONTRACT PERIOD **From:** December 1, 2018 **To:** November 30, 2023

This initiative supports a high impact approach to prevention efforts. Funding will support programs that provide a comprehensive range of HIV/STD/HCV prevention interventions and related services to men and HIV positive men within communities of color. The overall goals are to:

- Prevent new HIV/STD/HCV infections;
- Increase HIV/STD/HCV testing and screening services;
- Increase the number of men who know their HIV/STD/HCV status;
- Identify HIV/STD/HCV infected individuals and ensure access to early, high quality medical care and prevention services;
- Increase access to comprehensive sexual health information;
- Facilitate access to prevention services including PrEP linkage and support services;
- Facilitate access to essential supportive services;
- Support persons living with HIV in maintaining successful HIV treatment to improve their overall health and prevent the transmission of HIV to their sexual partners; and
- Increase social support, reduce social isolation, and increase self-esteem for men and HIV positive men.

The priority populations for this component are men within communities of color (e.g., Black/African American, Hispanic/Latino, Asian American/Native Hawaiian/Other Pacific Islander, and American Indian/Alaska Native) including but not limited to the following: gay men; bisexual men; men who have sex with men; heterosexual men; users of substances; men who have been diagnosed with STDs and/or HCV; men who engage in transactional sex; men with a recent history of incarceration or other forms of institutionalization; men who are homeless or unstably housed; men in sexual relationships with partners whose status is unknown or who are in sero-discordant relationships; and HIV positive men.

Funding allows for the provision of: Client Recruitment/Engagement; HIV Prevention Community Collaboration; Condom Promotion, Education, and Distribution; HIV Testing; STD and HCV Screening (or linkage to); Linkage and Navigation Services; and delivery of a High Impact Prevention Public Health Strategy, Evidence Based Behavioral Interventions, and/or a Locally Developed Interventions; or formalized PrEP support programs.

The expected outcomes are to: reduce disease incidence; decrease the rate of HIV/STD/HCV transmission; decrease risky sexual and drug using behaviors among HIV positive and persons at high-risk for acquiring HIV; increase the proportion of HIV/STD/HCV infected individuals who are aware of their status; and increase the proportion of infected person who are linked to prevention, partner services, and treatment/medical care.

Instructions:

Applicants are **not** required to enter the performance measures into the Grants Gateway Work Plan. Funded applicants will be held to the performance measures as listed in Attachment 18, and will be required to enter the performance measures into the Grants Gateway only **if** funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

HIV Testing and Linkage to Prevention & HIV Care Services			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
1. Meet established target for key performance indicators and monitor services delivery to ensure targeted testing is achieving program goals	NA	**1a.** Monitor service delivery to ensure targeted testing is achieving program goals **1b.** Conduct confidential HIV testing in accordance with NYS public health law as well as contractual obligations **1c.** Use a client-centered, motivational approach to deliver key information, conduct the HIV test, complete a brief risk screening, provide test results, and deliver referrals tailored to the client's specific risk **1d.** Establish procedures to promptly provide HIV confirmatory testing **1e.** Document all referrals and linkage outcomes in the AIDS Institute Reporting System	**1.1.** At least **85 %** of HIV tests conducted relative to the number projected (projected vs. actual).
2. Increase the number clients who engage in high risk behaviors that know their HIV status **Definition for high-risk:** IDU MSM Sex w/ Transgender Sex w/ person who is IDU Sex in exchange for drugs/money Sex while high or intoxicated Sex w/ person HIV positive Sex w/ person who exchanges sex for drugs/money Sex w/ known MSM	NA	**2a.** Recruit clients for HIV testing **2b**. Precisely identify priority population and actual or "virtual" places to locate the population **2c.** Develop and plan a recruitment strategy (where, when, how) which incorporates appropriate messaging and is responsive to the needs of your priority population: Strategies can include: o Outreach (Street based, Venue based, Internet) o Social Networking o Internal referrals or External referrals **2d.** Utilize social media to facilitate client recruitment for HIV testing where possible **2e.** Perform a comprehensive risk assessment to determine the need for HIV testing and for any other screening/ testing/referrals needs (STD, HCV, harm reduction, non-HIV related services, etc.) **2f.** Provide staff training and tools to increase competency with serving individual of different cultural backgrounds, education levels, and health literacy levels	**2.1.** At least **90%** of clients tested in non-clinical settings will be members of the identified priority population. **2.2.** **100%** of staff conducting HIV testing will be trained on the testing strategy and provided with the appropriate tools to ensure competency **2.3.** **100%** of staff conducting client recruitment will be trained on the program's HIV testing policies
3. As identified in the Minimum Service Targets for Component A -	NA	**3a.** Implement effective strategies to locate individuals who are HIV positive and are not aware of their status.	**3.1.** As identified in the Minimum Service Targets for Component A -

	Program Model Interventions table of the Communities of Color Request for Application, identify newly diagnosed HIV positive individuals based on annual service targets (i.e., 2, 3, 4).			Program Model Interventions table of the Communities of Color Request for Application, the minimum number of clients tested will be identified as HIV positive for the first time.
4.	Ensure that 100% of HIV positive clients receive their test results.	NA	**4a.** Provide client with a confirmed test result in accordance with NYS public health law. **4b.** Have a protocol in place to follow-up with clients if clients do not return for their test results. Utilize NYS and/or local health department Partner Services (PS) staff to help locate clients where possible.	**4.1. 100%** of HIV positive test results will be returned to clients.
5.	Link newly identified HIV positive clients to medical care and Partner Services.	NA	**5a.** Have a protocol in place for intra-agency referrals which ensures **linkage to HIV medical care with CD4 or viral load tests performed within 30 days of date of diagnosis** **5b.** Establish collaboration agreements with medical providers to expedite and accept referrals for newly diagnosed HIV positive clients. **5c.** Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment with HIV-related lab work (e.g., viral load, CD4, genotype). **5d.** Establish collaboration agreements with regional and/or local partner services staff to accept referrals for partner services. **5e.** Inform clients about Partner Services and provide linkage. **5f.** Refer newly identified HIV positive clients to partner services.	**5.1. 100%** of newly identified HIV positive clients who receive their test result will be referred to HIV medical care; **5.2. 90%** of newly identified HIV positive clients who receive their test result will be linked to HIV medical care with HIV-related lab work within 30 days of HIV diagnosis. **5.3. 100%** of newly identified HIV positive clients who receive their test results will be referred to partner services.
6.	Ensure that for 100% newly identified HIV positive clients are reported to the NYSDOH	NA	**6a.** Utilize the Medical Provider Report Form (PRF) (DOH-4189) [or complete electronically (ePRF) using the Provider Portal on the NYSDOH Health Commerce System], to report confirmed cases of HIV to NYSDOH within 14 days of diagnosis.	**6.1. 100%** of newly identified HIV positive clients will have a PRF or ePRF completed and submitted to NYSDOH within 14 days of diagnosis.
7.	Link newly identified HIV positive persons to HIV prevention services.	NA	**7a.** Discuss action plan with client, to address issues preventing the client from implementing behavior change that decreases the transmission risks and refer client to prevention services (e.g., treatment as prevention, condom use, partner on PrEP) **7b.** Establish collaboration agreements with providers to accept referrals for HIV prevention interventions and other related	**7.1. 100%** of newly identified HIV positive clients who receive their test results will be screened for risk reduction intervention needs; **7.2.** At least **90%** of newly identified HIV positive clients who are screened and identified as needing

		services not provided by your program/agency. **7c.** Refer newly identified HIV positive clients to HIV prevention services (e.g., navigation/peer support, individual/group interventions, etc.)	risk reduction intervention will be provided an intervention will be linked to prevention services within 30 days of receiving their test result.
8. Refer, test and/or screen clients testing for HIV for STD and HCV services (engage in Program Collaboration and Service Integration – PCSI).	NA	**8a.** Integrate the provision of information, risk assessment and documented linkage to testing and treatment for STD/HCV (as appropriate). Ensure the comprehensive risk assessment conducted addresses client risks for STDs and for HCV in addition to HIV. **8b.** Screen (or refer for screening) for STD/HCV in accordance with PHL and contractual obligations.	**8.1. 100%** of newly identified HIV positive clients who receive their test results will be offered testing/screening or referred for testing/screening for STDs and HCV; **8.2. 80 %** will accept the testing/screening or referral for testing/screening within 30 days of receiving their HIV test result.
9. Increase the number of individuals who are linked to a clinical site offering PrEP/PEP	N/A	**9a.** Establish collaboration agreements with PrEP/PEP prescribers to accept linkages/referrals for PrEP/PEP. **9b.** As appropriate, link clients with prevention services, including non-occupational Post-Exposure Prophylaxis (PEP) and/or Pre-Exposure Prophylaxis (PrEP)	**9.1. 100%** of HIV negative clients not already on PrEP at the time of HIV testing will be screened for PrEP **9.2. 65%** of HIV negative clients who are screened and identified as eligible for PrEP will be referred to a PrEP prescriber

STD and HCV Screening			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
10. Meet work plan target regarding the number of projected testing events.	NA	**10a.** Conduct STD and HCV screening and linkage to services in accordance with NYS public health law and contractual obligations.	**10.1.** At least **85 %** of STD and HCV screenings conducted relative to the number projected (projected vs. actual).
11. Ensure that 100% of STD positive clients receive their test results.	NA	**11a.** Provide client with a confirmed test result in accordance with NYS public health law. **11b.** Have a protocol in place to follow-up with clients if clients do not return for their test results. Utilize NYS Partner Services (PS) staff to help locate clients where possible.	**11.1.** **100%** of STD positive test results will be returned to clients.
12. Link newly identified STD positive clients to medical care and Partner Services and ensure that 100% of STD positive clients are reported to the local health department as required by statute based on the patient's residence.	NA	**12a.** Have a protocol in place for external or intra-agency referrals which ensures **linkage to treatment and medical care within 3 business days of receiving their results.** **12b.** Establish collaboration agreements with medical providers to expedite and accept referrals for newly diagnosed STD positive clients **within 3 business days of receiving their results**. **12c.** Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment and received treatment. **12d.** Establish collaboration agreements with regional and/or local partner services staff to accept referrals for partner services. **12e.** Refer newly identified STD positive clients to Partner Services. **12f.** Utilize the Confidential Case Report Form (DOH-389) for Rest of State Providers (non-NYC based providers) or the Universal Report Form for NYC-based providers, to report confirmed STD cases to the local health department within 24 hours of diagnosis	**12.1.** **100%** of newly identified STD positive clients who receive their test result will be referred to treatment and medical care; **12.2.** **90%** will be linked to treatment and medical care within business days of receiving their result. **12.3.** **100%** of newly identified STD positive clients who receive their test results will be referred to partner services. **12.4.** **100%** of newly identified STD positive clients will have a DOH 389 or URF completed and submitted to the local health department within 24 hours of diagnosis.
13. Ensure that 100% of HCV reactive clients receive their test results and are linked to medical care or	NA	**13a.** Establish collaboration agreements with providers to accept referrals for HCV diagnostic testing and/or medical evaluation. **13b.** If providing diagnostic HCV testing directly: Provide client	**13.1.** **100%** of STD positive test results will be returned to clients.

provided HCV RNA diagnostic testing.		with test results in accordance with NYS public health law and link clients for medical evaluation. **13c.** If providing diagnostic HCV testing directly: Report HCV RNA tests for both detectable and non- detectable results. **13d.** Utilize the Confidential Case Report Form (DOH-389) for Rest of State Providers (non-NYC based providers) or the Universal Report Form for NYC-based providers, to report HCV RNA results to the local health department within 24 hours of diagnosis. **13e.** Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment.	
If your agency is not conducting STD and HCV Screening, please follow the guidance provided below			
14. Refer clients for STD and HCV screening (engage in Program Collaboration and Service Integration – PCSI).	NA	**14a.** Ensure the comprehensive risk assessment conducted also addresses client risks for STDs and for HCV. **14b.** Establish collaboration agreements with providers to accept referrals for STD and HCV screening. **14c.** Refer for STD and HCV screening in accordance with public health law and contractual obligations. **14d.** Confirm linkage referrals.	**14.1. 65 %** will accept the referral for STD and HCV screening.

High Impact Public Health Strategy, Evidence Based Effective Intervention, and/or Locally Developed Interventions			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**

15. Meet work plan targets regarding the number of projected priority population members who will enroll in funded interventions or strategies for this contract.	NA	**15a.** Implement at least one high impact public health strategy (e.g., ARTAS, Social Network Strategy , or Testing Together); an evidenced-based behavioral intervention; formalized PrEP support program; and/or locally developed intervention. **15b.** Locally developed interventions must be designed to support at least one of the follow four tasks 15c -15f. **15c.** Access to HIV testing, STD and HCV screening, and linkage and navigation services, with an emphasis on access to PrEP and PrEP support services. **15d.** Provide PrEP support services to support clients on PrEP (e.g., outreach education, screening for PrEP, PrEP readiness, adherence, risk reduction, coping with stigma, other needed supports identified by clients, etc.). **15e.** Address barriers to HIV/STD/HCV prevention (stigma, discrimination, and other social, economic and structural issues) that increase vulnerability to HIV/STD/HCV and come between clients and the care they need. **15f.** Increase social support, reduce social isolation, and increase self-esteem for men and HIV positive men.	**15.1.** At least **90%** clients enrolled relative to the number projected (projected vs. actual). **15.2.** At least **75%** of clients who are enrolled in an intervention or strategy will complete the intervention.
16. Implement a PrEP Support Program	NA	**16a.** Utilize internal and external resources to identify potential clients for PrEP **16b.** Screen potential clients for eligibility and link interested and eligible clients to a medical provider who prescribes PrEP. **16c.** Work with clients to develop PrEP readiness. **16d.** Work with the medical provider to provide supportive services as part of a comprehensive prevention plan that includes routine HIV and STD testing, risk reduction and adherence counseling, and education on condom use and safer sex practices.	**16.1.** At least **90%** clients enrolled relative to the number projected (projected vs. actual). **16.2.** At least **75%** of clients who are enrolled in an intervention or strategy will complete the intervention.

17. Enroll priority population in funded Intervention(s).	NA	**17a.** Recruit individuals to participate in funded interventions or public health strategies: **17b.** Precisely identify priority population and actual or "virtual" places to locate the population **17c.** Develop and plan a recruitment strategy (where, when, how) which incorporates appropriate messaging and is responsive to the needs of your priority population. **17d.** Strategies can include: Outreach (Street based, Venue based, Internet); Social Networking; and/or Internal referrals or External referrals	**17.1.** At least **90%** of clients who are enrolled in each funded intervention(s) will be from the priority population as identified in the work plan.

Linkage and Navigation Services for HIV+ persons and/or persons who engage in high risk behaviors (Staff and/or Peer Led)			
Objective	**Budget Category**	**Task/Activities**	**Performance Measures**
18. Link HIV positive clients to medical care, prevention and essential support services based on client need	NA	**18a.** Conduct a comprehensive behavioral risk assessment (at a minimum every 6 months) **18b.** Complete an action plan to reduce barriers and increase/facilitate access to essential services o Update plan (at a minimum every 6 months) from the time of the comprehensive behavioral risk assessment **18c.** Develop written agreements with health care, behavioral health and social service provides to facilitate linkage to needed services or programs **18d.** Link clients to medical care, medication adherence, retention in care, and prevention and support services as per assessment and action plan. o Clients with a reported HIV negative partner must be made aware of PrEP/PEP and be provided with referrals **18e.** Establish protocols to monitor individual level outcomes of linkage to services and retention **18f.** Train staff that provide linkage and navigation services to use a client-centered, motivational and culturally/linguistically sensitive approach and fully engage client in HIV and STD prevention services. **18g.** Train staff that provide linkage and navigation services to assist client in achieving self-sufficiency based on areas identified in the action plan and comply with	**18.1.** **100%** of clients will have a documented comprehensive risk assessment conducted and documented every six months in AIRS and in the client file **18.2.** **100%** of clients will have a plan of action/ services plan conducted and documented every six months in AIRS and in the client file **18.3.** **100%** of HIV positive clients not in care will be linked to medical care **18.4.** **80%** of HIV positive clients in linkage and navigation services will be linked to prevention and essential support services as per action plan **18.5.** **80%** of all HIV positive clients who are screened and identified as needing ART medication adherence support services will be provided/linked to these services **18.6.** **100%** of HIV positive clients will monitored for treatment adherence - goal of viral suppression

		laws, policies and procedures that protect patient confidentiality. **18h**.Document all services provided, referrals and linkage outcomes in the AIDS Institute Reporting System	
19. Document in client files, client level activities	NA	**19a.** At a minimum, client files must include: semi-annual comprehensive behavioral risk assessment and action plan; current providers with signed releases; and evidence of efforts to reduce barriers and link client to services or ensure retention. **19b.** Client files for HIV positive clients must include documentation of discussion of most recent viral load test result	**19.1.** Client files contain required documentation and progress notes that show evidence of efforts to assist client address identified needs or barriers **19.2.** Client files for HIV positive clients will include a recent (within 6 months) discussion of CD4 count and viral load test results
20. Link clients to medical care, prevention and essential support services based on client need	N/A	**20a.** Conduct a comprehensive behavioral risk assessment (at a minimum every 6 months) **20b.** Complete an action plan to reduce barriers and increase/facilitate access to essential services o Update plan (at a minimum every 6 months) from the time of the comprehensive behavioral risk assessment **20c.** Develop written agreements with health care, behavioral health and social service provides to facilitate linkage to needed services or programs **20d.** Link clients to medical care, prevention and support services as per assessment and action plan **20e.** Make clients aware of PrEP/PEP and provide referrals **20f.** Establish protocols to monitor individual level outcomes of linkage to services and retention **20g.** Train staff that provide linkage and navigation services to use a client-centered, motivational and culturally/linguistically sensitive approach and fully engage client in HIV and STD prevention services. **20h.** Train staff that provide linkage and navigation services to assist client in achieving self-sufficiency based on areas identified in the action plan and comply with laws, policies and procedures that protect patient confidentiality. **20i.** Document all services provided, referrals and linkage	**20.1.** **100%** of clients will have a comprehensive risk assessment conducted and documented every six months in AIRS and in the client file **20.2.** **100%** of clients with a plan of action/ services plan conducted and documented every six months in AIRS and in the client file **20.3.** **100%** of clients with an unknown STD and/or HCV status will be linked/provided STD and/or HCV screening **20.4.** **80%** of clients will be tested for HIV at least every 6 months **20.5.** **80%** of clients in linkage and navigation services will linked to prevention and essential support services as per action plan **20.6.** **90%** of clients who are screened and identified as needing risk reduction intervention will be provided an intervention within 30 days. **20.7.** **100%** of clients not already on PrEP at the time program enrollment will be screened for PrEP

		outcomes in the AIDS Institute Reporting System	**20.8.** **85%** of clients screened and identified as eligible for PrEP will be referred for PrEP **20.9.** **65%** of clients who are screened and identified as eligible for PrEP will be linked to a PrEP prescriber

Condom Promotion, Education and Distribution for HIV+ persons and/or persons who engage in high risk behaviors			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
21. Increase correct and consistent condom use among those at highest risk to reduce the transmission of HIV, STD and unintended pregnancy	NA	**21a.** Promote and/or distribute condoms during each client level encounter with HIV positive and populations at highest risk **21b.** Provide condom education as needed when distributing condoms	**21.1.** **85%** of HIV positive and HIV negative clients will be provided condoms at each client level encounter

Reporting and Continuous Quality Improvement			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**

22. Submit timely: data reports; narrative reports; and fiscal reports/documents (vouchers, budget modifications, audits).	NA	**22a.** Collect and submit data in accordance with AI protocols. **22b.** Submit monthly AIRS extracts to the AIDS Institute via the HPS. **22c.** Create and submit narrative reports in accordance with bureau and AI protocols. **22d.** Create and submit fiscal reports/documents in accordance with AI protocols and State Master Contract.	**22.1.** **75%** of monthly AIRS extracts will be submitted by the established deadline. **22.2.** **100%** of data submitted will be up to date (within 30 days). **22.3.** **100%** of monthly narrative reports will be submitted as per protocols and by the established deadline. **22.4.** **100%** of fiscal reports/documents will be submitted as per protocols and by the established deadlines.
23. Engage in continuous quality improvement activities for all funded activities.	NA	**23a.** Routinely examine agency data using AI reports available through External Reporting Application (ERA); discuss data internally and with your Contract Manager; implement corrective action plans to address programmatic and data-related deficiencies. **23b.** Use quality improvement activities to guide future programming and make modifications.	**23.1.** Participate in **4** quarterly calls per year with your contract manager to review data and assess progress in meeting contractual expectations. **23.2.** Number and percent of programmatic changes made relative to the number recommended by your contract manager.
24. Register and update testing/screening services on the Centers for Disease Control and Prevention's National Prevention Information Network (NPIN) database.	NA	**24a.** For NEW organizations, register at https://npin.cdc.gov/orgrec/default.aspx and complete the online form. **24b.** For UPDATES and ADDITIONS to organizations already registered with NPIN, visit https://npin.cdc.gov/ or https://gettested.cdc.gov/, find your organization and click the update link to complete the online form for updates.	**24.1.** At least **quarterly**, update agency testing services on the NPIN database.
25. Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.	NA	**25a.** Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.	**25.1.** Aid with non-workplan public health issues if/when they arise.

ATTACHMENT 19: WORK PLAN (COMPONENT B)
SUMMARY

PROJECT NAME: HIV/STD/HCV Prevention and Related Services for Transgender and Gender Non-Conforming (TGNC) Individuals particularly in Communities of Color

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD **From:** December 1, 2018 **To:** November 30, 2023

This initiative supports a high impact approach to prevention efforts. Funding will support programs that provide a comprehensive range of HIV/STD/HCV prevention interventions and related services to transgender and gender non-conforming individuals and HIV positive transgender and gender non-conforming individuals particularly in communities of color. The overall goals are to:

- Prevent new HIV/STD/HCV infections;
- Increase HIV/STD/HCV testing and screening services;
- Increase the number of TGNC individuals who know their HIV/STD/HCV status;
- Identify HIV/STD/HCV infected individuals and ensure access to early, high quality medical care and prevention services;
- Increase access to comprehensive sexual health information;
- Facilitate access to prevention services including PrEP linkage and support services;
- Facilitate access to essential supportive services; and
- Increase social support, reduce social isolation, and increase self-esteem for TGNC individuals.

The priority population of this initiative are transgender women and men, transgender youth and elders, and gender non-conforming people of all ages, particularly in communities of color (e.g., Black/African American, Hispanic/Latino, Asian American/Native Hawaiian/Other Pacific Islander, and American Indian/Alaska Native).

Funding allows for the provision of Client Recruitment/Engagement; HIV Prevention Community Collaboration; Condom Promotion, Education, and Distribution; HIV Testing (direct provision of or documented referral to); STD and HCV Screening (direct provision of or documented referral to); Linkage and Navigation Services; and delivery of prevention/supportive interventions; Evidence Based Behavioral Interventions and/or a Locally Developed Interventions; or formalized PrEP Support programs.

The expected outcomes are to: reduce disease incidence; decrease the rate of HIV/STD/HCV transmission; decrease risky sexual and drug using behaviors among HIV positive and persons at high risk for acquiring HIV; increase the proportion of HIV/STD/HCV infected individuals who are aware of their status; and increase the proportion of HIV positive persons who are linked to prevention, partner services, and treatment/medical care.

Instructions:
Applicants are **not** required to enter the performance measures into the Grants Gateway Work Plan. Funded applicants will be held to the performance measures as listed in Attachment 19, and will be required to enter the performance measures into the Grants Gateway only **if** funding is awarded.
For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

HIV Testing and Linkage to Prevention & HIV Care Services			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
1. Meet established target for key performance indicators and monitor services delivery to ensure targeted testing is achieving program goals	NA	**1a.** Monitor service delivery to ensure targeted testing is achieving program goals. **1b.** Conduct confidential HIV testing in accordance with NYS public health law as well as contractual obligations. **1c.** Use a client-centered, motivational approach to deliver key information, conduct the HIV test, complete a brief risk screening, provide test results, and deliver referrals tailored to the client's specific risk. **1d.** Establish procedures to promptly provide HIV confirmatory testing. **1e.** Document all referrals and linkage outcomes in the AIDS Institute Reporting System.	**1.1.** At least **85 %** of HIV tests conducted relative to the number projected (projected vs. actual).
2. Increase the number of clients who engage in high risk behaviors that know their HIV status **Definition for high risk:** IDU MSM Sex w/ Transgender Sex w/ person who is IDU Sex in exchange for drugs/money Sex while high or intoxicated Sex w/ person HIV positive Sex w/ person who exchanges sex for drugs/money Sex w/ known MSM	NA	**2a.** Recruit clients for HIV testing. **2b.** Precisely identify priority population and actual or "virtual" places to locate the population. **2c.** Develop and plan a recruitment strategy (where, when, how) which incorporates appropriate messaging and is responsive to the needs of your priority population: Strategies can include o Outreach (Street based, Venue based, Internet) o Social Networking o Internal referrals or External referrals **2d.** Utilize social media to facilitate client recruitment for HIV testing where possible. **2e.** Perform a comprehensive risk assessment to determine the need for HIV testing and for any other screening/ testing/referrals needs (STD, HCV, harm reduction, non-HIV related services, etc.). **2f.** Provide staff training and tools to increase competency with serving individual of different cultural backgrounds, education levels, and health literacy levels.	**2.1.** At least **90%** of clients tested in non-clinical settings will be members of the identified priority population. **2.2.** **100%** of staff conducting client recruitment will be trained on the program's HIV testing policies. **2.3** **100%** of staff conducting HIV testing will be trained on the testing strategy and provided with the appropriate tools to ensure competency.
3. As identified in the Minimum Service Targets for Component B – Program Model Interventions table	NA	**3a.** Implement effective strategies to locate individuals who are HIV positive and are not aware of their status.	**3.1** As identified in the Minimum Service Targets for Component B – Program Model Interventions table

	of the Communities of Color Request for Application, identify newly diagnosed HIV positive individuals based on annual service targets (i.e., 2, 3, 4).			of the Communities of Color Request for Application, the minimum number of clients tested will be identified as HIV positive for the first time.
4.	Ensure that 100% of HIV positive clients receive their test results.	NA	**4a**. Provide client with a confirmed test result in accordance with NYS public health law. **4b.** Have a protocol in place to follow-up with clients if clients do not return for their test results. Utilize NYS and/or local health department Partner Services (PS) staff to help locate clients where possible.	**4.1** **100%** of HIV positive test results will be returned to clients.
5.	Link newly identified HIV positive clients to medical care and Partner Services.	NA	**5a**. Have a protocol in place for intra-agency referrals which ensures **linkage to HIV medical care with CD4 or viral load tests performed within 30 days of date of diagnosis.** **5b**. Establish collaboration agreements with medical providers to expedite and accept referrals for newly diagnosed HIV positive clients. **5c**. Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment with HIV-related lab work (e.g., viral load, CD4, genotype). **5d**. Establish collaboration agreements with regional and/or local partner services staff to accept referrals for partner services. **5e**. Inform clients about Partner Services and provide linkage **5f.** Refer newly identified HIV positive clients to partner services.	**5.1** **100%** of newly identified HIV positive clients who receive their test result will be referred to HIV medical care. **5.2** **90%** of newly identified HIV positive clients who receive their test result will be linked to HIV medical care with HIV-related lab work within 30 days of HIV diagnosis. **5.3** **100%** of newly identified HIV positive clients who receive their test results will be referred to partner services.
6	Ensure that for 100% newly identified HIV positive clients are reported to the NYSDOH	NA	**6a.** Utilize the Medical Provider Report Form (PRF) (DOH-4189) [or complete electronically (ePRF) using the Provider Portal on the NYSDOH Health Commerce System], to report confirmed cases of HIV to NYSDOH within 14 days of diagnosis.	**6.1** **100%** of newly identified HIV positive clients will have a PRF or ePRF completed and submitted to NYSDOH within 14 days of diagnosis.
7	Link newly identified HIV positive persons to HIV prevention services.	NA	**7a**. Discuss an action plan with client, based on behavioral risk assessment, to address issues preventing the client from implementing behavior change that decreases the transmission risks and refer client to prevention services (e.g., treatment as prevention, condom use, partner on PrEP, effective interventions). **7b.** Refer newly identified HIV positive clients to HIV prevention services (e.g., navigation/peer support, individual/group	**7.1** **100%** of newly identified HIV positive clients who receive their test results will be screened for risk reduction intervention needs. **7.2** At least **90%** of newly identified HIV positive clients who are screened and identified as needing risk reduction intervention will be

		interventions, etc.) provided by the funded program. **7c.** Establish collaboration agreements with providers to accept referrals for HIV prevention interventions and other related services not provided by your program/agency.	provided an intervention will be linked to prevention services within 30 days of receiving their test result.
8 Refer, test and/or screen clients testing for HIV for STD and HCV services (engage in Program Collaboration and Service Integration – PCSI).	NA	**8a.** Integrate the provision of information, risk assessment and documented linkage to screening/ testing and treatment for HIV, STD/HCV (as appropriate). Ensure the comprehensive risk assessment conducted addresses client risks for STDs and for HCV in addition to HIV. **8b.** Screen (or refer for screening) for STD/HCV in accordance with PHL and contractual obligations.	**8.1** **100%** of newly identified HIV positive clients who receive their test results will be offered testing/screening or referred for testing/screening for STDs and HCV. **8.2** **80 %** will accept the testing/screening or referral for testing/screening within 30 days of receiving their HIV test result.
9 Increase the number of clients who are linked to a clinical site offering PrEP/PEP	N/A	**9a.** Establish collaboration agreements with PrEP/PEP prescribers to accept linkages/referrals for PrEP/PEP. **9b.** Link, as appropriate, clients with prevention services, including non-occupational Post-Exposure Prophylaxis (PEP) and/or Pre-Exposure Prophylaxis (PrEP)	**9.1** **100%** of HIV-negative clients not already on PrEP at the time of HIV testing will be screened for PrEP. **9.2** **65%** of HIV-negative clients who are screened and identified as eligible for PrEP will be referred to a PrEP prescriber.

If your agency is not contracted to conduct HIV testing, please follow the guidance provided below			
10. Refer clients who engage in high risk behaviors for HIV, STD and/or HCV testing (engage in Program Collaboration and Service Integration – PCSI).	N/A	**10a.** Integrate the provision of information, risk assessment and documented linkage to HIV testing. **10b.** Ensure the risk assessment conducted also addresses client risks for STDs and for HCV. **10c.** Refer for STD / HCV testing in accordance with PHL and contractual obligations.	**10.1** **65 %** will accept the referral for HIV, STD and/or HCV.

STD and HCV Screening			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
11 Meet work plan target regarding the number of projected testing events.	NA	**11a.** Conduct STD and HCV screening and linkage to services in accordance with NYS public health law and contractual obligations.	**11.1** At least **85 %** of STD and HCV screenings conducted relative to the number projected (projected vs. actual).
12 Ensure that 100% of STD positive clients receive their test results.	NA	**12a.** Provide client with a confirmed test result in accordance with NYS public health law. **12b.** Have a protocol in place to follow-up with clients if clients do not return for their test results. Utilize NYS Partner Services (PS) staff to help locate clients where possible.	**12.1** **100%** of STD positive test results will be returned to clients.
13 Link newly identified STD positive clients to medical care and Partner Services and ensure that 100% of STD positive clients are reported to the local health department as required by statute based on the patient's residence.	NA	**13a.** Have a protocol in place for external or intra-agency referrals which ensures **linkage to treatment and medical care within 3 business days of receiving their results.** **13b**. Establish collaboration agreements with medical providers to expedite and accept referrals for newly diagnosed STD positive clients **within 3 business days of receiving their results**. **13c.** Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment and received treatment. **13d.** Establish collaboration agreements with regional and/or local partner services staff to accept referrals for partner services. **13e.** Refer newly identified STD positive clients to Partner Services. **13f.**Utilize the Confidential Case Report Form (PRF) (DOH-389) for Rest of State Providers (non-NYC based providers) or the Universal Report Form (URF) for NYC-based providers, to report confirmed STD cases to the local health department within 24 hours of diagnosis.	**13.1** **100%** of newly identified STD positive clients who receive their test result will be referred to treatment and medical care. **13.2** **90%** will be linked to treatment and medical care within 3 business days of receiving their result. **13.3** **100%** of newly identified STD positive clients who receive their test results will be referred to partner services. **13.4** **100%** of newly identified STD positive clients will have a DOH 389 or URF completed and submitted to the local health department within 24 hours of diagnosis.
14 Ensure that 100% of HCV reactive clients receive their test results and are linked to medical care or provided HCV RNA diagnostic testing.	NA	**14a.** Establish collaboration agreements with providers to accept referrals for HCV diagnostic testing and/or medical evaluation. **14b**. If providing diagnostic HCV testing directly: Provide client with test results in accordance with NYS public health law	**14.1** **100%** of STD positive test results will be returned to clients.

		and link clients for medical evaluation. **14c.** If providing diagnostic HCV testing directly: Report HCV RNA tests for both detectable and non- detectable results. **14d.** Utilize the Confidential Case Report Form (PRF) (DOH-389) for Rest of State Providers (non-NYC based providers) or the Universal Report Form (URF) for NYC-based providers, to report HCV RNA results to the local health department within 24 hours of diagnosis. **14e.** Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment.	
If your agency is not conducting STD and HCV Screening, please follow the guidance provided below			
15 Refer clients who engage in high risk behaviors for STD and HCV screening (engage in Program Collaboration and Service Integration – PCSI).	NA	**15a.** Ensure the comprehensive risk assessment conducted also addresses client risks for STDs and for HCV. **15b.** Establish collaboration agreements with providers to accept referrals for STD and HCV screening. **15c**. Refer for STD and HCV screening in accordance with public health law and contractual obligations. **15d.** Confirm linkage referrals.	**15.1 65 %** will accept the referral for STD and HCV screening.
High Impact Public Health Strategy, Evidence Based Effective Intervention, and/or Locally Developed Interventions			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**

16 Meet work plan targets regarding the number of projected priority population members who will enroll in funded interventions or strategies for this contract.	NA	**16a.** Implement at least one TGNC culturally responsive intervention: prevention supportive intervention, an evidence-based/locally developed intervention or a formalized PrEP Support program. **16b.** Locally developed interventions must be designed to support at least one of the follow four tasks 15c -15f. **16c.** Access to HIV testing, STD and HCV screening, and linkage and navigation n services, with an emphasis on access to PrEP and PrEP support services. **16d.** Provide PrEP support services to support clients on PrEP (e.g., outreach, education, screening for PrEP, PrEP readiness, adherence, risk reduction, coping with stigma, other needed supports identified by clients, etc.). **16e.** Address barriers to HIV/STD/HCV prevention (stigma, discrimination, and other social, economic and structural issues) that increase vulnerability to HIV/STD/HCV and come between clients and the care they need. **16f.** Increase social support, reduce social isolation, and increase self-esteem for TGNC individuals and TGNC individuals who are HIV positive.	**16.1** At least **90%** clients enrolled relative to the number projected (projected vs. actual). **16.2** At least **75%** of clients who are enrolled in an intervention or strategy will complete the intervention.
17 Implement a Formalized Peer Training Program	N/A	**17a**. Follow a structured peer training curriculum, which includes initial and on-going training of peers (this may be a CDC approved DEBI or locally developed intervention). **17b.** Integrate peers into the implementation of funded program activities.	**17.1** Train 10-20 peers through a minimum of 2 multi-session group cycles annually. **17.2** Provide ongoing peer supervision and support.
18 Implement a PrEP Support Program		**18a.** Utilize internal and external resources to identify potential clients for PrEP; **18b**. Screen potential clients for eligibility and link interested and eligible clients to a medical provider who prescribes PrEP **18c.** Work with clients to develop PrEP readiness **18d**. Work with the medical provider to provide supportive services as part of a comprehensive prevention plan that includes routine HIV and STD testing, risk reduction and adherence counseling, and education on condom use and safer sex practices.	**18.1** At least **90%** clients enrolled relative to the number projected (projected vs. actual). **18.2** At least **75%** of clients who are enrolled in an intervention or strategy will complete the intervention.

19 Enroll priority population in funded Intervention(s).	NA	**19a.** Recruit individuals who participate in funded interventions or public health strategies. **19b.** Precisely identify priority population and actual or "virtual" places to locate the population. **19c.** Develop and plan a recruitment strategy (where, when, how) which incorporates appropriate messaging and is responsive to the needs of your priority population. **19d.** Strategies can include: Outreach (Street based, Venue based, Internet); Social Networking; and/or Internal referrals or External referrals.	**19.1** At least **90%** of clients who are enrolled in each funded intervention(s) will be from the priority population as identified in the work plan.

Linkage and Navigation Services for HIV+ persons and/or persons who engage in high risk behaviors (Staff and/or Peer Led)			
Objective	**Budget Category**	**Task/Activities**	**Performance Measures**
20 Link HIV Positive clients to medical care, prevention and essential support services based on client need	NA	**20a.** Conduct a comprehensive behavioral risk assessment (at a minimum every 6 months). **20b.** Complete an action plan to reduce barriers and increase/facilitate access to essential services o Update plan (at a minimum every 6 months) from the time of comprehensive behavioral assessment. **20c.** Develop written agreements with health care, behavioral health and social service providers to facilitate linkage to needed services or programs. **20d.** Link clients to medical care, medication adherence, retention in care and prevention and support services as per assessment and action plan o Clients with a reported HIV negative partner must be made aware of PrEP/PEP and be provided with referrals. **20e.** Establish protocols to monitor individual level outcomes of linkage to services and retention. **20f.** Train staff that provide linkage and navigation services to: o Use a client-centered, motivational and culturally/linguistically sensitive approach o Fully engage clients in HIV treatment and care	**20.1** **100%** of clients will have a documented comprehensive risk assessment conducted and documented every six months in AIRS and in the client file. **20.2** **100%** of clients will have a plan of action/ services plan conducted and documented every six months in AIRS and in the client file. **20.3** **100%** of HIV positive clients not in care will be linked to medical care. **20.4** **80%** of HIV positive clients in linkage and navigation services will be linked to prevention and essential support services as per action plan. **20.5** **80%** of all HIV positive clients who are screened and identified as needing ART medication adherence support services will be provided/linked to these services. **20.6** **100%** of HIV positive clients will monitored for treatment adherence - goal of viral suppression.

		o Assist clients in achieving self-sufficiency in identified action plan areas o Comply with laws, policies and procedures that protect patient confidentiality. **20g.** Document all services provided, referrals and linkage outcomes in the AIDS Institute Reporting System.	
21 Document in client files, client level activities	NA	**21a.** At a minimum, client files should include the following: a semi- annual comprehensive behavioral risk assessment; action plan; current medical care/treatment providers including contact information, and signed releases for case conferencing with health/social service providers, evidence of efforts by linkage and navigation staff to reduce barriers and link client to services or ensure retention. **21b.** Client files for HIV positive clients must include documentation of most recent viral load test result.	**21.1** Client files contain required documentation and progress notes that show evidence of efforts to assist client address identified needs or barriers. **21.2** Client files for HIV positive clients will include a recent (within 6 months) discussion of CD4 count and viral load test results.
22 Link clients to medical care, prevention and essential support services based on client need	N/A	**22a.** Conduct a comprehensive behavioral risk assessment (at a minimum every 6 months). **22b.** Complete an action plan to reduce barriers and increase/facilitate access to essential services o Update plan (at a minimum every 6 months) from at the time of the comprehensive behavioral risk assessment. **22c.** Develop written agreements with health care, behavioral health and social service provides to facilitate linkage to needed services or programs. **22d.** Link clients to medical care, prevention and support services as per assessment and action plan. **22e.** Make clients aware of PrEP/PEP and provide referrals as appropriate. **22f.** Establish protocols to monitor individual level outcomes of linkage to services and retention. **22g.** Train staff that provide linkage and navigation services to: o use a client-centered, motivational and culturally/linguistically sensitive approach o Fully engage client in HIV and STD prevention services	**22.1 100%** of clients will have a comprehensive risk assessment conducted and documented every six months in AIRS and in the client file. **22.2 100%** of clients with a plan of action/ services plan conducted and documented every six months in AIRS and in the client file. **22.3 100%** of clients who engage in high risk behaviors with an unknown STD and/or HCV status will be linked/provided STD and/or HCV screening. **22.4 80%** of clients will be tested for HIV at least every 6 months. **22.5 80%** of clients in linkage and navigation services will be linked to prevention and essential support services as per action plan. **22.6 90%** of clients who are screened and identified as needing risk reduction intervention will be provided an intervention within 30 days.

		o Assist client in achieving self-sufficiency based on identified action plan areas. o comply with laws, policies and procedures that protect patient confidentiality. **22h.** Document all services provided, referrals and linkage outcomes in the AIDS Institute Reporting System.	**22.7 100%** of clients who engage in high risk behaviors not already on PrEP at the time program enrollment will be screened for PrEP. **22.8 85%** of clients screened and identified as eligible for PrEP will be referred for PrEP. **22.9 65%** of clients who are screened and identified as eligible for PrEP will be linked to a PrEP prescriber.

Condom Promotion, Education and Distribution for HIV+ persons and/or persons who engage in high risk behaviors			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
23 Increase correct and consistent condom use among those at highest risk to reduce the transmission of HIV, STD and unintended pregnancy	NA	**23a.** Promote and/or distribute condoms during each client level encounter with HIV positive and populations at highest risk. **23b.** Provide condom education as needed when distributing condoms.	**23.1 85%** of HIV positive and HIV negative clients will be provided condoms at each client level encounter.

Reporting and Continuous Quality Improvement			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**

24 Submit timely: data reports; narrative reports; and fiscal reports/documents (vouchers, budget modifications, audits).	NA	**24a.** Collect and submit data in accordance with AI protocols. **24b.** Submit monthly AIRS extracts to the AIDS Institute via the HPS. **24c.** Create and submit narrative reports in accordance with bureau and AI protocols. **24d.** Create and submit fiscal reports/documents in accordance with AI protocols and State Master Contract.	**24.1 75%** of monthly AIRS extracts will be submitted by the established deadline. **24.2 100%** of data submitted will be up to date (within 30 days). **24.3 100%** of monthly narrative reports will be submitted as per protocols and by the established deadline. **24.4 100%** of fiscal reports/documents will be submitted as per protocols and by the established deadlines.
25 Engage in continuous quality improvement activities for all funded activities.	NA	**25a.** Routinely examine agency data using AI reports available through External Reporting Application (ERA); discuss data internally and with your Contract Manager; implement corrective action plans to address programmatic and data-related deficiencies. **25b**. Use quality improvement activities to guide future programming and make modifications.	**25.1** Participate in **4** quarterly calls per year with your contract manager to review data and assess progress in meeting contractual expectations. **25.2** Number and percent of programmatic changes made relative to the number recommended by your contract manager.
26 Register and update testing/screening services on the Centers for Disease Control and Prevention's National Prevention Information Network (NPIN) database.	NA	**26a.** For NEW organizations, register at https://npin.cdc.gov/orgrec/default.aspx and complete the online form. **26b.** For UPDATES and ADDITIONS to organizations already registered with NPIN, visit https://npin.cdc.gov/ or https://gettested.cdc.gov/, find your organization and click the update link to complete the online form for updates.	**26.1** At least **quarterly**, update agency testing services on the NPIN database.

27 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.	NA	**27a.** Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.	**27.1** Aid with non-workplan public health issues if/when they arise.

ATTACHMENT 20: WORK PLAN (COMPONENT C)
SUMMARY

PROJECT NAME: HIV/STD/HCV Prevention and Related Services for Women and Young Women within Communities of Color
CONTRACTOR SFS PAYEE NAME:
CONTRACT PERIOD **From:** December 1, 2018 **To:** November 30, 2023

This initiative supports a high impact approach to prevention efforts. Funding will support programs that provide a comprehensive range of HIV/STD/HCV prevention interventions and related services to women and young women and HIV positive women within communities of color.

The overall goals are to:

- Prevent new HIV/STD/HCV infections;
- Increase HIV/STD/HCV testing and screening services;
- Increase the number of women and young women who know their HIV/STD/HCV status;
- Identify HIV/STD/HCV infected individuals and ensure access to early, high quality medical care and prevention services;
- Increase access to comprehensive sexual health information
- Facilitate access to prevention services including PrEP linkage and support services;
- Facilitate access to essential supportive services; and

Increase social support, reduce social isolation, and increase self-esteem for women and young women and women and young women who are HIV positive. The priority population of this component are women and young women within communities of color and women who are HIV positive, including but not limited to the following: women and young women in sexual relationships with partners whose status is unknown or who are in sero-discordant relationships; partners of men who have sex with men (MSM); women and young women with a history of trauma, sexual, emotional, and physical abuse; women and young women involved in sex work; women and young women who have sex with women; women and young women with a history of incarceration or other forms of institutionalization within communities of color (e.g., Black/African American, Hispanic/Latino, Asian American/Native Hawaiian/Other Pacific Islander, and American Indian/Alaska Native).

Funding allows for the provision of Client Recruitment/Engagement; HIV Prevention Community Collaboration; Condom Promotion, Education, and Distribution; HIV Testing (direct provision of, documented referral or linkage to); STD and HCV Screening (direct provision of or documented referral to); Linkage and Navigation Services; and delivery of High Impact Prevention Public Health Strategies, Evidence Based Behavioral Interventions, and/or a Locally Developed Interventions; or formalized PrEP Support programs.

The expected outcomes are to: reduce disease incidence; decrease the rate of HIV/STD/HCV transmission; decrease risky sexual and drug using behaviors among HIV positive and persons at high risk for acquiring HIV; increase the proportion of HIV/STD/HCV infected individuals who are aware of their status; and increase the proportion of HIV positive persons who are linked to prevention, partner services, and treatment/medical care.

Instructions:

Applicants are not required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Funded applicants will be held to the performance measures as listed in Attachment 20 and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

HIV Testing and Linkage to Prevention & HIV Care Services			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
1. Meet established target for key performance indicators and monitor services delivery to ensure targeted testing is achieving program goals	NA	**1a**. Monitor service delivery to ensure targeted testing is achieving program goals. **1b.** Conduct confidential HIV testing in accordance with NYS public health law as well as contractual obligations. **1c.** Use a client-centered, motivational approach to deliver key information, conduct the HIV test, complete a brief risk screening, provide test results, and deliver referrals tailored to the client's specific risk. **1d**. Establish procedures to promptly provide HIV confirmatory testing. **1e.** Document all referrals and linkage outcomes in the AIDS Institute Reporting System.	**1.1.** At least **85 %** of HIV tests conducted relative to the number projected (projected vs. actual).
2. Increase the number of clients who engage in high risk behaviors that know their HIV status **Definition for high risk:** IDU MSM Sex w/ Transgender Sex w/ person who is IDU Sex in exchange for drugs/money Sex while high or intoxicated Sex w/ person HIV positive Sex w/ person who exchanges sex for drugs/money Sex w/ known MSM	NA	**2a**. Recruit clients for HIV testing. **2b.** Precisely identify priority population and actual or "virtual" places to locate the population. **2c.** Develop and plan a recruitment strategy (where, when, how) which incorporates appropriate messaging and is responsive to the needs of your priority population: Strategies can include o Outreach (Street based, Venue based, Internet) o Social Networking o Internal referrals or External referrals **2d**. Utilize social media to facilitate client recruitment for HIV testing where possible. **2e**. Perform a comprehensive risk assessment to determine the need for HIV testing and for any other screening/ testing/referrals needs (STD, HCV, harm reduction, non-HIV related services, etc.). **2f.** Provide staff training and tools to increase competency with serving individual of different cultural backgrounds, education levels, and health literacy levels.	**2.1.** At least **90%** of clients tested in non-clinical settings will be members of the identified priority population. **2.2. 100%** of staff conducting client recruitment will be trained on the program's HIV testing policies. **2.3. 100%** of staff conducting HIV testing will be trained on the testing strategy and provided with the appropriate tools to ensure competency.
3. As identified in the Minimum Services Targets for Component C-Program Model Interventions table	NA	**3a**. Implement effective strategies to locate individuals who are HIV positive and are not aware of their status.	**3.1.** As identified in the Minimum Service Targets for Component C-Program Model Interventions table

of the Communities of Color Request for Application, identify newly diagnosed HIV positive individuals based on annual service targets (i.e., 2, 3, 4).			of the Communities of Color Request for Application, the minimum number of clients tested will be identified as HIV positive for the first time.
4. Ensure that 100% of HIV positive clients receive their test results.	NA	**4a.** Provide client with a confirmed test result in accordance with NYS public health law. **4b.** Have a protocol in place to follow-up with clients if clients do not return for their test results. Utilize NYS and/or local health department Partner Services (PS) staff to help locate clients where possible.	**4.1. 100%** of HIV positive test results will be returned to clients.
5. Link newly identified HIV positive clients to medical care and Partner Services.	NA	**5a.** Have a protocol in place for intra-agency referrals which ensures **linkage to HIV medical care with CD4 or viral load tests performed within 30 days of date of diagnosis.** **5b.** Establish collaboration agreements with medical providers to expedite and accept referrals for newly diagnosed HIV positive clients. **5c.** Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment with HIV-related lab work (e.g., viral load, CD4, genotype). **5d.** Establish collaboration agreements with regional and/or local partner services staff to accept referrals for partner services. **5e.** Inform clients about Partner Services and provide linkage. **5f.** Refer newly identified HIV positive clients to partner services.	**5.1. 100%** of newly identified HIV positive clients who receive their test result will be referred to HIV medical care. **5.2. 90%** of newly identified HIV positive clients who receive their test result will be linked to HIV medical care with HIV-related lab work within 30 days of HIV diagnosis. **5.3. 100%** of newly identified HIV positive clients who receive their test results will be referred to partner services.
6. Ensure that for 100% newly identified HIV positive clients are reported to the NYSDOH	NA	**6a.** Utilize the Medical Provider Report Form (PRF) (DOH-4189) [or complete electronically (ePRF) using the Provider Portal on the NYSDOH Health Commerce System], to report confirmed cases of HIV to NYSDOH within 14 days of diagnosis.	**6.1. 100%** of newly identified HIV positive clients will have a PRF or ePRF completed and submitted to NYSDOH within 14 days of diagnosis.
7. Link newly identified HIV positive persons to HIV prevention services.	NA	**7a.** Discuss an action plan with client, based on behavioral risk assessment, to address issues preventing the client from implementing behavior change that decreases the transmission risks and refer client to prevention services (e.g., treatment as prevention, condom use, partner on PrEP, effective interventions). **7b.** Refer newly identified HIV positive clients to HIV prevention services (e.g., navigation/peer support, individual/group interventions, etc.).	**7.1. 100%** of newly identified HIV positive clients who receive their test results will be screened for risk reduction intervention needs. **7.2.** At least **90%** of newly identified HIV positive clients who are screened and identified as needing risk reduction intervention will be provided an intervention will be

		7c. Establish collaboration agreements with providers to accept referrals for HIV prevention interventions and other related services not provided by your program/agency.	linked to prevention services within 30 days of receiving their test result.
8. Refer, test and/or screen clients testing for HIV for STD and HCV services (engage in Program Collaboration and Service Integration – PCSI).	NA	**8a.** Integrate the provision of information, risk assessment and documented linkage to screening/ testing and treatment for HIV, STD/HCV (as appropriate). Ensure the comprehensive risk assessment conducted addresses client risks for STDs and for HCV in addition to HIV. **8b.** Screen (or refer for screening) for STD/HCV in accordance with PHL and contractual obligations.	**8.1. 100%** of newly identified HIV positive clients who receive their test results will be offered testing/screening or referred for testing/screening for STDs and HCV. **8.2. 80 %** will accept the testing/screening or referral for testing/screening within 30 days of receiving their HIV test result.
9. Increase the number of individuals who are linked to a clinical site offering PrEP/PEP	N/A	**9a.** Establish collaboration agreements with PrEP/PEP prescribers to accept linkages/referrals for PrEP/PEP. **9b.** Link high-risk HIV-negative clients with prevention services, including non-occupational Post-Exposure Prophylaxis (PEP) and/or Pre-Exposure Prophylaxis (PrEP).	**9.1. 100%** of clients not already on PrEP at the time of HIV testing will be screened for PrEP. **9.2. 65%** of clients who are screened and identified as eligible for PrEP will be referred to a PrEP prescriber.

If your agency is not contracted to conduct HIV testing, please follow the guidance provided below			
10. Refer clients who engage in in high risk behaviors for HIV, STD and/or HCV testing (engage in Program Collaboration and Service Integration – PCSI).	N/A	**10a.** Integrate the provision of information, risk assessment and documented linkage to HIV testing. **10b**. Ensure the risk assessment conducted also addresses client risks for STDs and for HCV. **10c.** Refer for STD / HCV testing in accordance with PHL and contractual obligations.	**10.1 65 %** will accept the referral for HIV, STD and/or HCV.
STD and HCV Screening			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
11. Meet work plan target regarding the number of projected testing events.	NA	**11a.** Conduct STD and HCV screening and linkage to services in accordance with NYS public health law and contractual obligations.	**11.1.** At least **85 %** of STD and HCV screenings conducted relative to the number projected (projected vs. actual).
12. Ensure that 100% of STD positive clients receive their test results.	NA	**12a.** Provide client with a confirmed test result in accordance with NYS public health law. **12b.** Have a protocol in place to follow-up with clients if clients do not return for their test results. Utilize NYS Partner Services (PS) staff to help locate clients where possible.	**12.1.** **100%** of STD positive test results will be returned to clients.
13. Link newly identified STD positive clients to medical care and Partner Services and ensure that 100% of STD positive clients are reported to the local health department as required by statute based on the patient's residence.	NA	**13a.** Have a protocol in place for external or intra-agency referrals which ensures **linkage to treatment and medical care within 3 business days of receiving their results.** **13b.** Establish collaboration agreements with medical providers to expedite and accept referrals for newly diagnosed STD positive clients **within 3 business days of receiving their results**. **13c.** Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment and received treatment. **13d.** Establish collaboration agreements with regional and/or local partner services staff to accept referrals for partner services. **13e.** Refer newly identified STD positive clients to Partner Services. **13f.**Utilize the Confidential Case Report Form (PRF) (DOH-389) for Rest of State Providers (non-NYC based providers) or the	**13.1.** **100%** of newly identified STD positive clients who receive their test result will be referred to treatment and medical care. **13.2.** **90%** will be linked to treatment and medical care within business days of receiving their result. **13.3.** **100%** of newly identified STD positive clients who receive their test results will be referred to partner services. **13.4.** **100%** of newly identified STD positive clients will have a DOH 389 or URF completed and submitted to the local health department within 24 hours of diagnosis.

		Universal Report Form (URF) for NYC-based providers, to report confirmed STD cases to the local health department within 24 hours of diagnosis.	
14. Ensure that 100% of HCV reactive clients receive their test results and are linked to medical care or provided HCV RNA diagnostic testing.	NA	**14a.** Establish collaboration agreements with providers to accept referrals for HCV diagnostic testing and/or medical evaluation. **14b.** If providing diagnostic HCV testing directly: Provide client with test results in accordance with NYS public health law and link clients for medical evaluation. **14c.** If providing diagnostic HCV testing directly: Report HCV RNA tests for both detectable and non- detectable results. **14d.** Utilize the Confidential Case Report Form (PRF) (DOH-389) for Rest of State Providers (non-NYC based providers) or the Universal Report Form (URF) for NYC-based providers, to report HCV RNA results to the local health department within 24 hours of diagnosis. **14e.** Follow up with medical providers (intra-agency and external) to verify that the client has attended medical appointment.	**14.1.** **100%** of STD positive test results will be returned to clients.
If your agency is not conducting STD and HCV Screening, please follow the guidance provided below			
15. Refer clients who engage in high risk behaviors for STD and HCV screening (engage in Program Collaboration and Service Integration – PCSI).	NA	**15a.** Ensure the comprehensive risk assessment conducted also addresses client risks for STDs and for HCV. **15b.** Establish collaboration agreements with providers to accept referrals for STD and HCV screening. **15c.** Refer for STD and HCV screening in accordance with public health law and contractual obligations. **15d.** Confirm linkage referrals.	**15.1.** **65 %** will accept the referral for STD and HCV screening.

High Impact Public Health Strategy, Evidence Based Effective Intervention, and/or Locally Developed Interventions			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**

16. Meet work plan targets regarding the number of projected priority population members who will enroll in funded interventions or strategies for this contract.	NA	**16a.** Depending on Program Model funded, implement at least one culturally responsive intervention: prevention supportive intervention, an evidence-based/locally developed intervention or a formalized PrEP Support program. **16b.** Locally developed interventions must be designed to support at least one of the follow four tasks 15c -15f. **16c.** Access to HIV testing, STD and HCV screening, and linkage and navigation n services, with an emphasis on access to PrEP and PrEP support services. **16d.** Provide PrEP support services to support clients on PrEP (e.g., outreach education, screening for PrEP, PrEP readiness, adherence, risk reduction, coping with stigma, other needed supports identified by clients, etc.). **16e.** Address barriers to HIV/STD/HCV prevention (stigma, discrimination, and other social, economic and structural issues) that increase vulnerability to HIV/STD/HCV and come between clients and the care they need. **16f.** Increase social support, reduce social isolation, and increase self-esteem for women and young and women and young women who are HIV positive.	**16.1.** At least **90%** clients enrolled relative to the number projected (projected vs. actual). **16.2.** At least **75%** of clients who are enrolled in an intervention or strategy will complete the intervention.
17. Implement a Formalized Peer Training Program	N/A	**17a.** Follow a structured peer training curriculum, which includes initial and on-going training of peers (this may be a CDC approved DEBI or locally developed intervention). **17b.** Integrate peers into the implementation of funded program activities.	**17.1.** Train 10-20 peers through a minimum of 2 multi-session group cycles annually. **17.2.** Provide ongoing peer supervision and support.
18. Implement a PrEP Support Program		**18a.** Utilize internal and external resources to identify potential clients for PrEP. **18b.** Screen potential clients for eligibility and link interested and eligible clients to a medical provider who prescribes PrEP. **18c.** Work with clients to develop PrEP readiness. **18d.** Work with the medical provider to provide supportive services as part of a comprehensive prevention plan that includes routine HIV and STD testing, risk reduction and adherence counseling, and education on condom use and safer sex practices.	**18.1.** At least **90%** clients enrolled relative to the number projected (projected vs. actual) **18.2.** At least **75%** of clients who are enrolled in an intervention or strategy will complete the intervention.

19. Enroll priority population in funded Intervention(s).	NA	**19a.** Recruit individuals who participate in funded interventions or public health strategies. **19b.** Precisely identify priority population and actual or "virtual" places to locate the population. **19c.** Develop and plan a recruitment strategy (where, when, how) which incorporates appropriate messaging and is responsive to the needs of your priority population. **19d.** Strategies can include: Outreach (Street based, Venue based, Internet); Social Networking; and/or Internal referrals or External referrals.	**19.1.** At least **90%** of clients who are enrolled in each funded intervention(s) will be from the priority population as identified in the work plan.

Linkage and Navigation Services for HIV+ persons and/or persons who engage in high risk behaviors (Staff and/or Peer Led)			
Objective	**Budget Category**	**Task/Activities**	**Performance Measures**
20. Link HIV Positive clients to medical care, prevention and essential support services based on client need	NA	**20a.** Conduct a comprehensive behavioral risk assessment (at a minimum every six months) **20b.** Complete an action plan to reduce barriers and increase/facilitate access to essential services o Update plan (at a minimum every 6 months) from the time of comprehensive behavioral risk assessment **20c.** Develop written agreements with health care, behavioral health and social service provides to facilitate linkage to needed services or programs **20d.** Link clients to medical care, medication adherence, retention in care and prevention and support services as per assessment and action plan o Clients with a reported HIV negative partner must be made aware of PrEP/PEP and be provided with referrals **20e.** Establish protocols to monitor individual level outcomes of linkage to services and retention **20f.** Train staff that provide linkage and navigation services to: o Use a client-centered, motivational and culturally/linguistically sensitive approach o Fully engage clients in HIV treatment and care	**20.1.** **100%** of clients will have a documented comprehensive risk assessment conducted and documented every six months in AIRS and in the client file. **20.2.** **100%** of clients will have a plan of action/ services plan conducted and documented every six months in AIRS and in the client file. **20.3.** **100%** of HIV positive clients not in care will be linked to medical care. **20.4.** **80%** of HIV positive clients in linkage and navigation services will be linked to prevention and essential support services as per action plan. **20.5.** **80%** of all HIV positive clients who are screened and identified as needing ART medication adherence support services will be provided/linked to these services. **20.6.** **100%** of HIV positive clients will monitored for treatment adherence - goal of viral suppression.

		o Assist clients in achieving self-sufficiency on areas identified in the action plan o Comply with laws, policies and procedures that protect patient confidentiality **20g.** Document all services provided, referrals and linkage outcomes in the AIDS Institute Reporting System	
21. Document in client files, client level activities	NA	**21a.** At a minimum, client files should include the following: a semi- annual comprehensive behavioral risk assessment; action plan; current medical care/treatment providers including contact information, and signed releases for case conferencing with health/social service providers, evidence of efforts by linkage and navigation staff to reduce barriers and link client to services or ensure retention **21b.** Client files for HIV positive clients must include documentation of most recent viral load test result	**21.1.** Client files contain required documentation and progress notes that show evidence of efforts to assist client address identified needs or barriers. **21.2.** Client files for HIV positive clients will include a recent (within 6 months) discussion of CD4 count and viral load test results.
22. Link clients to medical care, prevention and essential support services based on client need	N/A	**22a.** Conduct a comprehensive behavioral risk assessment (at a minimum every 6 months). **22b.** Complete an action plan to reduce barriers and increase/facilitate access to essential services. o Update plan (at a minimum every 6 months) from at the time of the comprehensive behavioral risk assessment **22c.** Develop written agreements with health care, behavioral health and social service provides to facilitate linkage to needed services or programs. **22d.** Link clients to medical care, prevention and support services as per assessment and action plan **22e.** Make clients aware of PrEP/PEP and provide referrals as appropriate. **22f.** Establish protocols to monitor individual level outcomes of linkage to services and retention. **22g.** Train staff that provide linkage and navigation services to: o Use a client-centered, motivational and culturally/linguistically sensitive approach o Fully engage client in HIV and STD prevention services	**22.1.** **100%** of clients will have a comprehensive risk assessment conducted and documented every six months in AIRS and in the client file **22.2.** **100%** of clients with a plan of action/ services plan conducted and documented every six months in AIRS and in the client file. **22.3.** **100%** of clients with an unknown STD and/or HCV status will be linked/provided STD and/or HCV screening. **22.4.** **80%** of clients will be tested for HIV at least every 6 months. **22.5.** **80%** of clients in linkage and navigation services will linked to prevention and essential support services as per action plan. **22.6.** **90%** of clients are screened and identified as needing risk reduction intervention will be provided an intervention within 30 days. **22.7.** **100%** of clients not already on PrEP at

		o Assist client in achieving self-sufficiency based on identified action plan areas o comply with laws, policies and procedures that protect patient confidentiality **22h.** Document all services provided, referrals and linkage outcomes in the AIDS Institute Reporting System.	the time program enrollment will be screened for PrEP. **22.8.** **85%** of clients screened and identified as eligible for PrEP will be referred for PrEP. **22.9.** **65%** of clients who are screened and identified as eligible for PrEP will be linked to a PrEP prescriber.

Condom Promotion, Education and Distribution for HIV+ persons and/or persons who engage in high risk behaviors			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
23. Increase correct and consistent condom use among those at highest risk to reduce the transmission of HIV, STD and unintended pregnancy	NA	**23a.** Promote and/or distribute condoms during each client level encounter with HIV positive and populations at highest risk. **23b.** Provide condom education as needed when distributing condoms.	**23.1.** **85%** of HIV positive and HIV negative clients will be provided condoms at each client level encounter.

Reporting and Continuous Quality Improvement			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**

24. Submit timely: data reports; narrative reports; and fiscal reports/documents (vouchers, budget modifications, audits).	NA	**24a.** Collect and submit data in accordance with AI protocols. **24b.** Submit monthly AIRS extracts to the AIDS Institute via the HPS. **24c.** Create and submit narrative reports in accordance with bureau and AI protocols. **24d.** Create and submit fiscal reports/documents in accordance with AI protocols and State Master Contract.	**24.1.** **75%** of monthly AIRS extracts will be submitted by the established deadline. **24.2.** **100%** of data submitted will be up to date (within 30 days). **24.3.** **100%** of monthly narrative reports will be submitted as per protocols and by the established deadline. **24.4.** **100%** of fiscal reports/documents will be submitted as per protocols and by the established deadlines.
25. Engage in continuous quality improvement activities for all funded activities.	NA	**25a.** Routinely examine agency data using AI reports available through External Reporting Application (ERA); discuss data internally and with your Contract Manager; implement corrective action plans to address programmatic and data-related deficiencies. **25b**. Use quality improvement activities to guide future programming and make modifications.	**25.1.** Participate in **4** quarterly calls per year with your contract manager to review data and assess progress in meeting contractual expectations. **25.2.** Number and percent of programmatic changes made relative to the number recommended by your contract manager.
26. Register and update testing/screening services on the Centers for Disease Control and Prevention's National Prevention Information Network (NPIN) database.	NA	**26a.** For NEW organizations, register at https://npin.cdc.gov/orgrec/default.aspx and complete the online form. **26b.** For UPDATES and ADDITIONS to organizations already registered with NPIN, visit https://npin.cdc.gov/ or https://gettested.cdc.gov/, find your organization and click the update link to complete the online form for updates.	**26.1.** At least **quarterly**, update agency testing services on the NPIN database.
27. Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.	NA	**27a.** Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.	**27.1.** Aid with non-workplan public health issues if/when they arise.

ATTACHMENT 21: WORK PLAN (COMPONENT D)
SUMMARY

PROJECT NAME: NYS Hotline Services and Social Media Based Outreach for English and Spanish Speakers – Component D

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD **From:** December 1, 2018 **To:** November 30, 2023

This initiative supports a statewide hotline for English and Spanish speakers. Funding will support the operation of a toll-free telephone hotline and social media outreach services to provide information, referrals, and support services to residents of New York State. Applicants are expected to develop a mechanism to respond to telephone and social media inquiries and provide comprehensive HIV/STD/HCV and Drug User Health information and referral source information for prevention, support, and care related services throughout New York State. Hotline services and social media based outreach activities must be made available in English and Spanish.

The initiative overall goals are to:

- Provide clear, accurate and science based education about HIV/STD and HCV related topics;
- Promote awareness and educate the public about HIV/STD/HCV scientific advances which prevent the transmission of including Treatment as Prevention (TasP), Pre-Exposure Prophylaxis (PrEP); Post Exposure Prophylaxis;
- Share information about prevention campaign efforts and promote sites such as HIV Stops with Me, Act Against AIDS and Undetectable = Untransmittable, and PrEP for Sex;
- Promote Drug User Health Services and provide referrals to Opioid Overdose Prevention Programs, Syringe Exchange and Expanded Syringe Access Programs (ESAP);
- Promote LGBT Health and Wellness;
- Facilitate access to early, high quality medical care and essential support prevention services; and
- Facilitate access to behavioral and biomedical prevention services; including HIV testing, Partner Services, STD/HCV screening and effective behavioral interventions, PEP, PrEP, and Treatment as Prevention (TasP), referred to as Undetectable=Untransmittable, or U=U.

Funding allows for the provision of a toll-free Statewide Hotline and Social Media Based Outreach for English and Spanish Speakers and supports the following:

- Mechanisms to receive and respond to telephone and social media inquiries in English and Spanish and provide comprehensive information and referral source contacts for HIV/STD/HCV prevention, support, and care related services throughout New York State;
- Program staff who provide information and referral services and have knowledge of Ending the Epidemic Initiative goals, harm reduction strategies, PrEP and PEP interventions, and understand the ethnic/cultural norms that influence HIV risk; and
- Collaboration with State and local health departments, community based organizations, health homes and medical providers to facilitate delivery of comprehensive Hotline Services and Social Media Based Outreach across the care continuum.

Instructions:

Applicants are **not** required to enter the performance measures into the Grants Gateway Work Plan. Funded applicants will be held to the performance measures as listed in Attachment 21, and will be required to enter the performance measures into the Grants Gateway only **if** funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

Statewide Hotline Services in English and Spanish			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
1. Operate a Statewide Hotline and implement social media outreach activities.	NA	**1a.** Establish hours of operation that accommodate the needs of the community and optimizes opportunities for individuals to receive information/education, and referrals. **1b.** Offer a minimum of 40 hours per week of hotline services and social media activity. **1c.** Conduct engagement events targeted to community based organizations, health homes and medical providers that seek to promote the hotline number and social media presence. **1d**. Distribute hotline marketing materials, promote NYSDOH AIDS Institute HIV/STD/HCV, LGBT health and wellness, and drug user health (Opioid Overdose Prevention/ESAP) related educational campaigns and provide educational materials. **1e.** Expand audience reach via the use social media sites to advertise the hotline number/services and promote community based activities led by partner agencies (e.g., post information about a Pride event).	**1.1. 100%** of program staff will be hired as per RFA requirements. **1.2. 100%** of hours of operation will be established to optimize opportunities for callers to receive clear, accurate/science based education, and appropriate referrals. **1.3. 100%** of engagement events will seek to promote the hotline number and social media activities. **1.4. 100%** of hotline related material distributed will promote NYSDOH AIDS Institute related educational campaigns and provide educational materials. **1.5. 100%** of all social media activities will incorporate advertising of hotline number and will promote community events.
2. Educate and increase awareness about HIV/STD/HCV and related health topics and provide referrals to prevention interventions, medical care and treatment and essential support services.		**2a**. Respond to telephone and social media inquiries and provide comprehensive HIV/STD/HCV information. **2b.** Provide callers with accurate answers and reliable information in a friendly, non-threatening, non-judgmental manner. **2c.** Dedicate time to dialogue and increase the individual's knowledge, build health protective skills, promote prevention behaviors, and provide support as appropriate. **2d.** Provide referrals and information for prevention, support, and care related services throughout New York State.	**2.1. Respond to 100%** of calls and social media inquiries. **2.2. 100%** of callers will be provided with accurate and reliable information in a friendly, non-threatening, non-judgmental manner. **2.3. 100%** of callers will be given sufficient time for dialogue about HIV related concerns. **2.4. 100%** of hotline and social media callers asking for referrals and information will be provided current linkage

Statewide Hotline Services in English and Spanish			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
		2e Disseminate free printed materials to individuals on HIV/STD/HCV and other health related topics (upon request). **2f.** Expand audience reach via the use of social media sites (e.g., Twitter, Facebook, Instagram) to address misinformation, and provide credible, science-based health information regarding HIV/STD/HCV and other health related topics. **2g.** Educate and provide facts via the use of use of social media sites to increase knowledge of HIV related topics such as HIV testing, PEP and PrEP access, Syphilis and other STDs, Drug User Health, and LGBT Health and Wellness. **2h**. Use social media to educate, raise public awareness, promote public health messaging and annual observances (e.g., U=U, TasP & PrEP awareness, STD Awareness, National HIV Testing Day, Opioid Overdose Awareness Day, World AIDS Day, etc.) **2i.** Evaluate hotline and social media staff to ensure information they provide is clear, accurate/science based and provided in a culturally sensitive and non-judgmental.	information/resources. **2.5. 100%** of hotline and social media clients requesting materials and/or condoms will be provided with materials and/or condoms. **2.6. 100%** of social media activity address one of the following activities: • Misinformation/stigma • Lack of knowledge • Public health messaging / promote national observances **2.7. 100%** of hotline and social media staff will receive training and on-going staff development. **2.8. 100%** of hotline and social media staff will be evaluated to verify information provided is clear, accurate/science based and provided in a culturally sensitive and non-judgmental.
3. Conduct condom promotion, education, and distribution activities		**3a.** Provide callers with condoms and other safer sex supplies upon request (at no cost to the caller). **3b.** Use social media sites (e.g., Twitter, Facebook, Instagram) to promote condom access and education.	**3.1. 100%** of callers requesting condoms or other safer sex supplies will be provided with condoms/safer sex supplies. **3.2. 30%** of social media posts will include a condom access/education message.

Evaluation and Reporting			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
4. Submit timely data reports.	NA	**4a**. Collect and submit program data in accordance with AI protocols. **4b**. Submit monthly AIRS extracts to the AIDS Institute.	**4.1.** **85%** of monthly AIRS extracts will be submitted by the established deadline. **4.2.** **100%** of data submitted will be up to date (within 30 days).
5. Submit timely narrative reports.	NA	**5a.** Create and submit narrative reports in accordance with bureau and AI protocols.	**5.1.** **100%** of monthly narrative reports will be submitted as per protocols and by the established deadline.
6. Submit timely fiscal reports/documents (vouchers, budget modifications, audits).	NA	**6a**. Create and submit fiscal reports/documents in accordance with AI protocols and State Master Contract.	**6.1.** **85%** of fiscal reports/documents will be submitted as per protocols and by the established deadlines.
7. Engage in continuous quality improvement activities for all funded activities.	NA	**7a.** Routinely examine agency data using AI reports available through External Reporting Application (ERA); discuss data internally and with your Contract Manager; implement corrective action plans to address programmatic and data-related deficiencies. **7b**. Use quality improvement activities to guide future programming and make modifications.	**7.1.** Participate in 4 quarterly calls per year with your contract manager to review data and assess progress in meeting contractual expectations. **7.2.** Number (and %) of programmatic changes made relative to the number recommended by your contract manager.
8. Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.	NA	**8a.** Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.	**8.1.** Aid with non-workplan public health issues if/when they arise.

ATTACHMENT 22: WORK PLAN (COMPONENT E)
SUMMARY

PROJECT NAME: Training and Technical Assistance on HIV-Related Violence Targeting LGBT Individuals
CONTRACTOR SFS PAYEE NAME:
CONTRACT PERIOD **From:** December 1, 2018 **To:** November 30, 2023

This initiative supports the provision of services that address the intersection of HIV/AIDS and HIV-related violence impacting the lives of infected and affected LGBT individuals, particularly LGBT individuals of color.

The overall goals are to:

- Recruit and engage LGBT individuals into violence and post-victimization related services/interventions;
- Provide community education to raise awareness around the various forms of violence experienced by LGBT individuals;
- Provide crisis intervention and support services to LGBT victims of hate, assault and sexual intimate partner violence;
- Provide linkage and navigation services to HIV/STD/HCV testing, medical care, prevention/supportive services, PreP and PEP, and other needed services;
- Provide education and training on the provision of culturally responsive services to LGBT populations; and
- Provide education and training on the provision of competent post-victimization services for LGBT individuals who have experienced violence.

Instructions:
Applicants are **not** required to enter the performance measures into the Grants Gateway Work Plan. Funded applicants will be held to the performance measures as listed in Attachment 22, and will be required to enter the performance measures into the Grants Gateway only **if** funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in the text box above. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as "not applicable." Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

Objective	Budget Category	Tasks (Activities)	Performance Measures
1. Engage LGBT individuals in violence and post-victimization related services/interventions	NA	**1a.** Conduct program promotion, client engagement and recruitment activities to engage LGBT individuals in violence and post-victimization services via: • Outreach • Internal and External Referrals • Social Networking • Social Media • Social marketing campaigns	**1.1** Increase the number of individuals who access agency services as a result of recruitment and engagement activities. **1.2** Meet work plans projections regarding the number of activities to be conducted

Objective	Budget Category	Tasks (Activities)	Performance Measures
2. Increase and/or enhance crisis intervention and supportive services for LGBT victims of hate, assault, sexual and/or intimate partner violence	NA	**2a.** Assess clients for crisis intervention and support service needs **2b.** Provide crisis intervention services to LGBT victims of hate, assault, sexual and/or intimate partner violence **2c.** Link and navigate LGBT victims of violence to medical care, prevention and essential support services based on client need **2d.** Complete an action plan to reduce barriers and increase/facilitate access to essential services and update action plan as needed **2e.** Provide HIV/STD risk reduction and violence	**2.1 100%** of clients will be assessed for immediate and long term post-victimization needs **2.2 100%** of clients will be linked and navigated to post-victimization services **2.3 85%** of clients will complete an initial action plan; updates will occur as needed **2.4 100%** of clients will receive risk reduction education, prevention and safety strategies

		avoidance strategies, education and skills building to reduce and/or eliminate sexual and substance use behaviors that place individuals at risk for acquiring or transmitting HIV/STD **2f**. Develop written agreements with healthcare, behavioral health and social service providers to facilitate linkage to needed services or programs **2g.** Train staff that provide linkage and navigation services to: • use a client-centered, motivational and culturally/linguistically sensitive approach • Fully engage client in HIV and STD prevention services • Assist client in achieving self-sufficiency based on identified action plan areas • comply with laws, policies and procedures that protect patient confidentiality **2h.** Document all services provided, referrals and linkage outcomes in the AIDS Institute Reporting System	
3. Increase the number of LGBT victims of violence who know their HIV/STD/HCV status	N/A	**3a.** Assess client HIV, STD and HCV risk **3b**. Refer and link at risk clients for HIV/STD and/or HCV testing in accordance with public health law and contractual obligations as appropriate **3c.** Establish collaboration agreements with providers to accept referrals for HIV/STD/HCV testing. **3d.** Confirm linkage referrals	**3.1 100%** of clients with an unknown HIV, STD and/or HCV status will be assessed for risk and referred to HIV, STD and/or HCV testing as appropriate. **3.2** At least **65 %** of clients will accept the referral for HIV/STD/HCV testing
4. Increase the number of at high risk clients who are screened for PrEP or PEP and are linked to a clinical site offering PrEP/PEP	NA	**4a.** Provide clients with PrEP/PEP information **4b.** Link high risk HIV negative clients to prevention services, including PrEP/PEP **4c.** Establish collaboration agreements with PrEP/PEP prescribers to accept linkage/referrals for PrEP/PEP	**4.1 100%** of clients not already on PrEP at the time of program enrollment will be screened for PrEP **4.2 65%** of high risk HIV negative clients who are screened and identified as

			eligible for PrEP will be referred to a PrEP prescriber
5 Enhance provider sensitivity and culturally responsiveness in the delivery of services to LGBT individuals with a focus on LGBT individuals who have experienced violence		**5a.** Conduct provider education and training on the provision of culturally responsive services to LGBT populations, particularly within communities of color. Topics include but are not limited to: • creating safe environments for LGBT clients • offering effective referrals in the face of limited options • working with clients on issues that hinder engagement in services • provision of competent post-victimization services for LGBT individuals that have experienced violence	**5.1** At least 90% of the projected tasks/activities will be completed **5.2** Increase knowledge by at least 50% as measured by pre/post knowledge assessments/scales **5.3** Establish a cadre of LGBT culturally responsive providers who can offer appropriate services to LGBT individuals
6 Increase correct and consistent condom use among those at highest risk to reduce the transmission of HIV, STD and unintended pregnancy	NA	**6a**. Promote and/or distribute condoms during each client level encounter **6b.** Provide condom education as needed when distributing condoms	**6.1** **85%** of HIV positive and high risk negative clients will be provided condoms at each client level encounter
7 Submit timely data reports; narrative reports; and fiscal report/documents (vouchers, budget modifications, audits).	N/A	**7a.** Collect and submit data in accordance with AI protocols **7b.** Submit timely monthly AIRS extracts to the AI via the HPS **7c.** Create and submit narrative reports in accordance with AI protocols **7d.** Create and submit fiscal reports/documents in accordance to AI protocols	**7.1** **75%** of monthly AIRS extracts will be submitted by the established deadline **7.2** **100%** of data submitted will be up to date (within 30 days) **7.3** 100% of monthly reports will be submitted by the established deadline **7.4** **100%** of fiscal reports/documents will be submitted by the established deadlines

8	Engage in continuous quality improvement activities for all funded activities	N/A	**8a.** Routinely examine agency data using AI reports available through External Reporting Application (ERA); discuss data internally and with your Contract Manager; implement correct action plans to address programmatic and data related deficiencies. **8b.** Use quality improvement activities to guide future programming and make modifications.	**8.1** Participate in **4** quarterly calls per year with your Contract Manager to review data and assess progress in meeting contractual expectations **8.2** Number and percent of programmatic changes made relative to the number recommended by your contract manager
9	Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.	N/A	**9a.** Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The Contract Manager must approve non-work plan work.	**9.1** Aid with non-work plan public health issues if/when they arise.

ATTACHMENT 23: WORK PLAN (Component F)
SUMMARY

PROJECT NAME: Capacity Building for High Impact Prevention (HIP)-Component F

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: **From:** December 1, 2018 **To:** November 30, 2023

This initiative supports the implementation of training and technical assistance activities. Meetings are an excellent mechanism for expanding and strengthening capacity, addressing social determinants of health (e.g., unemployment), socio-cultural issues, and promoting overall health and wellness in an open and safe environment. They also provide a mechanism for address data and policy as well as and program sustainability. The overall goal is to improve the risk conditions and behaviors in a community by focusing on the priority population and the community as a whole rather than on individuals or small groups.

- **Program Model 1: Capacity Building for HIP: Latino/Hispanic gay men /MSM:** develop and coordinate two (2) Training/Technical Assistance meetings events to promote learning, foster cross sector collaboration and strengthen provider capacity to effectively serve Hispanic/Latino gay men / MSM. Meetings will offer an opportunity for representatives from community based organizations (health and social services); academia; faith community, and state and local government to discuss innovative and technical approaches to address topics that intersect HIV prevention and care and impact Hispanic/Latino gay men/MSM, including health equity, the role of social justice in ending the HIV and Hepatitis C (HCV) epidemics, core-competencies of HIV programming (e.g., PEP and PrEP access, HIV/STI care, Linkage and Navigation), data and policy, and program sustainability.

- **Program Model 2: Capacity Building for HIP: African American and Latina/Hispanic Women:** develop and coordinate two (2) Training/Technical Assistance meetings events to promote learning, foster cross sector collaboration and strengthen provider capacity to effectively serve African American and Latina/Hispanic Women. Meetings will offer an opportunity for representatives from community based organizations (health and social services); academia; faith community, and state and local government to discuss innovative and technical approaches to address topics that intersect HIV prevention and care and impact African American and Latina/Hispanic Women, including health equity, the role of social justice in ending the HIV and Hepatitis C (HCV) epidemics, core-competencies of HIV programming (e.g., PEP and PrEP access, Linkage and Navigation), data and policy, and program sustainability

Meetings are to promote/make available HIV testing and linkage to care (e.g. HIV primary care, PrEP prescriber) and offer information on combination prevention strategies, including PrEP, PEP, treatment as prevention (TasP), referred to as Undetectable = Untransmittable (U=U), and related referrals. Meetings are to include participation of community based organizations that deliver health and social services, referrals, or information regarding mental and behavioral health, access to primary care, health insurance enrollment, substance use, workforce development, immigration, and other areas that contribute to overall wellness of this community. All efforts should be informed by contextual factors such as culture, norms, stigma, discrimination, and health care disparities experienced by the priority population(s).

Instructions:

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Capacity Building for High Impact Prevention (HIP)			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
1. Design and implement two-capacity building/technical assistance events.		**1a.** Work with existing coordinating and community planning bodies such as *ETE regional committees, NY Links, New York Knows* to plan, promote and implement events, share resources and learn from one another. **1b.** Establish relationships with other organizations, entities and local health departments to address various domains of wellness for the priority population and help identify innovative strategies to achieve collective impact. **1c.** Include members of the priority population in the planning process to gain input on barriers and facilitators to seeking prevention/sexual health services and medical care. **1d.** Foster a spirit of community partnership among members of the priority population and the community based organizations who serve them to achieve both individual HIV prevention and care goals and Ending the Epidemic goals.	**1.1** Number of coordinating and community planning body meetings attended. **1.2** Number of relationships/ partnerships established to address various domains of wellness for the priority population and help identify innovative strategies to achieve collective impact. **1.3** Number of members from the priority population involved in the planning process.
2. Make HIV testing, linkage to care, PEP and PrEP services; Partner Services available at events.		**2a.** Work with partner agencies to ensure participation at events. Partners should offer or facilitate access to direct services at events including HIV and STD testing, linkage to PrEP support program and PrEP prescriber, linkage to care. **2b**. Make condoms and safer sex supplies available at events.	**1.1** Number of partner agencies providing HIV and/or STD testing, linkage to care services, PrEP support, and safer sex supplies.
3. Increase correct and consistent condom use among members of the priority population.		**3a.** Promote and/or distribute condoms during community wide events and related activities. **3b**. Provide condom education as needed when distributing condoms.	**3.1** **85**% members of the priority population provided condoms at each community wide event (2 total).

Capacity Building for High Impact Prevention (HIP)			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
4. Enhance provider capacity to effectively serve the priority population.		**4a.** Work closely with direct service providers to identify gaps and conduct technical assistance to increase their capacity to effectively serve Hispanic/Latino gay men/MSM. **4b.** Collaborate with direct service providers to address cultural competency deficiencies that may prevent this community from accessing services such as PEP and PrEP, HIV testing, STD screening and HIV medical care/treatment.	**4.1** Number of direct service providers that identify gaps and are provided with technical assistance to increase capacity **4.2.** Number of collaborations established to address cultural competency deficiencies. Activities may be integrated and be a component part of the Capacity Building/Technical Assistance event (e.g., Workshop on cultural responsibility).
5. Use technology and social media platforms for program promotion and targeted community education.		**5a.** Use media (e.g., Facebook, Instagram) to support event promotion, increase general awareness, provide accurate and science based education, and address misinformation. All materials, promotional efforts, and related activities for these events are subject to NYS DOH AI review.	**5.1.** **100%** of social media use will be for promotion and targeted community education.

Evaluation and Reporting			
Objective	**Budget Category**	**Tasks (Activities)**	**Performance Measures**
6. Submit timely data reports.	NA	**6a.** Collect and submit data in accordance with AI protocols. **6b.** Submit monthly AIRS extracts to the AIDS Institute via the Health Commerce System.	**6.1** **75%** of monthly AIRS extracts will be submitted by the established deadline (Aggregate data only for 2 events) **6.2** **100%** of data submitted will be up to date (within 30 days)
7. Submit timely narrative reports.	NA	**7a.** Create and submit narrative reports in accordance with bureau and AI protocols.	**7.1** **100**% of monthly narrative reports will be submitted as per protocols and by the established deadline.
8. Submit timely fiscal reports/documents (vouchers, budget modifications, audits).	NA	**8a.** Create and submit fiscal reports/documents in accordance with bureau/AI protocols and State Master Contract.	**8.1** **100%** of fiscal reports/documents as per protocols by the established deadlines
9. Engage in continuous quality improvement activities for all funded activities.	NA	**9a.** Routinely examine agency data using AI reports available through External Reporting Application (ERA). Discuss data internally with program staff. **9b.** Participate in quarterly call (4 minimum) with the Contract Manager. **9c.** Implement corrective action plans to address programmatic and data-related deficiencies. **9d.** Use findings from program monitoring and evaluation to guide future programming and make modifications.	**9.1** Conduct program and data review monthly and discuss internally with program staff. **9.2.** Participate in a minimum of **4** quarterly calls per year with the Contract Manager to review data and assess progress in meeting contractual expectations. **9.3** 100% of deficiencies will be

			implemented. **9.2** Number (and %) of programmatic changes made relative to the number recommended by the Contract Manager
10. Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.	NA	**10a.** Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The Contract Manager must approve non-workplan work.	**10.1** Aid with non-workplan public health issues if/when they arise.