

RFA #20322
Grants Gateway # DOH01-MIMOHP-2023

New York State Department of Health
Office of Minority Health and Health Disparities Prevention

Request for Applications

Mentorship in Medicine and Other Healthcare Professions

KEY DATES:

Release Date:	July 13, 2023
Questions Due:	July 27, 2023
Questions, Answers and Updates Posted (on or about):	August 10, 2023
Applications Due:	August 31, 2023 by 4:00 PM

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Table of Contents

I.	Introduction.....	3
A.	Intent	3
B.	Underrepresentation of Minorities in Medicine and the Health Professions	3
C.	Available Funding.....	5
II.	Who May Apply	6
A.	Minimum Eligibility Requirements	6
B.	Preferred Eligibility Requirements	7
III.	Project Narrative/Work Plan Outcomes.....	7
A.	Overview.....	8
B.	Populations to be Served.....	9
C.	Program Services	9
IV.	Administrative Requirements	11
A.	Issuing Agency.....	11
B.	Question and Answer Phase.....	11
C.	Letter of Interest	12
D.	Applicant Conference	12
E.	How to file an application.....	12
F.	Department of Health’s Reserved Rights	14
G.	Term of Contract.....	15
H.	Payment & Reporting Requirements of Grant Awardees.....	16
I.	Minority & Woman-Owned Business Enterprise Requirements.....	17
J.	Vendor Identification Number	18
K.	Vendor Responsibility Questionnaire	19
L.	Vendor Prequalification for Not-for-Profits	19
M.	General Specifications	20
V.	Completing the Application.....	21
A.	Application Format/Content	21
B.	Freedom of Information Law	27
C.	Review & Award Process	27
VI.	Attachments	29

I. Introduction

A. Intent

The New York State Department of Health (NYSDOH), Office of Minority Health and Health Disparities Prevention (OMH-HDP), announces the availability of funds to support its Mentorship in Medicine and Other Health Professions Initiative 2024-2029. The purpose of this funding is to support activities and approaches designed to contribute toward the reduction of barriers by promoting an increase in the number of economically disadvantaged and underrepresented minority students who elect to pursue careers in medicine and health related professions to become physicians and other health care professionals.

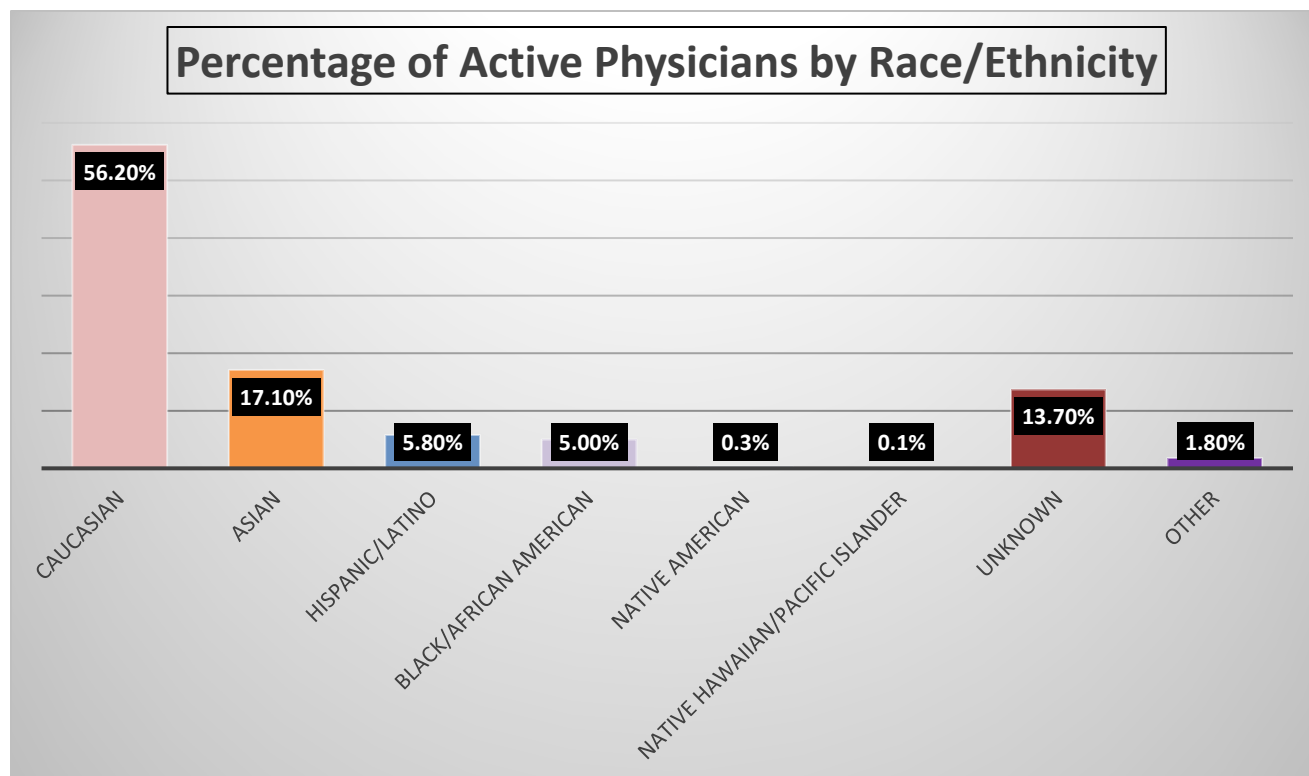
Commencing in 2014, the NYSDOH, OMH-HDP, established its Mentorship in Medicine and Other Health Professions Initiative. This initiative seeks to promote diversity in the health professions by:

- Identifying and engaging economically disadvantaged and underrepresented minority students early in their education who are pursuing or interested in pursuing careers in medicine and other health professions;
- increasing graduation rates from both secondary and postsecondary education for economically disadvantaged and underrepresented minority students;
- providing supports needed to ensure successful completion of program deliverables; and
- ensuring successful attainment of professional careers in the health workforce.

B. Underrepresentation of Minorities in Medicine and the Health Professions

As racial and ethnic minorities continue to grow as a percentage of the U.S. population, requirements for health care services for unique groups within these populations will also increase (e.g., lesbian, gay, bisexual and transgender individuals; immigrants; low income individuals; persons with mental illnesses; and persons with disabilities).

2018 data shows that while 56.2% of physicians were White only 17.1% were Asian, 5% were Black or African American, 5.8% were Hispanic or Latino, 0.3% were Native American, and 0.1% were native Hawaiian or other Pacific Islander, with approximately 15.5% identified as Unknown or Other (13.7% and 1.8% respectively).¹



Source: Association of American Medical Colleges, 2018

In New York State, Black/African Americans, Latinos/Hispanics, Asian-American/Pacific Islanders and American Indians/Alaskan Natives represent 47.5% of the population, yet they make up only 28.3% of physicians.²

Beyond physicians, research has identified disparities amongst nurses as well. According to the U.S. Census Bureau in 2019, non-Hispanic, Black/African American nurses represent only 7.8% of nurses, even though 13.4% of the U.S. population identifies as Black or African American.³ In addition, robust minority representation is lacking among a wide range of allied and para-health professions that provide healthcare and/or support services proven to improve health outcomes, both in and outside of hospital and provider settings, such as: first responders (e.g., paramedics, other Emergency Medical Services); birth and post-partum support specialists (midwives, doulas, lactation consultants), health education specialties (e.g., certified diabetes care and education specialists, dental hygienists), and many more.⁴ Increasing minority

2. US Census Bureau QuickFacts New York n.d. www.census.gov/quickfacts/ny Retrieved September 2022

3 Nurse Journal <https://nursejournal.org/resources/why-representation-matters-in-nursing/>

4 (**paramedics, EMS**) Crowe, R.P., Krebs, W., Cash, R.E., Rivard, M.K., Lincoln, E.W., & Panchal, A.R. (2019). Females and minority racial/ethnic groups remain underrepresented in Emergency Medical Services: A ten-year assessment, 2008-2017. *Prehospital Emergency Care*, 24(2). Retrieved from: <https://www.tandfonline.com/doi/full/10.1080/10903127.2019.1634167>;

Williams, J. P. (2019). Diversity emergency: Data indicates the nation's EMS workforce is largely white and male, holding potentially harmful consequences for public health. *U.S. News & World Reports*. Retrieved from: <https://www.usnews.com/news/healthiest-communities/articles/2019-08-19/diversity-emergency-women-minorities-underrepresented-in-ems>;

(**midwives**) American College of Nurse-Midwives. (n.d.). Why we need more midwives of color. Retrieved from: [https://www.midwife.org/why-we-need-more-midwives-of-color#:~:text=Increasing%20diversity%20in%20midwifery%20is,the%20best%20possible%20health%20outcomes](https://www.midwife.org/why-we-need-more-midwives-of-color#:~:text=Increasing%20diversity%20in%20midwifery%20is,the%20best%20possible%20health%20outcomes;);

(**doulas**) Salinas, J.L., Salinas, M. & Kahn, M. (2022). Doulas, racism, and whiteness: How birth support workers process advocacy towards women of color. *Societies*, 12(1), 19; <https://doi.org/10.3390/soc12010019>; (**lactation consultants**) Harmon, D. (2020). Who is providing lactation care? The USLCA Demographic Survey preliminary findings. United States Lactation Consultant

representation among all facets and stages of care is necessary to build trust with minority communities, provide culturally competent care, and uproot implicit bias that results in poor outcomes.

A racially and ethnically diverse physician workforce is important for increasing access to care for underserved populations, improving health care systems access, improving the cultural competence of the workforce, and enhancing the educational experience of all medical students. However, as noted, many racial and ethnic groups remain underrepresented among physicians in the United States.

According to the Association of Medical Colleges, the percentage of racial & ethnic group matriculants in medical school during 2018 – 2019 was as follows. White (49.9%) and Asian students (22.1%) represented the two largest racial & ethnic groups of matriculants. The two smallest were American Indian or Alaska Native (0.2%) and Native Hawaiian or Other Pacific Islander (0.1%). The percentage of matriculants of Multiple Race/Ethnicity (9.5%) exceeded the percentage of Black or African American matriculants (7.1%) and the percentage of Hispanic, Latino, or of Spanish Origin matriculants (6.2%)⁵. Evidently, there is a developing need to diversify the percentage of medical school matriculants.

Research has also suggested that a greater representation of healthcare professionals may encourage patients to seek care. Drs. Marcella Alsan of Stanford University, Owen Garrick of Bridge Clinical Research, and Grant C. Graziani of the University of California, Berkeley conducted a study. They recruited 1,300 African-American men, the researchers hired 14 male doctors (eight non-black and six black) to provide blood pressure, BMI, cholesterol, and diabetes screenings. The results found that men who met with black doctors elected to receive more preventive services. A participant who saw a black doctor was 47% more likely to agree to a diabetes screening and 72% more likely to accept a cholesterol screening than those who saw a nonblack doctor.⁶

There is a growing interest on the part of physicians and health care officials to find effective ways to mentor economically disadvantaged and underrepresented minority students to achieve academic success and, ultimately, toward careers in medicine and other health professions. Mentoring has been viewed as an effective mechanism to increase diversity in medicine and other health professions.

C. Available Funding

It is anticipated that approximately \$250,000 will be available to support one (1) award of up to

Association. *Clinical Lactation*, 11(4), <http://dx.doi.org/10.1891/CLINLACT-D-20-00023>; Williams, J.M. (2021). Disrupting disparities & exclusion in lactation: The issue with funding white institutions and initiatives to address Black breastfeeding disparities. National Committee for Responsive Philanthropy. Retrieved from: <https://www.ncrp.org/2021/09/disrupting-lactation-disparities.html>; (certified diabetes care and education specialists) Kavookjian, J., Bzowickij, A.S., DiNardo, M.M., Kocurek, B., Kolb, L.E., Noe, D., Ryan, D., Saunders, M.M., See, M., & Uelmen, S. (2022). Current and emerging trends in diabetes care and education: 2021 National Practice and Workforce Survey. *The Science of Diabetes Self-Management and Care*, 48(5): 307-323, doi: 10.1177/26350106221120787 ; (dental hygienists) Brian, Z. (2021). Diversity in the workforce: An opportunity for change. NC Oral Health Collaborative. Retrieved from: <https://oralhealthnc.org/diversity-in-the-workforce/>; Hornsberry, N. (2021). Diversity in dental hygiene. Inside Dental Hygiene. Retrieved from: <https://www.aegisdentalnetwork.com/idh/2021/10/diversity-in-dental-hygiene>.

⁵ Association of American Medical Colleges. *Diversity in Medical Education: Facts & Figures 2019*

⁶ <https://hbr.org/2018/08/research-having-a-black-doctor-led-black-men-to-receive-more-effective-care>

\$50,000 per year for five years, as outlined below:

Year 1	\$50,000
Year 2	\$50,000
Year 3	\$50,000
Year 4	\$50,000
Year 5	\$50,000

Funds under this solicitation are intended to supplement, enhance and expand, but not supplant existing resources and services. The NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

The services provided through this RFA will result in partial fulfillment of New York State Public Health Law Title IIF §241 which requires the Office of Minority Health to: (1) Integrate and coordinate selected state health care grants and loan programs established specifically for minority health care providers and residents; and (2) Assist medical schools and state agencies to develop comprehensive programs to improve minority health personnel by promoting minority clinical training and curriculum improvement, and disseminating minority health career information to high school and college students. **See Attachment 1: New York State Public Health Law Title IIF § 240-244.**

This solicitation also supports a continuous response to the 2010 New York State Minority Health Council report of recommendations which underscored the importance of creating a cohesive NYS pipeline system that accounts for students across the continuum of the health professions career development process as a means for increasing access for minorities to culturally and linguistically appropriate health care.⁷

In addition, services proposed under this RFA support the Department's Prevention Agenda toward the Healthiest State as it moves towards improving health status and reducing health disparities.

II. Who May Apply

A. Minimum Eligibility Requirements

Applicants **must** meet **one** of the following eligibility requirements:

- Be a not-for-profit medical academic institution currently managing a mentorship program which supports young people interested in the healthcare field; or
- Be a not-for-profit 501c (3) health and service organization, county health department, or

^{1.} New York State Department of Health, *Minority Health Council Report with Recommendations to New York State Commissioner of Health, Richard F. Daines, M.D.* (NYSDOH office of Minority Health and Health Disparities Prevention and the New York State Minority Health Council) April 2010.

^{2.} World Health Organization. Health Topics. Health Equity. https://www.who.int/topics/health_equity/en/ Retrieved September 2022

^{3.} Association of American Medical Colleges. *Diversity in Medicine: Facts and Figures 2019*
<https://www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019>

tribal organization that is affiliated with one or more academic medical institutions currently managing a mentorship program.

Applicants **must** also meet **all** of the following eligibility requirements:

- At least three (3) years of experience working with economically disadvantaged and underrepresented minority students; **AND**
- At least three (3) years of experience in oversight of administrative, fiscal and programmatic aspects of government, foundation or other grant-makers in health contracts, including timely and accurate submission of fiscal and program reports; **AND**
- Be located within and/or provide services to economically disadvantaged and underrepresented minority students in PHL §240 Minority Areas (**See Attachment 2: Office of Minority Health and Health Disparities Prevention PHL II-F §240 Minority Area Map**); **AND**
- Applicants **must** be prequalified in the New York State Grants Gateway, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA

Failure to meet these criteria will result in the application being disqualified and not scored.

Only one application per organization will be accepted. If multiple applications are received, the first application received will be accepted and all others will be disqualified and not scored.

B. Preferred Eligibility Requirements

Preference for this initiative will be given to applicants that:

- Have at least five (5) years of experience working with economically disadvantaged and underrepresented minority students; and/or

III. Project Narrative/Work Plan Outcomes

Programs funded under this initiative will provide services to reduce system access barriers for economically disadvantaged and underrepresented minority students pursuing careers in medicine and other health professions. Applications submitted in response to this solicitation should demonstrate the applicants’ ability to design and implement effective programs to provide support and mentoring services for racial and ethnic populations using culturally and linguistically relevant, age, gender and developmentally appropriate interventions and strategies; and use monitoring and evaluation tools to continually enhance program services. Applicants should also demonstrate the capacity to serve unique groups among this population as appropriate (e.g., lesbian, gay, bisexual and transgender individuals; immigrants; low income individuals; persons with mental illnesses; and persons with disabilities). These individuals are members of communities that historically experience barriers and marginalization and may face additional

and/or greater discrimination impacting their access to, and interaction with, the health and human services system.

An Applicant may subcontract components of the Work Plan to be performed by Applicant pursuant to the terms of its Application. If known, the Applicant is expected to state in their Application the specific components to be performed through subcontracts (Applicants may subcontract up to 25% of the components of the scope of work. The applicant must retain at least 75% of the scope of work within their agency) as well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors and will be the primary contact for the NYSDOH. All subcontractors and subcontracts will be required to be approved by NYSDOH. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Please refer to Section V, A., Application Content, #8, Budget and Justification, for further information on subcontracts.

A. Overview

Funds received under this RFA will support the expansion of existing mentorship programs focusing on medical and other health professional fields. Mentorship in Medicine and Other Health Professions Initiative applicants should be currently operating a mentorship program for economically disadvantaged and underrepresented minority students pursuing or interested in pursuing careers in medicine or other health professions. Applicants should be experienced in, and currently providing, a broad spectrum of mentoring experiences for students at all academic levels (i.e., elementary, secondary, post-secondary, college and beyond). Applications should reflect a thorough knowledge and understanding of issues related to economically disadvantaged and underrepresented minorities in medicine and other health professions the underlying issues and the unique challenges these students must overcome if they are to be successful. Provision of services under this program requires that applicants be familiar with the published literature on key processes and role of mentoring programs (e.g., relational processes, implementation and evaluation) to reduce system barriers economically disadvantaged and underrepresented minorities encounter when pursuing careers in medicine and other health professions.

The Grantee will, at a minimum, determine the catchment area with the greatest need for a Mentorship in Medicine and Other Health Professions Initiative and demonstrate the capacity to support expansion of their efforts and support a pipeline program for economically disadvantaged and underrepresented minorities in medicine and other health professions in New York State through career mentorship, step-by-step supplemental instruction, and academic enrichment.

Pipeline programs (also referred to as bridges, pathways, trajectories, or routes) provide enrichment opportunities (e.g. mentorship, admission preparation, academic enhancement, career counseling, motivation, apprenticeship and continuity). Some programs begin as early as elementary, but pipeline programs usually begin in middle, high, and post-secondary through college. This has been found to be necessary to increase the number of economically disadvantaged and underrepresented minorities entering careers in medicine and other health professions. The goal of these programs is to facilitate enrollment and achieve greater representation in the health professions that reflect the demographics of their broader communities. The pipeline metaphor and the image it invokes--students entering one end of a seamless conduit and flowing out the

other end-directs attention to the leaks in enrollment and retention of low-income populations and racial and ethnic minorities.

B. Populations to be Served

The population served will include economically disadvantaged and underrepresented minority health care workers in PHL §240 Minority Areas pursuing or interested in pursuing careers in medicine and other health professions; and other students from PHL §240 Minority Areas that have been identified as underrepresented in medicine and other health professions. The 2021 PHL §240 Minority Areas have been identified at the subcounty level. A total of 37 Health Equity Reports have been generated for Minority Areas to date. [Resources \(ny.gov\)](#)

C. Program Services

Applications should be designed to provide mentoring services and opportunities across a wide spectrum of student/mentee academic levels (i.e., elementary, secondary, post-secondary, college and beyond) for a five-year period.

At a minimum, the following services will be expected from the Grantee:

Core Interventions:

1. Community Outreach

- Collaborative relationships with schools educating students at all academic levels (i.e., elementary, secondary, post-secondary, college and beyond), youth-serving organizations, including faith-based and non-profit organizations, from which to recruit students from underrepresented groups to participate;
- Collaborative relationships with healthcare, public health, academic and other appropriate institutions to build a pool of knowledgeable, experienced and committed mentors; and
- Development/maintenance of collaborative relationships with other mentoring programs in New York State to expand the reach of the Mentorship in Medicine and Other Health Professions Initiative, and contribute to the development of an integrated, multidisciplinary pipeline system for economically disadvantaged and underrepresented minority students. This may involve identifying, mapping and linking these programs.

2. Structured Mentoring Services

- A multifaceted mentoring model that focuses explicitly on economically disadvantaged and underrepresented minority students embedded in an implementation plan that describes at a minimum:

<ul style="list-style-type: none">• Strategies for designing effective mentoring programs
<ul style="list-style-type: none">• Identification of student and faculty mentoring needs and measures to address them

<ul style="list-style-type: none"> • Mentoring responsibilities (ex. Assist the mentee in goal setting and career development plans, provide feedback to mentees, provide the mentee with networking opportunities, and increase their exposure to the work and institution)
<ul style="list-style-type: none"> • Mentoring skills
<ul style="list-style-type: none"> • Influence of gender identity, sexual orientation, race, ethnicity, disability status, cultural and/or socio-economic status (SES) differences on the mentoring process
<ul style="list-style-type: none"> • Methods to recruit and retain mentors
<ul style="list-style-type: none"> • Methods to recruit and retain students/mentees in PHL §240 Minority Areas
<ul style="list-style-type: none"> • Institutional (or other) reward systems to encourage, support, and sustain the mentoring program
<ul style="list-style-type: none"> • Ongoing assessment of the impact of the Mentorship in Medicine and the Health Professions Initiative on improving access of economically disadvantaged and underrepresented minority students in PHL §240 Minority Areas for careers in medicine and other health professions

- Strategies for students to meet on an ongoing basis with mentors (health professionals) who function as advisors, educators and role models. Mentored group activities revolve around providing students with research training, professional learning and hands-on experience; prep courses for relevant admissions tests; summer preparatory program to expose students to basic math and chemistry that allows them to earn college credits toward their degree; provide laboratory exposure; college-admissions counseling; resume/interview skills; career advice/job placement assistance; study support for the basics of science, technology, math; social skills, etc.

3. Organizational Services

- Mentor training (including techniques for strengthening mentor-student relationships, fostering relationships among mentors and parents/families);
- Promoting the interaction of mentors and students with communities and participating institutions;
- Implementing processes for retaining students and mentors;
- Implementing processes for engaging parents and other family members;
- Development and distribution of a mentorship implementation manual in the program catchment area; and
- Educate mentors to increase their capacity to address the training needs of population in catchment areas served (e.g. in-service training in cultural competence) to ensure meeting the U.S Department of Health and Human Services' Enhanced National Culturally and Linguistically Appropriate Services (CLAS) Standards (**See Attachment 3**).

4. Program Staffing and Structure

The Mentorship in Medicine and Other Health Professions Initiative should have appropriately trained staff to carry out the proposed program services and when possible, represent the populations served.

5. Other Requirements

The Grantee will participate in OMH-HDP meetings; provide relevant presentations on program design, implementation, and evaluation as requested; and comply with OMH-HDP reporting and vouchering requirements as outlined in the resulting contract.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (hereinafter referred to as NYSDOH, or the Department), Office of Minority Health and Health Disparities Prevention. The Department is responsible for the requirements specified herein and for the evaluation of all applications. See, Section V.C. (Review and Award Process).

B. Question and Answer Phase

All substantive questions by Applicants with respect to any aspect of the RFA must be submitted in writing to Joyce Meadows, NYSDOH, Office of Minority Health and Health Disparities Prevention, at the following email address: omhhdp@health.ny.gov. This includes Minority and Women Owned Business Enterprise (M/WBE) questions and questions pertaining to the M/WBE forms. *See*, Section IV.I. (Minority & Women-Owned Business Enterprise (M/WBE) Requirements). Questions of a technical nature related to formatting or other minor details related to preparation of an Application may also be addressed in writing to the email address noted above. Questions are of a technical nature if they are limited to how to prepare your Application (e.g., formatting) rather than relating to the substance of the Application.

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

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

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

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

Prospective Applicants should note that all responses by the Department to questions submitted with respect to this RFA which result in clarifications of or exceptions to the terms, conditions, and provisions of this RFA and/or the Master Contract for Grants, are to be raised during the Question and Answer Phase. The Applicant must clearly note what exceptions the Applicant is requesting be incorporated should the application result in a funded award. All questions and answers will be published by the Department to ensure equal access and knowledge by all prospective Applicants at:
https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx by the date specified on the Cover Page of this RFA.

This RFA has been posted on the NYS Grants Gateway website at:
https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>.

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

All questions submitted by email should state the RFA Title and Number set forth on the Cover Page (RFA #20322, Mentorship in Medicine and Other Health Professions) in the subject line of the email.

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

C. Letter of Interest

A Letter of Interest is *NOT* requested for this project.

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 under the heading “Key Dates”.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <https://grantsmanagement.ny.gov/> and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well.

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

To apply for this opportunity:

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (DOH) or enter the Grant Opportunity name **Mentorship in Medicine and Other Health Professions**.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

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

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

The Grants Gateway will always notify an Applicant of successful submission of the Applicant’s Application. If a prospective Applicant 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, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA. Be sure to maintain prequalification status between funding opportunities. **NOTE:** Three of a not-for-profit’s essential financial documents - the IRS990, its Financial Statement, and its Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
 - Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an Application on behalf of an Applicant.
 - Prior to submission, the Grants Gateway will automatically initiate a global error checking process to protect against an incomplete Application. An Applicant may need
- RFA #20322, Mentorship in Medicine and Other Healthcare Professions

to attend to certain parts of the Application prior to being able to submit the Application successfully. An Applicant must be sure to allow time after pressing the submit button to clean up any global errors that may arise. An Applicant can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).

- Applicants should use numbers, letters, and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Applicants should ensure that any attachments uploaded with their application are not “protected” or “passworded” 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.

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

F. Department of Health’s Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications, in the Dartment’s sole discretion.

RFA #20322, Mentorship in Medicine and Other Healthcare Professions

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

G. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period:
May 1, 2024 – April 30, 2029.

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

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to a successful not-for-profit grant Applicant under this RFA (a "Grantee") in an amount not to exceed 25% percent of the annual grant provided for under the Grantee's Contract.
2. The Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

Office of Minority Health and Health Disparities Prevention
NYS Department of Health
Empire State Plaza, Corning Tower – Room 957
Albany, New York 12237

A Grantee must provide complete and accurate billing invoices in order to receive payment of the grant funding provided for under the terms of its Grant Contract. Invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under 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: *Grantee will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan..*

3. The Grantee will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through the Grants Gateway:

Quarterly Progress Reports and a Final Cumulative Report.

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

I. Minority & Woman-Owned Business Enterprise Requirements

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

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

Business Participation Opportunities for MWBEs

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

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

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this RFA will be 15% for Minority-Owned Business Enterprises ("MBE") participation and 15% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms). A Grantee awarded a Grant Contract pursuant to this RFA must document good faith efforts to provide meaningful

participation by M/WBEs as subcontractors or suppliers in the performance of the Grant Contract and Grantee will agree under the terms of its Grant Contract that NYSDOH may withhold payment pending receipt of the required M/WBE documentation required by the Department or the OSC. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

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

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

By submitting an Application, a Applicant and potential Grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 4** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted by each Grantee. If a Grantee’s M/WBE Utilization Plan is not accepted, NYSDOH may issue a Notice of Deficiency. If a Notice of Deficiency is issued, Grantee agrees that it shall respond to the Notice of Deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being **non-responsive** under the following circumstances:

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

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

J. Vendor Identification Number

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

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

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

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at

855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

K. Vendor Responsibility Questionnaire

The Department strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

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

Applicants opting to complete online should complete and upload the Vendor Responsibility Attestation (**Attachment 5**) of the RFA. The Attestation is located under Pre-Submission Uploads and once completed should be uploaded in the same section.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, and upload it with their Application in the Pre-Submission Uploads section in place of the Attestation

L. Vendor Prequalification for Not-for-Profits

Each not-for-profit Applicant subject to prequalification is required to prequalify prior to submitting its Application in the Grants Gateway.

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 a not-for-profit Applicant to register in the Grants Gateway and complete the Vendor Prequalification process in order for any Application submitted by that Applicant to be evaluated. Information on these initiatives can be found on the Grants Management Website.

An Application received from a not-for-profit Applicant that (a) has not Registered in the Grants Gateway or (b) has not Prequalified in the Grants Gateway on the Application's due date specified on the Cover Page of this RFA cannot be evaluated. Such Applications will be disqualified from further consideration.

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

1) Register for the Grants Gateway

- On the Grants Management Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the NYS Grants

Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

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

2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the New York State agency from which you have received the most grants. 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 primary New York State agency representative or to the Grants Gateway Team at grantsgateway@its.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

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

M. General Specifications

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

2. Grantees will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of any Contract awarded pursuant to this RFA will possess the qualifications, training, licenses, and permits as may be required within such jurisdiction.
3. Submission of an Application indicates the Applicant's acceptance of all terms and conditions contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions the Applicant would like considered by the Department relating to the terms and conditions of this RFA and/or Master Contract for Grants must have been raised during the Question and Answer Phase of this RFA (See, Section IV.B.).
4. An Applicant may be disqualified from receiving an award if such Applicant or any subsidiary, affiliate, partner, officer, agent, or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts, in the State of New York or otherwise.
5. Provisions Upon Default
 - a. If an Applicant is awarded a grant pursuant to this RFA, the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the Contract resulting from this RFA.
 - b. In the event that the Grantee, through any cause, fails to perform any of the terms, covenants, or promises of any Contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the Contract by giving notice in writing of the fact and date of such termination to the Grantee.
 - c. If, in the judgement of the Department, the Grantee acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any Contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Grantee was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format/Content

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

RFA #20322, Mentorship in Medicine and Other Healthcare Professions

information for applicants is available at: <https://grantsmanagement.ny.gov/resources-grant-applicants>.

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

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

It is each Applicant’s responsibility to ensure that all materials included in its Application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the Application deadline date and time specified on the Cover Page of this RFA.

Letter of Commitment

By signing off on **Attachment 7: Commitment from Executive Director or Chief Executive Officer**, the Executive Director or Chief Executive Officer attests that the organization meets the eligibility requirements of this RFA. Applicants are instructed to upload signed **Attachment 7** into the Pre-Submission uploads section of the Grants Gateway.

Budget Projections

Please review your budget through the lens of program spending across the contract year. Assess when your program may need to make purchases of supplies, incur travel expenses, and bill for administrative costs. This assessment will support the need to project cash needs across the State Fiscal year by quarters. Applicants are instructed to upload **Attachment 9: Projections** into the Pre-Submission uploads section of the Grants Gateway.

Pre-Submission Uploads

As a reminder, the following attachments need to be uploaded under the Pre-Submission Uploads section of the Grants Gateway in order to submit an application in the system.

1. *Minority & Women Owned Business Enterprise Requirement Forms (Attachment 4)*
2. *Vendor Responsibility Attestation (Attachment 5)*
3. *Application Cover Page (Attachment 6)*
4. *Letter of Commitment from Executive Director or Chief Executive Officer (Attachment 7)*
5. *Budget Projections (Attachment 9)*

Program Specific Questions

RFA #20322, Mentorship in Medicine and Other Healthcare Professions

1. Program Summary**Maximum Score: Not Scored**

- a) Summarize your proposed program and objectives to meet the specific goals of this RFA.
- b) Identify the population(s) of focus including: specific PHL §240 MA, numbers to be served and briefly summarize the need.
- c) Describe how your organization proposes to develop relevant partnerships and connect with key stakeholders to enhance collaboration and support for the Mentorship in Health and Other Health Professions Program.
- d) Summarize your experience with monitoring and evaluation current program areas in your agency.

2. Preference Factors**Maximum Score: 2 Points**

- a) Describe in detail how your organization has at least five (5) years of experience working with economically disadvantaged and underrepresented minority students.

3. Statement of Need**Maximum Score: 10 points**

- a) Describe the populations to be served in terms of their unique system access needs and other factors such as population assets that should be considered in designing and implementing the proposed program.
- b) Describe how you determined the need for the services proposed in the application (include identified service gaps and barriers). Include both qualitative and quantitative data to substantiate the description.
- c) Describe your relationships and linkages with other key organizations in your catchment area.
- d) Describe how representatives from the population(s) were involved in the need and asset identification process.

4. Applicant Organization**Maximum Score: 15 Points**

- a) Describe your agency, its mission, services provided (to include how many years of mentorship programming to date), and locations where services are provided.
- b) Describe populations currently served by the agency including: age, sex, gender identity, sexual orientation, race, ethnicity, socioeconomic status, immigration status and other significant characteristics as appropriate.

- c) Describe your agency's experience in providing services and implementing innovative models and programs for economically disadvantaged and underrepresented minority students.
- d) Describe your agency's experience collaborating with other organizations that are providing similar services.
- e) Describe your agency's organizational structure including: administrative and executive support for program implementation, fiscal management, grants management, data gathering and analysis ability, report writing and program evaluation capacity.
- f) Describe your agency's experience in the effective oversight of administrative, fiscal and programmatic aspects of government, foundation or other grant-maker in health contracts, including timely and accurate submission of fiscal and program reports.
- g) Describe how the proposed program will be integrated with other programs and services within your organization.

5. Program Activities

Maximum Score: 25 Points

- a) Describe the design and structure of your proposed program.
- b) Describe a program design and structure for outreaching to and engaging economically disadvantaged and underrepresented minority students in PHL §240 Minority Areas that addresses the following:
 - i. That are not currently participating, or sporadically participating in, a mentoring plan. Include a rationale for why the outreach strategies and activities described in the plan are effective with reaching the population of focus; and
 - ii. Discuss how the program design addresses the needs and draws on the assets identified in Section 2 'Statement of Need'.
- c) Describe how your agency will provide services that are culturally and linguistically relevant; developmentally appropriate; and take into consideration the population's career choices in medicine and other health-related fields.
- d) Describe the proposed staffing for the program, their qualifications and expertise and whether they are current or staff to be hired. Applicants are instructed to upload an organizational chart into the Grants Gateway under the Program Specific Question 5.d.

6. Work plan

Maximum Score: 10 Points

Complete the Grants Gateway on-line work plan addressing all core interventions described under program services.

- a) Describe the projects anticipated outcomes. Objectives should be *specific, measurable, achievable, realistic, and time-bound* (SMART).
Specific – Objectives should specify what they want to achieve.
Measurable – You should be able to measure whether you are accomplishing the objectives or not.
Achievable – Are the objectives you set, achievable and attainable?
Realistic – Can you realistically achieve the objectives with the resources you have?
Time-bound – Objectives should be met, and projects completed by dates specified in the application.
- b) Outline the Tasks (activities) that will be implemented to meet each SMART Objective.
- c) Include Performance Measures for each objective and its corresponding task(s).
 Performance Measures will be used to demonstrate the applicant’s capacity to meet the expected outcomes as identified in the workplan.

7. Monitoring and Evaluation

Maximum Score: 15 Points

- a) Describe your agency’s capacity to collect, analyze and report participant-level data using computer-based applications.
- b) Describe the monitoring and evaluation staff, including qualifications, that will support the proposed program’s monitoring and evaluation activities such as data collection, input, analysis, report writing and feedback.
- c) Describe your agency’s overall plan for evaluating program effectiveness in reducing identified systems barriers for economically and underserved minority populations seeking careers in medicine and other health professions.
- d) Describe your agency’s overall plan for monitoring progress of the proposed program and identify program-specific indicators and measures.
- e) Describe how the population(s) of focus will be involved in the program’s ongoing evaluation and improvement activities.

8. Budget

Maximum Score: 25 Points

- a) All Applicants must complete the budget in the NYS Grants Gateway, assuming a twelve (12) month budget, with a May 1, 2024 start date. Do not exceed the grant award amount. All costs must relate directly to the provisions of this RFA, be consistent with the scope of services, reasonable, and be cost-effective.
- b) Provide a brief narrative justification for each budget item. List all proposed staffing for the program in the budget. Specify the source of financial support for each staff item. Include in the Budget Justification, staff responsibilities in carrying out the proposed activities, and how in-kind personnel and non-personal services provide support to the

proposed program. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to the proposed program has been determined.

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

- c) Describe in the Budget Justification how staff and other than personal service items support the work plan.
- d) Applications must include monthly spending projections for the initial contract year (See **Attachment 8 – Grants Gateway Budget Date Entry Guidelines** for budget instructions and **Attachment 9 – Projections** for projections template).

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

- e) Funding may be requested under the administrative cost line to support a portion of the agency's overall organizational structure to the extent that it allows a funded applicant to implement program activities. This includes funding for administrative and fiscal staff, space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery. Administrative costs may not exceed 10% of the total direct costs
- f) If the budget includes subcontracts to partners, include a Statement of Scope of Work and a Letter of Collaboration for each partner receiving the subcontract. Letters of Collaboration should be specific to each proposed partnership in the application. The Scope of Work statement should describe in not more than two (2) double spaced pages the following:
 - Who the partnering organization(s) is/are;
 - Why the collaboration is a necessary component of the program;
 - What the partnering organization(s) proposes to do (i.e., what the partner will contribute);
 - When the collaborative activities will take place; and
 - How the collaboration will be assessed.

PLEASE NOTE: All Statements of Scope of Work and the Letters of Collaboration must be combined into one (1) pdf no larger than 10MB and uploaded into the Grants Gateway under the Program Specific Question 7.f.

Applicants may subcontract up to 25% of the components of the scope of work. The applicant must retain at least 75% of the scope of work within their agency.

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment or

RFA #20322, Mentorship in Medicine and Other Healthcare Professions

for remodeling or modification of structure.

B. Freedom of Information Law

All Applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State agency records, and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **Any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.** If NYSDOH agrees with the Applicant's claim regarding the proprietary nature of any portion of an Application, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

An Application which meets ALL of the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH, Office of Minority Health and Health Disparities Prevention. An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An Application that does not provide all required information may be removed from consideration.

An award will be made to the highest scoring applicant. Applications must receive a passing score of 75 to be considered for funding.

Applications will be evaluated on a 102-point scale as follows. In the event of a tie score, the applicant with the highest score in Section 1: Statement of Need will receive the award, followed by the highest score in Section 2: Organizational Experience & Capacity, if needed for an additional tie breaker

Letter of Commitment from Executive Director or Chief Executive Officer	Not Scored
Application Cover Page	Not Scored
Program Summary	Not Scored
Preference Factors	2 points
Statement of Need	10 points
Applicant Organization	15 points
Program Activities	25 points
Work plan	10 points
Monitoring and Evaluation	15 points
Budget	25 points

Applications with minor issues (for example, an Application missing information that is not essential to timely review and would not impact review scores) MAY be processed and evaluated, at the discretion of the State, but any issues with an Application which are identified

by the Department must be resolved prior to time of award. An Application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above. OMH-HDP reserves the right to re-solicit if there is not an application scoring high enough to fund.

OMH-HDP anticipates that there may be more passing applications than can be funded. Applications will be deemed to fall into one of three categories: (1) approved and funded, (2) not funded due to limited resources, and (3) not approved. If additional funding becomes available for this initiative, approved but not funded applications may be funded.

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

To request a debriefing, please send an email to Joyce Meadows at omhhdp@health.ny.gov. In the subject line, please write: *Debriefing Request (Mentorship in Medicine and Other Health Professions)*.

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 <https://www.osc.state.ny.us/state-agencies/gfo/chapter-xi/xi17-protest-procedures> (Section XI. 17.)

VI. Attachments

Please note that certain Attachments to this RFA are accessed under the “Pre-Submission Uploads” section of the Grants Gateway online Application and are not included in the RFA document. In order to access the online Application and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

Attachment 1:	New York State Public Health Law Title II F §240-243
Attachment 2:	Office of Minority Health and Health Disparities Prevention PHL II-F §240 Minority Area Map
Attachment 3	Enhanced National Culturally and Linguistically Appropriate Service (CLAS) Standards
Attachment 4:	Minority & Woman-Owned Business Enterprise Requirement Forms*
Attachment 5:	Vendor Responsibility Attestation*
Attachment 6:	Application Cover Page*
Attachment 7:	Commitment from Executive Director or Chief Executive Officer*
Attachment8:	Grants Gateway Budget Data Entry Guidelines
Attachment 9	Budget Projections*

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

Office of Minority Health Legislation

Public Health Law

* § 240. Definitions. For the purposes of this article:

1. "Underserved populations" shall mean those who have experienced injustices and disadvantages as a result of their race, ethnicity, sexual orientation, gender identity, gender expression, disability status, age, immigration status, and/or socioeconomic status, among others as determined by the commissioner of health.

2. "Racially and ethnically diverse area" shall mean a county with a non-white population of forty percent or more, or the service area of an agency, corporation, facility or individual providing medical and/or health services whose non-white population is forty percent or more.

3. "Provider" shall mean any agency, corporation, facility, or individual providing medical and/or health care services to underserved populations.

4. "Office" shall mean the office of health equity, as created pursuant to section two hundred forty-one of this title.

5. "Health equity council" shall mean that advisory body to the commissioner, created pursuant to the provisions of section two hundred forty-three of this title.

6. "Health disparities" shall mean measurable differences in health status, access to care, and quality of care as determined by race, ethnicity, sexual orientation, gender identity, a preferred language other than English, gender expression, disability status, aging population, immigration status, and socioeconomic status.

7. "Health equity" shall mean achieving the highest level of health for all people and shall entail focused efforts to address avoidable inequalities by equalizing those conditions for health for those that have experienced injustices, socioeconomic disadvantages, and systemic disadvantages.

8. "Social determinants of health" shall mean life-enhancing resources, such as availability of healthful foods, quality housing, economic opportunity, social relationships, transportation, education, and health care, whose distribution across populations effectively determines the length and quality of life.

* NB There are 2 § 240's

* § 241. Office of health equity created. There is hereby created an office of health equity within the state department of health. Such office shall:

1. Work collaboratively with other state agencies and affected stakeholders, including providers and representatives of underserved populations, in order to set priorities, collect and disseminate data, and align resources within the department and across other state agencies. The office shall also conduct health promotion and educational

RFA #20322, Mentorship in Medicine and Other Healthcare Professions

outreach, as well as develop and implement interventions aimed at achieving health equity among underserved populations by implementing strategies to address the varying complex causes of health disparities, including the economic, physical, and social environments.

2. Integrate and coordinate selected state health care grant and loan programs established specifically for promoting health equity in New York state. As part of this function, the office shall develop a coordinated application process for use by providers, municipalities and others in seeking funds and/or technical assistance on pertinent programs and services targeted to address health equity among underserved populations.

3. Apply for grants, and accept gifts from private and public sources for research to improve and enhance health equity. The office shall also promote health equity research in universities and colleges.

4. Together with the health equity council, serve as liaison and advocate for the department on health equity matters. This function shall include the provision of staff support to the health equity council and the establishment of appropriate program linkages with related federal, state, and local agencies and programs such as the office of health equity of the public health service, the agricultural extension service and migrant health services.

5. Assist medical schools and state agencies to develop comprehensive programs to improve the diversity of health personnel workforce by promoting health equity clinical training and curriculum improvement, and disseminating health career information to high school and college students.

6. Promote community strategic planning to address the complex causes of health disparities, including the social determinants of health and health care delivery systems and networks, in order to improve health equity. Strategic network planning and development may include such considerations as healthful foods, quality housing, economic opportunity, social relationships, transportation, and education, as well as health care systems, including associated personnel, capital facilities, reimbursement, primary care, long-term care, acute care, rehabilitative, preventive, and related services on the health continuum.

7. Review the impact of programs, regulations, and policies on health equity.

* NB There are 2 § 241's

* § 242. Preparation and distribution of reports. The department shall submit a biennial report to the governor and the legislature describing the activities of the office and health status of minority areas. The first such report shall be transmitted on or before September first, nineteen hundred ninety-four. Such report shall contain the following information:

1. Activities of the office of health equity, expenditures incurred in carrying out such activities, and anticipated activities to be undertaken in the future.

2. Progress in carrying out the functions and duties listed in section

two hundred forty-one of this title.

3. An analysis of the health status of underserved populations, including those populations within racially and ethnically diverse areas, and the status of health delivery systems serving those communities. Such analysis shall be conducted in cooperation with the health equity council and other interested agencies.

4. Any recommended improvements to programs and/or regulations that would enhance the cost effectiveness of the office, and programs intended to meet the health and health care needs of underserved populations.

* NB There are 2 § 242's

* § 243. Health equity council. 1. Appointment of members. There shall be established in the office of health equity a health equity council to consist of the commissioner and fourteen members to be appointed by the governor with the advice and consent of the senate. Membership on the council shall be reflective of the diversity of the state's population including, but not limited to, the various underserved populations throughout the state.

2. Terms of office; vacancies. a. Unless specified otherwise in the bylaws of the health equity council, the terms of office of members of the health equity council may be up to six years. The members of the health equity council shall continue in office until the expiration of their terms and until their successors are appointed and have qualified. Such appointments shall be made by the governor, with the advice and consent of the senate, within one year following the expiration of such terms.

b. Vacancies shall be filled by appointment by the governor for the unexpired terms within one year of the date upon which such vacancies occur. Any vacancy existing on the effective date of paragraph c of this subdivision shall be filled by appointment within one year of such effective date.

c. In making appointments to the council, the governor shall seek to ensure that membership on the council reflects the diversity of the state's population including, but not limited to the various underserved populations throughout the state.

3. Meetings. a. The health equity council shall meet as frequently as its business may require, and at least twice in each year.

b. The governor shall designate one of the members of the public health and health planning council as its chair.

c. A majority of the appointed voting membership of the health equity council shall constitute a quorum.

4. Compensation and expenses. The members of the council shall serve without compensation other than reimbursement of actual and necessary expenses.

5. Powers and duties. The health equity council shall, at the request of the commissioner, consider any matter relating to the preservation and improvement of health status among the state's underserved populations, and may advise the commissioner on any recommendations relating to the preservation and improvement of health equity.

*NB There are 2 § 243's

§ 244. Transgender and non-binary (TGNB) wellness and equity program.

1. The department, through the AIDS institute, shall establish and operate a transgender and non-binary (TGNB) wellness and equity program as authorized pursuant to this section. Such program shall be established by April first, two thousand twenty-three.

2. The transgender and non-binary (TGNB) wellness and equity program shall be designed to:

(a) Increase the capacity of grassroots organizations working at the local level and ensure New York state invests in organizations serving transgender, gender nonconforming, non-binary and intersex individuals.

(b) Increase transgender, gender nonconforming, non-binary and intersex cultural competence by investing in cultural competency programs or curriculums that are designed by, or in consultation with, transgender, gender nonconforming, non-binary and intersex individuals.

(c) Address inequities in current funding distribution for organizations serving transgender, gender nonconforming, non-binary and intersex individuals, including but not limited to organizations located outside of the city of New York.

(d) Enable unemployed transgender, gender nonconforming, non-binary and intersex residents of New York to become gainfully employed taxpayers through job training and job placement services provided by organizations serving transgender, gender nonconforming, non-binary and intersex individuals.

(e) Foster new and emerging transgender, gender nonconforming, non-binary and intersex leadership through capacity building support.

(f) Decrease homelessness and increase access to social services by investing in organizations primarily serving transgender, gender nonconforming, non-binary and intersex individuals and that provide housing solutions dedicated to transgender, gender nonconforming, non-binary and intersex individuals.

3. Subject to appropriation, moneys in the transgender and non-binary (TGNB) wellness and equity program fund, pursuant to section ninety-five-k of the state finance law, may be used for the following purposes:

(a) Identifying community-based organizations involving and serving transgender, gender nonconforming, non-binary and intersex individuals and providing them with grants to expand their existing work involving and serving transgender, gender nonconforming, non-binary and intersex individuals.

(b) Providing grants to organizations involving and serving transgender, gender nonconforming, non-binary and intersex individuals to create supportive housing solutions and to identify, assist, and refer transgender, gender nonconforming, non-binary and intersex residents of New York state to supportive housing.

(c) Creating or funding existing programs serving transgender, gender nonconforming, non-binary and intersex individuals that primarily coordinate inclusive health care for individuals who identify as transgender, gender nonconforming, non-binary or intersex.

(d) Providing grants to organizations involving and serving transgender, gender nonconforming, non-binary and intersex individuals to increase the capacity of health care professionals to effectively provide gender affirming care. This includes the creation of educational materials or facilitation of capacity building training.

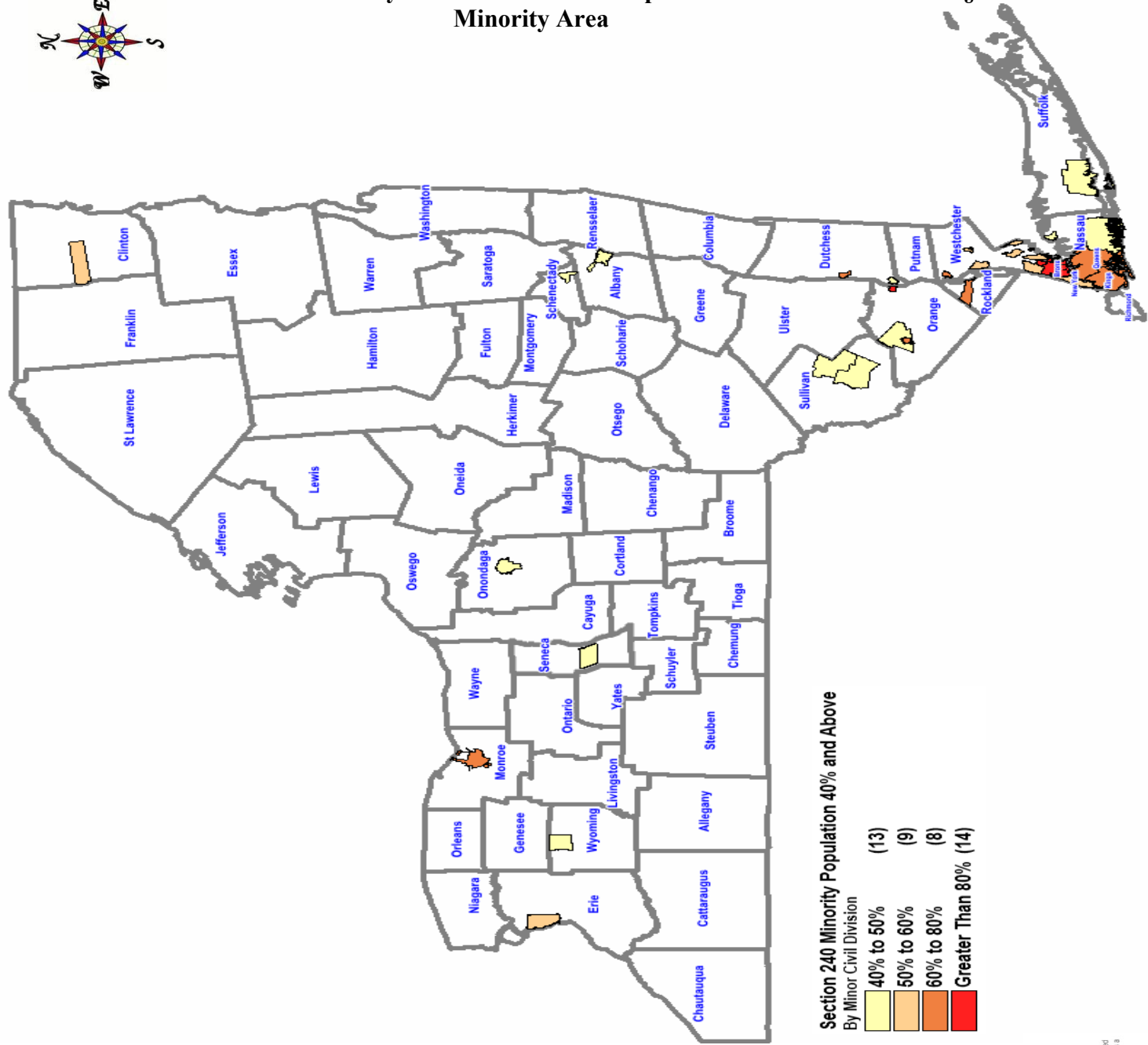
(e) Providing grants for behavioral health services developed by, or in consultation with, transgender, gender nonconforming, non-binary and intersex individuals that offer mental health and substance use services for transgender, gender nonconforming, non-binary and intersex youth,

adults, seniors, and families.

(f) Providing grants for educational and vocational training programs developed by, or in consultation with, transgender, gender nonconforming, non-binary and intersex individuals to increase the employment status and educational attainment level of transgender, gender nonconforming, non-binary and intersex residents of New York state.

(g) Providing funds to improve data collection on gender identity and expression in New York state with a focus on transgender, gender nonconforming, non-binary and intersex residents of New York state and their needs.

Attachment 2:Office of Minority Health and Health Disparities Prevention PHL II-F §240 Minority Area



Section 240 Minority Population 40% and Above
By Minor Civil Division



	Minor Civil Division w/in County	MCD Total Population	MCD Total Minority Pop	Percent Minority
Albany				
	Albany city	98,287	47,435	48.3%
Bronx				
	Bronx borough	1,413,566	1,265,183	89.5%
Clinton				
	Damascus town	4,802	2,419	50.4%
Columbia				
	Hudson city	6,658	2,960	44.5%
Dutchess				
	Beacon city	14,437	6,226	43.1%
	Poughkeepsie city	30,716	18,857	61.4%
Erie				
	Buffalo city	259,959	141,373	54.4%
Kings				
	Brooklyn borough	2,570,801	1,653,708	64.3%
Monroe				
	Rochester city	210,461	133,354	63.4%
Nassau				
	Glen Cove city	27,161	12,036	44.3%
	Hempstead town	765,852	323,659	42.3%
New York				
	Manhattan borough	1,618,398	851,563	52.6%
Onondaga				
	Syracuse city	144,648	69,758	48.2%
Orange				
	Middletown city	27,904	17,952	64.3%
	Newburgh city	28,614	22,967	80.3%
	Wallkill town	27,832	12,313	44.2%
Queens				
	Queens borough	2,280,602	1,675,987	73.5%
Rockland				
	Haverstraw town	37,138	22,291	60.3%
Schenectady				
	Schenectady city	66,055	29,315	44.4%
Seneca				
	Romulus town	4,353	1,824	41.9%
Surfolk				
	Islip town	336,758	147,003	43.7%
Sullivan				
	Fallsburg town	12,900	5,414	42.0%
	Thompson town	15,202	6,706	44.1%
Westchester				
	Mount Kisco town	11,016	5,602	50.9%
	Mount Vernon city	67,962	55,948	82.3%
	New Rochelle city	78,476	40,943	52.2%
	Ossining town	37,998	20,072	52.8%
	Peekskill city	23,875	15,757	66.0%
	Rye town	46,423	23,762	51.2%
	White Plains city	57,505	31,540	54.8%
	Yonkers city	198,654	117,210	59.0%
Wyoming				
	Attica town	7,564	3,076	40.7%
Grand Total		10,532,577	6,784,313	64%
Total 2014 Est. Pop:		19,594,330		
Sec. 240 MCD Total 2014 as % of 2014 Total:		54%		

Note:
Source: U.S. Census 2014 ACS Summary File

Note:
Source: U.S. Census 2014 ACS Summary File

The strength of the American Community Survey (ACS) is in estimating characteristics distributions. If you are looking for population totals, we recommend the 2010 Census or Population Estimates Program. It is also important to keep in mind that all ACS data are estimates. The Census Bureau collects data from a sample of the population in the United States and Puerto Rico rather than from the whole population. To help you interpret the reliability of the estimates, the Census Bureau publishes a margin of error (MOE) for every ACS estimate. For further detail, <http://www.census.gov/programs-surveys/acs/datacomparing-acs-data.html>

Attachment 3: Enhanced National Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

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National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>

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Attachment 7

Sample

Letter of Commitment from the Executive Director Or Chief Executive Officer

Date:

Dear Ms. Meadows:

This letter certifies that I have reviewed and approved the enclosed application to the New York State Department of Health Office of Minority Health and Health Disparities Prevention, for funding under the Request for Applications # 20322.

I am committed to ensuring that the proposed health equity services will be provided, and that qualified staff will be recruited, appropriately trained, and have sufficient agency leadership and resources to effectively implement the program.

I attest, as an applicant, that the agency meets all of the following eligibility requirements.

We (Applicant):

- are a not-for-profit medical academic institution currently managing a mentorship program which supports young people interested in the healthcare field; **OR**
- are a not-for-profit, 501c (3) health and service organization, county health department, or tribal organization that is affiliated with one or more academic medical institutions currently managing a mentorship program; **AND**
- have at least three (3) years of experience working with economically disadvantaged and underrepresented minority students; **AND**
- have at least three (3) years of experience in oversight of administrative, fiscal and programmatic aspects of government, foundation or other grant-makers in health contracts, including timely and accurate submission of fiscal and program reports; **AND**
- are located within and/or provide services to economically disadvantaged and underrepresented minority students in PHL §240 Minority Areas (**See Attachment 2 in the pre-submission uploads section: Office of Minority Health and Health Disparities Prevention PHL II-F §240 Minority Area Map**); **AND**
- are prequalified in the New York State Grants Gateway, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the "Key Dates" set forth on the Cover Page of this RFA.

Thank you.

Sincerely,

Name
Executive Director or Chief Financial Officer (specify)
Applicant Agency
Applicant Address

Attachment 8

Grants Gateway Budget Data Entry Guidelines

Applications OR New Budget Periods

* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Personal Services - Salary		* Refer to Grants Gateway Budget Instructions document for additional information. In the Salary section only include staff positions related to the implementation and administration of the project. ONLY staff that are employees of the applicant organization are to be included here. All other staff should be listed under Contractual Services. If Salary is not applicable, leave this section blank.
Position/Title	55	Provide the position title and employee name, if known. TBH should be entered in place of the employee name if the position is vacant at the time of budget submission.
Role/Responsibility	500	Provide a brief narrative of how the position will contribute directly to this project. Include the percent of time the incumbent will work on the program on a full-time basis. One (1.0) FTE is based on the number of hours worked in one week (e.g. 40-hour workweek). To determine a % FTE, divide the hours per week spent on the project, by the number of hours in the workweek. For example: given a 40-hour workweek, an individual working 10 hours per week on the project spends 25 percent of his/her time on the project (i.e. 10/40 = .25) Please show in percentage form - 25%. If TBH, also provide the anticipated start date for this position.
# in Title	N/A	Always enter the number 1. A separate position should be added for "each" position on the contract.
Annualized Salary Per Position	N/A	Enter the annual salary the organization will pay this employee. This figure should NOT be adjusted if a portion of the salary will be paid with other funds. Percentage of time supported with "other funds" should be entered in the PS narrative.
STD Work Week (hrs.)	N/A	Enter the standard (STD) hours worked each week by the employee. This figure should NOT be adjusted for hours paid with other funds.
% Funded	N/A	Enter only the percent of time this position is supported with grant funds. Do NOT include any percentage of time supported by other fund sources. Total grant funding requested divided by annual salary.
# Months Funded	N/A	Enter the estimated number of months this position will work on this grant. If TBH, enter the number of months based upon the anticipated start date.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this position on the project. (Annual Salary / 12 Months x # Months Funded x % Funded).
Total Match Funds	N/A	Always leave blank.
Match %	N/A	Always leave blank.
Total Other Funds		Always leave blank.
> Personal Services - Salary Narrative	4000	Program Specific Instructions / Requirements All PS positions not directly supported with grant dollars, that work on the program should be summarized in this section. Contracted or per diem staff are not to be included in personal services narrative; these expenses should be shown in the contractual services narrative under non-personal services. The budget should contain a Project contact (Coordinator/Director/etc.) accessible full-time for communications, including e-mail.
Personal Services - Fringe*		Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements. If Fringe is not applicable, leave this section blank.
Type/Description	125	Provide the requested fringe rate.
Justification	1000	Provide all fringe benefit components included in the calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages. If additional space is needed enter details in the PS - Fringe Narrative
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Personal Services - Fringe Narrative	4000	Program Specific Instructions / Requirements If additional space is needed from the justification section, specify here, the components (FICA, Health and Life Insurance, Unemployment Insurance, Disability Insurance, Worker's Compensation, and Retirement) and their percentages comprising the fringe benefit rate. If different rates are used for different positions, provide details for each rate in the space provided and specify which positions are subject to that rate.

Grants Gateway Budget Data Entry
Guidelines

* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Non- Personal Services		Non- Personal Service expenses. For each Non- Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example, if you contract with a Translation Service using other funds you would list under the Contractual Narrative – Translation Service: \$25/hour for 20/hours total cost \$500.00.
Contractual*		* Refer to Grants Gateway Budget Instructions document for additional information. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to Contractual Services. If Contractual Services are not applicable, leave this section blank.
Type/Description	125	Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e. Pharmacist - TBH)
Justification	1000	Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Contractual Narrative	4000	All contractual positions not directly supported with grant dollars, that are required on the program or needed to meet program deliverables should be summarized in this section.
Travel*		* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-State travel requires prior approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank.
Type/Description	125	Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, Staff Travel, In-State, or Out-of-State).
Justification	1000	Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Travel Narrative	4000	Program Specific Instructions / Requirements If using other funds for required travel - Provide a delineation of expenses (i.e. agency cars, tokens, taxi, etc.), or staff travel exclusive of training/ staff development (i.e., to clinic sites, agency staff travel to meetings). Conference Attendance – Provide a delineation of the items of expense and estimated cost. Include travel costs associated with conferences, including transportation, meals, lodging, and registration fees. (e.g. if the total expense is for a conference, provide location and name of conference, # of people attending, cost breakdown per person, per item expense – train ticket, lodging, food etc.).
Equipment		* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding \$5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds \$5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank.
Type/Description	125	Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs)

Grants Gateway Budget Data Entry
Guidelines

* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Justification	1000	Provide the names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Equipment Narrative	4000	Program Specific Instructions / Requirements If using other funds for required equipment enter the details here.
Space/Property: Rent		This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more than one instance of rental property is needed. If Space/Property: Rent is not applicable, leave this section blank. The expenses included are rent, maintenance, and insurance (property and liability). Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.
Type/Description	125	Provide the physical address of the rental property.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Rent Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered).
Space/Property: Own		This section is used to itemize costs associated with Space/Property: If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.
Type/Description	125	Provide the physical address of the property that is owned.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Own Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here.
Utilities		This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc.) using other funds. If Utilities are not applicable, leave this section blank.
Type/Description	125	Provide the type of expense and include the property address. (i.e. Telephone - 123 Cherry Lane)
Justification	1000	Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Utilities Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here.
Operating Expenses		* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials, rental subsidy, security deposit, brokers fees, tenant utility allowance, furniture and contingency funds. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank.
Type/Description	125	Provide the type of expense

**Grants Gateway Budget Data Entry
Guidelines**

* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
Justification	1000	Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Operating Expenses Narrative	4000	Program Specific Instructions / Requirements Provide a narrative description for any required items that are purchased with other funds. Supplies/Materials – Provide justification of need and a breakdown for all items. (e.g. if the total expense is for education materials or office supplies, in addition to providing a narrative justification of need, provide a breakdown of each item as total # x cost per item = total expense for that item.) Expenditures will not be allowed for remodeling or modification of structure.
Other Expenses Detail*		Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate. A copy of the current federal ICR agreement must be uploaded to the Grantee Document Folder section of the application. For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other Expenses budget narrative section of the application.
Type/Description	125	Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Rate Agreement.
Justification	1000	Indicate specifically that the document was uploaded to the Grants Gateway (Federally Approved Rate Agreement)
Total Grant Funds	N/A	Provide the requested value using the formulary provided.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Other Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here.

Grants Gateway Budget Data

Entry

Where to Budget

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

<i>Master Grant Contract Budget Categories</i>	<i>Sample of Budget Categories</i>
Personal Services	ALL employees on payroll
Fringe	Payroll Taxes, Health Insurance, Pension, Worker's Compensation, etc.
Contractual Services*	Vendors*
Contractual Services**	Subcontractors / Consultants / Affiliate Staff
Travel	Travel (ALL - for client, staff, and volunteers). Travel for individuals funded under the Contractual Service budget category must be included under CS.
Equipment Expense	> article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds \$5,000, or a grouping of like items which equals or exceeds \$5,000. < \$5,000 budget under Operating Expenses
Space/Property & Utility Expenses	Rent, Depreciation, Maintenance & Repairs, Utilities (including electric, heat, cell phone, internet, telephone)
Operating Expense	Equipment, Office Technology purchases < \$5,000
Operating Expense	Beverages, Food, Meeting Costs. Adherence to Guidelines for Healthy Meetings as adopted from National Alliance for Nutrition and Activity (NANA) Healthy Meeting Guidelines is required: https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm .
Operating Expense	Office Supplies, Program Supplies/Materials
Operating Expenses	Conference Costs/Registration Fees. IF these costs are associated with other reimbursable travel (lodging, mileage, etc.), these costs should be budgeted under travel.
Operating Expenses	Staff Training/Professional Development (for costs such as conference fee - NOT travel)
Operating Expenses	Vehicle Operating Expenses
Operating Expenses	Client Services (medical supplies, translation services, etc.)
Operating Expenses	Direct Medical Supplies
Operating Expense unless fringe benefit related, then it is Personal Services	Insurance (e.g. general liability)
Operating Expense unless it is contracted out, then it is Contractual Services	Database Management, Computer/Network Maintenance
Operating Expense unless it is contracted out, then it is Contractual Services	Media Placement, Advertising (e.g. recruitment ads, program promotion). ALL purchased media placement or advertising requires prior approval.
Operating Expense unless it is contracted out, then it is Contractual Services	Educational Materials, Printing, Postage
Operating Expenses any associated travel must go under travel	Special Events, Workshops
Other	Indirect

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

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