

**Addendum #2
12/6/18**

**RFA # 18102 / Grants Gateway # DOH01-PWID-2019
Internal Program #18-0004**

New York State Department of Health AIDS Institute
Division of HIV and Hepatitis Health Care
Bureau of Hepatitis Health Care

Request for Applications

Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs (PWID)

1) The New York State Grants Management Team redesigned their main webpage (<https://grantsmanagement.ny.gov/>) effective Tuesday, December 4, 2018. This redesign resulted in updates to hyperlinks contained in the above referenced RFA.

Potential applicants should view the full RFA/Opportunity document again. The old hyperlinks are red-lined out and the new hyperlinks are listed.

Any questions, please reach out to the DOH contact for the RFA.

In addition, the following clarification has been issued to the RFA:

2) On page 33 of the RFA, Attachment 3 – Work Plan, Objective 4, Performance Measures, incorrect information was listed for the performance measures.

Applicants are instructed to refer to the Corrected Performance Measures for Objective 4 on Page 3 of this document, Addendum #2.

Original Performance Measures as listed on page 33 of the RFA:

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
<p>4: Increase HCV treatment initiation, completion and cure rates.</p>		<p>4.1 Provide HCV care and treatment in accordance to state and/or national guidelines.</p> <p>4.2 Provide information to clients on HCV testing and treatment so they can make an informed decision.</p> <p>4.3 Assess for HCV treatment readiness and adherence, prior to treatment initiation.</p> <p>4.4 Establish systems for prior authorization.</p> <p>4.5 Employ HCV treatment adherence strategies to ensure adherence to and completion of HCV treatment.</p> <p>4.6 Employ strategies to ensure adherence to provider appointments.</p> <p>4.7 Establish and maintain collaborations with a gastroenterologist or hepatologist.</p> <p>4.8 Establish and maintain collaborations with other providers to address co-morbidities.</p> <p>4.9 Document all HCV care and treatment activities in the patient medical record and in AIRS.</p>	<p>4.1.1 60% of PWID enrolled in the program initiate treatment.</p> <p>4.1.2 >90% of PWID enrolled in the program are cured.</p> <p>4.2.1 60% of PWID enrolled in the program initiate treatment.</p> <p>4.2.2 >90% of PWID enrolled in the program are cured.</p> <p>4.3.1 60% of PWID enrolled in the program initiate treatment.</p> <p>4.3.2 >90% of PWID enrolled in the program are cured.</p> <p>4.4.1 N/A</p> <p>4.5.1 80% of PWID enrolled in the program complete HCV treatment.</p> <p>4.5.2 >90% of PWID enrolled in the program are cured.</p> <p>4.6.1 80% of PWID enrolled in the program complete HCV treatment.</p> <p>4.6.2 >90% of PWID enrolled in the program are cured.</p> <p>4.7.1 A subcontract or MOU is established and maintained with a gastroenterologist or hepatologist.</p> <p>4.8.1 Written linkage agreements are available for all offsite services.</p> <p>4.9.1 NA</p>

The Performance Measures for Objective #4 should now read as:

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
<p>4: Increase HCV treatment initiation, completion and cure rates.</p>		<p>4.1 Provide HCV care and treatment in accordance to state and/or national guidelines.</p> <p>4.2 Provide information to clients on HCV testing and treatment so they can make an informed decision.</p> <p>4.3 Assess for HCV treatment readiness and adherence, prior to treatment initiation.</p> <p>4.4 Establish systems for prior authorization.</p> <p>4.5 Employ HCV treatment adherence strategies to ensure adherence to and completion of HCV treatment.</p> <p>4.6 Employ strategies to ensure adherence to provider appointments.</p> <p>4.7 Establish and maintain collaborations with a gastroenterologist or hepatologist.</p> <p>4.8 Establish and maintain collaborations with other providers to address co-morbidities.</p> <p>4.9 Document all HCV care and treatment activities in the patient medical record and in AIRS.</p>	<p>4.1.1 60% of PWID linked to care will initiate treatment.</p> <p>4.1.2 >90% of PWID who complete treatment are cured.</p> <p>4.2.1 60% of PWID linked to care will initiate treatment.</p> <p>4.2.2 >90% of PWID who complete treatment are cured.</p> <p>4.3.1 60% of PWID linked to care will initiate treatment.</p> <p>4.3.2 >90% of PWID who complete treatment are cured.</p> <p>4.4.1 N/A</p> <p>4.5.1 80% of PWID who initiate treatment will complete HCV treatment.</p> <p>4.5.2 >90% of PWID who complete treatment are cured.</p> <p>4.6.1 80% of PWID who initiate treatment will complete HCV treatment.</p> <p>4.6.2 >90% of PWID who complete treatment are cured.</p> <p>4.7.1 A subcontract or MOU is established and maintained with a gastroenterologist or hepatologist.</p> <p>4.8.1 Written linkage agreements are available for all offsite services.</p> <p>4.9.1 NA</p>

RFA # 18102
Grants Gateway # DOH01-PWID-2019

New York State Department of Health
AIDS Institute
Division of HIV and Hepatitis Health Care
Bureau of Hepatitis Health Care

Request for Applications
Internal Program #18-0004

Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs
(PWID)

ADDENDUM #1
November 20, 2018

RFA and Grants Gateway Online Application Clarification:

On page 40 of the RFA, Attachment 16 – Guide for Completing Budgets for Grant Years 2-5, Tab 5, Operating Expenses/Other, applicants are incorrectly instructed that indirect costs are limited to 10% of direct costs.

Applicants are instructed to reference page 26 of the RFA for the allowable indirect cost rate, V. Completing the Application, 5. Budgets and Justifications, f.,
Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.

**New York State
Department of Health**
*Division of HIV and Hepatitis Health Care
Bureau of Hepatitis Health Care*

**Request for Applications
Grants Gateway # DOH01-PWID-2019
RFA Number: #18102
Internal Program #18-0004**

Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs (PWID)

In order to apply for this RFA, eligible applicants must submit an application via the New York State Grants Gateway.

Applicants may submit no more than one (1) application in response to this RFA.

KEY DATES

RFA Release Date:	November 7, 2018
Questions Due:	November 21, 2018 by 4:00 PM EST
Questions, Answers and Updates Posted: (on or about)	December 7, 2018
Applications Due:	January 3, 2019 by 4:00 PM EST

Contact Name & Address:

Colleen Flanigan, RN, MS
Director
Bureau of Hepatitis Health Care
NYS Department of Health/AIDS Institute
hepatabc@health.ny.gov

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INNOVATIVE HEPATITIS C CARE AND TREATMENT MODELS FOR PEOPLE WHO INJECT DRUGS (PWID)

I. INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI) Division of HIV and Hepatitis Health Care, Bureau of Hepatitis Health Care announces the availability of \$900,000 annually in state funding for five (5) years to provide increased access to hepatitis C care, treatment and cure among people who inject drugs (PWID) infected with the hepatitis C virus (HCV).

A. Background/Intent

Hepatitis C virus infection (HCV) is a major public health problem causing substantial morbidity and mortality, including cirrhosis and liver cancer. Most people with HCV are unaware they are infected. The approval of direct acting antiviral therapies makes it possible to eliminate HCV. A key piece to elimination is ensuring timely HCV screening, diagnosis and linkage to care and treatment.

The majority of HCV infections occurs among PWID. Data released from Centers for Disease Control and Prevention (CDC), in 2017, shows that, in over just five years, the number of new HCV infections reported to CDC has nearly tripled, reaching a 15-year high. 850 new cases were reported in 2010, and 2,436 new cases reported in 2015.¹ The greatest increases, and the highest overall number of cases, were among young people 20-29, with injection drug use as the primary route of transmission. If left unaware of their HCV status and untreated, PWID will remain a source for HCV transmission.

In 2016, there were 8,082 cases in the rest of New York State, excluding NYC, (ROS) and 6,213 in New York City (NYC). Case rates in ROS (73.9/100,00) and NYC (72.7/100,000) were similar in 2016. In recent years, both ROS and NYC have seen a shift in age distribution from primarily baby boomers (born from 1945 to 1965) to a bimodal age distribution with an increasing number of cases appearing among younger adults. While in 2016, case rates were highest in the 25-39 age group in ROS, in NYC, case rates remain highest in the 60-69 age-group. In ROS, 57% of the acute cases reported in 2016 were among persons aged 20-29. Injection drug use (IDU) was the most commonly reported risk factor among all HCV cases (72% of those with available risk factor information). IDU is especially common among younger cases of HCV (91% of cases < 30 years of age). Most recent increases of HCV among PWID are occurring in suburban and rural areas, but case rates are also high in the Bronx, which includes people incarcerated at Rikers Island.

The impact of HCV on women, specifically women of childbearing age (age 15-44), is growing.

¹ Centers for Disease Control and Prevention. (2017). Surveillance for Viral Hepatitis — United States, 2015. Available at <https://www.cdc.gov/hepatitis/statistics/2015surveillance/commentary.htm>

In ROS, the percent of female HCV cases increased from 30% in 2006 to almost 40% in 2016 with most cases (70%) indicating IDU as their risk. The proportion of female HCV cases in NYC has remained relatively unchanged in recent years, comprising 38% of all cases in 2016. In 2013, for the first time in ROS, there were more female HCV cases among women of child-bearing age than among women aged 45 and older. In 2016, in ROS, women of child-bearing age comprised 59% of all cases among females.²

With the advent of new curative therapy, HCV elimination may be possible; however, this goal can only be achieved by focusing on HCV prevention and treatment among PWID, the key drivers of the HCV epidemic.^{3,4} Current guidelines support HCV treatment among active PWID.^{5,6} Recent studies have shown that PWID can safely and effectively be treated with the new Direct Acting Antivirals (DAAs). HCV treatment adherence and cure rates are similar in PWID when compared to non-IDU.^{7,8,9} Many providers fear re-infection after treating PWID. This is a major barrier to treatment uptake in this population. Re-infection is expected when treating PWID. However, studies show re-infection rates are low - 1.21 – 4.9/100 per year.^{10,11,12,13,14} A moderate scale-up treatment among PWID will eventually reduce the pool of

2 NYS DOH Communicable Disease Electronic Disease Surveillance System.

3 Grebely J, Dore GJ, Morin S, Rockstroh JK, Klein MB. Elimination of HCV as a public health concern among people who inject drugs by 2030 – What will it take to get there? *Journal of the International AIDS Society* 2017, 20:22146.

4 Norton BL, Akiyama MJ, Zamor PJ, Litwin AH. Treatment of Chronic Hepatitis C in Patients Receiving Opioid Agonist Therapy: A Review of Best Practice. *Infect Dis Clin N Am*. 2018; 32:347-370.

5 American Association for the Study of Liver Diseases, Infectious Diseases Society of America. Recommendations for testing, managing, and treating hepatitis C. 2014. Available at: <http://www.hcvguidelines.org/>. Accessed June 5, 2018.

6 New York State Department of Health. Treatment of Chronic HCV Infection with Direct-Acting Antivirals. Available at: <https://www.hivguidelines.org/hcv-infection/>. Accessed June 5, 2018.

7 Grebely J, Dalgard O, Conway B, et al. Sofosbuvir and velpatasvir for hepatitis C virus infection in people with recent injection drug use (SIMPLIFY): an open-label, single-arm, phase 4, multicentre trial. *Lancet Gastroenterol Hepatol*. 2018 Jan 5. pii: S2468-1253(17)30404-1. doi: 10.1016/S2468-1253(17)30404-1. [Epub ahead of print]

8 Dore GJ, Altice F, Litwin AH et al. Elbasvir–Grazoprevir to treat hepatitis C virus infection in persons receiving opioid agonist therapy. a randomized trial. *Ann Intern Med*. 2016; 165:625-34.

9 Falade-Nwulia O, Sulkowski MS, Merkow A, Latkin C, Mehta SH. Understanding and addressing hepatitis C re-infection in the oral direct-acting antiviral era. *J Viral Hepat*. 2018;25:220–227.

10 Pineda JA, Nunez-Torres R, Tellez F, Mancebo M, Garcia F, Merchante N, et al. Hepatitis C virus re-infection after sustained virological response in HIV-infected patients with chronic hepatitis C. *J Infect*. 2015;71(5):571-7.

11 Young J, Rossi C, Gill J, Walmsley S, Cooper C, Cox J, et al. Risk Factors for Hepatitis C Virus Re-infection After Sustained Virologic Response in Patients Coinfected With HIV. *Clin Infect Dis*. 2017;64(9):1154-62.

12 Dore GJ, Altice F, Litwin AH, Dalgard O, Gane EJ, Shibolet O, et al. Elbasvir–Grazoprevir to Treat Hepatitis C Virus Infection in Persons Receiving Opioid Agonist Therapy: A Randomized Trial. *Ann Intern Med*. 2016;165(9):625-34.

13 Midgard H, Bjoro B, Maeland A, Konopski Z, Kileng H, Damas JK, et al. Hepatitis C re-infection after sustained virological response. *J Hepatol*. 2016;64(5):1020-6.

14 Weir A, McLeod A, Innes H, Valerio H, Aspinall EJ, Goldberg DJ, et al. Hepatitis C re-infection following treatment induced viral clearance among people who have injected drugs. *Drug Alcohol Depend*. 2016;165:53-60.

infected PWID, leading to a decrease in transmission and overall HCV prevalence.^{15,16} Re-infection can be minimized by coupling HCV treatment with harm reduction and well-designed targeted behavioral interventions.⁹ Treating HCV among PWID may be one of the most effective HCV prevention interventions.

PWID face unique health systems and social barriers to accessing health care services resulting in limited engagement in HCV care (Table 1). These barriers result in few PWID being screened and linked to care and low HCV treatment initiation rates. Studies show that a multi-pronged approach (harm reduction, medication-assisted treatment (MAT*), and HCV treatment) is needed to prevent, treat and cure HCV among PWID.^{17,18}

**MAT options include Methadone, Buprenorphine and Naltrexone*

Table 1: Barriers PWID face when accessing HCV care and treatment

- Stigma and discrimination;
- Lack of HCV knowledge and awareness;
- Lack of health insurance;
- Lack of transportation;
- Competing health priorities: mental health, substance use, HIV; and
- Socio-economic factors: employment, income, child care, unstable housing, lack of family and social support.

The intent of this RFA is to support three (3) innovative HCV care and treatment models that will address the needs and the barriers PWID with HCV face when accessing HCV services in traditional health care settings. Each model will provide HCV services in a non-traditional setting, including but not limited to co-location at syringe exchange programs/drug user health hubs, onsite at drug treatment programs, via mobile van, or tele-health technology. The goals of this RFA are to:

- Increase HCV awareness and knowledge among PWID;
- Increase HCV treatment initiation and completion rates among PWID;
- Increase the number of PWID who are cured of HCV; and

15 Grebely J, Hajarizadeh B, Dore GJ. Direct-acting antiviral agents for HCV infection affecting people who inject drugs. *Nat Rev Gastroenterol Hepatol* 2017; 14(11):641–51.

16 Martin NK, Vickerman P, Grebely J, et al. Hepatitis C virus treatment for prevention among people who inject drugs: modeling treatment scale-up in the age of direct-acting antivirals. *Hepatology* 2013;58(5):1598–609.

17 Bruggmann P, Litwin A. Models of care for the management of HCV among people who use drugs: one size does not fit all. *CID* 2013;57:S56–S61.

18 Hellard M, Doyle JS, Sacks-Davis R, Thompson AJ, McBride E. Eradication of Hepatitis C Infection: The Importance of Targeting People Who Inject Drugs. *Hepatology*. 2014 Feb; 59(2): 366–369.

- Prevent re-infection among PWID who are treated and cured of HCV.

B. Available Funding

Up to \$900,000 in State funding is available annually to support up to three (3) awards for five years.

Funding will be allocated as stated in the chart below.

NYSDOH Regions	Annual Award Amount	Maximum Number of Awards
Rest of State (Regions of Central New York; Finger Lakes; Western New York; Long Island; Hudson Valley; and Northeastern New York)	\$300,000	0-2
New York City – Manhattan	\$300,000	0-1
New York City - Brooklyn	\$300,000	0-1
New York City - Bronx	\$300,000	0-1
New York City - Queens	\$300,000	0-1
New York City - Staten Island	\$300,000	0-1

Applicants are requested to select their primary region of service on the cover page of the application. The primary region of service for the application should be based on the location where the largest number of clients is served. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region. If an applicant fails to indicate a primary service region, it will be assigned a primary service region based on the location where the largest number of clients is proposed to be served.

Applicants may submit no more than one (1) application in response to this RFA. If more than one (1) application is submitted in response to this RFA, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

- Awards will be made to the three (3) highest scoring applications received in response to this RFA. Awards in each region may not exceed the maximum number of awards listed for each region as shown in the Funding chart shown above.
- If there are an insufficient number of acceptable applications (scoring 70 or above) received from any region, the NYSDOH AI reserves the right to fund an application scoring in the range of 60-69 from a region.
- If there are an insufficient number of fundable applications, the maximum number of awards may not be met. NYSDOH/AI reserves the right to re-solicit these services if there are an insufficient number of fundable applications.

- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region, the NYSDOH AI reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- The NYSDOH reserves the right to revise the award amounts as necessary due to changes in availability of funding.

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

II. WHO MAY APPLY

A. Minimum Eligibility Requirements

All applicants must meet the following minimum eligibility requirements:

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due.
- Applicant has submitted **Attachment 1 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 1**. **Attachment 1** should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.
- Applicant must be a not-for-profit health care organization licensed by the NYSDOH under Article 28 of the NYS Public Health Law.
- Applicants must have proof of NYSDOH approval to provide HCV care and treatment at a non-traditional health care setting, through the Certificate of Need process, per 10 NYCRR 710 **or** has provided documentation to support the certificate of need process has been initiated through NYSDOH. Sites must meet the statutory and regulatory requirements. Applicants are required to upload proof of compliance with NYS public health law and applicable provisions of Title 10 **or** documentation to support the certificate of need process has been initiated as **Attachment 2**. **Attachment 2** should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

** For the purposes of this RFA, non-traditional health care settings are settings other than primary care and whose clients are disproportionately impacted by drug use and HCV. This includes community-based organizations, syringe exchange programs/drug user health hubs, NYS OASAS-licensed drug treatment programs (Article 32), homeless shelters, on a mobile van, etc. Services may also be delivered via tele-health.*

B. Preference Factors

Preference will be given to applicants that demonstrate the following:

- A minimum five (5) years of experience providing culturally competent and non-discriminatory HCV care and treatment to PWID;
- The capacity to prescribe medication-assisted treatment onsite, such as buprenorphine/suboxone or methadone;
- The availability of harm reduction services onsite;
- Staff will include at least one peer certified through the AIDS Institute Peer Certification Program in the HCV and/or harm reduction tracks; (<https://www.hivtrainingny.org/home/peercertification>);
- Administrative and programmatic capacity to carry out the scope of activities delineated in this RFA; and
- A minimum two (2) years of experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

III. PROGRAM NARRATIVE/WORK PLAN OUTCOMES

A. Program Model Description

Funding through this RFA will support Article 28 health care facilities, in partnership with a non-traditional health care setting as defined on page 7 of this RFA or by tele-health, to develop innovative models of HCV care and treatment that will increase the number of PWID that are treated and cured of HCV. Each model must make HCV care and treatment services available, accessible and acceptable to PWID. This will be achieved by co-locating HCV services in settings where PWID feel most comfortable and where they access other services.

Priority Population: The priority population for this RFA is PWID infected with HCV. This includes uninsured persons.

Successful applicants will demonstrate their ability to:

- Provide high quality HCV care and treatment to PWID, including active PWID;
- Provide services to PWID that are culturally responsive and free of stigma and discrimination;
- Design a program that addresses the barriers PWID face when accessing HCV care and treatment; (see Table 1 on page 5 of the RFA)
- Prescribe MAT;
- Prevent HCV re-infection;
- Involve members of the target population in the planning and design of the proposed program; and

- Evaluate the acceptability and feasibility of providing HCV care and treatment in non-traditional settings or by tele-medicine.

Anticipated Outcomes

Funded programs are expected to achieve the following outcomes:

- Increase HCV awareness and knowledge among PWID;
- Increase HCV treatment initiation and completion rates among PWID;
- Increase the number of PWID who are cured of HCV; and
- Prevent re-infection among PWID who are cured of HCV.

Performance Indicators

The following performance indicators will be monitored by the AIDS Institute and reported by funded programs on a quarterly basis.

Indicator	Target
Proportion of PWID who are linked to HCV care	80%
Proportion of PWID who initiate HCV treatment	60%
Proportion of PWID who complete HCV treatment	80%
Proportion of PWID who are cured	>90%

B. Requirements for the Program

Scope of Services

Funded programs will be expected to provide the following services:

- 1. HCV education and health promotion:** Funded programs must provide HCV education to and conduct health promotion activities with PWID either individually or in group settings. Education must address HCV disease, prevention, testing, treatment and treatment adherence, harm reduction/risk reduction, re-infection and health promotion.
- 2. Staff training:** Funded programs must provide on-going HCV education and training to clinical and non-clinical staff. Education and training must address HCV disease, prevention, testing, treatment and treatment adherence, harm reduction/risk reduction and re-infection. Education and training resources are available through AIDS Institute funded contractors at:
<https://www.health.ny.gov/diseases/aids/general/about/education.htm>

3. **Client recruitment:** Funded programs must develop a plan for reaching and recruiting PWID into the program. This may include establishing linkage agreements with community-based organizations or other programs providing services to the target population.
4. **HCV care and treatment:** Funded programs must provide quality HCV care and treatment in accordance with NYSDOH AIDS Institute and/or nationally recognized clinical guidelines. These guidelines can be found on the following websites: <http://www.hivguidelines.org/hcv-infection/treatment-with-daa/> and <https://www.hcvguidelines.org/contents>.
5. **Referral:** Funded programs must have a plan for referrals for services not available onsite, including consultation with or transfer of care to a liver specialist, when necessary.
6. **HCV treatment adherence:** Funded programs must provide services to ensure adherence to and completion of HCV treatment.
7. **Engagement in HCV care:** Funded programs must have mechanisms in place to ensure clients adhere to medical appointments.
8. **Care coordination:** Funded programs must have a plan to address the needs and coordinate the care of PWID. Care coordination activities include: navigation activities; assistance with health benefits, addressing transportation, housing and employment needs; social support; and coordinating medical and non-medical referrals.
9. **Medication-assisted treatment:** Funded programs must have a plan to prescribe buprenorphine or methadone onsite. MAT is an effective tool for the management of opioid dependence. MAT is also an effective HCV prevention intervention. MAT can also assist PWID with being adherent to medical appointments, as well as HCV treatment.
10. **Harm reduction services:** Funded programs must have a plan to offer a wide range of harm reduction services to prevent HCV infection and re-infection among PWID.
11. **HCV peer-delivered interventions:** Funded programs must have a plan to provide interventions delivered by peers – persons with shared lived experience in HCV and/or injection drug use. Peer interventions may include: community outreach, client recruitment, linkage to care, treatment adherence, client education, and other supportive services.

Funded applicants will be required to:

1. Collaborate with the School of Public Health at the State University of NY – Albany to evaluate the impact of the innovative model as it relates to feasibility, acceptability and re-infection.
2. Funded applicants will be required to participate in the Hepatitis C Assistance Program (HepCAP). HepCAP was established by the NYSDOH AIDS Institute to assist uninsured persons with HCV in obtaining necessary medical care and treatment. It does not cover the cost of HCV medications. Programs are reimbursed through this program for services provided to uninsured HCV mono-infected persons.
3. Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>);
4. Adhere to all objectives, tasks and performance measures as listed in **Work Plan Attachment 3**;
5. Participate in a collaborative process with the NYSDOH AIDS Institute to assess program outcomes and provide monthly narrative reports describing the progress of the program with respect to: 1) implementation; 2) client recruitment; 3) success in meeting the workplan objectives and performance measures (**Attachment Work Plan 3**); 4) significant accomplishments achieved; and 5) barriers encountered and plans to address noted problems; and
6. Submit statistical reports on clients served, and other data using the AIDS Institute Reporting System (AIRS). Successful applicants must demonstrate the capacity to collect and report all required data, both personnel and hardware related, using AIRS. Details on this software product may be obtained by accessing the following internet address, www.airсны.org.

Demonstration of Cultural and Linguistic Competency

Access to quality health care should be a basic right for any person, regardless of their drug use. Stigma related to drug use continues to be a significant and pervasive barrier which impairs access to quality prevention and health care services for patients who use drugs. Stigma can also have an adverse impact on HIV and HCV treatment uptake, treatment adherence, and quality of life. In order to effectively engage PWID and provide high-quality services, a meaningful, trusting partnership should be developed between provider and client. Programs should be designed with an understanding of the differences that derive from language, culture, race/ethnicity, religion, age and developmental characteristics.

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute, Division of

HIV and Hepatitis Health Care, Bureau of Hepatitis Health Care. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted to Colleen Flanigan via email to:

hepatabc@health.ny.gov

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

Questions of a technical nature can also be addressed in writing at the email address listed above. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

All questions submitted should state “*HCV Innovative Care Models*” in the subject line.

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

- ~~<https://grantsreform.ny.gov/grantees>~~ <https://grantsmanagement.ny.gov/resources-grant-applicants>
- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube:
~~<https://grantsreform.ny.gov/youtube>~~ <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, and Registration questions)
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(Technical questions)

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

application.

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

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

C. Letter of Intent

Letters of intent are not a requirement of this RFA.

D. Applicant Conference

An applicant conference will not be held for this project.

E. How to File an Application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> <https://grantsmanagement.ny.gov/resources-grant-applicants> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available on this page as well. Training webinars are also provided by the Grants Reform Team. Dates and times for webinar instruction can be located at the following web address: <http://grantsreform.ny.gov/training-calendar> <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. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name “**Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs (PWID)**” and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues**

identified during this process may jeopardize an applicant’s ability to submit their application. Both DOH and Grants Reform staff are available to answer applicants’ technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Reform Team is available under Section IV.B of this RFA.

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

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

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- **Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.**
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

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

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		

Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

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

Late applications will not be accepted. Applications will not be accepted via fax, e-mail, 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.
6. Use application information obtained through site visits, management interviews and the state’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require

correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.

17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

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

It is expected that NYS contracts resulting from this RFA will have the following multi-year time period: **July 1, 2019 – June 30, 2024**. Continued funding throughout this period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed twenty-five (25) percent.
2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, in the future through the Grants Gateway:

AIDS Institute
New York State Department of Health
Empire State Plaza
Corning Tower Room 429
Albany, NY 12237

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at:

<http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363.

CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

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

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above or, in the future, through the Grants Gateway:
 - A monthly narrative addressing program implementation, barriers and accomplishments.
 - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS).

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

I. Minority & Woman-Owned Business Enterprise Requirements

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

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

women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 30% on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation.

- 1) For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right-hand side of the webpage under “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 submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 4** of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

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

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

J. Limits on Administrative Expenses and Executive Compensation

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

K. Vendor Identification Number

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

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

http://www.osc.state.ny.us/vendor_management/forms.htm.

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

L. Vendor Responsibility Questionnaire

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

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

Applicants should complete and 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.

M. Vendor Prequalification for Not-for-Profits

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

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

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

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

1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway. If you have previously registered and do not know your Username, please email grantsreform@budget.ny.gov. If you do not know your Password, please click the Forgot Password link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

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

3) Submit Your Prequalification Application

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

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

N. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
 - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
- c. If, in the judgement of the Department, the Applicant 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 Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. COMPLETING THE APPLICATION

A. Application Format and Content

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

www.grantsreform.ny.gov/Grantees <https://grantsmanagement.ny.gov/resources-grant-applicants>

Please respond to each of the sections described below when completing the Grants Gateway online application. Your responses comprise your application. Please respond to all items within each section. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

All applicants are required to complete and upload **Attachment 6** (Application Cover Page). **Attachment 6** should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Application Format

1. Program Abstract	Not Scored
2. Preference Factors	Maximum Additional: 6 points
3. Community and Agency Description	Maximum Score: 20 points
4. Program Design and Implementation	Maximum Score: 60 points
5. Budget and Justification	Maximum Score: <u>20 points</u>
	106 points

1. Program Abstract	Not Scored
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- a) Applicants should provide a program abstract. The abstract must contain a summary of the proposed innovative model, including how it will meet the anticipated outcomes of this RFA.

2. Preference Factors

Maximum Additional: 6 Points

- a) Provide information to demonstrate that your organization has a minimum five (5) years of experience providing culturally responsive and non-discriminatory HCV care and treatment to PWID.
- b) Provide information to demonstrate that your organization has the capacity and experience to prescribe medication-assisted treatment onsite, such as buprenorphine/suboxone or methadone.
- c) Provide information to demonstrate the availability of a wide range of harm reduction services onsite within your proposed model.
- d) Provide information to demonstrate that at least one (1) peer is certified through the AIDS Institute Peer Certification Program in the HCV and/or harm reduction tracks.
- e) Provide information to demonstrate that your organization has the administrative and programmatic capacity to carry out the scope of activities delineated in this RFA.
- f) Provide information to demonstrate that your organization has a minimum two (2) years of experience in the effective oversight of administrative, fiscal, and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

3. Community and Agency Description

Maximum Score: 20 Points

- a) Describe why your organization is qualified to implement the proposed innovative HCV service delivery model. Include both quantitative and qualitative evidence to address this question.
- b) Describe the rationale for selecting the non-traditional health care setting and/or method for delivering the proposed HCV services.
- c) What are the other programs and agencies in the geographic area that are relevant to your proposed program model and describe how your organization will leverage these programs to maximize benefit to PWID in your community without supplanting other resources?
- d) Describe any existing grants your organization receives, including those from the AIDS Institute that are relevant to this proposal. Include the results of the program and

successes of those grants. Applicants are required to complete **Current Funding for Hepatitis C Related Services (Attachment 7)**. **Attachment 7** can be found in the Pre-Submission uploads section of the Grants Gateway online application.

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

- a) Describe your organization's innovative HCV service delivery model. Include the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority population. Include a timeline for implementation of the program. Applicants are required to complete **HCV Site(s), Address, Day(s) and Hours of Operation (Attachment 8) AND Timeline for Innovative Model Implementation (Attachment 9)**. **Attachments 8 and 9** can be found in the Pre-Submission uploads section of the Grants Gateway online application.
- b) Provide your service projections in **Hepatitis C Care Cascade Projections of Services (Attachment 10)**. Applicants are required to complete Hepatitis C Care Cascade Projections of Services (**Attachment 10**). **Attachment 10** can be found in the Pre-Submission uploads section of the Grants Gateway online application.
- c) Describe the challenges your organization anticipates when implementing the proposed innovative model. Describe the strategies to overcome the challenges.
- d) Describe how your innovative model will address each of the barriers PWID face when accessing HCV care and treatment in traditional health care settings. Examples of barriers are listed in Table 1 on page 5 of the RFA.
- e) Describe how your innovative model will ensure PWID receive culturally and linguistically appropriate and non-discriminatory stigma-free care.
- f) Describe the proposed staffing pattern for the innovative model. Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures and experience required for each position. Staff roles and responsibilities for AIRS activities (system administration, data entry, data quality control and AIDS Institute reporting) should be included. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are required to complete **Agency Capacity and Staffing Information (Attachment 11)**. **Attachment 11** can be found in the Pre-Submission uploads section of the Grants Gateway online application.
- g) Describe the plan to increase awareness and knowledge of HCV among PWID. Include the type and frequency of educational and health promotion activities.
- h) Describe the training plan to increase awareness and knowledge of HCV among staff. Include the type and frequency of the trainings.

- i) Describe the plan to recruit and link PWID into the program. Include any Memorandums of Understanding (MOUs) with Community Partners as Attachment 12. Attachment 12 can be found in the Pre-Submission uploads section of the Grants Gateway online application.
- j) Describe how peers will be utilized by the innovative model, including how peers will be selected and trained and types of peer services that will be provided. Specify whether peers will be certified through the AIDS Institute Peer Certification Program.
- k) Describe the plan to ensure clients adhere to medical visits/appointments.
- l) Describe the plan to provide quality HCV care and treatment across the HCV care continuum and within the proposed setting or by the proposed method, including who will provide HCV treatment, their experience and credentials and the relationship with a liver specialist for referral of clients with decompensated cirrhosis or other complex conditions. Include any MOUs with Liver Specialists as Attachment 13. Attachment 13 can be found in the Pre-Submission uploads section of the Grants Gateway online application.
- m) Describe the plan for referring clients off-site for services that cannot be provided onsite and how referrals will be tracked. Include any MOUs with Service Providers as Attachment 14. Attachment 14 can be found in the Pre-Submission uploads section of the Grants Gateway online application.
- n) Describe the method(s) of HCV treatment administration/distribution (e.g., group, self-administered, directly observed therapy, etc.).
- o) Describe the plans for assessing and monitoring adherence to HCV treatments.
- p) Describe the plan for preventing re-infection among clients cured of HCV.
- q) Describe how PWID will be involved in the design, implementation and evaluation of the innovative model.
- r) Describe the plan for ongoing monitoring and evaluation of the proposed activities to ensure workplan objectives are met, PWID are receiving the services they need, and the desired outcomes of this RFA are met.
- s) Describe how data will flow from point of service delivery to entry into AIRS. Include how your organization will collect, analyze and report client level and programmatic data across the HCV care continuum. If using an electronic health record (EHR), describe

how data is accessible by all program staff, including those not employed by the Article 28 facility.

5. Budgets and Justifications

Maximum Score: 20 Points

Complete and submit a budget following these instructions:

- a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is \$300,000; Years 2-5 budgets are each \$300,000. The total five-year budget submitted would equal \$1,500,000).*
- b) The budget for year one (July 1, 2019 – June 30, 2020) must be entered into the Grants Gateway. Budgets for Years two through five must be uploaded as **Attachment 15**. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 16**, “Guide to Completing Budget Forms”. **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 15.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway online application as **Attachment 15**. Years two through five budgets should be labeled as follows:
 - Budget Year 2 – July 1, 2020 – June 30, 2021
 - Budget Year 3 – July 1, 2021 – June 30, 2022
 - Budget Year 4 – July 1, 2022 – June 30, 2023
 - Budget Year 5 – July 1, 2023 – June 30, 2024
- c) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTEs and for the fringe benefits requested.
- d) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
- e) For the last three (3) years, does your organization’s Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities must show total support and revenue and total expenditures. The Statement of Activities for the past three (3) years should be uploaded to the Grants Gateway as **Attachment 17**.

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

6. Work Plan

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in Work Plan Attachment 3. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 3: Work Plan. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

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

B. Freedom of Information Law

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

C. Review & Award Process

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

In cases in which two or more applicants for funding are judged on the basis of their written applications to be equal in quality, the applicant with the highest score for Section 3 – Program Design and Implementation will receive the award.

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

NYS reserves the right to revise the award amounts as necessary due to changes in the availability of funding. If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above.

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

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

To request a debriefing, please send an email to hepatabc@health.ny.gov. In the subject line, please write: *Debriefing request (Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs (PWID))*.

VI. ATTACHMENTS

Attachment 1: Statement of Assurances*

Attachment 2: Proof of Compliance with NYS public health law & applicable provisions of Title 10 or documentation to support the certificate of need process has been initiated.

Attachment 3: Innovative Hepatitis C Care and Treatment Models Work Plan **

Attachment 4: MWBE Utilization Plan*

Attachment 5: Vendor Responsibility Attestation*

Attachment 6: Application Cover Page*

Attachment 7: Current Funding for Hepatitis C Related Services*

Attachment 8: HCV Site(s), Address, Day(s) and Hours of Operation*

Attachment 9: Timeline for Innovative Model Implementation*

Attachment 10: Hepatitis C Care Cascade Projections of Services*

Attachment 11: Agency Capacity and Staffing Information*

Attachment 12: Memoranda of Understanding – Community Partners

Attachment 13: Memoranda of Understanding – Liver Specialists

Attachment 14: Memoranda of Understanding – Service Providers

Attachment 15: Budget Forms*

Attachment 16: Guide to Completing Budget Forms**

Attachment 17: Statement of Activities for past three (3) years

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

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

**ATTACHMENT 3 – WORK PLAN
SUMMARY**

PROJECT NAME: Innovative Hepatitis C Care and Treatment Models for People Who Inject Drugs (PWID)

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD: From: _____

To: _____

Provide an overview of the project including goals, tasks, desired outcomes and performance measures:

The intent of this initiative is to support innovative hepatitis C virus infection (HCV) care and treatment models that will address the needs and barriers PWID infected with HCV face when accessing HCV services in traditional health care settings. Each model will provide HCV services in a non-traditional setting, including but not limited to co-location at syringe exchange programs/drug user health hubs, onsite at drug treatment programs, via mobile van or tele-health technology. The goals of this initiative are to: 1) increase HCV awareness and knowledge among PWID; 2) increase HCV treatment initiation and completion rates among PWID; 3) increase the number of PWID who are cured of HCV; and 4) prevent reinfection among PWID who are treated and cured of HCV.

Instructions:

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

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 3: Work Plan. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

**ATTACHMENT 3 – WORK PLAN
DETAIL**

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
<p>1: Increase hepatitis C awareness and knowledge among PWID and staff.</p>		<p>1.1 HCV education, training and materials are available to ALL clients. Each will address HCV disease, prevention, testing, treatments, harm reduction/risk reduction, reinfection and health promotion.</p> <p>1.2 All staff receive HCV training at least annually. Trainings will address: HCV prevention, testing, treatment, harm reduction and avoidance of reinfection.</p> <p>1.3 AIDS Institute trainings on HCV, drug user health, harm reduction are promoted widely across the agency.</p> <p>1.4 Document all education and training activities in AIRS.</p>	<p>1.1.1 HCV trainings for clients are available on a regular basis (# trainings conducted/# clients participated)</p> <p>1.1.2 HCV educational materials are readily available.</p> <p>1.2.1 Copies of staff training certificates or a listing of staff training attended by program staff is maintained</p> <p>1.3.1 N/A</p> <p>1.4.1 N/A</p>
<p>2: Recruit PWID into HCV program.</p>		<p>2.1 Employ effective strategies for recruiting PWID into the HCV program.</p> <p>2.2 Develop a strategy for promoting the HCV program within the local community.</p> <p>2.3 Develop partnerships with organizations providing services to PWID and promote the program among them.</p> <p>2.4 Program staff are trained on motivational interviewing techniques.</p> <p>2.5 Document all client recruitment activities in AIRS.</p>	<p>2.1.1 Projected client enrollment target is met annually.</p> <p>2.2.1 Projected client enrollment target is met annually.</p> <p>2.3.1 Written linkage agreements are in place organizations providing services to PWID and/or individuals at risk for or infected with HCV.</p> <p>2.4.1 Copies of staff training certificates or a listing of staff training attended by program staff is maintained.</p> <p>2.5.1 NA</p>
OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES

<p>3: Eliminate the barriers PWID face when accessing HCV care and treatment.</p>		<p>3.1. Conduct comprehensive needs assessment on all clients.</p> <p>3.2 Develop, implement and monitor a care coordination plan that addresses each specific need, such as:</p> <ul style="list-style-type: none"> • Linkage and navigation activities • Coordination with social service providers <p>3.3 (cont)Assistance with health benefits</p> <ul style="list-style-type: none"> • Assistance with transportation, housing and employment • Adherence to appointments • Escorts to referral appointments • Social support <p>Coordination of referral appointments for medical and non-medical services.</p> <p>3.4 Document all care coordination activities in AIRS.</p>	<p>3.1.1 80% of the PWID enrolled in the program are linked to the HCV provider.</p> <p>3.2.1 80% of the PWID enrolled in the program are linked to the HCV provider</p> <p>3.3.1 80% of the PWID enrolled in the program are linked to the HCV provider</p> <p>3.4.1 NA</p>
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OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
<p>4: Increase HCV treatment initiation, completion and cure rates.</p>		<p>4.1 Provide HCV care and treatment in accordance to state and/or national guidelines.</p> <p>4.2 Provide information to clients on HCV testing and treatment so they can make an informed decision.</p> <p>4.3 Assess for HCV treatment readiness and adherence, prior to treatment initiation.</p> <p>4.4 Establish systems for prior authorization.</p> <p>4.5 Employ HCV treatment adherence strategies to ensure adherence to and completion of HCV treatment.</p> <p>4.6 Employ strategies to ensure adherence to provider appointments.</p> <p>4.7 Establish and maintain collaborations with a gastroenterologist or hepatologist.</p> <p>4.8 Establish and maintain collaborations with other providers to address co-morbidities.</p> <p>4.9 Document all HCV care and treatment activities in the patient medical record and in AIRS.</p>	<p>4.1.1 60% of PWID enrolled in the program initiate treatment.</p> <p>4.1.2 >90% of PWID enrolled in the program are cured.</p> <p>4.2.1 60% of PWID enrolled in the program initiate treatment.</p> <p>4.2.2 >90% of PWID enrolled in the program are cured.</p> <p>4.3.1 60% of PWID enrolled in the program initiate treatment.</p> <p>4.3.2 >90% of PWID enrolled in the program are cured.</p> <p>4.4.1 N/A</p> <p>4.5.1 80% of PWID enrolled in the program complete HCV treatment.</p> <p>4.5.2 >90% of PWID enrolled in the program are cured.</p> <p>4.6.1 80% of PWID enrolled in the program complete HCV treatment.</p> <p>4.6.2 >90% of PWID enrolled in the program are cured.</p> <p>4.7.1 A subcontract or MOU is established and maintained with a gastroenterologist or hepatologist.</p> <p>4.8.1 Written linkage agreements are available for all offsite services.</p> <p>4.9.1 NA</p>
OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES

<p>5: Ensure access to MAT, including buprenorphine/suboxone, methadone.</p>		<p>5.1 Establish and maintain MAT prescribing on-site in accordance with federal and NYS regulations.</p> <p>5.2 Provide education on MAT.</p> <p>5.3 Document all MAT activities in the patient medical record and in AIRS.</p>	<p>5.1.1 #/% of clients initiating MAT.</p> <p>5.2.1 #/% of clients initiating MAT.</p> <p>5.3.1 NA</p>
<p>6: Ensure the availability of peer delivered interventions and services.</p>		<p>6.1 Ensure the availability of peer delivered services across the care continuum from client recruitment to cure.</p> <p>6.2 Ensure a plan is in place for peer recruitment, training, supervision and evaluation of peers and the peer delivered services.</p> <p>6.3 Promote the AIDS Institute Peer Credentialing Program.</p> <p>6.4 Document all peer interventions in AIRS.</p>	<p>6.1.1 At least one peer will be maintained by the program during the contract period.</p> <p>6.2.1 At least one peer will be maintained by the program during the contract period.</p> <p>6.3.1 NA</p> <p>6.4.1 NA</p>

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
<p>7: Prevent HCV reinfection.</p>		<p>7.1 Provide counseling and education on the avoidance of HCV reinfection.</p> <p>7.2 Educate on harm reduction strategies.</p> <p>7.3 Make available clean needles, syringes and drug paraphernalia (cotton, cookers, water, ties, etc.).</p> <p>7.4 Provide education on overdose and overdose prevention.</p> <p>7.5 Provide referrals for substance use treatment.</p> <p>7.6 Ensure the availability of naloxone and naloxone training.</p> <p>7.7 Establish a mechanism for identifying reinfection.</p> <p>7.8 Document all reinfection related activities in the patient medical record and in AIRS.</p>	<p>7.1.1 N/A 7.2.1 N/A</p> <p>7.3.1 Clean needles, syringes and drug paraphernalia (cotton, cookers, water, ties, etc.) will be available to all PWID.</p> <p>7.4.1 N/A</p> <p>7.5.1 Written linkage agreements with substance use treatment program(s) are maintained.</p> <p>7.6.1 NA 7.7.1 NA 7.8.1 NA</p>

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE	TASKS	PERFORMANCE MEASURES
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	(if applicable)		
8: Maintain a stigma free program responsive to the needs of PWID		<p>8.1 PWID are involved in program design, implementation and evaluation.</p> <p>8.2 Establish and maintain a non-discriminatory and stigma free environment for PWID.</p> <p>8.3 Staff are trained on the principles of harm reduction.</p> <p>8.4 Staff are trained on the principles of trauma informed care.</p> <p>8.5 Culturally and linguistically appropriate client education materials are available.</p> <p>8.6 Training on health literacy and effective communication is provided for staff initially and on an as needed basis thereafter.</p> <p>8.7 Provide a mechanism for clients to provide feedback on service planning, delivery and quality.</p>	<p>8.1.1 PWID are afforded opportunities to provide input into the HCV care and treatment model.</p> <p>8.2.1 Agency has policies in place to recognize the signs of stigma, respond to incidence of discrimination and avoid inadvertently re-stigmatizing peoples who use drugs.</p> <p>8.3.1 Copies of staff training certificates or a listing of staff training attended by program staff is maintained.</p> <p>8.4.1 Copies of staff training certificates or a listing of staff training attended by program staff is maintained.</p> <p>8.5.1 NA</p> <p>8.6.1 Copies of staff training certificates or a listing of staff training attended by program staff is maintained.</p> <p>8.7.1 PWID are afforded opportunities to provide input into the HCV care and treatment model.</p>
9: Establish & maintain a system for data collection & reporting to the AI.		<p>9.1 Implement the AIRS system.</p>	<p>9.1.1 AIRS extracts are submitted in a timely manner.</p>

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
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<p>10: Engage in continuous quality improvement.</p>		<p>10.1 Routinely examine agency data as it relates to AIDS Institute established targets.</p> <p>10.2 Develop and implement a CQI plan/activities to improve areas of deficiency.</p> <p>10.3 Participate in initiative related meetings and calls with the AI.</p>	<p>10.1.1 N/A</p> <p>10.2.1 CQI plans are produced and shared with staff showing identified area in need of improvement, steps taken to improve and measurements of outcomes as a result of actions taken.</p> <p>10.3.1 NA</p>
<p>11. Establish & maintain a policies and procedures manual for the HCV program.</p>		<p>11.1 Ensure that accurate and current policies and procedures are in place for each of the following HCV care and treatment program components:</p> <ul style="list-style-type: none"> • Linkage to care protocol • Program Eligibility/Enrollment • Peer Services • Client Appointment Follow-up <p>11.2 (cont) Client Referrals and Follow-up</p> <ul style="list-style-type: none"> • HIPAA Confidentiality • Time and Effort • Equipment • Materials Review • Case Conferencing • Support Services • Client Complaints • Case Closure • Third Party Reimbursement • Client Incentives 	<p>11.1.1 Written policies and procedures are established, reviewed and updated at least annually.</p> <p>11.2.1 Written policies and procedures are established, reviewed and updated at least annually.</p>

OBJECTIVE	BUDGET CATEGORY/ DELIVERABLE (if applicable)	TASKS	PERFORMANCE MEASURES
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<p>12: Evaluate the overall impact of the HCV program</p>		<p>12.1 Collaborate with the SUNY School of Public Health on evaluating the impact of the program model.</p> <p>12.2 Assist with the implementation of the study protocol.</p> <p>12.3 Participate in scheduled calls and/or meetings between the AIDS Institute and SUNY SPH.</p>	<p>12.1.1 Research is conducted according to established protocols.</p> <p>12.2.1 Research is conducted according to established protocols.</p> <p>12.3.1 Research is conducted according to established protocols.</p>
<p>13. Flexibility in programming for directing resources effectively.</p>		<p>13.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.</p> <p>13.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.</p> <p>13.3 Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.</p>	<p>13.1.1. N/A</p> <p>13.2.1 Aid with non-workplan public health issues if/when they arise</p> <p>13.3.1 Aid with non-workplan public health issues if/when they arise.</p>

Guide for Completing Budgets for Grant Years 2-5

Budgets for Years two through five are to be completed using the excel budget forms in Attachment 15. Please be sure to complete all required budget pages for years two through five. The budgets for years two through five should be labeled as instructed in the RFA and combined into one .pdf document, then uploaded to the Grants Gateway as Attachment 15.

Tab 1 - Summary Budget

- A. **Project Name** – Enter the Name of the Solicitation.
- B. **Contractor SFS Payee Name** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.
- C. **Contract Period** – “From” is the Start date of the budget and “To” is the end date of the budget. **A separate budget must be completed for each 12-month budget period for Years 2-5 and labeled for each contract period.**
- D. **The GRANT FUNDS** column will need to be populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet. These categories include:

- Salaries
- Fringe Benefits
- Contractual Services
- Travel
- Equipment
- Space, Property & Utilities
- Operating Expenses
- Other

No information should be entered into the columns labeled Match Funds, Match % or Other Funds.

Tab 2- Salaries

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page. *Please include a written justification on Tab 6.*

Position Title: For each position, indicate the title along with the incumbent’s name. If a position is vacant, please indicate “TBD” (to be determined).

Annualized Salary Per Position: For each position, indicate the total annual salary regardless of funding source.

Standard Work Week (Hours): For each position, indicate the number of hours worked per week regardless of funding source.

Percent of Effort Funded: For each position, indicate the percent effort devoted to the proposed program/project.

Number of Months Funded: For each position, indicate the number of months funded on the proposed project.

Total: For each position, applicants will need to populate the total funding requested column from the AIDS Institute based on annualized salary, hours worked, percent effort and months funded for each position.

Tab 2 - Fringe Benefits

On the bottom of Tab 2, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate requested for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification must be attached. *Please include a written justification on Tab 6.*

Tab 3 – Contractual Services

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. *Please include a written justification on Tab 6.*

Tab 3 – Travel

Please indicate estimated travel costs for the contract period. *Please include a written justification on Tab 6.*

Tab 4 – Equipment and Space

Please indicate estimated equipment or space costs for the contract period. *Please include a written justification on Tab 6.*

Tab 5 – Operating Expenses / Other

Please indicate any operating expenses for the contract period. (*Operating costs include may include Supplies and any other miscellaneous costs for the contract period*). *Please include a written justification on Tab 6.*

Please indicate the estimated other costs requested for the contract period. (*Other costs include indirect costs*) Please note indirect costs are limited to 10% of direct costs. *Please include a written justification on Tab 6. The justification for indirect costs needs to include the requested rate.*

Tab 6 - Narrative Budget Justification

Please provide a brief narrative justification for budget years 2-5 in the **JUSTIFICATION** column in Tab 6 for each budgeted item. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project. Separate justifications should be included at the end of each budget year.

Those agencies selected for funding will be required to provide a more detailed budget as part of the contract process.