NYS Department of Health (NYSDOH)
AIDS Institute (AI)
Division of HIV, STD, HCV Prevention
Bureau of Community Based Services
Bureau of Special Populations
Health Research Inc. (HRI)

Request for Applications (RFA)

High Impact Prevention within Communities of Color

RFA # 17650
Internal Program #17-0004
GRANTS GATEWAY # DOH01-COCA-2018
GRANTS GATEWAY # DOH01-COCB-2018
GRANTS GATEWAY # DOH01-COCC-2018
GRANTS GATEWAY # DOH01-COCD-2018
GRANTS GATEWAY # DOH01-COCE-2018
GRANTS GATEWAY # DOH01-COCF-2018

QUESTIONS AND ANSWERS

Questions below were received by the deadline announced in the RFA. The NYSDOH is not responsible for any errors or misinterpretation of any questions received.

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA #17650. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

QUESTIONS RELATED TO GRANTS GATEWAY; APPLICATION SUBMISSION; APPLICATION DOWNLOAD

Question 1: What if I try to submit my application and it is past the due date/time of the RFA?

Answer 1: An applicant will not be able to submit an application in the Grants Gateway once the due date /time has passed. The opportunity to submit an application is not an option once the deadline has passed. 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 an issue with the submission of your application. Failure to leave adequate time to address

issues identified during this process may jeopardize an applicant's ability to submit their application. Beginning the process of applying as soon as possible will produce the best results as late applications will not be accepted.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: http://grantsreform.ny.gov/Grantees and select the "Grantee Quick Start Guide Applications" from the menu on the left.

Question 2: How do I determine if my agency is pre-qualified through the Grants Gateway?

Answer 2: To be registered and prequalified through the Grants Gateway, an organization must have submitted a registration form, identified a grantee delegated administrator, entered required documents into the document vault, and submitted the document vault for review. Please note the documents in the vault must be submitted with sufficient time to be reviewed and approved - waiting until the last minute is not advised. If your agency vault is in review status and not yet prequalified, please send an email to the mail log for this solicitation at cocrfa@health.ny.gov in order to request expedited handling of your document vault. Your organization's status can be viewed by accessing your document vault and observing the current status noted in the details panel at the top of your document vault main menu. The status can also be obtained by running the "State Prequalification Application Status Report" under the Management Screens section of your vault.

Question 3: Can an agency apply if they are not prequalified through the Grants Gateway?

Answer 3: Applicants must be prequalified (if not exempt) by the date and time applications are due. Exemptions for prequalification are limited to governmental organizations. If an organization is not prequalified the application will be rejected. Please refer to Section IV. Administrative Requirements, M. Vendor Prequalification for Not-for-Profits on page 51 of the RFA.

Question 4: What does the asterisk * mean in the Grants Gateway on-line application?

Answer 4: The asterisk* alerts applicants that a response is mandatory. Applicants will not be allowed to submit their application without completing all mandatory questions and uploading all mandatory attachments.

APPLICATION FORMAT

Question 5: I have a question about what I should include as the Project Title in the Program Specific Questions section on the Grants Gateway online application. Should the Project Title be listed as the actual name of the RFA?

Answer 5: Yes, the Project Title should be listed as the actual name of the RFA. Applicants should enter "High Impact Prevention within Communities of Color" as the Project Title.

Question 6: Are there page limits which apply to different sections of the application?

Answer 6: Narrative sections of the application no longer contain page limits. Instead the New York State Grants Gateway online application provides character limits. When applicants are typing a response to the Program Specific Question, the number of characters allowed as a response is shown. As applicants type their response, the number of characters (including spaces) used will be displayed up to the maximum allowed.

Question 7: In some questions, it specifically states that the number of characters allowed includes spaces. In other questions it does not specify that the number of characters includes spaces. For questions where this is not specified, does the character limit include spaces?

Answer 7: Each text box allows a certain character limit. This character limit in all cases is inclusive of spaces. As applicants enter their response to each Program Specific Question, the number of characters (including spaces) used will be displayed along with the maximum number of characters allowed (e.g., 324 of 1,000).

Question 8a: Is there a required font, type size, margin size? Is there a required font type and/or size? Is there a required spacing and margins format?

Question 8b: For Components A & B, in Grants Gateway, the character limits for program specific questions for Section 2 (Preference Factors) is 1000 and for Section 3 (Community & Agency Description) is 2000. Are these character limits correct?

Question 8c: From the RFA: Section V, Completing the Application, A. Application Format and Content: Is there a font size/word limit for each question and/or the narrative? We are responding to Component D.

Question 8d: From the RFA: Section V, Completing the Application, A. Application Format and Content: Is there a font size/word limit for each question and/or the narrative?

Answer 8a, 8b, 8c and 8d: There are no mandatory font, type size, spacing or margin requirements as each question is answered by entering the response into an open text box on the Grants Gateway. The Grants Gateway formats your responses automatically. Character limits have been included within the Grants Gateway for each question. The character limit for all questions in Components A & B, Section 2 (Preference Factors) and for Section 3 (Community & Agency Description) is 1,000 characters.

Question 9: Can we write our application in Word and cut and paste it into the grant application form on the Grants Gateway?

Answer 9: Yes, it is possible and recommended to prepare your application in Word and cut and paste it into the online system. However, it would be especially important to note the character limits in advance of attempting to cut and paste written material into the Grants Gateway. It is also important to make sure the correct text is entered for the intended question. If a response is not pasted into the text box for the intended answer, it may impact the reviewer's scoring of that response. **It is important to remember to save your application data frequently as you enter it into the Grants Gateway. The system automatically times out after 3 minutes of inactivity and any unsaved work will be lost.**

Question 10: If we are already an AIDS Institute funded program, should we use the budget forms we already have? They include the information requested in Attachment 14.

Answer 10: No. Applicants should complete the information requested on the budget forms, (Attachment 14) provided in the Pre-Submission Upload Section of the Grants Gateway, regardless of whether or not they are currently funded by the AIDS Institute.

Question 11: When do you anticipate that contracts will begin for projects funded under the new High Impact Prevention within Communities of Color RFA?

Answer 11: It is anticipated that contracts will begin on December 1, 2018.

PROGRAM QUESTIONS

Question 12a: Where can we find a list of the currently funded programs for Components A-F? Thank you!

Question 12b: Who are the grantees currently funded under this initiative?

Question 12c: Component D: Does any agency/organization currently hold a contract for the statewide hotline?

Answer 12a, 12b and 12c: Currently funded providers are listed below:

Contractor	Region
BOOM!Health	Bronx
Health People, Inc.	Bronx
Hispanic AIDS Forum, Inc.	Bronx
Bridging Access to Care, Inc.	Brooklyn
Gay Men of African Descent, Inc.	Brooklyn
Research Foundation of SUNY Downstate Medical Center	Brooklyn
AIDS Community Resources, Inc.	Central NY
AIDS Community Resources, Inc.	Central NY
Southern Tier AIDS Program, Inc.	Central NY

Ali Forney Center	Citywide
Gay Men's Health Crisis, Inc.	Citywide
Monroe County Department of Health	Finger Lakes
Trillium Health, Inc.	Finger Lakes
Trillium Health, Inc.	Finger Lakes
Hudson Valley Community Services, Inc.	Hudson Valley
Hudson Valley Community Services, Inc.	Hudson Valley
Long Island Crisis Center, Inc.	Long Island
Long Island Gay and Lesbian Youth, Inc.	Long Island
Long Island Association for AIDS Care, Inc.	Long Island
AIDS Service Center of Lower Manhattan, Inc.	Manhattan
APICHA Community Health Center	Manhattan
Iris House, Inc.	Manhattan
Lesbian & Gay Community Services Center	Manhattan
New York City Gay & Lesbian Anti-Violence Project, Inc.	Manhattan
AIDS Council of Northeastern New York, Inc.	Northeast
In Our Own Voices, Inc.	Northeast
The Albany Damien Center, Inc.	Northeast
AIDS Center of Queens County, Inc.	Queens
Community Health Action of Staten Island, Inc.	Staten Island
Centro Civico of Amsterdam, Inc.	Statewide
National Black Leadership Commission on AIDS, Inc.	Statewide
Community Access Services of WNY, Inc.	Western NY
EHS, Inc.	Western NY
Pride Center of Western New York, Inc.	Western NY
Trillium Health, Inc.	Western NY

Question 13: On page 17 of the RFP, Component A – models 1 & 2 appear to be exactly the same. Yet, when looking at Components B & C, there is a difference between models in regards to the direct provision of HIV testing vs. documented referral to HIV testing (which would impact healthcare facilities). Is this an error in the RFP and should model 2 be similar to that in components B & C?

Answer 13: Program Model 1 and 2 under Component A are not the same. Component A, Program Model 1 requires direct provision of STD testing and HCV screening. Component A, Program Model 2 requires referral to STD testing and HCV screening. As indicated on page 16 of the RFA, both Program Models 1 and 2 within Component A require direct provision of HIV testing.

The program models for Components B and C differ from Component A. As indicated on page 22 of the RFA, Component B Program Model 1 requires direct provision of HIV **testing**

while Program Model 2 requires documented referral to HIV testing. As indicated on page 29 of the RFA, Component C Program Model 1 requires direct provision of HIV testing while Component C Program Model 2 requires linkage to on-site/co-located HIV testing provided by the applicant agency.

Question 14a: Instructions on page one of the RFA state that applicants may submit no more than two (2) applications in response to this RFA. Can one applicant organization submit two applications within only Component A, if they are in different Regions?

Question 14b: Can one agency submit and be awarded two awards for the same component? (For example, can we apply for two Component As and be awarded them? They will be in different regions).

Question 14c: Can one application contain a proposal for two components? For example, we have two sites. Can each site submit one application with component A and C? Or can application only contain one component?

Answer 14a, 14b and 14c: Separate applications must be submitted for each component. Agencies can submit two (2) applications for the same component. Applicants may not submit more than two (2) applications in total in response to this RFA.

Question 15: Our organization is based in the Finger Lakes region. Out of our main site, we operate two programs. One also in the Finger Lake region and one in the Western NY region. Our question is, can we submit two applications per site because they are in different regions?

Answer 15: An organization can submit one (1) application for the Finger Lakes region and one (1) application for the Western N.Y. region.

Question 16: We notice that the grant specifies regions. Is it okay for an agency to be located in one county and serve primarily one county but also be available to serve neighboring counties in the region?

Answer 16: Yes, an agency can be located in one county and also serve neighboring counties in the region.

Question 17: If an agency is located in one county only – is it sufficient for it to say it will serve the other neighboring count(ies) in the region even though there will be no office location in the other areas?

Answer 17: Yes, agencies may propose to serve counties where they have no physical office location.

Question 18: We understand the responsibility of serving the entire region. Is an actual physical presence in other areas of region required, or is applicant's statement of willingness to serve clients from all counties in the regions listed sufficient?

Answer 18: An agency is not required to have a physical presence in other areas of the region they are proposing to serve.

Question 19: Our main HQ is in the Finger Lakes region. Would we still be able to provide services out of a satellite location in Western NY?

Answer 19: Applicants are required to have a location in its primary region of service. Applicants are not required to have physical space in the additional regions that they propose to serve.

Question 20: Can any component for which an organization is applying for span into multiple regions? That is, if the organization has offices in multiple regions can the organization have target populations across those regions.

Answer 20: Funded services must be provided in the primary region indicated. Applicants that want to serve two separate regions must submit two separate applications.

Question 21: The RFP appears to require that a contractor must either provide testing directly or else provide testing through a subcontractor. Are we correct in understanding that subcontracting for testing is an option? Please advise. In lieu of formal subcontracting for testing, would it be permissible under the RFP for us to use community partners to provide testing even if we did not enter into a paid subcontract with any of those partners?

Answer 21: If the applicant is selecting a program model that requires direct HIV testing, the applicant has the option of providing the testing either directly or through a paid sub-contract. As described on pages 24 and 31 of the RFA, the provision of HIV testing through a paid sub-contract is an option under Components B and C only.

The provision of HIV testing through the use of community partners is categorized as a referral to HIV testing using Linkage Agreements. This is permitted under Component B, Program Model 2 as per page 24 of the RFA. Component C, Program Model 2 permits HIV testing through on-site/co-located HIV testing provided by the applicant agency. Co-located/on-site testing may also be provided by a community partner.

Question 22: In Component C, Scope of Service, Prevention Supportive Interventions section, paragraph 2, (page 33) it states we can propose non-CDC supported interventions. Would you consider Seeking Safety evidenced based intervention? It's an intervention that address trauma and substance abuse in individual and group modality. It allows flexibility of discussions and can be adapted to relate to a specific population or group. Please see the link for further info: https://www.treatment-innovations.org/ss-reviews.html

Answer 22: Component C applicants can propose innovative prevention interventions designed to provide support to women and young women. All proposed interventions should support connection to HIV testing, STD and HCV screening, and linkage and navigation services with an emphasis on access to PrEP/PEP and PrEP support services; provide peer PrEP support services to support clients on PrEP, address barriers to HIV/STD/HCV prevention (stigma, discrimination, and other social, economic and structural issues) that increase vulnerability to HIV/STD/HCV and impede individuals from accessing needed services, and increase social support, reduce isolation and increase self-esteem for women and young women. This includes: Trauma informed interventions, Comprehensive sexual health education for women particularly young women, Employment, Education, PrEP awareness campaign and Other prevention/supportive interventions as indicated on pages 33-34 of the RFA, Prevention Supportive Interventions.

Question 23a: For Component F, is the Capacity Building meant for CBO's or for community members? On page 40 it states that meetings should include participation from CBOs. Then on pages 40 and 41 it states HIV testing, linkage to care, PEP and PrEP services, etc. should be promoted/available during the meeting and outputs reported.

Question 23b: For Component F, are these services to be provided to the CBO staff who attend or are the meetings meant to be open to community members as well in order for them to receive those services? Or is it simply that we are meant to provide capacity building around implementation and reporting of these services to build CBO capacity? Please clarify.

Answer 23a and 23b: Component F supports the implementation of training and technical assistance activities. Meetings are meant to be a mechanism for expanding and strengthening community capacity. The goal is to improve the risk conditions and behaviors in a community, promote learning, foster cross sector collaboration and strengthen provider capacity to effectively provide needed services.

Community may include both: entities that provide health and human services (e.g., CBOs) as well as representatives from the priority population (e.g., community leader, peer). The design will depend on the purpose of the meeting or event. For example, if access to PrEP is identified as a concern by the community, then a meeting may include a dialogue / discussion on the most effective way to address the need. An event may follow to include education and materials on PrEP as well PrEP screening/Linkage to PrEP prescriber. It is incumbent upon the applicant to define and justify the proposed program, including what constitutes community.

Capacity and service provision may include activities that engage the community and increase knowledge and may be targeted to both health and human providers and community. It may also include collaborating with entities and implementing events to ensure screening is available for persons who want it.

Question 24a: Would a Transgender man count as a man for Component A?

Question 24b: Would a Transgender woman count as a woman for Component C?

Question 24c: Do transgender people count towards the target population under component A and C. If so, how? (Do transgender men count as men or women under the state's definition?)

Answer 24a, 24b and 24c: Transgender men may count towards the client service targets for Component A. Transgender women may count towards the client service targets for Component C. Applicants proposing to serve a majority/predominately transgender population should refer to Component B of this RFA.

Question 25: For Component F, is there a minimum number of participants required for the training/technical assistance meetings?

Answer 25: The total number of unduplicated individuals/participants to be reached by training and technical assistance meetings will depend on the design and objectives of the proposed program. It is incumbent upon the applicant to design the program as per Component F requirements.

Question 26: For Component F: Will the provision of scholarships for CBO staff to attend the training/technical assistance meeting be allowable in the budget?

Answer 26: It is incumbent upon the applicant to design and propose a program that responds to Component F requirements. Scholarships are not precluded when within reason and if relevant to the success of the proposed program design. It is incumbent upon the applicant to explain the purpose of scholarships and define the parameters for providing scholarships.

Question 27: In components A & C, pages 20 & 33, applicants are referred to Attachment 5 – AIDS Institute Locally Developed Interventions. All locally developed activities and interventions should adhere to the AIDS Institute's 15 Common Factors of Effective Interventions. Applicants are required to complete Attachment 5 – AIDS Institute Locally Developed Intervention(s). Applicants proposing to implement locally developed activities and interventions should indicate why the interventions are appropriate for the priority population and demonstrate how they will evaluate their impact. Attachment 5 seems to be missing in the attachments sections. Can you please provide this document if possible?

Answer 27: Attachment 5 can be found in the Pre-Submission Uploads section of the Grants Gateway online application for Components A, B and C.

Question 28: Are there any staffing requirements related to HIV testing in addition to the medical provider of record? For example, can position responsibilities be split to provide testing plus some other component of program services. It would allow smaller programs greater flexibility in maximizing staffing resources.

Answer 28: There are no staffing requirements other than needing a medical provider of record for HIV testing programs.

Question 29: May agencies offer a peer educator training component as one of the locally developed high impact prevention public health strategies? Do peer delivered services and training fit into the design for Component A?

Answer 29: Peer training may be considered a locally developed intervention if the training and the subsequent services delivered by the peers support access to HIV testing, STD and HCV screening and Linkage and Navigation or increase social support, reduce social isolation etc., as per page 20 of the RFA.

Question 30: Is this RFA the competitive renewal for current contracts funded from the Comprehensive HIV/STI/Hepatitis C Prevention and Related Amenities for Specific Populations Impacted by HIV/STI/Hepatitis C, Particularly in Communities of Color initiative which will end on 11/31/2018?

Answer 30: Yes, this RFA resolicits the current contracts funded from the Comprehensive HIV/STI/Hepatitis C Prevention and Related Amenities for Specific Populations Impacted by HIV/STI/Hepatitis C, Particularly in Communities of Color initiative.

Question 31: On page 16, Component A – Program Model 1 description, do 4.i. and 4.i.i. refer only to the locally developed interventions or to the entire collective of options (i.e., public health strategies, EBIs, formalized PrEP Support program, and/or locally developed interventions)?

Answer 31: 4.i. and 4.i.i. apply to the locally developed intervention.

Question 32: On page 18, in the Minimum Service Targets for Component A – Program Model Interventions chart, why is the number of STD screening higher than the number of HIV tests in all regions outside of NYC?

Answer 32: Service targets were established using regional epidemiological data and historical program data of providers funded to deliver STD screening to similar priority populations.

Question 33: On page 23, for Component B minimum service targets, it states in the last bolded line that "Minimum number of unduplicated clients served vary by region." However, the table for Minimum Service Targets does not break it down by region in the way that the Minimum Service Targets chart does for Component A on page 18. Is there a regional variation for Component B? If so, please provide the regional breakdown.

Answer 33: Applicants should adhere to the services targets chart as indicated on page 23 of the RFA. Minimum Service Targets for Component B will not vary by region.

Question 34: Can you provide further clarification about what constitutes a PrEP support program, and how is it different from PrEP education and linkage beyond what is listed on pages 20-21? What are the intended outcomes of a PrEP support program?

Answer 34: Applicants can propose services that support a client's readiness, adherence and maintenance on PrEP. Services can consist of but are not limited to the following activities:

- utilize internal and external resources to identify potential clients for PrEP;
- screening potential clients for eligibility and linking interested and eligible clients to a medical provider who prescribes PrEP with referrals to the NYS PrEP Assistance Program as appropriate: http://www.health.ny.gov/diseases/aids/general/resources/adap/prep.htm
- work with clients to develop PrEP readiness; and
- working with the medical provider to provide supportive services as part of a comprehensive prevention plan that includes routine HIV and STD testing, risk reduction and adherence counseling, and education on condom use and safer sex practices.

Question 35: The Work Plan for Component A, Attachment 18, lists "Partner Services" for both HIV testing and STD screenings. However, on Page 16, Program Model 1 for the "Direct Provision of STD testing and HCV screening," partner services is not listed. Therefore, this appears to be conflicting information. Is Partner Services required for Component A, Program Model 1, 2) Direct provision of STD testing and HCV screening? Do both HIV testing and STD screenings require that the applicant organization itself conduct their own Partner Notification services, as opposed to referring to DOH to conduct Partner Notification? Please specify what constitutes Partner Services for those newly diagnosed with HIV and what constitutes Partner Services for those who test positive for STDs.

Answer 35: An active referral/linkage to Partner Services is a required activity for any agency funded to provide direct provision of HIV testing and STD testing and HCV screening. Page 119 of the RFA within the Component A workplan outlines the tasks associated with linking newly identified HIV positive clients to Partner Service. Page 121 of the RFA within the Component A workplan outlines the tasks associated with linking newly identified STD positive clients to Partner Services.

Question 36a: What constitutes enrollment in Linkage & Navigation for persons who test negative for HIV?

Question 36b: What constitutes enrollment in Linkage & Navigation for persons who test positive for HIV?

Question 36c: What constitutes enrollment in Linkage & Navigation for persons who test positive for STDs?

Answer 36a, 36b and 36c: Linkage and navigation is a process of service delivery to help a person obtain timely, essential and appropriate HIV health and prevention services. For

persons living with HIV, the goal of navigation services is to fully engage the person in HIV care and treatment. For persons who are HIV negative and are at high risk, the goal of navigation services is to fully engage the person in HIV prevention and STD services. Persons enrolled in navigation services should be working to achieve these goals. It is incumbent upon the applicant to describe its navigation services including enrollment criteria.

Question 37: For Component A, how do you calculate the total number of all unduplicated individuals served through all funded services? On page 23, the Minimum Service Targets for Component B clearly states that "clients served are required to be unduplicated within interventions but not between interventions." However, it is unclear if this also applies to Component A.

Answer 37: Yes, the language on page 232, Minimum Service Targets for Component B applies to Component A. This was inadvertently left off the chart on Page 18 in Component A. Clients served are required to be unduplicated within interventions but not between interventions. For example, the same client can participate in multiple activities (e.g. the same 100 clients could be HIV tested and tested for STDs) and may also participate in a prevention/supportive intervention, high impact prevention public health strategy, evidence based behavioral intervention or locally developed intervention.

Question 38: For Component A and B, if an applicant proposes to work with a clinical provider to conduct STD screenings onsite at our centers, would this be categorized as the direct provision of services for STD screenings (Program Model 1) or as a referral to STD screenings (Program Model 2)?

Answer 38: This would be considered direct provision of STD screening if contract resources are being allocated to this service and STD screening data is reported in AIRS**.**

Question 39: For Component B, if we already have an HIV testing program, can we choose to select Program Model 2 and refer to our own HIV testing program (thus using Program Model 2), versus proposing to expand our existing HIV testing program (thus using Program Model 1)?

Answer 39: Yes, applicants can provide internal referrals to HIV testing under Component B Program Model 2.

Question 40a: For Components A & B, program narrative question 1b asks, "What are the project goals and objectives?" Is this answer to be copied from the provided work plans (Attachments 18 & 19, respectively)? Or should it be answered according to specifics of our proposed program/activities?

Question 40b: For Components A & B, program narrative question 1e asks, "What types of outcomes does your organization expect to achieve? How will success be measured?" Are the outcomes to be copied from the provided work plans (Attachments 18 & 19,

respectively)? Or should it be answered according to specifics of our proposed program/activities?

Answer 40a and 40b: This answer should be based on the specifics of your proposed program/activities.

Question 41: For Component A, on page 59, second bullet for question 5g, it states, "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." Since this RFA is a re-solicitation of an initiative to serve Communities of Color, how should organizations that are currently funded under this initiative approach this? For example, can we propose to continue services/activities that are currently provided through this initiative? Or must the proposed services/activities be different and/or enhanced from what is currently offered?

Answer 41: Agencies currently funded under the Communities of Color initiative may propose to continue services/activities that are currently being provided. Applicants must propose programs/services that are consistent with the Scope of Services and Program Models outlined in this RFA.

Question 42a: For Component A, Work Plan, the Objectives and Tasks are already listed in Grants Gateway. It seems that the only option for additional input is the "View/Add" Performance Measures. However, on page 59, second paragraph under "Work Plan," it states that we are to enter the performance measures into Grants Gateway only if funding is awarded. Please clarify if there is anything that applicants need to enter in the Objectives & Task link or if it is accurate to say that everything has already been automatically completed in the Grants Gateway system.

Question 42b: For Component A and B, in Grants Gateway, it seems like there is no additional text for applicants to enter/add in the "Goals & Objectives" section of the Work Plan. Is this accurate?

Answer 42a and 42b: As stated in the Instructions on Attachments 18 and 19 – Component A Work Plan and Component B Work Plan, Applicants are not required to enter performance measures in the Grants Gateway. Only funded applicants will be required to enter the performance measures into the Grants Gateway Work Plan if funding is awarded. Applicants are not required to enter any additional text into the Work Plan.

Question 43: For component A, if we choose the Testing Together high impact prevention public health strategy, and the couple is interracial, with one identifying as a person of color and one identifying as white, would they both "be counted" toward the 30 men minimum requirement?

Answer 43: As indicated on page 17 of the RFA, the priority population for Component A is men and HIV positive men within communities of color. Service targets are specific to the

priority population. Serving individuals outside of the priority population will not count towards minimum program service targets.

Question 44a: Should the MWBE Utilization Plan be reflective of just the first-year budget or all five years?

Question 44b: Component D: Will there be a possibility of applying for a waiver from the MBE and WBE requirements?

Answer 44a and 44b: Yes, the MWBE Utilization plan should be based on the first-year budget. Please refer to the instructions on Attachment 8, Guide to New York State DOH M/WBE RFA/RFP Required Forms, Form #2: MWBE Utilization Waiver Request for instructions on applying for a waiver.

Question 45a: For Components A and B, when you download Attachment 12, the assigned file name reads, "Services Linkage Chart for Program Model 2." Does this mean that Attachment 2 should only be completed for Program Model 2? Or should it be completed for Program Model 1 as well?

Question 45b: In the 'Pre-Submission Uploads' section in Grants Gateway, there is a red asterisk next to Attachment 12- Services Linkage Chart for Program Model 2, which indicates that this information is required for the submission. Please clarify whether this attachment is also required for Component C, Program Model 1. If it is not, what should be uploaded for Program Model 1? If any of the required attachments are not uploaded, the Grants Gateway system will not allow the application to be submitted.

Question 45c: Attachment 12: Services Linkage Chart – Is only required if you do Model 2 of Component C? It is not a requirement for Model 1 of Component C correct?

Answer 45a, 45b and 45c: Applicants for Components A, B and C are required to respond to question 4K of the RFA. Attachment 12 must be completed for both Program Models 1 and 2.

Question 46: Staffing – Are part-time positions acceptable for testing and linkage/navigation services?

Answer 46: Proposed staffing patterns should be sufficient to support the proposed activities/services.

Question 47: RFA Components A and C, Minimum Service Targets, data collection requirements: What data needs to be collected on clients participating in one or more of the interventions in the charts on page 18 and pages 30/31?

Answer 47: As per page 49 of the RFA, funded contractors will be required to submit monthly client service and outcome data through the AIDS Institute Reporting System

(AIRS). Funded contractors will be provided with information on data collection requirements once contracts are executed.

Question 48: Does a comprehensive risk assessment, or other type of assessment/screening tool, need to be conducted for every client participating in one or more of the interventions?

Answer 48: At a minimum, agencies must do a risk assessment to ensure appropriate risks/needs are identified in order to enroll clients in appropriate prevention services. If funded, the AI will work with funded agencies to identify appropriate risk assessment tools.

Question 49: Are letters of support and copies of MOA agreements required?

Answer 49: No, Letters of Support and copies of MOA agreements are not required with the application and cannot be uploaded to the Grants Gateway.

Question 50: Under component C: Is there an age group that is specified?

Answer 50: There is no specific age group specified.

Question 51: Under component C: It says an agency may link with another agency that provides testing on-site at the agency. Is this not acceptable for Component A as well? We see that it is not but want to clarify that this would not be allowed.

Answer 51: This would not be allowed. Direct provision of HIV testing is a requirement for Component A.

Question 52: Could any funding be used to cover the cost of testing for an agency that wants to include this? We have a relationship with another provider that does testing but want to be able to offer this as well.

Answer 52: For Component A, applicants are required to provide direct HIV testing. Applicants may use contract funds to support costs associated with HIV testing. For Component B, Program Model 1, costs associated with direct HIV testing may be supported by contract funds. For Component C, Program Model 2, HIV testing must be provided on-site either by the applicant agency or a community partner. Applicants may use contract funds to support costs associated with testing provided by the applicant agency or community partner.

Question 53: Component B, Section C: Available Funding and Awards, Paragraph preceding chart (pg. 7): Where can a formal list of EBI's be located?

Answer 53: As per the work plan for Component B, funded applicants are asked to implement at least one culturally responsive intervention which may include: prevention supportive intervention, an evidence-based/locally developed intervention or a formalized PrEP Support program. The design will depend on the proposed program model.

Information about High Impact approaches to reducing HIV infections in the United States can be found here https://effectiveinterventions.cdc.gov/en/HighImpactPrevention.aspx.

Question 54: Component B, Section C: Available Funding and Awards, Paragraph following chart (pg. 8): What areas are considered epicenters? Where can we locate this information?

Answer 54: As stated on page 8, the intent of the RFA is support the implementation of prevention and support services with a focus on epicenters of the epidemic where the largest number of clients within the priority population seek services and/or reside.

Information about HIV/AIDS Statistics in New York State can be found by visiting: https://www.health.ny.gov/diseases/aids/general/statistics/index.htm

Question 55: Component B, Section 3: Program Models, "Applicants are expected to" point on client recruitment and engagement (pg. 21): Will we be responsible for developing a method of measuring client engagement? If so, what ways are suggested to do so?

Answer 55: Applicants will not be required to formally measure client engagement. Applicants are expected to conduct client recruitment and engagement activities to reach the priority population(s) and bring them in for each proposed service.

Question 56: Component B, Section 3: Program Models, "Applicants are expected to" point on building/maintaining collaboration agreements (pg. 22): Is there a certain number of collaborative agreements we must meet for this grant?

Answer 56: Applicants are expected to establish, build and/or maintain collaboration agreements that are sufficient to support their program model, proposed services and address the needs of the priority population.

Question 57: Component D: In terms of “facilitate access” – what will be required besides referrals to caller (i.e., make appointments? have contact name at the referral?) and distribution of materials?

Answer 57: It is incumbent upon the applicant to propose a hotline services program that responds to the needs of callers. “Facilitate access” may include providing information and referrals, responding to questions, and distributing materials. Applicants are not expected to make appointments; however, referral source information should be specific, current and relevant to the needs of caller(s) and may include a contact name.

Question 58: Component D: Will a caller’s request for anonymity and/or confidentiality be respected – in other words, how much personal information about a caller must be collected for grant reporting requirements?

Answer 58: Hotline services can be provided anonymously. At a minimum, successful applicants will be required to document and report aggregate information (e.g., demographics of callers, # of materials distributed).

Question 59: Component D: The RFA mentions holding "events" to promote the hotline. Will these events need to be statewide or just in the region where the funded agency exists?

Answer 59: Hotline services are statewide. Therefore, applicants are expected to implement statewide promotional efforts. It is incumbent upon the applicant to explain how it will engage other programs and agencies in NYS to ensure adequate promotion of hotline services.

Question 60: Component A: For component A, both program models, to pick from, require direct provision of HIV testing. Our agency currently is funded for a large scale direct HIV testing program, through other funding awards and it would therefore be duplicative to include direct HIV testing services in our application. Do we just include these services, indicating that they will be provided in-kind in our application? What other program component should we include in its place if direct HIV testing is provided in kind and not proposed to be funded under this award? Is an additional EBI or home-grown intervention and appropriate replacement for the HIV testing?

Answer 60: Direct provision of HIV testing is a requirement for Component A. All applicants applying for Component A funding must provide direct HIV testing and report HIV testing data through the funded contract. Additional EBIs or locally developed (home-grown) interventions cannot replace the direct provision of HIV testing.

Question 61: When will announcement of grant awardees be made?

Answer 61: The estimated award date is August 1, 2018.

Question 62: Under Model 2, for Component C, we have previously referred participants for HIV testing by linkage agreement with an organization that provides testing directly and allows for follow up. We see this choice elsewhere---for example in Model 2 for Component B but don't see HIV testing by linkage agreement in Model 2 for Component C. We find providing HIV testing by linkage agreement very helpful for promoting testing for very high-risk women who are often isolated, depressed and may not want to go to a central agency. We can escort them to a testing site near their residence---which is often a homeless shelter---or have a linkage for a convenient mobile testing van. Can this be an option for a women's program, as it is an option for the TGNC program?

Answer 62: Component C, Program Model 2 supports HIV testing through linkage to on-site/co-located HIV testing provided by the applicant agency. Applicants may propose to provide HIV testing via a documented referral to on-site/co-located HIV testing within their own agency as indicated on page 31 of the RFA. Co-located/on-site testing may also be provided by a community partner.

Question 63: If we were to use Model 1 for Component C, that is testing by subcontract, is there a limit on what the subcontractor can be paid per HIV test?

Answer 63: The applicant is responsible for negotiating the details of the subcontractor agreement.

Question 64: What are the guidelines on participant incentives?

Answer 64: Funding can be used to purchase incentives that support linkage and navigation to medical care and retention in program services and medical care. The RFA does not support the use of incentives for HIV testing.

Question 65: Component D: NYS Hotline Services and Social Media Based Outreach for English and Spanish Speakers: There are two NYS funded State AIDS Hotlines now (English and Spanish). Will DOH keep one of the existing NYS AIDS Hotline numbers for the proposed new statewide hotline?

Answer 65: It is the Department's intent to transition phone lines to the successful applicant(s), as needed. It is expected that the applicant requests sufficient funding to cover both phone lines if proposing to manage both.

Question 66: Is a current CLIA waiver a requirement, or can the agency show evidence that the organization is pursuing the requirements? We do not have a CLIA waiver at this time, have had one in the past and will need to start the process to have it reactivated. We are able to partner with the County Health Department and can have same day access to testing.

Answer 66: Agencies proposing to provide direct HIV testing must have a valid CLIA waiver in place before providing testing services. If an applicant is in the process of applying for a CLIA waiver, the application submitted to the Clinical Laboratory Evaluation Program should be uploaded in place of the actual CLIA permit.

Question 67: Is the cost of HIV tests and related consumable medical supplies a reimbursable cost under this grant?

Answer 67: Yes, the costs of HIV tests and related consumable medical supplies are a reimbursable cost under this grant.

Question 68: The High Impact Strategies supported (i.e., ARTAS, Social Network Strategy for HIV Testing, and Testing Together) appear to be shorter term strategies. ARTAS specifies 90 days on its information sheet) Item 18 in the workplan (Linkage and Navigation services) notes that a comprehensive behavioral risk assessment must be completed every 6 months along with an action plan. Is there an expectation that a certain number/percentage of clients will be long term?

Answer 68: Linkage and navigation is a process of service delivery to help a person obtain timely, essential and appropriate HIV health and prevention services. For persons living with HIV, the goal of navigation services is to fully engage the person in HIV care and treatment. Linkage and Navigation Services should be delivered using a client-centered approach and the amount of time a person is enrolled in the program is based on the individual's specific needs.

Question 69: Is a particular format for the Risk Assessment and/or Action Plan required?

Answer 69: There is no required format for the Risk Assessment and/or Action Plan.

Question 70: Will travel for training in high-impact strategies be allowed in budget?

Answer 70: Yes, travel for training on high-impact strategies is allowable in the budget.

Question 71: The Service targets notes "applicants should serve a minimum of 50-100 unduplicated clients through all funded program services" (p.31); yet the intervention's annual service targets on page 30 exceed that number. Please clarify the total number of unduplicated clients the organization should aim to serve. This will help determine staffing needs.

Answer 71: The minimum number of unduplicated clients to be served in Component C is 150.