

**New York State
Department of Health
AIDS Institute
Office of Drug User Health**

**Request for Applications
RFA #20395
Internal Program #23-0007
Grants Gateway #DOH01-PPHR-2024**

Expanding Harm Reduction Services for Priority Populations Who Use Drugs

***Applicants may submit no more than four (4) applications in response to the RFA.
Applicants may submit no more than one application per priority population.***

In order to apply for this RFA, eligible applicants must be prequalified in the New York State Grants Gateway, unless exempt, and must submit an application via the New York State Grants Gateway.

KEY DATES

RFA Release Date: August 14, 2023

Applicant Conference August 22, 2023, at 11:00 AM ET

Applicant Conference Registration:

https://aidsinstituteny-org.zoom.us/webinar/register/WN_r8evXy8uQkuE-ZJNTIh4EQ

Questions Due: August 29, 2023, by 4:00 PM ET

**Questions, Answers and
Updates Posted: (on or about)** September 12, 2023

Applications Due: October 3, 2023, by 4:00 PM ET

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I. INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI), Office of Drug User Health announces the availability of state funds to provide harm reduction interventions in community settings in New York State. This funding is directed toward People Who Use Drugs (PWUD) within priority populations that are especially vulnerable to overdose and who have been historically marginalized and stigmatized by systems of care. Advancing health equity is an expected outcome of this RFA and the programs awarded funding. The intent of the Request for Applications (RFA) is to fund 8-24 programs for awards between \$200,000 to \$300,000, with a total funding amount of \$3,750,000 annually for two (2) years.

A. Background/Intent

Death by overdose remains a national and statewide public health emergency. The CDC's National Center for Health Statistics released provisional data indicating that there were an estimated 107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15% from the 93,655 deaths estimated in 2020. The 2021 increase was half of what it was a year ago, when overdose deaths rose 30% from 2019 to 2020.¹ In New York, the rate of deaths involving any opioids increased over threefold from 5.0 per 100,000 in 2010 to 15.1 per 100,000 in 2019.² The number of deaths continue to climb as shown in provisional data that in October 2021 the predicted number of drug overdose deaths for New York were 3,296. In 2022, the predicted the predicted number of drug overdose deaths for New York were 3,296 and it is anticipated that there will be further increases of overdose fatalities in 2022.³

The current trends show a widening of disparities between different populations. From 2019-2020, overdose death rates (number of drug overdose deaths per 100,000 people) increased 44% for Black people and 39% for Indigenous people. Throughout NYS, Black, Indigenous, and other People of Color, (BIPOC) are disproportionately affected by overdose, untreated substance use disorder, and the criminalization of drug use and substance use disorder. Racial health inequities throughout the health care systems, confounded by stigma against PWUD, has further harmed these communities.¹

Structural racism has been at the core of Black and Latinx people being treated punitively for drug use rather than for their actions such as creating or participating in treatment-based activities and programs. Once the problem of prescription opioid use became widespread among suburban, middle-income White people opioid use disorder started to be framed as a public health concern, rather than a moral or criminal issue. While buprenorphine is a common form of treatment for OUD, Black patients still have 77% less of a chance in receiving treatment than White patients.²

To effectively improve these racial inequities, promote health equity and prevent fatal and non-fatal overdoses, it is important to look at what communities have experienced and how they can be part of the solution. Funded applicants should proactively address intersectional factors impacting racial and ethnic disparities using a health equity framework that also examines sexism, classism, and other natures of oppression. Designing interventions and programs that reflect the BIPOC community and puts their experience at the forefront will allow for more community-centered models of care. The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders is common with PWUD, therefore this funding supports the integration of and/or prompt access to mental health services.³ Additionally, Peers are well positioned to assess and address the needs of PWUD as they are from the community and understand the needs and interventions that will work.⁴

The purpose of this funding is to expand the reach of comprehensive, culturally comprehensive

1 <https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html>

2 <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2021.306572>

3 [https://www.nlm.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20\(SUD\)%20is,most%20severe%20form%20of%20SUD.](https://www.nlm.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20(SUD)%20is,most%20severe%20form%20of%20SUD.)

4 [The Crucial Role of Black, Latinx, and Indigenous Leadership in Harm Reduction and Addiction Treatment - PubMed \(nih.gov\)](#)

medical, mental health, harm reduction and social services for people who use drugs (PWUD) with a focus on priority populations who experience persistent inequities with respect to drug use, overdose, and other negative health outcomes. These priority populations include Black, Indigenous, and other People of Color (BIPOC); Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, (LGBTQI+); pregnant and parenting individuals; adolescents and young adults (age 15-24); older adults; (age 50+); veterans; houseless/homeless; and individuals who are involved with the criminal legal system, also known as criminal-justice involved.

Data shows that LGBTQI+ individuals are over-represented in the opioid morbidity and mortality burden⁵ and that persons that have an Opioid Use Disorder (OUD) and are pregnant or post-partum are at high risk of overdose⁶. There has been an increase in overdoses for adolescents/young adults⁷ and older adults, with a sharp increase among the 45-64 age group.⁸ Veterans drug overdose mortality rates have increased by 53% from 2010-2019⁹ and over half of fatal overdoses in NYS occur among people experiencing homelessness and occurred in supportive housing, shelters and in public spaces.¹⁰ Data also shows that approximately half of state and federal prisoners meet criteria for having substance use disorder (SUD), including OUD and there are higher rates of opioid overdose immediately after release from incarceration.^{11 12} These populations include, but are not limited to, those identified by the New York State Opioid Settlement Fund Advisory Board as those that experience higher overdose rates and poor health outcomes, and those for whom intentional and specified services and programs should be prioritized.¹³

The current overdose epidemic in NYS is in part due to an evolving drug supply and increased toxicity within the drug supply. Synthetic opioids, primarily fentanyl, continue to be a main driver of drug overdose deaths. However, deaths involving other drugs continue to be on the rise. Drug overdose deaths involving stimulants, cocaine, or psychostimulants (primarily methamphetamine) have significantly increased since 2015 from 12,122 to 53,495 in 2021.¹⁴ The AIDS Institute is committed to eliminating new infections, improving the health and well-being of persons living with HIV, sexually transmitted infections (STIs), and viral hepatitis, and improving LGBTQI+ and drug user health. With a priority to promote strategies through interagency and community collaborations to improve drug user health, the NYSDOH AI has been a driving force in the development of New York State's harm reduction efforts for the last 30 years. Innovation and commitment are the hallmarks of the work of the AIDS Institute's Office of Drug User Health (ODUH). NYSDOH AI has helped move harm reduction from the margin to the mainstream. The NYSDOH continues to expand current efforts and find new and established, evidence-based interventions to meet the challenges of the changing nature of this epidemic, such as increased access to low-threshold buprenorphine, naloxone distribution, fentanyl test strips, drug checking, and harm reduction supplies vending machines, as well as targeted interventions for those who have previously experienced an overdose.

This funding is available to programs that currently serve these priority populations and can demonstrate they will expand their services for PWUD within these populations, as well as programs that already serve PWUD (such as waived Syringe Exchange Programs (SEPs), Drug User Health Hubs (DUHHs) and specialty clinics serving PWUD) who can demonstrate that they will expand to serve these priority populations. Applicants should choose one priority population who they are proposing to serve. However, it is understood that a program may be serving people who fit into multiple priority populations such as homeless youth, or older veterans. Applicants that intend to serve a cross section of multiple priority populations are encouraged to describe the intersectionality of priority populations and only one application is required to be submitted, rather than multiple applications for each priority population. All applicants should demonstrate how they will engage with

5 [Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health \(samhsa.gov\)](#)

6 [Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts - PubMed \(nih.gov\)](#)

7 <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief133.pdf>

8 [New York State Opioid Data Dashboard \(ny.gov\)](#)

9 [U.S. Military veterans and the opioid overdose crisis: a review of risk factors and prevention efforts - PubMed \(nih.gov\)](#)

10 [City streetscapes and neighborhood characteristics of fatal opioid overdoses among people experiencing homelessness who use drugs in New York City, 2017-2019 - ScienceDirect](#)

11 [Drug Use and Dependence, State and Federal Prisoners, 2004 \(ojp.gov\)](#)

12 [Meta-analysis of drug-related deaths soon after release from prison - PubMed \(nih.gov\)](#)

13 [osfab_yearly_report_110122.pdf \(ny.gov\)](#)

14 <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

BIPOC populations overall, within other priority groups.

Additionally, applicants are encouraged to describe how they are expanding their services in regions of the state that are currently underserved. The applicant should be able to speak to drug use in their community using available data sources, such as the New York State Department of Health Opioid Data Dashboard¹⁵ or other data sources, and their understanding of the underlying distribution of the demographics in their community, with emphasis on the listed priority populations using the American Community Survey¹⁶ or other data sources. Applicants should describe underserved areas in their community by discussing drug use levels, access or lack of access to harm reduction, medical, mental health and social services., High volume or density of priority populations in the community and their specific drug use characteristics and current access to services using state, local or other available data sources should also be considered.

Strategies that utilize harm reduction are at the foundation of this funding opportunity. Harm reduction is a set of practical strategies and interventions aimed at reducing negative consequences associated with drug use. It is grounded in, informed by, and emerges from the lived experience of PWUD. Harm reduction recognizes that people's drug use is experienced on a continuum that ranges from beneficial to harmless to deadly. Harm reduction embraces the principles of health equity and social justice because it recognizes that substance use is frequently a response to personally experienced trauma growing from oppression and inequality.

This funding is for programs that can demonstrate they prioritize health and racial equity and can apply a culturally comprehensive, harm reduction and trauma-informed approach when working with PWUD and priority populations. This includes incorporating peer specialists into the program's staffing. Peer specialists are persons with recent lived and/or living experience of substance use, who represent the priority population and utilize a harm reduction, trauma-informed approach, have rapport and mutual respect established with PWUD and have experience working with individuals that have complex needs and their networks. Peer specialists support PWUD navigate accessing supportive services and address barriers to timely care. Their work is to provide non-clinical, strengths-based support, harm reduction services and linkage to care.

The intent of this funding is to fund agencies in NYS, who work closely and provide support to PWUD and these priority populations by providing harm reduction services and activities using a health equity lens and framework. The applicants need to demonstrate how they plan to expand the array of meaningful, non-coercive, client-driven services to reduce overdose and other negative outcomes of substance use. These activities could include direct services to people who use drugs, and either directly provided or via linkage to outside providers, access to medications for opioid use disorder/medications for addiction treatment (MOUD/MAT), as well as the provision of naloxone, training, and overdose prevention materials. All applicants should describe how the programs will address the social determinants of health (SDOH) that contribute to perpetuating an individual's vulnerability to repeated overdose, such as lack of stable housing, poverty, drug-use related stigma, racism, etc. Studies have shown that the increasing number of cumulative reports of non-fatal overdose are associated with a greater risk of subsequent fatal overdose. Therefore, each non-fatal overdose significantly increases a person's risk of a subsequent fatal overdose. This highlights the importance of and need for engagement with people who have experienced a recent overdose.¹⁷

B. Available Funding

Up to \$3,750,000 in State funding is available annually to support programs funded through this RFA.

¹⁵ [Opioid-related Data in New York State \(ny.gov\)](#)

¹⁶ [American Community Survey Data \(census.gov\)](#)

A total of eight to twenty-four (8-24) awards will be made annually, and funding will be allocated as stated in the chart below. Awards will have a performance period of two (2) years. Should additional funding become available, the NYSDOH AI may extend the award period of agencies awarded funding, fund additional agencies or increase funding for awarded applicants.

Please see the following table to show eligible awardee amounts for priority population:

Priority Population	Number of Awards	*Annual Award Amount Range
Adolescents/Young Adults	1-3	\$200,000 - \$300,000
BIPOC	1-3	\$200,000 - \$300,000
Criminal Legal/Justice Involved	1-3	\$200,000 - \$300,000
Houseless/Homeless	1-3	\$200,000 - \$300,000
LGBTQI+	1-3	\$200,000 - \$300,000
Older Adults	1-3	\$200,000 - \$300,000
Pregnant/Parenting	1-3	\$200,000 - \$300,000
Veterans	1-3	\$200,000 - \$300,000

*Annual awards for each priority population are listed in the chart above. Applicants should propose budgets to support the proposed program up the maximum annual award amount.

Funding will focus on addressing priority populations who are at risk for overdose, with a special focus on BIPOC within priority populations including LGBTQI+ and more with a special consideration for transgender populations, pregnant and parenting individuals, adolescents (12-17 years) and young adults (age 18-25); older adults; (age 50+) veterans; houseless/homeless; individuals that are involved with the criminal legal system, also known as criminal-justice involved.

Applicants may submit no more than one (1) application for a specific priority population in response to this RFA. Applicants can submit more than one application in response to the RFA if the application is for a different priority population, each as separate application to this RFA. For applicants that intend to serve a cross section of multiple priority populations, such as homeless youth or older veterans, only one application is required to be submitted **but applicants must indicate a priority population to be the main focus of the application on the Application Cover Page, Attachment 1.**

If an applicant submits more than one (1) application for each priority population, the first application received for the priority population will be reviewed. All other applications for that priority population will be rejected.

If the applicant submits more than a total of four (4) applications for this RFA (one per priority population), the first four (4) individual applications received will be reviewed and considered for funding. All other applications in excess of the one (1) application per priority population allowed (four total applications) will be rejected.

The NYSDOH AI is committed to ensuring our funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health and social inequities. We are committed to the implementation of new and tailored approaches to address the challenges faced by our Black/Brown, Indigenous, and People of Color (BIPOC) communities. In our mission to ensure that everyone has a fair chance to experience optimal health, we are employing the following health equity principles:

- Be Explicit;
- Identify and Effectively Address Racism and Racial Implicit Biases;

- Adopt a “Health in all Policies” Approach;
- Create an Internal Organization-Wide Culture of Equity;
- Respect and Involve Communities in Health Equity Initiatives; and
- Measure and Evaluate Progress in Reducing Health Disparities.

Sections of the application narrative and budget will be evaluated and scored based on the applicant’s ability to:

- Demonstrate an understanding of providing culturally appropriate and accessible interventions, particularly those who can demonstrate a proven track record working with the priority populations indicated in this RFA;
- Demonstrate how they will engage with BIPOC populations within the other priority populations;
- Demonstrate how they will be providing these services in geographic areas that are not currently served or are underserved;
- Demonstrate that the organizational leadership and staff delivering these initiatives include people with recent lived and living experience of using drugs and represent the priority population they intend to serve;
- Utilize innovative models to provide a wide array of required and optional medical and social services to clients, including but not limited to syringe access, low-threshold access to buprenorphine and naloxone, mental health services, trauma-informed care, and STI screenings, sexual and reproductive health services;
- Demonstrate the area they propose to serve utilizing these funds is a high-need area, and that there is a need that is currently unmet.

This can be demonstrated using a number of factors, such as:

- Overdose deaths involving any drug;
- Outpatient emergency department visits involving any drug overdose;
- Community Resiliency Estimates as calculated by the U.S. Census Bureau; areas with low resiliency scores will be prioritized for funding.
Low community resiliency is defined as having three or more risk factors such as income to poverty ratio; no health insurance; no vehicle access; and no broadband internet. Low resiliency indicates a community is less able to absorb, endure, and recover from a crisis.
- Other metrics from sources such as the [New York State Opioid Data Dashboard](#).
- Awards will be made to the highest scoring applicants in each priority population, up to the minimum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any priority population until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any priority population, NYSDOH AI reserves the right to:
 - Fund an application scoring in the range of (60-69) from a priority population and/or
 - Apply unawarded funding to the next highest scoring applicant(s) in other priority population (s) until the maximum number of awards per priority population is met.
- If there is an insufficient number of fundable applications in a priority population, the maximum number of awards may not be met for that priority population. The NYSDOH AI reserves the right to re-solicit for any priority population where there are an insufficient number of fundable applications.
- If funding remains available after the maximum number of acceptable scoring applications is awarded to each priority population, the NYSDOH AI reserves the right to exceed the maximum number of awards.

- The NYSDOH AI reserves the right to revise the award amounts as necessary due to changes in availability of funding.
- The NYSDOH AI reserves the right to shift funding from one priority population of the RFA to another priority population should there be an insufficient number of fundable applications received in any priority population.
- Should additional funding become available, the NYSDOH AI may extend the award period, increase funding for awarded applicants, and/or select an organization from the pool of applicants deemed not funded, due to limited resources.
- The NYSDOH AI reserves the right to establish additional competitive solicitations if it is determined the needed expertise/services are not available among these organizations.

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

II. WHO MAY APPLY

A. Minimum Eligibility Requirements

All applicants must meet the following minimum eligibility requirements:

- Applicant must be a not-for-profit agency in New York State (NYS) including hospitals, health care systems, primary care networks, academic institutions, community-based organizations, voluntary associations, voluntary agencies that operate OASAS-certified, funded or otherwise authorized SUD treatment programs, voluntary agencies that operate OMH-licensed mental health services programs, scientific /professional associations or be a local government/public health agency.
- Applicant must submit **Attachment 2 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**. **Attachment 2** is located in the Pre-Submission Uploads section of the Grants Gateway and once completed should be uploaded in the same section.
- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due.

III. PROJECT NARRATIVE/WORK PLAN OUTCOMES

A. Program Model Description

Scope of Services for Priority Populations

The purpose of this funding is to expand the reach of holistic harm reduction, medical, mental health and social services for people who use drugs (PWUD) with a focus on priority populations. These populations include BIPOC, (Black, Indigenous and People of Color); LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and more) with a special consideration for transgender populations; pregnant and parenting individuals; adolescents (age 12-17) and young adults (age 18-25); older adults (age 50+); veterans; houseless/homeless; individuals that are involved with the criminal legal system, also known as criminal-justice involved. Investments will be made to prioritize service delivery to individuals within populations that face higher overdose rates and poor health outcomes.

This funding is offered to programs that currently serve these priority populations and can demonstrate they will expand their services for PWUD within these populations, as well as programs that already serve PWUD such as waived Syringe Exchange Programs (SEPs), Drug User Health Hubs (DUHHs) and specialty clinics serving PWUD who can demonstrate that they can expand to serve these priority populations.

Applicants are expected to provide evidence-based harm reduction strategies including provision of harm reduction supplies and information, including but not limited to: naloxone, fentanyl and other drug test strips and other drug checking services, safer smoking supplies, safer snorting supplies, syringes and other safer injection supplies. In addition, to harm reduction supplies, funds from this procurement can be used for the provision of personal care kits (e.g., hygiene products, wound care supplies, seasonal clothing, and protective items, etc.) Overall program supplies needed to support a harm reduction program are allowable expenses on the budget.

The addition of expanded social support services, primary care, and case management services to identify and address unmet needs of PWUD is a goal of this funding. Applicants will describe how they will conduct or facilitate increased access to low-threshold medical and mental health services, including HIV/Hepatitis C (HCV) testing, care and treatment, Sexually Transmitted Infections (STI) screenings and reproductive health services, individual supportive counseling, linkage to substance use treatment, including low-threshold, easy access medications for addiction treatment/medications for opioid use disorder (MAT/MOUD), behavioral health therapies, as well as routine physicals and other preventative healthcare services.

Applicants are encouraged to increase access to care management staff; this can include hiring or facilitating access to care coordinators to assist with scheduling and handling same-day drop-in clients, developing systems for treatment compliance and management, and maintaining a culturally comprehensive, low-threshold culture of the harm reduction program.

Peer services are highly encouraged in the program model. Peers may be utilized for expanded Peer-Delivered Syringe Exchange (PDSE), and in all other aspects of the program including post-overdose support, escort to outside services, emergency department relay, overdose prevention education, group facilitation, harm reduction education, and management of Drop-in, SSP or Drug User Health Hub space.

Applicants will describe their activities around opioid overdose prevention (OOP) and intervention education and the distribution of naloxone. Programs are encouraged to provide OOP services internally to clients, and externally in the community. Programs may conduct opioid overdose prevention training and distribute naloxone through group trainings, individual trainings, within a syringe service program (SSP) of a Drug User Health Hub, through PDSE and through program-affiliated vending machines. In addition, applicants may conduct OOP training to outside organizations, businesses and local law enforcement.

Applicants will describe their program's activities to de-stigmatize substance use and promote equitable health services for PWUD and the priority population indicated in the application. Programs are expected to provide non-stigmatized, harm reduction, evidence-based care to their clients. Additionally, it is necessary to describe how your program will build culturally comprehensive service capacity in your geographic location for other service providers working with PWUD and the priority population indicated in the application. The applicant will provide or facilitate access to training on best practices, non-stigmatized care, harm reduction basics, utilizing drug checking equipment/supplies and naloxone.

To ensure a continuum of services that are responsive to the identified needs and social determinants of health experienced by the priority population(s) selected, funded programs should develop and

maintain streamlined referral processes and a tailored network of clinical and community partnerships to provide services not available at the funded location(s). Network partners should have a commitment to health equity and a history of providing services to the priority population(s) which could include linkage, navigation, multidisciplinary service coordination, peer services, referral tracking, and routine assessment and identification of medical and non-medical needs, including mental and behavioral health and substance use services.

If services are not available at the funded location(s), applicants will be expected to engage and partner with other area providers that serve the priority population(s). Providers can include hospitals, primary care, mental health and behavioral health providers, correctional facilities, homeless/houseless service providers and community-based organizations within the service area(s). Partnerships with providers can include direct referrals for ease of access, navigation services to meet individual needs in areas such as prevention, housing, health, mental health and social services, treatment, and other essential support services to promote improved outcomes and health equity (HE). Funded programs will establish, maintain, and build on these partnerships throughout the course of the two-year grant period. Annually, and as needed, these partnerships will be reviewed and assessed on whether these partnerships are sufficient to meet established program outcomes.

Letters of Support should be provided as one combined .pdf document and uploaded to the Pre-Submission Uploads section of the Grants Gateway as **Attachment 3**.

Applicants will utilize people with lived experiences (PWLE) that have recent lived and/or living experience of substance use, represent the priority population and utilize a harm reduction, trauma-informed approach, have rapport and mutual respect established with PWUD and have experience working with individuals that have complex needs and their networks. Peer specialists may be utilized for expanded PDSE, and in all other aspects of the program including post-overdose support, escort to outside services, emergency department relay, overdose prevention education, harm reduction education, and management of drop-in, SSP or Drug User Health Hub space. Peers can also support PWUD to access treatment and support their retention (and re-engagement if necessary) in SUD treatment and care, as well as support access to other supportive services.

Applicants will work in coordination with New York Medication for Addiction Treatment and Electronic Referrals (NY MATTERS) Regional Care Coordinators (RCCs) in their service region(s). The NY MATTERS Network began its expansion across New York State in September 2020 after demonstrating proof of concept and successes in Western New York for nearly three years. Today, NY MATTERS is implemented in over 40 hospitals, 100 treatment organizations, and 1,000 pharmacies across the state.¹⁸ To assist in the rapid expansion and implementation of the program, the NY MATTERS team currently has nine Regional Care Coordinator (RCC) positions in health hubs around New York State. The RCCs have been able to assist local health departments, hospitals, clinics, EMS and law enforcement-agencies in joining the NY MATTERS network. As more organizations join the referral network, the individuals that NY MATTERS serves gain more opportunities to be connected to care and appropriate treatment including MAT/MOUD, HCV care and mental health services. Funded programs will work in coordination with RCCs in their region(s) to ensure access to appropriate, stigma and bias free, anti-racist, trauma-informed providers and services when identifying the needs of the priority population(s).

The needs of PWUD and these priority populations are wide and varied, but they center on addressing social determinants of health such as socioeconomic status, education, housing, transportation, employment, cultural competence, access to healthcare services and discrimination.

Considerations for selected priority population(s):

BIPOC

Proposed services for BIPOC individuals who use drugs should be client-driven and facilitate the

¹⁸ <https://mattersnetwork.org/>

prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services. These could include but are not limited to:

- integrating trauma-informed approaches;
- designing interventions and services from a stigma-free framework utilizing universal screening and assessment; and
- referral(s) to address Social Determinants of Health (SDOH).

Criminal Justice Involved

Proposed services for individuals while incarcerated and post-release from incarceration who use drugs should be client-driven and facilitate the prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services. These could include but are not limited to:

- expanding and strengthening current provider networks servicing incarcerated individuals and reentrants with continuity of care, harm reduction counseling and reentry services;
- integrating trauma-informed approaches;
- designing interventions and services from a stigma-free framework utilizing universal screening and assessment; and
- referral(s) to address Social Determinants of Health (SDOH).

Older Adults (age 50+)

Proposed services for older adults who use drugs should be client-driven and facilitate the prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services. These could include but are not limited to:

- outreach and engagement into harm reduction services utilizing peers; and/or
- harm reduction counseling and services that are specific to the needs of an aging population.

Veterans

Proposed services for veterans who use drugs should be client-driven and facilitate the prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services. These could include but are not limited to:

- provision of services incorporating universal screening, referral to care, and harm reduction counseling services utilizing a trauma-informed approach; and
- expanding and strengthening current provider networks.

Adolescents and Young adults (age 15-24)

Proposed services for adolescents and young adults who use drugs should be client-driven and facilitate the prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services. These could include but are not limited to:

- provision of services incorporating universal screening, referral to care, and harm reduction counseling services utilizing a trauma-informed approach;
- enhancement of services that decrease structural and system-level barriers (location, operational hours, cost) and social barriers, such as racial bias, fear, and stigma;
- provision of support groups, and grief groups for young adults who have lost a loved one to an overdose and/or;
- vocational and educational training for youth and young adults with or at risk for SUD.

LGBTQI+

Proposed services for LGBTQI+ individuals who use drugs should be client-driven and facilitate the prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally

comprehensive medical care, harm reduction, mental health and other support services. These could include but are not limited to:

- developing and expanding current provider networks that are culturally appropriate with a trauma-informed approach;
- provision of services incorporating universal screening, referral to care, and harm reduction counseling services;
- integrating trauma-informed approaches and designing interventions and services from a stigma-free framework utilizing universal screening and assessment; and referral(s) to address SDOH.

Pregnant and Parenting Persons

Proposed services for pregnant and parenting persons who use drugs should be client-driven and facilitate the prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services.

These could include but are not limited to:

- the provision of harm reduction counseling and services that utilize universal screening, including STI screenings;
- facilitating the prompt access to medical care utilizing MAT/MOUD during both prenatal and postnatal care and/or enhancing access to reproductive care; a
- medical supplies for pregnant and parenting persons.
- the provision of prenatal care for program clients

Anticipated Outcomes:

- Increased number of PWUD that are engaged and accessing holistic medical, harm reduction and other social services;
- Increased number of people from priority populations who use drugs that are engaged and accessing holistic medical, harm reduction, mental health and other social services;
- Increased engagement with individuals that have previously experienced an overdose;
- Increased employment of PWLE that are of priority populations;
- Increased partnerships, collaborations, and bidirectional referrals amongst organizations working in overdose prevention and working with the priority populations;
- Improved identification of and outreach to people in need of care and services for SUD;
- Increased access to harm reduction services for PWUD, including increased distribution of harm reduction supplies;
- Decreased fatal and nonfatal drug overdoses involving opioids and or stimulants among priority populations disproportionately affected by overdose;
- Improved health equity among groups disproportionately affected by overdose and those previously underserved; and
- Increased adoption of harm reduction strategies and principles.

Applicants may subcontract components of the scope of work up to 50%. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH AI. All subcontractors should be approved by the NYSDOH AI.

B. Requirements for the Program

Funded applicants will be expected to implement the following activities and services:

1. Identify and serve a cross-section of clients who are representative of the overall priority population: groups/subgroups at risk for drug overdose, those at high risk for overdose death;

and those at disproportionate risk of drug overdose who experience racial/ethnic or socioeconomic disparities (inadequate access to care, poor quality of care, or low income).

2. Connect with your region's DUHH/SSP and treatment providers to enhance the availability and accessibility of Medication for Opioid Use Disorder/ Medication for Addiction Treatment (MOUD/MAT) and Hepatitis C care and treatment for PWUD.
3. Invite and meaningfully include PWUD in policy and program development, decision-making, and in advisory roles on committees.
4. Ensure at least one (1) peer specialist or staff that is a PWLE and represents the priority population is part of the decision-making and delivery of this new initiative.
5. Develop a support system for peers and staff that includes wellness checks and system to address vicarious trauma or other mental health needs. Develop protocols for training and on-going professional development for peers.
6. Coordinate services with other health and human service providers, including mental health services, serving the priority population(s).
7. Collaborate with local health departments, regional offices of the NYSDOH as well as other health and human service providers in identifying and responding to emerging trends.
8. Demonstrate engagement with individuals that have recently experienced an overdose as part of rapid response efforts to suspected overdose spike.
9. Participate in a collaborative process with the NYSDOH AI to assess progress meeting the initiative standards and program outcomes and provide monthly narrative reports describing the program with respect to 1) model implementation, 2) client identification, engagement, and retention 3) success in meeting the workplan objectives, tasks and performance measures for the RFA, 4) data collection and reporting 5) significant accomplishments achieved, and 6) barriers encountered and plans to address noted problems.
10. 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. AIRS is a data reporting system that is required by the NYSDOH AI to report client demographic information as well as program activities. NYSDOH AI requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. NYSDOH AI provides and supports the AIRS software to enable providers to meet data submission requirements. Details on this software product may be obtained by accessing the following Internet address, www.airсны.org.
11. Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or determinants can lead to disparities and ultimately inequities in health and health outcomes. Strategies should prioritize those populations that are most impacted, negatively, by social and structural determinants of health. Please see **Attachment 4 for Health Equity Definitions and Examples** of social and structural determinants of health.
12. All activities will have a framework of Health Equity. The funded applicant must demonstrate a commitment to health equity: Health equity is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education, health care/services, and safe

environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma) and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race, racism, and genocide in the United States that perpetuate many of the racial inequities we see manifested today. Because health equity can never truly be achieved without racial equity, we work toward achieving both.

13. Ensure all activities are inclusive of populations disproportionately affected by drug overdose and death, and that the needs of persons with disabilities, co-occurring mental health, people with limited health literacy, racial and ethnic groups, and the LGBTQI+ populations are included in activities.
14. Complete the 12-module, free online [Health Equity in the Response to Drug Overdose Training](#) that was funded by the National Association of County and City Health Officials (NACCHO) and the CDC and submit their completion certificate to the NYSDOH.
15. Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>).
16. Adhere to all objectives, tasks and performance measures as listed in the **Work Plan Attachment 5**.
17. Identify and serve a cross-section of clients who are representative of the overall priority population: groups/subgroups at risk for drug overdose, those at high risk for overdose death; and those at disproportionate risk of drug overdose who experience racial/ethnic or socioeconomic disparities (inadequate access to care, poor quality of care, or low income) within the selected community.
18. Participate in a collaborative process with the NYSDOH AI to assess program outcomes and provide quarterly narrative reports and performance measures, monthly check-in meetings and monthly office hours with all funded programs. Programs are expected to describe their progress with respect to 1) Implementation of interventions/services, 2) client recruitment, 3) success in meeting the **NYSDOH AI - Work Plan Attachment 5** significant accomplishments achieved, and 5) barriers encountered and plans to address noted problems.

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute (hereinafter referred to as NYSDOH AI, or the Department), Office of Drug User Health. The Department is responsible for the requirements specified herein and for the evaluation of all Applications. See, Section V.C. (Review and Award Process).

B. Question and Answer Phase

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

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

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

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

Prospective Applicants should note that all responses to questions submitted with respect to this RFA which result in clarifications of or exceptions to the terms, conditions, and provisions of this RFA, including those relating to the terms and conditions of the Master Contract for Grants that will be required to be entered into by each successful Applicant, are to be raised prior to the submission of an Application and will be published by the Department to ensure equal access and knowledge by all prospective Applicants at https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx by the date specified on the Cover Page of this RFA.

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

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

All questions submitted by email should state the RFA Number and Title set forth on the Cover Page (RFA #20395, *Expanding Harm Reduction Services for Priority Populations Who Use Drugs*) in the subject line of the email.

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

C. Letter of Interest

Letters of Interest are not a requirement of this RFA.

D. Applicant Conference

An Applicant Conference will be held for this project. This conference will be held on the date and time shown on the cover of the RFA. The Department requests that potential Applicants register for this conference by clicking on the following link to ensure that adequate accommodations be made for the number of prospective attendees.

https://aidsinstituteny-org.zoom.us/webinar/register/WN_r8evXy8uQkuE-ZJNTIh4EQ

The failure of any potential Applicant to attend the Applicant Conference will not preclude the submission of an Application by that Applicant.

E. How to File an Application

Applications must be submitted online via the Grants Gateway by the date and time posted on the Cover Page of this RFA under the heading “Key Dates”.

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

To apply for this opportunity (that is, to submit an Application):

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name: **Expanding Harm Reduction Services for Priority Populations Who Use Drugs**.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

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

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

The Grants Gateway will always notify an Applicant of successful submission of the Applicant’s Application. If a prospective Applicant does not get a successful submission message assigning their Application a unique ID number, it has **NOT** successfully submitted an Application. During the

application process, please pay particular attention to the following:

- Not-for-profit Applicants must be prequalified, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA. Be sure to maintain prequalification status between funding opportunities. **NOTE:** Three of a not-for-profit’s essential financial documents - the IRS990, its Financial Statement, and its Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an Application on behalf of an Applicant.
- Prior to submission, the Grants Gateway will automatically initiate a global error checking process to protect against an incomplete Application. An Applicant may need to attend to certain parts of the Application prior to being able to submit the Application successfully. An Applicant must be sure to allow time after pressing the submit button to clean up any global errors that may arise. An Applicant can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).
- Applicants should use numbers, letters, and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Applicants should ensure that any attachments uploaded with their application are not “protected” or “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.

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

LATE APPLICATIONS WILL NOT BE ACCEPTED.

F. Department of Health’s Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.

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

G. Term of Contract

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

It is expected that contracts resulting from this RFA will have the following multi-year time period:
5/1/2024-4/30/2026.

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

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

H. Payment & Reporting Requirements of Grant Awardees

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

AIDS Institute
New York State Department of Health
Office of Drug User Health
Empire State Plaza
Albany, NY 12237
(fmuvouchers@health.ny.gov)

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

2. The Grantee will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through the Grants Gateway:
 - A monthly narrative addressing program implementation, barriers and accomplishments.
 - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS). <http://www.airсны.org/>

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

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

Business Participation Opportunities for M/WBEs

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

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

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this RFA will be 15% for Minority-Owned Business Enterprises ("MBE") participation and 15% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms). A Grantee awarded a Grant Contract pursuant to this RFA must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Grant Contract and Grantee will agree under the terms of its Grant Contract that NYSDOH may withhold payment pending receipt of the required M/WBE documentation required by the Department or the OSC. For guidance on how NYSDOH will determine "good faith efforts," refer to 5 NYCRR §142.8.

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

By submitting an Application, each Applicant and potential Grantee agrees to complete an **M/WBE Utilization plan** as directed in **Attachment 6 - Minority & Women-Owned Business Enterprise Requirement Forms** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted by each Grantee. If a Grantee's M/WBE Utilization Plan is not accepted, NYSDOH may issue a Notice of Deficiency. If a Notice of Deficiency is issued, Grantee agrees that it shall respond to the Notice of Deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being **non-responsive** under the following circumstances:

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

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

J. Vendor Identification Number

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

If already enrolled in the Vendor File, The Applicant should include the Vendor Identification number in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>

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

K. Vendor Responsibility Questionnaire

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

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

Applicants opting to complete online should complete and upload the **Vendor Responsibility**

Attestation as **Attachment 7** of the RFA. The Attestation is located under Pre-Submission Uploads and once completed should be uploaded in the same section.

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

L. Vendor Prequalification for Not-for-Profits

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

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

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

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

1) Register for the Grants Gateway

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

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

2) Complete your Prequalification Application

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

3) **Submit Your Prequalification Application**

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

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

M. General Specifications

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Grantees will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of any Contract awarded pursuant to this RFA will possess the qualifications, training, licenses, and permits as may be required within such jurisdiction.
3. Submission of an Application indicates the Applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions allowed by the Department during the Question and Answer Phase of this RFA (See, Section IV.B.) must be clearly noted in a cover letter included with the Application submitted by an Applicant wishing to incorporate any of such exceptions in its Applicants and in the Grant Contract awarded pursuant to this RFA if it is a successful (funded) Applicant.
4. An Applicant may be disqualified from receiving an award if such Applicant or any subsidiary, affiliate, partner, officer, agent, or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts, in the State of New York or otherwise.
5. Provisions Upon Default
 - a. If an Applicant is awarded a grant pursuant to this RFA, the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the Contract resulting from this RFA.
 - b. In the event that the Grantee, through any cause, fails to perform any of the terms, covenants, or promises of any Contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the Contract by giving notice in writing of the fact and date of such termination to the Grantee.
 - c. If, in the judgement of the Department, the Grantee acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any Contract resulting from this RFA by giving notice in

writing of the fact and date of such termination to the Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Grantee was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. COMPLETING THE APPLICATION

A. Application Format and Content

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

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

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

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

1. Pre-Submission Uploads

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

- Attachment 1: Application Cover Page*
- Attachment 2: Statement of Assurances*
- Attachment 3: Letters of Support*
- Attachment 6: Minority & Women-Owned Business Enterprise Requirement Forms*
- Attachment 7: Vendor Responsibility Attestation*
- Attachment 8: Agency Capacity and Staffing Information*
- Attachment 10: Statement of Activities for past three (3) years*
- Attachment 11: Agency Time and Effort Policy*

- Program Specific Questions

All applicants are required to complete and upload **Attachment 1 – the Application Cover Page**. **Attachment 1** 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. Community and Agency Description	Maximum Score:	15 points
3. Health Equity	Maximum Score:	15 points
4. Program Design and Implementation	Maximum Score:	50 points
5. Budget and Justification	Maximum Score:	<u>20 points</u>
		100 points

1. Program Abstract

Not Scored

Applicants should provide a program abstract with the following information:

- 1a) Describe the priority population(s) your agency intends to serve. Indicate the total number of unduplicated clients to be served.
- 1b) Describe the proposed program detailing the program design.
- 1c) Describe the project goals and objectives.
- 1d) Describe the location of the services to be provided.
- 1e) Describe anticipated outcomes and challenges in delivering the proposed program services to priority and underserved populations. Describe how success will be measured.
- 1f) Describe intended partnerships to facilitate prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services.

2. Community and Agency Description

Total 15 Points

- 2a) Describe why your organization is qualified to implement the proposed program model outlined in **Section III Program Model Description**. Include both quantitative and qualitative evidence to address this question and experience with engaging with PWUD and priority population(s).
- 2b) Describe in what capacity your organization has worked with people who are at risk for drug overdose/ people who use drugs, especially those who experience racial/ethnic or socioeconomic disparities (such as inadequate access to care, poor quality of care, or low income).
- 2c) Describe what other organizations, especially DUHH/SEP and other programs specifically serving PWUD and/or agencies serving the priority population(s) indicated in the application in your county or contiguous county coverage, are relevant to your proposed program model. Describe how you will leverage these programs to maximize benefit to PWUD in your community without supplanting other resources.
- 2d) Please describe any current or prior grants your organization has received from the NYSDOH AI that are relevant to this proposal. Include the results of the program and successes of those grants. OR, if your organization has not received funding from the NYSDOH AI, please state this and describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

3. Health Equity

Total 15 Points

- 3a) Which SDOH barriers will you address with the priority population served by this funding?
- 3b) Please provide the most current data that you have used to identify the SDOH barriers affecting the population served by the funding.
- 3c) Describe how will you monitor and evaluate the immediate impact of your efforts to address the SDOH. (i.e., if you have offered nutrition, transportation or housing services, for example, to a client and they have responded, has it improved their ongoing engagement with harm reduction services and/or adherence with treatment?)
- 3d) What is your organization's policy around addressing SDOH? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?
- 3e) How does the organization's leadership reflect the population served?

4. Program Design and Implementation

Total 50 Points

- 4a) Describe the community or communities you will serve through this funding. Include a description of the priority population(s); the geographic area to be served; the service location(s) within the proposed service area; and accessibility to the sites for the priority population(s). Include specific strategies for implementing the program services in the priority population settings and describing services in rural parts of the county and contiguous counties, as appropriate.
- 4b) Describe your overall program design, highlighting how it engages PWUD and priority population(s) indicated in the application. Include specific strategies for implementing the program services and complying with the program model. Describe any innovative strategies you will utilize to implement your program model. Strategies should align with AI standards and the information found in **Section III Program Model Description**.
- 4c) Describe key community partnerships required for successful implementation of the proposed program, especially DUHH/SEP and other programs specifically serving PWUD and agencies serving the priority population(s). Describe how clients' access to and engagement in these services will be facilitated, coordinated, recorded and reported.
- 4d) Describe the policy and procedures your organization has in place or will have in place by award to employ staff, peer specialists, support peer work, especially care to address burnout or vicarious trauma.
- 4e) What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?
- 4f) Describe how your program will provide continuous monitoring and evaluation of the proposed program activities.
- 4g) Indicate previous outcomes and any changes that were made to the model being proposed to improve it. If this is a new service, include a rationale for why your organization expects this model will work. Include any evidence of pilot programs to demonstrate potential success.
- 4h) 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.
- 4i) How does your proposed staffing plan meet the criteria listed in Section III. B. Requirements

for the Program? 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 NYSDOH AI reporting should be included. If in-kind staff are included in the proposed program, they should be included in the staffing detail. Applicants are instructed to complete **Attachment 8 – Agency Capacity and Staffing Information**. **Agency Capacity and Staffing Information** should be completed and uploaded to the Pre-Submission uploads section of the Grants Gateway as **Attachment 8**.

5. Budgets and Justifications

Total 20 Points

Complete and submit a budget following these instructions:

- 5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (**05/01/2024-04/30/2025**) must be entered into the Grants Gateway. Refer to **Grants Gateway Expenditure Budget Instructions - Attachment 9**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and work plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable.
- 5b) For staff listed in the Personnel services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.
- 5c) For each item listed under non-Personnel services, describe how it is necessary for program implementation. Non-Personnel services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
- 5d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities should show total support, revenue and total expenditures. **The Statement of Activities** should be uploaded to the Grants Gateway as **Attachment 10**. **Please note, Attachment 10 cannot be a Secure or Protected PDF.**
- 5e) Applicants are required to upload a copy of their **Agency Time and Effort policy** as **Attachment 11** in the Pre-Submission uploads section of the Grants Gateway online application.
- 5f) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 5g) Funding requests must adhere to the following guidelines:
 - An indirect cost rate of up to 10% of modified total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of modified total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.
 - 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. Agencies currently funded by the NYSDOH AI to provide program services in accordance with the requirements of this RFA must apply for continuation of funding.

- 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 the **Work Plan - Attachment 5**. 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 5: 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 NYSDOH to the extent permitted by law. NYSDOH may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State agency records, and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **Any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.** If NYSDOH agrees with the Applicant’s claim regarding the proprietary nature of any portion of an Application, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

An Application which meets ALL of the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH AI. An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An Application that does not provide all required information will be omitted from consideration. In the event of a tie score, the applicant with the highest score for **Section 3. Health Equity** will receive the award. Should there still be a tie score, the applicant with the highest score in **Section 4. Program Design and Implementation** will receive the award.

Applications with minor issues (for example, an Application missing information that is not essential to timely review and would not impact review scores) MAY be processed and evaluated, at the discretion of the State, but any issues with an Application which are identified by the Department **must** be resolved prior to time of award. An Application with unresolved issues at the time award

recommendations are made will be determined to be non-responsive and will be disqualified.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above. NYSDOH AI 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. NYSDOH AI reserves the right to review and rescind all subcontracts.

Applicants will be deemed to fall into one of three categories: 1) not approved, 2) not funded due to limited resources, and 3) approved and funded. Not funded applications may be awarded should additional funds become available.

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

To request a debriefing, please send an email to Narelle Ellendon at PriorityPopsRFA@health.ny.gov. In the subject line, please write: *Debriefing Request: Expanding Harm Reduction Services for Priority Populations Who Use Drugs*.

Any unsuccessful Applicants who wish to protest the award or awards resulting from this RFA 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>. (Section XI. 17.)

VI. ATTACHMENTS

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

- Attachment 1: Application Cover Page*
- Attachment 2: Statement of Assurances*
- Attachment 3: Letters of Support*
- Attachment 4: Health Equity Definitions and Examples**
- Attachment 5: Work Plan **
- Attachment 6: Minority & Women-Owned Business Enterprise Requirement Forms*
- Attachment 7: Vendor Responsibility Attestation*
- Attachment 8: Agency Capacity and Staffing Information*
- Attachment 9: Grants Gateway Budget Instructions**
- Attachment 10: Statement of Activities for past three (3) years*
- Attachment 11: Agency Time and Effort Policy*

*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 4 Health Equity Definitions and Examples

Expanding Harm Reduction Services for Priority Populations Who Use Drugs RFA #20395 Internal Program #23-0007

SOCIAL DETERMINANTS OF HEALTH (SDOH): Social determinants of health (SDOH) are the overarching factors in society that impact health. SDOH include:

- Secure employment, safe, bias-free working conditions and equitable living wages;
- Healthy environment, including clean water and air;
- Safe neighborhoods and housing;
- Food security and access to healthy food;
- Access to comprehensive, quality health care services;
- Access to transportation;
- Quality education; and
- Access to a social support network.

Inequities in access to SDOH are a result of structural racism, sexism, homophobia, transphobia, poverty, stigma, and other forms of oppression that are perpetuated by current social structures and institutions.

STRUCTURAL RACISM: The combination of public policies, institutional practices, social and economic forces that systematically privilege White people and disadvantage Black, Indigenous and other people of color. This term underscores that current racial inequities within society are not the result of personal prejudice held by individuals. Adapted from [Aspen Institute](#) and [Bailey, Feldman, Bassett](#).

HEALTH DISPARITIES: The statistical difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States. [USDHHS](#).

HEALTH INEQUITIES: Disparities in health that result from social or policy conditions that are unfair or unjust.

HEALTH EQUITY: Health equity is achieved when no one is limited in achieving good health because of their social position or any other SDOH. The goal of health equity is to eliminate health inequities that are avoidable and unjust through proactive and inclusive processes.

Examples of how social and structural determinants can impact our health include: (note: this is not an exhaustive list)

- Stigma and discrimination are pervasive within healthcare and social support service delivery systems and exacerbate health inequities. Explicit and implicit biases persist among health and social service providers related to HIV status, race/ethnicity, sexual orientation, gender identity and expression, age, mental health, socioeconomic status, immigration status, substance use, criminal justice involvement, and the exchange of sex for money, drugs, housing, or other resources; these result in stigma and discrimination in healthcare and are demonstrated barriers to uptake and sustained engagement in HIV prevention and care services.
- Other overlapping social and structural determinants of health further exacerbate health inequities including housing status, food insecurity, poverty, unemployment, neighborhood conditions, mental health issues, domestic violence, sexism, homophobia, transphobia, ableism, agism, racism, and other complex and integrated systems of oppression. These social and structural determinants of health are barriers to achieving positive health outcomes.
- Culturally and linguistically appropriate services are one way to improve the quality of services provided to all individuals, which will ultimately help reduce disparities and inequities and achieve health equity. The provision of services that are responsive to the individuals first or preferred language, health beliefs, practices and needs of diverse populations, individuals and clients can help close the gaps in health outcomes. [What is CLAS? - Think Cultural Health](#)

**Attachment 5 –Work Plan
SUMMARY**

PROJECT NAME: **Expanding Harm Reduction Services for Priority Populations Who Use Drugs**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: May 1, 2024

To: April 30, 2026

The purpose of this initiative is to expand the reach of comprehensive, culturally comprehensive medical and social services for people who use drugs (PWUD) with a focus on priority populations who experience persistent inequities with respect to drug use, overdose, and other negative health outcomes. These priority populations include Black, Indigenous, and other People of Color (BIPOC); Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, (LGBTQI+); pregnant and parenting individuals; adolescents and young adults (age 15-24); older adults; (age 50+); veterans; houseless/homeless; and individuals who are involved with the criminal legal system, also known as criminal-justice involved. This initiative prioritizes health and racial equity and can apply a culturally comprehensive, harm reduction and trauma-informed approach when working with PWUD and priority populations.

Funded interventions and services are designed to reduce the occurrence of overdose as well as expand access to treatment and services among populations that experience persistent inequities with respect to drug use, overdose, and other negative health outcomes. Coordination with other organizations that serve the applicant’s priority population of focus is imperative to facilitate care, treatment and prevention to support care engagement and continuation.

Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Funded activities and deliverables may be modified at any point in this contract upon direction of the NYSDOH AI to address emerging needs or disparities, emerging HIV/STI/HCV epidemiologic patterns, or to accommodate advances in best practice.

The project will support the following interventions/services:

Required:

- Engage with Priority Populations who use drugs;
- Provide harm reduction services to Priority Population PWUD, such as syringe access, safer use supplies, naloxone, drug checking services, etc.;
- Provide or facilitate access to medical services to Priority Population PWUD, such as MAT/MOUD care, HCV care, primary care, reproductive care, etc.;
- Provide or facilitate access to supportive services to Priority Population PWUD, such as transportation, housing support, care coordination, etc.;
- Engage with individuals that have recently experienced an overdose;

- Ensure integration of harm reduction strategies and principles into program and initiative through staff training and monitoring;
- Invite and meaningfully include PWUD in policy and program development, decision-making, and in advisory roles on committees;
- Ensure at least a minimum of one (1) peer specialist or staff represents the priority population is part of the decision-making and delivery of this new initiative;
- Develop a support system for peers and staff which includes wellness checks and systems to address vicarious trauma or other mental health needs and develop protocols for training and on-going professional development for peer specialist(s);
- Increased partnerships, collaborations, and bidirectional referrals amongst organizations working in overdose prevention, providing harm reduction services, comprehensive medical and support services and working with the Priority Populations who use drugs;
- Monitor and address barriers to successful referrals to partners for participants;
- Provide follow up on PWUD, who have been discharged from acute care, correctional, inpatient, drug treatment, settings, etc. to ensure continuity of engagement and care;
- Collaborate with New York Medication for Addiction Treatment and Electronic Referrals (NY MATTERS) Regional Care Coordinators (RCCs) in to increase partner participation and improve participant access to services through network;
- Develop and maintain system of reporting and evaluating data;
- Advance health equity including identifying and addressing factors that negatively affect access to harm reduction services, medical care and supportive services, as well as attend required health equity training; and
- Ensure flexibility in programming for directing resources effectively.

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 5: Work Plan. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.

**Attachment 5 – Work Plan
DETAIL**

OBJECTIVE	TASKS	PERFORMANCE MEASURES
<p>1. Provide and maintain Harm Reduction interventions, medical and support services for Priority Populations that use drugs.</p>	<p>1.1 Engage with Priority Population who use drugs.</p>	<p>1.1.1 Submit client demographics information in AIRS.</p>
	<p>1.2 Provide harm reduction services to Priority Population PWUD, such as syringe access, safer use supplies, naloxone, drug checking services, etc.</p>	<p>1.2.1 Submit client service delivery information in AIRS.</p>
	<p>1.3 Provide or facilitate access to medical services to Priority Population PWUD, such as MAT/MOUD care, HCV care, primary care, etc.</p>	<p>1.3.1 Submit client service delivery information in AIRS.</p>
	<p>1.4 Provide or facilitate access to supportive services to Priority Population PWUD, such as transportation, housing support, care coordination, etc.</p>	<p>1.4.1 Submit client service delivery information in AIRS.</p>
	<p>1.5 Engage with individuals that have recently experienced an overdose.</p>	<p>1.5.1 Submit documentation of specific engagement with individuals that have recently experienced an overdose.</p>
	<p>1.6 Ensure integration of harm reduction strategies and principles into program and initiative through staff training and monitoring.</p>	<p>1.6.1 Submit documentation of staff training and strategies to monitor and address barriers to implementation.</p>
	<p>1.7 Invite and meaningfully include PWUD in policy and program development, decision-making, and in advisory roles on committees.</p>	<p>1.7.1 Submit documentation that shows PWUD are included in applicant’s program development and committees.</p>
	<p>1.8 Develop a support system for peers and staff which includes wellness checks and systems to</p>	<p>1.8.1 Submit written policies and procedures for peer and staff wellness checks.</p>

	address vicarious trauma or other mental health needs.	1.8.2 Submit written policies and procedures for addressing vicarious trauma. 1.8.3 Submit written policies and procedures for addressing peer and staff mental health needs.
	1.9 Develop protocols for training and on-going professional development for peer specialist(s) and staff.	1.9.1 Submit protocols for training and on-going professional development for peer specialists and staff.
2. Ensure and maintain Linkages to Care activities and interventions for Priority Populations that use drugs.	2.1 Increase partnerships, collaboration, and bidirectional referrals among organizations working in overdose prevention, providing harm reduction services, comprehensive medical and support services and working with Priority Populations who use drugs.	2.1.1 Submit documentation of partnerships, collaborations and bidirectional referrals.
	2.2 Monitor and address barriers to successful referrals to partners for participants.	2.2.1 Submit documentation on process to monitor referrals and strategies to address barriers. Submit client referrals and follow up information in AIRS.
	2.3 Provide follow up on PWUD who have been discharged from acute care, correctional, inpatient, drug treatment settings, etc. to ensure continuity of engagement and care.	2.3.1 Submit client follow up information in AIRS.
	2.4 Collaborate with New York Medication for Addiction Treatment and Electronic Referrals (NY MATTERS) Regional Care Coordinators (RCCs) in to increase partner participation and improve participant access to services through network.	2.4.1 Submit documentation of engagement with NY MATTERS and participation in increasing partner participation and strategies to improve referrals to services through NY MATTERS.
3. Develop and maintain system of	3.1 Funded applicants are required to	3.1.1 Submit Evaluation Plan and

reporting and evaluating data.	evaluate at least one of the required strategies.	results yearly during contract period.
	3.2 Implement the AIRS system.	3.2.1 AIRS extracts are submitted in a timely manner.
	3.3 Ensure systems are in place to collect and report data on peer work.	3.3.1 AIRS data reports are reviewed by program staff at least quarterly to ensure accuracy and completeness. 3.3.2 Maintain tracking system for peer specialists to monitor each client's progress. 3.3.3 Data on program outcomes is shared and discussed.
4. Advance health equity.	4.1 Identify factors that negatively affect access to harm reduction services, medical care and supportive services.	4.1.1 Identify and document causes that prevent individuals from active care engagement.
	4.2 Identify resources to assist with minimizing barriers to harm reduction services, medical care, and supportive services.	4.2.1 Develop and maintain resource information and service agreements/partnerships to address issues and minimize barriers to care engagement.
	4.3 Complete the 12-module, free online Health Equity in the Response to Drug Overdose Training that was funded by the National Association of County and City Health Officials (NACCHO) and the CDC.	4.3.1 Submit completion certificates to the NYSDOH AI.
5. Flexibility in programming for directing resources effectively is required.	5.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	5.1.1 N/A
	5.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or	5.2.1 Aid with non-work plan public health issues if/when they arise.

	disparities, emerging HIV/STI/HCV epidemiologic patterns, or to accommodate advances in best practice.	
	5.3 Assist with other priority public health issues if/when they arise (e.g., local STI case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-work plan work.	5.3.1 Aid with non-work plan public health issues if/when they arise.
6. Submit timely data reports.	6.1 Collect and submit program data in accordance with data map, initiative guidance and Division/NYSDOH AI protocols.	6.1.1 100% of initiative-required data will be collected and reported to the NYSDOH AI.
	6.2 Submit monthly AIRS extracts to the NYSDOH AI via the Health Commerce System (HCS). Data must be up to date (within 30 days of last service).	6.2.1 100% of data extracts submitted will be submitted by the due date. Data will be up to date (within 30 days of last service).
7. Submit timely narrative reports.	7.1 Create and submit narrative reports in accordance with initiative guidance and Division/NYSDOH AI protocols.	7.1.1 100% of monthly narrative reports will be submitted as per protocols and by the established deadlines.
8. Submit timely fiscal reports/documents.	8.1 Create and submit fiscal reports/documents (e.g., voucher claims, budget modifications, audits, etc.) in accordance with Division/NYSDOH AI protocols and the master contract.	8.1.1 100% of fiscal reports/documents will be submitted as per protocols by the established deadlines.

Attachment 9
Grants Gateway Expenditure Budget Instructions

Expanding Harm Reduction Services for Priority Populations Who Use Drugs
RFA #20395
Internal Program #23-0007

This guidance document is intended to help applicants with understanding the types and level of detail required in Grants Gateway for each individual budget line. For Grantee questions and instructions about entering an application in the Grants Gateway, please go to [Resources for Grant Applicants | Grants Management \(ny.gov\)](#) for more training and guidance resources.

Please be aware of the following:

- AIDS Institute Program Managers may require additional information or clarification necessary for approval of requested amounts on funded applications; and
- The allowability of costs are subject to the OMB Uniform Guidance. (<https://www.cfo.gov/financial-assistance/resources/uniform-guidance.html>)

Grants Gateway Categories of Expense

There are two major Budget Categories, Personal Services and Non-Personal Services. Each of these categories include individual sub-categories for more specific budget items that can be requested in a budget. Each line requires different information.

1. Personal Services
 - a. Salary (including peers who receive W2s)
 - b. Fringe

2. Non-Personal Services
 - a. Contractual (subcontractors, peers who receive 1099s, etc.)
 - b. Travel
 - c. Equipment
 - d. Space/Property & Utilities
 - e. Operating Expenses (supplies, audit expenses, postage, etc.)
 - f. Other (indirect costs only)

Guidance on allowable expenditures can be found in the “Basic Considerations for Allowability of Costs” document. This document can be found here: <http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rqn=div5>.

Title 2 → Subtitle A → Chapter II → Part 200 — UNIFORM ADMINISTRATIVE
REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL
AWARDS, Subpart E - **Basic Considerations, §200.402 - §200.475**

PERSONAL SERVICES – SALARY

For each salary position funded on the proposed contract, provide the following:

Details:

- **Position/Title:** Enter the title and the incumbent's name. If the position is yet to be filled, enter "TBH" (to be hired.)
- **Role/Responsibility:** Enter the position description, including the duties supported by the contract.

Financial:

- **Annualized Salary Per Position:** Enter the full salary for 12 months regardless of funding source.
- **STD Work Week (hrs):** Enter the standard work week for this position regardless of funding. If it is a full-time position, this is often either 35, 37.5 or 40 hours per week. If it is a part-time position, enter the expected number of hours per week the person will work.
- **% Funded:** Enter the percent of effort to be funded on this proposed contract.
- **# of Months Funded:** Enter number of months this position will be funded during the proposed contract period. Use months only; do not use pay periods.
- **Total Grant Funds:** Enter the total amount for this position requested during the proposed contract period. **Grants Gateway will not automatically calculate this. Please check your calculation for accuracy.**

Items to Note:

- The Total Match Funds and Total Other Funds lines are not used. You will not be able to enter information on those lines.
- While Grants Gateway does not calculate the Line Total, it does calculate the cumulative Category Total.

PERSONAL SERVICES - FRINGE

Details:

- **Fringe – Type/Description:** Enter a description (examples, fringe rate, union fringe rate, nonunion fringe rate, part-time fringe rate, full-time fringe rate) and the percentage.
- **Justification:** Specify whether fringe is based on federally approved rate, audited financials or actual costs.

Financial:

- **Total Grant Funds:** Enter the total amount of fringe requested for this proposed contract period.

CONTRACTUAL

Details:

- **Contractual – Type/Description:** Enter the name of the agency, consultant or TBA (if not yet selected). Use a separate Contractual line for each subcontractor or consultant. Include an estimated cost for these services.
- **Justification:** Briefly describe the services to be provided.

Financial:

- **Total Grant Funds:** Enter the total amount requested for the subcontractor.

TRAVEL

Details:

- **Travel – Type/Description:** Describe the type of travel cost and/or related expenses.
- **Justification:** Briefly describe how the travel relates to the proposed contract.

Financial:

- **Total Grant Funds:** Enter the total amount requested for the Travel item.

EQUIPMENT

Details:

- **Equipment – Type/Description:** Describe the equipment and who it is for.
- **Justification:** Briefly describe how this equipment relates to the proposed contract and why it is necessary.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Equipment item.

Items to Note:

- Equipment is defined as any item costing \$1,000 or more.
- Rental equipment (if applicable) can be included in this section.

SPACE/PROPERTY RENT or Own

Details:

- **Space/Property: Rent or Own – Type/Description:** Describe the property, whether it is the agency’s main site or satellite and provide the address. Use a separate Space line for each different location.
- **Justification:** Explain why this proposed contract is paying for the space costs at this location.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Space/Property item.

UTILITY

Details:

- **Utility – Type/Description:** Describe the utility expense.
- **Justification:** Indicate the property address for which this expense will be incurred.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Utility item.

OPERATING EXPENSES

This section is used to itemize costs associated with the operation of the program, including but not limited to insurance/bonding, photocopying, advertising, and supplies.

Details:

- **Operating Expenses – Type/Description:** Describe what is being purchased.
 1. Supplies – Briefly describe items being purchased.
 2. Equipment – Include all items with a total cost under \$1,000, including computer software. Use a separate line for each group of items.
 3. Telecommunications – Include costs for all telephone lines funded by this proposed contract, fax and modem lines, telecommunications installation costs, hotlines, long distance, cell phones, and internet expenses.
 4. Miscellaneous – Includes postage, printing, insurance, equipment maintenance, stipends, media advertising, recruitment, or other appropriate costs.
 - For incentives, briefly detail the types of incentives to be purchased and what they will be used for.
- **Justification:** Describe how this item relates to the contract and why it is necessary.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Operating Expense item.

Items to Note:

- Participant Support and Incentives – the following chart is in accordance with AIDS Institute policy:

Type	Allowable using State Funding?
Participant Support	
Food Vouchers	YES
Pharmacy Cards	YES
Metro Cards	YES
Gasoline Cards	YES
Bus Passes	YES
Incentives	
Gift Card – non-cash	YES
Cash or Cash equivalent (e.g., VISA Card)	NO
Movie Tickets	NO
Theater Tickets	NO
Promotional Items *	YES*

*Promotional items must be promoting a specific program or intervention, such as Ending the Epidemic, or HIV testing, or Know your Status, rather than generically promoting the organization.

- Reimbursement for employee parking at regular work site or transportation costs to and from work is not allowable on AI contracts, unless the employee is in travel status as defined by agency's Policies and Procedures.
- Reimbursement for refreshment for employee or the Board of Directors (BOD) is not allowable. This includes food, coffee, tea, and water for staff meetings, staff break areas, or BOD meetings.

OTHER

Details:

- **Other Expenses – Type/Description:** This section will **only** be used to document Indirect Costs. Enter the words “Indirect Cost rate” and the rate being requested.
- **Justification:** Enter whether or not this rate is based on a federally approved rate agreement.

Financial:

- **Total Grant Funds:** Enter the total amount requested for this Expense item.

Items to Note:

- An indirect cost rate of up to 10% of modified total direct costs can be requested.
- If your organization has a federally approved rate, an indirect cost rate of up to 20% of modified total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.
- No cost that is billed directly to this contract can be part of the indirect rate.