

**RFA #20323 / Grants Gateway # DOH01-ALZCA2-2023**

**New York State Department of Health**  
***Office of Aging and Long-Term Care***  
***Center for Aging and Long-Term Care Finances and Supports***  
***Bureau of Community Integration and Alzheimer's Disease***

**Request for Applications**

***Alzheimer's Disease Community Assistance Program***

***KEY DATES:***

<b>Release Date:</b>	<b>July 12, 2023</b>
<b>Letter of Interest/Intent Due:</b>	<b>July 21, 2023</b>
<b>Questions Due:</b>	<b>July 27, 2023</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>August 10, 2023</b>
<b>Applications Due:</b>	<b>August 31, 2023, by 4:00 PM</b>
<b>NYSDOH Contact Name &amp; Address:</b>	Erin Fay New York State Department of Health Office of Aging and Long-Term Care One Commerce Plaza, Room 1620 Albany, NY 12237 Telephone: (518) 486-6562 <a href="mailto:alz@health.ny.gov">alz@health.ny.gov</a>

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## **I. Introduction**

The New York State Department of Health (Department), Office of Aging and Long-Term Care (OALTC), Center for Aging and Long-Term Care Finances and Supports, Bureau of Community Integration and Alzheimer's Disease (BCIAD), Alzheimer's Disease Program (ADP), announces the availability of \$5 million per year over a five-year period to fund one community-based not-for-profit organization that will provide statewide services for the Alzheimer's Disease Community Assistance Program (AlzCAP). This initiative will support Public Health Law, Article 20-A, Section 2005 and 2006 which expressed intent to encourage and foster home and community-based assistance through an existing network of not-for-profit organizations whose primary mission is to respond to the needs of New York State's Alzheimer's disease community. The Department is responsible for overseeing the implementation of this program and ensuring that services are effectively delivered statewide. The services provided under this program are designed to postpone or prevent nursing home placements. This includes providing or arranging for the provision of a comprehensive array of support services to individuals living with Alzheimer's disease and related dementia (ADRD), their caregivers and the community at large in all 62 counties of New York State (NYS).

According to the Alzheimer's Association's 2023 Facts and Figures, New York State (NYS) has approximately 410,000 individuals 65 years and older living with Alzheimer's disease and this number will rise to 460,000 by the year 2025. The diagnosis of with ADRD affects not only individuals living with the disease, but also their caregivers. In 2022, there were over half a million ADRD caregivers in NYS who provided over 884 million hours of unpaid care. This unpaid care was valued at over \$19 billion dollars. According to the Centers for Disease Control and Prevention, caregivers for persons with ADRD are at increased risk for anxiety, depression, comorbidities, and overall poorer quality of life, compared to those who care for people with other chronic conditions.

The ADP provides funding and support to organizations that work to decrease the burden of ADRD on individuals, caregivers, and families throughout NYS. The goal of the program is to promote early diagnosis of ADRD, promote community awareness and support, delay the institutionalization of individuals living with ADRD, and maintain the best quality of life for New Yorkers with ADRD and their caregivers, family members, and support networks.

## **II. Who May Apply**

Eligible applicants must:

- Be a not-for-profit organization eligible to do business in New York State;
- Have a minimum of three years of experience in providing or arranging for the provision of the core services outlined in this RFA Section III.A. for individuals living with ADRD, their caregivers, and the community at large in all 62 counties of NYS;
- Complete and submit Attachment 1- Application Cover Sheet and Attestation of Minimum Requirements to attest that the applicant meets the requirements. If Attachment 1 is not completed and submitted with the Application, the Application will not be reviewed.

Attachment 1 must be uploaded into the Pre-Submission Uploads section of the Grants Gateway Application; and

- Be prequalified in the New York State Grants Gateway, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA.

While this is a statewide contract and one award will be made, the following chart lists the regions and counties to be served by the awarded contract.

<b>Region</b>	<b>Counties</b>
Long Island	Nassau and Suffolk
New York City	Bronx, Kings, New York, Richmond, and Queens
Hudson Valley	Ulster, Sullivan, Dutchess, Putnam, Westchester, Orange, and Rockland
Capital Region	Albany, Columbia, Greene, Schoharie, Fulton, Saratoga, Montgomery, Schenectady, Rensselaer, Otsego, and Delaware
Northeastern NY	Clinton, Franklin, Essex, Hamilton, Warren, and Washington
Central NY	St. Lawrence, Jefferson, Lewis, Herkimer, Oneida, Oswego, Onondaga, Cayuga, Madison, Cortland, Tompkins, Chenango, Tioga, and Broome
Finger Lakes	Monroe, Wayne, Ontario, Livingston, Seneca, Yates, Schuyler, Steuben, and Chemung
Western NY	Niagara, Genesee, Erie, Wyoming, Cattaraugus, Chautauqua, Orleans, and Allegany

### **III. Project Narrative/Work Plan Outcomes**

#### **A. Project Description/Core Services**

The Department anticipates funding one application submitted by an organization that clearly demonstrates the ability to successfully deliver a statewide program; provide the required core services that address the needs of individuals living with ADRD and their caregivers; and provide awareness about ADRD, brain health, modifying risk factors and early detection to the community-at-large. The Grantee (awarded Applicant) will be required to provide directly and/or arrange for the provision of RFA #20323, Alzheimer’s Disease Community Assistance Program

the following core services in all 62 counties of NYS:

1. Care Consultation

An initial or follow up care consultation is a service where one or more caregivers, family members and/or members of the individual's support network and, when appropriate, the individual living with ADRD, formally meet or confer with a trained professional to seek assistance pertaining to the caregiver's and/or care recipient's needs. Each care consultation incorporates a personalized assessment, service plan development or updating, and troubleshooting. In addition, it considers the needs of individuals living with ADRD and their caregivers, resource access management, continuity in care, and linkages/referrals to community services.

Care consultations should be completed in-person, by phone, or virtually, preferably in a manner allowing for face-to-face interaction. Caregivers should always be given the option of an in-person care consultation, and it is expected that at least 20% of care consultations provided under this program will be conducted face-to-face (in-person and/or video conferencing).

2. Support Groups

A support group is designed to provide emotional support, information, resources, and a platform for individuals living with ADRD and/or their caregivers to share strategies and lessons learned with others experiencing similar situations under a skilled facilitator. Facilitators can be either professional staff or trained volunteers. Support groups can be conducted in person, virtually, and/or via telephone. When designing support groups, the specific needs of the communities to be served, including cultural considerations, language preference, and time of day the groups are offered, should be carefully considered.

3. Caregiver Education and Training

Education and training programs provide necessary knowledge and information to enable the caregiver and others from an individual living with ADRD's support network to navigate through the progression of ADRD. Education and training programs delivered will be on a range of subjects to better prepare the caregiver for his/her caregiving role. These topics may include, but are not limited to, ADRD and its progression, behavior management strategies and interventions, brain health, communication strategies, coping skills, care planning, legal and financial preparedness, resource availability, and caregiver wellness.

4. Caregiver Access to Assistance and Support

A system that allows caregivers 24-hours-a-day/7 days-a-week access to a staff person who is highly trained in ADRD and caregiving issues, is required. This system will ensure that caregivers can receive information, help, or support at any time. A process must also be

established to guarantee timely follow-up.

## 5. Community Awareness and Outreach Activities

Community awareness and outreach efforts ensure that the community-at-large is made aware of ADRD and how it affects individuals with a diagnosis, their caregivers and other individuals in their support network; the importance of early diagnosis, treatment, and clinical trials; the importance of brain health and modifying risk factors at any age; the value of appropriate planning after an ADRD diagnosis; and the benefits of utilizing the services offered through the Department's ADP contractors, including the applicant and its community partners.

Descriptions of required services include:

- Community awareness includes both general and targeted community-based efforts to ensure that the public-at-large understands how to recognize ADRD and how it affects diagnosed individuals, their caregivers and support network; awareness about brain health and risk reduction, the importance of early diagnosis, treatment, and clinical trials; the value of appropriate planning after the diagnosis; and the benefits of utilizing the services offered through an organization and its community partners. Efforts to reach underserved communities and populations are particularly important.
- Community outreach involves reaching targeted communities and populations to provide information, education, and promote services. Both active outreach and passive outreach methods must be used. Active outreach efforts include, but are not limited to, in-person meetings with community leaders and stakeholders, presentations, and maintaining a physical presence in the community of interest. Passive outreach includes, but is not limited to, social media, brochure distribution, mailings, radio, and television spots.

## 6. Training for Important Constituencies

The promotion of dementia friendly, actively engaged, and well-informed communities will be provided under this contract and achieved by specific training for important constituencies in these communities. Examples of important constituencies to be reached include Service Providers\*, Faith-based Communities, Community Gatekeepers\*\*, and First Responders.

\*Service Providers are defined as persons who provide direct services to individuals living with ADRD and/or their caregivers. Examples of services providers are home health care workers, day program staff, staff in long-term care settings, etc.

\*\*Community Gatekeepers are defined as persons who encounter individuals living with ADRD in the general community. Examples include pharmacists, bank tellers, mail carriers, lawyers, financial planners, volunteer outreach program personnel such as "Meals

on Wheels” drivers, community leaders, cultural organizations, customer service staff, human resources professionals, YMCAs, Employee Assistance Program staff, or other members of the community who come in frequent contact with individuals living with ADRD and their caregivers.

#### 7. Outreach to and Engagement Activities for Underserved Communities

Communities are groups of people who share common interests, concerns, or identities. These communities may or may not be geographically or spatially connected. Communities are underserved when they face greater barriers to accessing health services relative to others with a different set of circumstances.

Outreach should include an emphasis on social determinants of health, which can have a major impact on an individual’s health, well-being, and quality-of-life especially, those living with ADRD and their caregivers in underserved communities. Social determinants of health include economic stability, education access and quality, healthcare access and quality, neighborhoods and environment and relationships with family, friends and the community. Such factors can result in increased health disparities among communities that experience them to a greater degree when compared with those that experience them to a lesser degree.

To effectively reach underserved communities, applicants will identify underserved communities to be reached in each region, address the social determinants of health, and address barriers to service that the underserved communities face. Applicants will also recognize the strengths and assets of the community and should tailor outreach and service provision to build upon those strengths.

#### **B. Other Project Expectations**

The Department will fund a proposal submitted by an applicant that clearly demonstrates the ability to provide the required core support services and other components in all 62 counties of NYS, as described in Section III.A. Project Description/Core Services.

The Grantee funded under this RFA will have the ability to:

- Demonstrate strong working relationships with appropriate community-based organizations.
- Conduct intensive outreach efforts to underserved communities.
- Participate in a comprehensive program evaluation.

The Grantee will be expected to have strong working relationships with relevant community-based organizations to ensure that individuals living with ADRD, and their caregivers are referred to appropriate community supports and services. The use of subcontractors and/or community partners are strongly recommended to ensure statewide reach. Applicants that propose subcontracting for all or a portion of the core services should do so only with organizations which have demonstrated the capacity to provide support services to individuals with AD/D and their caregivers.

An Applicant may subcontract components of the Work Plan to be performed by the Applicant pursuant to the terms of its Application. If known, the Applicant is expected to state in their Application the specific components to be performed through subcontracts (up to 90% allowed) as well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors and will be the primary contact for the NYSDOH. All subcontractors and subcontracts will be required to be approved by the Department of Health.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the New York State Department of Health (hereinafter referred to as NYSDOH, or the Department), Office of Aging and Long-Term Care (OALTC), Center for Aging and Long-Term Care Finances and Supports, Bureau of Community Integration and Alzheimer's Disease, Alzheimer's Disease Program (ADP). 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 Erin Fay, NYSDOH, Alzheimer's Disease Program, at the following email address: [alz@health.ny.gov](mailto:alz@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](mailto:grantsgateway@its.ny.gov)  
Phone: 518-474-5595

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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](mailto: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](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](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>.

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

**All questions submitted by email should state the RFA Title and Number set forth on the Cover Page (RFA# 20323, *Alzheimer’s Disease Community Assistance Program*) 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**

Prospective Applicants are strongly encouraged to complete and submit a letter of interest (refer to **Attachment 2**). Prospective Applicants who submit a Letter of Interest by the date specified on the Cover Page of this RFA may receive email notifications when updates to and modifications of this RFA are posted, including responses to written questions. Letters of Interest should be submitted via the Grants Gateway under the Pre-Submission Uploads section of the online application. Please note that you will receive an error message when uploading the letter into the application as other Pre-Submission uploads are not due until the application is submitted. A copy should also be emailed to [alz@health.ny.gov](mailto:alz@health.ny.gov). Please ensure that the RFA number and title (RFA #20323 Alzheimer’s Disease Community Assistance Program) is noted in the subject line and Letters of Interest are submitted by

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the date posted on the Cover Page of the RFA.

Submission of a Letter of Interest is not a requirement of this RFA, nor does the submission of a Letter of Interest by a prospective Applicant impose any obligation upon the Applicant to submit an Application in response to this RFA. To be clear, an application may be submitted without first having submitted a Letter of Interest.

#### **D. Applicant Conference**

**An Applicant Conference *WILL NOT* be held for this project**

#### **E. How to file an application**

Applications must be submitted online via the Grants Gateway by the date and time posted on the Cover 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 “Alzheimer’s Disease Community Assistance Program”.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

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

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

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

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

<b>Role</b>	<b>Create and Maintain User Roles</b>	<b>Initiate Application</b>	<b>Complete Application</b>	<b>Submit Application</b>	<b>Only View the Application</b>
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 time period: July 1, 2024 – June 30, 2029.

Continued funding throughout this five (5) year period is contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

#### **H. Payment & Reporting Requirements of Grant Awardees**

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

payment office (below) or, if requested by the Department, through the Grants Gateway:

Alzheimer's Disease Program  
New York State Department of Health  
One Commerce Plaza  
99 Washington Avenue, 16<sup>th</sup> Floor  
Albany, New York 12210

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](mailto: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: Grantee will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan

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

Quarterly reports, which are due 30 days after the completion of each quarter

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

## **I. Minority & Woman-Owned Business Enterprise Requirements**

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

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and

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

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, the 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 3** 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](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](mailto:helpdesk@sfs.ny.gov).

## **K. Vendor Responsibility Questionnaire**

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](mailto:itservicedesk@osc.ny.gov).



Applicants opting to complete online should complete and upload the Vendor Responsibility Attestation (**Attachment 4**) 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](http://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](mailto: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](mailto:grantsgateway@its.ny.gov).

### **3) Submit Your Prequalification Application**

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

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

### **M. General Specifications**

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Grantees will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of any Contract awarded pursuant to this RFA will possess the qualifications, training, licenses, and permits as may be required within such jurisdiction.
3. Submission of an Application indicates the Applicant's acceptance of all terms and conditions contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions the Applicant would like considered by the Department relating to the terms and conditions of this RFA and/or Master Contract for Grants must have been raised during the Question and Answer Phase of this RFA (See, Section IV.B.).

4. An Applicant may be disqualified from receiving an award if such Applicant or any subsidiary, affiliate, partner, officer, agent, or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts, in the State of New York or otherwise.
5. Provisions Upon Default
  - a. If an Applicant is awarded a grant pursuant to this RFA, the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the Contract resulting from this RFA.
  - b. In the event that the Grantee, through any cause, fails to perform any of the terms, covenants, or promises of any Contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the Contract by giving notice in writing of the fact and date of such termination to the Grantee.
  - c. If, in the judgement of the Department, the Grantee acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any Contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Grantee was engaged in at the time of such termination, subject to audit by the State Comptroller.

## V. Completing the Application

### A. Application Format/Content

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

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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.

### **Pre-Submission Uploads**

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

1. Application Cover Page and Attestation of Minimum Requirements (**Attachment 1**)
2. Minority & Women-Owned Business Enterprise Requirement Forms (**Attachment 3**)
3. Vendor Responsibility Attestation (**Attachment 4**)

### **Program Specific Questions**

#### **1) Program Summary (Not Scored)**

- a. Applicants are instructed to complete **Attachment 1** – Application Cover Page and Attestation of Minimum Requirements, and upload in the Pre-submission uploads section of the Grants Gateway application.
- b. Summarize the proposed program, including how it meets the program goals stated in Section I, Introduction of the RFA and how it aligns with the applicant's mission. Indicate how the applicant will demonstrate statewide reach and ensure that services are provided in a high quality and cost-effective manner.

#### **2) Statement of Need (Maximum score: 10 points)**

- a. Describe the scope of the proposed program and how individuals living with ADRD, their caregivers and members of their support network, including members of underserved communities, will benefit from your organization's proposed program.
- b. Describe the most significant challenges and barriers that the applicant organization expects to face in providing support services for individuals living with ADRD and their caregivers statewide and strategies you plan to use to overcome them.
- c. Identify and describe the priority underserved population(s) to be targeted statewide and in each region, anticipated barriers to reaching them, and strategies that will be employed to address those barriers.

### 3) Applicant Organization (Maximum Score: 25 points)

Please respond to items a-d below specific to your organization currently.

- a. Describe the applicant's organization, its primary and overall mission, including how that mission is consistent with the purpose of this RFA, the required scope of services, and the need for those services in NYS; and describe the history of the applicant organization's provision of services to individuals living with ADRD and their caregivers within NYS. Include the length of time and ways in which the applicant's organization has been providing or arranging for the core services outlined in this RFA in all 62 NYS counties; and describe the applicant's organizational structure explaining how the applicant's infrastructure is sufficient to successfully support this grant and how that structure will ensure reach and provision of core services in all 62 counties of NYS.
- b. Describe the demographics of the population currently served by the applicant's organization including age, gender, race, socioeconomic status, and other significant characteristics as appropriate. Describe the applicant organization's experience and expertise in engaging and providing services to underserved communities.
- c. Describe how the applicant organization will build upon existing relationships, develop new relationships, and work collaboratively with organizations to provide support services to caregivers and individuals living with ADRD, including those which provide services to underserved communities. This description should include demonstrated collaboration with the Department's current ADP service providers found on the NYSDOH website ([Where Can I Get Help? - Alzheimer's Disease and Other Dementias \(ny.gov\)](#)).
- d. Describe the applicant organization's capacity to participate in a comprehensive evaluation of this initiative, including its capacity to collect data and measure the program's impact, showing its reach to all 62 counties; discuss how applicant organization will ensure that quarterly progress reports and quantitative and qualitative requests about program services are completed and submitted by the designated due date; and describe the qualifications of the current or proposed staff in the applicant organization who will engage in program evaluation activities.

### 4) Program Structure and Activities (Maximum Score: 113 points)

#### **4.1 Program Structure** (Maximum Score: 8 points)

- a. Describe the organizational structure of the proposed program that will be implemented under this grant to ensure that the core services are provided effectively in each of the 62 counties of NYS, including the roles of the Applicant and, if applicable, each proposed subcontractor. **The applicant is required to upload an organizational chart.** (NOTE: All organizational chart documents should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the Program Specific Question 4.a.)
- b. Describe the staffing plan for the proposed program, including how many staff will be hired to ensure coverage for the proposed scope of work. Describe the required qualifications, skills, and

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experience of the staff person(s) who will be responsible for implementing and overseeing the proposed program and performing program monitoring, evaluation, and fiscal management.

- c. If applicable, describe how your organization will ensure that subcontractors are meeting contract deliverables and how your organization will address deficiencies in subcontractor performance.
- d. If applicable, provide a Letter of Commitment from each proposed subcontractor which clearly states its scope of work in the proposed program, what region it will serve, and responses to the following items: *(NOTE: All letters should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question 4.d.)*
  - Describe your organization, its overall mission (including how the mission is consistent with the purpose of this RFA), and scope of services that it provides; describe the demographics of the population currently served by your organization including age, gender, race, socioeconomic status, and other significant characteristics, as appropriate; and describe the history of your organization's provision of services to individuals living with ADRD and their caregivers within NYS.
  - Identify the region your organization will provide direct services under this funding and specific services your organization provide in each of those regions?
  - Describe how your organization will build upon existing relationships, develop new relationships, and work collaboratively with organizations to provide support services to caregivers and individuals living with ADRD, including those which provide services to underserved communities. This description should include demonstrated collaboration with the Department's current ADP service providers found on the NYSDOH website ([Where Can I Get Help? - Alzheimer's Disease and Other Dementias \(ny.gov\)](https://www.ny.gov/where-can-i-get-help-alzheimer-disease-and-other-dementias)).

#### **4.2 Program Activities** *(Maximum Score: 105 points)*

- e. Describe each of the core services that will be delivered statewide and how the applicant organization will ensure reach in **in all 62 counties of NYS**.

**The applicant is required to complete the Core Services Excel Sheet (Attachment 5) to also demonstrate reach.** *(NOTE: Attachment 5 should be converted into one pdf document no larger than 10MB and uploaded into the Grants Gateway under Program Specific Question 4.e.)*

Refer to Section III.A.1-7 for the next questions.

#### **f. Care Consultations**

Describe in detail the program activities proposed for Care Consultations, this should include the following: the care consultation services that will be provided to caregivers, family members, members of support networks, and individuals living with ADRD; how caregivers will be reached, made aware of, and have access to these services throughout the 62 counties in NYS; how the specific demographics of the communities to be served will be identified and addressed, including

cultural and language considerations; and the credentials and minimum training that will be required for professionals who will provide care consultations.

g. **Support Groups**

Describe in detail the program activities proposed for Support Groups, this should include the following: the new support groups that will be created and maintained, as well as the existing support groups that will be maintained; how the need for this service in each region will be assessed; how caregivers will be reached, made aware of and have access to these groups throughout the state; methods used to engage individuals living with ADRD and/or their caregivers to attend support groups; how specific demographics will be served and addressed including cultural and language considerations; and provide details on credential and minimal training that will be required for the individual facilitating the support group, as well as how they will be selected.

h. **Caregiver Education and Training**

Describe in detail the program activities proposed for Caregiver Education and Training this should include the following: the programs which will be conducted using funds from this RFA; the need for this service in each region and how it will be assessed; how caregivers will be reached, made aware of, and have access to these services throughout the state; methods that will be used to engage individuals living with ADRD and their caregivers to attend caregiver education and training programs; how the specific demographics of the communities to be served will be addressed, including cultural and language considerations and the credentials and minimum training that will be required for individuals who deliver caregiver education and training programs.

i. **Caregiver Access to Assistance and Support**

Describe in detail the program activities proposed for Caregiver Access to Assistance and Support, this should include the following: how the proposed program will ensure that individuals living with ADRD and their caregivers in each region of NYS will have 24-hour/7 days a week access to a person by phone who is highly trained in ADRD and caregiving issues to ensure that they can receive information, help, or support at any time, include a description of the proposed program's capacity to provide this service; what process the proposed program will utilize to guarantee the timeliness of follow-up to inquiries; all methods by which caregivers will be made aware of the availability of this service throughout the state; how the specific demographics of the communities to be served will be addressed, including cultural and language considerations and the credentials and minimum training that will be required for individuals who will provide this service.

j. **Community Awareness and Outreach**

Describe in detail the program activities proposed for Community Awareness and Outreach, this should include the following: the methods of engagement which will be conducted statewide; how determinations will be made about where and which types of community awareness and outreach activities will be delivered; how community awareness and outreach activities will be tailored to

reach specific underserved communities and how cultural and language barriers will be addressed; and how both active and passive outreach strategies that the proposed program will employ to reach every county throughout NYS.

**k. Training for Important Constituencies**

Describe in detail the programs Training for Important Constituencies, this should include the following: what important constituencies will be trained by the proposed program statewide and within each region as well as how the proposed programs will identify additional priority constituencies to be trained; how these groups will be reached, made aware of access of, and training services statewide and within each region; how existing or new partnerships will be leveraged to reach important constituencies; how existing or new partnerships will be leveraged to reach important constituencies and what creative methods that proposed program will employ to deliver training, including how the training will be tailored to the audience.

**l. Outreach to and Engagement Activities for Underserved Communities**

Describe in detail the program activities proposed for Outreach to and Engagement Activities for Underserved Communities, this should include the following: how will they be identified and reached statewide and within each region, including how social determinants of health play a factor in the identification of the underserved communities selected; how the availability and benefits of ADRD resources and caregiver support services will be promoted through targeted outreach; how the methods of outreach will be used and how they will be tailored to address the different underserved populations statewide and the types of engagement activities to be conducted and how they will be tailored to address the different underserved populations statewide.

**5) Budget (Maximum Score: 40 points)**

RFA applicants are instructed to submit a one-year budget in the application for the period July 1, 2024, through June 30, 2025. RFA applicants must enter their Year 1 proposed budget with their application in the Grants Gateway Budget section. RFA applicants should propose the total budget including the costs allocated to subcontractors, if applicable.

Budgets need to include detailed narrative justifications for each expense line. If applicable, Applicants should include the name of each subcontractor, what services the subcontractor will provide, and in what regions those services will occur. The Applicant needs to include an explanation of how the amount of funding for each subcontractor was determined. Please refer to **Attachment 6** for Grants Gateway Budget Data Entry Guidelines.

All costs must be related to the provision of the Alzheimer's Disease Community Assistance Program as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.**



Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

## **6) Work plan (Not Scored)**

RFA Applicants are instructed to develop a work plan using the Grants Gateway online application and **Attachment 7**. Some of the objectives, tasks and performance measures have been pre-determined and pre-populated by the Department in the Grants Gateway Work Plan. Highlighted areas in Attachment 7 show where information needs to be completed in the Grants Gateway online application work plan. Applicants are required to complete a one-year work plan. **The work plan should only list objectives, tasks and performance measures for the first twelve months of the contract.** The Grantee will be required to complete work plans for years two through five prior to each contract period.

Applicants should insert in the Grants Gateway application work plan the Applicant name and target numbers for each region where specified in Attachment 7. Applicants are required to add tasks for each objective and may include additional objectives, tasks and performance measures if necessary. The work plan should include objectives, tasks, and performance measures which coincide with the program activities described in Section III. A. Section 4: Project Description/Core Services. NOTE: Refer to Attachment 7 for a sample of the prescribed language for draft workplan objectives, tasks and performance measures. Applicants may also add additional objectives, objective descriptions, tasks and performance measures.

Please note that the Work Plan for this RFA is limited to the following: 30 Objectives, 60 Tasks, and 90 Performance Measures. The Grants Gateway does not keep a running count of these; applicants will be responsible for ensuring that they stay within these limits. **If you exceed these limits, it will jeopardize your ability to submit 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 Office of Aging and Long-Term Care (OALTC), Center for Aging and Long-Term Care Finances and Supports, Bureau of Community Integration and Alzheimer's Disease. 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.

The highest scoring Applicant will receive the grant award not to exceed the designated amount allotted statewide for which the Applicant requested funding per year based on availability of funds. In the event of a tie score, the Applicant with the highest score on the Program Activities section of the application will be selected.

	Section	Points	Percentage
1.	Program Summary	Not Scored	
2.	Statement of Need	10	5.3%
3.	Applicant Organization	25	13.3%
4.	Program Activities	113	60.1%
5.	Budget	40	21.3%
6.	Work plan	Not Scored	
	Total	188	100%

**No application scoring below 70% of the total score (132 points) will be considered for funding.**

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. The Department reserves the right to resolicit if there are no fundable applications.

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's Alzheimer's Disease Program 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 Erin Fay at [alz@health.ny.gov](mailto:alz@health.ny.gov) with a copy to [kathryn.tracy@health.ny.gov](mailto:kathryn.tracy@health.ny.gov). In the subject line, please write: Debriefing Request: Alzheimer's

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Disease Community Assistance Program.

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

## **VI. Attachments**

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

- Attachment 1: Application Cover Sheet and Attestation of Minimum Requirements\*
- Attachment 2: Letter of Interest Format
- Attachment 3: Minority & Women-Owned Business Enterprise Requirement Forms\*
- Attachment 4: Vendor Responsibility Attestation\*
- Attachment 5: Core Services Excel Sheet\*
- Attachment 6: Grants Gateway Budget Data Entry Guidelines
- Attachment 7: Work Plan Template

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

**Attachment 2**  
**Sample Letter of Interest to Apply**

**RFA # 20323 / Grants Gateway # DOH01-ALZCA2-2023**  
**RFA Title: Alzheimer's Disease Community Assistance Program**

Date:

Alzheimer's Disease Program  
New York State Department of Health  
One Commerce Plaza  
99 Washington Avenue, 16<sup>th</sup> Floor  
Albany, New York 12210  
Attention: Erin Fay

Dear \_\_\_\_\_:

This letter is to indicate our interest in the above Request for Applications (RFA) and to request that our organization be notified, via the e-mail address below, when any updates, official responses to questions, or amendments to the RFA are posted on the [New York State Grants Gateway website](#).

E-mail address: \_\_\_\_\_

Sincerely,

## Attachment 6

### Grants Gateway Budget Data Entry Guidelines Applications OR New Budget Periods

\* An asterisk has been placed next to specific budget categories which require that additional information be provided.

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

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> Personal Services - Fringe Narrative	4000	<b>Program Specific Instructions / Requirements</b> If additional space is needed from the justification section, specify here, the components (FICA, Health and Life Insurance, Unemployment Insurance, Disability Insurance, Worker's Compensation, and Retirement) and their percentages comprising the fringe benefit rate. If different rates are used for different positions, provide details for each rate in the space provided and specify which positions are subject to that rate.
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Grants Gateway Field	Character Limits	Enter Required Information as Instructed Below
Non-Personal Services		Non-Personal Service expenses. For each Non-Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example, if you contract with a Pharmacist using other funds you would list under the Contractual Narrative - Pharmacist \$25/hour for 20/hours total cost \$500.00.
Contractual*		* Refer to Grants Gateway Budget Instructions document for additional information. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to CS. If Contractual Services are not applicable, leave this section blank.
Type/Description	125	Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e., Pharmacist - TBH)
Justification	1000	Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Contractual Narrative	4000	All contractual positions not directly supported with grant dollars that are required on the program or needed to meet program deliverables should be summarized in this section.
Travel*		* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-state travel requires prior approval by the state. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank.
Type/Description	125	Provide the type of travel. A separate entry should be completed for each category of travel (i.e., Client, Staff Travel, In-State, or Out-of-State).
Justification	1000	Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Travel Narrative	4000	<b>Program Specific Instructions / Requirements</b> If using other funds for required travel - Provide a delineation of expenses (i.e., agency cars, tokens, taxi, etc.), or staff travel exclusive of training/ staff development (i.e., to clinic sites, agency staff travel to meetings). Conference Attendance – Provide a delineation of the items of expense and estimated cost. Include travel costs associated with conferences, including transportation, meals, lodging, and registration fees. (e.g., if the total expense is for a conference, provide location and name of conference, # of people attending, cost breakdown per person, per item expense – train ticket, lodging, food etc.).

<b>Equipment</b>	<p><b>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding \$5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds \$5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank.</b></p>	
Type/Description	125	Provide the type of equipment and the quantity to be purchased or rented. (i.e., 3 Desk Top PCs)

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
Justification	1000	Provide the names of the staff who will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Equipment Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> If using other funds for required equipment enter the details here.
<b>Space/Property: Rent</b>	<p>This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more than one instance of rental property is needed. If Space/Property: Rent is not applicable, leave this section blank. The expenses included are rent, maintenance, and insurance (property and liability). Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.</p>	
Type/Description	125	Provide the physical address of the rental property.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Space/Property: Rent Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> If using other funds enter the details here. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered).
<b>Space/Property: Own</b>	<p>This section is used to itemize costs associated with Space/Property: If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.</p>	
Type/Description	125	Provide the physical address of the property that is owned.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Space/Property: Own Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> If using other funds enter the details here.
<b>Utilities</b>	<p>This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc.) using other funds. If utilities are not applicable, leave this section blank.</p>	
Type/Description	125	Provide the type of expense and include the property address. (i.e., Telephone - 123 Cherry Lane)
Justification	1000	Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.

Total Other Funds	N/A	Always leave blank.
> Utilities Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here.
Operating Expenses	* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials, rental subsidy, security deposit, brokers fees, tenant utility allowance, furniture and contingency funds. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank.	
Type/Description	125	Provide the type of expense

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
Justification	1000	Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Workplan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Workplan.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Operating Expenses Narrative	4000	Program Specific Instructions / Requirements Provide a narrative description for any required items that are purchased with other funds. Supplies/Materials – Provide justification of need and a breakdown for all items. (e.g., if the total expense is for education materials or office supplies, in addition to providing a narrative justification of need, provide a breakdown of each item as total # x cost per item = total expense for that item.) Expenditures will not be allowed for remodeling or modification of structure. Funding is expected to support one annual statewide meeting of FPP providers in Albany, NY. See Page 24 of the RFA for further instructions.
Other Expenses Detail*	Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate. A copy of the current federal ICR agreement must be uploaded to the Grantee Document Folder section of the application. For organizations without a federally approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other Expenses budget narrative section of the application.	
Type/Description	125	Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Rate Agreement.
Justification	1000	Indicate specifically that the document was uploaded to the Grants Gateway (Federally Approved Rate Agreement)
Total Grant Funds	N/A	Provide the requested value using the formulary provided.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Other Narrative	4000	Program Specific Instructions / Requirements If using other funds enter the details here.



**Grants Gateway Budget Data Entry**  
*Where to Budget*

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

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

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

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

**Attachment # 7**  
**Alzheimer’s Disease Community Assistance Program**  
**Work Plan Template**

(For information only. Do not fill out here. Complete in the Grants Gateway Forms Menu.)

Please see Section V.A.6 for Work Plan instructions. Applicants are also instructed to complete the Project Summary and Organization Capacity section as described below.

Please note that the Work Plan for this RFA is limited to the following: 30 Objectives, 60 Tasks, and 90 Performance Measures. The Grants Gateway does not keep a running count of these; applicants will be responsible for ensuring that they stay within these limits. **If you exceed these limits, it will jeopardize your ability to submit your application. As previously noted, 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”.**

**Project Summary:** (50,000 Character Limit)

Provide a high-level overview of the project, including the overall goal and desired outcomes. Include information such as location, target population, overall number of persons to be served, service delivery method and hours of operation.

**Organizational Capacity:** (4000 Character Limit)

Describe the staffing, qualifications and ongoing staff development/training activities, and relevant experience of the provider organization to support the project.

<b>Objective 1</b>	<b>Infrastructure</b>		
<b>Objective Description</b>	Ensure that the partners and subcontractors have the necessary infrastructure and organizational capacity to execute all the core and additional proposed services statewide.		
<b>Task Name</b>	<b>Task</b>	<b>Performance Measure Name</b>	<b>Performance Measure</b>
<b>Task 1.1</b> Infrastructure- Staffing levels	Maintain a current organizational chart and staffing plan that will be provided to NYSDOH as changes,	<b>Performance Measure 1.1.1:</b> Infrastructure- Staffing levels	At the end of every quarter, submit an updated organizational chart if changes have occurred.

	revisions, and/or updates occur.		
<b>Task 1.2:</b> Infrastructure- Program Evaluation	Participate in NYSDOH evaluation efforts.	<b>Performance Measure 1.2.1:</b> Infrastructure- Program Evaluation	Maintain comprehensive data collection systems to meet the evaluation and reporting requirements of NYSDOH, throughout contract year 1.
<b>Objective 2</b>	<b>Care Consultations</b>		
<b>Objective Description</b>	Complete initial and follow-up care consultations to caregivers and individuals living with ADRD statewide.		
<b>Task Name</b>	<b>Task</b>	<b>Performance Measure Name</b>	<b>Performance Measure</b>
<b>Task 2.1:</b> Care consultations - Activities	Provide initial and follow up care consultations, including written care plans to caregivers statewide.	<b>Performance Measure 2.1.1:</b> Care consultations - Activities	By 6/30/2025, a minimum of <b>XX</b> <b>initial and follow- up care consultations</b> will be provided statewide.  Number of <b>care consultations</b> to be delivered by <b>region (duplicated)</b> :  Long Island: <b>XX</b> NYC: <b>XX</b> Hudson Valley: <b>XX</b> Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>

<p><b>Task 2.2:</b> Care consultations - Reach</p>	<p>Engage caregivers statewide to provide care consultations.</p>	<p><b>Performance Measure 2.2.1:</b> Care consultations - Reach</p>	<p>By 6/30/2025, a <b>minimum of XX</b> care <b>consultations</b> will be provided to unduplicated caregivers statewide.</p> <p>Number of caregivers to receive care consultations <b>by region (unduplicated):</b></p> <p>Long Island: <b>XX</b>  NYC: <b>XX</b>  Hudson Valley: <b>XX</b>  Capital District: <b>XX</b>  Northeastern NY: <b>XX</b>  Central NY: <b>XX</b>  Finger Lakes: <b>XX</b>  Western NY: <b>XX</b></p>
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<b>Objective 3</b>	<b>Support Groups</b>		
<b>Objective Description</b>	Conduct support groups designed to provide emotional support, information, resources, and a platform for individuals living with ADRD and/or their caregivers to learn and support each other and share coping and caregiving strategies.		
<b>Task Name</b>	<b>Task</b>	<b>Performance Measure Name</b>	<b>Performance Measure</b>
<b>Task 3.1</b> Support Group – Activities	Deliver new and ongoing support groups statewide.	<b>Performance Measure 3.1.1</b> Support Group – Activities	<p>By 6/30/2025, a minimum of <b>XX</b> support groups, totaling <b>XX</b> sessions statewide.</p> <p>Number of Support Group sessions to be delivered by <b>region</b>:</p> <p>Long Island: <b>XX</b>  NYC: <b>XX</b>  Hudson Valley: <b>XX</b>  Capital District: <b>XX</b>  Northeastern NY: <b>XX</b>  Central NY: <b>XX</b>  Finger Lakes: <b>XX</b>  Western NY: <b>XX</b></p>
<b>Task 3.2</b> Support Groups – Reach	Engage individuals living with ADRD and/or their caregivers through support groups statewide.	<b>Performance Measure 3.2.1:</b> Support Groups – Reach	<p>By 6/30/2025, a minimum of <b>XX</b> individuals <b>(duplicated)</b> will attend support group sessions statewide.</p> <p>Total number individuals in attendance <b>by region (duplicated)</b>:</p> <p>Long Island: <b>XX</b>  NYC: <b>XX</b>  Hudson Valley: <b>XX</b>  Capital District: <b>XX</b>  Northeastern NY: <b>XX</b></p>

			Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>
<b>Task 3.3</b> Support Groups- Reach (Unduplicated)	Engage unique individuals living with ADRD and/or their caregivers through support groups statewide.	<b>Performance Measure 3.3.1:</b> Support Groups – Reach (Unduplicated)	By 6/30/2025, of the total served, <b>XX</b> will be <b>unique (unduplicated) individuals</b> .  Number of individuals served <b>by region (unduplicated)</b> :  Long Island: <b>XX</b> NYC: <b>XX</b> Hudson Valley: <b>XX</b> Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>

<b>Objective 4</b>	<b>Caregiver Education and Training</b>		
<b>Objective Description</b>	Provision of caregiver education to the caregivers of individuals living with ADRD with necessary knowledge, information, and tools/skills to enable them to navigate through the progression of ADRD.		
<b>Task Name</b>	<b>Task</b>	<b>Performance Measure Name</b>	<b>Performance Measure</b>
<b>Task 4.1</b> Caregiver Education – Activities	Offer Caregiver Education and training sessions statewide.	<b>Performance Measure 4.1.1</b> Caregiver Education – Activities	By 6/30/2025, a minimum of <b>XX</b> caregiver education and training sessions statewide.  Number of Caregiver Education and Training sessions to be delivered <b>by region</b> :

			Long Island: <b>XX</b> NYC: <b>XX</b> Hudson Valley: <b>XX</b> Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>
<b>Task 4.2</b> Caregiver Education – Reach	Engage caregivers through caregiver education sessions statewide.	<b>Performance Measure 4.2.1</b> Caregiver Education – Reach	By 6/30/2025, a minimum of <b>XX</b> caregivers (duplicated) will attend caregiver education sessions statewide.  Number of individuals in attendance by region (duplicated):  Long Island: <b>XX</b> NYC: <b>XX</b> Hudson Valley: <b>XX</b> Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>
<b>Task 4.3</b> Caregiver Education- Reach (unduplicated)	Engage unduplicated caregivers through caregiver education sessions statewide.	<b>Performance Measure 4.3.1</b> Caregiver Education- Reach (unduplicated)	By 6/30/2025, of the total attendance, <b>XX</b> will be unique (unduplicated) caregivers.  Number of caregivers served by region (unduplicated):  Long Island: <b>XX</b> NYC: <b>XX</b> Hudson Valley: <b>XX</b>

			Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>
<b>Objective 5</b>	<b>Community Awareness and Outreach Activities</b>		
<b>Objective Description</b>	Conduct intensive passive and active community awareness and outreach activities statewide, including underserved and unreached communities and populations, related to brain health, support services, early detection, etc.		
<b>Task Name</b>	<b>Task</b>	<b>Performance Measure Name</b>	<b>Performance Measure</b>
<b>Task 5.1</b> Community Awareness and Outreach Activities	Deliver educational programs to promote outreach statewide.	<b>Performance Measure 5.1.1</b> Community Awareness and Outreach Activities- Activities	By 6/30/2025, a minimum of <b>XX</b> <b>community awareness and active outreach activities statewide</b> will be delivered.  Number of events by region:  Long Island: <b>XX</b> NYC: <b>XX</b> Hudson Valley: <b>XX</b> Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>
<b>Task 5.2</b> Community Awareness and Outreach- Reach	Demonstrate reach through attendees statewide.	<b>Performance Measure 5.2.1</b> Community Awareness and Outreach- Reach	By 6/30/2025, a minimum of <b>XX</b> individuals will be reached through community awareness and active outreach activities statewide.  Number of people reached by region ( <b>duplicated</b> ):  Long Island: <b>XX</b>



			NYC: <b>XX</b> Hudson Valley: <b>XX</b> Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>
<b>Objective 6</b>	<b>Training for Important Constituencies</b>		
<b>Objective Description</b>	Training specifically designed for important constituencies with the goal of promotion of dementia-friendly, actively engaged, and well-informed communities.		
<b>Task Name</b>	<b>Task</b>	<b>Performance Measure Name</b>	<b>Performance Measure</b>
<b>Task 6.1</b> Training for Important Constituencies- Activities	Deliver training opportunities to important constituencies statewide.	<b>Performance Measure 6.1.1</b> Training for Important Constituencies- Activities	By 6/30/2025, a minimum of <b>XX</b> training events statewide will be offered to important constituencies.  Number of training events <b>by region</b> :  Long Island: <b>XX</b> NYC: <b>XX</b> Hudson Valley: <b>XX</b> Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>
<b>Task 6.2</b> Training for Important Constituencies-	Demonstrate reach through number of people from important constituencies trained	<b>Performance Measure 6.2.1</b> Training for Important Constituencies- Reach	By 6/30/2025, <b>XX</b> individuals identified as part of an <b>important constituency</b> through training initiatives will be served.  Total number of individuals trained duplicated <b>by region</b> :

Reach	statewide.		Long Island: <b>XX</b> NYC: <b>XX</b> Hudson Valley: <b>XX</b> Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>
<b>Objective 7</b>	<b>Outreach To and Engagement Activities For Underserved Communities</b>		
<b>Objective Description</b>	Identification of underserved communities and conducting outreach and engagements activities to and for these communities with the goal of reaching caregivers of individuals living with AD/DRD and linking them to support services.		
<b>Task Name</b>	<b>Task</b>	<b>Performance Measure Name</b>	<b>Performance Measure</b>
<b>Task 7.1</b> Underserved Communities - Active Outreach Activities	Conduct active outreach events and activities specifically targeted to its identified underserved community(ies) statewide.	<b>Performance Measure 7.1.1</b> Underserved Communities - Active Outreach Activities	By 6/30/2025, a minimum of <b>XX</b> <b>active outreach events and activities</b> specifically targeted to identified underserved communities statewide will be conducted.  Number of activities to be conducted <b>by region</b> :  Long Island: <b>XX</b> NYC: <b>XX</b> Hudson Valley: <b>XX</b> Capital District: <b>XX</b> Northeastern NY: <b>XX</b> Central NY: <b>XX</b> Finger Lakes: <b>XX</b> Western NY: <b>XX</b>
<b>Task 7.2:</b>	Conduct active	<b>Performance Measure 7.2.1:</b>	By 6/30/2025, active outreach events and activities will reach a

Underserved Communities – Active Outreach - Reach	outreach events and activities specifically targeted to its identified underserved community(ies) statewide.	Underserved Communities – Active Outreach - Reach	<p>minimum of <b>XX individuals</b> at events and activities specifically targeted to identified underserved communities statewide.</p> <p>Total number of individuals to be in attendance <b>by region (duplicated)</b>:</p> <p>Long Island: <b>XX</b>  NYC: <b>XX</b>  Hudson Valley: <b>XX</b>  Capital District: <b>XX</b>  Northeastern NY: <b>XX</b>  Central NY: <b>XX</b>  Finger Lakes: <b>XX</b>  Western NY: <b>XX</b></p>
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