

**Addendum #1**  
**2/20/2019**

RFA # 18140 / Grants Gateway # DOH01-MSWP1-2019

New York State Department of Health  
Center for Community Health/Division of Family Health

Request for Applications  
Migrant and Seasonal Worker Program- Component 1

The Department has become aware that the Administrative Worksheet for Component 1 of the Migrant and Seasonal Worker Program was checked in error in the NYS Grants Gateway.

The Administrative Worksheet is not a required part of this procurement and applicants do not need to complete this form. Applicants are instructed to leave this form blank. This oversight was only in Component 1 of the Migrant and Seasonal Worker Program Opportunity.

Leaving the form blank will not impede submittal of an application.

**RFA #18140**  
**Grants Gateway # DOH01-MSWP1-2019, DOH01-MSWP2-2019, and**  
**DOH01-MSWP3-2019**

**New York State Department of Health**  
*Center for Community Health/Division of Family Health*

**Request for Applications**

*Migrant and Seasonal Worker Program (MSW)*

**This is a procurement which encompasses three (3) components. In order to apply for any of the three (3) components, eligible applicants must submit an application via the New York State Grants Gateway. Applicants may submit no more than one (1) application in response to this RFA.**

Component 1(MSWP1) - outreach activities, health education and refer for health and supportive services or provide those services directly to the migrant and seasonal worker (MSWs) population.

Component 2 (MSWP2) - outreach activities and health education and refer for health and supportive services or provide those services directly to the migrant population to specifically target children of MSWs.

Component 3 (MSWP3) - outreach activities and health education and refer for health and supportive services or provide those services directly to MSW workers who work in employment other than agriculture.

**KEY DATES:**

Release Date	January 7, 2019
Letter of Interest Due (Optional)	January 21, 2019
Questions Due	January 28, 2019
Questions, Answers and Updates Posted (on or about)	February 11, 2019
Applications Due:	March 8, 2019 by 4:00 PM

DOH Contact Name and Address:	Regina Bryde Division of Family Health NYS Department of Health Empire State Plaza Corning Tower Building – Room 890 Albany, New York 12237 Email: MSW@health.ny.gov
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## **I. Introduction**

The New York State Department of Health (NYSDOH), Division of Family Health is requesting applications from qualified and experienced service providers with recognized ties to the migrant/seasonal worker population in NYS. The primary purpose of this RFA is to award grants to public and not-for-profit, community-based health and human service organizations to provide access to high quality, culturally and linguistically appropriate health and social support services. The goal is to improve the health status of migrant and seasonal workers (MSWs) and their families, defined as individuals who are employed in agriculture or other employment on a seasonal basis that establish a temporary residence for the purpose of such employment. In issuing this RFA, the Department is seeking to maintain its existing service capacity to MSWs and their families in NYS.

## **II. Who May Apply**

This RFA is targeted to public and not-for-profit agencies and entities that are experienced providers of health care and related services to MSW populations in all counties outside of New York City. Applicants should be incorporated and registered as an incorporated entity with the Secretary of State (further information can be obtained from the NYS Department of State at: [www.dos.state.ny.us](http://www.dos.state.ny.us)). Applicants must agree to serve a minimum of 200 MSWs and/or their family members to be eligible for an award. Applicants may submit a limit of one application per agency.

### **A. Minimum Eligibility Requirements ALL COMPONENTS**

1. Applicant is pre-qualified in the Grants Gateway, if not exempt.
2. Not-for-profit and public applicants eligible to apply under this initiative include:
  - Hospitals and diagnostic and treatment centers licensed under Article 28 of the Public Health Law;
  - Community health centers approved under section 330 of the Public Health Services Act (42 USCS§2545B); and other community health centers;
  - Managed care organizations certified under Article 44 of the Public Health Law;
  - County health departments possessing Article 28 licensure; and,
  - Community-based organizations.
3. New applicants or those currently funded and not serving at least 200 clients per year must agree to serve at a minimum 200 MSWs and/or their family members by the end of year 1.

### **Additional Minimum Eligibility Requirements COMPONENT 2 ONLY**

1. Applicants must be licensed by the New York State Office of Children and Family Services (OCFS).

### **B. Preferred Eligibility Requirements ALL COMPONENTS**

1. Five years of experience providing access to health and human services to migrant and seasonal workers and their families.

### **C. Available Funding**

It is anticipated that up to 13 awards will be made through this initiative, for an annual funding

amount of approximately \$1.2 million. Awards will be made for a five-year period anticipated to begin October 1, 2019 and end September 30, 2024. Applicants may submit one application per agency.

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

#### **A. Provision of Services**

The purpose of this initiative is to provide access to high quality, culturally and linguistically appropriate health and social support services, as well as enabling services such as translation and transportation, to reduce barriers to access and to improve the health status of migrant and seasonal workers (MSWs) and their families. Applicants should provide services that are compatible with the MSW occupational realities and lifestyle. Where possible, screenings, preventive health and other services should be available during convenient days/times and locations, including migrant camps, plant dormitories or local housing known to be inhabited by MSWs and their families. To ensure supports and services meet the needs of migrant and seasonal workers and their families, applicants will obtain input from those proposed to be served in the development of the application as well as on an ongoing basis as described in this RFA.

Applicants may directly provide or coordinate with other community agencies to provide required services depending upon the applicant organization's services and expertise. Applicant organizations not directly providing services should demonstrate established linkages to other health and human services organizations which serve MSWs and their families, and provide letters of collaboration from these entities, with the intent to use these linkages as means to expand the reach of the application's scope of work.

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

#### **B. Program Components**

Applicants for these awards will have the ability to refer MSW and their families to health and human services necessary to improve their health outcomes.

Component 1 - Eleven awards will be made to applicants who will conduct outreach and health education as well as refer for health and supportive services or provide those services directly to the migrant population according to the regions described in V. D. Criteria for Allocation of Funds.

Component 2 - One award will be made to a single applicant who will conduct outreach activities and health education as well as refer for health and supportive services or provide those services directly to the migrant population to specifically target children of MSWs. To be awarded funds, this applicant should demonstrate the capacity to provide outreach and health education to a large population of children of MSWs, including multi-site locations as well as refer for health and supportive services or provide

those services directly to the children of the migrant population . In addition to meeting the eligibility criteria above, applicants for this funding should currently have the ability to provide high quality early childhood education and must be licensed by the New York State Office of Children and Family Services (OCFS).

Component 3 - One award will be made to a single applicant who will propose to provide outreach activities and health education as well as refer for health and supportive services or provide those services directly to migrant and seasonal workers who work in employment other than agriculture. To be eligible and awarded funds, this applicant should demonstrate the capacity to outreach to and engage with a large population of seasonal workers in multi-site locations and should demonstrate that the target population of seasonal workers share similar demographics and service barriers as the population of MSWs in Component 1.

### **C. Workplan Requirements**

If funded, all successful applicants will conduct outreach activities in locations where MSW and their families are known to congregate, provide health education and facilitate referrals into necessary health and human services. All successful applicants will also facilitate access to entitlement services, such as health insurance and other benefits and to ensure needs related to food, shelter, education, bilingual/translation services, transportation and other identified service needs are addressed for the MSWs and their families.

**The following activities will either be facilitated through referral or provided directly by the successful applicants, commensurate with funding requested through this RFA.**

- Screening to identify specific health needs; for applicants who are not licensed health care providers, health care screening, including oral health, mental health and substance use screening, should take place through contractual or other referral arrangements with appropriately licensed providers;
- Provide or refer to comprehensive health care, including: preventive and primary medical and dental services, emergency and specialty care, and mental health and substance use services. Applicants should indicate if they will directly provide health care services on the cover sheet of the application and if not, describe where those services will be obtained.
- Facilitate access to health and supportive services through strategies such as provision of advocacy on behalf of the population served, assisting with transportation needs, translation services or other strategies to increase and enhance access to services.

### **D. Other Program/Service Requirements**

The following additional program and service requirements apply:

- Applicants who plan to provide direct health services are required to maximize all third party revenue including but not limited to Medicaid and Child Health Plus; **All revenues generated by third party and patient fees should be returned to support the MSW project;**
- No MSW or their dependent may be denied services because of inability to pay;
- All health services provided to children should be consistent with the New York State Child/Teen Health Plan requirements. The Child/Teen Health Plan is New York State's Medicaid Early and

Periodic Screening, Diagnosis and Treatment (EPSDT) program. Requirements can be accessed through the following web site: <http://www.emedny.org/ProviderManuals/EPSDTCTHP/index.html>. The Child/Teen Health Plan is an initiative to provide comprehensive preventive health care and diagnostic treatment and follow-up to children who are eligible for Medicaid, up to the age of 21.

- Providers should adhere to state and federal requirements regarding confidentiality and informed voluntary consent.

## IV. Administrative Requirements

### A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Division of Family Health, Migrant and Seasonal Worker Program. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

### B. Question and Answer Phase

All substantive questions must be submitted in writing or via email to:

Regina Bryde  
[MSW@health.ny.gov](mailto:MSW@health.ny.gov)

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

Questions of a technical nature can be addressed in writing by sending an email to [MSW@health.ny.gov](mailto:MSW@health.ny.gov). **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.**

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

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

Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)

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

This RFA has been posted on the NYS Grants Gateway website at: [https://grantsgateway.ny.gov/IntelliGrants\\_NYSSGG/module/nysgg/goportals.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSSGG/module/nysgg/goportals.aspx) and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

### **C. Letter of Interest**

Prospective applicants are strongly encouraged to complete and submit a letter of interest (**Attachment 1**). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway in 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 [MSW@health.ny.gov](mailto:MSW@health.ny.gov). The Letter of interest should be submitted by the date posted on the cover of the RFA. Please ensure that the RFA number is noted in the subject line.

*Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications 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 of this RFA. 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 an option of your choosing. There is also a more detailed “Vendor User Manual” available through this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsmanagement.ny.gov/live-webinars>.

To apply for this opportunity:

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”.

3. In the Search Criteria, enter the Grant Opportunity name *Migrant and Seasonal Worker Program (MSW)* and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

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

**PLEASE NOTE:** Although DOH 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, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding.

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

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.63 of the Vendor User Manual).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

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

<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.**

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

**F. Department of Health’s Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.

10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

#### **G. Term of Contract**

Any 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: October 1, 2019 – September 30, 2024 (five years).

Continued funding throughout this five year period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

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

1. The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25 percent.

2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

[dfh.boa@health.ny.gov](mailto:dfh.boa@health.ny.gov)

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

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

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above or, in the future, through the Grants Gateway:
  - a. Quarterly Reports due within 30 days after each grant quarter ends, and
  - b. Annual reports summarizing activities over the course of each of the five, 12 month periods of the five year grant, due 60 days after the end of the grant year.
  - c. Other reports as required by the Department.

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

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in

state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

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

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** 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 budget in total.

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

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the center of the webpage under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 7** of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

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

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

## **J. Limits on Administrative Expenses and Executive Compensation**

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

## **K. Vendor Identification Number**

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

If already enrolled in the Vendor File, please be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: [http://www.osc.state.ny.us/vendor\\_management/forms.htm](http://www.osc.state.ny.us/vendor_management/forms.htm).

Additional information concerning the New York State Vendor File can be obtained on-line at: [http://www.osc.state.ny.us/vendor\\_management/index.htm](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).

## **L. Vendor Responsibility Questionnaire**

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

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

Applicants should complete and upload the Vendor Responsibility Attestation (**Attachment 6**) of the RFA. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the same section.

## **M. Vendor Prequalification for Not-for-Profits**

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

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

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

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants 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 Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email [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 State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants 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.

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

#### **N. General Specifications**

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
  - c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work

which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

## V. Completing the Application

### A. Application Format/Content

Please refer to the 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/system/files/documents/2018/11/vendor-user-manual-final.pdf>

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

### COMPONENT 1

#### i. Application Cover Sheet (Attachment 2)

This form should be completed and signed by an official in the applicant organization having the authority to agree to and ensure deliverables in the application, usually the Chief Executive Officer or the Chairperson of the Board of Directors. The Cover Sheet must be completed, including the following:

- The name and contact information of a person who should be contacted by those seeking information about the application.
- The total, unduplicated number of MSWs and their families and/or their children to be served;
- The regions(s) and county(ies) to be served. Applicants may apply for more than one region. **(See Attachments 5 for a map of counties in the regions of the state);**
- Applicants should indicate on the cover sheet if they will provide health care services directly;

The cover sheet **will not** receive any points but will provide the Department with important information about your organization and should be filled in completely.

#### 1. Program Summary (5 points)

Summarize your proposed program, including the following:

101. Briefly describe your organization and how it meets minimum eligibility requirements for the RFA;

102. Briefly describe the need for services for MSWs and their families in the target area of your application.

103. Briefly describe your agency's commitment and experience in providing services to MSWs and their families;

#### 2. Statement of Need (15 points)

201. Provide a description of the geographic area in which services will be offered including: the region (s), county(ies), township(s), village(s) and zip code(s) that will be served, as well as specific service locations such as farms, migrant/labor camps and housing, processing plants, race tracks, etc. where services will be provided. Describe any assets in the community that are currently available to address the health and human service needs of MSWs and their families in the proposed catchment area.

202. In order to meet the needs of the migrant and seasonal workers and their families, applicants should have a clear understanding of their health and human service needs, challenges to accessing services to meet those needs and their suggestions for improving supports and services. Describe how you obtained direct input from MSWs and their families to inform your application and summarize their input. Also, specifically provide the number of MSWs and their family members who provided input in the statement of need and the mechanism used to obtain input.

203. Provide the number of MSWs and their families to be served annually. Provide demographics, including age, gender, and other characteristics of the population

204. Describe the purpose of the project and why it is needed in the proposed service region, including a discussion of issues, barriers and service gaps that described in Question 202 and how they will be addressed; include any pertinent data which would substantiate your description.

### **3. Applicant Organization (15 points)**

301. Describe your agency, its overall mission and types of services that it provides. Describe the organizational structure of your proposed program, including key staff.

302. Describe your experience related to collaborative arrangements for meeting the needs of MSWs and their families. Applicants should demonstrate a capacity for collaboration with other health and human services agencies to meet the needs of MSWs and their families.

303. Describe your experience with the provision of services to MSWs, including: type(s) of services provided, length of time these services have been provided and number of clients and family members served annually.

304. Describe your experience with the provision of services to MSWs, including: demographics of population currently being served and location(s) where the services are provided.

305. Describe how the proposed activities supported by this grant will be integrated into your current organizational structure and **include an Organizational Chart**, in the pre-submission upload section of Grants Gateway with names of key personnel, including proposed project staffing. Attach resumes for key project staff along with job responsibilities; if the applicant is proposing to hire new staff or consultants, include job descriptions and credentials/competencies.

Upload the resumes as one document to the pre-submission upload section of Grants Gateway

306. Describe how the proposed program will be integrated with other programs within the agency and the community.

### **4. Program Narrative (30 points)**

The Program Narrative should address the response requirements consistent with the order and content below and should describe services in the entire five year grant period.

401. Describe how you will conduct outreach and health education to engage MSW and their families into the health care system;

402. Describe how your program and services have been informed by input for the migrant and seasonal workers and their families.

403. Describe how you will facilitate access to health and human services providers, to determine eligibility for entitlements, health insurance and other benefits and to meet the needs of MSWs and their families.

404. Describe how you will facilitate or provide for primary and preventive services including: immunizations, routine wellness visits, diet and obesity counseling, tobacco use interventions and prevention of occupational injury, illness and disability, treatment of hypertension, diabetes.

405. Describe how you will facilitate access to or providing screening to identify specific health care needs, including medical, dental, mental health and support for substance use;

406. Describe how you will facilitate access to urgent and emergency care and/or specialty care

407. Indicate in the program narrative whether the services contained in the workplan will be provided directly by your agency or whether you will be arranging for these services to be provided through another agency. If the applicant will not directly provide the required service, indicate in the narrative what organization will be responsible for providing the service. If applicable, indicate if the applicant organization will reimburse for the service via subcontract, direct payment or other mechanism, or if the service will be available without payment by the applicant organization.

408. Provide a list of fixed sites with addresses where proposed services will be provided and a brief description of mechanisms to provide in-camp services.

409. Describe how your agency will ensure that the services and materials provided are culturally and linguistically competent as well as age, gender, and developmentally appropriate.

410. Applicants providing direct health services should describe how they will maximize third party revenue including but not limited to Medicaid and Child Health Plus.

411. Applicants should describe how they will engage individuals into health insurance for those MSW and families who may be eligible but are uninsured.

412. Applicants receiving (or planning to receive) direct federal funding or other funding for serving the MSW population should describe how funds requested via this RFA will be used in coordination with and will not duplicate those funded services/activities.

## **5. Reporting, Evaluation and Monitoring (10 points)**

To ensure supports and services meet the need of the population served, applicants should establish a process to obtain input on an ongoing basis.

501. Describe plans to monitor the effectiveness of the proposed project performance in relation to the goals and related services. This plan should include a strategy to obtain input directly from migrant and seasonal workers and their families regarding the impact of the services provided, gaps, challenges and unmet needs and input from those served regarding areas for improvement;

502. Describe how you will use performance measures to monitor progress and to determine whether activities are meeting the needs of the proposed target audience/s and contributing towards achieving the long term goals of the program;

503. Describe how results from assessments of the status of your performance measures will be used to inform development and implementation of project activities throughout the five-year grant period.

NOTE: Successful applicants will be asked to prepare comprehensive quarterly narrative and statistical progress reports, an annual statistical report and other periodic reports based on State and federal funding source requirements to evaluate the effectiveness of the program with staff involved in program activities. As part of these reports, the Department will require programs to submit data that address measurable outcomes in the workplan.

The applicant organization, if funded, must provide program and financial information to the Department of Health in the requested format. Successful applicants will be expected to maintain an

accounting system that will permit identification of all expenditures and revenues for activities funded by the grant. The Department of Health also reserves the right to conduct site visits as necessary throughout the grant period.

## **6. Letters of Collaboration (5 points)**

Letters do not need to follow formatting requirements. Letters should be limited to organizations that will play a key role in ensuring Workplan requirements are met. Letters must be combined into one document and uploaded to the pre-submission upload section of Grants Gateway.

Include letters demonstrating collaboration with health and human services providers and other partners who will provide services to MSWs and their families. These letters should be:

- Original rather than form letters;
- Should be dated no earlier than one year prior to the date the applications are due, as listed on the cover of this RFA;
- Should demonstrate the level of commitment, anticipated activities or in-kind contributions of each collaborator and should not merely discuss ‘support’ of the program. For example, the letters should demonstrate ways in which collaborators will assist with promotion, outreach and recruitment activities or accept referrals for health care or other ways in which the collaborators will expand the reach of the application’s scope of work.

## **7. Work Plan (0 points)**

The work plan including objectives, tasks and performance measures has been completed for you. By submitting an application you agree to provide the services listed in the work plan and to report on the performance measures.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed on page 1 of Attachment 4. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

## **8. Budget with Justification (20 points)**

Applicants should refer to the budget template in the NYS Grants Gateway. Refer to the Grants Gateway Expenditure Budget Instructions (**Attachment 3**). Please complete the on-line budget template in its entirety. All costs should be related to the proposed activities, as described in the application narrative and work plans and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be of the cost reimbursement type.

Please note the following:

- All personal and non-personal services related to this project should be listed regardless of funding source.
- The budgets should include all sources of income for the project, including all other state and federal grants, any local funding donated to the project, in kind support, funding from other agencies and sources, and earned revenues from third party payers.

- 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 any funds for currently existing staff activities.
- Administrative and general overhead costs in budget line detail (lump sum not allowable) must be directly related to the project and will be limited to a maximum of 10% of the total grant request.
- Applicants who plan to provide direct health services are required to maximize all third party revenue including but not limited to Medicaid, Child Health Plus, etc. All revenues generated by third party and patient fees must be returned to the MSW project.

Detailed budget instructions are as follows:

**(a) General Instructions:**

- Applicants should submit a 12 month budget, assuming a October 1, 2019 start date, using the on-line template in the Grants Gateway.
- All budget lines should be calculated as whole dollar amounts (i.e., 50% of \$32,115 salary = \$16,057.50; amount = \$16,058).
- Costs for additional training/education of key staff are limited to \$2,000 per year.
- In-kind
  - While not required, applicants are encouraged to provide in-kind contributions.
  - The in-kind may not be comprised of other state or federal grant funds.
  - Overhead costs may be used as in-kind funds.
  - Examples of in-kind contributions are as follows: the applicant provides free meeting space for the proposed activities; the applicant supports salary, in part or in whole, for a project coordinator.
  - Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category in Grants Gateway (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative).

**(b) Ineligible Costs**

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

Expenditures will not be allowed for the following items:

- Purchase of major pieces of depreciable equipment, including vehicles (although limited computer/printing equipment may be considered);
- Remodeling or modification of structure;
- General maintenance, capital improvements, new construction or insurance;
- Costs of research-related activities;
- Costs for additional training/education of key staff that exceed \$2,000 per year;
- Costs for professional licensing and insurance.

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

9. **Preferred Eligibility** – Applicants will receive 5 additional points for having five years of experience providing access to health and human services to migrant and seasonal workers and their families.

901. Describe your previous work that demonstrates 5 years of experience providing access to health and human services to migrant and seasonal workers and their families.

### Application Rating Method

Application Section	Maximum Score in Points
Program Summary	5
Statement of Need	15
Applicant Organizational Experience and Capacity	15
Program Services Narrative	30
Reporting, Evaluation and Monitoring	10
Letters of Collaboration	5
Budget and Justification	20
Preferred Eligibility	5
Total	<b>105 Points</b>

## COMPONENT 2

### i. Application Cover Sheet (Attachment 2)

This form should be completed and signed by an official in the applicant organization having the authority to agree to and ensure deliverables in the application, usually the Chief Executive Officer or the Chairperson of the Board of Directors. The Cover Sheet must be completed, including the following:

- The name and contact information of a person who should be contacted by those seeking information about the application.
- The total, unduplicated number of children of MSWs to be served;
- The regions(s) and county(ies) to be served. Applicants may apply for more than one region. **(See Attachments 5 for a map of counties in the regions of the state);**
- Applicants should indicate on the cover sheet if they will provide health care services directly;
- Applicants should indicate on the cover sheet if they are applying to provide services only to children of MSWs;

The cover sheet **will not** receive any points but will provide the Department with important information about your organization and should be filled in completely.

#### 1. Program Summary (5 points)

101. Briefly describe your organization and how it meets minimum eligibility requirements for the RFA;
102. Briefly describe the need for services for children of MSWs in the target area of your application.
103. Briefly describe your agency's commitment and experience in providing services to children of MSWs;

## 2. Statement of Need (15 points)

201. Provide a description of the geographic area in which services will be offered including: the region (s), county(ies), township(s), village(s) and zip code(s) that will be served, as well as specific service locations such as farms, migrant/labor camps and housing, processing plants, race tracks, etc. where services will be provided. Describe any assets in the community that are currently available to address the health and human service needs of MSWs children and their families in the proposed catchment area.
202. In order to meet the needs of the children of MSWs and their families, applicants should have a clear understanding of their health and human service needs, challenges to accessing services to meet those needs and their suggestions for improving supports and services. Describe how you obtained direct input from MSWs and their families to inform your application and summarize their input. Also, specifically provide the number of MSWs and their family members who provided input in the statement of need and the mechanism used to obtain input.
203. Provide the number of children of MSWs to be served annually and the service needs of that population. Provide demographics, including age, gender, and other characteristics of the population.
204. Describe the purpose of the project and why it is needed in the proposed service region, including a discussion of issues, barriers and service gaps that described in Question 202 and how they will be addressed; include any pertinent data which would substantiate your description.

## 3. Applicant Organization (15 points)

301. Describe your agency, its overall mission and types of services that it provides. Describe the organizational structure of your proposed program, including key staff.
302. Describe your experience related to collaborative arrangements for meeting the needs of children of MSWs and their families. Applicants should demonstrate a capacity for collaboration with other health and human services agencies to meet the needs of MSWs and their families.
303. Describe your experience with the provision of services to children of MSWs, including: type(s) of services provided, length of time these services have been provided and number of clients and family members served annually.
304. Describe your experience with the provision of services to the children of MSWs, including: demographics of population currently being served and location(s) where the services are provided.
305. Describe how the proposed activities supported by this grant will be integrated into your current organizational structure and **include an Organizational Chart**, in the pre-submission upload section of Grants Gateway with names of key personnel, including proposed project staffing. Attach resumes for key project staff along with job responsibilities; if the applicant is proposing to hire new staff or consultants, include job descriptions and credentials/competencies. Upload the resumes as one document to the pre-submission upload section of Grants Gateway
306. Describe how the proposed program will be integrated with other programs within the agency and the community.

#### **4. Program Narrative (30 points)**

The Program Narrative should address the response requirements consistent with the order and content below and should describe services in the entire five year grant period.

401. Describe how you will conduct outreach and health education to engage children of MSWs into the health care system;
402. Describe how your program and services have been informed by input for the migrant and seasonal workers and their families.
403. Describe how you will facilitate access to health and human services providers, to determine eligibility for entitlements, health insurance and other benefits and to meet the needs of children of MSWs.
404. Describe how you will facilitate or provide for primary and preventive services including: immunizations, routine wellness visits, diet and obesity counseling, tobacco use interventions and prevention of occupational injury, illness and disability, treatment of hypertension, diabetes to meet the needs of children of MSWs.
405. Describe how you will facilitate access to or providing screening to identify specific health care needs, including medical, dental, mental health and support for substance use to meet the needs of children of MSWs.
406. Describe how you will facilitate access to urgent and emergency care and/or specialty care to meet the needs of children of MSWs.
407. Indicate in the program narrative whether the services contained in the workplan will be provided directly by your agency or whether you will be arranging for these services to be provided through another agency. If the applicant will not directly provide the required service, indicate in the narrative what organization will be responsible for providing the service. If applicable, indicate if the applicant organization will reimburse for the service via subcontract, direct payment or other mechanism, or if the service will be available without payment by the applicant organization.
408. Provide a list of fixed sites with addresses where proposed services will be provided and a brief description of mechanisms to provide in-camp services.
409. Describe how your agency will ensure that the services and materials provided are culturally and linguistically competent as well as age, gender, and developmentally appropriate.
410. Applicants providing direct health services should describe how they will maximize third party revenue including but not limited to Medicaid and Child Health Plus.
411. Applicants should describe how they will engage individuals into health insurance for those MSW and families who may be eligible but are uninsured.
412. Applicants receiving (or planning to receive) direct federal funding or other funding for serving the MSW population should describe how funds requested via this RFA will be used in coordination with and will not duplicate those funded services/activities.
413. Describe any other specific services you will provide to children not already discussed .

#### **5. Reporting, Evaluation and Monitoring (10 points)**

To ensure supports and services meet the need of the population served, applicants should establish a process to obtain input on an ongoing basis.

501. Describe plans to monitor the effectiveness of the proposed project performance in relation to the goals and related services. This plan should include a strategy to obtain input directly from migrant and seasonal workers and their families regarding the impact of the services provided, gaps, challenges and unmet needs and input from those served regarding areas for improvement;
502. Describe how you will use performance measures to monitor progress and to determine whether

activities are meeting the needs of the proposed target audience/s and contributing towards achieving the long term goals of the program;

503. Describe how results from assessments of the status of your performance measures will be used to inform development and implementation of project activities throughout the five-year grant period.

NOTE: Successful applicants will be asked to prepare comprehensive quarterly narrative and statistical progress reports, an annual statistical report and other periodic reports based on State and federal funding source requirements to evaluate the effectiveness of the program with staff involved in program activities. As part of these reports, the Department will require programs to submit data that address measurable outcomes in the workplan.

The applicant organization, if funded, must provide program and financial information to the Department of Health in the requested format. Successful applicants will be expected to maintain an accounting system that will permit identification of all expenditures and revenues for activities funded by the grant. The Department of Health also reserves the right to conduct site visits as necessary throughout the grant period.

## **6. Letters of Collaboration (5 points)**

Letters do not need to follow formatting requirements. Letters should be limited to organizations that will play a key role in ensuring Workplan requirements are met. Letters must be combined into one document and uploaded to the pre-submission upload section of Grants Gateway.

Include letters demonstrating collaboration with health and human services providers and other partners who will provide services to children of MSWs and their families. These letters should be:

- Original rather than form letters;
- Should be dated no earlier than one year prior to the date the applications are due, as listed on the cover of this RFA;
- Should demonstrate the level of commitment, anticipated activities or in-kind contributions of each collaborator and should not merely discuss ‘support’ of the program. For example, the letters should demonstrate ways in which collaborators will assist with promotion, outreach and recruitment activities or accept referrals for health care or other ways in which the collaborators will expand the reach of the application’s scope of work.

## **7. Work Plan (0 points)**

The work plan including objectives, tasks and performance measures has been completed for you. By submitting an application you agree to provide the services listed in the work plan and to report on the performance measures.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed on page 1 of Attachment 4. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

## **8. Budget with Justification (20 points)**

Applicants should refer to the budget template in the NYS Grants Gateway. Refer to the Grants Gateway Expenditure Budget Instructions (**Attachment 3**). Please complete the on-line budget template in its entirety. All costs should be related to the proposed activities, as described in the application narrative and work plans and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be of the cost reimbursement type.

Please note the following:

- All personal and non-personal services related to this project should be listed regardless of funding source.
- The budgets should include all sources of income for the project, including all other state and federal grants, any local funding donated to the project, in kind support, funding from other agencies and sources, and earned revenues from third party payers.
- 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 any funds for currently existing staff activities.
- Administrative and general overhead costs in budget line detail (lump sum not allowable) must be directly related to the project and will be limited to a maximum of 10% of the total grant request.
- Applicants who plan to provide direct health services are required to maximize all third party revenue including but not limited to Medicaid, Child Health Plus, etc. All revenues generated by third party and patient fees must be returned to the MSW project.

Detailed budget instructions are as follows:

**(a) General Instructions:**

- Applicants should submit a 12 month budget, assuming a October 1, 2019 start date, using the on-line template in the Grants Gateway.
- All budget lines should be calculated as whole dollar amounts (i.e., 50% of \$32,115 salary = \$16,057.50; amount = \$16,058).
- Costs for additional training/education of key staff are limited to \$2,000 per year.
- In-kind
  - While not required, applicants are encouraged to provide in-kind contributions.
  - The in-kind may not be comprised of other state or federal grant funds.
  - Overhead costs may be used as in-kind funds.
  - Examples of in-kind contributions are as follows: the applicant provides free meeting space for the proposed activities; the applicant supports salary, in part or in whole, for a project coordinator.
  - Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category in Grants Gateway (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative).

**(b) Ineligible Costs**

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

Expenditures will not be allowed for the following items:

- Purchase of major pieces of depreciable equipment, including vehicles (although limited computer/printing equipment may be considered);
- Remodeling or modification of structure;
- General maintenance, capital improvements, new construction or insurance;
- Costs of research-related activities;
- Costs for additional training/education of key staff that exceed \$2,000 per year;
- Costs for professional licensing and insurance.

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

**9. Preferred Eligibility** – Applicants will receive 5 additional points for having five years of experience providing access to health and human services to migrant and seasonal workers and their families.

901. Describe your previous work that demonstrates 5 years of experience providing access to health and human services to migrant and seasonal workers and their families.

**Application Rating Method**

<b>Application Section</b>	<b>Maximum Score in Points</b>
Program Summary	5
Statement of Need	15
Applicant Organizational Experience and Capacity	15
Program Services Narrative	30
Reporting, Evaluation and Monitoring	10
Letters of Collaboration	5
Budget and Justification	20
Preferred Eligibility	5
Total	<b>105 Points</b>

**COMPONENT 3**

**i. Application Cover Sheet  
(Attachment 2)**

This form should be completed and signed by an official in the applicant organization having the authority to agree to and ensure deliverables in the application, usually the Chief Executive Officer or the Chairperson of the Board of Directors. The Cover Sheet must be completed, including the following:

- The name and contact information of a person who should be contacted by those seeking information about the application.
- The total, unduplicated number of MSWs and their families and/or their children to be served;
- The regions(s) and county(ies) to be served. Applicants may apply for more than one region. **(See Attachments 5 for a map of counties in the regions of the state);**

- Applicants should indicate on the cover sheet if they will provide health care services directly;
- Applicants should indicate on the cover sheet if they are applying to provide services to seasonal workers not working in agriculture.

The cover sheet **will not** receive any points but will provide the Department with important information about your organization and should be filled in completely.

### **1. Program Summary (5 points)**

Summarize your proposed program, including the following:

101. Briefly describe your organization and how it meets minimum eligibility requirements for the RFA;

102. Briefly describe the need for services for MSWs who work in employment other than agriculture and their families in the target area of your application.

103. Briefly describe your agency's commitment and experience in providing services to MSWs and their families;

### **2. Statement of Need (15 points)**

201 Provide a description of the geographic area in which services will be offered including: the region (s), county(ies), township(s), village(s) and zip code(s) that will be served, as well as specific service locations such as farms, migrant/labor camps and housing, processing plants, race tracks, etc. where services will be provided. Describe any assets in the community that are currently available to address the health and human service needs of MSWs and their families in the proposed catchment area.

202. In order to meet the needs of the migrant and seasonal workers and their families, applicants should have a clear understanding of their health and human service needs, challenges to accessing services to meet those needs and their suggestions for improving supports and services. Describe how you obtained direct input from MSWs and their families to inform your application and summarize their input. Also, specifically provide the number of MSWs and their family members who provided input in the statement of need and the mechanism used to obtain input.

203. Provide the number of MSWs and their families to be served annually. Provide demographics, including age, gender, and other characteristics of the population of seasonal workers not working in agriculture you will serve, and how those seasonal workers share similar demographics and service barriers as the population of MSWs.

204. Describe the purpose of the project and why it is needed in the proposed service region, including a discussion of issues, barriers and service gaps that described in Question 202 and how they will be addressed; include any pertinent data which would substantiate your description.

### **3. Applicant Organization (15 points)**

301. Describe your agency, its overall mission and types of services that it provides. Describe the organizational structure of your proposed program, including key staff.

302. Describe your experience related to collaborative arrangements for meeting the needs of MSWs and their families. Applicants should demonstrate a capacity for collaboration with other health and human services agencies to meet the needs of seasonal workers not working in agriculture and their families.

303. Describe your experience with the provision of services to seasonal workers not working in

agriculture, including: type(s) of services provided, length of time these services have been provided and number of clients and family members served annually.

304. Describe your experience with the provision of services to seasonal workers not working in agriculture, including: demographics of population currently being served and location(s) where the services are provided.

305. Describe how the proposed activities supported by this grant will be integrated into your current organizational structure and **include an Organizational Chart**, in the pre-submission upload section of Grants Gateway with names of key personnel, including proposed project staffing. Attach resumes for key project staff along with job responsibilities; if the applicant is proposing to hire new staff or consultants, include job descriptions and credentials/competencies. Upload the resumes as one document to the pre-submission upload section of Grants Gateway

306. Describe how the proposed program will be integrated with other programs within the agency and the community.

#### **4. Program Narrative (30 points)**

The Program Narrative should address the response requirements consistent with the order and content below and should describe services in the entire five year grant period.

401. Describe how you will conduct outreach and health education to engage MSW and their families into the health care system;

402. Describe how your program and services have been informed by input for the migrant and seasonal workers not working in agriculture and their families.

403. Describe how you will facilitate access to health and human services providers, to determine eligibility for entitlements, health insurance and other benefits and to meet the needs of MSWs;

404. Describe how you will facilitate or provide for primary and preventive services including: immunizations, routine wellness visits, diet and obesity counseling, tobacco use interventions and prevention of occupational injury, illness and disability, treatment of hypertension, diabetes.

405. Describe how you will facilitate access to or providing screening to identify specific health care needs, including medical, dental, mental health and support for substance use;

406. Describe how you will facilitate access to urgent and emergency care and/or specialty care;

407. Indicate in the program narrative whether the services contained in the workplan will be provided directly by your agency or whether you will be arranging for these services to be provided through another agency. If the applicant will not directly provide the required service, indicate in the narrative what organization will be responsible for providing the service. If applicable, indicate if the applicant organization will reimburse for the service via subcontract, direct payment or other mechanism, or if the service will be available without payment by the applicant organization.

408. Provide a list of fixed sites with addresses where proposed services will be provided and a brief description of mechanisms to provide in-camp services.

409. Describe how your agency will ensure that the services and materials provided are culturally and linguistically competent as well as age, gender, and developmentally appropriate.

410. Applicants providing direct health services should describe how they will maximize third party revenue including but not limited to Medicaid and Child Health Plus.

411. Applicants should describe how they will engage individuals into health insurance for those MSW and families who may be eligible but are uninsured.

412. Applicants receiving (or planning to receive) direct federal funding or other funding for serving the MSW not working in agriculture population should describe how funds requested via this RFA will be used in coordination with and will not duplicate those funded services/activities.

## **5. Reporting, Evaluation and Monitoring (10 points)**

To ensure supports and services meet the need of the population served, applicants should establish a process to obtain input on an ongoing basis.

501. Describe plans to monitor the effectiveness of the proposed project performance in relation to the goals and related services. This plan should include a strategy to obtain input directly from migrant and seasonal workers not working in agriculture and their families regarding the impact of the services provided, gaps, challenges and unmet needs and input from those served regarding areas for improvement;

502. Describe how you will use performance measures to monitor progress and to determine whether activities are meeting the needs of the proposed target audience/s and contributing towards achieving the long term goals of the program;

503. Describe how results from assessments of the status of your performance measures will be used to inform development and implementation of project activities throughout the five-year grant period.

NOTE: Successful applicants will be asked to prepare comprehensive quarterly narrative and statistical progress reports, an annual statistical report and other periodic reports based on State and federal funding source requirements to evaluate the effectiveness of the program with staff involved in program activities. As part of these reports, the Department will require programs to submit data that address measurable outcomes in the workplan.

The applicant organization, if funded, must provide program and financial information to the Department of Health in the requested format. Successful applicants will be expected to maintain an accounting system that will permit identification of all expenditures and revenues for activities funded by the grant. The Department of Health also reserves the right to conduct site visits as necessary throughout the grant period.

## **6. Letters of Collaboration (5 points)**

Letters do not need to follow formatting requirements. Letters should be limited to organizations that will play a key role in ensuring Workplan requirements are met. Letters must be combined into one document and uploaded to the pre-submission upload section of Grants Gateway.

Include letters demonstrating collaboration with health and human services providers and other partners who will provide services to MSWs and their families. These letters should be:

- Original rather than form letters;
- Should be dated no earlier than one year prior to the date the applications are due, as listed on the cover of this RFA;
- Should demonstrate the level of commitment, anticipated activities or in-kind contributions of each collaborator and should not merely discuss ‘support’ of the program. For example, the letters should demonstrate ways in which collaborators will assist with promotion, outreach and recruitment activities or accept referrals for health care or other ways in which the collaborators will expand the reach of the application’s scope of work.

## **7. Work Plan (0 points)**

The work plan including objectives, tasks and performance measures has been completed for you. By submitting an application you agree to provide the services listed in the work plan and to report

on the performance measures.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed on page 1 of Attachment 4. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

## **8. Budget with Justification (20 points)**

### **1. Budget and Justification**

Applicants should refer to the budget template in the NYS Grants Gateway. Refer to the Grants Gateway Expenditure Budget Instructions (**Attachment 3**). Please complete the on-line budget template in its entirety. All costs should be related to the proposed activities, as described in the application narrative and work plans and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be of the cost reimbursement type.

Please note the following:

- All personal and non-personal services related to this project should be listed regardless of funding source.
- The budgets should include all sources of income for the project, including all other state and federal grants, any local funding donated to the project, in kind support, funding from other agencies and sources, and earned revenues from third party payers.
- 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 any funds for currently existing staff activities.
- Administrative and general overhead costs in budget line detail (lump sum not allowable) must be directly related to the project and will be limited to a maximum of 10% of the total grant request.
- Applicants who plan to provide direct health services are required to maximize all third party revenue including but not limited to Medicaid, Child Health Plus, etc. All revenues generated by third party and patient fees must be returned to the MSW project.

Detailed budget instructions are as follows:

#### **(a) General Instructions:**

- Applicants should submit a 12 month budget, assuming a October 1, 2019 start date, using the on-line template in the Grants Gateway.
- All budget lines should be calculated as whole dollar amounts (i.e., 50% of \$32,115 salary = \$16,057.50; amount = \$16,058).
- Costs for additional training/education of key staff are limited to \$2,000 per year.
- In-kind
  - While not required, applicants are encouraged to provide in-kind contributions.
  - The in-kind may not be comprised of other state or federal grant funds.
  - Overhead costs may be used as in-kind funds.

- Examples of in-kind contributions are as follows: the applicant provides free meeting space for the proposed activities; the applicant supports salary, in part or in whole, for a project coordinator.
- Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category in Grants Gateway (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative).

**(b) Ineligible Costs**

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

Expenditures will not be allowed for the following items:

- Purchase of major pieces of depreciable equipment, including vehicles (although limited computer/printing equipment may be considered);
- Remodeling or modification of structure;
- General maintenance, capital improvements, new construction or insurance;
- Costs of research-related activities;
- Costs for additional training/education of key staff that exceed \$2,000 per year;
- Costs for professional licensing and insurance.

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

- 9. Preferred Eligibility** – Applicants will receive 5 additional points for having five years of experience providing access to health and human services to migrant and seasonal workers not working in agriculture and their families.

901. Describe your previous work that demonstrates 5 years of experience providing access to health and human services to migrant and seasonal workers not working in agriculture and their families.

**Application Rating Method**

<b>Application Section</b>	<b>Maximum Score in Points</b>
Program Summary	5
Statement of Need	15
Applicant Organizational Experience and Capacity	15
Program Services Narrative	30
Reporting, Evaluation and Monitoring	10
Letters of Collaboration	5
Budget and Justification	20
Preferred Eligibility	5
Total	<b>105 Points</b>

**B. Freedom of Information Law**

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

### **C. Review & Award Process**

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the *NYSDOH Division of Family Health, Migrant and Seasonal Worker Program*. Applications received on time (See Cover Sheet of the RFA) and meeting the guidelines set forth above will be reviewed and evaluated competitively by designated Department staff using an objective rating system reflective of the required items and application content specified for each application section. Applications that do not meet the minimum eligibility requirements (See Section II) will be removed from consideration. Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted

- An application must have a minimum score of 70 to be considered for funding.
- In the event of a tie score, the applicant serving the largest number of clients breaks the tie.
- The requested funding needs to be consistent with the scope of services proposed and be reasonable and cost effective.
- Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

### **D. Criteria for Allocation of Funds**

#### **Methodology for Distributing Funding**

It is anticipated that up to 13 awards will be made for the period 10/1/19 through 9/30/24. Funding will be provided as described below.

#### **Selection Methodology:**

- **(Component 1):** Eleven awards will be made for services to the general MSW Population as follows:
  - Applications will be sorted based upon the regions Western (W), Central NY (C), Northeastern (NE), Hudson Valley (HV), Long Island (LI) in which they propose to work.
  - Awards will be made to the highest scoring applicants in each region in descending order up to the maximum number of awards for that region. The number of awards per region is based on the current award structure to ensure continuity of services to this high need underserved population.

#### Regions

Western (W)	5
Central NY (C)	2
Northeastern (NE)	1
Hudson Valley (HV)	2
Long Island (LI)	1

Two awards will be made for specific populations:

- **(Component 2):** One award of up to \$70,000 is being targeted to a single applicant who will propose to provide services exclusively to children of MSWs. To be awarded funds, this applicant should demonstrate the capacity to provide services to a large population of children of MSWs, including via multi-site locations. One award will be made to the highest scoring applicant in this category.
- **(Component 3):** One award of up to \$70,000 is being targeted to a single applicant who will propose to provide services to seasonal workers who work in employment other than agriculture, as well as to their families. To be awarded funds, this applicant should demonstrate the capacity to provide services via multi-site locations to a large population of seasonal workers who share similar demographics and service barriers as the population of MSWs. One award will be made to the highest scoring applicant in this category.

**Funding Methodology:**

Applicants may request funding based on the following criteria:

- 1) Any applicant that IS NOT currently funded for the current 5-year cycle, may apply for a maximum award of \$35,000, and must also agree to serve the minimum requirement of 200 clients annually to be eligible for continued funding. *Failure to demonstrate this minimum service level by the end of year 1 of the new award cycle may result in contract termination.*
- 2) Existing grantees, may only apply for an amount up to the award amount indicated in the chart below, based on the population that they have historically. Population served is calculated based upon the average of actual clients served in years 2, 3, and 4 of the current 5-year cycle, as reported by the grantee.
- 3) Any existing grantee that is not currently serving a minimum of 200 clients annually, may apply for a maximum award of \$35,000, and must also agree to serve the minimum requirement of 200 clients annually to be eligible to continue to receive funding. *Failure to demonstrate this minimum service level by the end of year 1 of the new award cycle may result in contract termination or funding reduction.*

Population Served	Award Amount
200 - 499	\$ 35,000
500 - 1,000	\$ 45,000
1,000 - 2,000	\$ 75,000
2,000 - 3,000	\$ 100,000
3,000 - 4,000	\$ 125,000
4,000 - 5,000	\$ 150,000
Over 5,000	\$ 175,000

- If any additional funds are available, additional funds will first be allocated to eligible applicants that are serving 3 counties or more not to exceed an additional award amount of \$25,000 per

applicant.

- If any additional funds are available after the 3 county funding distribution, funds will then be proportionately distributed to all eligible applicants based on the percentage of the MSW population served by the awardees eligible for this funding in relation to the total MSW population served for all awardees eligible for this funding.
- In the event that there are no or insufficient successful applicants in any one region, the Department reserves the right, at its sole discretion, to allocate funds to reprocur additional providers in that region or to redistribute funds to another geographic region. The Department reserves the right to negotiate with funded grantees to adjust their service areas to minimize duplication of services. Funding may be reduced if there is overlapping catchment/service areas among applicants.
- The maximum award amount for any awardee will be \$275,000.
- In the event of a tie score among applicants, the award will be made to the applicant that serves the greatest number of MSWs.

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

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

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

To request a debriefing, please send an email to Regina Bryde at [MSW@health.ny.gov](mailto:MSW@health.ny.gov). In the subject line, please write: *Debriefing Request (Migrant and Seasonal Worker Program)*.

*In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>. (Section XI. 17.)*

## **VI. Attachments**

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an 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, prospective applicants 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 : Letter of Interest Format\*
- Attachment 2 : Application Cover Sheet \*
- Attachment 3 : Budget Instructions\*
- Attachment 4 : Work Plan Template and Performance Measure Instructions\*

- Attachment 5 : Map of Counties in regions in NYS
- Attachment 6 : Vendor Responsibility Attestation\*
- Attachment 7 : Minority & Women-Owned Business Enterprise Requirement Forms\*

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

Attachment 5

# NYSDOH REGIONAL MAP

