

**New York State Department of Health
AIDS Institute
Office of the Medical Director
and
Health Research Inc.**

**Request for Applications (RFA)
RFA # 18437 / Internal Program #19-0002
Grants Gateway #'s DOH01-TSA2-2020, DOH01-TSB2-2020
DOH01-TSC2-2020, DOH01-TSD2-2020, DOH01-TSE2-2020**

HIV, Sexually Transmitted Infections, and Viral Hepatitis Training Services

This is a procurement which encompasses five (5) components. In order to apply for any of the five (5) components, eligible applicants must be prequalified in the New York State Grants Gateway and must submit an application via the New York State Grants Gateway. Each individual component must be applied for separately.

An applicant may submit up to four (4) applications in response to this RFA. However, for Component A, only ONE application may be submitted to serve as a Regional Training Center and the applicant must have an office located in the region.

Component A: Regional Training Centers

Component B: Topic-Specific Training Centers of Expertise

Component C: Distance Learning Center of Expertise

Component D: Peer Certification Academic Center

Component E: Leadership Training Institute for HIV, HCV, Drug User Health, and PrEP

KEY DATES

RFA Release Date: January 23, 2020

Questions Due: February 6, 2020 by 4:00 PM

**Questions, Answers, and
Updates Posted: (on or about) February 20, 2020**

Applications Due: March 12, 2020 by 4:00 PM

DOH Contact Name & Address:

Richard Cotroneo, Director
HIV Education and Training Programs
Office of the Medical Director, AIDS Institute
Email: hivet@health.ny.gov

Table of Contents

I.	INTRODUCTION	4
A.	Background/Intent.....	5
B.	Available Funding	7
II.	WHO MAY APPLY	10
A.	Minimum Eligibility Requirements	10
Component A - Regional Training Centers		10
Component B - Topic-Specific Training Centers of Expertise.....		10
Component C - Distance Learning Center of Expertise		11
Component D - Peer Certification Academic Center (PCAC)		11
Component E - Leadership Training Institute for HIV, HCV, Drug User Health, and PrEP (LTI).....		11
III.	PROJECT NARRATIVE/WORK PLAN OUTCOMES.....	12
A.	Program Model Description	12
Component A - Regional Training Centers		12
Component B - Topic-Specific Training Centers of Expertise.....		16
Component C - Distance Learning Center of Expertise		24
Component D - Peer Certification Academic Center (PCAC)		26
Component E - Leadership Training Institute for HIV, HCV, Drug User Health, and PrEP (LTI).....		29
IV.	ADMINISTRATIVE REQUIREMENTS	32
A.	Issuing Agency	32
B.	Question and Answer Phase	33
C.	Letter of Intent.....	34
D.	Applicant Conference.....	34
E.	How to File an Application	34
F.	Department of Health's and HRI's Reserved Rights.....	36
G.	Term of Contract	37
H.	Payment & Reporting Requirements of Grant Awardees	37
I.	Minority & Woman-Owned Business Enterprise Requirements.....	38
J.	Limits on Administrative Expenses and Executive Compensation	40
K.	Vendor Identification Number	40
L.	Vendor Responsibility Questionnaire	40
M.	Vendor Prequalification for Not-for-Profits.....	41

N.	General Specifications.....	42
V.	COMPLETING THE APPLICATION.....	43
A.	Application Format and Content – All components.....	43
B.	Freedom of Information Law	47
C.	Review & Award Process	47
VI.	ATTACHMENTS.....	49

I. INTRODUCTION

The New York State Department of Health AIDS Institute (NYSDOH AI), Office of the Medical Director (OMD), and Health Research Inc.(HRI) announce the availability of \$2,889,593 annually in New York State (NYS) and federal funds to provide an array of professional training, capacity building, and educational interventions throughout NYS to support the effectiveness of non-physician health and human services providers, public health staff, peer workers, and consumer leaders in promoting an effective response to HIV, sexually transmitted infections (STIs), and viral hepatitis.

This solicitation will fund the provision of training, capacity building, self-management skills, and leadership development programs designed to increase the target audience's capacity to implement the strategies outlined in Governor Cuomo's three point plan to end the AIDS epidemic in NYS and the Ending the Epidemic (ETE) Blueprint (BP). Training programs will enhance the capacity of the target audience to deliver high impact primary, secondary, and tertiary prevention interventions to persons at elevated risk for HIV, STIs, and viral hepatitis, including lesbian, gay, bisexual, transgender, and gender non-conforming (LGBTGNC¹) people, people who use drugs (PWUD), and people from communities of color.

This RFA contains five (5) components:

Component A: Regional Training Centers

- NYC/Mid-Hudson;
- NYC/Long Island; and
- Upstate.

Component B: Topic-Specific Training Centers of Expertise.

The topics established are as follows:

- Promoting Health for LGBTGNC People;
- Promoting Health for PWUD;
- Opioid Overdose Prevention Training and Capacity Building;
- Hepatitis C (HCV) Mono-infection and HIV/HCV Co-infection;
- Trauma-Informed Care;
- Health Equity and Improving Health Outcomes for People Living with HIV (PLWH);
- Legal Issues Impacting People Living with HIV/STI/Viral Hepatitis;
- Improving Health Outcomes Among Older Adults Living with HIV; and
- Expanding Employment Opportunities for PLWH.

Component C: Distance Learning Center of Expertise.

¹ For purposes of this RFA, the term LGBTGNC (referring to lesbian, gay, bisexual, transgender, and gender non-conforming) is intended to reflect the complete array of non-heterosexual, non-cis-gender gender identities and sexual orientations. The term LGBTGNC is intended to be inclusive of persons who identify as pansexual, queer, two-spirit, intersex, gender nonbinary, gender fluid, and additional identities not listed. Use of the term LGBTGNC should not be understood to be at the exclusion of any sexual and/or gender identity.

Component D: Peer Certification Academic Center (PCAC).

Component E: Leadership Training Institute for HIV, HCV, Drug User Health, and PrEP (LTI)

A. Background/Intent

HIV Education and Training Programs of the NYSDOH AI OMD are responsible for coordinating professional training services to support the effectiveness of non-physician health and human services providers, public health staff, peer workers, and consumer leaders in promoting an effective response to HIV, STIs, and viral hepatitis. The purpose of this RFA is to identify a pool of qualified training contractors to deliver an array of training and educational interventions throughout NYS. Training and educational interventions will include delivery of in-person trainings, conferences, seminars, and production of distance education trainings such as live webinars, archived webinars, web-based trainings, digital learning tools, and other emerging distance learning technologies. Training contractors will deliver existing and new NYSDOH AI developed trainings, develop new training programs at the request of the NYSDOH, and deliver trainings on evidence-based interventions. Training centers will be expected to tailor trainings to meet unique regional or population-specific needs.

The initiative will provide training to further NYS's effort to end the AIDS epidemic, eliminate HCV, advance NYSDOH AI priorities, and meet the goals of the National HIV/AIDS Strategy, by:

1. Promoting routine HIV testing services in accordance with state law and regulation;
2. Targeting HIV testing services to identify people with undiagnosed HIV;
3. Increasing rapid access to HIV treatment, HIV treatment adherence, self-management skills, retention in care, and viral load suppression;
4. Increasing use of HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP);
5. Promoting health for people who identify as LGBTGNC with an emphasis on sexual health and reducing HIV, HCV, and STI transmission and acquisition;
6. Promoting early identification and treatment of STIs;
7. Promoting the health of PWUD with a priority focus on women and young people, including promoting harm reduction, reducing fatal opioid overdose, improving safety planning to reduce non-fatal opioid overdoses, promoting access to primary care, mental health care, and substance use treatment, in particular, access to buprenorphine, HIV/HCV testing, HIV/HCV/STI treatment and needed support services including, minimizing transition to injection drug use and strategizing safer injection practices;
8. Promoting outreach to engage "hard to reach" populations;
9. Addressing health disparities and the disproportionate impact of HIV, STIs, and viral hepatitis in communities of color;
10. Promoting screening and treatment for HCV, including addressing HIV/HCV co-infection and addressing the emerging epidemic of HCV among young people who use drugs;
11. Preparing peer workers to earn the credential of NYS Certified Peer Worker in HIV, HCV, Harm Reduction (HR), or PrEP;

12. Preparing the HIV workforce to work with clients to expand employment opportunities for PLWH;
13. Fostering the development of consumer leaders who can play a role in improving quality of care;
14. Supporting the development of involved and effective community leaders who are living with HIV, HCV, or PWUD; and
15. Maximizing participation in health insurance programs.

In order to meet these goals, the NYSDOH AI is seeking to identify a pool of qualified training contractors with expertise in HIV, STIs, and viral hepatitis staff development, curriculum development, training, distance education, and adult education. Funded applicants are expected to remain abreast of the latest clinical guidelines for the care and treatment of HIV, STIs and viral hepatitis. All funded training centers will be expected to coordinate training activities with each other, NYSDOH AI funded Clinical Education Initiative (CEI) sites, federally funded regional AIDS Education and Training Center sites, and with other federally funded training initiatives including the Centers for Disease Control and Prevention (CDC) Training Centers, Health Resources and Services Administration's (HRSA) Title X Training Centers, and Substance Abuse and Mental Health Services Administration's (SAMHSA) Addiction Technology Transfer Centers.

This RFA supports the delivery of training for individuals seeking to become a NYS Certified Peer Worker in HIV, HCV, HR, or PrEP. The NYSDOH AI is committed to ensuring that the trainings included in the Peer Certification Course Catalogue (see <https://www.hivtrainingny.org/Home/PeerCertification>) are available free of charge to any individual seeking certification and to any organization seeking to support certification of their employed or volunteer peer workers. Training centers funded under this RFA are the sole organizations qualified to deliver training leading to certification as a NYS Peer Worker in HIV, HCV, HR or PrEP. The only exceptions are a limited number of [training equivalents or training requirements](#) offered by the New York City Department of Health and Mental Hygiene (NYC DOHMH) or other NYS Agencies..

On June 29, 2014, Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of the AIDS epidemic in NYS. The goal of the plan is to achieve the first ever decrease in HIV prevalence in NYS.²

The three-point plan includes:

1. Identifying persons with HIV who remain undiagnosed and linking them to health care;
2. Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and
3. Providing access to PrEP for high-risk persons to keep them HIV negative.

The ETE BP was publicly released on April 29, 2015. This document provides recommendations to support the implementation of the three-point plan. This RFA specifically addresses BP#(s):

² https://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm

BP1: Make routine HIV testing truly routine;
 BP2: Expand targeted testing;
 BP3: Address acute HIV infection;
 BP4: Improve referral and engagement;
 BP7: Use client-level data to identify and assist patients lost to care or not virally suppressed;
 BP13: Create a coordinated statewide mechanism for persons to access PrEP and nPEP and prevention focused care;
 BP15: Increase momentum in promoting the health of people who use drugs;
 BP16: Ensure access to stable housing;
 BP18: Health, housing and human rights for LGBT communities;
 BP19: Institute an integrated comprehensive approach to transgender health care and human rights;
 BP 21: Establish mechanisms for an HIV workforce;
 BP22: Access to care for residents of rural, suburban and other areas of the state;
 BP23: Provide comprehensive sexual health education; and
 BP30: Increase access to opportunities for employment and employment/vocational services.

The ETE BP is available on the NYSDOH's website at:

www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the NYS Prevention Agenda. The NHAS is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic.³ Information on the NHAS and updates to the strategy through 2020 can be found at: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/>. The NYS Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them.⁴ The NYS Prevention Agenda can be found on the following website: https://www.health.ny.gov/prevention/prevention_agenda/2013-2018

B. Available Funding

Up to \$2,889,593 annually in State and HRI funding is available annually to support programs funded through this RFA. Funding will be allocated as stated in the chart below. Awards will not exceed the annual award amounts listed in the table below for each component.

³ National HIV/AIDS Strategy

⁴ NYS Prevention Agenda 2013-2018: New York State's Health Improvement Plan

Component	Annual Award Amount	State Funding	HRI Funding	Number of Awards
Component A: Regional Training Centers				Total: 3
NYC and Mid-Hudson	\$231,000	\$56,000	\$175,000	1
NYC and Long Island	\$231,000	\$55,000	\$176,000	1
Upstate	\$287,000	\$55,000	\$232,000	1
Component B: Topic-Specific Training Centers of Expertise				Total: 9
Promoting Health for LGBTGNC people	\$250,000	\$250,000		1
Promoting Health for PWUD	\$250,000	\$200,000	\$50,000	1
Opioid Overdose Prevention Training and Capacity Building	\$180,000	\$180,000		1
HCV Mono-infection and HIV/HCV Co-infection	\$110,000	\$110,000		1
Trauma-Informed Care	\$100,000	\$100,000		1
Health Equity and Improving Health Outcomes for PLWH	\$95,593		\$95,593	1
Expanding Employment Opportunities for PLWH	\$100,000	\$100,000		1
Improving Health Outcomes Among Older Adults Living with HIV	\$110,000		\$110,000	1
Legal Issues Impacting People Living with HIV/STI/Viral Hepatitis	\$75,000	\$75,000		1
Component C: Distance Learning Center of Expertise	\$150,000	\$75,000	\$75,000	1
Component D: Peer Certification Academic Center (PCAC)	\$100,000	\$100,000		1
Component E: Leadership Training Institute for HIV, Hepatitis, Drug User Health and PrEP (LTI)	\$620,000	\$75,593	\$544,407	1

Applicants for Component A: Regional Training Centers must select their primary region of service on the **Attachment 1: Application Cover Page**. Applicants for Component B: Topic-Specific Training Center of Expertise must select their topic-specific training center on the **Attachment 1: Application Cover Page**. Training Centers for Components B, C, D and E are expected to provide statewide services. **Attachment 1: Application Cover Page** can be found under Pre-Submission Uploads in the Grants Gateway.

An applicant may submit up to four (4) applications in response to this RFA. However, only one (1) application may be submitted to serve as a Regional Training Center under Component A,

and the applicant must have an office located in the focus region. **If an applicant submits more than one (1) application in response to Component A of this RFA, the first application received for Component A in the Grants Gateway will be considered. Any additional applications received for Component A will not be evaluated and disqualified from further consideration.**

Under Component B, there is no limit on the number of topic-specific areas for which an applicant may apply, as long as the applicant does not submit more than four (4) applications total in response to this RFA. Separate and complete applications must be submitted for each component or topic for which the applicant is seeking funding.

- Awards will be made to the highest scoring applicants in each component or topic, up to the number of awards indicated.
- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any Component, HRI/the NYSDOH AI reserve the right to:
 - Fund an application scoring in the range of (60-69) and/or
 - Apply unawarded funding to the next highest scoring applicant(s) in other regions, components or topics.
- If there is an insufficient number of fundable applications in a region, component or topic, the maximum number of awards may not be met.
- HRI/the NYSDOH AI reserve the right to re-solicit any Component where there is an insufficient number of fundable applications.
- If funding remains available after the maximum number of acceptable scoring applications is awarded to each Component, HRI/the NYSDOH AI reserve the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region, component or topic until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- HRI/the NYSDOH AI reserve the right to revise the award amounts as necessary due to changes in availability of funding.
- HRI/the NYSDOH AI reserve the right to shift funding from one component or topic of the RFA to another Component or topic should there be an insufficient number of fundable applications received in any component or topic.

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

Ryan White funding is the “*payer of last resort.*” Please see **Attachment 2: Ryan White Guidance for Part B Direct Service Subcontractors** for funding restrictions.

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

II. WHO MAY APPLY

A. Minimum Eligibility Requirements

All applicants must meet the following minimum eligibility requirements.

Component A - Regional Training Centers

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due;
- Applicant must be a local health department, a registered not-for-profit 501(c)(3) community-based organization, academic institution, hospital, professional educational organization, tribal organization, or not-for-profit training organization;
- Applicant must upload **Attachment 3: Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 3**. This form, once signed, is uploaded under Pre-Submission Uploads in the Grants Gateway;
- Applicant must have a history of at least three (3) years of experience providing training and professional development on a wide range of topics related to HIV, STIs, and viral hepatitis;
- Applicants may submit only one (1) application under Component A; and
- Applicant must have an office located in the region for which the application is being submitted.

Component B - Topic-Specific Training Centers of Expertise

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due;
- Applicant must be a local health department, a registered not-for-profit 501(c)(3) community-based organization, academic institution, hospital, professional educational organization, tribal organization, or not-for-profit training organization;
- Applicant must upload **Attachment 3: Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 3**. This form, once signed, is uploaded under Pre-Submission Uploads in the Grants Gateway; and
- Applicant must have at least three (3) years of experience in the designated topic area, which must include one or more of the following: journal publications, conference presentations, experience developing, and delivering direct service model programs in the topic area, or a history of developing and delivering training in the topic area.

Component C - Distance Learning Center of Expertise

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due;
- Applicant must be a local health department, a registered not-for-profit 501(c)(3) community-based organization, academic institution, hospital, professional educational organization, tribal organization, or not-for-profit training organization;
- Applicant must upload **Attachment 3: Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 3**. This form, once signed, is uploaded under Pre-Submission Uploads in the Grants Gateway; and
- Applicant must have at least three (3) years of experience developing and delivering distance learning programs related to HIV, STIs, or viral hepatitis with an emphasis on online learning, synchronous and asynchronous learning, and digital learning.

Component D - Peer Certification Academic Center (PCAC)

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due;
- Applicant must upload **Attachment 3: Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 3**. This form, once signed, is uploaded under Pre-Submission Uploads in the Grants Gateway; and
- Applicant must be a not-for-profit academic institution with the capacity to award a formal educational certificate to NYS Certified Peer Workers in HIV, HCV, HR, or PrEP.

Component E - Leadership Training Institute for HIV, HCV, Drug User Health, and PrEP (LTI)

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due;
- Applicant must be a local health department, a registered not-for-profit 501(c)(3) community-based organization, academic institution, hospital, professional educational organization, tribal organization, or not-for-profit training organization;
- Applicant must upload **Attachment 3: Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 3**. This form, once signed, is uploaded under Pre-Submission Uploads in the Grants Gateway; and
- Applicant must have a minimum of three (3) years of experience delivering leadership development training to people living with HIV.

III. PROJECT NARRATIVE/WORK PLAN OUTCOMES

A. Program Model Description

Component A - Regional Training Centers

Program Description

Regional Training Centers will be responsible for developing and delivering a mix of in-person trainings and distance education trainings on an array of topics related to HIV, STIs, and viral hepatitis for health and human services providers throughout their designated region.

Regional Training Centers will deliver a range of NYSDOH-approved training curricula or training outlines, including but not limited to, the following topic areas:

- Introduction to HIV, STIs, and Viral Hepatitis;
- HIV and HCV Screening, Diagnosis, and Linkage to Care;
- Promoting Primary Care and Treatment Adherence for PLWH;
- HCV Treatment Update;
- Patient Navigation Services;
- Cultural competency;
- Trauma-Informed Care;
- Motivational Interviewing, Stage-based Counseling;
- Health Literacy;
- HR;
- Sexual Health, Gender Identity, Sexual Orientation, LGBTGNC Cultural Competency;
- Enhanced Outreach;
- From Stigma to Affirmation;
- Promoting Sexual Health for Gay and Bisexual Men and other MSM;
- Promoting PrEP and PEP; and
- Working with clients with Co-occurring Disorders of Substance Use, Mental Health, and Trauma.

In conjunction with the NYSDOH AI, Regional Training Centers assess training needs in their regions through development and distribution of surveys, active and on-going participation on relevant community task forces, planning bodies, and on-going dialogue with providers. Additional training curricula are developed by the NYSDOH AI, the Regional Training Centers, or NYSDOH AI funded Topic-Specific Centers of Expertise on an as needed basis.

The NYSDOH AI anticipates contracting with **three (3)** organizations to serve as Regional Training Centers in the following defined regions:

- NYC & Long Island: including the five boroughs of NYC, and Nassau and Suffolk counties
- NYC & Mid-Hudson: including the five boroughs of NYC, and Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties

- Upstate NY: including counties of Albany, Greene, Columbia, Rensselaer, Schoharie, Schenectady, Saratoga, Fulton, Essex, Montgomery, Hamilton, Franklin, Clinton, Warren, Washington, Steuben, Schuyler, Yates, Seneca, Ontario, Livingston, Monroe, Wayne, St. Lawrence, Jefferson, Lewis, Oswego, Oneida, Herkimer, Onondaga, Madison, Cayuga, Chemung, Tioga, Broome, Tompkins, Delaware, Cortland, Chenango, Otsego, Niagara, Orleans, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, and Allegany

Funded applicants must be able to cover the entire region for which they are applying.

Program Requirements: Component A

1. Program Requirements:

All applicants selected for funding will be required to:

- a. Adhere to all objectives, tasks, and performance measures as listed in **Attachment 4: Regional Training Centers Work Plan**, under the guidance of the NYSDOH AI, including:
 - Deliver a mix of in-person and distance learning trainings related to HIV, STIs, and viral hepatitis throughout the identified region;
 - Deliver trainings included in the NYS Certified Peer Worker course catalogue;
 - Develop regional training calendars based on needs assessment and guidance from the NYSDOH AI;
 - Develop new training programs (including trainer manuals, participant manuals, slides, handout materials, interactive exercises, role plays, values clarification activities, and other educational activities consistent with adult learning principles) to translate these latest developments into skills-building trainings for providers involved in the spectrum of HIV, STIs, and viral hepatitis prevention, care, and support services;
 - Involve members of the community or target audience in the development and design of training curricula;
 - Provide comfortable, in-person training space to accommodate 35 adult learners. All classrooms shall have high quality AV equipment and ample space for small group work. At least one centrally located classroom shall have a Smart Board. Training centers may negotiate with service providers for use of on-site training space. These training rooms are subject to NYSDOH AI approval;
 - Provide a webinar platform with a wide range of functions (chat, polling, shared screen, etc.) and the ability to accommodate at least 250 participants;
 - Post information about the initiative, training calendars, and other promotional information on the applicant's web site;
 - Create and implement a marketing plan using all appropriate media to promote trainings on a regional basis to NYSDOH AI funded programs and other health and human services providers that serve people at risk for, or living with HIV, HCV, or STIs;
 - Provide training and technical assistance to local health departments;

- Provide technical assistance in a variety of brief formats to NYSDOH AI funded providers as directed by the NYSDOH AI;
 - Use the designated online learning management website to carry out training participant registration activities;
 - Track and report training data, ensure quality training data, confirm participant registration, send appropriate reminders, and document participant attendance;
 - Tailor training delivery to meet the unique needs of the training audience;
 - Provide a diverse panel of training staff that are representative of the target audience, well versed in the latest NYSDOH AI HIV Clinical Guidelines, and well informed about new developments in the field, and;
 - Coordinate delivery of trainings with other training centers funded under this initiative, as well as the NYSDOH AI's Clinical Education Initiative, AIDS Education and Training Centers, and other entities that offer related trainings.
- b. Provide monthly narrative reports describing the progress of the program with respect to: 1) training deliverables; 2) registration and attendance levels; 3) success in meeting the objectives, tasks, and performance measures as listed in **Attachment 4: Regional Training Centers Workplan**; 4) significant accomplishments; 5) barriers encountered; and 6) plans to address identified problems.
 - c. Create a training environment reflective of the diverse population of providers being trained and the communities they serve. To accomplish this, training centers are expected to display posters and other images showing diversity with regards to race, ethnicity, age, gender identity, sexual orientation, and disability status.
 - d. Be prepared to print approximately 30 pages of handouts per participant, per training.
 - e. Follow initiative-wide best practices for promoting trainings, participant registration, provision of quality training, implementing distance learning programs, and program evaluation as outlined in **Attachment 5: Training Center Best Practices**.
 - f. Attend NYSDOH AI training of trainer sessions twice annually. These sessions, each lasting two days, will be held in Albany, NY and should be attended by a minimum of two trainers, preferably including the program manager and any consultant trainers involved in delivering the trainings to be reviewed.
 - g. Attend four, webinar-based contractor work group meetings annually. These sessions, held from 10am to 3pm, should be attended by the Program Manager and Lead Trainer/Curriculum Developer.
 - h. Participate in initiative-wide quality improvement activities, preparing a minimum of 3 PDSAs (Plan, Do, Study, Act) cycles per year. Training centers are expected to implement best practices identified through the PDSA process.
 - i. Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>).
 - j. Coordinate services with other HIV/STI/HCV health and human service providers and participate in local HIV-related planning groups.
 - k. Collaborate with local health departments, regional offices of the NYSDOH, as well as other health and human service providers in identifying and responding to emerging trends.
 - l. 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 NYSDOH AI. All subcontractors are subject to approval by the NYSDOH AI.

2. Staffing Requirements:

Funded Regional Training Centers will provide qualified administrators, clerical staff, trainers, and approved consultants representative of the communities impacted by HIV, STIs, and viral hepatitis. Below are program standards for these positions. Applicants with the following staffing will be best prepared to successfully administer training programs. Please note that applicants are not required to have each of these positions in place in order to be eligible to apply:

- a. **Program Manager** – Master’s degree and at least five (5) years of professional experience providing leadership to public health, HIV, STI, viral hepatitis, or drug user health programs. This experience must include programmatic and fiscal oversight activities, with at least three (3) years of experience overseeing professional training programs. An effective program manager will have experience in training, curriculum development, coordinating activities with community-based and governmental organizations, program development and implementation, and evaluation of training programs, and will have excellent interpersonal skills.
- b. **Lead Trainer/Curriculum Developer** – Master’s degree and at least three (3) years of professional training in the fields of HIV, STIs, and viral hepatitis. Five years of training experience and a bachelor’s degree may substitute for a master’s degree. The Program Manager and Lead Trainer/Curriculum Developer may be the same person.
- c. **Trainers and consultants** – Funded training centers will have access to a diverse panel of trainers and consultants, representative of the communities impacted by HIV, STIs, and viral hepatitis, with a minimum standard of a bachelor’s degree, demonstrated training skills, and appropriate experience and qualifications in the topics they will train.
- d. **Certified Peer Workers** – Funded training centers will have access to a panel of Certified Peer Workers (CPW) to ensure the presence of a CPW on the training team for all peer-specific trainings.

Resumes/CVs of staff and consultants are subject to approval by the NYSDOH AI. All appropriate staff and consultants will attend, and successfully complete, train-the-trainer programs provided by the NYSDOH AI or an approved contractor. Training centers will be responsible for ensuring all consultant trainers are fully prepared to deliver trainings for which they are assigned as primary or back-up trainers. **Resumes of all key staff should be uploaded with Attachment 6: Agency Capacity and Staffing Information.**

Component B - Topic-Specific Training Centers of Expertise

Program Description

Topic-Specific Training Centers of Expertise will develop training curricula and deliver a mix of in-person and distance learning trainings in specialized topic areas. Topic-Specific Training Centers of Expertise must offer trainings statewide with the specific locations for in-person training determined in concert with the NYSDOH AI. Centers of Expertise will be established in the following topic-specific areas:

- Promoting Health for LGBTGNC People;
- Promoting Health for PWUD;
- Opioid Overdose Prevention Training and Capacity Building;
- HCV Mono-infection and HIV/HCV Co-infection;
- Trauma-Informed Care;
- Health Equity and Improving Health Outcomes for PLWH;
- Improving Health Outcomes Among Older Adults Living with HIV;
- Legal Issues Impacting People Living with HIV/STI/Viral Hepatitis; and
- Expanding Employment Opportunities for PLWH.

Topic# 1: Promoting Health for LGBTGNC People

This Center of Expertise will be charged with developing and delivering a range of training interventions designed to prepare non-physician health and human services providers to work with LGBTGNC people to:

- Create an atmosphere that welcomes people of all sexual orientations and gender identities;
- Conduct adequate sexual health histories, including asking questions about sexual orientation and gender identity;
- Assist clients in accessing gender-affirming health care services for people whose current gender identity is different from their sex assigned at birth;
- Promote access to effective, culturally competent sexual health services;
- Encourage HIV/STI/HCV screening;
- Promote access to PrEP;
- Address barriers to health care; and
- Promote HIV/STI/HCV treatment adherence and HIV viral suppression.

As of 2018, NYSDOH AI funded training centers developed distinct training curricula on the following topics related to this training Center of Expertise: Sex, Gender and HIV/ STIs; Healthy Sex! Linking Gay Men and MSM to Sexual Health Services; Promoting Sexual Health Among Young MSM of Color; Surviving and Thriving: Older Gay and MSM Living with HIV/ AIDS; Crystal Meth, MSM and HIV; Transgender Health 102: Addressing Barriers to Care for Transgender People; and, others. A priority for this center during the next funding cycle will be to develop trainings to improve services specifically for people who are gender non-conforming, non-binary, or fluid with regards to gender expression and/or sexual orientation.

This Center of Expertise will work with the NYSDOH AI, health and human services providers

and a wide range of community stakeholders to conduct need assessments, define priorities, and develop education and training interventions. The range of training interventions to be developed shall include: in-person trainings, seminars, regional conferences, webinars, narrated slide sets, written materials, and other distance learning formats.

Topic# 2: Promoting Health for PWUD

The Center of Expertise will be charged with offering training and capacity building services to prepare non-physician health and human services providers to provide stigma-free services to improve the overall health of people who use drugs, with specific emphasis on promoting HIV, STI, and viral hepatitis screening, health care and treatment adherence, overdose prevention, promoting harm reduction, and increasing access to drug treatment.

As of 2018, NYSDOH AI funded training centers developed distinct training curricula on the following topics related to this training Center of Expertise: Substance Use 101; Harm Reduction Support After an Overdose; Addressing Pregnancy and Reproductive Health in Harm Reduction Programs; and other training materials addressing topics such as Fentanyl in the Drug Supply, Methadone as HIV Prevention, and Medication Assisted Treatment (MAT). In addition to in-person training and delivery of webinar-based trainings, this training Center of Expertise will implement a year-long capacity building initiative with representatives from 12-15 health care facilities to improve provision of stigma-free services to people who use drugs. The model for this capacity building initiative will include: participating agency selection of program manager to serve as an organizational champion; a one day, in-person kick-off training for organizational champions; completion of an organizational assessment and creation of an agency plan of action by the organizational champion; provision of monthly webinars on topics associating with promoting health for PWUD; implementation of a digital platform to allow for interaction among participating agencies between webinars; periodic email and phone contact with each participating agency; provision of one on one technical assistance for each agency to address specific organizational barriers; and, an end of program day-long training to facilitate sharing of lessons learned from participating agencies.

This Center of Expertise will work with the NYSDOH AI to conduct provider training needs assessments and define specific topics for curriculum development. The range of training interventions to be developed will include: in-person trainings, targeted capacity-building initiatives, webinars, narrated slide sets, written materials, and other distance learning formats.

Topic# 3: Opioid Overdose Prevention Training and Capacity Building

The Opioid Overdose Prevention Training and Capacity Building Center of Expertise will work with the NYSDOH AI and its partners to meet the state's objectives with regards to opioid overdose prevention and response, including assisting with training, capacity building, strategic planning, evaluation, and quality assurance. This Center of Expertise will work under the direction of the NYSDOH AI to prepare tools and training materials and deliver trainings and training of trainer programs to prepare individuals and organizations to respond to opioid overdose. This Center of Expertise will recruit and provide training curricula and technical assistance to enlist eligible community organizations as NYS Opioid Overdose Prevention Programs. The Opioid Overdose Prevention Training and Capacity Building Center will work with the NYSDOH AI and its partners to expand the capacity of Emergency Medical Services

(EMS), law enforcement officers, and fire fighters to respond to opioid overdose. Under the direction of the NYSDOH AI, this Center will provide training and technical assistance to prepare universities and colleges to prevent and respond to opioid overdose.

Topic# 4: HCV Mono-infection and HIV/HCV Co-infection

The HCV Mono-infection and HIV/HCV Co-infection Center of Expertise will be charged with developing a range of training interventions designed to prepare non-physician health and human services providers to deliver HCV prevention services, conduct outreach, conduct screening via rapid and conventional testing methods, facilitate support groups, link patients with chronic infection to health care, provide an array of support services, and work with clients who have HIV/HCV co-infection.

As of 2018, NYSDOH AI funded training centers developed the following distinct training curricula on this topic: Overview of Hepatitis C for Health and Human Services Providers; Hepatitis C: Screening, Diagnosis and Linkage to Care; Ensuring Competency for HCV Testing; HCV Treatment Update for Health and Human Services Providers; HCV Basics for Peer Workers; Hepatitis C Medical Care and Treatment Update for Peer Workers; Hepatitis C Peer Worker Role in Patient Navigation; Active PWUD and HIV/Hepatitis C Retention in Care and Treatment Adherence; Hepatitis C Prevention with Young People Who Inject Drugs (PWID); and others.

This Center of Expertise will work with the NYSDOH AI to conduct provider training needs assessments and define specific topics for curriculum development. The range of interventions to be developed by this Center of Expertise shall include: in-person trainings, seminars, regional conferences, webinars, written materials, and other distance learning formats.

Topic# 5: Trauma-Informed Care

The Trauma-Informed Care Center of Expertise will be charged with offering training and capacity building services to prepare NYSDOH AI funded agencies to implement trauma-informed care and prepare non-physician health and human services providers to deliver services in a manner that is trauma-informed and trauma-sensitive.

As of 2018, NYSDOH AI supported the delivery of trainings titled Peers Providing Trauma-Informed Care and Trauma-Informed Care 101.

This Center of Expertise will implement a six (6)-month-long capacity building initiative with representatives from 12-15 health care facilities and community-based organizations to improve provision of trauma-informed care. The model for this capacity building initiative shall include: participating agency selection of program manager to serve as an organizational champion; a one day, in-person kick-off training for organizational champions; completion of an organizational assessment and creation of an agency plan of action by the organizational champion; provision of monthly webinars on topics associating with trauma-informed care; implementation of a digital platform to allow for interaction among participating agencies between webinars; periodic email and phone contact with each participating agency; provision of one on one technical assistance for each agency to address specific organizational barriers; and, an end of program day-long training to facilitate sharing of lessons learned from participating agencies.

This Center of Expertise will work with the NYSDOH AI to conduct provider training need assessments and define specific topics for curriculum development. The range of training interventions to be developed shall include: in-person trainings, targeted capacity-building initiatives, webinars, narrated slide sets, written materials, and other distance learning formats.

Topic# 6: Health Equity and Improving Health Outcomes for PLWH

This Center of Expertise will be charged with implementing a range of innovative training interventions to build the capacity of health and human services providers, health care facilities, community-based organizations (CBOs) and larger communities to employ a health equity framework to improve health outcomes for PLWH.

Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people” and *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” Achieving health equity requires: raising awareness about data indicating health disparities; recognizing the historical and social underpinnings of these disparities; engaging communities that have experienced health disparities in setting priorities for action; enhancing partnerships; supporting leadership development; and promoting change at the community level, organizational level, and individual provider level.

This Center of Expertise will develop educational materials for health and human services providers on health equity related topics in a variety of formats, including fact sheets, position briefs, slide sets, audio files, digital formats, and training curricula. Topics to be addressed will include, but not be limited to: understanding the health equity framework; how to gather community-level data on health equity and health disparities related to HIV; how to promote agency-wide discussions about health equity; fostering consumer engagement around health disparities and health equity; developing agency policies to eliminate health disparities and improve health outcomes for PLWH; developing health equity community champions; building cross-agency partnerships to promote health equity; and evaluating efforts to improve health equity.

Under the direction of the NYSDOH AI, this training center will: deliver formal training sessions; provide individual agency technical assistance (TA); provide materials to NYSDOH AI funded programs in digital formats; facilitate discussions about health equity at NYSDOH AI - sponsored community meetings; and provide TA to the NYSDOH AI on strategies for improving health outcomes for PLWH by promoting the health equity framework.

Topic# 7: Improving Health Outcomes Among Older Adults Living with HIV

This Center of Expertise will be charged with developing a range of training interventions designed to prepare non-physician health and human services providers to improve health outcomes for older adults living with HIV.

Based on the Research on Older Adults Living with HIV (ROAH) 1.0 and ROAH 2.0 studies (see <https://www.acria.org/roah>) conducted by ACRIA, older adults living with HIV have

specific needs to be addressed to ensure continued quality of life. **ROAH 1.0** found that of all adults 55+ living with HIV: 80% rely on Medicaid, 54% are currently in recovery, only 50% of friends know of their HIV+ status, 70% are living alone, and only 15% have a partner or spouse. **ROAH 2.0** preliminary results also highlight themes of isolation, depression, lack of transportation, vastness of distance from support systems/friends/family, and confidentiality concerns of older adults living with HIV in impoverished and rural areas in upstate New York.

In addition, the [New York State ETE Older Adults \(50+\) and HIV Advisory Group Report](#), (August 1, 2016) highlighted the following findings: 1) Ageism, fear, and HIV stigma are barriers to testing for older adults; 2) High rates of depression are one of the primary indicators of non-adherence to HIV and other medications; 3) Medical providers avoid discussing sexual health with their patients; 4) Social support networks are inadequate to meet the dual challenges of aging and HIV; and 5) Improving care for the older adult with HIV must address lack of knowledge about risk for comorbidities and how best to manage multi-morbidities.

As of 2018, NYSDOH AI funded training centers developed distinct training curricula on the following topics related to this training Center of Expertise: Surviving and Thriving: Older Gay Men and MSM Living with HIV; Working with Older Adults Living with HIV/AIDS; HIV and Older Women; Retention in Care for Older HIV+ Men who are Gay or MSM; Health Promotion for Older Adults Living with HIV; Older Adults and HIV: Social Isolation and Support Services; and, Resiliency of Older Adults Living with HIV.

This Center of Expertise will work with the NYSDOH AI, health and human services providers and a wide range of community stakeholders to conduct needs assessments, define priorities, and develop education and training interventions. The range of training interventions to be developed shall include: in-person trainings, seminars, regional conferences, webinars, narrated slide sets, written materials, and other distance learning formats.

Topic# 8: Legal Issues Impacting People Living with HIV/STI/Viral Hepatitis

This Center of Expertise will be charged with developing a range of training interventions designed to keep health and human services providers abreast of current and emerging state and federal regulations that impact the provision of HIV, STIs, viral hepatitis services and the lives of people living with or affected by HIV, STIs, or viral hepatitis.

This Center of Expertise will be expected to have staff with legal expertise and the capacity to update written materials and train health and human services providers on all of the topics outlined below:

- Existing and emerging public health law and regulation pertaining to HIV, STIs, and viral hepatitis;
- Confidentiality of health, substance use, and mental health records;
- Antidiscrimination protections related to employment, housing, and other public accommodations for people living with HIV, LGBTGNC people, communities of color, and individuals with a history of incarceration;
- Navigating the transition from government benefits to employment for PLWH;

- Health care reform, including access to Medicare, Medicaid, NYS DOH Uninsured Care Programs, and other Health Insurance Programs;
- Eligibility and complaint procedures related to the full range of government entitlements;
- Adolescents' ability to consent to HIV/STI testing, family planning, and a range health services; and
- Legal issues and considerations regarding aging, end of life, and permanency planning for children of individuals living with HIV.

This Center of Expertise will work with the NYSDOH AI to conduct training needs assessments to determine the current and emerging training needs of health and human services providers. The range of training interventions to be developed will include: in-person trainings; seminars; regional conferences; webinars; narrated slide sets; written materials, such as a comprehensive guide to NYS public health law regarding HIV testing and HIV/AIDS confidentiality; phone and on-site technical assistance; and other distance learning formats.

Topic# 9: Expanding Employment Opportunities for PLWH

This Center of Expertise will be charged with developing a range of training interventions designed to build the capacity of CBOs and health care facilities to support PLWH in considering work, overcoming barriers to employment, and navigating transitions between public benefits and employment.

In 2018, the NYS AIDS Advisory Council approved [implementation strategies](#) for expanding employment opportunities for PLWH. This Center of Expertise will work with the NYSDOH AI on recommendations contained in the report related to education of health and human services providers, peer workers, and PLWH. This Center of Expertise will be expected to have staff with expertise in vocational rehabilitation. This Center of Expertise will develop trainings to educate health and human services providers and peer workers about the range of employment-related services available and effective strategies to access these resources. This training center should collaborate with the Legal Services Center of Expertise to deliver trainings about legal protections against discrimination in employment.

This Center of Expertise will work with the NYSDOH AI to conduct training needs assessments to determine the current and emerging training needs of health and human services providers. The range of training interventions to be developed shall include: in-person trainings, seminars, regional conferences, webinars, narrated slide sets, written materials, on-site technical assistance, and other distance learning formats.

Program Requirements: Component B

1. Program Requirements:

All applicants selected for funding will be required to:

- Adhere to all objectives, tasks and performance measures as listed in **Attachment 7: Topic-Specific Training Centers of Expertise Workplan**, under the guidance of the NYSDOH AI, including:
 - Keep abreast of the latest developments in their specific area of expertise;

- Develop new training programs (including trainer manuals, participant manuals, slides, handout materials, interactive exercises, role plays, values clarification activities, and other educational activities consistent with adult learning principles) to translate these latest developments into skills-building trainings for providers involved in the spectrum of HIV, STIs, and viral hepatitis prevention, care and support services;
- Involve members of the community or target audience in the development and design of training curricula;
- Deliver a mix of in-person trainings, distance learning trainings to ensure adequate access to training in every region of the state;
- Deliver trainings included in the NYS Certified Peer Worker in HIV, HCV, and HR course catalogue;
- Facilitate capacity building initiatives (applies only to Centers of Expertise in Promoting Health for PWUD and Trauma-Informed Care);
- Provide comfortable, in-person training space to accommodate 35 adult learners. All classrooms shall have high quality AV equipment and ample space for small group work. At least one centrally located classroom shall have a Smart Board. Training centers may negotiate with service providers for use of on-site training space. These training rooms are subject to NYSDOH AI approval;
- Provide a webinar platform with a wide range of functions (chat, polling, shared screen, etc.) and the ability to accommodate at least 250 participants;
- Post information about the initiative, training calendars, and other promotional information on the applicant's website;
- Create and implement a marketing plan using all appropriate media to promote trainings on a statewide basis to NYSDOH AI funded programs and other health and human services providers;
- Develop training calendars based on needs assessment and guidance from the NYSDOH AI;
- Tailor training delivery to meet the unique needs of the training audience;
- Use the designated online learning management website to carry out training participant registration activities;
- Track and report training data, ensure quality training data, confirm participant registration, send appropriate reminders, and document participant attendance;
- Provide TA in a variety of formats to NYSDOH funded providers as directed by the NYSDOH AI;
- Provide training-of-trainers sessions to prepare selected facilities and training organizations to deliver trainings developed by the Centers of Expertise; and
- Advise the NYSDOH AI on incorporating state of the art information into existing HIV, STI, and viral hepatitis training programs;
- Provide training staff that are representative of the target audience, well versed in the latest NYSDOH AI HIV Clinical Guidelines, and well informed about new developments in the field; and
- Coordinate delivery of trainings with other HIV/STI/viral hepatitis regional training centers, centers of expertise, the NYSDOH AI's Clinical Education

Initiative, AIDS Education and Training Centers, and other entities that offer related trainings.

- b. Provide monthly narrative reports describing the progress of the program with respect to: 1) training deliverables; 2) registration and attendance levels; 3) success in meeting the objectives, tasks, and performance measures as listed in **Attachment 7: Topic-Specific Training Centers of Expertise Work Plan**; 4) significant accomplishments; 5) barriers encountered; and 6) plans to address identified problems.
- c. Create a training environment reflective of the diverse population of providers being trained and the communities they serve. To accomplish this, Centers of Expertise are expected to display posters and other images showing diversity with regards to race, ethnicity, age, and people with disabilities. Centers of Expertise are also expected to display Safe Zone statements indicating the center is a safe environment for gay, lesbian, bisexual, and transgender people.
- d. Be prepared to provide training participants with appropriate training manuals and handouts, estimating approximately 50 pages per participant, per training.
- e. Follow initiative-wide best practices for promoting trainings, participant registration, provision of quality training, implementing distance learning programs, and program evaluation as outlined in **Attachment 5: Training Center Best Practices**.
- f. Attend four webinar-based contractor work group meetings annually. These sessions, held from 10am to 3pm, should be attended by the program manager and Lead Trainer/Curriculum Developer.
- g. Participate in initiative-wide quality improvement activities, preparing a minimum of three (3) PDSA (Plan, Do, Study, Act) cycles per year. Training centers are expected to implement best practices identified through the PDSA process.
- h. Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>).
- i. Coordinate services with other HIV/STI/HCV health and human service providers and participate in local HIV-related planning groups.
- j. Collaborate with local health departments, regional offices of the NYSDOH, as well as other health and human service providers in identifying and responding to emerging trends.
- k. 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 NYSDOH AI. All subcontractors should be approved by the NYSDOH AI.

2. Staffing Requirements:

Funded Centers of Expertise will provide qualified administrators, clerical staff, trainers, and approved consultants to perform contract related activities. Below are program standards for these positions. Applicants with the following staffing will be best prepared to successfully

administer training programs. Please note that applicants are not required to have each of these positions in place in order to be eligible to apply:

- a. **Program Manager** – Master’s degree and at least five (5) years of professional experience providing leadership to public health, HIV, STI, viral hepatitis or PWUD health programs. This experience must include programmatic and fiscal oversight activities, with at least three (3) years of experience overseeing professional training programs. An effective program manager will have experience in training, curriculum development, coordinating activities with community-based and governmental organizations, program development and implementation, evaluation of training programs, and will have excellent interpersonal skills.
- b. **Lead Trainer/Curriculum Developer** – Master’s degree and at least three (3) years of professional training and curriculum development in the fields of HIV, STIs and viral hepatitis. Five (5) years of training experience and a bachelor’s degree may substitute for a master’s degree. The Program Manager and Lead Trainer/Curriculum Developer may be the same person.
- c. **Trainers and consultants** – Funded training centers will have access to a diverse panel of trainers and consultants, representative of the communities impacted by HIV, STIs, and viral hepatitis, with a minimum standard of a bachelor’s degree, demonstrated training skills, and appropriate experience and qualifications in the topics they will train.
- d. **Certified Peer** – Funded training centers will have access to a panel of Certified Peer Workers (CPW) to ensure the presence of a CPW on the training team for all peer-specific trainings.

Resumes/CVs of staff and consultants are subject to approval by the NYSDOH AI. The Centers of Expertise will be expected to have staff with demonstrated expertise in the topic area. Centers of expertise will be responsible for ensuring all consultant trainers are fully prepared to deliver trainings for which they are assigned as primary or back-up trainers.

Resumes of all key staff should be uploaded with Attachment 6: Agency Capacity and Staffing Information.

Component C - Distance Learning Center of Expertise

Program Description

The Distance Learning Center of Expertise will: manage the initiative-wide learning management system; develop interactive distance education trainings and digital learning tools; and assist the NYSDOH AI with a variety of issues related to expanding the use of distance learning technologies and digital learning tools to provide HIV, STI, and viral hepatitis training to non-physician health and human services providers.

Program Requirements

1. Program Requirements: Component C

All applicants selected for funding will be required to:

- a. Adhere to all objectives, tasks and performance measures as listed in **Attachment 8: Distance Learning Center Work Plan**, under the guidance of the NYSDOH AI, including:
- Advise the NYSDOH AI about the latest developments in the field of distance learning, web-based training, and digital learning tools;
 - Manage the initiative learning management system;
 - Develop interactive distance education trainings and digital learning tools on topics assigned by the NYSDOH AI;
 - Award continuing education credits, including ensuring the capacity of the site to conduct brief quizzes as required for awarding such credits;
 - Coordinate activities with regional training centers, Centers of Expertise, the NYSDOH AI's Clinical Education Initiative, AIDS Education and Training Centers, and other entities that offer related trainings; and
 - Create and implement a marketing plan using all appropriate media to promote the online training center.
- b. Provide monthly narrative reports describing the progress of the program with respect to: 1) training deliverables; 2) registration and attendance levels; 3) success in meeting the objectives, tasks, and performance measures as listed in **Attachment 8: Distance Learning Center Work Plan**; 4) significant accomplishments; 5) barriers encountered; and 6) plans to address identified problems.
- c. Create a safe, affirming on-line training environment, by ensuring that material is reflective of the diverse population of providers being trained and the communities they serve and use of people-first, stigma free language.
- d. Attend four, webinar-based contractor work group meetings annually. These sessions, held from 10am to 3pm, should be attended by the Program Manager and Lead Trainer/Curriculum Developer.
- e. Participate in initiative-wide quality improvement activities, preparing a minimum of 4 PDSAs (Plan, Do, Study, Act) cycles per year. Training centers are expected to implement best practices identified through the PDSA process.
- f. Involve members of the community or target audience in the development and design of training curricula and training calendars.
- g. Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>).
- h. Coordinate services with other HIV/STI/HCV health and human service providers and participate in local HIV-related planning groups.
- i. Collaborate with local health departments, regional offices of the NYSDOH as well as other health and human service providers in identifying and responding to emerging trends.
- j. 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 NYSDOH AI. All subcontractors should be approved by the NYSDOH AI.

2. Staffing Requirements:

The funded Distance Learning Center of Expertise will provide qualified administrators, clerical staff, trainers, and approved consultants to perform contract related activities. Below are program standards for these positions. Applicants with the following staffing will be best prepared to successfully administer training programs. Please note that applicants are not required to have each of these positions in place in order to be eligible to apply:

- a. **Program Manager** – Master’s degree and at least five (5) years of professional administrative level experience in a public health or information technology field providing programmatic and fiscal oversight activities with at least three (3) years of experience overseeing the development and maintenance of online trainings, distance education programs, and digital learning tools. An effective program manager will have excellent interpersonal skills, experience in distance education and management of online IT services, and the ability to evaluate training programs and coordinate activities with community-based and governmental organizations.
- b. **Lead Trainer/Curriculum Developer** – Master’s degree and at least three (3) years of professional experience developing and maintaining online training or distance education trainings, preferably in the health or public health field. Five years of distance education, digital learning tools, or online training experience or curriculum development and a bachelor’s degree may substitute for a master’s degree. The Program Manager and Lead Trainer/Curriculum Developer may be the same person.
- c. **IT staff** – Bachelor’s degree and demonstrated expertise in web design, developing interactive online training materials and digital learning tools, developing and delivering webinars and evaluating online trainings and digital learning tools.

Resumes/CVs of staff and consultants are subject to NYSDOH AI approval. Resumes of all key staff should be uploaded with **Attachment 6: Agency Capacity and Staffing Information**.

Component D - Peer Certification Academic Center (PCAC)

Program Description

PCAC will be responsible for facilitating the formal certification process for the NYS Certified Peer Worker in HIV, HCV, and HR program. The PCAC will partner with the NYSDOH AI to ensure that the training requirements for certification are of sufficient rigor to warrant certification.

The PCAC will facilitate a Peer Review Board comprised of 9-15 individuals who will be responsible for reviewing all applications for peer certification and making the final determination regarding whether the applicant has met all program requirements. The PCAC will be responsible for assisting applicants for certification with understanding all program requirements, navigating the certification process, completion of the online application, and verifying the contents of individual applicant packets prepared online at www.hivtrainingny.org.

The PCAC will facilitate three in-person meetings of the Peer Review Board in NYC annually and will prepare applicant packets for review by the decision-making body. The record must include verification of: 1) completion of optional foundational peer-readiness training; 2) completion of at least 90 hours of training from the Peer Certification Course Catalogue, including completion of all required courses; 3) a signed attestation agreeing to follow the NYS Peer Worker Code of Ethics; 4) an acceptable supervisor evaluation/performance review; 5) a passing result on the certification test; 6) other contents as determined by the PCAC and the Peer Review Board. The PCAC will be responsible for communicating with applicants regarding the results of the Peer Review Board review of their application, including generating and mailing certificates to all applicants who are awarded the designation.

The PCAC will work with the Peer Review Board and the NYSDOH AI to review cases of complaints against a Certified Peer Worker, ensuring that established program policies regarding processing a complaint are followed.

The PCAC will communicate with certificate holders about the recertification process and the requirement to complete 10 hours of continuing education each year. The PCAC will administer a recertification checklist to all certificate holders and will monitor completion of continuing education hours. The PCAC will issue updated certificates to certificate holders who complete the requirement and will change the status of those who do not complete the requirement in accordance with policy determined by the Peer Review Board.

The PCAC will house records for all applicants and certificate holders and will be responsible for preparing quarterly reports on the status of applications, number of certificate holders, and other pertinent data.

The PCAC will be responsible for all administrative tasks and expenses related to the planning of an annual NYS HIV, HCV, HR Peer Worker Certification Graduation in NYC. Responsibilities include: procuring event space; providing refreshments and a light meal; paying speaker fees as needed; and arranging and paying for travel and lodging for certified peer workers who do not reside in NYC.

Program Requirements

1. Program Requirements: Component D

All applicants selected for funding will be required to:

- a. Adhere to all objectives, tasks, and performance measures as listed in **Attachment 9: PCAC Workplan** under the guidance of the NYSDOH AI;
- b. Provide monthly narrative reports describing the progress of the program with respect to:
1) training deliverables; 2) registration and attendance levels; 3) success in meeting the objectives, tasks, and performance measures as listed in **Attachment 9: PCAC Workplan**; 4) significant accomplishments; 5) barriers encountered; and 6) plans to address identified problems.
- c. Meet three times a year with the Peer Review Board;
- d. Process approximately 100 new applications per year;

- e. Process continuing education requirements every other year for approximately 400 certificate holders;
- f. Review information about the Certified Peer Worker in HIV, HCV and HR program which is available at <https://www.hivtrainingny.org/Home/PeerCertification>;
- g. Review information about the formal Certified Peer Worker Complaint and Disciplinary Process which is available at <https://www.hivtrainingny.org/Home/PeerCertifiedEthics>;
- h. Participate in initiative-wide quality improvement activities, preparing a minimum of three (3) PDSA (Plan, Do, Study, Act) cycles per year. Training centers are expected to implement best practices identified through the PDSA process; and
- i. 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 NYSDOH AI. All subcontractors are subject to approval by the NYSDOH AI.

2. Staffing Requirements.

Please note that applicants are not required to have each of these positions in place in order to be eligible to apply:

- a. A senior staff person with at least a Master's Degree and experience with Academic Certificate programs. At least five (5) years of experience working in the field of HIV/AIDS, including experience working with Peer Workers. The senior staff person will provide leadership, interface with others at the academic center and the NYSDOH AI and serve as facilitator of the Peer Certification Review Board which meets three (3) times a year.
- b. .5 FTE Project Staff Person with lived experience of HIV, HCV, or HR. This individual will provide assistance to applicants, supervisors and agencies, represent the program at public meetings and events, oversee preparation of applicant materials for Peer Review Board meetings, and manage the processing of formal complaints submitted against a Certified Peer Worker.
- c. An Administrative Assistant is needed to prepare application materials for the Peer Review Board, manage all logistics associated with conducting committee meetings and the annual graduation event, including making travel arrangements for committee members and upstate certified peer workers.

Resumes/CVs of staff and consultants are subject to NYSDOH AI approval. **Resumes of all key staff should be uploaded with Attachment 6: Agency Capacity and Staffing Information.**

Component E - Leadership Training Institute for HIV, HCV, Drug User Health, and PrEP (LTI)

Program Description

The NYS Leadership Training Institute (LTI) is a statewide capacity building program for people who have shared lived experience with HIV, HCV, substance use, and PrEP. The principal goal of the LTI is to provide training in health and wellness self-management, leadership skills, peer worker certification, and supervising peer workers. Trainings help to prepare individuals for community involvement opportunities and peer work.

Below is an outline of the specific activities to be carried out under LTI Component E.

Plan and deliver NYS LTI Health and Wellness Self-Management (4-day), Leadership Skills (3-day), Peer Worker Certification (3-day), and Supervising Peer Workers (2-day) Trainings

- a. Promote and recruit appropriate participants for the initiative's trainings targeting people who have shared lived experience with HIV, HCV, substance use, and PrEP.
 - i. Ensure that participants are recruited from all areas of the state, all priority populations including people of color; LGBTGNC communities; people who use drugs; and people who live with or have been cured of HCV. A minimum of 20 participants will participate in each training.
 - ii. Recruitment for LTI training should take into consideration the importance of fostering leadership development opportunities for the next generation of leaders and for new individuals interested in stepping into leadership positions within the HIV/AIDS community.
 - iii. The Supervising Peer Workers training may be offered in New York City (NYC) or upstate regions. **Note:** This is a provider training. Reimbursement for travel, lodging or other expenses will NOT be provided to participants.
- b. Update and expand existing trainings to meet the needs of people who have shared lived experience with HIV, HCV, substance use, and PrEP.
 - i. Revisions to existing trainings will be done in collaboration with awarded contractor, NYSDOH AI staff, and with members of priority populations.
 - ii. The development and pilot of new training modules may be required due to changing population priorities. The NYSDOH AI will convey updated information to the contractor as it arises and work in collaboration with the contractor when program modifications become necessary.
- c. Plan and deliver trainings across NYS.
 - i. Trainings upstate will be offered regionally in a residential format and support the cost of participant travel, lodging, and meals for the duration of the training.

- ii. Trainings in NYC will be offered in a standard in-person daily training format and support the cost of transportation via Metro Cards, LIRR, or Metro North tickets (no residential component).
- iii. Print LTI trainer and participant training manuals and other program materials so that an adequate supply is available for all trainings. Respond to changing priorities that result in the need for new trainings. The LTI contractor is responsible for storing and distributing trainer and participant manuals and other materials for each of the trainings.
- d. Work with the NYSDOH AI to pilot and evaluate the delivery of existing or new trainings using distance learning and social media technology platforms.

Provide ongoing support and engagement of Peer Leaders

- a. Ensure a statewide presence of individuals who have completed trainings to serve as leaders in their communities.
 - i. Ensure community leaders and peer mentors exist in every region of NYS.
- b. Provide ongoing trainings to further develop leadership and mentorship skills among participants.
- c. Navigate LTI graduates who are interested in becoming a NYS Certified Peer Worker in HIV, HCV, substance use, and/or PrEP through the certification process.
 - i. Explore the use of in-person distance learning and social media technology to navigate LTI graduates.
 - ii. Refer peer mentors to other trainings offered by the Regional Training Center and Centers of Expertise.
- d. Gather data regarding the impact of training participants in their communities, including levels of engagement with state and regional networks, consumer advisory bodies (CABs), quality improvement (QI) teams, and peer workers.
- e. Facilitate quarterly regional meetings of Certified Peer Workers and LTI graduates for support, networking, and to build community.

Program Requirements

1. Program Requirements: Component E

The NYS LTI is responsible for recruiting, training, and providing on-going support for people who have shared lived experience with HIV, HCV, substance use, and PrEP to:

- a. Promote and build capacity to strengthen the presence of the consumer voice within prevention, healthcare, and social services delivery systems, as well as in the larger community;
- b. Promote self-management and empowerment;
- c. Serve as community leaders and help others navigate healthcare systems;
- d. Serve as community leaders participating in NYSDOH AI community involvement opportunities (i.e., CAC, HAB) and provider-specific CABs;
- e. Play a role in QI, including serving on QI teams and committees; and
- f. Serve as NYS Certified Peer Workers.

All applicants selected for funding will be required to:

- a. Adhere to all objectives, tasks and performance measures as listed in **Attachment 10: LTI Work Plan**, under the guidance of the NYSDOH AI.

- b. Develop an outreach and marketing plan which uses all appropriate media, including social media, to promote in-person and webinar-based training programs statewide to NYSDOH AI-funded organizations, minority-run CBOs, and others serving high-risk communities.
- c. Develop a bi-annual statewide training calendar for all trainings (to be available in hard copy and online) by the first and third quarter of the contract period.
- d. Promote the LTI and conduct outreach on a statewide basis. The LTI contractor must demonstrate the ability to understand and reach the diverse priority population of eligible training participants. Outreach efforts should include contact with ETE and NYLINKS regional groups, Ryan White Part A HIV Health and Human Services Planning Councils, AIDS service providers, community-based organizations, hospitals, diagnostic and treatment centers, and other regional groups.
- e. Follow initiative-wide best practices for promoting trainings, participant registration, provision of quality training, implementing distance learning programs, and program evaluation as outlined in **Attachment 5: Training Center Best Practice**.
- f. Attend four, webinar-based contractor work group meetings annually. These sessions, held from 10am to 3pm, should be attended by the Program Manager and Lead Trainer/Curriculum Developer.
- g. Participate in initiative-wide quality improvement activities, preparing a minimum of three (3) PDSA (Plan, Do, Study, Act) cycles per year. Training centers are expected to implement best practices identified through the PDSA process.
- h. Provide monthly narrative reports describing the progress of the program with respect to: 1) training deliverables; 2) registration and attendance levels; 3) success in meeting the objectives, tasks and performance measures as listed in **Attachment 10: LTI Work Plan**, 4) significant accomplishments; 5) barriers encountered; and 6) plans to address identified problems.
- i. Work with NYSDOH AI staff to develop an overall evaluation plan for the initiative. The plan will include quantitative and qualitative evaluation measures and will examine factors such as: regional distribution of LTI leaders; involvement in NYSDOH AI provider CABs; HIV outpatient primary care facility quality management teams/committees; and the degree to which LTI program trainings impact community engagement. The awarded contractor will administer the following LTI documents provided by the NYSDOH AI:
 - Pre/Post Self-Management training series questionnaires to assess participants' knowledge of HIV health care;
 - LTI Patient Self-Management overall satisfaction course evaluation forms; and
 - Self-Management six-month follow-up evaluation tools.
- j. Use the designated online learning management website to carry out training participant registration activities.
- k. Respond to changing priorities that result in the need for new trainings, which may require modifications to program deliverables and work plans to include developing, piloting and implementing new training modules, or modifying existing modules during the course of the contract. The NYSDOH AI will convey updated information to the contractor as it arises and work in collaboration with the contractor when program modifications become necessary.
- l. 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 NYSDOH AI. All subcontractors are subject to approval by the NYSDOH AI.

3. Staffing Requirements:

Employ a qualified, diverse panel of individuals that are representative of the LTI target audience at all levels of the program, including: managers, supervisors, trainers, and support staff. Below are program standards for several of these positions. Applicants with the following staffing will be best prepared to successfully administer the program. Please note that applicants are not required to have each of these positions in place in order to be eligible to apply:

- a. **Program Manager** – An appropriate educational background with a minimum of five (5) years professional administrative level experience in a public health or human services-related field providing programmatic and fiscal oversight activities, including experience overseeing professional training programs. An effective program manager will have experience in training, coordinating activities with community-based and governmental organizations, program development and implementation, evaluation of training programs and have excellent interpersonal skills.
- b. **Lead Trainer** – Relevant lived experience, an appropriate educational background and professional training experience in the fields of HIV, HCV, HR, and PrEP. The Program Manager and Lead Trainer/Curriculum Developer may be the same person.
- c. **Trainers and consultants** – relevant lived experience, an appropriate educational background, including demonstrated training skills and appropriate experience and qualifications in the topics they will train.
- d. **LTI Mentors** – individuals who completed LTI trainings and have been identified by the program and the NYSDOH AI as having the capacity to mentor others.

Resumes/CVs of staff and consultants are subject to approval by the NYSDOH AI. All appropriate staff and consultants will attend, and successfully complete train-the-trainer programs provided by the NYSDOH AI or an approved contractor. Training centers will be responsible for ensuring all consultant trainers are fully prepared to deliver trainings for which they are assigned as primary or back-up trainers. **Resumes of all key staff should be uploaded with Attachment 6: Agency Capacity and Staffing Information.**

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute, Office of the Medical Director and Health Research Inc. The Department and HRI are responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted to Richard Cotroneo via email to:

hivet@health.ny.gov

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

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

All questions submitted should state “HIV, STIs, and Viral Hepatitis Training Services RFA” in the subject line.

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

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

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

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

Questions and answers, as well as any updates and/or modifications, will be posted on the Grants

Gateway and HRI's website. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Intent

Letters of Intent are not a requirement of this RFA.

D. Applicant Conference

An Applicant Conference will not be held for this project.

E. How to File an Application

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

To apply for this opportunity:

1. Log into the [Grants Gateway](#) as either a "Grantee" or "Grantee Contract Signatory".
2. On the Grants Gateway home page, click the "View Opportunities" button.
3. Use the search fields to locate an opportunity; search by State agency (DOH) or enter the Grant Opportunity name < **HIV, STIs and Viral Hepatitis Training Services** >.
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 at the 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 applicants' 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.64 of the Grants Gateway: Vendor User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not "protected" or "pass-worded" documents.

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

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

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

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

F. Department of Health's and HRI's Reserved Rights

The Department of Health and HRI reserve 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 or HRI'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 or HRI be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State and HRI.
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 and HRI.

G. Term of Contract

Any State contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller. Any HRI contract resulting from this RFA will be effective only upon approval by HRI. Refer to **Attachment 11: HRI General Terms and Conditions**.

It is expected that NYS contracts resulting from this RFA will have the following multi-year time period: **December 1, 2020 – November 30, 2025**. Continued funding throughout this period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

HRI-funded contracts resulting from this RFA will be for 12-month terms. The anticipated start date of HRI contracts is **December 1, 2020**. However, depending on the funding source, the initial contract term could be for a shorter time period. HRI awards may be renewed for up to four (4) additional annual contract periods based on satisfactory performance and availability of funds. HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed twenty-five (25) percent. Due to requirements of the federal funder, no advance payments will be allowed for HRI contracts resulting from this procurement.
2. For state contracts, the grant contractor will be required to submit monthly invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

AIDS Institute
New York State Department of Health
Empire State Plaza
Corning Tower, Rm 244
Albany, NY 12237

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the

Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363.

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

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

3. The funded state grant and HRI contractor will be required to submit the following periodic reports:
 - A monthly narrative addressing program implementation, barriers, and accomplishments.
 - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS). <http://www.airсны.org/>

For HRI contracts, contractors will be expected to submit voucher claims and reports of expenditures in the manner that HRI requires. Required forms will be provided with the contract package.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Grant Contract. For HRI Contracts, payments and reporting requirements will be detailed in Exhibit "C" of the final contract.

I. Minority & Woman-Owned Business Enterprise Requirements

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

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

statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority group 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 on this page under “Search for 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 12: MWBE Utilization Plan** 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 online at: http://www.osc.state.ny.us/vendor_management/forms.htm.

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

L. Vendor Responsibility Questionnaire

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

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

Applicants should complete and submit **Attachment 13: Vendor Responsibility Attestation**. 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](#) is available to walk users through the process.

1) Register for the Grants Gateway

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

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

2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the 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.

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 included with 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, HRI and 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 judgment of the Department and HRI, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State and HRI, the Department and HRI 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.
6. Applicant must maintain an active registration in the System for Award Management (SAM) at SAM.gov, have no exclusions or delinquent federal debt.

V. COMPLETING THE APPLICATION

A. Application Format and Content – All components

Please refer to the Grants Gateway: Vendor User Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at:

<https://grantsmanagement.ny.gov/system/files/documents/2019/03/grantsgatewayvendorusermanual03-13-2019.pdf>. Additional information for applicants is available at:
<https://grantsmanagement.ny.gov/resources-grant-applicants>.

Please note: you must use Internet Explorer (11 or higher) to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

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

All applicants are required to complete and upload **Attachment 1: Application Cover Page**. Attachment 1 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.

Application Format – All Components

1. Program Abstract	Not Scored	
2. Community and Agency Description	Maximum Score:	25 points
3. Program Design and Implementation	Maximum Score:	40 points
4. Budget and Justification	Maximum Score:	20 points
5. Work Plan	Maximum Score:	<u>15 points</u>
		100 points

1. Program Abstract

Not Scored

Applicants should provide a program abstract with the following information:

- 1a) Describe the proposed program. **For component B only, include what Topic Specific Training Center of Expertise is selected.** Include what will be completed and how.
- 1b) What are the project goals and objectives?
- 1c) What is the geographic region to be served?
- 1d) Indicate the total number of health and human services providers and organizations to receive training interventions annually.
- 1e) What outcomes does your organization expect to achieve? How will success be measured?

2. Community and Agency Description

Maximum Score: 25 Points

- 2a) Describe your organization's qualifications, strengths, partnerships, and experience related to the specific component for which you are applying.
- 2b) Describe the outcomes achieved as a result of any prior grants for professional education and training activities your organization has received.
- 2c) Describe the unique training needs of the priority population of health and human services providers to be served through this program.
- 2d) Describe your organization's commitment to Ending the AIDS epidemic (ETE), eliminating HCV, and promoting health for LGBTGNC people and PWUD.

3. Program Design and Implementation

Maximum Score: 40 Points

- 3a) Referring to Section III. Project Narrative/Work Plan Outcomes of this RFA, describe how your organization will implement a program that meets all of the Program and Staffing Requirements for the Component for which you are applying. Applicants are

instructed to complete **Attachment 6: Agency Capacity and Staffing Information** and upload it in the Pre-Submission section of the Grants Gateway Online Application. Resumes/CVs for each position need to be included with Attachment 6 as one (1) pdf no larger than 10MB. Include any proposed in-kind staff. Please ensure that uploaded files are not “protected” or “pass-worded.”

- 3b) Please describe any innovative activities or strategies you plan to use in your program.
- 3c) What are your program’s indicators for success? How will you use them to drive program improvement? Please be specific.
- 3d) What challenges do you anticipate in implementation of your program and how will you address them?
- 3e) Describe the policies and procedures your organization would have in place to ensure provision of consistently high-quality training services. Include a statement regarding the date the policies were first developed, the date the policies were last updated and the interval at which the policies are reviewed. Applicants are instructed to upload the policies and procedures regarding the following areas of work as **Attachment 14: Agency Policies and Procedures** in the Pre-Submission section of the Grants Gateway Online Application: 1. Hiring staff and consultant trainers; 2. Training team presentation; 3. Trainer supervision; 4. Quality assurance; and 5. Post-training de-brief and review of participant evaluations. **The attachment is limited to 25 pages. Any additional pages over 25 will not be reviewed or considered by reviewers of your application.**
- 3f) Describe how your organization will ensure that the services provided are accessible, culturally competent, and linguistically appropriate.
- 3g) Describe your organization’s readiness to undertake program activities in a timely fashion.

4. Budget and Justifications

Maximum Score: 20 Points

Complete and submit a budget following these instructions:

- 4a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region, component or topic in which they are applying. The budget for year one (**September 1, 2020 – August 31, 2021**) must be entered into the Grants Gateway. Refer to **Grants Gateway Expenditure Budget Instructions - Attachment 15**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and work plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable.
- 4b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to

program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

- 4c) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
- 4d) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities must show total support and revenue and total expenditures. The Statement of Activities should be uploaded to the Grants Gateway as **Attachment 16: Statement of Activities for the past three (3) years.**
- 4e) Applicants are required to complete **Attachment 17: Funding History for HIV/STI/Viral Hepatitis Training, Capacity Building Services, or Client Services.**
- 4f) Applicants are required to upload a copy of their agency Time and Effort policy as **Attachment 18.**
- 4g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 4h) Funding requests must adhere to the following guidelines:
- An indirect cost rate of up to 10% of modified total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of modified total direct costs can be requested.
 - Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the NYSDOH AI to provide program services in accordance with the requirements of this RFA must apply for continuation of funding.
 - Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH/HRI to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.
 - The budget will be reviewed for thoroughness, accuracy, whether staffing pattern meets the requirements outlined in the RFA, whether salary levels are appropriate for attracting qualified staff, inclusion of expenses required to serve the entire region being served (including training space and appropriate levels of support for staff travel), and overall reasonableness of costs.

5. Work Plan

Maximum Score: 15 Points

For the Grants Gateway **Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in the corresponding Work Plan Attachment (i.e. Attachments 4, 7-10) for the funding for which you are applying. In the Grants Gateway **Work Plan Organizational Capacity** section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Applicants will be required to complete performance measures for some of the Work Plan tasks. Applicants are instructed to insert the performance measures into the Grants Gateway Work Plan when a performance measure is requested. Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Work Plan Attachments (i.e. Attachments 4, 7-10) for the funding for which you are applying.

Applicants must insert Workplan Performance Measures. These measures will be reviewed for competitiveness, reasonableness, and responsiveness to the intent of the program component for which the applicant is applying.

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

B. Freedom of Information Law

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

C. Review & Award Process

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the NYSDOH AI.

NYSDOH AI and HRI anticipate that there may be more worthy applications than can be funded with available resources. Please see Section I. B of the RFA for specific review and award information. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) not funded due to limited resources and 3) not approved. Not funded applications

may be awarded should additional funds become available.

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

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State and HRI, 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.

NYSDOH AI and HRI reserve the right to revise the award amounts as necessary due to changes in the availability of funding. If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. NYSDOH AI and HRI reserve the right to review and rescind all subcontracts. 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 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 hivet@health.ny.gov. In the subject line, please write: *Debriefing Request HIV, STIs, and Viral Hepatitis Training Services RFA*.

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: Application Cover Page*
- Attachment 2: Ryan White Guidance for Part B Direct Service Contractors**
- Attachment 3: Statement of Assurances*
- Attachment 4: Regional Training Centers Work Plan - Component A**
- Attachment 5: Training Center Best Practices**
- Attachment 6: Agency Capacity and Staffing Information*
- Attachment 7: Topic-Specific Training Centers Work Plan - Component B**
- Attachment 8: Distance Learning Center of Expertise Work Plan - Component C**
- Attachment 9: PCAC Work Plan - Component D**
- Attachment 10: LTI Work Plan - Component E**
- Attachment 11: HRI General Terms and Conditions**
- Attachment 12: MWBE Utilization Plan *
- Attachment 13: Vendor Responsibility Attestation *
- Attachment 14: Agency Policies and Procedures
- Attachment 15: Grants Gateway Expenditure Budget Instructions**
- Attachment 16: Statement of Activities for past three (3) years
- Attachment 17: Funding History for HIV/STI/Hepatitis training, capacity building services or client services*
- Attachment 18: Time and Effort Policy

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

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

RYAN WHITE GUIDANCE FOR PART B DIRECT SERVICE SUBCONTRACTORS

This guidance sets forth requirements related to AIDS Institute Ryan White Part B contracts as stipulated in the Ryan White HIV/AIDS Treatment Extension Act and as mandated by HRSA policy and New York State policy. The following information provides guidance for contractors in developing budgets and work plans. Ryan White Part B contracts **must** adhere to these requirements. This guidance includes information on allowable services, client eligibility, time and effort reporting, administration, and payer of last resort requirements. Please note that these policies may not be applicable to Ryan White Part A contracts administered by PHS.

Ryan White Service Categories

The Ryan White law limits the persons eligible for Ryan White services and limits the services that are allowable with Ryan White funds. Activities supported and the use of funds appropriated under the law must be in accordance with legislative intent, federal cost principles, and program-specific policies issued by the federal Health Resources and Services Administration (HRSA). HRSA policy related to Ryan White Parts A and B states that no service will be supported with Ryan White funds unless it falls within the legislatively defined range of services. In addition, the law stipulates that Ryan White is the “payer of last resort” (see payer of last resort section on page 4). In conducting program planning, developing contracts, and overseeing programs, you must comply with legislative intent and HRSA policy regarding allowable services and payer of last resort requirements.

Ryan White funded medical and support services must be provided in settings that are accessible to low income individuals with HIV disease.

By receiving Part B funds, the contractor agrees to participate, as appropriate, in Ryan White HIV/AIDS Treatment Extension Act initiatives. The contractor agrees that such participation is essential in meeting the needs of clients with HIV as well as achieving the overall goals and objectives of the Ryan White HIV/AIDS Treatment Extension Act.

Ryan White Part B funds may be used to support the following services:

CORE SERVICES

- 1. Mental health services for HIV-positive persons.** Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, including individual and group counseling, based on a detailed treatment plan, provided by mental health professionals licensed by the NYS Department of Education and the Board of Regents to practice within the boundaries and scope of their respective profession. This includes Psychiatrists, Psychologists, Psychiatric Nurse Practitioners, Masters prepared Psychiatric Registered Nurses, and Licensed Clinical Social Workers. All mental health services must be provided in accordance with the AIDS Institute Mental Health Standards of Care.
- 2. Medical case management services (including treatment adherence)** are a range of client centered services that link clients with health care, psychosocial, and

other services. The coordination and follow-up of medical treatments are key components of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the care plan at least every 6 months, as necessary during the enrollment of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication. Medical case management services must be provided by trained professionals who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other services. Medical case management may be provided in a variety of medical settings, including community health centers, County Departments of Health, hospitals, or other Article 28 facilities. All medical case management services must be provided in accordance with AIDS Institute medical case management standards.

SUPPORT SERVICES, defined as services needed to achieve outcomes that affect the HIV-related clinical status of a person with HIV/AIDS. Support services must be shown to improve clinical outcomes. Support services must facilitate access to care. Allowable support services are:

3. **Case management (non-medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed support services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does. In accordance with HRSA HAB policy notice 07-04, this includes transitional case management for incarcerated persons as they prepare to exit the correctional system as part of effective discharge planning, or who are in the correctional system for a brief period, which would not include any type of discharge planning. All non-medical case management services must be provided in accordance with AIDS Institute non-medical case management standards.
4. **Emergency financial** - Ryan White HIV/AIDS Program funds may be used to provide Emergency Financial Assistance (EFA) as an allowable support service.
 - a. The decision-makers deliberately and clearly must set priorities and delineate and monitor what part of the overall allocation for emergency assistance is obligated for transportation, food, essential utilities, and/or prescription assistance. Careful monitoring of expenditures within a category of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to indicate when reallocations may be necessary.

- b. In addition, Grantees and planning councils/consortia must develop standard limitations on the provision of Ryan White HIV/AIDS Program funded emergency assistance to eligible individuals/households and mandate their consistent application by all contractors. It is expected that all other sources of funding in the community for emergency assistance will be effectively utilized and that any allocation of Ryan White HIV/AIDS Program funds to these purposes will be the payer-of-last-resort, and for limited amounts, limited use and limited periods of time
5. **Food bank/home-delivered meals** - Food and Meal Services assist with improving the nutrition status of the client while they develop the necessary skills to make appropriate food choices that will improve and/or maintain their health status. Nutrient dense, well balanced, and safe meals and food tailored to the specific dietary needs of PLWH/A can assist in maximizing the benefits of medical interventions and care. The food and meal services include home-delivered meals, congregate meals, pantry bags, and food gift cards/vouchers. Meals and pantry bags must provide culturally acceptable foods based on knowledge of the food habits and preferences of the target populations.
6. **Health education/risk reduction** -HIV education and risk reduction services include short term individual and/or group level activities to address medical and/or health related education intended to increase a client's knowledge of and participation in their health care, address secondary HIV prevention, improve health, and decrease the risk of transmission of HIV. Education and risk reduction services should be structured to enhance the knowledge base, health literacy and self-efficacy of HIV-infected persons in accessing and maintaining HIV medical services and staying healthy. Recreational and socialization activities are not included in this category.
7. **Housing services** are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care.

Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.
8. **Linguistic services** include interpretation/translation services (both written and oral), provided to HIV- infected individuals (including non-English speaking individuals, and those who are deaf or hard of hearing) for the purpose of ensuring the client's access to medical care and to Ryan White fundable support services that have a direct impact on primary medical care. Funded providers must ensure linguistic services are provided by a qualified professional interpreter.
9. **Medical Transportation services** include conveyance services provided, directly or through voucher, to an eligible client so that he or she may access HIV-related health and support services intended to maintain the client in HIV/AIDS medical care. If this contract is funded under Catalog of Federal Domestic Assistance Number 93.917 or

93.915, the contractor certifies that it will provide transportation services for eligible clients to medical and support services that are linked to medical outcomes associated with HIV clinical status. Transportation should be provided through: A contract(s) with a provider(s) of such services; Voucher or token systems, Mileage reimbursement that enables individuals to travel to needed medical or other support services may be supported with Ryan White HIV/AIDS Program funds but should not in any case exceed the established rates for Federal Programs. Federal Joint Travel Regulations provide further guidance on this subject; Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); or, Purchase or lease of organizational vehicles for client transportation programs. Note: Grantees must receive prior approval for the purchase of a vehicle.

10. **Outreach services** are programs that have as their principal purpose identification of people who know their status so that they may become aware of, and may be enrolled in care and treatment services, **NOT** HIV counseling and testing or HIV prevention education. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.
11. **Psychosocial support services** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups that improve medical outcomes, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a nonregistered dietitian but excludes the provision of nutritional supplements.
12. **Referral for health care/supportive services** is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.
13. **Treatment adherence counseling** - Short term individual and/or group level activities used to provide HIV/AIDS treatment information, adherence counseling, monitoring, and other strategies to support clients in readiness to begin ARV treatment or maintain maximal adherence to prescribed HIV/AIDS treatment. Treatment adherence counseling activities are provided by non-medical personnel outside of the medical case management and clinical setting. The ultimate goal of treatment education is for a consumer to self-manage their own HIV/AIDS-related care. Self-management is the ability of the consumer to manage their health and health care autonomously, while working in partnership with their physician.

Ryan White funds may also be used to support training of providers delivering allowable services that is intended to improve medical outcomes and consumer education/training that is intended to improve medical outcomes.

Payer of Last Resort

- Ryan White is payer of last resort. The Ryan White HIV/AIDS Treatment Extension Act requires that “...the State will ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made with respect to that item or service under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or by an entity that provides health services on a prepaid basis. ”DSS program policy guidance No. 2 further states that at the individual client level, grantees and/or their subcontractors are expected to make reasonable efforts to secure other funding instead of Ryan White whenever possible. Ryan White funding may only be used for services that are not reimbursable by Medicaid, ADAP Plus or other third-party payers.
- The Contractor shall (i) maintain policies and staff training on the requirement that Ryan White be the payer of last resort and how that requirement is met; (ii) screen each client for insurance coverage and eligibility for third party programs, assist clients in applying for such coverage and document this in client files; and (iii) carry out internal review of files and billing system to ensure Ryan White resources are used only when a third party payer is not available.
- The Contractor shall (i) have billing, collection, co-pay and sliding fee policies that do not act as a barrier to providing services regardless of the clients’ ability to pay and (ii) maintain file of individuals refused services with reasons for refusal specified and any complaints from clients with documentation of complaint review and decision reached.
- The Contractor shall ensure that policies and procedures classify veterans receiving VA health benefits as uninsured, thus exempting these veterans from the payer of last resort requirement.

Medicaid Certification & Program Income

- Contractors that provide Medicaid-eligible services pursuant to this agreement shall (i) participate in New York State’s Medicaid program; (ii) maintain documentation of their Medicaid certification; (iii) maintain file of contracts with Medicaid insurance companies; and (iv) document efforts to obtain Medicaid certification or request waiver where certification is not feasible.
- The Contractor shall bill, track and report to HRI all program income (including drug rebates) pursuant to this agreement that are billed and obtained. Report of program income will be documented by charges, collections and adjustment reports or by the application of a revenue allocation formula.
- The Contractor shall (i) establish policies and procedures for handling Ryan White revenue including program income; (ii) prepare a detailed chart of accounts and general

ledger that provide for the tracking of Ryan White revenue; and (iii) make the policies and process available for granted review upon request.

Client Charges

The Ryan White HIV/AIDS Program legislation requires grantees and subgrantees to develop and implement policies and procedures that specify charges to clients for Ryan White funded services. These policies and procedures must also establish sliding fee scales and discount schedules for clients with incomes greater than 100% of poverty. The legislation also requires that individuals be charged no more than a maximum amount (cap) in a calendar year according to specified criteria.

Each subcontractor may adopt the following policy for use in their policies and procedures in order to satisfy this legislative requirement.

All clients receiving Ryan White Part B services must meet the following income eligibility requirements. Financial eligibility is based on 435% of the Federal Poverty Level (FPL). Clients above 435% of FPL are not eligible for services. FPL varies based on household size and is updated semi-annually. Financial eligibility is calculated on the gross income available to the household:

- If an individual's income is less than or equal to 100% of the Federal Poverty Level (FPL), the individual may not be charged for services.
- For individuals with income from 101% to 200% of the FPL, a nominal fee of \$5 will be charged per service visit. Cumulative charges in a calendar year can be no more than 5% of the individual's annual gross income. Once the 5% cap is reached, the individual may no longer be charged for services.
- For individuals with incomes from 201% to 300% of the FPL, a nominal fee of \$7 will be charged per service visit. Cumulative charges in a calendar year can be no more than 7% of the individual's annual gross income. Once the 7% cap is reached, the individual may no longer be charged for services.
- For individuals with income over 300% of the FPL, a nominal fee of \$10 will be charged per service visit. Cumulative charges in a calendar year can be no more than 10% of the individual's annual gross income. Once the 10% cap is reached, the individual may no longer be charged for services.

The following discounted fee schedule shall be applied to all individuals receiving a Ryan White Part B service as follows:

- For individuals with income from 101% to 200% of the FPL, a discount of \$5 will be applied to each charge per service visit.
- For individuals with income from 201% to 300% of the FPL, a discount of \$7 will be applied to each charge per service visit.

- For individuals with income over 300% of the FPL, a discount of \$10 will be applied to each charge per service visit.

Services must be provided to eligible clients without regard to either the ability of the individual to pay for such services or the current or past health conditions of the individuals to be served.

Time and Effort Reporting

Contractors must have systems in place to document time and effort of direct program staff supported by all federal funds. New federal contractors must submit their written policies related to time and effort to HRI for approval. Most often, such systems take the form of a time sheet entry. These time and effort reporting procedures must clearly identify the percentage of time each staff person devotes to contract activities in accordance with the approved budget. The percent of effort devoted to the project may vary from month to month. The employee's time sheet must indicate the percent of effort the employee devotes to each particular project for a given time period. The effort recorded on the time sheet must reflect the employee's funding sources, and the percent of effort recorded for Ryan White funds must match the percentage being claimed on the Ryan White voucher for the same time period. In addition, 100 percent of the employee's time must be documented. In cases where the percentage of effort of contract staff changes during the contract period, contractors must submit a budget modification request to the AIDS Institute.

On audit, contractors will be expected to produce this documentation. Failure to produce this documentation could result in audit disallowances. HRI also has the right to request back-up documentation on any vouchers if they choose to do so. Only indirect staff is not subject to time and effort reporting requirements. Such staff must be included in the indirect costs line, rather than in the salaries section.

Quality

Ryan White Part B contractors are expected to participate in quality management activities as contractually required, at a minimum compliance with relevant service category standards of care and collection and reporting of data for use in measuring performance. Quality management activities should incorporate the principles of continuous quality improvement, including agency leadership and commitment, staff development and training, participation of staff from all levels and various disciplines, and systematic selection and ongoing review of performance criteria, including consumer satisfaction.

HRSA National Monitoring Standards

The National Monitoring Standards (Standards) are designed to help Ryan White HIV/AIDS Program Part A and B (including AIDS Drug Assistance Program) grantees meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Requirements set forth in other sources are consolidated into a single package of materials that provide direction and advice to grantees for monitoring both their own work and the performance of service providers. The Standards consolidate existing

HRSA/HAB requirements for program and fiscal management and oversight based on federal law, regulations, policies, and guidance documents.

The Standards were developed by the Division of Service Systems (DSS) within the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB) in response to several Office of Inspector General (OIG) and Government Accountability Office (GAO) reports. These reports identified the need for a specific standard regarding the frequency and nature of grantee monitoring of subgrantees and a clear HRSA/HAB Project Officer role in monitoring grantee oversight of subgrantees.

Grantees and Subgrantees are required to comply with the Standards as a condition of receiving Ryan White Part A and Part B funds. The Standards can be accessed by visiting:

<http://www.hab.hrsa.gov/manageyourgrant/granteebasics.html>.

Administration

The Ryan White legislation imposes a cap on contractor administration. The legislative intent is to fund services and keep administrative costs to a minimum. Contractors shall ensure that expenses on administrative costs do not exceed 10% of the total grant.

Administrative expenses may be individually set and may vary; however, the aggregate total of a contractors administrative costs may not exceed the 10% limit. Administrative activities include:

- usual and recognized overhead activities, **including established indirect rates** for agencies;
- management oversight of specific programs funded under the RWHAP; and
- other types of program support such as quality assurance, quality control, and related activities (exclusive of RWHAP CQM).

The portion of direct facilities expenses such as rent, maintenance, and utilities for areas primarily utilized to provide core medical and support services for eligible RWHAP clients (e.g., clinic, pharmacy, food bank, counseling rooms, areas dedicated to groups) are not required to be included in the 10% administrative cost cap. Note: by legislation, all indirect expenses must be considered administrative expenses subject to the 10% cap.

For contractors funded by Ryan White Part B, the following programmatic costs are **not** required to be included in the 10% limit on administrative costs; they may be charged to the relevant service category directly associated with such activities specific to the contract:

- Biannual RWHAP client re-certification;
- The portion of malpractice insurance related to RWHAP clinical care;
- Electronic Medical Records (EMR) data entry costs related to RWHAP clinical care and support services;
- The portion of the clinic receptionist's time providing direct RWHAP patient services (e.g., scheduling appointments and other intake activities);
- The portion of medical waste removal and linen services related to the provision of RWHAP services;

- The portion of medical billing staff related to RWHAP services;
- The portion of a supervisor's time devoted to providing professional oversight and direction regarding RWHAP-funded core medical or support service activities, sufficient to assure the delivery of appropriate and high-quality HIV care, to clinicians, case managers, and other individuals providing services to RWHAP clients (would not include general administrative supervision of these individuals); and
- RWHAP clinical quality management (CQM). However, expenses which are clearly administrative in nature cannot be included as CQM costs.

The following items of expense **are considered administrative** and should be included in the column for administrative costs when completing the budget forms.

(A) Salaries

Management and oversight: This includes staff that has agency management responsibility but no direct involvement in the program or the provision of services.

Finance and Contract administration: This includes proposal, work plan and budget development, receipt and disbursement of contract funds, and preparation of programmatic and financial reports as required by the AIDS Institute.

A position **or** percentage of a position may be considered administrative. Examples of titles that are 100% administrative: Controller, Accounting Manager, Director of Operations, Bookkeeper, Accountant, Payroll Specialist, Finance Coordinator, Maintenance Worker, or Security Officer.

Examples of titles that may in part involve administrative duties: Deputy Executive Director; Program Manager, Program Coordinator, or Clinic Manager. With regard to supervision, the percentage of time devoted to supervising programmatic activities and/or providing overall direction to program activities should be considered programmatic.

In the example below, the Chief Operating Officer and Chief Administrative Officer have wholly administrative positions. As such the entire amount requested from the AIDS Institute for these salaries is transferred into the administrative cost line. The Clinic Manager position is 20% administrative so 20% of the requested salary is considered administrative. A calculation on the Salary budget form page will divide all administrative salaries by the total salaries.

This percentage in the example below (9.93%) may be applied to items in the miscellaneous category that may be shared by program and administrative staff.

Administrative Cost Updates:

AIRS Data entry staff are **not** required to be included in the 10% limit on Administrative Costs for data entry related to core medical and support services provided to Ryan White HIV/AIDS Program (RWHAP) clients.

Some **examples** based on the recent updates are:

- A Receptionist's time providing direct RWHAP patient services is not required to be counted against the 10% administrative cost limit.
- A Supervisor's time devoted to providing professional oversight and direction regarding RWHAP-funded core medical or support service activities is not required to be included in the 10% administrative cost limit.

Job descriptions provided must describe the position's involvement with these activities in order to justify the charges.

17.1 Position Title/Incumbent Name(s) <small>List only those positions funded on this contract. If salary for position will change during the contract period, use additional lines to show salary levels for each period of time. If additional space is needed, copy this page.</small>	17.2 Hours Worked Per Week <small>Hours worked per week, regardless of funding source.</small>	17.3 Annual Salary <small>Salary for 12 months, regardless of funding source.</small>	17.4 # of months or pay periods funded on this contract	17.5 % of effort worked on this contract	17.6 Amount Requested from AIDS Institute <small>Col. 3 x Col. 4 x Col. 5 12 mos. or 26 pp</small>	17.7 Third Party Revenue <small>Show anticipated use of revenue generated by this contract. (Medical and ADAP Plus)</small>	17.8 Administrative Costs <small>Includes administrative staff salaries supported by this contract. (2)</small>
Director of Case Mgt and Treatment Adherence	35	\$85,000	12	75.00%	\$48,750		
Chief Operating Officer	35	\$80,000	12	4.00%	\$3,200		\$3,200
Chief Administrative Officer	35	\$72,000	12	4.00%	\$2,880		\$2,880
Case Manager I	35	\$45,000	12	100.00%	\$45,000		
Clinic Manager	35	\$30,000	12	100.00%	\$30,000		\$6,000
Data Entry	35	\$29,000	12	20.00%	\$5,800		
IT Specialist	35	\$30,000	12	4.00%	\$1,200		\$1,200
SUBTOTAL					\$136,830		\$13,280
Notes:							9.71% (2)

(B) Fringe

The fringe rate should be applied to the amount of staff salaries devoted to administration

(\$12,400 in the above example) in order to calculate the amount of administrative fringe benefits. The summary budget form will calculate this amount once the administrative salaries have been identified on the salary page and the fringe rate has been entered on the fringe page.

(C) Supplies

All funds budgeted for office supplies are considered administrative. Supplies such as educational or clinical materials would be considered programmatic. The administrative supply amount should be entered directly on the supply budget form.

(D) Travel

Travel pertaining to the financial operations or overall management of the organization is considered administrative. Client travel or travel of program staff to training would be considered programmatic. The administrative travel amount should be entered directly on the travel budget form.

(E) Equipment

Equipment purchased for administrative staff or for the financial operations or overall management of the organization is considered administrative. Equipment purchased for program staff or to support or enhance service delivery would be considered programmatic. The administrative equipment amount should be entered directly on the equipment budget

form.

(F) Miscellaneous

Includes any portion of rent, utilities, telecommunications that are not directly related to core medical and support services provided to RWHAP clients. Audit expenses are considered 100% Administrative. Liability insurance can be considered both Administrative and programmatic if a methodology is included by the provider which demonstrates that a portion of the direct service is to RWHAP clients. The percentage of staff time devoted to administration (as calculated on the salary page) should be applied to items of expense shared by program and administrative staff (such as photocopiers, printers, and maintenance agreements). The amount of administrative telecommunications, space and miscellaneous other costs should be entered directly on the miscellaneous budget form.

Cell phone costs for 100% direct program staff will be considered programmatic expenses and should not be charged as administrative costs. If a portion of a staff salary is administrative, then that portion of their cell phone charges must be administrative.

Examples:

- A Case manager has a cell phone whose sole purpose is to use that cell phone for serving Ryan White positive clients would be considered 100% programmatic.
- A Clinic Manager has a cell phone and their administrative effort on the contract is 20%. This means that 20% of the cell phone cost must count towards the 10% administrative cost limit.

(G) Subcontracts/Consultant

Includes contractors who perform non-service delivery functions (bookkeepers, payroll services, accountants, security, maintenance, etc.) The administrative contractual amount should be entered directly on the subcontracts/consultants budget form.

(H) Indirect

100% of funds budgeted in the indirect line are administrative. Any contractor that has never received a Federal negotiated indirect cost rate may charge a de minimis rate of 10% of modified total direct costs. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a contractor chooses to negotiate for a rate, which they may apply to do at any time. The total amount of indirect costs requested should be transferred to the administrative cost line on the indirect costs budget form. **All indirect expenses must be considered administrative expenses subject to the 10% cap.**

The summary budget form will calculate a rate based on the entries made on each budget form. This rate must be 10% or less for Ryan White contractors. We recognize that some administrative resources are needed by contractors to support direct service programs; however, it is important to note that Ryan White funds are meant to support direct services rather than administration. Upon review of the budget, contract managers will work with you if necessary to reduce administrative costs.

ATTACHMENT 4 – (COMPONENT A) WORK PLAN SUMMARY

PROJECT NAME: **HIV, Sexually Transmitted Infections and Viral Hepatitis Training Services, Component A: Regional Training Centers**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: December 1, 2020

To: November 30, 2025

Regional Training Centers are responsible for developing and delivering a mix of in-person trainings, and distance education trainings on an array of topics related to HIV, STIs, and viral hepatitis for health and human services providers throughout their designated region. Regional Training Centers will serve one of the following defined regions:

- NYC & Long Island: including the five boroughs, and Nassau and Suffolk counties
- NYC & Mid-Hudson: including the five boroughs and Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties
- Upstate NY: including counties of Albany, Greene, Columbia, Rensselaer, Schoharie, Schenectady, Saratoga, Fulton, Essex, Montgomery, Hamilton, Franklin, Clinton, Warren, Washington, Steuben, Schuyler, Yates, Seneca, Ontario, Livingston, Monroe, Wayne, St. Lawrence, Jefferson, Lewis, Oswego, Oneida, Herkimer, Onondaga, Madison, Cayuga, Chemung, Tioga, Broome, Tompkins, Delaware, Cortland, Chenango, Otsego, Niagara, Orleans, Genesee, Erie, Wyoming, Chautauqua, Cattaraugus, and Allegany

Regional Training Centers will deliver a range of NYSDOH-approved trainings. Funded applicants must have the capacity to meet the training needs of the target audience throughout the entire region for which they are applying.

In conjunction with the NYSDOH AI, Regional Training Centers assess training needs in their regions through development and distribution of surveys, active and on-going participation on relevant community task forces and planning bodies, and on-going dialogue with providers. Additional training curricula are developed by the NYSDOH AI, the Regional Training Centers, or NYSDOH AI funded Topic-Specific Centers of Expertise, on an as needed basis.

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

Applicants will be required to complete performance measures for some of the Work Plan tasks. Applicants are instructed to insert the performance measures into the Grants Gateway Work Plan when a performance measure is requested. Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 4: Component A Work Plan.

**ATTACHMENT 4 – Component A WORK PLAN
DETAIL**

OBJECTIVE	TASKS	PERFORMANCE MEASURES
1: Establish a Regional Training Center.	1.1 Hire and maintain staff that meet the qualifications outlined in the RFA, including: a Master’s degree level Program Manager, Master’s level Lead Trainer/Curriculum Developer, Trainers, Consultants, Certified Peer Workers and administrative staff.	1.1.1 Staff with designated qualifications are in place throughout the contract period, and resumes/CVs of staff and consultants approved by the NYSDOH AI.
	1.2 Ensure access to an adequate pool of staff and consultant trainers that are representatives of the target audience, well versed in the latest NYSDOH AI HIV Clinical Guidelines, and well-informed about new developments in the field.	1.2.1 (indicate in this box the number of trainers/ consultants)
	1.3 Program manager / lead trainer will attend initiative-wide contractor work group meetings via webinar four times per year.	1.3.1 Attendance at contractor work group meetings is documented
	1.4 Conduct in-person training programs in various locations throughout the region to ensure adequate access to training throughout the region.	1.4.1 Complete delivery of ____ half-day in-person trainings 1.4.2 Complete delivery of ____ full day in-person trainings 1.4.3 Complete delivery of ____ 2 day in-person trainings 1.4.4 Deliver training in ____ different locations throughout the region. (Fill in the blanks)
	1.5 Conduct interactive webinars and other distance education events based on AIDS Institute approved training materials to ensure adequate access to training throughout the region.	1.5.1 Complete delivery of ____ 2-hour webinars (Fill in the blank) 1.5.2. Complete delivery of ____ other distance learning events (optional)

		(Fill in the blank)
	1.6 Facilitate provision of technical assistance to local health departments.	1.6.1 Conduct 7 regional day long meetings (upstate training center only)
	1.7 Deliver in-person technical assistance to AIDS Institute funded contractors	1.7.1 Complete delivery of ____ 4 hour on-site technical assistance sessions (Fill in the blank)
	1.8 Make handouts and training materials available to participants, printing up to 30 pages per in-person training and emailing materials to webinar participants	1.8.1 Training materials are available to participants for every in-person training 1.8.2 Training materials are emailed to participants for each webinar
	1.9 Submit monthly narrative reports describing progress with: 1) training deliverables; 2) registration and attendance; 3) significant accomplishments; 4) barriers encountered; and 5) plans to address identified problems.	1.9.1 Monthly reports submitted in a timely and thorough fashion.
2: Ensure trainers are fully prepared to conduct high quality trainings.	2.1 Program manager and appropriate trainers will attend two, two-day in-person training of trainer sessions in Albany, NY each year	2.1.1 Appropriate TOT Attendance is documented
	2.2 Program manager/ lead trainer will prepare, support, and supervise training staff and training consultants to ensure all trainers are knowledgeable on topics covered, able to lead all training activities, and tailor trainings to regional needs	2.2.1 Training center has a documented policy in place for preparing, supporting and supervising all trainers and this process includes internal quality reviews 2.2.2 AIDS Institute monitoring of trainings indicates a positive review.
	2.3 Trainers and technical staff will be fully trained in the webinar platform or other software to conduct an interactive webinar or other distance education event	2.3.1 Trainers and technical staff can operate all functions of the webinar platform and webinars include at least one interactive activity every thirty minutes.
	2.4. Back-up trainers will be available to cover in any instance when a designated trainer is unable conduct the training (e.g. in cases of illness)	2.4.1 Training centers have a documented back-up trainer policy and a detailed schedule of back-up trainers for each course

	2.5 All trainers will adhere to <i>Health Literacy Universal Precautions</i>	2.5.1 Implement Literacy Toolkit steps to address participant comprehension: https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html
OBJECTIVE	TASKS	PERFORMANCE MEASURES
3: Develop training materials.	3.1 Work with the AIDS Institute to define a topic area and establish training goals and objectives.	3.1.1 Training goals and objectives are approved by the AIDS Institute for ONE new curriculum.
	3.2 Conduct research on the topic area with specific emphasis on knowledge, skills, and attitudes required to promote effective service delivery.	3.2.1 Needed knowledge, skills and attitudes are defined.
	3.3 Develop training materials, engage in expert review including representatives from local health departments, and DOH regional offices, pilot test and finalize materials.	3.3.1 Training materials are developed and approved by the AIDS Institute.
4: Develop a marketing plan which uses all appropriate media.	4.1 Assess the training needs of health and human services providers throughout the region via formal and informal surveys, attend regional meetings, and conduct individual stakeholder interviews.	4.1.1 Training center staff periodically attend regional meetings with health and human services providers 4.1.2 Needs assessment information is used to guide the process of developing the training center calendar of courses.
	4.2 Develop semi-annual training calendars based on regional needs in concert with the AIDS Institute, other training centers funded under this initiative, the Clinical Education Initiative, and other relevant federally funded training initiatives.	4.2.1 A minimum of 20 participants from the designated target audience will participate in each training. 4.2.2 The rate of no-shows for registered training participants shall be less than 30% in NYC/Metro area and 20% upstate.

	4.3 Market trainings using a mix of media, including mass email, printed training announcements, social media such as Twitter or Facebook and other strategies.	4.3.1 The training center sends out training marketing materials via mass email. 4.3.2. The training center announces trainings using social media. 4.3.3. Posters and print materials are used strategically to promote trainings.
	4.4 Maintain a webpage on the organization's website for the training center with current information about upcoming trainings and links to the initiative-wide registration system.	4.4.1 Training center website is easily accessible to the public. 4.4.2 All training center trainings are listed on the website with links to the initiative-wide registration system.
	4.5 Deliver in-person trainings, webinars, and other distance education events, with at least 20% of the deliveries being webinars or distance education events.	4.5.1 Training centers meet the designated number of training deliveries and targeted attendance rate negotiated with the AIDS Institute. 4.5.2. Webinars or distance education events constitute at least 20% of the training centers training deliveries.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
5: Use the initiative's LMS and ensure appropriate space and webinar platform.	5.1 Secure physical training space to hold at least 35 people and equipment that is conducive to adult learning.	5.1.1 Adequate training space with high quality AV equipment (including at least one centrally located classroom with a Smart Board), as well as ample space for small group work, and comfortable seating available for all in-person trainings to accommodate at least 35 adult learners.

	5.2 Secure and provide a webinar software package with multiple features to promote interactivity between trainers and participants, (including: chat, polling, shared screen etc.), and ability to accommodate at least 250 participants.	5.2.1. Webinar package with access to at least 250 participants with multiple features is used for all webinars.
	5.3 Provide training in an environment reflective of the region, diverse population of providers being trained and communities served.	5.3.1 ‘Safe Zone’ posters or similar posters and images of diverse populations such as age, race, ethnicity, LGBTGNC, people with disabilities, etc. are displayed in the training space.
	5.4 Work with the initiative’s LMS to schedule training events at least 6 weeks prior to date of delivery, monitor training registration levels, prepare sign-in sheets, confirm participant attendance and monitor/ report on attendance levels.	5.4.1 All training center trainings are accurately posted on the initiative learning management system at least six weeks prior to the training 5.4.2 Participant attendance in trainings is accurately tracked and reported on the registration system.
	5.5 Communicate with registered training participants to confirm registration, provide reminders 1-3 weeks before the training and 1-3 days before the training to ensure that participants have all needed logistical information to successfully participate in the training.	5.5.1 A minimum of 20 participants from the designated target audience attend each training. 5.5.2 The rate of no-shows for registered training participants shall be less than 30% in NYC/Metro area and 20% upstate.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
6: Establish a continuous quality improvement plan.	6.1 Establish a quality improvement committee comprised of key staff involved in administering the program.	6.1.1 A quality improvement committee is established and is comprised of key staff. 6.1.2 Quality improvement committee meets at least quarterly.

	6.2 Conduct at least 3 PDSA cycles per year on topics determined in conjunction with the AIDS Institute and make improvements accordingly.	6.2.1 Three PDSA cycles per year on topics determined in conjunction with the AIDS Institute are conducted. 6.2.2. Results of PDSA and QI work is shared during initiative-wide contractor work groups. 6.2.3. Findings from the PDSA are incorporated into program operations.
	6.3 Foster excellence in trainer presentation skills, group processing, interpersonal skills, communication, and cultural competency.	6.3.1. Policies and procedures are in place to foster trainer development 6.3.2. The program manger routinely assesses trainer skills and an evaluation and improvement plan is in place for every staff person or consultant involved in the delivery of training.
	6.4 Establish a system to conduct, analyze and make improvements based on the findings of training evaluation activities including pre-post knowledge tests and participant satisfaction surveys.	6.4.1 Policies and procedures are in place to review and discuss evaluation results. 6.4.2 Evaluation results are used to improve future trainings.
7: Flexibility in programming for directing resources effectively	7.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	7.1.1 N/A
	7.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STI/HCV epidemiologic patterns, or to accommodate advances in best practice.	7.2.1 Aid with non-workplan public health issues if/when they arise
	7.3 Assist with other priority public health issues if/when they arise (e.g., local STI case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.	7.3.1 Aid with non-workplan public health issues if/when they arise.

HIV, Sexually Transmitted Infections and Viral Hepatitis Training Services Training Center Best Practices

Promotions and training marketing and participant registration

- When scheduling courses, allow a minimum of 6 weeks to promote and market the training.
- Clearly communicate the intended audience, course goals and objectives in all promotional materials.
- Include the direct registration link in all promotional materials to facilitate participant registration, including on flyers, emails, electronic announcements, agency website or calendars, etc.
- Include a slide or handout in each webinar or training about other upcoming trainings.
- When scheduling a course ensure all fields are completed, including times and exact location. For webinars, include the link in the training address field to facilitate participant access to the required link.
- Send a reminder emails to all registrants 1-2 weeks before the event, and 1-3 days before the webinar or training. It is beneficial to send an additional reminder the day of the event for webinar trainings.
- Include in the reminder emails a request for participants who are not planning on attending, to drop the course.
- Monitor participant registration in the registration system to allow for additional promotional efforts as needed. Training centers should alert their contract managers of courses that continue to have low registration despite promotional efforts at least 2 weeks prior to the course delivery.
- Use the report function in the registration system to track attendance, waitlists and participant no show rates for each training conducted during each calendar period. Review and use these data when planning your next calendar.

Setting up a conducive in-person learning environment

- The quality of the training space significantly influences the participant learning experience. Training space should be comfortable with enough room to accommodates up to 35 adult learners with ample space for small group work. It should be handicap accessible to reasonably accommodate all learners.
- The training space should minimize outside distractions (noise, outside interruptions, etc.) and reinforce a sense of safety to encourage open learner participation.
- The training space should have access to high quality AV equipment.
- Room set-up should encourage learner participation.
- For in-person trainings, trainers should anticipate arriving at least 60 minutes before the training start to allow sufficient time to assess the room set-up and take charge of the training space. A U-layout or small group tables encourages greater participant engagement.

Delivering Effective Webinars

For webinars, setting up the environment and technology includes:

- Designating a Webinar Technical Expert who is not presenting during the webinar, but who is comfortable with using the webinar software and can provide technical support during the webinar. The webinar technical expert should know how to handle the following audio issues for the particular webinar platform being used:
 - There is feedback on the line
 - Participants do not know how to unmute themselves if they would like to speak
 - Participants do not know how to mute themselves
- Securing and setting-up a webinar room. This should be a quiet room with a door and where no background noise can be heard.

- Creating a sign or other system to ensure that the presentation space stays quiet.
- Investing in high-quality headsets (speaker and microphone) to ensure good sound quality.
- Testing webinar software and system requirements in advance, to ensure all equipment is compatible, and all elements of the presentation are functional (i.e. Videos, polls, etc. Ask presenters to log in 30 minutes before the webinar starts to trouble shoot any issues they may have in accessing the webinar platform.
- If presenters use their camera, make sure that the background is free of visual distractions such as windows to public areas or other workers.
- Plan a presenter rehearsal to ensure familiarity with the technical aspects of the platform, verify content flow and timing.

Making Webinars Interactive and Interesting

- Begin with an ice breaker to get the participants engaged.
- Follow with regular interaction that break up periods of lecture with activities. Build in an instance of interaction every 5 minutes. Interactions can vary in length and intensity but will help keep participants engaged and help support their learning.
- Explain to learners why they are being asked to interact and how answering the question benefits them: “This will let me customize my presentation to make sure that I am addressing the things that you want to hear about.”
- Balance the content and the length of Webinar. Participants can generally maintain concentration for a limited length of time. General informational webinars should have a maximum length of 60 minutes. Training and educational webinars can go as long as 90 minutes. Sessions of 90 minutes or more should include a break for people to get up, stretch, and take care of critical needs.
- Speak with energy and enthusiasm. Avoid a monotone delivery style by consciously changing the pitch of your voice and your speed of delivery. Every small change in your delivery style refocuses your audience’s attention on your voice and your content.

Developing Effective PowerPoint slides

- Use consistent colors throughout the presentation to create an overall look and feel that appropriately represents the subject matter.
- Be consistent with font size, type and color throughout the presentation.
- Use a clear, professional font with a minimum of 30PT for titles and 28 for text.
- Use font color in high-contrast colors that let foreground text be easily seen and read over the background.
- Apply “less is best” rule with minimal amount of text and number of bullet points, preferably not more than three.
- Be consistent in how key points are highlighted throughout the presentation.
- Include purposeful, high-quality graphics (photos, charts, graphs, tables, diagrams) that make a specific point. Avoid irrelevant images that can distract.

Evaluation

- To promote participant completion of webinar evaluation forms, use the webinar platform poll function at the end of the training or embed a hyperlink to an electronic survey in the presentation slides.

**ATTACHMENT 7 – (COMPONENT B) WORK PLAN
SUMMARY**

PROJECT NAME: **HIV, Sexually Transmitted Infections and Viral Hepatitis Training Services, Component B: Topic-Specific Training Centers**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: December 1, 2020

To: November 30, 2025

Topic-Specific Training Centers of Expertise will develop training curricula and deliver a mix of in-person and distance learning trainings in specialized topic areas. Topic-Specific Training Centers of Expertise must offer trainings statewide with the specific locations for in-person training determined in concert with the NYSDOH AI. Centers of Expertise will be established in the following topic-specific areas:

- Promoting Health for Lesbian, Gay, Bisexual, Transgender and Gender Non-Conforming (LGBTGNC) People;
- Promoting Health for PWUD;
- Opioid Overdose Prevention Training and Capacity Building;
- HCV Mono-infection and HIV/HCV Co-infection;
- Trauma-Informed Care;
- Health Equity and Improving Health Outcomes for People Living with HIV (PLWH);
- Legal Issues Impacting People Living with HIV/STI/Viral Hepatitis; and
- Expanding Employment Opportunities for PLWH.

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

Applicants will be required to complete performance measures for some of the Work Plan tasks. Applicants are instructed to insert the performance measures into the Grants Gateway Work Plan when a performance measure is requested. Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 7: Component B Work Plan.

**ATTACHMENT 7 – Component B WORK PLAN
DETAIL**

OBJECTIVE	TASKS	PERFORMANCE MEASURES
1: Establish a Training Center of Expertise in the designated topic area.	1.1 Hire and maintain staff that meet the qualifications outlined in the RFA, including: a Master’s degree level Program Manager, Master’s level Lead Trainer/Curriculum Developer, Trainers, Consultants, Certified Peer Workers and administrative staff.	1.1.1 Staff with designated qualifications are in place throughout the contract period, and resumes/CVs of staff and consultants approved by the NYSDOH AI.
	1.2 Ensure access to an adequate pool of staff and consultant trainers that are diverse representatives of the target audience, well versed in the latest NYSDOH AI HIV Clinical Guidelines, and well-informed about new developments in the field.	1.2.1 (indicate in this box the number of trainers/ consultants).
	1.3 Program manager / lead trainer will attend initiative-wide contractor work group meetings via webinar four times per year.	1.3.1 Attendance at contractor work group meetings is documented.
	1.4 Conduct in-person trainings which are included in the NYS Certified Peer Worker in HIV, HCV and HR course catalog, in various locations throughout the state to ensure adequate access to training statewide.	1.4.1 Complete delivery of ____ half-day in-person trainings 1.4.2 Complete delivery of ____ full day in-person trainings 1.4.3 Complete delivery of ____ 2 day in-person trainings. (Fill in the blanks)
	1.5 Conduct interactive webinars and other distance education events based on AIDS Institute approved training materials to ensure adequate access to training throughout the state.	1.5.1 Complete delivery of ____ 2 hour webinars 1.5.2 Complete delivery of ____ other distance learning events (optional) (Fill in the blanks)
	1.6 Deliver in-person technical assistance to AIDS Institute funded contractors.	1.6.1 Complete delivery of ____ 4 hour on-site technical assistance sessions.

		(Fill in the blank)
	1.7 Submit monthly narrative reports describing progress with: 1) training deliverables; 2) registration and attendance; 3) significant accomplishments; 4) barriers encountered; and 5) plans to address identified problems.	1.7.1 Monthly reports submitted in a timely and completed fashion
	1.8 Make training materials (training manuals and handouts) available to participants, printing up to 50 pages per in-person training and emailing materials to webinar participants.	1.8.1 Training materials are available to participants for every in-person training. Training materials are emailed to participants for each webinar.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
2: Ensure trainers are fully prepared to conduct high quality trainings.	2.1 Program manager/ lead trainer will prepare, support and supervise training staff and training consultants to ensure all trainers are knowledgeable on topics covered, able to lead all training activities and tailor trainings to regional needs.	2.1.1 Training center has a documented policy in place for preparing, supporting and supervising all trainers and this process includes internal quality reviews 2.1.2 AIDS Institute monitoring of trainings indicates a positive review.
	2.2 Trainers and technical staff will be fully trained in the webinar platform or other software to conduct an interactive webinar or other distance education event.	2.2.1 Trainers and technical staff can operate all functions of the webinar platform and webinars include at least one interactive activity every thirty minutes.
	2.3 Back-up trainers will be available to cover in any instance when a designated trainer is unable conduct the training (for example in cases of illness).	2.3.1 Training centers have a documented back-up trainer policy and a detailed schedule of back-up trainers for each course
	2.4 Trainers will keep abreast of the latest developments in their specific area of expertise and advise the AI on incorporating state of the art information into existing HIV, STI and viral hepatitis training programs.	2.4.1 Training centers can show updated training curriculum with latest developments and state of the art information.
	2.5 All trainers will adhere to Health Literacy Universal Precautions	2.5.1 Implement Literacy Toolkit https://www.ahrq.gov/professionals/quality-

		patient-safety/quality-resources/tools/literacy-toolkit/index.html
3: Develop training materials for non-physician health and human service providers.	3.1 Work with the AIDS Institute to define a topic area and establish training goals and objectives	3.1.1 Training goals and objectives are approved by the AIDS Institute for ____ new curriculum (fill in the blank with a number)
	3.2 Conduct research on the topic area with specific emphasis on knowledge, skills and attitudes required to promote effective service delivery.	3.2.1 ____ new training curriculum is developed, and all required materials are completed and approved by the AIDS Institute. (fill in the blank with a number)
	3.3 Develop training materials, engage in expert review including representatives from local health departments, and DOH regional offices, pilot test and finalize materials.	3.3.1 ____ new training curriculum is developed, and all required materials are completed and approved by the AIDS Institute. (fill in the blank with a number)
OBJECTIVE	TASKS	PERFORMANCE MEASURES
4: Develop a marketing plan which uses all appropriate media.	4.1 Assess the training needs of health and human services providers throughout the state.	4.1.1 Training center staff periodically attend regional meetings with health and human services providers 4.1.2 Needs assessment information is used to guide the process of developing the training center calendar of courses, and collaboration contact lists are kept on file.
	4.2 Develop semi-annual training calendars in concert with the AIDS Institute, other training centers funded under this initiative, the Clinical Education Initiative and other relevant federally funded training initiatives	4.2.1 A minimum of 20 participants from the designated target audience will participate in each training 4.2.2 The rate of no-shows for registered training participants shall be less than 30% in

		NYC/Metro area and 20% upstate
	4.3 Market trainings using a mix of media, including mass email, printed training announcements, social media such as Twitter or Facebook and other strategies	4.3.1 The training center sends out training marketing materials via mass email 4.3.2 The training center announces trainings using some form of social media 4.3.3 Posters and print materials are used strategically to promote trainings
	4.4 Maintain a webpage on the organization's website for the training center with current information about upcoming trainings and links to the initiative-wide registration system	4.4.1 Training center website is easily accessible to the public and all training center trainings are listed on the website with links to the initiative-wide registration system
	4.5 Deliver in-person trainings, webinars and other distance education events, with at least 20% of the deliveries being webinars or distance education events	4.5.1 Training centers meet the designated number of training deliveries and targeted attendance rate negotiated with the AIDS Institute 4.5.2 Webinars or distance education events constitute at least 20% of the training centers training deliveries.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
5: Use the initiative's LMS and ensure appropriate space and webinar platform.	5.1 Secure physical on-site training space and equipment that is conducive to adult learning (subject to NYSDOH AI approval)	5.1.1 Adequate training space with high quality AV equipment (including at least one centrally located classroom with a Smart Board), as well as ample space for small group work, and comfortable seating available for all in-person trainings, to accommodate at least 35 adult learners.
	5.2 Secure and provide a webinar software package with multiple features to promote interactivity between trainers and participants, (including: chat, polling, shared screen etc.), and	5.2.1 Webinar package with access to at least 250 participants with multiple features is used for all webinars

	ability to accommodate at least 250 participants.	
	5.3 Provide training in an environment reflective of the state, diverse population of providers being trained, and communities served.	5.3.1 'Safe Zone' posters or similar posters or images of diverse populations such as age, race, ethnicity, LGBTGNC, people with with disabilities, etc. are displayed in the training space.
	5.4 Work with the initiative's designated LMS to conduct training registration, schedule training events, monitor training registration levels, prepare sign-in sheets, confirm participant attendance and monitor/ report on attendance levels.	5.4.1 All training center trainings are accurately posted on the initiative learning management system 5.4.2 Participant attendance in trainings in accurately tracked and reported on the registration system
	5.5 Communicate with registered training participants to confirm registration, provide periodic reminders and ensure that participants have all needed logistical information to successfully participate in the training.	5.5.1 A minimum of 20 participants from the designated target audience attend each training 5.5.2 The rate of no-shows for registered training participants shall be less than 30% in NYC/Metro area and 20% upstate.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
6: Establish a continuous quality improvement plan.	6.1 Establish a quality improvement committee comprised of key staff involved in administering the program.	6.1.1 A quality improvement committee is established and is comprised of key staff 6.1.2 Quality improvement committee meets at least quarterly.
	6.2 Conduct at least 3 PDSA cycles per year on topics determined in conjunction with the AIDS Institute and make improvements accordingly.	6.2.1 Three PDSA cycles per year on topics determined in conjunction with the AIDS Institute are conducted. 6.2.2 Results of PDSA and QI work is shared during initiative-wide contractor work groups.

		6.2.3 Findings from the PDSA are incorporated into program operations
	6.3 Foster excellence in trainer presentation skills, group processing, interpersonal skills, communication, and cultural competency	6.3.1 Policies and procedures are in place to foster trainer development. 6.3.2 The program manger routinely assess trainer skills and an evaluation and improvement plan is in place for every staff person or consultant involved in the delivery of training
	6.4 Establish a system to conduct, analyze and make improvements based on the findings of training evaluation activities including pre-post knowledge tests and participant satisfaction surveys.	6.4.1 Policies and procedures are in place to review and discuss evaluation results 6.4.2 Evaluation results are used to improve future trainings
7: Flexibility in programming for directing resources effectively	7.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	7.1.1 N/A
	7.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STI/HCV epidemiologic patterns, or to accommodate advances in best practice.	7.2.1 Aid with non-workplan public health issues if/when they arise
	7.3 Assist with other priority public health issues if/when they arise (e.g., local STI case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.	7.3.1 Aid with non-workplan public health issues if/when they arise.

**ATTACHMENT 8 – (COMPONENT C) WORK PLAN
SUMMARY**

PROJECT NAME: **HIV, Sexually Transmitted Infections and Viral Hepatitis Training Services, Component C: Distance Learning Center of Expertise**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: December 1, 2020

To: November 30, 2025

The Distance Learning Center of Expertise will manage the initiative-wide learning management system, develop interactive distance education trainings and digital learning tools, and assist the NYSDOH AI with a variety of issues related to expanding the use of distance learning technologies and digital learning tools to provide HIV, STI, and viral hepatitis training to non-physician health and human services providers.

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

Applicants will be required to complete performance measures for some of the Work Plan tasks. Applicants are instructed to insert the performance measures into the Grants Gateway Work Plan when a performance measure is requested. Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 8: Component C Work Plan.

**ATTACHMENT 8 – Component C WORK PLAN
DETAIL**

OBJECTIVE	TASKS	PERFORMANCE MEASURES
1: Establish a Center of Expertise in Distance Learning.	1.1 Hire and maintain a Master’s Degree level program manager/ lead trainer and administrative staff.	1.1.1 Staff with designated qualifications are in place throughout the contract period.
	1.2 Ensure access to an adequate pool of IT staff and or technical consultants.	1.2.1 (indicate in this box the FTE of IT staff/ consultants)
	1.3 Program manager / lead trainer will attend initiative-wide contractor work group meetings via webinar three times per year.	1.3.1 Attendance at contractor work group meetings is documented.
	1.4 Manage the initiative LMS.	1.4.1 A functional LMS is in place. 1.4.2 The LMS meets all NYSDOH Internet Security requirements.
	1.5 Advise the AIDS Institute about the latest developments in the field of distance learning, web-based training, and digital learning tools.	1.5.1 Training Center staff remain abreast of new developments in distance education and digital learning and meet with AIDS Institute staff twice a year to review developments. 1.5.2 HIV/STI/VH Training Services Initiative adopts new distance education and digital learning technologies in a timely fashion.

	1.6 Provide handicapped accessible on-line trainings and digital learning tools that are conducive to adult learning and in compliance with requirements of the Americans with Disabilities Act.	1.6.1 Adult learners with handicaps are able to access on-line trainings and digital learning tools.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
2: Develop distance learning trainings and digital learning tools.	2.1 Develop new distance learning trainings and digital learning tools.	2.1.1 Identify the number of on-line interactive trainings and digital learning tools to be developed. The number should be three or greater: Insert Number _____
	2.2 Work with the AIDS Institute to define topic areas and establish training goals and objectives for each on-line training or digital learning tool to be developed.	2.2.1 Topics, goals and objectives are defined and approved by the AIDS Institute.
	2.3 Develop training materials, engage in expert review, pilot test and finalize training materials.	2.3.1 On-line trainings and digital learning tools are reviewed by AIDS Institute approved panels of experts 2.3.2 Results of pilot testing of materials demonstrates that on-line trainings and digital learning tools are ready for dissemination.
3: Conduct brief quizzes and award continuing education credits.	3.1 Work with AIDS Institute staff and training center staff to develop brief quizzes for various distance learning products.	3.1.1 Quizzes are developed that reflect the key content areas in distance learning products.
	3.2 Ensure that the learning management system has the capacity to conduct and score quizzes and award continuing education credits.	3.2.1 Health and human services providers who complete distance education products with continuing education credits will be able to access appropriate documentation of such.

4: Develop a marketing plan.	4.1 Assess the training needs of health and human services providers throughout the state via review of on-line usage data and provider surveys.	4.1.1 The training center sends out training marketing materials. 4.1.2 The training center announces trainings at least bi-monthly using various forms of social media and sends announcements monthly via mass email.
	4.2 Market trainings using a mix of media, including mass email, printed training announcements, social media such as Twitter or Facebook, and other strategies.	4.2.1 Periodic surveys of user satisfaction with the site indicate high levels of user satisfaction with regards to locating needed training course information.
OBJECTIVE	TASKS (max 250 characters each)	PERFORMANCE MEASURES (max 500 characters each)
5: Ensure the LMS is able to conduct training registration activities.	5.1 Maintain a user-friendly LMS that allows health and human services provider to easily identify courses, topics, objectives, method of delivery, date, and location of trainings.	5.1.1 Periodic surveys of user satisfaction with the site indicate high levels of user satisfaction with regards to locating needed training course information.
	5.2 LMS will have the capacity to report data to training centers and AIDS Institute regarding attendance, no show rates, participant demographics and agency-level data.	5.2.1 Data from the LMS is available for monthly training center reports and AIDS Institute grant reporting to funders.
	5.3 Implement a system that allows training centers to mark participants as “attended” after an in-person course and automatically marks participants as “attended” upon completion of a distance education training.	5.3.1 Participant attendance is accurately confirmed for both in-person and distance education events.
6: Establish a continuous quality improvement plan.	6.1. Establish a quality improvement committee comprised of key staff involved in administering the program.	6.1.1 A quality improvement committee is established and is comprised of key staff. 6.1.2 Quality improvement committee meets at least quarterly.

	6.2 Conduct at least 3 PDSA cycles per year on topics determined in conjunction with the AIDS Institute and make improvements accordingly.	6.2.1 Three PDSA cycles per year on topics determined in conjunction with the AIDS Institute are conducted. 6.2.2 Results of PDSA and QI work is shared during initiative-wide contractor work groups. 6.2.3 Findings from the PDSA are incorporated into program operations.
	6.3 Foster excellence in trainer presentation skills, group processing, interpersonal skills, communication, and cultural competency.	6.3.1 Policies and procedures are in place to foster trainer development. 6.3.2 The program manager routinely assess trainer skills and an evaluation and improvement plan is in place for every staff person or consultant involved in the delivery of training.
	6.4. Implement quality improvement activities to ensure that on-line trainings and digital learning tools maximize learner interactivity to the extent possible.	6.4.1 Qualitative data regarding user ratings of the level of interactivity of on-line courses is presented to the AIDS Institute by the training center. 6.4.2 Evaluation results are used to improve future trainings.
7: Flexibility in programming for directing resources effectively	7.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	7.1.1 N/A
	7.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STI/HCV epidemiologic patterns, or to accommodate advances in best practice.	7.2.1 Aid with non-workplan public health issues if/when they arise.
	7.3 Assist with other priority public health issues if/when they arise (e.g., local STI case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.	7.3.1 Aid with non-workplan public health issues if/when they arise.

**ATTACHMENT 9 – (COMPONENT D) WORK PLAN
SUMMARY**

PROJECT NAME: HIV, Sexually Transmitted Infections, and Viral Hepatitis Training Services, Component D: Peer Certification Academic Center (PCAC)

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: December 1, 2020

To: November 30, 2025

The Peer Certification Academic Center (PCAC) will be responsible for facilitating the formal certification process for the NYS Certified Peer Worker in HIV, HCV and HR program. This PCAC must have the capacity to award an academic certificate and will partner with the NYSDOH AI to ensure that the training requirements for certification are of sufficient rigor to warrant certification. The PCAC will facilitate a Peer Review Board comprised of 9-15 individuals who will be responsible for reviewing all applications for certification and making the final determination regarding whether the applicant has met all program requirements. The PCAC will be responsible for assisting applicants for certification with understanding all program requirements, navigating the certification process, completion of the online application and verifying the contents of individual applicant packets. The PCAC will facilitate three in-person meetings of the Peer Review Board in NYC annually and will prepare applicant packets for review by the decision-making body. The PCAC will work with the Peer Review Board and the NYSDOH AI to review cases of complaints against a Certified Peer Worker, ensuring that established program policies regarding processing a complaint are followed. The PCAC will communicate with certificate holders about the recertification process and the requirement to complete 10 hours of continuing education each year. The PCAC will administer a recertification checklist to all certificate holders and will monitor completion of continuing education hours. The PCAC will issue updated certificates to certificate holders who complete the requirement and will change the status of those who do not complete the requirement in accordance with policy determined by the Peer Review Board. The PCAC will house records for all applicants and certificate holders and will be responsible for preparing quarterly reports on the status of applications, number of certificate holders and other pertinent data. The PCAC will be responsible for all administrative tasks and expenses related to the planning of an annual NYS HIV, HCV, HR Peer Worker Certification Graduation in NYC. Responsibilities include: procuring event space; providing refreshments and a light meal; travel and lodging for certified peer workers who do not reside in NYC; and working with the NYSDOH AI to plan and execute the event.

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

Applicants will be required to complete performance measures for some of the Work Plan tasks. Applicants are instructed to insert the performance measures into the Grants Gateway Work Plan when a performance measure is requested. Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 9: Component D Work Plan.

**ATTACHMENT 9 – Component D WORK PLAN
DETAIL**

OBJECTIVE	TASKS	PERFORMANCE MEASURES (max 500 characters each)
1: Establish a Peer Certification Academic Center (PCAC).	1.1 Hire and maintain a Master’s Degree level program manager/ lead trainer, including at least one staff member who reflects the Lived Experience of HIV, HCV and/or HR, and administrative staff.	1.1.1 Staff with designated qualifications are in place throughout the contract period and resumes/CVs of staff and consultants are reviewed and approved by the AIDS Institute.
	1.2 Ensure access to an adequate pool of IT staff or technical consultants.	1.2.1 (indicate in this box the FTE of IT staff/ consultants)
	1.3 Program manager / lead trainer will attend initiative-wide contractor work group meetings via webinar three times per year.	1.3.1 Attendance at contractor work group meetings is documented.
	1.4 Award academic certificate for peer certification.	1.4.1 PCAC is an accredited Academic Institution.
	1.5 Liaise with the AIDS Institute in upholding training requirements and quality	1.5.1 PCAC regularly meets and communicates with AIDS Institute Peer Certification staff to ensure quality provision of trainings. 1.5.2 PCAC notifies AI staff of concerns or incidents that challenge the quality of the certification program.
	1.6 Provides services related to certification in a manner that is consistent with adult learning principles and in compliance with requirements of the Americans with Disabilities Act.	1.6.1 Adult learners with disabilities are able to access certification in a manner that suits their needs.
2: Facilitate a Peer Review Board comprised of 9-15 individuals.	2.1 Facilitate meetings of Peer Review Board.	2.1.1 Review board meet 3-4 times peer year to review applications and discuss ongoing topics related to the certification program.

	2.2 Plan Logistics of Peer Review Board Meetings	2.2.1 Meeting space is procured for meetings. 2.2.2 Travel is arranged for members of review board that are located outside NYC. 2.2.3 Agendas, minutes and other administrative documentation is generated.
	2.3 Communicate issues and concerns regarding program with Peer Review Board.	2.3.1 Peer Review Board Members are notified of issues via e-mail or in person, between and at meetings.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
3: Assist applicants with understanding all program requirements.	3.1 Hire and Maintain a Peer Certification Coordinator.	3.1.1 Staff member is in place throughout the contract period.
	3.2 Store records and application contents in a confidential manner.	3.2.1 Records and application contents are stored in a confidential manner.
	3.3 Provide one on one technical assistance to peers in process.	3.3.1 Peer workers have access to assistance in regard to program requirements and certification process navigation.
	3.4 Manage application system and individual applications.	3.4.1 Applications are regularly monitored and prepared for peer review board meetings.
4: Oversee the recertification process.	4.1 Alert certificate holders of requirement to submit CE hours 3 months prior to deadline.	4.1.1 Notices of requirement to submit CEs is sent out to all CPWs.
	4.2 Monitor submission of CE hours and completion of a recertification checklist.	4.2.1 Recertification checklist is developed and completed and recertification status for all certificate holders is monitored.
	4.3 Issue updated Certificates to individuals who complete CE.	4.3.1 Updated certificates are issued to individuals who complete re-certification. The certification status of those who do not is

		changed to inactive or uncertified in accordance with Peer Review Board policy.
5: Process all alleged violations of the Code of Ethics.	5.1. Serve as the point of contact where complaints are filed; Forward complaints to the Review Board; Convene the Complaint and Disciplinary Action Subcommittee (CDAS) as needed; Work with the AIDS Institute in cases where a complaint requires investigation by a third party.	5.1.1 Complaints are logged in to a tracking system 5.1.2 Complaints are forwarded to the Review Board co-chairs within 4 business days. 5.1.3 Meetings of the CDAS as scheduled as needed 5.1.4 AIDS Institute staff are informed of the need for further investigation by a third party.
	5.2. Ensure that the subject of any alleged violation of the Code of Ethics is afforded due process in accordance with all program policies and procedures.	5.2.1 The subject of a complaint is given the Complaint Response Form. 5.2.2 The subject of any complaint that results in disciplinary action is made aware of their right to Appeal
	5.3. Communicate the decisions of the Peer Review Board and Appeals committee are convey to the subject in an accurate and timely manner.	5.3.1 Decisions of the Peer Review Board or Appeals Committee are communicated to the subject within 4 business days.
6: Plan annual NYS HIV, HCV, HR Certified Peer Worker Graduation ceremony in NYC.	6.1 Ensure all administrative tasks related to graduation are completed. 6.2 Partner with AIDS Institute staff to coordinate needs and details of the event. 6.3 Find space for graduation event. 6.4 Arrange travel for upstate peers traveling to graduation. 6.5 Procure catering for graduation event.	6.1.1 Regular meetings with AI staff are coordinated to make decisions related to graduation. 6.2.1 Regular meetings with AI staff are coordinated to make decisions related to graduation. 6.3.1 Appropriate space is reserved for graduation event. 6.4.1 Peer travel, including lodging, train/flights and per diems, are arranged, booked and paid. 6.5.1 N/A

7: Flexibility in programming for directing resources effectively	7.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	7.1.1 N/A
	7.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STI/HCV epidemiologic patterns, or to accommodate advances in best practice.	7.2.1 Aid with non-workplan public health issues if/when they arise
	7.3 Assist with other priority public health issues if/when they arise (e.g., local STI case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.	7.3.1 Aid with non-workplan public health issues if/when they arise.

ATTACHMENT 10 – (COMPONENT E) WORK PLAN SUMMARY

**PROJECT NAME: HIV, Sexually Transmitted Infections, and Viral Hepatitis Training Services, Component E: Leadership Training
Institute for HIV, HCV, Drug User Health and PrEP (LTI)**

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD: From: December 1, 2020
To: November 30, 2025

The principal goal of Leadership Training Institute (LTI) is to build capacity and support community leaders who play a key role in the response to HIV, HCV, substance use, and PrEP. The LTI seeks to prepare consumers to participate in NYSDOH AI supported community involvement opportunities, HIV and HCV outpatient facility-level quality improvement activities, and to serve as a bridge for individuals interested in exploring NYS Peer Worker Certification in HIV, HCV, HR, and PrEP.

LTi will provide a variety of trainings and educational interventions for people who have shared lived experience with HIV, HCV, substance use, and PrEP throughout NYS in four distinct, but interrelated, components as follows:

- Health and Wellness Self-Management Skills;
- Leadership Development Training;
- Peer Certification Training; and
- Ongoing support/ engagement of Peer Leaders.

LTI also provides training to prepare program managers and direct supervisors to effectively supervise peer workers.

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

Applicants will be required to complete performance measures for some of the Work Plan tasks. Applicants are instructed to insert the performance measures into the Grants Gateway Work Plan when a performance measure is requested. Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Attachment 10: Component E Work Plan.

OBJECTIVE	TASKS	PERFORMANCE MEASURES (max 500 characters each)
1: Establish a Leadership Training Institute (LTI).	1.1 Hire and maintain staff that meet the qualifications outlined in the RFA, including: a Program Manager; Lead Trainer; Trainers; Consultants; LTI mentors; and qualified administrative staff.	1.1.1 Staff with designated qualifications are in place throughout the contract period, and resumes/CVs of staff and consultants are approved by the NYSDOH AI.
	1.2 Ensure access to an adequate pool of staff and consultant trainers that are diverse representatives of the target audience.	1.2.1 (indicate in this box the number of trainers/ consultants and upload resumes as directed in Attachment 6 of the RFA).
	1.3 Program manager / lead trainer will attend initiative-wide contractor work group meetings via webinar four times per year.	1.3.1 Attendance at contractor work group meetings is documented.
	1.4 Conduct Health and Wellness Self-Management trainings (4-day), Leadership Skills trainings (3-day), Peer Worker Certification trainings (3-day), and Supervising Peer Workers trainings (2-day)	1.4.1 Deliver [] Health and Wellness Self-Management trainings (4 days) <u>upstate</u> (residential) and [] in <u>NYC</u> (non-residential) 1.4.2 Deliver [] Leadership Skills trainings (3-days) <u>upstate</u> (residential) and [] in <u>NYC</u> (non-residential) 1.4.3 Deliver [] Peer Worker Certification trainings (3-days) <u>upstate</u> (residential) and [] in <u>NYC</u> (non-residential) 1.4.4 Deliver [] Supervising Peer Workers trainings <u>upstate</u> and [] in <u>NYC</u> . (2-days) (fill in the blanks)
	1.5 Submit monthly narrative reports describing progress with: 1) training deliverables; 2) registration and attendance; 3) significant accomplishments; 4) barriers encountered; and 5) plans to address identified problems.	1.5.1 Monthly reports submitted in a timely and completed fashion.

	1.6 Make training materials (training manuals and handouts) available to participants.	1.6.1 Training materials are available to participants for every in-person training.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
2: Ensure trainers are fully prepared to conduct high quality trainings.	2.1 Program manager/ lead trainer will prepare, support and supervise training staff and training consultants to ensure all trainers are knowledgeable on topics covered, able to lead all training activities and tailor trainings to regional needs.	2.1.1 Training center has a documented policy in place for preparing, supporting and supervising all trainers and this process includes internal quality reviews. 2.1.2 AIDS Institute monitoring of trainings indicates a positive review.
	2.2 Back-up trainers will be available to cover in any instance when a designated trainer is unable conduct the training (ex. in cases of illness).	2.2.1 Training centers have a documented back-up trainer policy and a detailed schedule of back-up trainers for each course.
	2.3 All trainers will adhere to Health Literacy Universal Precautions.	2.3.1 Implement Literacy Toolkit steps to address participant comprehension: https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html
3: Update existing LTI trainings and develop one new training annually.	3.1 Review all existing LTI curricula to ensure materials reflect the needs of all members of the LTI priority populations.	3.1.1 Revised training goals, objectives and outlines for each course are approved by the AIDS Institute for revised curriculum.
	3.2 Training curricula are revised in accordance with approved goals, objectives and outlines.	3.2.1 All existing training curricula are updated and approved by the AIDS Institute.
	3.3 Develop at least one new training annually.	3.3.1 At least one new training is developed annually, and all required materials are completed and approved by the AIDS Institute.

4: Develop a marketing plan to promote the LTI.	4.1 Ensure that participants are recruited from all areas of the state, all target population groups including people of color, LGBTGNC communities, people who use drugs, and people who live with or have been cured of HCV.	4.1.1 Contact is documented with ETE and NYLINKS regional groups, Ryan White Part A HIV Health and Human Services Planning Councils, AIDS service providers, community-based organizations, hospitals, diagnostic and treatment centers, and other regional groups.
	4.2. Recruitment shall take into consideration the importance of fostering leadership development opportunities for the next generation of leaders and for new individuals interested in stepping into leadership positions.	4.2.1 Participants in LTI trainings are representative of all priority populations, regions of the state and age groups.
	4.3 Develop semi-annual training calendars in concert with the AIDS Institute, other training centers funded under this initiative, the Clinical Education Initiative and other relevant federally funded training initiatives.	4.3.1 A minimum of 20 participants from the designated target audience will participate in each training.
	4.4 Market trainings using a mix of media, including mass email, printed training announcements, social media such as Twitter or Facebook, and other strategies.	4.4.1 The training center sends out training marketing materials via mass email. 4.4.2 The training center announces trainings using social media. 4.4.3 Posters and print materials are used strategically to promote trainings.
	4.5 Maintain a webpage on the organization's website for the training center with current information about upcoming trainings and links to the initiative-wide registration system.	4.5.1 Training center website is easily accessible to the public. 4.5.2. All training center trainings are listed on the website with links to the initiative-wide registration system.
	4.6 Deliver in-person trainings.	4.6.1 Training centers meet the designated number of training deliveries and targeted attendance rate negotiated with the AIDS Institute.

5: Use the initiative's LMS and ensure appropriate space and webinar platform.	5.1 Secure physical on-site training space and equipment that is conducive to adult learning (subject to NYSDOH AI approval).	5.1.1 Adequate training space with high quality AV equipment (including at least one centrally located classroom with a Smart Board), as well as ample space for small group work, and comfortable seating available for all in-person trainings, to accommodate at least 35 adult learners.
	5.2 Secure and provide a webinar software package with multiple features to promote interactivity between trainers and participants, (including: chat, polling, shared screen etc.), and ability to accommodate at least 250 participants.	5.2.1 Webinar package with access to at least 250 participants with multiple features is used for all webinars.
	5.3 Provide training in an environment reflective of the diverse population of participants being trained and communities served.	5.3.1 'Safe Zone' posters are routinely displayed. The posters should be representative populations that are diverse in terms of age, race, ethnicity, disability status, gender identity, sexual orientation, etc.
	5.4 Work with the initiative's LMS to conduct training registration, schedule trainings, monitor registration levels, prepare sign-in sheets, confirm participant attendance, and monitor/report on attendance levels.	5.4.1 All training center trainings are accurately posted on the initiative learning management system. 5.4.2 Participant attendance in trainings is accurately tracked and reported on the registration system.
	5.5 Communicate with registered training participants to confirm registration, provide periodic reminders and ensure that participants have all needed logistical information to successfully participate in the training.	5.5.1 A minimum of 20 participants from the designated target audience attend each training. 5.5.2 The rate of no-shows for registered training participants shall be less than 30% in NYC/Metro area and 20% upstate.

6. Provide ongoing support and engagement of Peer Leaders.	6.1 Ensure a statewide presence of individuals who have completed trainings to serve as leaders in their communities, including every region of NYS.	6.1.1 Data on LTI graduates indicate statewide presence, including every region of the state.
	6.2. Gather data regarding the impact of training participants in their communities, including levels of engagement with state and regional networks, CABs, QI teams, and peer workers.	6.2.1 Quantitative data from surveys of LTI graduates indicate participation on state and regional networks and CABs, QI teams. 6.2.2 Qualitative data from interviews and focus groups summarize the impact of LTI graduates on agencies, networks and communities.
	6.3 Navigate LTI graduates who are interested in becoming a NYS Certified Peer Worker in HIV, HCV, substance use, and/or PrEP through the certification process. 6.4 Facilitate quarterly regional meetings of Certified Peer Workers and LTI graduates for support, networking, and to build community.	6.3.1 LTI graduates interested in NYS Peer Certification are navigated through the certification process. 6.4.1 Quarterly regional meetings of Certified Peer Workers and LTI graduates are held in at least 3 regions of the state.
	6.5 Refer peer mentors to other trainings offered by Regional Training Center and Centers of Expertise. 6.6 Provide ongoing trainings to further develop leadership and mentorship skills among LTI graduates.	6.5.1 Peer mentors are referred to other training offered by RTCs and COEs. 6.6.1 Graduates attend ongoing LTI trainings to enhance leadership and mentorship skills.
7: Establish a continuous quality improvement plan.	7.1 Establish a quality improvement committee comprised of key staff involved in administering the program.	7.1.1 A quality improvement committee is established and is comprised of key staff. 7.1.2 Quality improvement committee meets at least quarterly.
	7.2 Conduct at least 3 PDSA cycles per year on topics determined in conjunction with the AIDS Institute and make improvements accordingly.	7.2.1 Three PDSA cycles per year on topics determined in conjunction with the AIDS Institute are conducted. 7.2.2 Results of PDSA and QI work are shared

		during initiative-wide contractor work groups. 7.2.3 Findings from the PDSA are incorporated into program operations.
	7.3 Foster excellence in trainer presentation skills, group processing, interpersonal skills, communication, and cultural competency.	7.3.1 Policies and procedures are in place to foster trainer development. 7.3.2 The program manager routinely assess trainer skills and an evaluation and improvement plan is in place for every staff person or consultant involved in the delivery of training.
	7.4 Establish a system to conduct, analyze, and make improvements based on the findings of training evaluation activities including pre-post knowledge tests and participant satisfaction surveys.	7.4.1 Policies and procedures are in place to review and discuss evaluation results. 7.4.2 Evaluation results are used to improve future trainings.
8: Flexibility in programming for directing resources effectively	8.1 Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need.	8.1.1 N/A
	8.2 Contract activities & deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STI/HCV epidemiologic patterns, or to accommodate advances in best practice.	8.2.1 Aid with non-workplan public health issues if/when they arise.
	8.3 Assist with other priority public health issues if/when they arise (e.g., local STI case increases, outbreaks, emergency situations, etc.). The contract manager must approve non-workplan work.	8.3.1 Aid with non-workplan public health issues if/when they arise.

Attachment 11
General Terms and Conditions - Health Research Incorporated Contracts

1. **Term** - This Agreement shall be effective and allowable costs may be incurred by the Contractor from the Contract Start Date through the Contract End Date, (hereinafter, the "Term") unless terminated sooner as hereinafter provided or extended by mutual agreement of the parties.
2. **Allowable Costs/Contract Amount –**
 - a) In consideration of the Contractor's performance under this Agreement, HRI shall reimburse the Contractor for allowable costs incurred in performing the Scope of Work, which is attached hereto as Exhibit A, in accordance with the terms and subject to the limits of this Agreement.
 - b) It is expressly understood and agreed that the aggregate of all allowable costs under the Agreement shall in no event exceed the Total Contract Amount, except upon formal amendment of this Agreement as provided herein below.
 - c) The allowable cost of performing the work under this Agreement shall be the costs approved in the Budget attached hereto as Exhibit B and actually incurred by the Contractor, either directly incident or properly allocable, to the Agreement, in the performance of the Scope of Work. For work performed under a Scope of Work that results from a federally funded grant or contract, Contractor's costs must be in accordance with cost principles of the Department of Health and Human Services Grants Policy Statement (HHS GPS). To be allowable, a cost must be reasonable, necessary, and cost-effective (as reasonably determined by HRI). In calculating costs, the accounting practices of Contractor must be based on generally accepted accounting principles and practices appropriate to the circumstances and consistent with other comparable activities of Contractor. Costs resulting from inconsistent practices in excess of the amount that would have resulted from using practices consistent with this Section 2(c) are unallowable. Contractor shall supply documentation of such policies and procedures to HRI when requested.
 - d) Irrespective of whether the "Audit Requirements" specified in paragraph 3(a) are applicable to this Agreement, all accounts and records of cost relating to this Agreement shall be subject to audit by HRI or its duly authorized representative(s) and/or the Project Sponsor during the Term and for three years after the final voucher is submitted for payment. This provision includes the right for HRI to request copies of source documentation in support of any costs claimed. If an audit is started before the expiration of the 3-year period, the records must be retained until all findings involving the records have been resolved and final action taken. Any reimbursement made by HRI under this Agreement shall be subject to retroactive correction and adjustment upon such audits. The Contractor agrees to repay HRI promptly any amount(s) determined on audit to have been incorrectly paid. HRI retains the right, to the extent not prohibited by law or its agreements with the applicable Project Sponsor(s) to recoup any amounts required to be repaid by the Contractor to HRI by offsetting those amounts against amounts due to the Contractor from HRI pursuant to this or other agreements. The Contractor shall maintain appropriate and complete accounts, records, documents, and other evidence showing the support for all costs incurred under this Agreement.
3. **Administrative, Financial and Audit Regulations –**
 - a) This Agreement shall be audited, administered, and allowable costs shall be determined in accordance with the terms of this Agreement and the requirements and principles applicable to the Contractor as noted below, including, but not limited to, the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (referred to herein as the "Uniform Guidance") as codified in Title 2 of the Code of Federal Regulations. The federal regulations specified below apply to the Contractor (excepting the "Audit Requirements," which apply to federally- funded projects only), regardless of the source of the funding specified (federal/non-federal) on the face page of this Agreement. For non-federally funded projects any right granted by the regulation to the federal sponsor shall be deemed granted to the Project Sponsor. It is understood that a Project Sponsor may impose restrictions/requirements beyond those noted below in which case such restrictions/requirements will be noted in Attachment B Program Specific Clauses.

Contractor Type	Administrative Requirements	Cost Principles	Audit Requirements Federally Funded Only
College or University	Uniform Guidance	Uniform Guidance	Uniform Guidance
Not-for-Profit	Uniform Guidance	Uniform Guidance	Uniform Guidance

State, Local Gov. or Indian Tribe	Uniform Guidance	Uniform Guidance	Uniform Guidance
For-Profit	45 CFR Part 74	48 CFR Part 31.2	Uniform Guidance
Hospitals	2 CFR Part 215	45 CFR Part 74	Uniform Guidance

- b) If this Agreement is federally funded, the Contractor will provide copies of audit reports required under any of the above audit requirements to HRI within 30 days after completion of the audit.

4. Payments -

- a) No payments will be made by HRI until such time as HRI is in receipt of the following items:
- Insurance Certificates pursuant to Article 9;
 - A copy of the Contractor's latest audited financial statements (including management letter if requested);
 - A copy of the Contractor's most recent 990 or Corporate Tax Return;
 - A copy of the Contractor's approved federal indirect cost rate(s) and fringe benefit rate (the "federal rates"); or documentation (which is acceptable to HRI) which shows the Contractor's methodology for allocating these costs to this Agreement. If, at any time during the Term the federal rates are lower than those approved for this Agreement, the rates applicable to this Agreement will be reduced to the federal rates;
 - A copy of the Contractor's time and effort reporting system procedures (which are compliant with the Uniform Guidance) if salaries and wages are approved in the Budget.
 - A copy of equipment policy if equipment is in the approved budget.
 - Further documentation as requested by HRI to establish the Contractor's fiscal and programmatic capability to perform under this Agreement.

Unless and until the above items are submitted to and accepted by HRI, the Contractor will incur otherwise allowable costs at its own risk and without agreement that such costs will be reimbursed by HRI pursuant to the terms of this Agreement. No payments, which would otherwise be due under this Agreement, will be due by HRI until such time, if ever, as the above items are submitted to and accepted by HRI.

- b) The Contractor shall submit voucher claims and reports of expenditures at the Required Voucher Frequency noted on the face page of this Agreement, in such form and manner, as HRI shall require. HRI will reimburse Contractor upon receipt of expense vouchers pursuant to the Budget in Exhibit B, so long as Contractor has adhered to all the terms of this Agreement and provided the reimbursement is not disallowed or disallowable under the terms of this Agreement. All information required on the voucher must be provided or HRI may pay or disallow the costs at its discretion. HRI reserves the right to request additional back up documentation on any voucher submitted. Further, all vouchers must be received within thirty (30) days of the end of each period defined as the Required Voucher Frequency (i.e. each month, each quarter). Contractor shall submit a final voucher designated by the Contractor as the "Completion Voucher" no later than sixty (60) days from termination of the Agreement. Vouchers received after the 60 day period may be paid or disallowed at the discretion of HRI.
- c) The Contractor agrees that if it shall receive or accrue any refunds, rebates, credits or other amounts (including any interest thereon) that relate to costs for which the Contractor has been reimbursed by HRI under this Agreement it shall notify HRI of that fact and shall pay or, where appropriate, credit HRI those amounts.
- d) The Contractor represents, warrants and certifies that reimbursement claimed by the Contractor under this Agreement shall not duplicate reimbursement received from other sources, including, but not limited to client fees, private insurance, public donations, grants, legislative funding from units of government, or any other source. The terms of this paragraph shall be deemed continuing representations upon which HRI has relied in entering into and which are the essences of its agreements herein.

5. **Termination** - Either party may terminate this Agreement with or without cause at any time by giving thirty (30) days written notice to the other party. HRI may terminate this Agreement immediately upon written notice to the Contractor in the event of a material breach of this Agreement by the Contractor. It is understood and agreed, however, that in the event that Contractor is in default upon any of its obligations hereunder at the time of any termination, such right of termination shall be in addition to any other rights or remedies which HRI may have against Contractor by reason of such default. Upon termination of the Agreement by either party for any reason, Contractor shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination.

6. **Representations and Warranties** – Contractor represents and warrants that:

- a) it has the full right and authority to enter into and perform under this Agreement;

- b) it will perform the services set forth in Exhibit A in a workmanlike manner consistent with applicable industry practices;
- c) the services, work products, and deliverables provided by Contractor will conform to the specifications in Exhibit A;
- d) there is no pending or threatened claim or litigation that would have a material adverse impact on its ability to perform as required by this Agreement.

7. Indemnity - To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend HRI, its agents, employees, officers, board members, the New York State Department of Health, and the People of the State of New York against all claims, damages, losses or expenses including but not limited to attorneys' fees arising out of or resulting from the performance of the agreement, provided any such claim, damage, loss or expense arises out of, or in connection with, any act or omission by Contractor, or anyone directly or indirectly employed or contracted by Contractor, in the performance of services under this Agreement, and such acts or omissions (i) constitute negligence, willful misconduct, or fraud; (ii) are attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including loss of use resulting there from; (iii) cause the breach of any confidentiality obligations set forth herein; (iv) relate to any claim for compensation and payment by any employee or agent of Contractor; (v) result in intellectual property infringement or misappropriation by Contractor, its employees, agents, or subcontractors; or (vi) are violations of regulatory or statutory provisions of the New York State Labor Law, OSHA or other governing rule or applicable law. The obligation of the Contractor to indemnify any party under this paragraph shall not be limited in any manner by any limitation of the amount of insurance coverage or benefits including workers' compensation or other employee benefit acts provided by the Contractor. In all subcontracts entered into by the Contractor related to performance under this Agreement, the Contractor will include a provision requiring the subcontractor to provide the same indemnity and hold harmless to the indemnified parties specified in this paragraph.

8. Amendments/Budget Changes –

- a) This Agreement may be changed, amended, modified or extended only by mutual consent of the parties provided that such consent shall be in writing and executed by the parties hereto prior to the time such change shall take effect, with the exception of changes and amendments that are made mandatory by the Project Sponsor under the sponsoring grant/contract, which will take effect in accordance with the Project Sponsor's requirements and schedule.
- b) In no event shall there be expenses charged to a restricted budget category without prior written consent of HRI.
- c) The Budget Flexibility Percentage indicates the percent change allowable in each category of the Budget, with the exception of a restricted budget category. As with any desired change to this Agreement, budget category deviations exceeding the Budget Flexibility Percentage in any category of the Budget are not permitted unless approved in writing by HRI. In no way shall the Budget Flexibility Percentage be construed to allow the Contractor to exceed the Total Contract Amount less the restricted budget line, nor shall it be construed to permit charging of any unallowable expense to any budget category. An otherwise allowable charge is disallowed if the charge amount plus any Budget Flexibility Percentage exceeds the amount of the budget category for that cost.

9. Insurance –

- a) The Contractor shall maintain or cause to be maintained, throughout the Term, insurance or self-insurance equivalents of the types and in the amounts specified in section b) below. Certificates of Insurance shall evidence all such insurance. It is expressly understood that the coverage's and limits referred to herein shall not in any way limit the liability of the Contractor. The Contractor shall include a provision in all subcontracts requiring the subcontractor to maintain the same types and amounts of insurance specified in b) below.
- b) The Contractor shall purchase and maintain at a minimum the following types of insurance coverage and limits of liability:
 - 1) Commercial General Liability (CGL) with limits of insurance of not less than \$1,000,000 each Occurrence and \$2,000,000 Annual Aggregate. If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor's CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for the Additional Insureds shall be as broad as the coverage provided for the Named Insured Contractor. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.
 - 2) Business Automobile Liability (AL) with limits of insurance of not less than \$1,000,000 each accident. AL coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles.

- 3) Workers Compensation (WC) & Employers Liability (EL) with limits of insurance of not less than \$100,000 each accident for bodily injury by accident and \$100,000 each employee for injury by disease.
- 4) If specified by HRI, Professional Liability Insurance with limits of liability of \$1,000,000 each occurrence and \$3,000,000 aggregate.
- c) Provide that such policy may not be canceled or modified until at least 30 days after receipt by HRI of written notice thereof; and
- d) Be reasonably satisfactory to HRI in all other respects.

10. Publications and Conferences –

- a) All written materials, publications, journal articles, audio-visuals that are either presentations of, or products of the Scope of Work which are authorized for publication or public dissemination, subject to the confidentiality restrictions herein, will acknowledge HRI, the New York State Department of Health (DOH) and the Project Sponsor and will specifically reference the Sponsor Reference Number as the contract/grant funding the work with a disclaimer, as appropriate, such as: “The content of this publication (journal article, etc.) is solely the responsibility of the authors and does not necessarily represent the official views of HRI or the Project Sponsor. This requirement shall be in addition to any publication requirements or provisions specified in Attachment B – Program Specific Clauses.
- b) Conference Disclaimer: Where a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites, “Funding for this conference was made possible (in part) by the <insert Project Sponsor name>. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of HRI, NYS Department of Health or the Project Sponsor, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

Use of Logos: In order to avoid confusion as to the conference source or a false appearance of Government, HRI or DOH endorsement, the Project Sponsor, HRI and/or DOH's logos may not be used on conference materials without the advance, express written consent of the Project Sponsor, HRI and/or DOH.

11. Title -

- a) Unless noted otherwise in an attachment to this Agreement, title to all equipment purchased by the Contractor with funds from this Agreement will remain with Contractor. Notwithstanding the foregoing, at any point during the Term or within 180 days after the expiration of the Term, HRI may require, upon written notice to the Contractor, that the Contractor transfer title to some or all of such equipment to HRI. The Contractor agrees to expeditiously take all required actions to effect such transfer of title to HRI when so requested. In addition to any requirements or limitations imposed upon the Contractor pursuant to paragraph 3 hereof, during the Term and for the 180 day period after expiration of the Term, the Contractor shall not transfer, convey, sublet, hire, lien, grant a security interest in, encumber or dispose of any such equipment. The provisions of this paragraph shall survive the termination of this Agreement.
- b) Contractor acknowledges and agrees that all work products, deliverables, designs, writings, inventions, discoveries, and related materials (collectively, “Works”) made, produced or delivered by Contractor in the performance of its obligations hereunder will be owned exclusively by HRI. All copyrightable Works are “works made for hire”, which are owned by HRI. Contractor will assign, and hereby assigns and transfers to HRI, all intellectual property rights in and to Works, including without limitation, copyrights, patent rights, trademark rights, and trade secret rights. The Contractor shall take all steps necessary to effect the transfer of the rights granted in this paragraph to HRI. As set forth in paragraph 18(d) herein, Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R. 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith. The provisions of this paragraph shall survive the termination of this Agreement.

12. Confidentiality - Information relating to individuals who may receive services pursuant to this Agreement shall be maintained and used only for the purposes intended under the Agreement and in conformity with applicable provisions of laws and regulations or specified in Attachment B, Program Specific Clauses. Contractor acknowledges and agrees that, during the course of performing services under this Agreement, it may receive information of a confidential nature, whether marked or unmarked, (“Confidential Information”). Contractor agrees to protect such Confidential Information with the same degree of care it uses to protect its own confidential information of a similar nature and importance, but with no less than reasonable care. Contractor will not use Confidential Information for any purpose other than to facilitate the provision of services under this Agreement, and Contractor will not disclose Confidential Information in an unauthorized manner to any third party without HRI's advance written consent.

- 13. Equal Opportunity and Non-Discrimination** - Contractor acknowledges and agrees, whether or not required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) or any other State or Federal statutory or constitutional non-discrimination provisions, that Contractor will not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual's relationship or association with a member of a protected category or any other basis protected by applicable state and federal law. Furthermore, Contractor agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnancy-related condition, military or veteran status, genetic predisposition or carrier status, marital or familial status, domestic violence victim status, individual's relationship or association with a member of a protected category or any other basis protected by applicable state and federal law: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement. Contractor is subject to fines of \$50.00 per person per day for any violation of this provision, or of Section 220-e or Section 239 of the New York State Labor Law, as well as possible termination of this Agreement and forfeiture of all moneys due hereunder for a second or subsequent violation.
- 14. Use of Names** - Unless otherwise specifically provided for in Attachment B, Program Specific Clauses, and excepting the acknowledgment of sponsorship of this work as required in paragraph 10 hereof (Publications), the Contractor will not use the names of Health Research, Inc. the New York State Department of Health, the State of New York or any employees or officials of these entities without the express written approval of HRI.
- 15. Site Visits and Reporting Requirements** -
- a) Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, "Records"). The Records must be kept for three years after the final voucher is paid.
 - b) HRI and the Project Sponsor or their designee(s) shall have the right to conduct site visits where services are performed and observe the services being performed by the Contractor and any subcontractor and inspect Records. The Contractor shall render all assistance and cooperation to HRI and the Project Sponsor in connection with such visits. The surveyors shall have the authority, to the extent designated by HRI, for determining contract compliance as well as the quality of services being provided.
 - c) The Contractor agrees to provide the HRI Project Director, or his or her designee complete reports, including but not limited to, narrative and statistical reports relating to the project's activities and progress at the Reporting Frequency specified in Exhibit C. The format of such reports will be determined by the HRI Project Director and conveyed in writing to the Contractor.
- 16. Miscellaneous** -
- a) Contractor and any subcontractors are independent contractors, not partners, joint venturers, or agents of HRI, the New York State Department of Health or the Project Sponsor; nor are the Contractor's or subcontractor's employees considered employees of HRI, the New York State Department of Health or the Project Sponsor for any reason. Contractor shall pay employee compensation, fringe benefits, disability benefits, workers compensation and/or withholding and other applicable taxes (collectively the "Employers Obligations") when due. The contractor shall include in all subcontracts a provision requiring the subcontractor to pay its Employer Obligations when due. Contractor is fully responsible for the performance of any independent contractors or subcontractors.
 - b) This Agreement may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet, subjected to any security interest or encumbrance of any type, or disposed of without the previous consent, in writing, of HRI.
 - c) This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns.
 - d) Contractor shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict, or the appearance of a conflict, with the proper discharge of Contractor's duties under this Agreement or the conflict of interest policy of any agency providing federal funding under this Agreement. In the event any actual or potential conflict arises, Contractor agrees to notify HRI in writing

within ten (10) days to allow HRI to evaluate any potential or actual conflict. Contractor certifies that it has implemented and is in compliance with a financial conflict of interest policy that complies with 42 CFR Part 50 Subpart F, as may be amended from time to time. Contractor acknowledges that it cannot engage in any work or receive funding from HRI until they have disclosed all financial conflicts of interest and identified an acceptable management strategy to HRI. At HRI's request, Contractor will provide information about how it identified, managed, reduced or eliminated conflicts of interest. Failure to disclose such conflicts or to provide information to HRI may be cause for termination as specified in the Terms & Conditions of this Agreement. HRI shall provide Contractor with a copy of notifications sent to the funding agency under this Agreement.

- e) Regardless of the place of physical execution or performance, this Agreement shall be construed according to the laws of the State of New York and shall be deemed to have been executed in the State of New York. Any action to enforce, arising out of or relating in any way to any of the provisions of this Agreement may only be brought and prosecuted in such court or courts located in the State of New York as provided by law; and the parties' consent to the jurisdiction of said court or courts located in the State of New York and to venue in and for the County of Albany to the exclusion of all other court(s) and to service of process by certified or registered mail, postage prepaid, return receipt requested, or by any other manner provided by law. The provisions of this paragraph shall survive the termination of this Agreement.
- f) All official notices to any party relating to material terms hereunder shall be in writing, signed by the party giving it, and shall be sufficiently given or served only if sent by registered mail, return receipt requested, addressed to the parties at their addresses indicated on the face page of this Agreement.
- g) If any provision of this Agreement or any provision of any document, attachment or Exhibit attached hereto or incorporated herein by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement but this Agreement shall be reformed and construed as if such invalid provision had never been contained herein and such provision reformed so that it would be valid, operative and enforceable to the maximum extent permitted.
- h) The failure of HRI to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by HRI or excuse a similar subsequent failure to perform any such term or condition by Contractor.
- i) It is understood that the functions to be performed by the Contractor pursuant to this Agreement are non-sectarian in nature. The Contractor agrees that the functions shall be performed in a manner that does not discriminate on the basis of religious belief and that neither promotes nor discourages adherence to particular religious beliefs or to religion in general.
- j) In the performance of the work authorized pursuant to this Agreement, Contractor agrees to comply with all applicable project sponsor, federal, state and municipal laws, rules, ordinances, regulations, guidelines, and requirements governing or affecting the performance under this Agreement in addition to those specifically included in the Agreement and its incorporated Exhibits and Attachments.
- k) This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.
- l) The following pertains only to Contractors located in New York City or doing business in New York City: Contractor agrees it is compliant with NYC Local Law 96 (2018) Stop Sexual Harassment in NYC Act.

17. Federal Regulations/Requirements Applicable to All HRI Agreements -

The following are federal regulations, which apply to all Agreements; regardless of the source of the funding (federal/non-federal) specified on the face page of this Agreement. Accordingly, regardless of the funding source, the Contractor agrees to abide by the following:

- a) Human Subjects, Derived Materials or Data - If human subjects are used in the conduct of the work supported by this Agreement, the Contractor agrees to comply with the applicable federal laws, regulations, and policy statements issued by DHHS in effect at the time the work is conducted, including but not limited to Section 474(a) of the HHS Act, implemented by 45 CFR Part 46 as amended or updated. The Contractor further agrees to complete an OMB No. 0990-0263 form on an annual basis.
- b) Laboratory Animals - If vertebrate animals are used in the conduct of the work supported by this Agreement, the Contractor shall comply with the Laboratory Animal Welfare Act of 1966, as amended (7 USC 2131 et. seq.) and the regulations promulgated thereunder by the Secretary of Agriculture pertaining to the care, handling and

treatment of vertebrate animals held or used in research supported by Federal funds. The Contractor will comply with the *HHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions* and the *U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research and Training*.

- c) Research Involving Recombinant DNA Molecules - The Contractor and its respective principle investigators or research administrators must comply with the most recent *Public Health Service Guidelines for Research Involving Recombinant DNA Molecules* published at Federal Register 46266 or such later revision of those guidelines as may be published in the Federal Register as well as current *NIH Guidelines for Research Involving Recombinant DNA Molecules*.
- d) Contractor is required to register with SAM.gov and maintain active status as stated in 2 CFR Subtitle A, Chapter 1, and Part 25. Contractor must maintain the accuracy/currency of the information in SAM at all times during which the Contractor has an active agreement with HRI. Additionally, the Contractor is required to review and update the information at least annually after the initial registration, and more frequently if required by changes in information.
- e) Equal Employment Opportunity – for all agreements

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(a) which is hereby incorporated herein.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

- f) National Labor Relations Act (Executive Order 13496)

Contractors that are not exempt from the National Labor Relations Act and have contracts, subcontracts or purchase orders subject to EO 13496 must satisfy the requirements of that Executive Order and its implementing regulations at 29 CFR Part 471 to be in compliance with the law.

18. Federal Regulations/Requirements Applicable to Federally Funded Agreements through HRI -

The following clauses are applicable only for Agreements that are specified as federally funded on the Agreement face page:

- a) If the Project Sponsor is an agency of the Department of Health and Human Services: The Contractor must be in compliance with the following Department of Health and Human Services and Public Health Service regulations implementing the statutes referenced below and assures that, where applicable, it has a valid assurance (HHS-690) concerning the following on file with the Office of Civil Rights, Office of the Secretary, HHS.
 - 1) Title VI of the Civil Rights Act of 1964 as implemented in 45 CFR Part 80.
 - 2) Section 504 of the Rehabilitation Act of 1973, as amended, as implemented by 45 CFR Part 84.
 - 3) The Age Discrimination Act of 1975 (P.L. 94-135) as amended, as implemented by 45 CFR 1.
 - 4) Title IX of the Education Amendments of 1972, in particular section 901 as implemented at 45 CFR Part 86 (elimination of sex discrimination).
 - 5) Sections 522 and 526 of the HHS Act as amended, implemented at 45 CFR Part 84 (non-discrimination for drug/alcohol abusers in admission or treatment).
 - 6) Section 543 of the HHS Act as amended as implemented at 42 CFR Part 2 (confidentiality of records of substance abuse patients).
 - 7) Trafficking in Persons – subject to the requirement of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).
 - 8) HHS regulatory requirements on Responsibility of Applicants for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 C.F.R Parts 50 and 94.
 - 9) Contractor agrees to comply with other requirements of the Project Sponsor, if applicable, set forth in the HHS Grants Policy Statement.

- b) Notice as Required Under Public Law 103-333: If the Project Sponsor is an agency of the Department of Health and Human Services, the Contractor is hereby notified of the following statement made by the Congress at Section 507(a) of Public Law 103-333 (The DHHS Appropriations Act, 1995, hereinafter the "Act"): It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.
- c) Contractor agrees that if the Project Sponsor is other than an agency of the DHHS, items 1, 2, 3 and 4 in subsection a) above shall be complied with as implemented by the Project Sponsor.
- d) Contractor agrees that the Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith.
- e) Criminal Penalties for Acts Involving Federal Health Care Programs - Recipients and sub-recipients of Federal funds are subject to the strictures of 42 U.S.C. 1320A-7B(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, including for making false statements and representations and illegal remunerations.
- f) Equipment and Products - To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made.
- g) Acknowledgment of Federal Support – When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part by federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
- h) Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42. U.S.C. 1320a-7b (b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) and individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) in return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item for which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years or both.
- i) Clean Air Act and the Federal Water Pollution Control Act Compliance - If this contract is in excess of \$150,000, Contractor agrees to comply and to require that all subcontractors have complied, where applicable, with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401-7671q.) and the Federal Water Pollution Control Act as amended (33 U.S.C. §1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
- j) Americans With Disabilities Act - This agreement is subject to the provisions of Subtitle A of Title II of the Americans with Disabilities Act of 1990, 42. U.S.C. 12132 ("ADA") and regulations promulgated pursuant thereto, see 28 CFR Part 35. The Contractor shall not discriminate against an individual with a disability, as defined in the ADA, in providing services, programs or activities pursuant to this Agreement.
- k) Whistleblower Policy: Congress has enacted whistleblower protection statute 41 U.S.C. 4712, which applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts. This program requires all grantees, subgrantees and subcontractors to: inform their employees working on any federally funded award they are subject to the whistleblower rights and remedies of the program; inform their employee in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

The statute (41 U.S.C. 4712) states that an "employee of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing". In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is defined as making a disclosure “that the employee reasonably believes is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee’s disclosure must be made to: a Member of Congress or a representative of a Congressional committee; or an Inspector General; or the Government Accountability Office; or a Federal employee responsible for contract or grant oversight or management at the relevant agency; or an authorized official of the Department of Justice or other law enforcement agency; or a court or grand jury; a management official or other employee of the contractor, subcontractor, grantee or subgrantee who has the responsibility to investigate, discover or address misconduct.

19. Required Federal Certifications –

Acceptance of this Agreement by Contractor constitutes certification by the Contractor of all of the following:

- a) The Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
- b) The Contractor is not delinquent on any Federal debt.
- c) Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352) – Contracts for \$100,000 or more must file the required certifications. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
- d) The Contractor shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care, early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.
- e) The Contractor has established administrative policies regarding Scientific Misconduct as required by the Final Rule 42 CFR Part 93, Subpart A as published at the 54 Federal Register 32446, August 8, 1989.
- f) The Contractor maintains a drug free workplace in compliance with the Drug Free Workplace Act of 1988 as implemented in 45 CFR Part 76.
- g) If the Project Sponsor is either an agency of the Public Health Service or the National Science Foundation, the Contractor is in compliance with the rules governing Objectivity in Research as published in 60 Federal Register July 11, 1995.
- h) Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009. Recipients and sub recipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Grant recipients and sub recipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.
- i) EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/sites/default/files/ocr/civilrights/resources/specialtopics/lep/lepguidance.pdf>.
- j) Equal Employment Opportunity, requires compliance with E.O. 13672 "Further Amendments to Executive Order 11478, Equal Employment Opportunity in the Federal Government, and Executive Order 11246, "Equal Employment Opportunity", and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

The Contractor shall require that the language of all of the above certifications will be included in the award documents for all subawards under this Agreement (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. The Contractor agrees to notify HRI immediately if there is a change in its status relating to any of the above certifications.

Grants Gateway Expenditure Budget Instructions

This guidance document is intended to help applicants with understanding the types and level of detail required in Grants Gateway for each individual budget line. For Grantee instructions on how to enter a budget into the Gateway, please go to <https://grantsreform.ny.gov/Grantees> and click on “[Quick Start Guide: Contracts](#).”

Please be aware of the following:

- AIDS Institute Program Managers may require additional information or clarification necessary for approval of requested amounts on funded applications; and
- The allowability of costs are subject to the OMB Uniform Guidance.

Grants Gateway Categories of Expense

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

1. Personal Services

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

2. Non-Personal Services

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

Guidance on allowable expenditures can be found in the “Basic Considerations for Allowability of Costs” document. This document can be found here: <http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabbdb3c25d38d5483&mc=true&node=pt2.1.200&rqn=div5>.

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

PERSONAL SERVICES – SALARY

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

Details:

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

Financial:

- **Annualized Salary Per Position:** Enter the full salary for 12 months regardless of funding source.

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

Items to Note:

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

PERSONAL SERVICES - FRINGE

Details:

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

Financial:

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

CONTRACTUAL

Details:

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

Financial:

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

TRAVEL

Details:

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

Financial:

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

EQUIPMENT

Details:

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

Financial:

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

Items to Note:

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

SPACE/PROPERTY RENT or Own

Details:

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

Financial:

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

UTILITY

Details:

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

Financial:

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

OPERATING EXPENSES

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

Details:

- **Operating Expenses – Type/Description:** Describe what is being purchased.

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

Financial:

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

Items to Note:

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

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

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

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

OTHER

Details:

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

Financial:

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

Items to Note:

- Up to 10% is allowed for all applicants.
- Up to 20% is allowed if applicant has a federally approved rate that can justify the request.
- No cost that is billed directly to this contract can be part of the indirect rate.