

**RFA # 17683 / Grants Gateway # DOH01-CPIA1-2018**  
**New York State Department of Health**  
*Center for Community Health/Division of Chronic Disease Prevention*  
**Bureau of Cancer Prevention and Control**  
*Community Cancer Prevention in Action*

**Addendum # 1**

**RFA MODIFICATIONS**

The following has been modified in the RFA. Strike-through indicates deleted text; underlined/bolded text is new.

Page 14:

~~III.~~ **IV.** Administrative Requirements

Page 30:

V. Completing the Application, A. Application Content, g. Preferred Qualifications

- List the applicant organization's experience conducting policy work, community advocacy, community planning, and community organizing, including public communication campaigns that successfully resulted in the adoption of community PSE change interventions supporting cancer or other chronic disease prevention and control programs. Include the following information about the PSE change interventions implemented in the PSE Change Interventions Implemented, Attachment 14:
  - A timeline that includes the month/year and descriptions of activities that were conducted in support of each PSE change intervention that were implemented;
  - Copies of public communication campaigns and other advocacy and communication/education activities;
  - Scan all into one document and upload to the Pre-Submissions Upload section of the application as Attachment 14.

Scoring will be based on the applicants' comprehensive and complete response to the information requested above demonstrating the following:

0 pts. for 0 years' experience

1pt. for 1-2 yrs.

2pts. for ~~2~~ **3**-4 yrs.

3pts. for 5 + yrs **or more.**

- Provide information that demonstrates the applicant organization has at least two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports. Upload a list of the government contracts held by the organization within the last five years to the Pre-Submissions Upload section of the application (Attachment 16). Include the funding agency name, time period for the awards, name of awards, and details of how the applicant organization ensured timely and accurate submission of fiscal and program reports. Applicants may receive ~~up to~~ **up to** three (3) preference points for demonstrating they have two (2) years of oversight of government contracts.

0 pts. for 0-1 years' experience

~~2pts. for 1 yrs.~~

3pts. for 2 yrs **or more.**

Page 33: For the bold and underline text below, please refer to the next page for important instruction regarding application submission.

## VI. Attachments

Please note that attachments are accessed in Pre-Submission Uploads within the Forms Menu of an online application and are not included in the RFA document. 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:	Cancer Prevention in Action 2018-2023 Logic Model**
Attachment 2:	Suggested Reading and Resources**
Attachment 3:	Letter of Interest Template*
Attachment 4:	Minority & Women-Owned Business Enterprise (MWBE) Forms and Instructions*
Attachment 5:	Application Cover Sheet *
Attachment 6:	Vendor Responsibility Attestation*
Attachment 7:	Cancer Prevention in Action RFA Work Plan Instructions**
Attachment 8:	Job Descriptions/Resumes*
Attachment 9:	Applicant Agency Organizational Chart*
Attachment 10:	Grants Gateway Budget Data Entry Guidelines**
Attachment 11:	Grants Gateway Budget Instructions**
Attachment 12:	Indirect Cost Guidelines**
Attachment 13:	Subcontract/Consultant Statements of Scope of Work and Letters of Commitment*
Attachment 14:	PSE Change Interventions Implemented*
Attachment 15:	Fringe Detail Sheet*
Attachment 16:	List of Government Contracts (Preferred Eligibility)*

\*These attachments are located/included in Pre-Submission Uploads and ~~must be~~ **can** be completed and/or uploaded to Pre-Submission Uploads to be submitted with the application. No templates are provided for Attachments 8, 9, 13, 14 and 16 as these are grantee-generated documents.

\*\*These attachments are located/included in Pre-Submission Uploads of the Grants Gateway online application and are provided for applicant information only. These attachments do not need to be completed.

## **Grants Gateway Guidance for VI. Attachments.**

Due to the above addendum to the RFA, the following instructions are provided for the Grants Gateway online application, Forms Menu, Pre-Submission Uploads:

*Attachment 14 – PSE Change Interventions Implemented* - The Pre-Submission Uploads in Grants Gateway was erroneously set as "upload required" even though this upload is applicable only to organizations responding to Preferred Qualifications (pages 29 and 30). Due to this error, all applicants will be required to upload a document in Pre-Submission Uploads, Attachment 14. Applicants not submitting documentation for PSE Change Interventions Implemented are directed to upload a word document with this statement - *No Submittal* (typed on a single page). You will not be able to submit your application without uploading a document.

*Attachment 15 - Fringe Detail Sheet* - The Pre-Submission Uploads in Grants Gateway was erroneously set as "upload required" even though this upload of the Fringe Detail Sheet is applicable only for organizations requesting Fringe as outlined in Attachment 10, Grants Gateway Budget Data Entry Guidelines and Attachment 11, Grants Gateway Budget Instructions. Due to this error, all applicants will be required to upload a document in Pre-Submission Uploads, Attachment 15. Applicants not requesting fringe are directed to upload a word document with this statement - *No Fringe Requested* (typed on a single page). You will not be able to submit your application without uploading a document.

# **RFA # 17683 / Grants Gateway # DOH01-CPIA1-2018**

## **New York State Department of Health**

*Center for Community Health/Division of Chronic Disease Prevention  
Bureau of Cancer Prevention and Control*

### **Request for Applications**

#### ***Community Cancer Prevention in Action (CPiA)***

#### **KEY DATES:**

<b>Release Date:</b>	<b>January 26, 2018</b>
<b>Applicant Conference Registration Deadline:</b>	<b>February 9, 2018 by 9:30 AM</b>
<b>Applicant Conference:</b>	<b>February 9, 2018 at 10:00 AM</b>
<b>Letter of Interest/Intent Due:</b>	<b>February 15, 2018</b>
<b>Questions Due:</b>	<b>February 15, 2018</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>March 1, 2018</b>
<b>Applications Due:</b>	<b>March 19, 2018 by 4:00 PM</b>
<b>Department Contact Name &amp; Address:</b>	Wendy Gould Bureau of Cancer Prevention and Control 150 Broadway, Room 350, Albany, NY 12204 <a href="mailto:canserv@health.ny.gov">canserv@health.ny.gov</a>

I. Introduction.....	3
II. Who May Apply .....	8
III. Project Narrative/Work Plan Outcomes.....	8
IV. Administrative Requirements .....	14
A. Issuing Agency .....	14
B. Question and Answer Phase: .....	15
C. Letter of Interest .....	16
D. Applicant Conference.....	16
E. How to file an application .....	16
F. Department of Health’s Reserved Rights .....	18
G. Term of Contract .....	19
H. Payment & Reporting Requirements of Grant Awardees .....	19
I. Minority & Woman-Owned Business Enterprise Requirements.....	20
J. Limits on Administrative Expenses and Executive Compensation.....	22
K. Vendor Identification Number .....	22
L. Vendor Responsibility Questionnaire.....	22
M. Vendor Prequalification for Not-for-Profits .....	22
N. General Specifications.....	24
V. Completing the Application .....	25
A. Application Format/Content.....	25
B. Freedom of Information Law .....	31
C. Review & Award Process .....	31
VI. Attachments.....	33

# **I. Introduction**

## **A. Purpose/Intent**

The New York State Department of Health (Department) Bureau of Cancer Prevention and Control (BCPC) seeks applications from organizations that will work in New York State (NYS) communities to prevent and reduce cancer using a policy, systems, and environmental (PSE) change approach with both organizations and municipalities. For information about cancer prevention and control PSE change, see: [https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/PSE\\_Resource\\_Guide\\_FINAL\\_05.15.15.pdf](https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/PSE_Resource_Guide_FINAL_05.15.15.pdf).

Organizations receiving Community Cancer Prevention in Action awards as a result of this Request for Applications (RFA) will conduct work that supports priority areas within the Department's Prevention Agenda 2013-2018: New York State's Health Improvement Plan and the NYS Comprehensive Cancer Control Plan (Cancer Plan) <http://www.nyscancerconsortium.org/documents/NYSCompCancerPlan2012-2017-FINAL.pdf>.

The Department anticipates awarding four contracts for the five-year period, from October 1, 2018 to September 30, 2023. It is our intent to make one award to the four highest scoring applications serving distinct geographic service areas without overlap such that there will not be multiple awards serving the same geographic area. Anticipated funding for each of the four awards will be valued up to \$225,000 annually and \$1,125,000 over the five-year period for each awardee. The total initiative value for the five-year contract period is \$4,500,000.

Successful applicants will employ the following strategies; 1) engage community members and local stakeholders, 2) leverage community resources, 3) educate community leaders and the public, and 4) mobilize community members and organizations, all of which will establish and strengthen PSE change interventions (both organizational and municipal) to prevent and reduce cancer in awardee communities. Contractors will implement these strategies to lead to the following cancer prevention and control outcomes:

- Decrease exposure to ultraviolet (UV) radiation to reduce the risk of skin cancer among priority populations (such as youth, minors, employees in outdoor occupational settings, etc.) through implementation of evidence based, recommended interventions; and,
- Increase cancer screening rates for colorectal, breast and cervical cancers through worksite (employer) paid time off policies.

Contractors will also conduct education to promote other key cancer prevention, early detection and control priorities identified in the NYS Comprehensive Cancer Control Plan, as needed and directed by the Department. This will include education and promotion about the need for human papillomavirus (HPV) vaccine as a key strategy to prevent HPV-related cancers (oropharynx, anus, cervix, vagina, vulva, penis). Education activities may be targeted to the general public, health care providers, and/or targeted priority populations, depending on the priority topic.

Outcomes may be modified or other priority cancer prevention-related outcomes may be added over the life of the five-year contract term to align with changes in the local and statewide policy environment and/or evidence-base regarding high burden, preventable cancers and cancer risk factors.

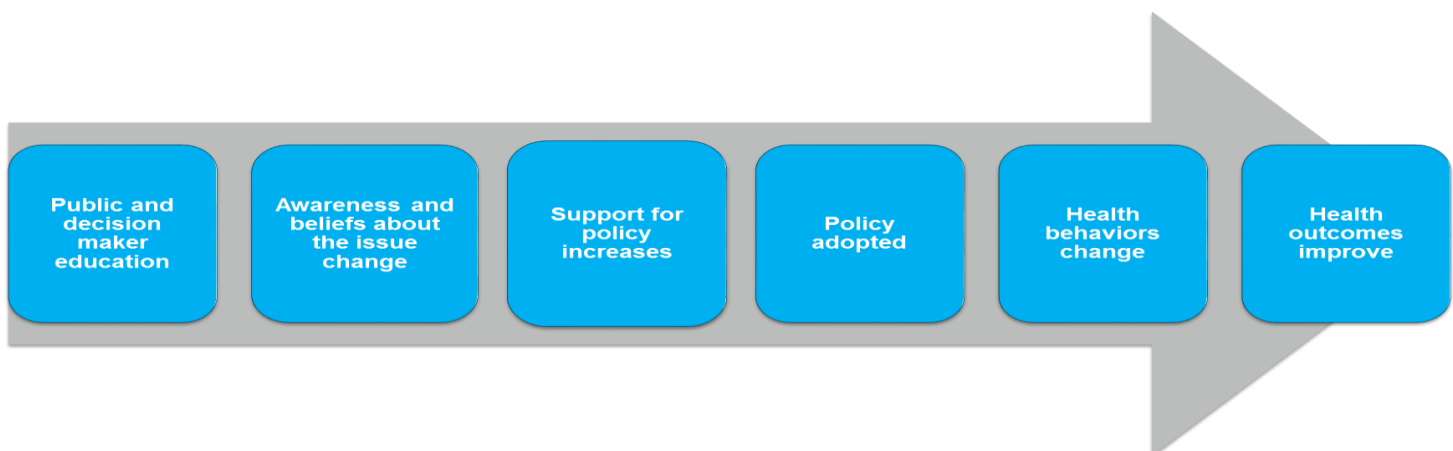
Contractors will promote cancer prevention and control efforts to foster and build support for PSE changes at the local level. Contractors will accomplish this work by implementing a coordinated set of evidence-based strategies to build public, decision-maker and organizational support. (Figure 1)

Figure 1 Community Transformation Framework



By effectively educating and mobilizing the public and educating government and organizational policy-makers, communities become receptive to or even demand environmental changes and/or policies that reinforce healthy behaviors and reduce cancer risk (Figure 2).

Figure 2 Policy Change Process and Community Outcomes



Adapted from RTI International. 2012 *Independent Evaluation Report of the New York Tobacco Control Program*

## **B. Background**

The Bureau of Cancer Prevention and Control oversees Department programs whose collective mission is to reduce the burden of cancer for all New Yorkers through the coordination and implementation of population-based and evidence-based or evidence-informed strategies across the cancer care continuum – from prevention and risk reduction, to early detection, diagnosis, and treatment, through survivorship. Department programs raise awareness about and support cancer prevention and risk reduction efforts such as tobacco control, reductions to exposure to harmful ultraviolet radiation, increased uptake of cancer prevention vaccines and improved access to healthy foods and opportunities for physical activity to address obesity as a risk for cancers. The Department also supports many initiatives that address common barriers to obtaining potentially life-saving early detection services, such as mobile mammography vans, community-based breast and prostate cancer peer education and outreach programs, patient navigation services in New York’s National Accreditation Program for Breast Centers, and the Cancer Services Program contractors whom promote and provide access to breast, cervical and colorectal cancer screening and diagnostic services for the un and underinsured and facilitate enrollment in the NYS Medicaid Cancer Treatment Program which provides full Medicaid coverage for the duration of the treatment period for eligible individuals diagnosed with breast, cervical, colorectal or prostate cancer. Other Department programs address the public health needs of breast cancer survivors through provision of education and wellness services.

Since 2002, the Department has managed the State’s Comprehensive Cancer Control Program (CCCP) which coordinates the Department’s efforts to build strong partnerships with state and local cancer coalitions, assess the burden of cancer and monitor changes in population-based measures, mobilize support for comprehensive cancer control activities, participate in development of the Cancer Plan and effect PSE changes to address cancer burden among New Yorkers. The Department is an active member in the State’s Cancer Consortium (Consortium), the statewide coalition of organizations and individuals that develop, implement and track progress towards objectives of the Cancer Plan. The Consortium strives to address the cancer burden by implementing goals and strategies listed in the Cancer Plan. Ranging from prevention to end-of-life care, early detection and public policy, the Cancer Plan identifies concerns and issues throughout the cancer continuum. It offers a collective, statewide vision to advance, accelerate and focus on the State’s cancer burden.

The Department supports statewide cancer prevention and control efforts by providing data on the nature and extent of the cancer problem in NYS, implementing evidence-based or evidence-informed programs and evaluating the efficacy of cancer control efforts. As an active member of the Consortium, the Department’s efforts support the Consortium’s health promotion and early detection goals, which are to ensure that, “All New Yorkers will have current and evidence-based information, resources and opportunities necessary to adopt and maintain health-promoting behaviors to reduce the risk of cancer and will receive age-appropriate, evidence-based, guideline-driven screening services for the early detection of cancer”, respectively.

The work of the organizations awarded contracts through this RFA supports the Department’s efforts to prevent high burden cancers, to detect cancers early, when they may be prevented or may be more easily treated, and to conduct education and promotion about cancer burden, risk and prevention strategies.

## **C. Problem/Issue Resolution**

Cancer is the second leading overall cause of death in NYS. Approximately 109,000 cases of cancer are diagnosed each year, with more than 95 New Yorkers dying each day from cancer



([www.health.ny.gov/statistics/cancer/registry](http://www.health.ny.gov/statistics/cancer/registry)). In 2014, the age-adjusted cancer incidence rate was 466.2 cases per 100,000 New Yorkers, the fifth highest cancer incidence rate in the United States (U.S.) and above the national average of 429.3 cases per 100,000 people (CDC WONDER).

Medical care for many cancers is improving, and early diagnosis and screening procedures, as well as prevention approaches, have given cancer patients better chances of survival. Despite these advances, the cancer burden continues to weigh heavily on individuals and their families and on the community, public health and health care organizations that work to reduce the cancer burden.

Age-appropriate cancer screening, proper diet, physical activity, sun safety, breastfeeding for the first year of life, receipt of certain vaccines and reducing or preventing tobacco use are all known to reduce the incidence of cancer. Although such factors are typically measured at the level of the individual, effective PSE change interventions can be implemented at the level of the community. For example, increasing access to nutritious foods and decreasing barriers to obtainment of cancer screenings offer important opportunities for cancer prevention and early detection. Investments in strategies such as these can result in a return on investment in annual healthcare costs. A multilevel approach can address individual behaviors and include population-based activities to support and reinforce healthy behaviors and reduce cancer risk. PSE change interventions can have a large impact by changing the context in which an individual makes health decisions. Such approaches, recommended and commonly utilized in the areas of tobacco control and healthy communities, shift whole populations to a lower level of risk.

### 1. *Ultraviolet (UV) Radiation*

Nearly five million people are treated for skin cancer in the United States (U.S.), costing approximately \$8.1 billion each year. Annually, about \$3.3 billion of skin cancer treatment costs are attributable to melanoma. The incidence of and mortality from invasive melanoma, the deadliest form of skin cancer, in the U.S. has risen steadily for at least the past two decades. Melanoma rates overall are highest among older adults, and in NYS, it is the fourth most common cancer in young adults (aged 20–34 years) ([www.health.ny.gov/statistics/cancer/registry/](http://www.health.ny.gov/statistics/cancer/registry/)). Although being fair-skinned or having a family history of skin cancer contributes to a person's risk for melanoma, as many as 90% of melanomas are estimated to be caused by UV radiation from the sun and artificial sources such as indoor tanning. One out of every three U.S. adults has been sunburned in the past year, and most do not take recommended actions to protect themselves from the sun. People who work outdoors are the most likely of all workers to suffer health damage from exposure to UV radiation.

By reducing intentional UV exposure and increasing sun protection, many skin cancers, including melanoma, can be prevented. Indoor tanning rates are high among some groups, such as young, non-Hispanic white females. Local communities have the authority to increase the age restriction to ban the use of indoor tanning devices by individuals under 18 years of age. Per a recent study published in the *Journal of the American Academy of Dermatology*, restricting indoor tanning among minors younger than 18 years was estimated to prevent 61,839 melanoma cases, prevent 6,735 melanoma deaths, and save \$342.9 million in treatment costs over the lifetime of the 61.2 million youth age 14 years or younger in the U.S. Currently, NYS restricts youth ages 16 and under from indoor tanning and requires that 17-year-olds obtain parental permission. Community organizations have the authority to implement sun safety policies to increase opportunities for shade in outdoor and recreational settings such as playgrounds, parks and worksites.

*The Surgeon General's Call to Action to Prevent Skin Cancer* notes that skin cancer is the most commonly diagnosed cancer in the U.S., yet most cases are preventable. The *Call to Action* promotes evidence-based effective PSE population-based strategies that can be implemented at the local and state

levels. These interventions align with the NYS Cancer Plan and are supported by results of an annual, random digit-dial phone survey of NYS adults ages 18 and older which found that 82% of the adults surveyed were in support of the current NYS tanning regulations that prohibit tanning in minors under 17 and 76% support increasing the age limit on NYS tanning regulations to minors under 18 years of age.

Successful RFA contractors will implement PSE change interventions regarding sun safety and/or access and use of tanning devices in their communities, as recommended in *The Surgeon General's Call to Action to Prevent Skin Cancer*. PSE change interventions may include working with colleges, childcare facilities, outdoor recreation/tourism settings, or outdoor occupational settings to educate about the harms of UV radiation and implement new programs, policies, and/or environmental changes regarding sun safety and working with municipalities to restrict the use of tanning devices by individuals under 18 years of age. Once organizational policies and/or municipal laws are implemented, awardee activities will promote, educate and support the new regulations.

## *2. Paid Leave in support of Cancer Screenings*

Early detection of breast, colorectal and cervical cancer dramatically improves treatment outcomes. Routine cervical and colorectal cancer screening can prevent these cancers from occurring altogether by finding abnormal cells and removing them before they become cancerous. Paid leave for cancer screenings that is not charged against other sick or vacation time may specifically encourage employees to obtain age-appropriate screenings. Each cancer diagnosis is estimated to annually cost a business over \$1,500 in lost productivity. Community Cancer Prevention in Action contractors will educate employers about the important role they can play promoting access to age-appropriate cancer screening and work with employers to develop, implement and promote policies that allow their employees to use paid leave to obtain cancer screenings. This intervention also aligns with the Cancer Plan and is supported by the results of an annual, random digit-dial phone survey of NYS adults ages 18 and older that found nearly 90% of the adults surveyed in support of requiring employers to offer all employees paid leave for health screenings such as cancer screenings and 78% in support of requiring employers to offer flex time options for health screenings.

## *3. HPV Vaccine Promotion and Education*

HPV is the most common sexually transmitted infection (STI). About 14 million people, including teens, become infected with HPV each year. The CDC estimates that more than 90% and 80%, respectively, of sexually active men and women will be infected with at least one type of HPV at some point in their lives. HPV exposure can occur with any type of intimate sexual contact. Each year, thousands of men and women in the U.S. are diagnosed with cancers (cervical, oropharyngeal, anal, penile, vulvar, and vaginal) caused by HPV. In the U.S., HPV causes about 17,000 cancers in women and about 9,000 cancers in men each year. Many of these cancers could be prevented with the HPV vaccine, which has been recommended by the Advisory Committee on Immunization Practices (ACIP) since 2006 for female adolescents and 2011 for male adolescents. Despite research showing the benefits of the vaccine and recommendations from the ACIP and other prominent medical organizations, immunization rates both nationally and in NYS remain low and continue to lag significantly behind immunization rates of other adolescent vaccines. Community Cancer Prevention in Action contractors will conduct education to promote the benefits of HPV vaccination for cancer prevention.

## **D. Available Funding and Anticipated Awards**

The Department anticipates awarding up to four contracts for the five-year period, from October 1, 2018 to September 30, 2023. Awards will be made to each of the four highest scoring applicants serving

distinct geographic service areas without overlap such that there will not be multiple awards serving the same geographic area.

Applicants are expected to define the specific geographic service area where services will be provided. For example, applicants should reference the county or counties, municipalities (towns, cities, etc.), and neighborhoods that will be reached by the interventions. It is recommended that applicants select a defined geographic service area that meets the following criteria:

- The geographic service area is small enough such that the resources and interventions will meaningfully address the health need;
- The geographic service area is large enough to demonstrate measurable impact; and
- The geographic service area includes populations that experience significant disparities with regard to the overall disease burden and in the conditions being targeted.

## **II. Who May Apply**

Eligible applicants for this RFA are as follows:

### **A. *Minimum Eligibility:*** Eligible applicants are:

1. Nonprofit organizations and municipal agencies in NYS, including, but not limited to: local government and public health agencies, health care systems, primary care networks, academic institutions, community-based organizations, volunteer associations and professional associations.
2. Applying for a geographic service area that does not include the boroughs of New York City (Bronx, New York, Queens, Kings, and Richmond counties). Interventions and five-year objectives in this opportunity are targeted at municipal level policy changes. Because policy changes in the New York City area do not occur at the municipal level, applications to implement those interventions in this geographic area are not eligible.
3. In Document Vault Prequalified status or exempt from Document Vault Prequalification at the time of application submission within the New York State Grants Gateway. See IV Administrative Requirements, M. Vendor Prequalification for Not-for-Profits for additional information.

Applications will only be accepted from organizations that meet the minimum eligibility criteria. Eligible applicants may submit applications for more than one distinct geographic service area but must submit separate applications for each distinct geographic service area.

### **B. *Preferred Eligibility:*** Preference will be given to applicants that demonstrate the following:

1. Experience conducting policy work, community advocacy, community planning, and community organizing, including public communication campaigns, that result in the adoption of community PSE change interventions supporting cancer or other chronic disease prevention and control.
2. At least two years of experience with administrative, fiscal, and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports.

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

### **A. Outcomes**

Contractors are expected to establish and strengthen PSE change interventions (both organizational and municipal) to prevent and reduce cancer in awardee communities. The goal is to develop communities where it is easier to practice healthy behaviors.

To accomplish the objectives below, contractors will engage, educate and mobilize communities, engage decision makers and educate government policy makers about the need for and health impact of the work (see Figure 1).

Contractors will implement activities in their distinct geographic service areas to meet or exceed the following objectives over the course of the five-year contract period:

1. By September 30, 2023, at least four municipalities will adopt policies to ban the use of tanning devices by minors under 18.
2. By September 30, 2023, increase the adoption and use of sun safety policies/practices in at least seven community settings such as colleges, childcare facilities, outdoor recreation/tourism locations, and outdoor worksites.
3. By September 30, 2023, increase the adoption and use of paid leave policies to obtain breast, cervical and colorectal cancer screenings in at least ten organizations.
4. By September 30, 2023, increase by at least seven, the number of community education interventions for adolescents, health care providers and parents to support an increase in HPV vaccination.
5. By September 30, 2023, assist with promotion and education of other cancer prevention priorities as directed by the Department.

The Cancer Prevention in Action 2018-2023 Logic Model, Attachment 1, details the relationship between the activities that will be implemented and the stated five-year objectives. Outcomes and activities may be modified or other priority cancer prevention-related outcomes may be added over the life of the five-year contract term to align with changes in the local and statewide policy environment and/or evidence-base regarding high burden, preventable cancers and cancer risk factors.

## **1.UV Radiation**

Contractors will conduct the strategies below (1a – d) in support of implementation of five-year objectives 1 and 2, above.

### *a. Community Education*

Community education is essential for educating the public about skin cancer risks and the policy options available to communities to decrease these risks. Successful community education will increase public support for sun safety and indoor tanning policies; will mobilize the community to educate others and voice its support for sun safety and indoor tanning policies; and will educate policy makers about the issue. Examples of community education tasks in year one include:

- Disseminating information about skin cancer at community venues, forums, and/or public events;
- Generating earned media coverage about indoor tanning and/or UV policies;
- Writing articles for school newspapers, organizational or employee newsletters;
- Using social media tools to disseminate information; and
- Attending and/or speaking at events, meetings or hearings.

### *b. Community Mobilization*

There is a broad constituency (schools, employers, camps, community recreation and pool centers, parks, etc.) that should be committed to protecting children, youth and employees from exposure to UV radiation. Community mobilization refers to engaging influential community members, champions, organizations, skin cancer survivors and others that have a vested interest, in protecting community members from the dangers of UV radiation. Applicants will be expected to

mobilize the following community targets: influential community members and organizations in order to identify champions and other partners who help publicly advance the goal of increasing measures which prevent skin cancer. Examples of community mobilization tasks in year one include:

- Identifying community champions outside the applicant's organization who supports and wants to assist in the policy change efforts;
- Educating and equipping allies and champions with key messages and other necessary information to effectively garner earned media coverage; educate/mobilize their networks and/or communicate with decision makers;
- Assisting champions to localize and personalize resources and materials; and
- Working with youth/young adult groups (high school clubs, fraternities/sororities, scouts, etc.) to educate decision makers.

c. *Engaging Organizational Decision Makers*

Contractors will work with employers, organizations, municipalities, etc. within their communities to strengthen indoor tanning policies and to develop policies that create a more sun safe community. Examples of engaging organizational decision maker tasks in year one include:

- Researching and identifying the decision maker within the target organization/municipality that will be the most help or the most likely to take interest in the initiative;
- Scheduling educational meetings with organizations on the benefits and importance of adopting UV policies;
- Contacting and meeting with employers to assist them in adopting indoor tanning-free policies or UV protective policies;
- Identifying and empowering organizational champions who are committed to providing safer environments as it pertains to exposure from ultraviolet light; and
- Providing technical assistance, materials, and signage to employers as they adopt sun safety and indoor tanning policies.

d. *Educating Governmental Decision Makers*

As with all activities implemented for the Department, all lobbying is **expressly prohibited**. Contractors will educate elected officials and other decision makers about the prevalence of skin cancer, the harms caused by ultraviolet radiation, its impact on the local community and evidence-based community interventions that successfully reduce risk and cancer burden. Examples of educating governmental decision maker tasks in year one include:

- Meeting with municipal, county, and/or state representatives (or their staff) about indoor tanning and/or UV policies;
- Testifying at public hearings about the impact of indoor tanning and/or UV radiation;
- Sending regular communications to local municipal legislators to keep them informed of the dangers of indoor tanning on youth;
- Inviting legislators to events regarding UV radiation and/or indoor tanning; and
- Sharing personal stories with decision makers expressing the impact that skin cancer has made.

Please refer to Suggested Reading and Resources, Attachment 2, for information related to UV Radiation.

## **2. Paid Leave in Support of Cancer Screenings**

Contractors will conduct the strategies below (2a – d) in support of implementation of five-year objective 3, above.

*a. Community Education*

Contractors will educate worksites (both leadership and employees) and the public about the importance of screening for breast, cervical and colorectal cancer and the benefits of having paid leave time for screenings. Examples of community education tasks in year one include:

- Disseminating information about paid leave for cancer screenings at community venues and/or public events;
- Building relationships with news reporters and media personalities to disseminate cancer prevention and control messages and information;
- Generating earned media coverage about paid leave for cancer screenings;
- Writing articles for organizational or employee newsletters;
- Using social media tools to disseminate information; and
- Attending and/or speaking at events, meetings or hearings.

*b. Community Mobilization*

Contractors will educate and equip allies and champions with key messages and other necessary information to effectively garner earned media coverage, educate/mobilize their networks and/or communicate with decision makers. Examples of community mobilization tasks in year one include:

- Researching whether partners, providers, and community members know any elected officials and/stakeholders;
- Identifying community champions outside the applicant's organization who support and want to assist in the policy change efforts for paid leave for cancer screenings; and
- Engaging community champions through writing letters to the editor, speaking at engagements, writing newsletter articles, attending in-person meetings, organizing events, and making connections to other potential champions and decision makers.

*c. Engaging Organizational Decision Makers*

Contractors will work with leaders within their communities to garner support for and develop/expand paid leave policies for cancer screenings. Examples of engaging organizational decision maker tasks in year one include:

- Researching and identifying the decision maker within the target organization that will be the most help or the most likely to take interest in the initiative;
- Scheduling educational meetings with organizations on the benefits and importance of adopting paid leave policies;
- Identifying and empowering organizational champions who are committed to healthy work places and preventing/reducing cancer rates; and
- Providing technical assistance to support the adoption of paid leave policies.

*d. Educating Governmental Decision Makers*

As with all activities implemented for the Department, all lobbying is **expressly prohibited**.

Contractors will educate elected officials and other decision makers about the importance of cancer screenings and the possible benefits of paid leave for cancer screening for employees and the community. Examples of educating governmental decision maker tasks in year one include:

- Meeting with municipal, county, and/or state representatives (or their staff) about paid time off for cancer screenings;
- Testifying at public hearings about the benefits of paid time off for cancer screenings;
- Sending regular communications to local municipal legislators to keep them informed of the importance of reducing barriers to cancer screenings and their benefits;

- Inviting legislators to events regarding paid leave for cancer screenings; and
- Sharing personal stories with decision makers about the benefit to this type of policy and how it has helped people get screened.

Please refer to Suggested Reading and Resources, Attachment 2, for more information related to Paid Leave in Support of Cancer Screenings.

### **3. Education / HPV**

Contractors will conduct the strategies below (3a) in support of implementation five-year objective 4, above.

#### *a. Community Education*

The public is largely unaware of the association between HPV and cancer risk and that the HPV vaccine could prevent many of the cancers associated with HPV from occurring. Community education is essential for educating parents, medical providers, teens and other targeted audiences about the public health benefits of the HPV vaccine. Successful community education will build public support for local level changes and policies that encourage use of, or remove barriers to, the HPV vaccine. Examples of community education tasks in year one include:

- Organizing a free, screening filming of the documentary “Someone You Love” for community members;
- Disseminating information about the HPV vaccine for adolescents at community venues, school events, and/or public events;
- Organizing community forums to educate about the vaccine;
- Hosting survivors to speak about HPV-related cancers to targeted audiences;
- Working with community organizations to sign on to the “We’re In Campaign”; and
- Generating earned media coverage about the HPV vaccine.

Please refer to Suggested Reading and Resources, Attachment 2, for more information related to HPV. Contractors will also assist with promotion and education of other cancer prevention priorities as directed by the Department and in support of five-year objective 5, above.

### **4. Evaluation**

Successful applicants are required to participate in process and outcome performance reporting and an evaluation project. This will include regular reporting on implementation of work plan strategies and activities (such as number of earned media attempts, number of meetings with organizational decision makers, number of activities held by partners, number of policies adopted and obtained, etc.) through a performance measurement (or management) system. Contractors will also complete annual local program evaluation projects to measure the impact of selected strategies and activities and to contribute to the achievement of cancer prevention and control program objectives and goals. Annual evaluation projects will either be directed by the Department or proposed by the contractor for approval by the Department.

The contractor’s Institutional Review Board should approve research and evaluation protocols that involve human subjects. Contractors will participate in evaluation trainings provided by the Department, and will work with Department evaluation specialists to develop and implement appropriate evaluation methods and data collection instruments.

Outcomes may be modified or other priority cancer prevention-related outcomes may be added over the life of the five-year contract term to align with changes in the local and statewide policy environment and/or evidence-base regarding high burden, preventable cancers and cancer risk factors.

## **B. Additional Requirements**

Contractors are responsible for adhering to the following in support of the five-year objectives:

### **1. Staffing**

- The contractor is required to hire and employ an initiative program coordinator. This position is responsible for managing the day-to-day operations of community engagement, and for building, coordinating and guiding work to accomplish the cancer prevention and control outcomes.
- The contractor should identify and hire staff or potential subcontractors/consultants with the appropriate competencies to implement the full range of required activities. Overall, staff/subcontracts or other persons fulfilling the required functions on this contract should have knowledge and skills in:
  - program development, coordination and management;
  - fiscal management;
  - leadership development;
  - cancer control content;
  - cultural competency;
  - advocacy;
  - public relations;
  - public health policy, including analysis, development and implementation;
  - community outreach and mobilization;
  - health communications and counter-marketing;
  - strategic use of media including media advocacy, earned and paid media;
  - strategic planning;
  - gathering data; and
  - evaluation methods.
- Provide a sufficient staffing pattern to manage the project and provide information to demonstrate that management staff is at a level within the agency to affect decision making.
- Salaries should be commensurate with the level of education and experience required for the job.
- If a vacancy occurs (resignation, maternity leave, medical leave, etc.), the contractor is responsible for ensuring coverage of vacancies and/or prompt hiring to fill vacant positions in a timely manner as needed to ensure that programmatic work is completed and all contractual obligations are met. Extended vacancies which negatively impact the contractor's ability to fulfill contractual obligations may result in contract termination. Extended vacancies are any such vacancies that are beyond routine, time off and which have an impact on implementation of required scope of work, staffing and functions, contractual work plan implementation and budgeted expenditures. Such vacancies will be assessed on a case-by-case basis to determine their impact on contractual obligations and contractors may be required to provide proof of short-term and long-term coverage plans.
- Staff will become members of (if not already) and participate in the NYS Cancer Consortium.

### **2. Staff Orientation, Training, Supervision and Program Support**

Contractors are required to provide proper orientation to their organization's policies and procedures; appropriate budgeting for the program's transportation needs; fiscal and budget management support; timely processing of purchase and subcontracting requests; appropriate administrative supervision and support; access to up-to-date cancer prevention and control information; and a current computer system with access to an individual e-mail account, the Internet, and office space. Contractors will ensure that all



grant funded staff have the resources and support necessary to manage a State contract and fulfill programmatic, fiscal and administrative contract obligations, including but not limited to the ability to comply with: contract administration through the State's Grant Gateway, required time and effort policy and reporting, monthly voucher submission with appropriate back up documentation, required budget and work plan development, required performance reporting and evaluation, etc.

### **3. Meetings and Training**

The coordinator will be required to attend and participate in all regional and statewide meetings, attend required trainings and participate in all required webinars, at the direction of the Department. **The program coordinator will make a minimum of two trips to Albany in the first budget year to attend training, each anticipated to be two days, beginning at approximately 10am on day one and ending between 4pm and 5pm on day two.**

### **4. Organization**

The contractor:

- should provide fiscal and budgetary support and have demonstrated capacity to expeditiously process budget and purchasing requests to facilitate the smooth operation of the contract and fully and appropriately expend funds as contracted.
- is responsible for reviewing the contract in its entirety and meeting all contractual requirements/obligations.
- is responsible for ensuring all program deliverables are met.
- will review and approve annual work plans, monthly reports, other required reports submitted to the Department, and attend all site visits.

Contractors are responsible for implementing the required work, described in the RFA. The required personnel (coordinator) should be employed by the applicant and should not be subcontracted. Applicants may subcontract components of the scope of work, for example, development of promotion plans or evaluation projects. Those applicants that propose subcontracting should identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the Department. All subcontractors should be approved by the Department. Dependent upon Applicant and Subcontractor entity types, a Contractual Service agreement may affect your organization's Minority or Women-Owned Business Enterprise (M/WBE) utilization goal. Not-for-Profit applicants should not consider contractual services with municipalities or other not-for-profits towards their total eligible M/WBE expenses. On the contrary, as governmental entity applicants are to use the full contract value towards eligible M/WBE expenses, not-for-profit or municipality subcontractors should still be counted yet can be considered towards a waiver request if other certified M/WBE firms cannot provide the good or service. Further M/WBE information is provided in Section I. Minority & Women-Owned Business Enterprise Requirements and in Attachment 4 Minority & Women-Owned Business Enterprise (M/WBE) Forms and Instructions.

## **III. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the Department, Division of Chronic Disease Prevention, Bureau of Cancer Prevention and Control. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

## **B. Question and Answer Phase:**

All substantive questions must be submitted in writing to:

Wendy Gould  
Bureau of Cancer Prevention and Control  
Riverview Center  
150 Broadway, Room 350  
Albany, NY 12204  
Email: [canserv@health.ny.gov](mailto:canserv@health.ny.gov)

Re: CPIA RFA #17683

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

Questions of a technical nature can be addressed in writing or by email directed to: Wendy Gould at [canserv@health.ny.gov](mailto:canserv@health.ny.gov). **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

All inquiries, whether technical or substantive should be submitted in writing and include the RFA name and number in the subject line, "CPIA RFA #17683.

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

- <https://grantsreform.ny.gov/grantees>
- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: <https://grantsreform.ny.gov/youtube>
- Grants Gateway Team Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)  
Phone: 518-474-5595  
Hours: Monday thru Friday 8am to 4:30pm  
(Application Completion, Policy, and Registration questions)
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)

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

This RFA has been posted on the NYS Grants Gateway website at:

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

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

Prospective applicants are *strongly encouraged* to complete and submit a Letter of Interest, (Template in Attachment 3). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. The Department will publish a list of all prospective applicants that submit a letter of interest, along with their proposed geographic region. The purpose of publishing the list of proposed applicants and corresponding geographic regions is to facilitate planning among local prospective grantees to ensure that proposed geographic areas do not overlap. Letters of interest should be submitted via the Grants Gateway in Pre-Submission Uploads of the online application. A copy should also be emailed to [canserv@health.ny.gov](mailto:canserv@health.ny.gov). Please ensure that the RFA number is noted in the subject line and submitted by the date posted on the cover of the RFA.

Submission of a letter of intent/interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. However, applicants are strongly encouraged to submit letters of intent/interest which will include the proposed distinct geographic service region. The proposed regions to be served will be posted with the RFA Updates, Questions and Answers so that potential applicants may identify duplicate service regions and proposed distinct ones. Applications may be submitted without first having submitted a letter of interest.

### **D. Applicant Conference**

**An applicant conference will be held for this project.** This conference will be held via webinar on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference no later than **February 9, 2018 by 9:30AM by following this link:** <https://meetny.webex.com/meetny/k2/j.php?MTID=tbfea712a5129af9861e3ccb54baab582> to ensure that adequate accommodations be made for the number of prospective attendees. Failure to attend the applicant conference will not preclude the submission of an application.

### **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 Reform website at the following web address: <https://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available 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://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name Community Cancer Prevention in Action and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

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

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

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

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee 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.

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

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

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

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

#### **F. Department of Health's Reserved Rights**

The Department of Health reserves the right to:

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

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

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

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

It is expected that contracts resulting from this RFA will be a multi-year contract with a term of five years (October 1, 2018 – September 30, 2023). For budgeting and work plan purposes, there will be five annual (renewal) periods, beginning October 1, 2018 and ending September 30, 2023.

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

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

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

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

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

Division of Chronic Disease Prevention Fiscal Management Unit  
NYS Department of Health  
Empire State Plaza  
Corning Tower, Room 1025  
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](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

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

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above and, in the future, through the Grants Gateway:

- Quarterly Activity Reports on a web-based performance management system.
- End of Year Reports as required.
- Other reports as required by the Department.

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

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

Pursuant to New York State Executive Law Article 15-A, the 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 Department contracts.

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

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

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

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

- 1) For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

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

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

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in Attachment 4 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 include the Vendor Identification number on the Application Cover Sheet, Attachment 5. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: [http://www.osc.state.ny.us/vendor\\_management/forms.htm](http://www.osc.state.ny.us/vendor_management/forms.htm)

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

#### **L. Vendor Responsibility Questionnaire**

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

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

Applicants should complete and submit the Vendor Responsibility Attestation, Attachment 6.

#### **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 Reform 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 Reform Website details the requirements and an [online tutorial](#) are available to walk users through the process.

### **1) Register for the Grants Gateway**

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

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

### **2) Complete the Prequalification Application**

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

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

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

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

## **N. General Specifications**

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

Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

#### **O. Healthy Meeting Guidelines**

Contractors will certify that they will comply with the Department's requirements for healthy meetings when the State is reimbursing for all or a portion of the meeting costs. The Department reserves the right to review the site, menu and agenda so that the State can ensure the nutrition, physical activity, sustainability and tobacco-free guidelines are met. The Healthy Meeting Guidelines can be accessed at: [https://www.health.ny.gov/prevention/healthy\\_lifestyles/guidelines.htm](https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm)

#### **P. Refusal of Funds from Tobacco-Related Entities**

Contractors will certify that it has a written policy prohibiting any affiliation with a tobacco company or tobacco product manufacturer including receipt of gifts, grants, contracts, financial support and in-kind support, and other relationships. The contractor will certify that no not-for-profit subcontractors receiving funding through this agreement for work instrumental to achieving the goals and objectives of the grant has any affiliation with a tobacco company or tobacco product manufacturer. More information regarding the tobacco-free requirements, including frequently asked questions, can be found at [https://www.health.ny.gov/funding/cch\\_rfte\\_faq.pdf](https://www.health.ny.gov/funding/cch_rfte_faq.pdf)

### **V. Completing the Application**

#### **A. Application Format/Content**

Please refer to the Quick Start Guide for assistance applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at: <https://grantsreform.ny.gov/grantees>

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.

#### **1. Pre-Submission Uploads include:**

- Letter of Interest Template (optional)
- Minority & Women-Owned Business Enterprise (MWBE) Forms and Instructions (required)
- Application Cover Sheet (required)
- Vendor Responsibility Attestation (required)
- Job Descriptions/Resumes (required)
- Applicant Agency Organizational Chart (required)
- Subcontract/Consultant Statements of Scope of Work and Letters of Commitment (if applicable)
- PSE Change Interventions Implemented (optional)

- Fringe Detail Sheet (if applicable)
- List of Government Contracts (if applicable)

## 2. Program Specific Questions

### a. Executive Summary

**Not Scored**

Provide a summary of the initiative proposal.

### b. Geographic Service Area/Statement of Need

**Maximum Score: 18 Points**

- What is the proposed distinct geographic service area, describe the geographic service area (county or counties, municipalities, neighborhoods, organizations) and list the population size of the total geographic service area. (3pts.)
- Describe where each initiative (UV projects, paid leave, HPV education) will be delivered within the identified geographic service area. (3pts.)
- Describe the potential populations that will be impacted by each initiative (UV projects, paid leave, HPV education). (3pts.)
- Describe the rationale for selecting the proposed geographic service area by describing the need for these services and other supporting information (what data supports this proposal such as cancer, screening or vaccination rates and other pertinent demographics about the geographic region and the population to be served within the region). (5pts.)
- Describe the factors (social, political, environmental) that make this service area a good option for this policy work (for example, large number of colleges, numerous parks and outdoor recreation centers used by certain populations, large number of adolescents, numerous mid-large size businesses, etc.). (4pts.)

### c. Capacity and Experience

**Maximum Score: 29 points**

- How do the required activities in the RFA align with the organization's mission and purpose? (3pts.)
- Explain how your organization has worked with municipalities, local media, employers, and other selected sites to promote adoption of policy and/or environmental change interventions (specify your role in activities, leader, on a committee, etc.). (5pts.)
- Describe past or current work engaging in community-wide prevention activities (public policy and changes in social, community or physical environments that support healthy behaviors). (5pts.)

- Describe the applicant organization's history of effective collaboration among diverse stakeholders, relevant experience in partnership building, working and/or identifying champions, and ability to lead and execute a multi-year project. (5pts.)
- Describe experience conducting community-level program evaluation to measure the impact of activities and strategies including:
  - Experience collaborating with external evaluation specialists to develop and implement evaluation methodologies.
  - Experience collecting baseline and follow-up data.
  - Experience analyzing data.
  - Experience disseminating evaluation results.
  - Experience utilizing evaluation results to inform current and future activities. (5pts.)
- Describe how initiative activities will be implemented within 31 days of contract start date. (3pts.)
- Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. (3pts.)

**d. Program Activities**

**Maximum Score: 22 points**

Complete the work plan in the Grants Gateway online application using the Cancer Prevention in Action RFA Work Plan Instructions, Attachment 7. Applicant work plans should include the required objectives, tasks, and performance measures to implement the full scope of work. As instructed in the guidance document, applicants should insert the objectives, tasks, and performance measures into the Grants Gateway work plan online application. The work plan should only list objectives, tasks, and performance measures for the initial year of the contract, from October 1, 2018 through September 30, 2019.

POINTS WILL BE DEDUCTED FROM WORK PLANS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

**e. Staffing Patterns and Qualifications**

**Maximum Score: 11 points**

- Guidance regarding appropriate staff competencies for implementing required activities is provided in Section III (B)(1) Staffing. Provide job descriptions for each position (program coordinator, fiscal, technical experts, administrative support, etc.) or subcontract/consultant which includes required competencies, knowledge and skills for the position. If at the time of application, it is known who will fill each position, provide a resume for each staff person that shows the individuals qualifications, otherwise job descriptions which include required competencies, etc. are sufficient. Scan the job descriptions/resumes into a single document and upload it to the Pre-submissions Upload Section of the application as Attachment 8. (3pts)

- Describe activities to recruit staff and/or subcontracts/consultants with demonstrated expertise working on PSE approaches in the community setting. (3pts.)
- Include an organizational chart as a Pre-submission Upload, Applicant Agency Organizational Chart, Attachment 9, in the Grants Gateway that shows the location of the proposed staff and/or subcontracts/consultants within the applicant organization. (2pts.)
- Describe how orientation and supervision of staff and/or subcontracts/consultants will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision to the program. Include resumes if the person(s) providing orientation and supervision is known. Include the resumes(s) in Attachment 8 as above. (3pts.)

**f. Budget and Justification**

**Maximum Score 20 points**

- Complete the on-line budget template in the Grants Gateway. Assume 12-month budget, with an October 1, 2018 start date. Budgets should total but not exceed \$225,000 for the 12-month period. All costs must relate directly to the provision of the Community Cancer Prevention in Action RFA and be consistent with the scope of services, reasonable, and be cost-effective.
- The coordinator is required to be employed by the applicant organization and this should be reflected in the budget.
- Describe in the Personal Services -Salary Section, Role/Responsibility field, how each staff person supports the work plan.
- For all existing staff, the Personal Services-Salary Narrative should delineate how the percentage of time devoted to this initiative has been determined.
- Budget justifications should provide the information requested in the Grants Gateway Budget Data Entry Guidelines, Attachment 10 and the Grants Gateway Budget Instructions, Attachment 11, and describe how the expense supports the Work Plan objectives of the project.
- Budget should include a minimum of two trips to Albany in the first year for the program coordinator to attend training, each anticipated to be two days, beginning at approximately 10:00 a.m. on day one and ending between 4:00 p.m. and 5:00 p.m. on day two.
- Include under Operating Expenses, an item titled, "Paid Media Efforts, TBD" to be used towards contractor-led paid media efforts (work to be clarified by the Department once contracts are executed). The line item should equal 10% of the applicant's budget request. Successful applicants who do not include this line item will be required to modify the budget upon award.

**Please note:** THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by Department personnel to be inadequately justified relative to the proposed work plan, or not fundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.
- Expenditures will not be allowed for the purchase of major pieces of depreciable equipment or for remodeling or modification of structure.
- Funding may be requested under the “Other” line to support a portion of the agency’s overall organizational structure to the extent that it allows a funded applicant to implement program activities. Refer to Indirect Cost Guidelines, Attachment 12 for guidance. This includes funding for administrative and fiscal staff, space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery. Indirect costs may not exceed 10% of the total modified direct costs.
- If the budget includes subcontracts or consultants, include a Subcontractor/Consultant Statement of Scope of Work and a Letter of Commitment, Attachment 13, for each proposed subcontract/consultant. Scan the letters/statements into one document and upload to the Pre-Submissions Upload section of the application. Letters of Commitment should be specific to each proposed subcontract/consultant identified in the application. It should describe in not more than two double spaced pages:
  - Who the subcontracting/consultant organization(s) is/are;
  - Why the collaboration is a necessary component of the program;
  - What the organization(s) has committed to do (i.e., what the partner will contribute);
  - When the collaborative activities will take place; and
  - How the collaboration will be assessed.

Letters of Commitment that advocate and applaud the applicant but do not include a description of a scope of work commitment will not be accepted or reviewed. For any Letter of Commitment that is longer than two double spaced pages, only the first two pages will be reviewed.

Failure to adhere to budget specifications may result in a reduction of allotted points.

**g. Preferred Qualifications**

**Up to 9 Points**

Applicants that demonstrate they meet the preferred qualifications, as stated in the *Section II, Who May Apply*, may be awarded up to an additional nine (9) points. These points are awarded above the 100 points allocated for application content sections b-f, as follows:

- List the cancer or other chronic disease prevention and control PSE change interventions that were adopted as a direct result of the applicant organization’s efforts. Include the following in the PSE Change Interventions Implemented, Attachment 14:
  - A listing of each PSE change intervention adopted with the month/year it was adopted;
  - A description, copy, or depiction (e.g., photo of complete streets, or a scan of the policy and/or PSE change intervention/s implemented);



- Scan all into one document and upload to the Pre-Submissions Upload section of the application as Attachment 14.

Scoring will be based on the applicants' comprehensive and complete response to the information requested above demonstrating the following:

0 pts. for 0 PSE interventions adopted

1 pt. for 1 – 2

2 pts. for 3-5

3 pts. for 5+

- List the applicant organization's experience conducting policy work, community advocacy, community planning, and community organizing, including public communication campaigns that successfully resulted in the adoption of community PSE change interventions supporting cancer or other chronic disease prevention and control programs. Include the following information about the PSE change interventions implemented in the PSE Change Interventions Implemented, Attachment 14:
  - A timeline that includes the month/year and descriptions of activities that were conducted in support of each PSE change intervention that were implemented;
  - Copies of public communication campaigns and other advocacy and communication/education activities;
  - Scan all into one document and upload to the Pre-Submissions Upload section of the application as Attachment 14.

Scoring will be based on the applicants' comprehensive and complete response to the information requested above demonstrating the following:

0 pts. for 0 years' experience

1pt. for 1-2 yrs.

2pts. for 2-4 yrs.

3pts. for 5+ yrs.

- Provide information that demonstrates the applicant organization has at least two (2) years of experience with administrative, fiscal and programmatic oversight of government contracts, including timely and accurate submission of fiscal and program reports. Upload a list of the government contracts held by the organization within the last five years to the Pre-Submissions Upload section of the application (Attachment 16). Include the funding agency name, time period for the awards, name of awards, and details of how the applicant organization ensured timely and accurate submission of fiscal and program reports. Applicants may receive up to three (3) preference points for demonstrating they have two (2) years of oversight of government contracts.

0 pts. for 0 years' experience

2pts. for 1 yrs.

3pts. for 2 yrs.

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 guidelines set forth above will be reviewed and evaluated competitively by the New York State Department of Health Division of Chronic Disease Prevention.

Failure to meet the following requirements will result in rejected applications:

- Applicant is a nonprofit organization or municipal agency in NYS.
- Applicant is prequalified in the NYS Grants Gateway or exempt from prequalification on the date and time the application is due, as noted in the Key Events on the cover of this RFA.
- Application is successfully submitted in the Grants Gateway by the date and time noted in the Key Events on the cover of this RFA.
- Applicant is applying for a distinct geographic service area that does not include the boroughs of New York City.

Applications will be scored based on the points allotted above for each component, as follows:

<b>Section Title</b>	<b>Max Score</b>	<b>Other format requirements</b>
a. Executive Summary	Not Scored	
b. Geographic Service Area/Statement of Need	18	
c. Capacity and Experience	29	
d. Program Activities (Work Plan)	22	Use prescribed objectives, tasks and performance measures provided in Attachment 7
e. Staffing Patterns and Qualifications	11	
f. Budget and Justification	20	Follow all guidance

		instructions provided in Attachments 10 and 11
g. Preferred Qualifications	9	
Totals	109	

A minimum score of 70 points out of a possible 109 is required to be considered for funding. The four highest scoring applications proposing to serve distinct service areas such that there will not be multiple awards serving the same geographic area will be funded. If there are fewer than four passing applications in four distinct service areas, the Department may choose to make awards to the highest scoring application(s) regardless of geographic service area, or, may choose to award only those with passing scores and redistribute funding to the successful awardees. The Department reserves the right to not fund more than one successful applicant in duplicative geographic services areas (e.g. will not make two awards serving the same county, municipality or neighborhood). Should additional funding become available over the course of the grant period, the Department may make more than four awards, using the same funding methodology described here.

In the event of a tie score among the four highest scoring applicants, the determining factors for a grant award, in descending order of importance, will be:

- Applicant with the highest score in the Capacity and Experience section
- Applicant with the highest score in the Program Activities section

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

The Department anticipates awarding four contracts for the five-year period from October 1, 2018 to September 30, 2023. Anticipated funding for each of the four awards will be valued up to \$225,000 annually. The total initiative value for the five-year contract period is \$4,500,000. Awards for successful applicants that request funding beyond the maximum values may be reduced to align with the stated funding value. The final number of awards and final award amounts will be contingent upon the total funds available.

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

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

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

To request a debriefing, please send an email to Wendy Gould at [canserv@health.ny.gov](mailto:canserv@health.ny.gov). In the subject line, please write: Debriefing Request CPiA RFA #17683.

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 attachments are accessed in Pre-Submission Uploads within the Forms Menu of an online application and are not included in the RFA document. 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: Cancer Prevention in Action 2018-2023 Logic Model\*\*
- Attachment 2: Suggested Reading and Resources\*\*
- Attachment 3: Letter of Interest Template\*
- Attachment 4: Minority & Women-Owned Business Enterprise (MWBE) Forms and Instructions\*
- Attachment 5: Application Cover Sheet \*
- Attachment 6: Vendor Responsibility Attestation\*
- Attachment 7: Cancer Prevention in Action RFA Work Plan Instructions\*\*
- Attachment 8: Job Descriptions/Resumes\*
- Attachment 9: Applicant Agency Organizational Chart\*
- Attachment 10: Grants Gateway Budget Data Entry Guidelines\*\*
- Attachment 11: Grants Gateway Budget Instructions\*\*
- Attachment 12: Indirect Cost Guidelines\*\*
- Attachment 13: Subcontract/Consultant Statements of Scope of Work and Letters of Commitment\*
- Attachment 14: PSE Change Interventions Implemented\*
- Attachment 15: Fringe Detail Sheet\*
- Attachment 16: List of Government Contracts (Preferred Eligibility)\*

\*These attachments are located/included in Pre-Submission Uploads and must be completed and/or uploaded to Pre-Submission Uploads to be submitted with the application. No templates are provided for Attachments 8, 9, 13, 14 and 16 as these are grantee-generated documents.

\*\*These attachments are located/included in Pre-Submission Uploads of the Grants Gateway online application and are provided for applicant information only. These attachments do not need to be completed.