

RFA # 17640
Grants Gateway #s
DOH01-LGBTA-2018
DOH01-LGBTB-2018

New York State Department of Health
AIDS Institute
Division of HIV, STD, HCV Prevention
Bureau of Special Populations

Request for Applications
Internal Program #17-0005

**Health and Human Services for Lesbian, Gay, Bisexual, and Transgender
Individuals, Families and Communities**

COMPONENT A: Provision of Direct Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities

COMPONENT B: Statewide Multicultural and Culturally Responsive Organizational Development

ADDENDUM #1
January 5, 2018

RFA and Grants Gateway Online Application Clarification:

On page 13 of the RFA, Anticipated Outcomes – Component A, applicants are instructed to choose from a list of 12 outcomes. The RFA should have included a 13th outcome, which is listed below in red.

- Increase LGBT cultural responsiveness for the general community;
- **Increase Cultural Responsiveness for the LGBT Community;**
- Reduce health risks, including sexual health risks among LGBT individuals;
- Increase social support and reduce social isolation in the LGBT community;
- Increase access to and utilization of Behavioral Health and Drug User Health services for LGBT individuals;
- Increase self-esteem for LGBT individuals;
- Increase awareness of LGBT existence and diversity;
- Increase LGBT community capacity to strengthen coalition and expand interagency referral linkages;
- Increase LGBT self-advocacy and leadership;
- Increase safety and reduce violence directed at the LGBT community;
- Develop and/or enhance Gay Straight Alliance/GSA capacity building;
- Increase access to housing for LGBT individuals who are unstably housed; or

- Increase access to education and employment opportunities.

On page 48 of the RFA, Attachment 5 – Anticipated Outcomes, applicants were given a more comprehensive description of anticipated outcomes. The listing included the following outcome twice in error:

Increasing Social Support and Reducing Social Isolation in the LGBT Community -
Increase peer support and information exchange; increase sense of belonging; decrease in the sense of social isolation; enhance opportunities for positive socialization in the LGBT community.

**New York State Department of Health
Division of HIV, STD, HCV Prevention
Bureau of Special Populations**

Request for Applications (RFA)

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**Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals,
Families and Communities**

COMPONENT A: Provision of Direct Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities

COMPONENT B: Statewide Multicultural and Culturally Responsive Organizational Development

**This is a procurement which encompasses two (2) components.
In order to apply for either of the two (2) components, eligible applicants must submit an application via the New York State Grants Gateway.**

Applicants may submit no more than two (2) applications in total in response to this RFA.

KEY DATES

RFA Release Date:	December 19, 2017
Questions Due:	January 4, 2018 by 4:00 PM EST
Questions, Answers and Updates Posted: (on or about)	January 18, 2018
Applications Due:	February 6, 2018 by 4:00 PM EST

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I. INTRODUCTION

A. Purpose

The New York State Department of Health AIDS Institute (NYSDOH AI), Bureau of Special Populations (BSP) announces the availability of **\$5,120,996** annually in State funding to provide direct Health and Human Services for Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals, Families and Communities in New York State (NYS) and Statewide Multicultural and Culturally Responsive Organizational Development.

The NYSDOH AI aims to eliminate disparities in health care access by increasing the availability and quality of health care and human services for New York's underserved populations. The LGBT Health and Human Services (LGBT HHS) initiative focuses on addressing disparities through building a wider, more sensitive and appropriate system to promote health and human services for lesbian, gay, bisexual and transgender individuals, families and communities.

The priority population of this initiative are LGBT individuals including but not limited to the following:

- People of Color;
- Young People;
- Seniors;
- Transgender and Gender Non-Conforming individuals;
- Lesbian and bisexual women; and
- Immigrants.

Services should prioritize individuals within the population who are at risk for experiencing negative health outcomes. Refer to **Attachment 1 - Additional Information on Priority Populations**.

This RFA contains two (2) components:

COMPONENT A: Provision of Direct Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities

The purpose of Component A funding is to identify service providers to develop and/or enhance comprehensive health and human services for lesbian, gay, bisexual and transgender individuals, families and communities through the implementation of proven strategies and innovative interventions. The initiative aims to address issues related to the key social determinants of health impacting LGBT communities: economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

A system of service delivery and support, comprised of organizations dedicated to serving LGBT individuals, families and friends, can successfully address many of the barriers to health and human services described here. Such a system must have the expertise to provide services

relevant to the population, treat all LGBT persons in an affirming, culturally appropriate manner, and have the resources to adequately address the needs of disenfranchised, underserved LGBT persons needing health care.

The goals of Component A are to:

- Improve health outcomes and quality of life for LGBT individuals and families;
- Expand health promotion and increase access to health care;
- Increase access to behavioral health services;
- Improve the health outcomes and quality of life for LGBT individuals who use substances;
- Promote access to prevention and support services;
- Improve the quality and appropriateness of LGBT health and human services;
- Enhance LGBT cultural competency for health and human service providers;
- Eliminate bias and discrimination based on sexual orientation and gender identity among health and human service providers in NYS;
- Increase access to educational opportunities for LGBT individuals;
- Expand program models that support mentorship, employment and life skills training; and
- Expand resources to improve access to housing and decrease housing discrimination.

COMPONENT B: Statewide Multicultural and Culturally Responsive Organizational Development

Funding for Component B will support one (1) organization with a statewide reach to provide multicultural and culturally responsive organizational development, technical assistance and capacity building for agencies funded under Component A of this RFA and members of the LGBT Health and Human Services Network. The awarded applicant will work with agencies to assess, design and implement a plan for organization specific and group organizational development, focusing on creating sustainable multicultural and culturally responsive organizations to address the priority areas of race, ethnicity, sexual orientation and gender identity/expression. The awarded applicant is expected to work in coordination with the Lesbian and Gay Community Services Center who is the LGBT Network lead organization to implement program deliverables.

The goals of Component B are to:

- Increase knowledge of LGBT health and human service providers regarding issues that impede access to and compromise the quality of health care for diverse and underserved LGBT individuals and families;
- Enhance the organizational infrastructure of funded providers;
- Enhance the quality of culturally responsive activities undertaken by providers funded through this initiative;
- Increase LGBT cultural responsiveness for the general community by decreasing or eliminating provider bias or insensitivity;

- Identify best practices and provide technical assistance on multicultural and culturally responsive services; and
- Improve health outcomes for LGBT individuals, families and communities.

B. Background/Intent

The NYS LGBT Health and Human Services Network (the Network) is a coalition of nonprofit agencies and organizations that provide services addressing the diverse health and human service needs of 1.5 million LGBT New Yorkers and their families. These programs positively impact the lives of LGBT New Yorkers across the state and contribute to the health and well-being of the population by providing health care access, safe drop-in spaces for the LGBT community, referrals to culturally competent providers and other services that aim to improve health outcomes for LGBT New Yorkers. The Network is comprised of organizations that have established general mental health services, community centers and social support programs. In addition, many of the Network organizations have education programs in their local communities that act as a resource and help expand knowledge of LGBT inclusivity.¹

A 2016 survey of Network member organizations found that supporting LGBT service organizations is cost saving to NYS, as many of the services offered provide pathways to economic independence, consequently decreasing a reliance by clients on NYS for support.² The survey also found that participation in the LGBT HHS initiative has resulted in significant health insurance and Medicaid cost savings. In 2015, Network member organizations linked 3,451 individuals to ancillary care services, and provided case management services to ensure continuity of care for 7,377 individuals throughout New York State.

LGBT HHS organizations in the Network also provide the requisite support for LGBT individuals in order to prevent unnecessary emergency room utilization, or to ensure that when hospitalization is necessary, the individual was connected to the appropriate aftercare services.¹

Network members have also successfully engaged clients in interventions that support their sexual health and well-being. An example on one of these interventions is Pre-Exposure Prophylaxis (PrEP), an HIV prevention intervention, used to prevent HIV infections.¹ Educating individuals at risk for HIV infection about preventative options and subsequently providing access to PrEP, supports the Governor's goal of Ending the Epidemic by the end of 2020, as well as decreases the costs of care associated with treatment of a person who is HIV positive.

On June 29, 2014, Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of the AIDS Epidemic in NYS. The goal of the plan is to reduce the number of new HIV infections to just 750 (from an estimated 3,000) by the end of 2020 and achieve the first ever decrease in HIV prevalence in NYS.³

1 2015 State of the Network Report (https://gaycenter.org/file/docs/network/LGBT_annual_report_web_3.pdf)

2 Frazer, M.S. & Howe, E.E. (2016) LGBT Health and Human Services Needs in New York State: A Report from the 2015 LGBT Health and Human Services Needs Assessment. The Lesbian, Gay, Bisexual and Transgender Community Center. New York, NY. [Gaycenter.org/thenetwork](http://gaycenter.org/thenetwork)

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

The three-point plan includes:

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

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

- BP4: Improve referral and engagement;
- BP16: Ensure access to stable housing;
- BP18: Health, housing and human rights for LGBT communities;
- BP19: Institute an integrated comprehensive approach to transgender health care and human rights;
- BP22: Access to care for residents of rural, suburban and other areas of the state;
- BP23: Provide comprehensive sexual health education; and
- BP30: Increase access to opportunities for employment and employment/vocational services.

The Ending the Epidemic Blueprint is available on the NYSDOH's website at:
www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf

Other relevant resources are the National HIV/AIDS Strategy (NHAS) and the NYS Prevention Agenda. The National HIV/AIDS Strategy is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic.⁴ Information on the National HIV/AIDS Strategy and updates to the strategy through 2020 can be found at: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/>. The NYS Prevention Agenda is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them.⁵ The NYS Prevention Agenda can be found on the following website:
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017.

C. Available Funding and Anticipated Awards

COMPONENT A

Provision of Direct Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities

Approximately \$4,920,996 in State funding is available annually to support programs funded through Component A of this RFA. Funding for Component A will be allocated as stated in the

⁴ National HIV/AIDS Strategy

⁵ NYS Prevention Agenda 2013-2018: New York State's Health Improvement Plan

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chart below. Annual awards for Component A will not exceed \$133,000.

Region	Annual Award Amount	Number of Awards
Central New York/Southern Tier (Counties: Onondaga, Madison, Cayuga, Oswego, Oneida, Herkimer, Otsego, Delaware, Cortland, Chenango, Tompkins, Chemung, Tioga and Broome)	\$133,000	5-6
Finger Lakes (Counties: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates)	\$133,000	1-2
Long Island (Counties: Nassau and Suffolk)	\$133,000	3-4
Hudson Valley (Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester)	\$133,000	4-5
New York City – Bronx	\$133,000	2-3
New York City – Brooklyn	\$133,000	4-5
New York City – Manhattan	\$133,000	9-11
New York City – Queens	\$133,000	2-3
New York City- Staten Island	\$133,000	1-2
North Country (Counties of Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis and St. Lawrence)	\$133,000	1-2
Northeastern New York (Counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington)	\$133,000	3-4
Western New York (Counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming)	\$133,000	2-3

Applicants should be located within the primary region of service they propose to serve and are requested to list the primary region of service on the cover page of the application (Refer to Attachment 9). The primary region of service for the application should be based on the location where the largest number of clients will be served. This does not preclude an applicant from proposing to serve one or more counties outside a primary service region. The awards listed above are expected to provide optimal regional coverage of LGBT health and human services given the available funding.

COMPONENT B

Statewide Multicultural and Culturally Responsive Organizational Development

Approximately \$200,000 in State funding is available annually to fund one (1) organization through Component B of this RFA. Funding for Component B will be allocated as stated in the chart below. The annual award for Component B will not exceed \$200,000.

Region	Annual Award Amount	Number of Awards
Statewide	\$200,000	1

D. Application Submission Requirements

Applicants may submit no more than two (2) applications in total in response to this RFA.

If more than two (2) applications are submitted in response to this RFA, the first two (2) applications that are received in the Grants Gateway will be reviewed and considered for funding. All other applications will be rejected.

- Awards will be made to the highest scoring applicants in each region, up to the minimum number of awards indicated for that region. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- If there are an insufficient number of acceptable applications (scoring 70 or above) received from any region, the NYSDOH AI reserves the right to:
 - Fund an application scoring in the range of (60-69) from a region;
 - Re-solicit for any region where there are an insufficient number of fundable applications; and
 - Approach award recipients in a neighboring region to see if they are interested in expanding their services.
- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region, the NYSDOH AI reserves the right to exceed the maximum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any region until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- The NYSDOH AI reserves the right to revise the award amounts as necessary due to changes in availability of funding.
- The NYSDOH AI reserves the right to shift funding from one Component of the RFA to another Component should there be an insufficient number of fundable applications received in either component.

Should additional funding become available, the AIDS Institute may select an organization from

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the pool of applicants deemed approved, but not funded. If it is determined that the needed expertise/services are not available among these organizations, the NYSDOH AI reserves the right to establish additional competitive solicitations.

II. WHO MAY APPLY

A. Minimum Eligibility Requirements ALL COMPONENTS

All applicants must meet the following minimum eligibility requirements:

- Applicant must be prequalified in the New York State Grants Gateway, if not exempt, on the date applications are due;
- Applicant is a not-for-profit 501(c)(3) organization, including a community based organization, tribal organization, county or government entity providing human services proposing to serve one of the regions listed in this application; or an Article 28 licensed facility proposing to serve one of the regions; and
- Applicant has submitted **Attachment 2** - Statement of Assurances signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**.

B. Preference Factors

COMPONENT A

Preference will be given to applicants that demonstrate the following:

- A minimum of two (2) years of experience engaging the priority population of LGBT individuals, particularly LGBT individuals of color in LGBT health, wellness and support services;
- A minimum of fifty (50%) percent of the Board of Directors and senior management staff are representative of the racial/ethnic, gender identity and sexual orientation characteristics of the populations served through this application;
- A minimum of fifty (50%) percent of direct service staff are representative of the racial/ethnic, gender identity and sexual orientation characteristics of the populations served through this application;
- Applicant is an organization developed by and for LGBT individuals;
- A minimum of a two (2) year membership and history of active involvement with the NYS LGBT HHS Network and providing culturally competent and culturally responsive services to LGBT communities. Applicants are required to complete **Attachment 3** – NYS LGBT HHS Network Membership Attestation Form and upload to the Pre-Submission Upload section of the Grants Gateway online application; and
- A minimum of two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

COMPONENT B

Preference will be given to applicants that demonstrate the following:

- A minimum of five (5) years of experience in the provision of multicultural LGBT training/capacity building to healthcare and/or social service providers;
- A minimum of fifty (50%) percent of the Board of Directors and senior management staff are representative of the racial/ethnic, gender identity and sexual orientation characteristics of the populations served through this application;
- A minimum of fifty (50%) percent of direct service staff are representative of the racial/ethnic, gender identity and sexual orientation characteristics of the populations served through this application;
- Applicant is an organization developed by and for LGBT individuals and/or People of Color and have a demonstrated history of serving the population; and
- A minimum of two (2) of years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.

III. PROGRAM REQUIREMENTS

In July 2015, the NYSDOH AI conducted the LGBT Health: Beyond the Epidemic Symposia. The goal of the symposia was to increase community knowledge regarding the intersections between LGBT HHS programs and HIV/STD/HCV prevention, care and treatment. Quantitative and qualitative evaluations took place during and post the symposia. The evaluations indicated the desire of participants to increase their capacity to provide effective and appropriate health and human services to the LGBT communities, as well as, continued opportunities to engage collaboratively to address identified health disparities of LGBT New Yorkers.

In addition, focus group discussions were held with members of the LGBT HHS Network in August 2016. The purpose of the groups was to gather information on the priority needs of the LGBT Network membership. Participants offered input regarding the LGBT HHS needs of importance to them; including specific capacity building and technical assistance needs, as well as priorities related to diversity, cultural competency and inclusion.

The valuable input obtained from the various meetings and the 2016 LGBT Network survey are reflected in the Scope of Program Services to be funded through this RFA as listed below.

A. Scope of Program Services

COMPONENT A

Provision of Direct Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities

Funding for Component A will support programs that demonstrate the capacity to increase access to health care and improve the quality and appropriateness of LGBT health and human

services. Funding will also support programs that improve health outcomes and quality of life for LGBT individuals and families through the promotion of full and equal access to health and human services, and through the elimination of bias and discrimination based on sexual orientation and gender identity.

Successful applicants for Component A will demonstrate that they:

- Provide services that are ethnically, culturally, linguistically and age appropriate, and delivered at suitable developmental and literacy levels;
- Respond to and address the range of sexual and gender diversity within the LGBT community;
- Have the organizational capacity and experience to conduct required activities;
- Involve members of the priority population in the planning and design of the proposed program; and
- Have a program design that is inclusive of services specific to one or more of the priority LGBT populations identified in this RFA.

Applicants are required to select **three (3)** focus areas from the list below:

- **Health Promotion, Education and Training** - includes interventions and activities that address and promote access to health, wellness and human services for LGBT individuals; provides education and training in areas such as: the promotion of timely health care and treatment, incomplete medical histories (e.g., concealed risks, sexually related complications, social factors); address lack of health insurance; and convey information regarding health risks such as: sexually transmitted diseases including HIV and viral hepatitis and other infectious and chronic diseases, reproductive health, nutrition and aging issues. Educational activities about access to health care should include information on changes in health care delivery.
- **Improve Access to Behavioral Health (mental health and substance use services) and Drug User Health services** - includes activities that raise awareness of and promote access to services for conditions such as: isolation, depression, stress and anxiety, substance use and suicidal thoughts and behaviors.
- **Promote Access to Prevention and Support Services** - includes activities that raise awareness of and promote access to services such as: support for relationship and family building services, prevention and support services for LGBT individuals who have experienced discrimination, bias crimes and domestic violence. Includes access to legal services; homeless services; and services addressing harassment and discrimination in employment and housing.
- **Improve Access to Employment Opportunities** - interventions that increase access to opportunities for employment, including related education and employment/workforce development/vocational services; job readiness services; and employment workshops.
- **Improve Access to Educational Opportunities** - interventions that increase access to respectful, safer and LGBT-affirming educational opportunities.
- **Housing Navigation** - interventions that increase access to safe, quality, affordable and gender-affirming housing and the supports necessary to maintain that housing.

- **LGBT Cultural Responsiveness** - includes increasing LGBT cultural responsiveness for the general community by decreasing or eliminating provider bias or insensitivity through cultural responsiveness training for social service, health, academic institutions and legal systems; and increasing cultural responsiveness in LGBT communities, including but not limited to issues of race, discrimination, age and gender identity/expression.

The Scope of Services funded under Component A can be provided as Interventions Delivered to Individuals (IDI), Intervention Delivered to Groups (IDG), Community Level Interventions (CLI) or Supportive Services. Please see **Attachment 4** - LGBT HHS Glossary of Terms for examples of services and service definitions.

Anticipated Outcomes – Component A

Applicants are required to address a minimum of two (2) outcomes for each focus area selected for a total of six (6) or more anticipated outcomes. Listed below are 12 outcomes that applicants can select from. Applicants will be evaluated on the quality of the proposed approaches to achieve the anticipated outcomes.

- Increase LGBT cultural responsiveness for the general community;
- Reduce health risks, including sexual health risks among LGBT individuals;
- Increase social support and reduce social isolation in the LGBT community;
- Increase access to and utilization of Behavioral Health and Drug User Health services for LGBT individuals;
- Increase self-esteem for LGBT individuals;
- Increase awareness of LGBT existence and diversity;
- Increase LGBT community capacity to strengthen coalition and expand interagency referral linkages;
- Increase LGBT self-advocacy and leadership;
- Increase safety and reduce violence directed at the LGBT community;
- Develop and/or enhance Gay Straight Alliance/GSA capacity building;
- Increase access to housing for LGBT individuals who are unstably housed; or
- Increase access to education and employment opportunities.

Please see **Attachment 5** – Anticipated Outcomes for a more comprehensive description of anticipated outcomes. See Section III. B. of the RFA for additional information regarding program evaluation requirements.

Program deliverables will be determined by the chosen focus areas and anticipated outcomes. These deliverables are identified in **Attachment 6** - Component A Work Plan Instructions.

COMPONENT B

Statewide Multicultural and Culturally Responsive Organizational Development

The purpose of Component B funding is to support one (1) organization who will implement a program to assess the capacity of Component A funded providers and members of the LGBT

Health and Human Services Network. The funded applicant will provide multicultural and culturally responsive services through the provision of technical assistance and capacity building in the areas of: leadership development, program development, coordination, health promotion/awareness, and education and support to the providers funded through the LGBT HHS initiative and other LGBT Network member organizations. For additional resources, see **Attachment 7 - Additional Resources on LGBT Health and Human Services and Multicultural and Culturally Responsive Organizational Development**.

The provision of culturally relevant and responsive care that addresses race, ethnicity, sexual orientation and gender identity and expression is a required program element for all providers funded through Component A of this RFA. Culturally responsive care is an extension of client centered-care that includes paying particular attention to social and cultural factors in managing encounters with clients from very different social and cultural backgrounds. Service providers must be able to recognize the client's culture, their own culture and how both affect the client-provider relationship. The word "responsiveness" places emphasis on the capacity to respond. In practice, this boils down to providers utilizing a set of tools – questions and skills for negotiation based on cultural knowledge – which they can incorporate into their interactions with clients from diverse cultural backgrounds. Examples include finding out about the client's health beliefs, expectations of care, linguistic challenges, and culturally-based family dynamics that guide decision-making processes. The literature supports the fact that it is important for providers to not only be aware of cultural factors, but to demonstrate an ability to manage and negotiate them to improve health outcomes.

The successful applicant for Component B will demonstrate that they:

- Provide services that are ethnically, culturally, linguistically and age appropriate, and delivered at suitable developmental and literacy levels;
- Respond to and address the range of sexual and gender diversity within the LGBT community;
- Have the organizational capacity and experience to conduct required activities; and
- Involve members of the priority population in the planning and design of the proposed program.

Scope of Services – Component B

- **Organizational Assessment** – Assess the capacity of Component A funded organizations and LGBT Network member organizations to provide culturally responsive services;
- **Organizational Development Plan** – Support organizational development and culturally responsive service delivery through the creation of an organizational development plan that addresses the priority areas of leadership development, program development, coordination, health promotion/awareness, education and support with a focus on sexual orientation, gender identity/expression, race and ethnicity;
- **Technical Assistance** – Provide organizational specific and group technical assistance to inform organizations about promising practices and trends, and address organization needs related to the provision of multicultural and culturally responsive services; and

- **Capacity Building** – Provide continual skill building opportunities via in-person and virtual learning modalities.

Program Deliverables

- Enhance the organizational capacity of LGBT HHS funded Component A providers and Network member organizations to provide multicultural and culturally responsive services to address the needs of NYS's LGBT population;
- Conduct a formal assessment of Component A and LGBT Network membership's technical assistance needs in the area of organizational development and cultural responsiveness;
- Develop and implement a plan to meet organization needs based on the formal needs assessment;
- Provide or arrange for organization specific and group technical assistance for LGBT HHS Component A funded providers and LGBT Network member organizations via meetings, webinars, conference calls, etc.;
- Assess and evaluate Component A funded providers' implementation and integration of cultural responsiveness practices and recommendations into program services;
- Conduct a 1 to 2-day technical assistance provider training for Component A funded providers and Network member organizations;
- Develop and disseminate organizational best practices and policies and procedures manual for Component A funded providers and Network member organizations;
- Participate in the annual Network Technical Assistance Day; and
- Complete the annual provider progress report.

Demonstration of Cultural and Linguistic Competency

In order to effectively engage clients and provide high-quality services, a meaningful, trusting partnership should be developed between providers and clients. Programs should be designed with an understanding of the differences that derive from language, culture, race/ethnicity, religion, age and developmental characteristics.

B. Requirements for the Program

All applicants selected for funding will be required to:

1. Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>);
2. Adhere to all objectives, tasks, and performance measures for AIDS Institute approved Work Plans;
3. Serve a cross-section of clients who are representative of the overall (LGBT individuals, families and communities) population demographics within the selected community;
4. Participate in a collaborative process with the AIDS Institute to assess program outcomes and provide monthly data reports and narrative reports describing the progress of the

program with respect to: 1) implementation, 2) client recruitment, 3) success in meeting the AIDS Institute LGBT HHS program requirements, anticipated outcomes, significant accomplishments achieved, and 4) barriers encountered and plans to address noted problems;

5. Participate in a collaborative process with the AIDS Institute to evaluate the outcome of services and activities. Data evaluation findings will be incorporated into quality improvement activities including trainings designed to increase contractor capacity to demonstrate and achieve outcomes; and
6. Submit statistical reports on clients served, and other data using the AIDS Institute Reporting System (AIRS). Successful applicants must demonstrate the capacity to collect and report all required data, both personnel and hardware-related using AIRS. AIRS is a data reporting system that is required by the AIDS Institute to report client demographic information as well as program activities. Details on this software product may be obtained by accessing the following Internet address, www.airсны.org.

IV. ADMINISTRATIVE REQUIREMENTS

A. Issuing Agency

This RFA is issued by the NYSDOH AI, Division of HIV/STD/HCV Prevention, Bureau of Special Populations. 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 via email to:

lgbthhs@health.ny.gov

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

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

All questions submitted should state “LGBT RFA” in the subject line.

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

- <https://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
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
(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 Department's public website at: <http://www.health.ny.gov/funding/> and the NYS Grants Gateway website at: https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx

Questions and answers, as well as any updates and/or modifications, will also be posted on these websites. All such updates will be posted on or about the date identified on the cover sheet of this RFA.

C. Letter of Intent

Letters of intent are not a requirement of this RFA.

D. Applicant Conference

An applicant conference will not be held for this project.

E. How to File an Application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://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 Reform Team. Dates and times for webinar instruction can be located at the following web address: <http://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 <INSERT NAME> 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. Both DOH and Grants Reform 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 Reform Team is available under Section IV.B of this RFA.

PLEASE NOTE: Although DOH and the Grants Reform team 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 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.

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

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 offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.
 17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
 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 in 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 State Comptroller.

It is expected that contracts resulting from this RFA will have the following multi-year period of October 1, 2018 – September 30, 2023. Continued funding throughout this period is contingent upon availability of funding and state budget appropriations. DOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed twenty-five (25) percent.
2. The grant contractor will be required to submit monthly invoices and required reports of expenditures through the Grants Gateway to the State's designated payment office:

Fiscal Management Unit
Division of HIV/STD and Hepatitis C Prevention
New York State Department of Health, AIDS Institute
Empire State Plaza Station
P.O. Box 2055
Albany, NY 12220-2055

Grant contractors must provide complete and accurate billing invoices in order to receive

payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363.

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

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

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

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 DOH contracts.

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

recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation.

- 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 upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE 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 8** 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 Page (**Attachment 9**). 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/issues_guidance.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, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

L. Vendor Responsibility Questionnaire

The New York State Department of Health recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <https://grantsreform.ny.gov/sites/default/files/VendorPQManualUpdate2017.pdf> or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

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

Applicants should complete and submit **Attachment 10** (Vendor Responsibility Attestation).

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 at: https://grantsreform.ny.gov/sites/default/files/registration_form_for_administrator.pdf. 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 grantsreform@its.ny.gov. If you do not know your Password, please click the Forgot Password link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

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

- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at grantsreform@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 signing **Attachment 9** - Application Cover Page, each applicant attests to its express authority to sign on behalf of the applicant. Complete and upload Attachment 9 (Application Cover Page) to provide additional information. Attachment 9 should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application.
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 Attachment 9 (Application Cover Page) and uploaded in the Pre-Submission Uploads section of the online 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 judgment of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. COMPLETING THE APPLICATION

A. Application Format and Content

Refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at:
www.grantsreform.ny.gov/Grantees

Please respond to each of the following statements and questions. Your responses comprise your application. The maximum score value assigned to each section is an indication of the weight that section holds in relation to the overall application when your application is scored. When responding to the statements and questions, be mindful that reviewers of your application may not be familiar with the organization and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

COMPONENT A

Provision of Direct Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities

Application Format

1. Program Abstract	Not Scored
2. Preference Factors	Maximum Additional: 6 points
3. Community and Agency Description	Maximum Score: 20 points
4. Program Design and Implementation	Maximum Score: 60 points
5. Budgets and Justifications	Maximum Score: <u>20 points</u>

1. Program Abstract**Not Scored**

Applicants should provide a program abstract with the following information:

- 1a) Describe the proposed program. Include what will be completed and how. Indicate the focus areas selected and briefly describe the program design, proposed services and interventions/activities and anticipated outcomes.
- 1b) What is the geographic region to be served?

2. Preference Factors**Maximum Additional: 6 points**

Preference will be given to applicants that demonstrate the following:

- 2a) Provide information to demonstrate that your organization meets the preference factor of having a minimum of two (2) years of experience engaging the priority population of LGBT individuals, particularly LGBT individuals of color, in LGBT health and wellness and support services.
- 2b) Provide information to demonstrate that your organization has a minimum of two (2) years of experience in the effective oversight of administrative, fiscal and programmatic aspects of government contracts, including timely and accurate submission of fiscal and program reports.
- 2c) Describe the composition of your organization's board of directors and senior management staff. Provide information to demonstrate that a minimum of 50% of the board of directors and senior management staff are representative of the populations served through this initiative addressing in aggregate race/ethnicity, gender identity and/or sexual orientation characteristics.
- 2d) Describe the composition of your organization's direct service staff. Provide information to demonstrate that a minimum of 50% of the direct services staff are representative of the populations served through this initiative addressing in aggregate race/ethnicity, gender identity and sexual orientation characteristics.
- 2e) Provide information to demonstrate that the applicant organization was developed by LGBT individuals in order to provide services to LGBT individuals.
- 2f) Provide information to demonstrate that the applicant organization has a minimum of two (2) years of membership and history of active involvement with the NYS LGBT HHS Network and providing culturally competent and culturally responsive services to LGBT communities. Applicants are required to complete **Attachment 3** – NYS LGBT HHS Network Membership Attestation Form and upload to the Pre-Submission Upload section of the Grants Gateway online application. **Attachment 3** can be found in the Pre-Submission upload section of the Grants Gateway.

3. Community and Agency Description

Maximum Score: 20 Points

- 3a) Describe why your organization is qualified to implement the proposed program. Describe your existing LGBT health, wellness and human services. State the length of time each service has been provided.
- 3b) Provide an estimate of the number of clients your organization proposes to serve in your LGBT Health and Human Services program. Include the number of clients you have served for the past two (2) years.
- 3c) Describe how your organization has created an affirming environment for LGBT individuals. Provide information to support that your organization has a history providing ethnically/culturally responsive and linguistically appropriate affirming/responsive services. Responses should address the following areas: staff recruitment, staff training, client services, development of organization and program policies and procedures.
- 3d) Provide information to demonstrate the organization's understanding of the social and cultural norms of the priority population. Provide information to demonstrate that your organization/program and staff has the capacity to work with populations and cultures that fall outside that of the dominant organization culture and has developed trust and credibility with the priority population.
- 3e) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. If your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results. Indicate if the organization ever had to terminate, or had a grant contract terminated, prior to the contract end date. If so, describe the circumstances related to the contract termination.
- 3f) What are the other programs and agencies in the geographic area that are relevant to your proposed program model and describe how you will leverage these programs to maximize benefit to LGBT individuals and families in your community without supplanting other resources?
- 3g) Describe how members of the LGBT community were involved in the planning and design of the proposed program, and describe the method for maintaining their ongoing involvement in an advisory capacity.

4. Program Design and Implementation

Maximum Score: 60 Points

- 4a) Describe the community or communities you will serve through this funding. Include a description of the priority population; the geographic area to be served; the service location(s) within the proposed service area; and site accessibility for the priority

population.

- 4b) Describe your overall program design. Indicate the three (3) focus areas of the proposed program. Include specific strategies for implementing the program services and complying with the Scope of Services. Describe any innovative strategies you will utilize to implement the proposed services. Indicate the total number of individuals projected to be served in a 12-month period.
- 4c) Describe how your organization will ensure that the services provided are culturally responsive, linguistically and developmentally appropriate.
- 4d) Describe key community partnerships required for successful implementation of the proposed program and how clients' access to and engagement in these services will be facilitated, coordinated, recorded and reported.
- 4e) Describe the targeted client recruitment and engagement strategies that will be used to engage clients in the proposed services/interventions. Applicants should demonstrate access to the priority population and the ability to bring them in for each proposed service. If social media has been chosen for client recruitment/engagement activities, indicate the social media tools that will be used and how they will be utilized in the proposed program.
- 4f) Describe how the proposed program will be integrated with other programs within your organization and how this will maximize service delivery to the priority population.
- 4g) Describe how the proposed program will be staffed. Identify the titles, roles and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. The Organizational Chart should be uploaded as **Attachment 11** in the Pre-Submission Uploads section of the online application.
- 4h) What are your program's anticipated outcomes? Indicate the six (6) anticipated outcomes that the program proposed to achieve through the proposed program. (*A minimum of two (2) anticipated outcomes must be identified per program focus area*). Indicate the type of program evaluation activities that will be conducted to assess your progress in meeting the anticipated outcomes. Explain how your results will inform future program changes.

5. Budgets and Justifications

Maximum Score: 20 Points

- 5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Applicants are required to submit budgets for the same amount for each contract year. (*Example: Year 1 budget request is \$133,000; Years 2-5 budgets are each \$133,000. The total five-year budget submitted would equal \$665,000*).
- 5b) The budget for year one (10/1/2018- 9/30/2019) must be entered in the Grants Gateway.

Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities

Budgets for Years two through five must be uploaded as **Attachment 12**. Attachment 12 can be found in the Pre-Submission Uploads section of the Grants Gateway online application. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 13**, “Guide to Completing Budget Forms”, which is included at the end of the RFA. **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 12.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as Attachment 12. Years two through five budgets should be labeled as follows:

- Budget Year 2 – 10/1/2019 - 9/30/2020
- Budget Year 3 – 10/1/2020 - 9/30/2021
- Budget Year 4 – 10/1/2021 - 9/30/2022
- Budget Year 5 – 10/1/2022 - 9/30/2023

5c) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5d) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5e) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities should show total support and revenue and total expenditures. The Statement of Activities for the last three years should be uploaded to the Pre-Submission uploads section of the Grants Gateway online application as **Attachment 14**.

5f) Applicants are required to complete **Attachment 15** - Funding History for HIV Services. Attachment 15 can be found in the Pre-Submission uploads section of the Grants Gateway online application.

5g) Funding requests must adhere to the following guidelines:

- Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance

(Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Applicants for **Component A** will need to follow the all instructions for completing the Work Plan as listed in **Attachment 6**. Attachment 6 is included in the uploaded version of this RFA.

Please note that successful applicants may be asked to modify Work Plans prior to the initiation of the contract to address issues identified during the review process.

COMPONENT B

Statewide Multicultural and Culturally Responsive Organizational Development

Application Format

1. Program Abstract	Not Scored
2. Preference Factors	Maximum Additional: 5 points
3. Community and Organization Description	Maximum Score: 20 points
4. Program Design and Implementation	Maximum Score: 60 points
5. Budget and Justification	Maximum Score: <u>20 points</u>
	105 points

1. Program Abstract

Not Scored

Applicants should provide a program abstract with the following information:

- 1a) Describe the proposed program. Include what will be completed and how.
- 1b) What are the project goals and objectives?
- 1c) Describe the applicant's ability to provide statewide coverage for services funded through the RFA.
- 1d) What types of outcomes does your organization expect to achieve? How will success be measured?

2. Preference Factors

Maximum Additional: 5 Points

- 2a) Provide information to demonstrate that your organization has a minimum of two (2) years of experience in the effective oversight of administrative, fiscal and programmatic

aspects of government contracts, including timely and accurate submission of fiscal and program reports.

- 2b) Describe the composition of your organization's board of directors and senior management staff. Provide information to demonstrate that a minimum of 50% of the board of directors and senior management staff are representative of the populations served through this initiative addressing in aggregate race/ethnicity, gender identity and/or sexual orientation characteristics.
- 2c) Describe the composition of your organization's direct service staff. Provide information to demonstrate that a minimum of 50% of the direct service staff are representative of the populations served through this initiative addressing in aggregate race/ethnicity, gender identity and sexual orientation characteristics.
- 2d) Provide information to demonstrate that the applicant organization was developed by LGBT individuals and/or People of Color and has a demonstrated history of serving the priority population.
- 2e) Provide information to demonstrate that the applicant organization has a minimum of five (5) years of experience in the provision of multicultural LGBT training/capacity building to healthcare and/or social service providers.

3. Community and Organization Description

Maximum Score: 20 Points

- 3a) Describe the applicant's experience and qualifications for providing technical assistance and capacity building in the areas of multicultural and culturally responsive organizational development. Highlight qualifications in the areas of organizational capacity, leadership development, program development and service delivery. Indicate any LGBT specific projects.
- 3b) Provide evidence/information to support that your organization has a history providing ethnically/culturally responsive, linguistically and developmentally appropriate services.
- 3c) Provide information to demonstrate that your organization has the capacity to work with individuals from various social and cultural backgrounds. Demonstrate the organization's understanding of the social and cultural norms of the priority population. Provide evidence to demonstrate that the organization has established trust and credibility with the priority populations.
- 3d) Indicate the other capacity building and technical assistance providers and resources in NYS that are relevant to your proposed program and describe how you will leverage these programs/resources to maximize benefit to the proposed program, without supplanting other resources.
- 3e) Please describe any prior grants your organization has received from the AIDS Institute that are relevant to this proposal. Include the results of the program and successes of

those grants. If your organization has not received funding from the AIDS Institute, describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results. Indicate if the organization ever had to terminate, or had a grant contract terminated, prior to the contract end date. If so, describe the circumstances related to the contract termination.

4. Program Design and Implementation

Maximum Score: 60 Points

- 4a) Describe your overall program design. Include specific strategies for implementing the program services and complying with the Scope of Services. Describe any innovative strategies you will utilize to implement your program. Strategies should align with the prescribed program requirements.
- 4b) Provide information to demonstrate your organization's understanding of the issues that increase vulnerability amongst LGBT individuals particularly within communities of color. Describe how these issues will be addressed during service delivery.
- 4c) Describe how the applicant will assess the capacity of Component A funded providers and LGBT Network member organizations to provide culturally responsive services.
- 4d) Describe how the applicant will collaborate with Component A funded providers, The LGBT Network member organizations, and the Network lead organization to design an organizational development plan to support multicultural service delivery in the priority areas of sexual orientation, gender identity/expression, race and ethnicity. Response must address leadership development, program development, coordination, health promotion/awareness, education and support.
- 4e) Describe the organization's plan to deliver capacity building services based on the identified technical assistance needs.
- 4f) Describe how the applicant will provide agency specific and group technical assistance to inform organizations about recommended practices and trends, and address their needs related to organizational development and the provision multicultural and culturally responsive services.
- 4g) Describe how the proposed program will be integrated with other programs within your organization and how this will maximize service delivery to the priority population.
- 4h) Describe how the proposed program will be staffed. Identify the titles, roles, and responsibilities of each position needed to operate and manage the proposed program, including peers (as appropriate) and AIRS data collection and entry. Indicate whether each position is to be hired (TBH) or existing staff. Describe the plan for initial and ongoing staff training and support. The Organizational Chart should be uploaded as **Attachment 11** in the Pre-Submission Uploads section of the online application.
- 4i) What are your program's anticipated outcomes? Indicate the type of program evaluation

activities you will conduct to track your progress in meeting key performance measures. Explain how your results will inform future program changes.

- 4j) Describe how members of the LGBT community and communities of color, were involved in the planning and design of the program. Describe the method for maintaining ongoing involvement of the priority population in an advisory capacity in program evaluation activities.
- 4k) Describe the mechanism(s) that the applicant will develop to establish clear and transparent communication with Component A funded providers and LGBT network members.

5. Budgets and Justifications

Maximum Score: 20 Points

- 5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. Applicants are required to submit budgets for the same amount for each contract year. *(Example: Year 1 budget request is \$200,000, Years 2-5 budgets are each \$200,000. The total five-year budget submitted would equal \$1,000,000).*
- 5b) The budget for year one (10/1/2018- 9/30/2019 must be entered into the Grants Gateway. Budgets for Years two through five must be uploaded as **Attachment 12**. Attachment 12 can be found in the Pre-Submission Uploads section of the Grants Gateway online application. A guide has been provided to assist applicants in completing the budget forms. Refer to **Attachment 13**, “Guide to Completing Budget Forms”, which is included at the end of the RFA. **For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 12.** The budgets for years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway on line application as Attachment 12. Years two through five budgets should be labeled as follows:
- Budget Year 2 – 10/1/2019 - 9/30/2020
 - Budget Year 3 – 10/1/2020 - 9/30/2021
 - Budget Year 4 – 10/1/2021 - 9/30/2022
 - Budget Year 5 – 10/1/2022 - 9/30/2023
- 5c) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE’s and for the fringe benefits requested.
- 5d) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5e) For the last three (3) years, does your organizations' Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please attach the Statement of Activities from your yearly audit for the last three (3) years. The Statement of Activities should show total support and revenue and total expenditures. The Statement of Activities for the last three years should be uploaded to the Pre-Submission uploads section of the Grants Gateway online application as **Attachment 14**.

5h) Applicants are required to complete **Attachment 15** - Funding History for HIV Services. Attachment 15 can be found in the Pre-Submission uploads section of the Grants Gateway online application.

5f) Funding requests must adhere to the following guidelines:

- Contractors who opt to use an indirect cost rate are entitled to an indirect cost rate of up to 15%.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities.
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by NYSDOH to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

6. Work Plan

Applicants are not required to enter the performance measures for each work plan objective in the Grants Gateway Work Plan. Applicants should review the performance measures as they are listed in **Attachment 16** – Component B Work Plan.

Funded applicants will be held to the performance measures as listed in Attachment 16 for Component B and will be required to enter the performance measures into the Grants Gateway if funding is awarded.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in Work Plan Attachment 16. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

B. Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may

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

C. Review & Award Process

Applications meeting the eligibility requirements and guidelines set forth above will be reviewed and evaluated competitively by a panel convened by the AIDS Institute using an objective rating system reflective of the required items specified for each component. The AIDS Institute anticipates that there may be more worthy applications than can be funded with available resources. Applications will be deemed to fall into one of three categories: 1) approved and funded, 2) approved, but not funded, and 3) not approved.

In cases in which two or more applicants for funding are judged on the basis of their written applications to be equal in quality, the applicant with the highest score for Section 4 – Program Design and Implementation will receive the award.

NYSDOH AI reserves the right to revise the award amounts as necessary due to changes in the availability of funding. If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above.

Once the awards have been made, applicants not funded may request a debriefing of their application. 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 non-award announcement.

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>.

To request a debriefing, please send an email to enter lgbthhs@health.ny.gov. In the subject line, please write: *Debriefing request (LGBT HHS RFA)*.

VI. ATTACHMENTS

Attachment 1: Additional Information on Priority Populations**

Attachment 2: Statement of Assurances*

Attachment 3: NYS LGBT HHS Network Membership Attestation Form* (Component A ONLY)

Attachment 4: LGBT HHS Glossary of Terms**(Component A ONLY)

Attachment 5: Anticipated Outcomes** (Component A ONLY)

Attachment 6: Component A Work Plan Instructions**

Attachment 7: Additional Resources on LGBT Health and Human Services and Multicultural and Culturally Responsive Organizational Development**

Attachment 8: MWBE Utilization Plan *

Attachment 9: Application Cover Page*

Attachment 10: Vendor Responsibility Attestation *

Attachment 11: Organizational Chart

Attachment 12: Budget Forms*

Attachment 13: Guide for Completing Budget Forms**

Attachment 14: Statement of Activities from yearly audit for the past three (3) years

Attachment 15: Funding History for HIV Services*

Attachment 16: Component B Work Plan**

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

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

In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

Additional Information on Priority Populations

Although many of the health and human service needs of LGBT individuals are similar to the population at large, LGBT individuals experience worse health outcomes than their heterosexual counterparts. The intersections of discrimination and societal rejection based on sexual identity, gender identity and gender expression coupled with social determinants for poor health indicators enhance and create factors leading to health disparities that uniquely impact an LGBT individual's access to and interaction with the health and human services system. [Centers for Disease Control and Prevention LGBT Health](#) and [Office of Disease Prevention and Health Promotion Health People 2020](#) cite several social determinants affecting poor health outcomes for LGBT individuals. These include discrimination in access to health insurance, employment, housing, adoption and retirement benefits; lack of protection against bullying in schools; lack of social programs targeted to and appropriate for LGBT youth, adults, and elders; and a shortage of health care providers who are knowledgeable and culturally competent in LGBT health.

According to the [LGBT Health and Human Services Needs in New York State \(2015\)](#) report on the LGBT Health and Human Service Needs Assessment in New York State, and [A Blueprint for Meeting LGBT Health and Human Services Needs in New York State \(2010\)](#), LGBT identified people have increased rates of depression as a result of the homophobia and transphobia they experience in their everyday lives and lack access to adequate mental health care. They also experience higher rates of loneliness and social isolation resulting in negative health outcomes.

Within the LGBT population there are subpopulations based on race, ethnicity, socioeconomic status, geographic location, age, and other factors. Several of these subpopulations, including LGBT youth, people of color, transgender and gender-nonconforming (TGNC) individuals, lesbian and bisexual cisgender women and seniors, experience additional health disparities.

The priority population of this initiative are LGBT individuals including but not limited to the following:

- People of Color;
- Young People;
- Seniors;
- Transgender and Gender Non-Conforming Individuals;
- Lesbian and bisexual women; and
- Immigrants

People of Color

According to the National Coalition for LGBT Health “LGBT People of Color are left vulnerable to cumulative negative health outcomes by a combination of persistent racism and the stigma attached to their sexual orientation and/or gender identity.” Research indicates that Black and Latino LGBT people are more likely to be in poor health than heterosexual and non-transgender

individuals within communities of color and their White counterparts within the LGBT Community. Asian and Pacific Islander American LGBT and Native American LGBT / Two Spirit communities bear similarly disproportionate burdens. Factors contributing to these disparities include: limited access to health care and insurance, lower than average socioeconomic status, fear of bias and discrimination from providers, a lack of provider competence in the particular health concerns of the LGBT community and different racial and ethnic groups, and the stress of managing multiple types of societal discrimination.”

Young People

Adolescence is a time of sexual, social and emotional exploration when young people engage in trial and error experimentation as well as positive and negative risk taking. The social and emotional development that is needed to be able to successfully navigate situations that might arise as a result of new sexual capacities are not well developed in adolescence. Young People’s need for autonomy and independence and their evolving decision-making capacity intersects and competes with their developing identity, concrete thinking processes, risk-taking behaviors, and their need to fit in with their peers.

Studies have identified a number of common determinants that are associated with behaviors that could impact adolescents’ health, such as early sexual activity and substance use. These determinants can either increase the risk of negative behaviors (risk factors) or protect against them (protective factors). Determinants include the young person’s relationship with his or her parents, family and other adults in the community, the school environment, the attitudes and behavior of friends, and spiritual beliefs.

Developing systems, strategies and services that synchronize with the capacities that young people are developing during this time serve to bridge gaps in health care and support for young people who are experiencing challenges. Young people must be provided with access to sufficient and correct information about health, sexual orientation, gender identity as well as the skills to negotiate situations such as condom use and the ability to access the services that they need. The implementation of interventions that consist of youth engagement and mobilization, health advocacy, and youth connectedness to their peers, families, schools, and communities can bring about positive changes and outcomes that promote young people’s overall health and well-being.

Seniors

The needs of LGBT seniors are often not regarded in discourse about the LGBT community. As documented in the [SAGE USA](#), “Older adults who live alone are at serious risk of social isolation, which in the general population is linked to poor mental and physical health, cognitive impairment and premature chronic disease and death”. Additionally, compared to heterosexuals of similar age, LGBT older adults experience higher rates of disability. LGBT older adults also experience higher rates of mental distress and are more likely to smoke and engage in excessive drinking than heterosexuals.

Transgender

The survey of [LGBT Health and Human Services Needs in New York State \(2015\)](#) found that Transgender respondents were nearly fifty percent more likely to be in fair or poor health when compared to cisgender respondents. Transgender respondents were three times more likely to report inadequate health insurance and more than twice as likely to report lack of personal financial resources for accessing health care, than non-transgender respondents.

There is an epidemic of violence against transgender people, particularly women of color across the nation. While it is hard to track the true number of deaths due to violence and homicide among sexual and gender minority groups, of those reported, there is an alarming trend of LGBTQ people of color and transgender and gender non-conforming people being disproportionately impacted by violence, homicides, and abuse.

[The Report from the 2015 U.S. Transgender Survey](#) identified that: “Nearly half (46%) of respondents were verbally harassed in the past year because of being transgender; nearly one in ten (9%) respondents were physically attacked in the past year because of being transgender; nearly half (47%) of respondents were sexually assaulted at some point in their lifetime and one in ten (10%) were sexually assaulted in the past year. Respondents who have done sex work (72%), those who have experienced homelessness (65%), and people with disabilities (61%) were more likely to have been sexually assaulted in their lifetime. More than half (54%) experienced some form of intimate partner violence, including acts involving coercive control and physical harm. Nearly one-quarter (24%) have experienced severe physical violence by an intimate partner, compared to 18% in the U.S. population.”

Lesbian & Bisexual Women

Lesbian and bisexual women experience stigma, discrimination, domestic and sexual violence and disproportionate levels of food and housing insecurity. They are also more likely than their heterosexual counterparts to lack health insurance or access to affirming sexual health and reproductive technologies ([IOM 2011](#)). Additionally, lesbian and bisexual women are at a higher risk of suicide than heterosexual women ([Haas et al. 2010](#)).

Immigrants

[The Williams Institute](#) estimates that there are approximately 267,000 LGBT-identified individuals among the adult undocumented immigrant population and an estimated 637,000 LGBT-identified individuals among the adult documented immigrant population. “LGBTQ immigrants in the United States encounter unique obstacles to securing protection and safety, particularly when caught up in the immigration enforcement and detention systems. One in four substantiated incidents of sexual abuse in immigration detention involved a transgender individual over a four-year period. Further, LGBTQ immigrants pursuing claims to protection that are related to their sexual orientation or gender identity often face discriminatory attitudes in the immigration court system that lead to denials of immigration protection and longer periods of detention. ([National Immigrant Justice Center](#)).”

For additional resources on LGBT communities and priority populations please see Attachment 7.

LGBT Health & Human Services Initiative

Glossary of Terms

Attachment 4

The terms in this glossary are adopted and / or adapted from an existing Glossary of Terms utilized for other AIDS Institute programs and services.

The terms in this glossary are to be utilized as they relate to the intentions of the LGBT Health and Human Services Initiative (LGBT HHS). The primary intentions of the LGBT HHS are to increase access to health care; to improve the quality and appropriateness of LGBT health and human services and to improve health outcomes and quality of life for LGBT individuals and families through the promotion of full and equal access to health and human services, and by eliminating bias and discrimination based on sexual orientation and gender identity.

Behavioral Theory

A behavioral theory describes the factors or relationships that influence behavior and provides direction on how to change them. Behaviors that place people at risk for HIV/STI infection and transmission are often the result of many complex factors operating at multiple levels. Theories of behavior change usually address one or more of these levels and include individual, interpersonal, community, and institutional/policy and environmental factors. Behavioral theories used in HIV/STI prevention are drawn from several disciplines, including psychology, sociology and anthropology and researchers often use a combination of factors from several theories to guide the development of HIV/STI prevention interventions.

Case Management

Case management is a multi-step process to ensure timely access to and coordination of medical and psychosocial services and, in some models, his or her family or support system.

Clearinghouse

A centralized repository of information and materials on HIV/AIDS/STI and distribution system that responds to requests from the general public.

Client

An individual who receives at least one agency service.

Client Advocacy

The process of interceding on behalf of a client to obtain needed care and supportive services. Client advocacy activities are directed toward immediate problem-solving, not based on establishing long term relationships or ongoing services as in case management.

Client-level Services

Activities and interventions provided to a client of the agency (see definition of *Client*). Excludes outreach, Community Level Intervention, Health Communication/Public Information.

Client Recruitment

Strategies to promote awareness of and to engage individuals from the target population in program.

Clients—Existing

Clients receiving services during the current contract period who will continue to receive services during the new contract period.

Clients—New

Clients who will receive a service for the first time during the specified contract period.

Community-Level Interventions (CLI)

Interventions intended to generate awareness of, interest in and commitment to LGBT communities and LGBT health and human service related matters. CLI's encourage individuals and community organizations to increase community support of the behaviors known to reduce health disparities and access to care among the LGBT populations. These interventions seek to facilitate change by influencing attitudes, norms and practices. Activities include community mobilization, social marketing campaigns, community-wide events and policy interventions.

Community Mobilization

A process that engages community members in a variety of strategies to define, prioritize and address issues in a specific and defined community for the purpose of bringing about change. Community mobilization strategies include dissemination of information, activities to generate support and foster cooperation across public and private sectors in the community, and marshalling community resources to respond to an issue related to the overall intention of the LGBT HHS.

Community-Wide Event

Development and sponsorship of events in a specific and defined community to promote the intent of the LGBT HHS Initiative.

Comprehensive Case Management

Case management services intended for individuals with multiple, complex needs who require intensive, long-term service(s).

Contact

An individual who is engaged through *Prevention Outreach* or participates in a *Community-level Intervention (CLI)* or *Health Communication/Public Information (HC/PI)* intervention.

Crisis Intervention

An immediate response by a service provider to address a client's emergency need, i.e. emergency medical situation, domestic violence, mental health crisis, etc.

Cycle

The number of times a complete multiple-session intervention will be delivered to its intended audience during the contract period.

Electronic Media

Means by which information is conveyed to large audiences via radio and television such as public service announcements, news broadcasts, etc.

Encounter

An encounter is a session with a client (see definition of *Client*).

Escort

The act of accompanying a client to a medical or other appointment for care and supportive services.

Event

An event is a planned and structured Outreach activity, Community level intervention (CLI) or Health Communication/Public Information intervention that takes place on a specific date and time.

General Information

Outreach activities that primarily focus on the provision LGBT educational and awareness materials.

Health Communication/Public Information (HCPI)

The delivery of planned messages and/or promotion of activities related to the intent of the LGBTHHS targeted to a specific audience. The purpose is to increase awareness, build general support, support community, and/or provide individuals with information about LGBT programs and available health & human services. HCPI interventions are implemented through *Electronic Media*, *Internet/WWW*, *Print Media*, *Clearinghouse* and *Presentations/Lectures*.

Hotline

Telephone service offering the general public up-to-date information on local resources for accessing LGBT culturally competent care and related services (e.g. counseling, testing and support groups).

Incentive

Incentives can be provided to a client to encourage or maintain participation in program services and activities. Allowable incentives are determined by the contract funding source.

Internet/World-Wide Web

Means by which messages are conveyed to a large-scale audience via Internet websites and social networking media.

Intervention

A specific activity (or set of related activities) intended to change the knowledge, attitudes, beliefs, behaviors or practices of individuals and populations.

Interventions Delivered to an Individual (IDI)

Services provided to one client at a time. IDIs assist clients in making individual plans and ongoing appraisals. These interventions include skills building activities and facilitate linkages to services in both clinic and community settings. This intervention type may also help clients make plans to obtain services.

Interventions Delivered to Groups (IDG)

Interventions provided to groups of varying sizes. IDG's are designed to assist clients in modifying and maintaining behavior change by using science-based behavior modification models (i.e. the transtheoretical model, social cognitive model, health belief model). IDG's consist of a wide range of skill building activities, which include HIV prevention and risk reduction information, education and support provided within a group setting.

Legal Services

The review of relevant information and the provision of advice to a client on actions to take to address a legal problem and/or the direct provision of counsel/representation of a client in legal proceedings.

Linkages

Relationship established between one or more service providers to facilitate client access to needed services and care.

Multiple Session Curriculum Based Harm Reduction

Individual- or group-level health education and substance use risk reduction counseling interventions that are designed to be delivered during a series of progressive sessions, employ theories and practices of the harm reduction model, and follow a prescribed curriculum or content outline.

Multiple Session Curriculum Based Prevention Education

Individual- or group-level health education and risk reduction counseling interventions that are designed to be delivered during a series of progressive sessions, employ theories and practices of the harm reduction model, and follow a prescribed curriculum or content outline.

Peer

An individual who has the same or similar characteristics, background and life experiences as those of a program's target population.

Peer-delivered Services

Contract-funded program services and activities that are directly provided by peers.

Peer Training Services

Individual- and group-level health education and risk reduction counseling, training and supervision to assist peers in developing leadership skills, become effective peer educators and provide peer-delivered services.

Policy Intervention

Sponsorship of and/or participation in meetings, events, forums and conferences that educate community members about the health & human service needs of the LGBT communities and access to care policy issues at the local, state and national level.

Presentation/Lecture

Information activities that are conducted in group settings and are often referred to as “one-shot” or “onetime” education interventions. These activities are general in nature and do not include a skills building/behavioral science component. These activities must be tailored to the needs of the audience and must be developmentally, culturally and linguistically appropriate.

Prevention Outreach

Interactive education activities conducted face-to-face (or in virtual environments such as the Internet) with individuals in venues where they can be actively engaged.

Print Media

Means by which information is conveyed to large-scale audience via printed materials such as newspapers, magazines, pamphlets, billboards and transportation signage.

Psychiatric Services (AIRS Service Category—*Mental Health*)

The provision of mental health assessment, counseling and treatment services to an individual or group of individuals with a diagnosed mental illness by a Psychiatrist licensed to practice within New York State. All *Psychiatric Services* must be provided in accordance with the *AIDS Institute Mental Health Standards of Care*.

Psychological Services (AIRS Service Categories—*Mental Health and Psychological Counseling*)

The provision of mental health assessment, counseling and treatment services to an individual or group of individuals with a diagnosed mental illness by a Psychologist, Psychiatric Nurse Practitioner, Masters prepared, Psychiatric Registered Nurse or Licensed Clinical Social Worker authorized to practice within New York State. All *Psychological Services* must be provided in accordance with the *AIDS Institute Mental Health Standards of Care*.

Referral

Action taken to direct an individual to appropriate health care and social service providers to access needed services.

Referral Follow-up

Action taken to verify that the client accessed the services to which he or she was referred.

Referral Outcome

Result of the client’s access to services for which he or she was referred.

Session

The period of time during which clients participate in an individual- or group-level intervention on a given

Single Session Curriculum Based Harm Reduction

Individual or group-level health education and substance use risk reduction counseling interventions that are designed to be delivered in only one session, employ theories and practices of the harm reduction model, and follow a prescribed curriculum or content outline.

Single Session Curriculum Based Prevention Education

Individual- or group-level health education and HIV/STI risk reduction counseling interventions that are designed to be delivered in only one session, employ theories and practices of the harm reduction model, and follow a prescribed curriculum or content outline.

Social Marketing

The use of concepts and techniques from commercial advertising and promotion to achieve socially beneficial behavior change for a target population.

Stipend

Compensation (excluding consultant fees and wages paid as an employee) provided to peers for the delivery of program services and activities as well as their participation in training and supervision. Stipends are paid in accordance with the contractor's policies and procedures.

Structural/Institutional Intervention

An intervention designed to implement changes in laws, policies, physical structures and social or organizational structures to affect environmental or societal change.

Substance Use Harm Reduction

Individual- and group-level interventions (single-session and/or multiple-session) that address harms related to substance use—particularly the risk of HIV/STI transmission from unsafe drug-using and/or unsafe sexual behaviors. *Substance Use Harm Reduction* combines client-centered risk reduction education and counseling to help drug users recognize the negative consequences of substance use and set achievable goals toward positive behavior change.

Support Groups

Group sessions where participants disclose common issues, discuss shared experiences, and provide feedback in an effort to develop coping strategies and provide emotional support. *Support Groups* are facilitated by trained staff, volunteers, peers and/or consultants and must have pre-determined goals and objectives and a structure for session time, frequency, and content.

Supportive Case Management

Case management services designed for clients who need short term service, for those who require continued maintenance support following comprehensive case management, or for those not yet willing to participate in *Comprehensive Case Management*.

Supportive Counseling

A process where a person or group can receive assistance in sorting out issues and reaching decisions appropriate to their live circumstances. The process involves thorough exploration of a

problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions and decision making. Supportive Counseling services do not include therapeutic or mental health care to individuals, groups or the family.

Target Population

The primary group of people that are the focus of a program's intervention or other service. Target populations are normally defined by the shared characteristics of individuals including their demographics (race or ethnicity, age, gender).

Anticipated Outcomes

Attachment 5

Increasing LGBT Cultural Responsiveness for the General Community -Increase LGBT cultural competency for the general community by decreasing or eliminating provider bias or insensitivity through cultural competency training for social service, health, academic institutions and legal systems.

Increasing Cultural Responsiveness for the LGBT Community -Increase cultural competency in LGBT communities on issues such as race, ethnicity, poverty, gender identity and age.

Reducing Health Risks, including sexual health risks among LGBT Individuals -Improve physical & mental health of LGBT Individuals, specifically focusing on reduction in substance abuse and risk behaviors such as unprotected sex or suicide attempts.

Increasing Social Support and Reducing Social Isolation in the LGBT Community -Increase peer support and information exchange; increase sense of belonging; decrease in the sense of social isolation; enhance opportunities for positive socialization in the LGBT community.

Increasing Access and Utilization of Mental Health, Behavioral Health and Drug User Health services for LGBT Individuals -Increase the ability of LGBT individuals to access basic health and human services needs by assisting with establishing access to health care, legal services, housing, etc.; increase access to and utilization of LGBT affirming social or health services; can be directly provided or by referral.

Increasing Self-Esteem for LGBT Individuals and Community -Increase in self-esteem and its two components (self-efficacy, self-acceptance), and self-empowerment and self-advocacy.

Increasing Social Support and Reducing Social Isolation in the LGBT Community -Increase peer support and information exchange; increase sense of belonging; decrease in the sense of social isolation; enhance opportunities for positive socialization in the LGBT community.

Increasing Community Awareness of LGBT Existence Diversity -Increase community awareness of LGBT existence, issues, and needs; increase awareness of diversity among LGBT individuals; includes knowledge of definitions of LGBT words and attitudes towards LGBT people.

Increasing LGBT Community Capacity -Build the capacity of LGBT community coalitions, build networks and expand interagency referral linkages.

Increasing LGBT Self-Advocacy and Leadership -Create new LGBT community leadership and increase LGBT self-advocacy skills.

Increasing Safety and Reducing Violence for the LGBT Community -Increase safety and reduce violence against LGBT people through the provision of support services and by education of other agencies including legal and law enforcement officials.

Increase Access to Housing for LGBT Homeless Individuals – Assist in acquiring and maintaining housing and support services for homeless LGBT people by providing referrals, legal and counseling assistance.

GSA Capacity Building -Build capacity of Gay-Straight Alliances in schools, including their ability to work to change school climate.

Increase Access to Education and LGBT Workforce Development – improve access to education, job training, and entitlements for LGBT individuals particularly transgender and gender non-conforming (TGNC) people who experience some of the most profound barriers to employment.

ATTACHMENT 6 – Component A Work Plan

Instructions for Completing the Open Work Plan in the Grants Gateway Online Application

PROJECT NAME: Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities

Work Plan Period: 10/01/2018 – 09/30/2023

Applicants are required to complete the Work Plan in the ***Work Plan Overview Form Section*** of the Grants Gateway on line Application. The work plan should describe the objectives, tasks (activities) and performance measures (outcomes) necessary to meet program requirements. Please note that successful applicants may be asked to modify work plans prior to initiation of the contract to address issues identified during the review process.

A. PROJECT SUMMARY Instructions

Applicants are required to copy and paste the following information into the *Project Summary Section* of the Work Plan Overview Form section in the Grants Gateway:

Service providers should develop and/or enhance comprehensive health and human services for lesbian, gay, bisexual and transgender individuals, families and community programs through the implementation of proven strategies and innovative interventions. The initiative aims to address issues related to the key social determinants of health impacting LGBT communities: economic stability, education, social and community factors, health and health care, and neighborhood/environmental factors.

The goals of Component A are to:

- Improve health outcomes and quality of life for LGBT individuals and families
- Expand health promotion and increase access to health care;
- Increase access to behavioral health services;
- Improve the health outcomes and quality of life for LGBT individuals who use substances;
- Promote access to prevention and support services;
- Improve the quality and appropriateness of LGBT health and human services;
- Enhance LGBT cultural competency for health and human service providers;
- Eliminate bias and discrimination based on sexual orientation and gender identity among health and human service providers in NYS;
- Increase access to educational opportunities for LGBT individuals;
- Expand program models that support mentorship, employment and life skills training; and
- Expand resources to improve access to housing and decrease housing discrimination.

Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, or to accommodate advances in best practice.

Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities

B. ORGANIZATIONAL CAPACITY Instructions

Applicants should list as N/A in the *Organizational Capacity Section* of the Work Plan in the Grants Gateway.

C. PROJECT DETAILS

This section contains three areas, Objectives, Tasks (activities) and Performance Measures (outcomes). Please see below for the instructions for each area.

1. OBJECTIVE Instructions

Applicants are required to select **three (3)** Focus Areas from the list below. Indicate the 3 selected Focus Areas in the *Objective Area* in the Project Details section of the Work Plan in the Grants Gateway. Each Focus Area selected should be entered as the Objective Name. The selected Focus Areas should also be listed as the Objective Description.

- Health Promotion, Education and Training
- Improve Access to Behavioral Health (mental health and substance abuse services) and Drug User Health services
- Promote Access to Prevention and Support Services
- Improve Access to Employment Opportunities
- Improve Access to Educational Opportunities
- Housing Navigation
- LGBT Cultural Responsiveness

2. TASK (Activities/Services) Instructions

Applicants are required to provide a brief description of the specific activities/services that will be conducted for each focus area selected. Each Objective selected requires a task to be entered in the *Task Area* in the Project Details section of the Work Plan. One or more tasks must be entered for each objective. The Scope of Services (activities/services) funded under Component A can be provided as Interventions Delivered to Individuals (IDI), Intervention Delivered to Groups (IDG), Community Level Interventions (CLI) or Supportive Services. Please see **Attachment 4** - LGBT HHS Glossary of Terms for examples of services and service definitions.

3. PERFORMANCE MEASURE (Outcomes) Instructions

Applicants are required to address a minimum of two (2) outcomes for each Focus Area selected for a total of six (6) or more anticipated outcomes. Anticipated Outcomes for each Focus Area should be entered as Performance Measures in the Project Details section of the Work Plan. Listed below are 12 outcomes that applicants can select from.

- Increase LGBT cultural responsiveness for the general community;
- Reduce health risks, including sexual health risks among LGBT individuals;
- Increase social support and reduce social isolation in the LGBT community;
- Increase access to and utilization of Behavioral Health and Drug User Health services for LGBT individuals;

- Increase self-esteem for LGBT individuals;
- Increase awareness of LGBT existence and diversity;
- Increase LGBT community capacity to strengthen coalition and expand interagency referral linkages;
- Increase LGBT self-advocacy and leadership;
- Increase safety and reduce violence directed at the LGBT community;
- Develop and/or enhance Gay Straight Alliance/GSA capacity building;
- Increase access to housing for LGBT individuals who are unstably housed; or
- Increase access to education and employment opportunities.

****Please note: After funding is awarded, funded applicants will be required to develop outcome measures specific to each task/activity.***

Attachment 7
COMPONENTS A & B
Additional Resources on LGBT Health and Human Services and Multicultural and
Culturally Responsive Organizational Development

Component A Resources

General LGBT Resources

2015 LGBT Health and Human Service Needs in New York State

<https://gaycenter.org/file/docs/network/Needs-Assessment-WEB.pdf>

A Blueprint for Meeting LGBT Health and Human Service Needs in New York State

http://strengthinnumbersconsulting.com/wp-content/uploads/2017/07/A-Blueprint-for-Meeting-LGBT-Health-and-Human-Service-Needs-in-New-York-State1-1.pdf?sm_auiVVMrH7Hd2F4WR1B

The New York State LGBT Health & Human Services Network (The Network)

https://gaycenter.org/thenetwork?sm_auiVVvSR3NQnvDRtq

Reclaiming Our Voices: Two Spirit Health & Human Service Needs in New York State

http://strengthinnumbersconsulting.com/wp-content/uploads/2017/07/reclaiming_our_voices.pdf

Improving the Health Care of Lesbian, Gay, Bisexual and Transgender People: Understanding and Eliminating Health Disparities

http://www.lgbthealtheducation.org/wp-content/uploads/12-054_LGBThealtharticle_v3_07-09-12.pdf?sm_auiVVvSR3NQnvDRtq

The Health of LGBT People: Building a Foundation for Better Understanding

<https://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building>

U.S. Department of Health and Human Services Advancing LGBT Health & Well-Being 2016 Report

<https://www.hhs.gov/sites/default/files/2016-report-with-cover.pdf>

CDC LGBT Health

<https://www.cdc.gov/lgbthealth/>

Healthy People 2020 LGBT Health

<https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health?topicid=25>

The Health of LGBT People: Building a Foundation for Better Understanding (IOM Report)

http://www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx?sm_auiVVvSR3NQnvDRtq

Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care for the LGBT Community

https://www.jointcommission.org/lgbt/?_sm_auiVVvvSR3NQnvDRtq

GLMA Resources for Providers & Researchers

http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=534&_sm_auiVVvvSR3NQnvDRtq

Guidelines for Care of LGBT Patients

http://www.glma.org/data/n_0001/resources/live/Welcoming%20Environment.pdf

Mapping LGBT Equality in America

https://transgenderlawcenter.org/equalitymap?_sm_auiVVvvSR3NQnvDRtq

TGNC Resources

Transgender Health and Economic Insecurity Report (2015)

<http://strengthennumbersconsulting.com/wp-content/uploads/2017/06/TG-health-and-economic-insecurity-report-FINAL.pdf>

Providing Transgender Inclusive Health Care Services

http://www.outforhealth.org/files/all/providingtransgenderinclusivehealthcare_1.pdf?_sm_auiVVvvSR3NQnvDRtq

2015 U.S. Transgender Survey

http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf?_sm_auiVVvvSR3NQnvDRtq

Understanding Issues Facing Transgender Americans

<http://www.lgbtmap.org/file/understanding-issues-facing-transgender-americans.pdf>

Transgender Students in U.S. Schools

https://www.glsen.org/learn/research/national/report-harsh-realities?_sm_auiVVvvSR3NQnvDRtq

Injustice at Every Turn: A Report of the National Transgender Discrimination Survey

http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf?_sm_auiVVvvSR3NQnvDRtq

Bisexual Resources

Invisible Majority: The Disparities Facing Bisexual People and How to Remedy Them

<http://www.lgbtmap.org/policy-and-issue-analysis/invisible-majority>

Understanding Issues Facing Bisexual Americans

<http://www.lgbtmap.org/file/understanding-issues-facing-bisexual-americans.pdf>

Supporting and Caring for Bisexual Youth

<http://www.hrc.org/blog/supporting-and-caring-for-our-bisexual-youth? sm au =iVVvvSR3NQnvDRtq>

LGBT Family Resources

LGBT Families: Facts at a Glance

<http://www.lgbtmap.org/lgbt-families-facts-at-a-glance>

All Children Matter

<http://www.lgbtmap.org/all-children-matter-full-report>

Obstacles & Opportunities: Health Wellness for LGBT Families

<http://www.lgbtmap.org/obstacles-and-opportunities-ensuring-health-and-wellness-for-lgbt-families>

Family Equality Council

http://www.familyequality.org/get_informed/issues/? sm au =iVVvvSR3NQnvDRtq

COLAGE: Resources

<https://www.colage.org/resources/? sm au =iVVvvSR3NQnvDRtq>

Human Rights Campaign - Explore: Parenting

<http://www.hrc.org/explore/topic/parenting>

GLSEN Involved, Invisible, Ignored: The Experiences of LGBT Parents & Their Children in Our Nation's K - 12 Schools

<https://www.glsen.org/sites/default/files/Involved%2C%20Invisible%2C%20Ignored%20Full%20Report.pdf>

Building Patient-Centered Medical Homes for LGBT Patients and Families

<https://www.lgbthealtheducation.org/wp-content/uploads/Building-PCMH-for-LGBT-Patients-and-Families.pdf>

Youth

Youth Risk Behavior Survey (YRBS)

<https://www.cdc.gov/healthyYouth/data/yrbs/index.htm>

Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12

<https://www.ncbi.nlm.nih.gov/pubmed/27513843>

All Our Children: Strategies to Prevent Homelessness, Strengthen Services and Build Support for LGBTQ Youth

http://www.nyc.gov/html/om/pdf/2010/pr267_10_report.pdf?epi-content=GENERIC& sm au =iVVvvSR3NQnvDRtq

Unjust: LGBTQ Youth Incarcerated in the Juvenile Justice System
<http://www.lgbtmap.org/criminal-justice-youth-detention>

GLSEN: Drop Out, Push Out, & School-to-Prison Pipeline
<https://www.glsen.org/article/drop-out-push-out-school-prison-pipeline>

Community Influences on LGBT Student Safety
<https://www.glsen.org/learn/research/books-journals/JYA2009a>

Experiences of LGBT Youth Online
<https://www.glsen.org/article/experiences-lgbt-youth-online>

GLSEN 2015 National School Climate Survey
<https://www.glsen.org/article/2015-national-school-climate-survey>

GLSEN 2015 School Climate in New York
https://www.glsen.org/sites/default/files/New%20York%20State%20Snapshot%20-%20NSCS_0.pdf

Experiences of LGBT Students of Color
<https://www.glsen.org/learn/research/national/report-shared-differences>

Some Considerations When Working with LGBT Students of Color
https://www.glsen.org/sites/default/files/LGBT_studentsofcolor.pdf

LGBTQ Youth of Color: Discipline Disparities, School Push-Out and the School-To-Prison Pipeline
https://gsanetwork.org/files/aboutus/LGBTQ_brief_FINAL-web.pdf?_sm_au=iVVvvSR3NQnvDRtq

LGBT Elder Resources

SAGE USA: Health and Health Care
<https://www.sageusa.org/issues/health.cfm>

LGBT Aging: A Review of Research of Research Findings, Needs, and Policy Implications
http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Aging-A-Review.pdf?_sm_au=iVVvvSR3NQnvDRtq

Improving the Lives of LGBT Older Adults
<http://www.lgbtmap.org/improving-the-lives-of-lgbt-older-adults>

Anti-Violence Resources

Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2016
http://avp.org/wp-content/uploads/2017/06/NCAVP_2016HateViolence_REPORT.pdf?_sm_au=iVVvvSR3NQnvDRtq

LGBT HIV Resources

2015 Ending the Epidemic Blueprint

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf?_sm_au=iVVvSR3NQnvDRtq

Young Adult Advisory Group Implementation Strategies

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/young_adult_advisory_group.pdf

Older Adults Advisory Group Implementation Strategies

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/older_adults_advisory_group.pdf

Black Men who have Sex with Men Advisory Group Implementation Strategies Advisory Group

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/black_msm_advisory_group.pdf

Transgender and Gender Non-conforming (TGNC) Advisory Group Implementation Strategies

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/tgnc_advisory_group_strategies.pdf

New York State Prevention Agenda

https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

National HIV/AIDS Strategy (NHAS)

https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/national-hiv-aids-strategy-updated-2020?_sm_au=iVVR22m2s1sQB17V

HIV Risk for Lesbians, Bisexuals & Other Women Who Have Sex with Women

http://www.gmhc.org/files/editor/file/GMHC_lap_whitepaper_0609.pdf?_sm_au=iVVR22m2s1sQB17V

Immigrant

National Immigrant Justice Center: LGBTQ Immigrants

https://www.immigrantjustice.org/stop-abuse-detained-lgbt-immigrants?_sm_au=iVVR22m2s1sQB17V

LGBT Adult Immigrants in the United States

<https://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/us-lgbt-immigrants-mar-2013/>

Lesbian

Health Issues for Lesbians and Women who have Sex with Women

http://www.mayoclinic.org/healthy-lifestyle/womens-health/in-depth/health-issues-for-lesbians/art-20047202?_sm_au=iVVR22m2s1sQB17V

CDC: Lesbian and Bisexual Women
<https://www.cdc.gov/lgbthealth/women.htm>

Health Care for Lesbian and Bisexual Women
<https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Lesbians-and-Bisexual-Women>

Component B Resources

Protocol for Culturally Responsive Organizations
http://www.oregon.gov/ohcs/OSHC/docs/HSC-2016/030416_HSC_LIFT_CARE-report.pdf? sm_au =iVVR22m2s1sQB17V

Applying Organizational Change to Promote Lesbian, Gay, Bisexual, and Transgender Inclusion and Reduce Health Disparities
http://online.liebertpub.com/doi/abs/10.1089/lgbt.2015.0148?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&

MCOD: Multicultural Organizational Development
https://www.pdx.edu/sites/www.pdx.edu.studentaffairs/files/MCOD%20Best%20Practices.pdf? sm_au =iVVR22m2s1sQB17V

Developing Multicultural Organizations: A Change Model
https://naaee.org/sites/default/files/mcodmodel.pdf? sm_au =iVVR22m2s1sQB17V

Stages of Multicultural Organizational Change
http://www.drarmandohernandez.com/uploads/1/9/7/4/1974701/stages_of_multicultural_organizational_change.pdf? sm_au =iVVR22m2s1sQB17V

Multicultural Organizational Development in Nonprofit Organizations: Lessons from the Cultural Competence Learning Initiative
https://www.compasspoint.org/sites/default/files/documents/CP%20Cultural%20Competence%20Lessons%20FINAL%20RPT_0.pdf? sm_au =iVVR22m2s1sQB17V

Guide for Completing Budgets for Grant Years 2-5

Budgets for Years two through five are to be completed using the excel budget forms in Attachment 12. Please be sure to complete all required budget pages for years two through five. The budgets for years two through five should be labeled as instructed in the RFA and combined into one .pdf document, then uploaded to the Grants Gateway as Attachment 12.

Tab 1 - Summary Budget

- A. ***Project Name*** – Enter the Name of the Solicitation.
- B. ***Contractor SFS Payee Name*** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of organization.
- C. ***Contract Period*** – “From” is the Start date of the budget and “To” is the end date of the budget. **A separate budget must be completed for each 12-month budget period for Years 2-5 and labeled for each contract period.**
- D. **The GRANT FUNDS column will need to be populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet.** These categories include:

- Salaries
- Fringe Benefits
- Contractual Services
- Travel
- Equipment
- Space, Property & Utilities
- Operating Expenses
- Other

No information should be entered into the columns labeled Match Funds, Match % or Other Funds.

Tab 2- Salaries

Please include all positions for which you are requesting reimbursement on this page. If you wish to show in-kind positions, they may also be included on this page. *Please include a written justification on Tab 6.*

Position Title: For each position, indicate the title along with the incumbent’s name. If a position is vacant, please indicate “TBD” (to be determined).

Annualized Salary Per Position: For each position, indicate the total annual salary regardless of funding source.

Standard Work Week (Hours): For each position, indicate the number of hours worked per week regardless of funding source.

Percent of Effort Funded: For each position, indicate the percent effort devoted to the proposed program/project.

Number of Months Funded: For each position, indicate the number of months funded on the proposed project.

Total: For each position, applicants will need to populate the total funding requested column from the AIDS Institute based on annualized salary, hours worked, percent effort and months funded for each position.

Tab 2 - Fringe Benefits

On the bottom of Tab 2, please fill in the requested information on fringe benefits based on your latest audited financial statements. Also, please indicate the amount and rate requested for fringe benefits in this proposed budget. If the rate requested in this proposal exceeds the rate in the financial statements, a brief justification must be attached. *Please include a written justification on Tab 6.*

Tab 3 – Contractual Services

Please indicate any services for which a subcontract or consultant will be used. Include an estimated cost for these services. *Please include a written justification on Tab 6.*

Tab 3 – Travel

Please indicate estimated travel costs for the contract period. *Please include a written justification on Tab 6.*

Tab 4 – Equipment and Space

Please indicate estimated equipment or space costs for the contract period. *Please include a written justification on Tab 6.*

Tab 5 – Operating Expenses / Other

Please indicate any operating expenses for the contract period. (*Operating costs include may include Supplies and any other miscellaneous costs for the contract period*). *Please include a written justification on Tab 6.*

Please indicate the estimated other costs requested for the contract period. (*Other costs include indirect costs*) Please note indirect costs are limited to 15% of direct costs. *Please include a written justification on Tab 6. The justification for indirect costs needs to include the requested rate.*

Tab 6 - Narrative Budget Justification

Please provide a brief narrative justification for budget years 2-5 in the **JUSTIFICATION** column in Tab 6 for each budgeted item. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project. Separate justifications should be included at the end of each budget year.

Those agencies selected for funding will be required to provide a more detailed budget as part of the contract process.

**ATTACHMENT 16: WORK PLAN (COMPONENT B)
SUMMARY**

PROJECT NAME: Health and Human Services for Lesbian, Gay, Bisexual, and Transgender Individuals, Families and Communities – Component B

CONTRACTOR SFS PAYEE NAME:

CONTRACT PERIOD

From: October 1, 2018

To: September 30, 2023

The LGBT Health and Human Services (HHS) initiative focuses on addressing disparities through building a wider, more sensitive and appropriate system to promote health and human services for lesbian, gay, bisexual and transgender individuals, families and communities.

The goals of the initiative are:

- *Increase knowledge of LGBT health and human service providers regarding issues that impede access to and compromise the quality of health care for diverse and underserved LGBT individuals and families;*
- *Enhance the organizational infrastructure of funded providers;*
- *Enhance the quality of culturally responsive activities undertaken by providers funded through this initiative;*
- *Increase LGBT cultural responsiveness for the general community by decreasing or eliminating provider bias or insensitivity;*
- *Identify best practices and provide technical assistance on multicultural and culturally responsive services; and*
- *Improve health outcomes for LGBT individuals, families, and communities.*

The awardee will implement a program to assess the capacity of Component A funded providers and members of The LGBT Health and Human Services Network to provide multicultural and culturally responsive services through the provision of technical assistance and capacity building in the areas of: leadership development, program development, coordination, health promotion/awareness, and education and support to the providers funded through the LGBT HHS initiative and other LGBT Network member organizations.

Instructions:

Applicants are **not** required to enter the performance measures into the Grants Gateway Work Plan. Funded Component B applicants will be held to the performance measures as listed in Attachment 16, and will be required to enter the performance measures into the Grants Gateway only **if** funding is awarded.

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

**ATTACHMENT 16: WORK PLAN (COMPONENT B)
SUMMARY**

Objective	Budget Category	Tasks (Activities)	Performance Measures
<p>1. Enhance the organizational capacity of LGBT HHS funded Component A providers and Network member organizations to provide multicultural and culturally responsive services to address the needs of NYS's LGBT population.</p>	<p>NA</p>	<p>1a. Organizational Assessment- Conduct a formal assessment of the current capacity of Component A funded organizations and LGBT HHS Network member organizations to provide culturally responsive services with a focus on leadership development, program development, coordination, health promotion/awareness, and education and support.</p> <p>1b. Conduct a formal assessment of Component A funded organizations and LGBT HHS Network member organizations' s technical assistance needs in the area of organizational development and cultural responsiveness.</p>	<p>1.1 Organizational Assessment will be completed by the end of Year 1 of the contract.</p> <p>1.2 Technical Assistance Needs Assessment will be completed by the end of Year 1 of the contract.</p> <p>1.3 Organizational Assessments and Technical Assistance Needs assessments will be completed by 100% of organizations.</p>
<p>2. Support organizational development and culturally responsive service delivery through the creation of an organizational development plan that addresses the priority areas of leadership development, program development, coordination, health promotion/awareness, education and support with a focus on sexual orientation, gender identity expression, race and ethnicity.</p>	<p>NA</p>	<p>2a. Develop a mechanism to facilitate clear and transparent communication with LGBT HHS Component A funded providers, LGBT HHS Network membership and the LGBT Lead organization.</p> <p>2b. Develop initiative and organization specific Implementation Plans to address the findings of the Organizational Assessment and the Technical Needs Assessment.</p>	<p>2.1 Develop mechanism to provide clear and transparent communication to stakeholders by month 3 of the contract start. Mechanism must be approved by the AIDS Institute.</p> <p>2.2 Development of the Implementation Plan will begin no later than Year 2 of the contract and will be completed no later than month 4 of Year 2.</p>

**ATTACHMENT 16: WORK PLAN (COMPONENT B)
SUMMARY**

Objective	Budget Category	Tasks (Activities)	Performance Measures
3. Provide organization specific and group technical assistance to inform organizations about promising practices and trends, and address organization needs related to the provision of multicultural and culturally responsive services.	NA	3a. Provide or arrange for organization specific and group technical assistance for LGBT HHS Component A funded providers and LGBT Network member organizations based on the findings of the Organizational Assessment and the Technical Needs Assessment. 3b. Participate in the annual LGBT HHS Network Technical Assistance Day	3.1 . Begin provision of initiative and organization specific technical assistance in Year 2 following the completion of the Implementation Plans. Provision of technical assistance will be ongoing through Year 5 of the contract. Technical Assistance must be approved by the AIDS Institute. 3.2 Participate annually in the LGBT HHS Network Technical Assistance Day.
4. Provide capacity building and continual skill building opportunities via in-person and virtual learning modalities.	NA	4a. Conduct a 1-2 day technical assistance provider training for Component A funded providers and LGBT HHS Network member organizations. 4b. Develop and disseminate organizational best practices and policies and procedures manual for Component A funded providers and the LGBT HHS Network member organizations. 4c. Provide capacity building and technical assistance needs via meetings, webinars, conference calls etc.	4.1 Complete at least 3 Technical Assistance Provider trainings between Years 2-5 of the contract. 4.2 Disseminate information to Network members through established mechanism(s) at least monthly. Provide capacity building and technical assistance needs via meetings, webinars, conference calls etc. between Years 2-5 of the contract.
5. Data and evaluation	NA	5a. Assess and evaluate the progress of Component A funded providers' and LGBT HHS Network member's implementation/integration of culturally responsive practices and recommendations into program services. 5b. Complete the annual provider progress report.	5.1 Conduct assessment/evaluation Years 3-5 of the initiative. 5.2 Provider progress report will be completed annually. 5.3 Participation in AIDS Institute reporting, evaluation, and data

**ATTACHMENT 16: WORK PLAN (COMPONENT B)
SUMMARY**

		<p>5c. Participate in a collaborative process with the AIDS Institute to evaluate the outcome of services and activities.</p> <p>5d. Submit statistical reports on activities, and other data using the AIDS Institute Reporting System (AIRS). Successful applicants must demonstrate the capacity to collect and report all required data, both personnel and hardware-related using AIRS. AIRS is a data reporting system that is required by the AIDS Institute to report client demographic information as well as program activities. Details on this software product may be obtained by accessing the following Internet address, www.airсны.org.</p>	requirements as indicated in the RFA.
<p>6. Flexibility in programming is necessary to ensure that resources are effectively directed to the populations and communities most in need. Contract activities and deliverables may be modified at any point in this contract upon direction of the AIDS Institute to address emerging needs or disparities, emerging HIV/STD/HCV epidemiologic patterns, or to accommodate advances in best practice.</p>	NA	<p>6a. Assist with other priority public health issues if/when they arise (e.g., local STD case increases, outbreaks, emergency situations, etc.). The Contract Manager must approve non-workplan work.</p>	<p>6.1 Aid with non-workplan public health issues if/when they arise.</p>