

ADDENDUM # 1

RFA #20218 / Grants Gateway # DOH01-CSP2-2023New New
York State Department of Health
Center for Community Health/Division of Chronic Disease
Prevention/Bureau of Cancer Prevention and Control

*Breast, Cervical, and Colorectal Cancer Services Screening
Program (CSP)*

VI. Attachments

RFA p. 44, Section VI. Attachments, “*Attachments marked as “Optional” are not required, but applicants may choose to complete them and upload them to your Grants Gateway application. For example, Attachment 9 Minority & Women-Owned Business Enterprise Requirement Forms is not required but, applicants may complete and submit these forms with their application. Attachment 8: Letter of Interest Format is optional, but applicants may complete and submit a Letter of Interest using this format by the due date on the cover page of the RFA.*”

The RFA has been updated to remove reference to Attachment 9: Minority & Women-Owned Business Enterprise Required Forms as an example of an optional pre-submission upload because it is a required document to be completed and submitted as a pre-submission upload within the Grants Gateway application.

RFA #20218 / Grants Gateway # DOH01-CSP2-2023

New York State Department of Health
Center for Community Health,
Division of Chronic Disease Prevention,
Bureau of Cancer Prevention and Control

Request for Applications

Breast, Cervical, and Colorectal Cancer Services
Screening Program (CSP)

KEY DATES:

Release Date:	October 6, 2022
Letter of Interest/Intent Due:	October 21, 2022
Questions Due:	November 9, 2022 by 4:00 PM
Questions, Answers and Updates Posted (on or about):	December 1, 2022
Applications Due:	December 20, 2022 by 4:00 PM
NYSDOH Contact Name & Address:	Wendy V Gould canserv@health.ny.gov Bureau of Cancer Prevention and Control Riverview Center 150 Broadway, Room 350 Menands, New York 12204

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I. Introduction

A. Intent

The New York State (NYS) Department of Health (Department), Center for Community Health, Division of Chronic Disease Prevention, Bureau of Cancer Prevention and Control seeks applications to implement breast, cervical, and colorectal cancer screening programs to reduce cancer-related morbidity, mortality, and health disparities and improve health equity among NYS residents. These programs, known as the Cancer Services Program (CSP), will facilitate access to high-quality breast, cervical, and colorectal cancer screening, and diagnostic follow-up services throughout their service regions for eligible persons. Within the CSP-eligible population, the priority for services, or populations of focus, are those who are disproportionately burdened by the increased risk of cancer or are medically unserved or underserved. These include persons who experience barriers to these services due to race, ethnicity, sexual orientation, gender identity, geographic location, poverty, lack of education, lack of culturally competent, quality care, cultural isolation, low literacy, and language. Up to 21 awards totaling \$41,867,500 for 5 years will be made, one award in each of 21 service regions listed in **Attachment 1 Cancer Services Program (CSP) Service Regions**.

Grantees will:

- Partner with health care providers throughout their service regions to increase access to and provide free breast, cervical, and colorectal cancer screening, timely diagnostic follow-up services, and referrals to treatment to CSP-eligible persons.
- Assist eligible persons diagnosed with breast, cervical, colorectal, or prostate cancer with enrollment in the NYS Medicaid Cancer Treatment Program (MCTP) ([Breast and/or Cervical Cancer Treatment Program \(ny.gov\)](#)).
- Conduct community outreach throughout their service regions for CSP-eligible persons and populations of focus, linking them to community services to address their barriers to receipt of screening services, and recruiting them into the CSP for cancer screening and diagnostic follow-up services.
- Prioritize community outreach activities to reach persons from populations disproportionately affected by cancer including, but not limited to, the following populations of focus: Black persons; lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) persons; and rural populations.

B. Background

The Department's Division of Chronic Disease Prevention, Bureau of Cancer Prevention and Control (BCPC) has implemented the NYS CSP for over 25 years, implementing evidence-based cancer screening programs to reduce barriers to breast, cervical, and colorectal cancer screening, and diagnostic follow-up services for those New Yorkers most in need. This RFA continues this long-standing program and is informed by and supports the goals of the Centers for Disease Control and Prevention's [National Breast and Cervical Cancer Early Detection Program](#), and the [New York State Comprehensive Cancer Control Plan](#). The RFA supports efforts to achieve NYS screening goals among those New Yorkers disproportionately impacted by cancer by supporting the establishment of organized systems of cancer screening, the results of which will be an

increase in the number and quality of cancer screenings among New Yorkers in greatest need.

C. Statement of the Problem

From 2015 to 2019, breast cancer was the most commonly diagnosed cancer in NYS, with an average of over 16,800 cases each year. Among NYS females, breast cancer was the second most common cause of cancer-related death, representing 14.7% of all cancer deaths over the same time. Colorectal cancer had the third highest incidence and mortality rates in both females and males during this five-year period. At the same time, an average of 841 new cases and 240 deaths from cervical cancer were reported each year. ([NYS Cancer Registry data](#))

Risks of developing or dying from various cancers differ for people of different racial or ethnic origins, socioeconomic backgrounds, and other factors such as gender, sexual orientation, and geography. Much of these health disparities are related to differences in the environments in which people live, work, and play. It is well documented that health outcomes are affected by Social Determinants of Health (SDOH), such as poverty; lack of health education; lack of culturally competent, quality care; lack of insurance; living in disadvantaged neighborhoods (e.g., unsafe housing, lack of transportation), and living in geographically isolated areas. These SDOH contribute to low rates of screening, higher probability of late-stage cancer diagnoses, and higher cancer death rates.

In NYS, females who are White are more likely to be diagnosed with breast cancer than those who are Black or Hispanic. However, those who are Black are more likely to die from the disease than those who are White or Hispanic. For cervical cancer, those who are Black are more likely to be diagnosed and die from the disease than those who are White or Hispanic. This is the same for colorectal cancer, with persons who are Black having increased incidence and mortality compared to persons who are White or Hispanic (NYS Cancer Registry, [Cancer by Ethnicity](#) and [Cancer by Race](#), 2015-2019).

Population-based screening tests for breast, cervical, and colorectal cancer are available, and these tests are effective in reducing overall cancer incidence and mortality. Based on the most recent estimates, 82.2% of NYS age-eligible females report being up-to-date with breast cancer screening, 84% with cervical cancer screening, and 76.6% of age-eligible males and females report being up-to-date with colorectal cancer screening ([NYS BRFSS Reports](#)). But screening rates are not equal across all NYS populations. Among those without a regular health care provider, only 66% report having received a mammogram for breast cancer screening within the past two years, only 73% are up to date with cervical cancer screening, and only 46% are up to date with colorectal cancer screening. Those rates are significantly lower than screening rates reported by persons with a regular health care provider, all of which are greater than 80% screened for each cancer type. Among those without health insurance, only 66% report having received a mammogram within the past two years, only 75% are up to date with cervical cancer screening, and only 49% are up to date with colorectal cancer screening. Cervical cancer screening rates are also significantly different across races, with persons who are Hispanic, Black, or White having rates over 84% compared to a rate of 69% among Other non-Hispanic individuals, and lower among those with a household income below \$50,000. (NYS Department of Health, [NYS BRFSS Reports](#)).

There are likely many reasons for the disparities in screening, diagnosis, and death rates, including the impact of SDOH. Rurality (living in a rural or remote area) by itself is linked with many disparities in cancer incidence and death, as it is highly linked with other SDOHs. Half of NYS counties (31) are defined as rural according to the most recent [US Census](#). Further, stigmatization of sexual or gender minority groups creates unique challenges for lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) individuals in obtaining healthcare, including barriers to obtaining health insurance, and lack of trust in health care providers.

While the SDOH and other barriers present deep structural, logistical, and practical challenges to serving New Yorkers who are eligible for the CSP, the Department continues to work to expand the CSP reach (the number of CSP-eligible people who are served by the program). Based on data from the 2019 Small Area Health Insurance Estimates (SAHIE), collected and published by the US Census Bureau, it is estimated that in 2019, approximately 18% (25,821) of eligible New Yorkers (141,256) received CSP services. While the CSP “reach” has been improving since 2014, many eligible individuals remain unserved. For example, there are notable disparities with reach among non-Hispanic Black individuals which is estimated to be 13.5%, nearly half that of the estimated reach within Hispanic communities (29.2%).

This funding opportunity supports efforts to offer cancer screening to New Yorkers who are disproportionately burdened by the increased risk of cancer or are medically unserved or underserved, thus reducing cancer-related morbidity and health disparities, and improving health equity among NYS residents, consistent with Department priorities and commitment to address health equity.

D. Available Funding and Anticipated Awards

1. Number of Awards

To ensure statewide coverage, the Department anticipates awarding twenty-one (21) contracts, for a five-year period, with an expected term from October 1, 2023, to September 30, 2028. Awards will be made to the highest scoring applicant in each of the 21 service regions listed in **Attachment 1, Cancer Services Program (CSP) Service Regions**. Eligible applicants may not submit more than one application within a service region, but may apply for more than one service region, submitting separate applications for each service region. Contract award values vary by service region. Applicants should apply for the full contract award value for the application service region as listed in **Attachment 2, CSP Service Regions and State Contract Values**.

2. Contracts

Each grantee will receive one State contract for the five-year period anticipated to begin October 1, 2023 and end September 30, 2028. The contract supports personal and non-personal costs.

3. Available Funding

The total anticipated annual funding in support of the anticipated 21 contracts is \$41,867,500. The 21 service regions and the anticipated maximum, annual contract values for each service region are provided in **Attachment 2, CSP Service Regions and State Contract Values**. The annual contract values are based primarily on available funding and the estimated number of persons eligible for the CSP in each service region. These estimates are based on 2019 Small Area Health Insurance Estimates (SHIE) data of uninsured women ages 40 to 64 and uninsured men ages 50 to 64. Applicants are not guaranteed contract awards at the maximum values. Annual CSP contract values in subsequent years will be determined by funding availability, the estimated number of persons eligible for the CSP within each service region, grantee performance, grantee ability to provide screening and diagnostic services, and compliance with all contract requirements.

E. Reimbursable Clinical and Laboratory Services

Screening and diagnostic services rendered to eligible CSP clients will be reimbursed directly to health care providers and clinical laboratories by the State and Health Research, Inc. (HRI). HRI is a not-for-profit corporation affiliated with the Department whose mission is to independently assist the Department and to build a healthier future for NYS and beyond through the delivery of funding and program support to further public health and research programs. State and HRI/Federal funding to support screening and diagnostic services rendered to eligible clients is managed by the Department and availability of this funding is contingent upon State budget appropriations and Centers for Disease Control and Prevention (CDC) funding awards.

Clinical and laboratory services will be reimbursed on a fixed-price, fee-for-service basis, as listed in **Attachment 3, 2022-23 Maximum Allowable Reimbursement Schedule (MARS)**. The MARS may be adjusted periodically by the State to reflect changes to reimbursable services and fees based on federal and state mandates, national clinical practice guidelines, and available funding.

II. Who May Apply

A. Minimum Eligibility

1. Eligible Applicant must be prequalified in the NYS Grants Gateway, if not exempt, on the date and time applications are due.
2. Applicants must be a 501c3 not-for-profit organizations and/or municipal agencies located **within** or providing services **in** the CSP service region they are applying for, from the list of 21 CSP service regions in **Attachment 1, Cancer Services Program (CSP) Service Regions**. This includes but is not limited to local government and public health agencies, health care facilities, primary care networks, academic institutions, community-based organizations, and volunteer and professional associations.

3. Applicants must propose to serve one service region as listed in **Attachment 1, Cancer Services Program (CSP) Service Regions**. Applications that propose to serve only a portion of the county, borough, or counties in their selected service region, or that propose to service additional locations outside of their selected service region, may result in a rejected application.

Applications will only be accepted from organizations that meet the minimum eligibility criteria.

A separate application is required for each service region. Eligible applicants may not submit more than one application within a service region. Eligible applicants may apply for more than one service region but must submit a separate application for each service region.

B. Preferred Qualifications

1. Health care organizations, including their foundations, defined as organizations that deliver clinical health care services, including but not limited to hospitals, clinics, community health centers, or primary care networks will receive extra application points See RFA Section V.A. 1. Preferred Qualifications, to learn how to receive these points.

III. Project Narrative/Work Plan Outcomes

A. Program Expectations and Outcomes

1. Populations to be served Grantees will implement cancer screening programs to reduce cancer-related morbidity, mortality, and health-related disparities among NYS residents. Grantees will establish and maintain a screening delivery system to increase access to and provide high quality breast, cervical, and colorectal cancer screening, and diagnostic follow-up services for residents within their service regions, with a focus on sub-groups of the CSP-eligible population who experience poorer health outcomes due to health inequities – defined below as populations of focus. Grantees will enter into agreements with health care providers and clinical laboratories that will provide cancer screening and diagnostic follow-up services, free-of-charge to CSP-eligible clients.

For the purposes of this RFA, the CSP-eligible clients and populations of focus are defined as:

a. CSP-eligible Population Eligibility for free cancer screening and diagnostic services in the CSP is based on health insurance status, income, age, and other personal criteria such as risk for breast, cervical, or colorectal cancer according to clinical guidelines. These criteria are:

- i. Persons who are uninsured or underinsured. These are persons who lack health insurance, whose health insurance does not cover cancer screening services, or who cannot meet their deductible obligations, including monthly spend-down or co-

- payments, for purposes of accessing coverage under their health insurance and who attest, prior to services being performed, that they are not able to proceed with cancer screening or diagnostic services because of these financial obligations.
- ii. Persons whose household income is at or below 250% of the Federal Poverty Guideline (FPG) or who live above 250% of the FPG but attest, on a client consent form, that they are unable to afford the cancer screening and diagnostic services offered by the program.
 - iii. Persons ages 40 and older may receive breast and cervical cancer screening. Persons ages 45 and older may receive colorectal cancer screening.
 - iv. Other criteria, such as a family history of these cancers, also contribute to CSP screening eligibility. For example, persons under age 40 determined to be at high risk or with clinically significant findings for breast cancer may be eligible to receive free breast cancer screening. And persons younger than age 45 at increased risk for colorectal cancer may be eligible for colorectal cancer screening.

b. Populations of Focus This term refers to sub-groups of the CSP-eligible population who experience poorer health outcomes related to breast, cervical, and colorectal cancer, as described in RFA Section I.C. Statement of Problem. To address these health inequities, grantee activities will focus on reaching populations disproportionately affected by cancer including, but not limited to, the following populations of focus: Black persons, persons who live in rural communities, and lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) persons. Grantee community outreach efforts should prioritize reaching persons from these populations of focus, see RFA Section III.B.3. Community Outreach.

2. Program Outcomes

Under the direction of the Department, grantees will participate in evaluation efforts to assess how well the program meets the following outcomes:

a. Short-term Outcomes

- i. Retention of high-quality staff.
- ii. Increased access to breast, cervical, and colorectal cancer screening among CSP-eligible persons, with an emphasis on populations of focus.
- iii. Retention of a comprehensive provider network that provides access to high-quality, evidence-based breast, cervical, and colorectal cancer screening, and diagnostic services to CSP-eligible persons throughout the entire service region.
- iv. Increased number of clinical health care providers serving populations of focus (Black persons, people living in rural communities, and LGBTQIA+ persons) recruited to participate in the CSP.
- v. Increased access to health, community, and social services among CSP-eligible people through community-based partnerships.
- vi. Increased use of data to inform program planning and improvement.
- vii. Improved health care provider knowledge of breast, cervical, and colorectal cancer screening recommendations and diagnostic guidelines.
- viii. Increased knowledge about the need for breast, cervical, and colorectal cancer

- ix. screening among CSP-eligible individuals and populations of focus.
Improved effectiveness of community outreach activities to reach populations of focus.

b. Intermediate Outcomes

- i. Increased number of CSP-eligible individuals receiving breast, cervical, and colorectal cancer screening, and follow-up diagnostic services.
- ii. Increased number of people from populations of focus receiving CSP services.
- iii. Increased early detection of breast, cervical, and colorectal cancer.
- iv. Increased adherence to timely diagnostic follow-up services.
- v. Increased timely cancer treatment referrals.
- vi. Decreased inequities in screening and follow-up services among populations disproportionately affected by breast, cervical, and colorectal cancer.

c. Long-term Outcomes

- i. Decreased cancer incidence, morbidity, and mortality.
- ii. Reduced cancer disparities.

3. Program Performance Measures

Grantees will be expected to meet or exceed performance measures as listed in **Attachment 18 Work Plan and Performance Measures**. The Department may revise or add performance measures throughout the five-year grant period as required by CDC, the State, or as otherwise needed.

B. Scope of Work

Grantees will implement all required activities in the following four component areas:

1. Program Management and Administration

The grantee will lead, coordinate, and administer the program throughout the entire service region. The grantee is responsible for reviewing the contract in its entirety, meeting all contractual requirements and obligations, reviewing and approving annual work plans, completing and submitting routine required reports to the Department, participating in site visits and other required meetings, and ensuring that there are proper systems in place to identify and promptly address any barriers to implementation of the required activities to reduce the potential impact on program performance and client outcomes.

Grantees are responsible for the following program management and administration activities:

- a. Develop capacity to facilitate and provide access to high-quality breast, cervical, and colorectal cancer screening and diagnostic follow-up services and referral to treatment for CSP-eligible persons throughout the service region by completing all start-up activities

per **Attachment 4, Cancer Services Program Contract Start-up Checklist**. All start-up activities should be initiated beginning October 1, 2023, and completed within 90 days, no later than December 31, 2023.

- b. Under the direction of the Department, oversee and coordinate close-out activities at the end of the five-year grant period to ensure the smooth transition of clients and continuity of care, and complete data management.
- c. Identify and/or hire staff and engage consultants, subcontractors, volunteers, and/or partners with the competencies to implement all RFA grantee activities and to fulfill the following required staff and key functions:

i. Required Staff

- **Program Coordinator** The grantee is required to hire and employ a professional position, recommended at a 1.0 full time equivalency (FTE), for a Program Coordinator; exceptions to the recommended FTE will be considered with strong justification. This individual should have a function within the grantee agency that reflects professional and leadership status. The Program Coordinator will serve as the primary point of contact with the Department and will attend all trainings and meetings as directed by the Department. The Program Coordinator should demonstrate the ability to motivate others, convey knowledge and enthusiasm for the program to participating health care providers and community partners, communicate effectively and engage providers and partners within the service region, and plan and implement the required activities as needed to meet program outcomes and performance measures. This individual will also serve as the primary point of contact and be responsible for training and providing technical assistance to any subgrantees, consultants, partners, and participating health care providers.

ii. Key Functions:

One or more appropriately qualified person(s) may be responsible for multiple functions, but the following functions must be fulfilled:

- **Clinical Care Coordination** – Persons in this function are responsible for providing clinical oversight and guidance to all CSP required staffing functions and CSP participating health care providers and their designated staff. They oversee the clinical work of case managers and provide guidance to persons conducting client eligibility assessment and enrollment on how to assess individual risk and clinical appropriateness for cancer screening and ensure adherence to guideline-concordant care. They provide clinical oversight for the interpretation of reports and medical records and oversee systems and processes to ensure the timely follow-up of clients with abnormal screening results according to **Attachment 18, Work Plan and Performance Measures**. Persons

in this capacity may provide training for new case managers, assist in the interpretation of Department policies and guidelines, and assist the Program Coordinator with the health care provider and clinical laboratory credentialing and quality assurance activities.

- **Eligibility Assessment and Enrollment** – Persons responsible for eligibility assessment and enrollment contact and engage persons referred to the CSP from all sources (community outreach efforts, participating health care providers, program partners, the statewide toll-free referral line, etc.) to determine CSP eligibility. These individuals determine clients’ eligibility for the CSP; assess client risk and determine the breast, cervical, and colorectal cancer screening and diagnostic services that the client is eligible for at the time of enrollment; refer uninsured individuals to the New York State of Health at 1-855-355-5777 or nystateofhealth.ny.gov; refer clients who smoke to the NYS Smokers’ Quitline; provide information, education, and referrals for human papillomavirus (HPV) vaccination to CSP clients for their children; and obtain client consent to receive CSP services. Once eligibility and consent for the program is established, these persons provide education about the importance of preventive health services, assess barriers to receiving cancer screening services, including screening for SDOH and make referrals to community organizations and resources to help address identified barriers. They navigate CSP-eligible clients to cancer screening and diagnostic services with participating healthcare providers by making or facilitating cancer screening appointments for CSP-eligible clients. The person may do initial data entry. Eligibility assessment and enrollment staff communicates client information, including any identified barriers to care, to case management staff to ensure timely follow-up of abnormal screening tests. The tasks for this staff function may be accomplished using a centralized process (grantee hires dedicated staff or subcontracts/consultants), a decentralized process (grantee works with the staff of participating health care providers), or a combination of both.
- **Case Management** – Persons responsible for case management implement protocols and processes to ensure that clients with abnormal screening results receive timely diagnostic services according to **Attachment 18 Work Plan and Performance Measures**. These persons work with CSP-eligible clients, health care providers, partners, and other community resources to assist individuals to overcome identified barriers to care. They help clients obtain and keep scheduled diagnostic appointments, and, if needed, obtain treatment. Case management may be conducted by the grantee, subgrantees, or consultants, by participating health care providers, or a combination of all. Persons in this function are required to become a Designated Qualified Entity (DQE), a person designated and trained by the Department as a “qualified entity” to assist individuals who are found to need treatment for breast, cervical, colorectal, or prostate cancer, and in some cases, pre-cancerous conditions of these cancers, to apply for the Medicaid Cancer Treatment Program (MCTP).

- **Data Management** – Persons performing this function collect, maintain and submit data deliverables required by the Department. These individuals use the CSP data system’s on-line, secure database to enter all required client and service-related data. They ensure the security and confidentiality of collected data, establish systems to ensure the timely receipt of CSP-eligible client and service data from participating health care providers, review and assess the completeness, accuracy, and timeliness of data received, and communicate with participating health care providers to obtain inadequate or missing data.
- **Community Outreach** – Persons in this function conduct outreach activities throughout the service region to reach CSP-eligible individuals and identified populations of focus and recruit CSP-eligible individuals in need of breast, cervical, and colorectal cancer screening, referring them for enrollment in the CSP. Community Outreach staff are public health workers who are trusted community members and/or have a close understanding of and relationships with the communities to be reached and served. These individuals will develop an annual community outreach plan and provide group and one-to-one education to both CSP-eligible individuals and identified populations of focus. Persons fulfilling this function should establish authentic partnerships with agencies and organizations to reach populations of focus, coordinate culturally appropriate and culturally sensitive education and events, and conduct other activities needed to reach CSP-eligible individuals and populations of focus. Persons fulfilling this function should be able to communicate clearly and effectively about the importance of cancer screening and early detection, especially to lay audiences, and devote most of their Community Outreach time and effort in community settings engaging with community members and organizations. These individuals may be paid staff, volunteers, or staff from subcontracted or partnering agencies with expertise in providing community-based education, promotion, and outreach.
- **Fiscal Management** – Persons in this function routinely monitor contract budgets to ensure funds are expended per contract guidelines, expenditures do not exceed budget lines and conduct oversight of subgrantees. These individuals ensure there are sufficient funds to support the program throughout the entire contract period. Fiscal management staff also prepare and submit monthly contract vouchers, ensure that submitted vouchers reflect actual and appropriate costs, and are accompanied by necessary and sufficient back-up documentation to substantiate the costs. These individuals prepare and submit budget modifications, maintain accounts receivable, and prepare monthly budget statement reports of expenditures.

iii. Other Staffing Requirements

- Grantee staff, subgrantees, consultants, and/or partners should have the appropriate education and professional credentials, and competencies to effectively carry out the required activities.
- Salaries should be commensurate with the level of education and experience required for the positions.
- Staff fulfilling the role of the Program Coordinator and staff, subgrantees, consultants, or partners fulfilling other key functions should have the ability to serve and travel to *all areas* of the service region.
- Proposed staffing patterns, including subgrantees, consultants, and partners, should be sufficient to implement required activities throughout the entire service region for the estimated CSP-eligible population, with no counties within a multi-county service region left uncovered.
- Grantees are encouraged to cross train staff fulfilling the required grant functions and will ensure coverage of vacancies and/or prompt hiring to fill vacant positions to ensure that grant work is completed on time, and contract obligations are met. Extended vacancies which negatively impact the ability to fulfill contract obligations may result in contract termination. Extended vacancies are defined as those that are beyond routine time off and which have an impact on the implementation of required activities, staffing and functions, contract work plan implementation, and budgeted expenditures. Such vacancies will be assessed on a case-by-case basis to determine their impact on contract obligations and grantees may be required to provide short-term and long-term coverage plans.
- Provide staff with proper orientation to the grant agency policies and procedures, fiscal and budget management support, timely processing of purchase and subcontracting requests, administrative supervision and support, and a current computer system with access to an individual e-mail account, the Internet, software, and other supplies such as web cameras to support participation in on-line, virtual meetings and trainings, and office space, as needed.
- Ensure that all grant-funded staff have the resources and support to manage a State contract and fulfill program, fiscal, and administrative contract obligations, including the ability to comply with contract administration through the State's Grants Gateway, required time and effort policy and reporting, monthly voucher submission with appropriate back-up documentation, required budget and work plan development, and required performance reporting and evaluation.
(Applicants are strongly encouraged to read the sample Master Grant Contract which outlines contract requirements and grantee expectations. 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.)

- Submit contact information for key staff as requested by the Department, using requested forms to ensure that the CSP database, public website, and toll-free recruitment phone line database is accurate and up to date. This information is maintained by the Department to facilitate communication with and between grantees, and to provide contact information for statewide promotion of the program conducted by the Department.

The following definitions are used to make the distinction between staff, subgrantees, consultants, and partners: 1) staff are employed by the grantee, either full-time, part-time, or hourly, and are included in the application proposed Personal Services budget. 2) subgrantees and consultants enter into formal agreements with the grantee and are included in the application proposed Contractual line of the Non-Personal Services budget. 3) partners are individuals or community organizations that have access to and demonstrated experience with providing reliable services to CSP-eligible individuals and/or populations of focus. Partners may be funded as subgrantees or consultants and included in the Non-Personal Services budget, or partners may be voluntary and not compensated in the grantee budget.

d. Meetings and Trainings

The Program Coordinator and other staff implementing the work plan, as designated by the Department, will be required to attend and participate in all regional and statewide meetings, trainings, and webinars, at the direction of the Department. All new staff will be required to complete a series of on-line training courses. It is anticipated that annually, there will be:

- i. A virtual kick-off meeting to include all grantees,
- ii. A minimum of one orientation webinar and routine webinars for staff responsible for program coordination, data management, case management, and community outreach functions
- iii. An in-person meeting with other CSPs from the same region
- iv. A virtual or in-person training for Case Managers and other identified staff to enroll clients in the Medicaid Cancer Treatment Program, and
- v. Routine calls and virtual or in-person meetings with the Department and individual grantees and/or all grantees.

Additional information about trainings and meetings will be provided to grantees at the start of the contract period.

2. Provision of Cancer Screening and Diagnostic Services, Case Management, and Referrals to the Medicaid Cancer Treatment Program (MCTP)

Grantees will establish and maintain a screening delivery system to increase access to and provide high-quality breast, cervical, and colorectal cancer screening and diagnostic follow-up services, and referral to treatment throughout the entire service region. Grantees should ensure that CSP-eligible clients receive comprehensive cancer screening services defined as all appropriate cancer screenings for which they are eligible; see **Attachment 18 Work Plan and**

Performance Measures. For example, a person aged 50 and older who receives a mammogram should be offered cervical and colorectal cancer screening if they are eligible. Grantees are responsible for coordinating the receipt of comprehensive cancer screening services (i.e., working with clients to navigate them to other providers as necessary). Grantees will:

a. Establish and Maintain a Comprehensive Provider Network: Recruit and maintain a network of participating health care providers to provide access to high-quality, evidence-based breast, cervical, and colorectal cancer screening and associated laboratory and diagnostic services to CSP-eligible clients throughout the entire service region. The network of health care providers should include:

- i. Primary care providers, hospital clinics, and community health centers (e.g., Federally Qualified Health Centers [FQHCs]) that offer breast, cervical, and colorectal cancer screening services, and referral to specialty providers for timely access of needed diagnostic services.
- ii. Clinical laboratories.
- iii. Free-standing breast imaging centers and mobile mammography vans.
- iv. Diagnostic providers, including but not limited to diagnostic radiology, gastroenterologists, surgeons, anesthesiologists, and clinical and pathology labs.
- v. Health care providers that serve identified populations of focus that are welcoming, safe, affirming, and trusted by members of the community, and can help address the specific barriers faced by populations of focus including but not limited to language, transportation, childcare, other health issues, and other SDOH.
- vi. Obtain and submit provider agreements from all participating health care providers and clinical laboratories by December 31, 2023, as noted in **Attachment 4, Cancer Services Program Contract Start-up Checklist**. Grantees are required to use the provider agreements (**Provider Agreement and Laboratory Provider Agreement**) provided as **Attachments 5 and 6**. The agreements must incorporate the **Participating Provider Requirements provided as Attachment 7** and as referenced in the Program Specific Clauses (Attachment A-1, Part B) of the Master Grant Contract. 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.
- vii. Participate in credentialing processes annually and as needed at the direction of the Department to ensure that each participating health care provider and laboratory is licensed, appropriately qualified, and credentialed, without restrictions, for the provision of services to CSP-eligible clients and to collect information required to reimburse participating health care providers for the provision of eligible CSP services.
- viii. Identify a CSP point of contact and a “Pay To Contact” at each participating health care provider site. The CSP point of contact is the primary point person at the provider site who is responsible for working with the CSP Program Coordinator to establish and document processes to assess client CSP eligibility, conduct enrollment, and facilitate the provision of cancer screening and diagnostic services. The “Pay To Contact” is the person at the health care provider site responsible for receiving and certifying monthly invoices sent by the Department to the participating health care provider that detail all the cancer screening, diagnostic, and/or laboratory services

- provided to CSP-eligible clients and reconciling or coordinating reconciliation of payments once reimbursement is received.
- ix. Routinely meet with each participating health care provider CSP point of contact, and “Pay To Contact” staff to identify changes to the information collected in the credentialing workbook and ensure timely reporting to the Department.
 - x. Routinely onboard and provide technical assistance to participating health care providers, their CSP points of contact and the “Pay To Contacts” about CSP policies and procedures outlined in the CSP Operations Manual, including but not limited to: program eligibility criteria; client consent and enrollment procedures; completion and submission of required data forms; timely reporting of services and results; allowable program reimbursable clinical services; and the procedures and roles and responsibilities of participating health care provider staff in the reimbursement vouchering and payment processes. Promptly communicate changes in program guidance and policies to participating health care providers as needed and directed by the Department.
 - xi. Cooperate fully with the Department to identify CSP participating health care providers with potential quality of care concerns, explore reasons for unusual data patterns, and remediate clinical and data reporting deficiencies in a timely manner.

b. Establish and maintain systems to assess client eligibility, conduct client intake and enrollment, and provide eligible services to enrolled clients

- i. Obtain client information and signed consent forms, as required by the Department prior to the provision of services.
- ii. Ensure that only individuals eligible for the CSP are enrolled and that clients only receive CSP-eligible services, per the CSP Operations Manual.
- iii. Assess all individuals for insurance status at the time of intake and, if eligible, refer them to the New York State of Health at 1-855-355-5777 or nystateofhealth.ny.gov.
- iv. CSP clients, at the time of intake, are assessed for smoking status and, if applicable, are referred to the NYS Smokers’ Quitline 1-866-NY-QUITS (1-866-697-8487).
- v. Disseminate information and education about the Human Papilloma Virus (HPV) vaccine, including referrals to appropriate immunization programs, to CSP clients for their children as applicable.
- vi. Grantees will work with participating health care providers to establish and document processes to assess client eligibility for the program, conduct intake and enrollment, and facilitate the provision of cancer screening and diagnostic services. This may be accomplished through a centralized, decentralized, or combined model.
 - **Centralized model** - grantee staff (or subgrantee/consultants) identify potential clients and act as the first point of contact, assess eligibility, conduct client enrollment, and consent, complete required intake forms, schedule appointments and conduct other related administrative tasks.
 - **Decentralized model** - client identification, eligibility assessment, intake and consent, form completion, scheduling, and other administrative tasks take place at many different sites including the grantee organization and or by subgrantees/consultants, participating health care provider sites, partner

organizations, etc.

vii. Grantees will work with subgrantees/consultants, participating healthcare provider sites, and partner organizations as appropriate to:

- Ensure qualified staff fulfill the Clinical Care Coordinator function and work with all participating health care providers to determine client service eligibility, interpret client reports and medical records, and ensure adherence to guideline-concordant care.
- Assess all individuals for program eligibility (residency, gender, age, income, insurance status) and CSP-eligible services, per RFA Section III.B.5.b.i, Eligibility assessment, above.
- Obtain a signed CSP consent form from each client assessed as eligible at the time of enrollment, as required by the Department, prior to the provision of services.
- Assess client barriers to obtaining screening services, including language, transportation, childcare, accessibility (such as persons who use a wheelchair or mobility device), other health issues, and other SDOH, such as affordable and safe housing and access to healthy food. Link CSP clients to resources and community services to address the identified barriers.
- Navigate CSP clients through appointment scheduling and receipt.
- Implement a client reminder system to recall existing clients for rescreening at appropriate intervals (i.e., phone clients and/or send client email or text reminders). The CSP data system may be used to generate a rescreening list report of existing clients due for breast, cervical, or colorectal cancer screening at appropriate intervals determined by clinical guidelines as outlined in the CSP Operations Manual. **See Attachment 18, Work Plan and Performance Measures.**

c. Case Management

Case management involves working with participating health care providers, partners, and community resources to assist clients to overcome barriers to obtaining timely diagnostic and treatment services following receipt of abnormal screening results. Case management may be accomplished through a centralized process where the grantee organization hires or subcontracts for dedicated case management staff, a decentralized process where the grantee organization works with staff at participating health care providers who offer the case management services, or a combination of both. Required case management activities include:

- i. Ensure that CSP clients who have an abnormal screening result receive timely, coordinated diagnostic follow-up services. **See Attachment 18 Work Plan and Performance Measures.**
- ii. Conduct an assessment to gather information from the CSP client about barriers that could prevent or delay follow-up care.
- iii. Develop and implement individual written care plans for each client in need of follow-up services, conduct periodic reassessment and follow-up of the client's

- needs throughout the duration of care, and evaluate client satisfaction with case management services.
- iv. Develop relationships with community organizations that provide resources to address barriers individuals may encounter during diagnosis, evaluation, and treatment.

d. Referrals to Treatment - Medicaid Cancer Treatment Program (MCTP)

The MCTP is a Medicaid program for eligible persons who need treatment for breast, cervical, colorectal, or prostate cancer, and in some cases, pre-cancerous conditions of these cancers. Required MCTP activities include:

- i. Ensure that at least 95% or more of MCTP-eligible persons who receive CSP services are enrolled in the MCTP, per Attachment 18, Work Plan and Performance Measures.
- ii. Refer persons meeting CSP eligibility criteria and screened and/or diagnosed with prostate cancer by CSP participating health care providers for enrollment in the MCTP. (The Department does not reimburse for prostate cancer screening in the CSP.)
- iii. Ensure that the service region has sufficient DQEs to meet the needs of the CSP-eligible population. DQEs are individuals authorized to complete applications for enrollment in the MCTP. Staff fulfilling the case management role are required to be trained as a DQE. The Program Coordinator, staff fulfilling the roles of other required key functions, and staff at participating health care provider sites can also be trained as DQEs for the purposes of assisting individuals to complete the MCTP application.
- iv. Ensure that CSP participating health care providers are committed to treat or refer to treatment any persons diagnosed with breast, cervical, and colorectal cancer, and precancerous cervical lesions, who do not qualify for the MCTP, regardless of the client's ability to pay.

e. Establish Systems to Collect and Report Client Data

Data collection and management are vital to program monitoring and evaluation. The Department maintains a secure on-line, real-time data entry system, referred to as the CSP data system, which CSP grantees use to enter client demographic, screening, diagnostic, and treatment information as required by the Department. Grantees will receive training in the use of the data system and all required forms. The CSP data system is used to ensure: quick and appropriate follow-up on positive screening findings; provision of timely case management services; MCTP treatment coverage for eligible clients; provision of quality clinical care to CSP clients; rescreening at appropriate intervals; reimbursement to CSP participating health care providers as soon as possible; and clinical data to monitor and track patient-level clinical care for reporting to the CDC and other funders as required.

Required data management activities:

- i. Ensure that participating health care providers submit all required forms, data, and records in a timely manner. Forms to be submitted by participating health care providers may include but are not limited to, the consent form, clinical or medical records, case management notes, the Screening Intake Form, Breast Follow-Up Form, Cervical Follow-Up Form, or Colorectal Follow-Up Form for clients requiring follow-up services.
- ii. Ensure that all required data and associated documentation (e.g., client demographics, screening, and diagnostic services information, treatment information) for clients receiving services from participating health care providers and for whom reimbursement is requested, are collected and entered by those fulfilling the data management function in a timely manner, consistent with the Department policies and procedures using required forms and the on-line, secure CSP data system. **See Attachment 18 Work Plan and Performance Measures.**

f. Provider Reimbursement

Services rendered to CSP-eligible clients by participating health care providers that have entered into formal agreements with the CSP grantees and the Department will be reimbursed directly by the Department. The reimbursement process uses the CSP data system to generate monthly billing reports based on client and service data to directly reimburse participating health care providers for the provision of services to eligible clients.

Required grantee provider reimbursement responsibilities include:

- i. Obtain all information needed from participating health care providers to ensure they may receive reimbursement. This information is collected during the credentialing process as described in RFA Section III.B.2.a. Establishing a Comprehensive Provider Network. Promptly communicate changes to the information collected in the credentialing workbook and ensure this is reported to the Department in a timely manner.
- ii. Ensure that CSP participating health care providers and their designated CSP and Pay To Contacts are on-boarded to the reimbursement process using training guidance and materials provided by the Department.
- iii. Work with the Department to respond to inquiries from CSP participating health care providers to reconcile payments for services rendered.
- iv. Follow-up with CSP participating health care providers to ensure payments are received and cashed, as requested by the Department.

3. Community Outreach

The grantees will conduct community outreach activities to reach, recruit, and enroll CSP-eligible persons, including persons from identified populations of focus, into the CSP for cancer screening and diagnostic services. Grantees will conduct outreach activities to increase the number of clients served within selected populations of focus (persons who are Black, persons who live in rural communities, and/or LGBTQIA+ persons) by 5% annually, with year 1 serving as the baseline.

Grantees will develop an annual community outreach plan that outlines the three strategies listed below to reach CSP-eligible populations including the population(s) of focus. Populations of focus should include one or more of the following: persons who are Black, persons who live in rural communities, and/or LGBTQIA+ persons. If the grantee identifies other populations with a high burden of breast, cervical, and/or colorectal cancer in the service region, these populations also may be included in the community outreach plan.

The community outreach plan will be tailored to the needs of the population(s) of focus and informed by their input. Grantees will gather input by engaging organizations that represent, provide services, or have access to the population of focus; community leaders (e.g., religious leaders, local business leaders, local legislators); and members of the population of focus. Grantees should seek input through focus groups, listening sessions, or other methods and document how the community outreach plan was informed by one or more of these entities. The community outreach plan will identify where populations of focus live and work, how they access healthcare, and what trusted community resources they use.

Grantees will implement the following community outreach strategies. Annually, and as needed, grantees will review and assess whether these activities are sufficient to reach CSP-eligible populations, and increase reach to populations of focus, and will modify activities as needed, including based on input received from program participants.

a. Group and One-to-One Education

- i. Employ or engage community outreach staff (grantee staff, subgrantees /consultants, partners, or volunteers) to conduct outreach and deliver education. Community Outreach staff are public health workers who are trusted community members and/or have a close understanding of and relationships with the communities to be reached and served.
- ii. Deliver group and one-to-one education to CSP-eligible populations, including populations of focus, about breast, cervical, and colorectal cancer risk factors, screening guidelines, and CSP services, with the goal of recruiting eligible persons. Education will be tailored to the audience; conducted in a variety of formats (e.g., in-person, virtual, text messaging, and/or telephone); and delivered in locations that are attended, trusted, and welcoming to CSP-eligible populations and populations of focus. These may include places of worship; barber shops, hair salons, and other local businesses (e.g., seasonal employers); community centers; and civic organizations. Education should meet the diverse needs of the populations of focus (e.g., offered outside of regular business hours, in partnership with organizations offering other health and community services, delivered using appropriate language, literacy level, and cultural considerations, etc.). Grantees will deliver a minimum of 15 sessions per quarter, where at least 60% of sessions are delivered to the population(s) of focus.
- iii. Use educational materials that are tailored to the cultural, language, literacy, and other needs of identified populations of focus. Grantees should work with community organizations to develop materials, as needed, or use existing and tested materials when

available. The creation of new materials will be supported with grant funds with prior approval from the Department.

- iv. Document participant attendance, including location, number attended, demographics (e.g., age, race/ethnicity, language), the number referred to the CSP, and number screened through the CSP.
- v. Institute a process to obtain contact information to follow-up in-person, phone, or text to recruit individuals into the CSP.

b. Partnerships

Grantees will use the information from their community outreach plan to establish partnership agreements with trusted health care and community-based organizations within their service regions that have access to and demonstrated experience providing reliable services to the populations of focus. Partnerships will be with community-based organizations that can integrate screening messages into their existing outreach, serve as access ports to reach populations of focus, and/or assist with referring or navigating individuals to the CSP. Grantees will establish, maintain, and build on these partnerships throughout the five-year grant period.

Grantees will establish a minimum of one partnership with each of the following types of organizations/individuals:

- i. Community organizations that provide support services (e.g., social, financial, transportation, housing, insurance, language access, etc.) to address participant barriers to accessing health care and that address SDOH, such as affordable and safe housing, access to healthy food, and transportation.
- ii. Community organizations, gatekeepers, and community leaders that provide access to and have ties to populations of focus. These include local places of worship and religious leaders, barber shops, hair salons, local shop owners, civic and recreational organizations, and others to engage in program outreach and recruitment for education, as a location for education sessions, and as a source of referrals to the CSP.
- iii. Primary care practices, Federally Qualified Health Centers (FQHCs), and other health care providers that serve population(s) of focus. These are practices that offer a welcoming and safe environment for populations of focus, are located within and easily accessed by participants in the service region, and have ties to the population of focus. These healthcare providers can be participating CSP providers or can be providers that are not credentialed to participate in the CSP but are good referral sources to the CSP grantee.
- iv. Grantees should also partner with New York State of Health navigators to assist individuals to obtain insurance coverage and with other Department-funded programs in the service region with access to the populations of focus who can expand the CSP's reach in selected communities.

c. Program Promotion and Community Support

Grantees will increase visibility, awareness of, and community support for the CSP throughout the entire service region and within the selected communities where populations of focus live

and work. Grantees will:

- i. Develop strong relationships with local media organizations to garner earned media to increase awareness of CSP services and the importance of cancer screening. Earned media includes, but is not limited to, editorials, letters to the editor, interviews, news coverage (e.g., newspaper articles, television, and radio news), magazine and newsletter articles, and social media shares (e.g., Facebook, Twitter, Instagram). Grantees are encouraged to work with their community partners to tailor earned media (e.g., translate to other languages, use of local images) and seek placement in local media outlets that are by and for the population(s) of focus. Grantees will make at least three attempts to garner earned media each quarter.
- ii. Educate key stakeholders, such as elected officials, organizational decision-makers, and community and business leaders that can promote the CSP and facilitate community trust or voice support for the CSP and its services to other stakeholders. Grantees will identify a least one key stakeholder and conduct two meetings per quarter.
- iii. As funds allow, use paid media to promote the CSP and the importance of cancer screening to CSP-eligible populations, including populations of focus.

4. Program Monitoring, Reporting, and Evaluation

Grantees will report information on the provision of clinical services provided to clients and progress towards implementing required work plan activities, monitor and account for their performance on predefined clinical and process measures, conduct annual performance improvement projects (PIPs), and participate in other program monitoring, reporting, and evaluation activities. Grantees will:

- a. Report all services provided to CSP-enrolled clients through the CSP's secure, web-based data and performance monitoring system within 90 days of client date of service. Reporting will include all required data elements (e.g., client demographics, screening and diagnostic services information, treatment information) as described in the data guidance provided to grantees upon award.
- b. Submit quarterly reports through the CSP's web-based data and performance monitoring system that summarize work plan progress, including information about Community Outreach activities such as details on group and one-to-one education sessions held (date, format, location, number of participants), partnerships established, and program promotion activities (e.g., earned media attempts, meetings with decision-makers).
- c. Monitor CSP monthly performance measure reports to evaluate performance relative to the Statewide average and to ensure program objectives are being met. Performance measure reports will be generated by Department staff and shared with CSP grantees for review each month, providing details on the performance of each CSP (blinded), and the statewide average. Grantees will meet with Department staff routinely to discuss trends in performance, review progress towards completion of required work plan activities, and discuss strategies to improve performance in areas that fall below goals or those trending away from the goal.

- d. Monitor annual Reach Reports (estimates of the percent of eligible clients served by service region) to evaluate performance. Annual Reach Reports will be provided to grantees by the Department. Grantees will meet annually with Department staff to discuss trends, opportunities, and strategies for improvement within specific counties and across the service region.
- e. Increase the number of clients served in identified populations of focus (Black persons, individuals who reside in rural communities, and/or LGBTQIA+ individuals) by 5% annually, with year 1 serving as baseline. Review and revise the Community Outreach Plan at the start of each program year, describing the population(s) of focus, providing a rationale for selection, including justification if changing focus from the prior year, and outlining community outreach strategies implemented to meet the objective. Meet routinely with Department staff to discuss proposals and performance, which will be measured based on client-level data reports.
- f. Develop and implement an annual SMART (specific, measurable, achievable, relevant, and time-bound) Performance Improvement Plan (PIP). PIPs should be designed to address a specific performance measure for which performance is trending in the wrong direction or consistently below the statewide average, or grantee goals, over the past program year.
- g. Work with Department staff to design and implement evaluation projects. Projects will include, but not be limited to, collecting information to assess the impact of grantee community outreach activities to reach populations of focus.
- h. Participate in evaluation activities as directed by the Department or its external evaluators, such as key informant interviews. Submit a minimum of one success story per program year using a format provided by the Department.

Applicants may subcontract components of the scope of work, however, 30% of the total budget must be retained by the grantee. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (grantee) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH. All subcontractors should be approved by the Department of Health.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (hereinafter referred to as NYSDOH, or the Department), Division of Chronic Disease Prevention, Bureau of Chronic Disease Cancer Prevention and Control. The Department is responsible for the requirements specified herein and for the evaluation of all Applications.

B. Question and Answer Phase

All substantive questions must be submitted in writing to *NYSDOH, Bureau of Cancer Prevention and Control*, at the following email address:

Canserv@health.ny.gov

This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms. 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.

Questions of a technical nature related to formatting or other minor details related to preparation of an Application may also be addressed in writing to the email address noted above.

All questions must be received by the date and time referenced on the cover page of this RFA.

All questions submitted by email should state the RFA number 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 NYSDOH contact listed on the cover of this RFA.

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

Prospective Applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the Master Contract for Grants that will be required to be entered into by each successful Applicant, are to be raised prior to the submission of an Application.

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

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

Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

Prospective Applicants are strongly encouraged to complete and submit a letter of interest (**Attachment 8 Letter of Interest Format**). Prospective Applicants who submit a letter of interest by the date identified on the cover of this RFA may receive email notifications when updates and modifications of this RFA are posted, including responses to written questions. Letters of interest should be submitted via the Grants Gateway under the Pre-Submission Uploads section of the online application. Please note that you will receive an error message when uploading the letter into the application as other Pre-Submission uploads are not due until the application is submitted. A copy should also be emailed to Canserv@health.ny.gov. Please ensure that the RFA number is noted in the subject line and Letters of Interest are submitted by the date posted on the cover of the RFA.

Submission of a letter of interest is not a requirement of this RFA, nor does the submission of a letter of interest impose any obligation upon the Applicant to submit an Application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

D. Applicant Conference

An Applicant Conference *will not* be held for this project.

E. How to file an application

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

To apply for this opportunity:

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name **Breast, Cervical, and Colorectal Cancer Services Screening Program (CSP)**.
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 Applicants are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application.** Both NYSDOH and Grants Gateway staff are available to answer applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA.

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

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

- Not-for-profit Applicants must be prequalified 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 an incomplete Application. 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.68 of the Grants Gateway: Vendor User Guide).
- Applicants should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Applicants should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

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

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

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

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, paper 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. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.
13. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with the selected applicant.
14. Utilize any and all ideas submitted with the Applications received, at the Department's sole discretion.
15. Unless otherwise specified in the RFA, every offer in an Applicant's Application is firm and not revocable for a period of 60 days from the bid opening.
16. Waive or modify minor irregularities in Applications received after prior notification to the Applicant.
17. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an Applicant's application and/or to determine an Applicant's compliance with the requirements of the RFA.
18. Eliminate any term of this RFA that cannot be complied with by any of the Applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the State.

G. Term of Contract

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

It is expected that contracts resulting from this RFA will have the following time period:
October 1, 2023 to September 30, 2028.

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

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

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to successful not-for-profit grant Contractors in an amount not to exceed 25% percent of the annual grant provided for under the Contract.
2. The grant Contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

Division of Chronic Disease Prevention
Fiscal Management Unit
NYS Department of Health
*Empire State Plaza, Corning Tower – Room 1025
Albany NY 12237*

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department, and the Office of the State Comptroller (OSC). Payment for invoices submitted by the Contractor shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us 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: *Grantees will be reimbursed for actual expenses incurred as allowed in the contract budget and work plan.*

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

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

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

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“NYSDOH”) 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 NYSDOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

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

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

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises

(“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that NYSDOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

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

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 9** of this RFA. NYSDOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, NYSDOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being non-responsive under the following circumstances:

- a) If a Grantee fails to submit a 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 NYSDOH determines that the Grantee has failed to document good-faith efforts to meet the established NYSDOH 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. Vendor Identification Number

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

If already enrolled in the Vendor File, please be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>

Additional information concerning the New York State Vendor File can be obtained on-line

at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

K. Vendor Responsibility Questionnaire

The New York State Department of Health strongly encourages that each Applicant files the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire> or go directly to the VendRep system online at <https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system>.

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

Applicants opting to complete online should complete and upload the **Vendor Responsibility Attestation (Attachment 10)** of the RFA. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the same section.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, and upload it with their Application in the Pre-Submission uploads section in place of the Attestation.

L. Vendor Prequalification for Not-for-Profits

All not-for-profit Applicants 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-profit Applicants to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Management Website](#).

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

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Management Website details the requirements and an [online tutorial](#) are available to walk users through the process.

1) Register for the Grants Gateway

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

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

2) Complete your Prequalification Application

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

3) Submit Your Prequalification Application

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

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

M. General Specifications

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of any Contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an Application indicates the Applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the Contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter included with the Application submitted by an Applicant wishing to incorporate any of such exceptions in its Applicants and the Contract awarded pursuant to this RFA.
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, in the State of New York or otherwise.
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 Grantee, through any cause, fails to perform any of the terms, covenants or promises of any Contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the Contract by giving notice in writing of the fact and date of such termination to the Grantee.
 - c. If, in the judgement of the Department, the Grantee acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any Contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of this agreement, which

such compensation shall not exceed the total cost incurred for the work which the Grantee was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format/Content

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

The Grants Gateway works well in most cases with all browsers, including Microsoft Edge, Google Chrome, Safari, and Firefox. However, you will need to use Internet Explorer Compatibility Mode in Microsoft Edge if you need to save 500-character limit fields in the Work Plan. You can access Internet Explorer mode by right-clicking on a tab in Edge and selecting the option “Reload Tab in Internet Explorer Mode”.

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

Each question is assigned a total number of points. If you do not answer a question, it will be assigned zero (0) points. If the response is complete and of outstanding quality, exceeding all aspects of the request for information or response, it will receive the highest possible number of points as noted next to the question. Most questions are scored on a scale of 0 to 5; 5 is considered excellent, 4 very good, 3 good, 2 marginal, 1 unsatisfactory and 0 is failure to respond. The total available points for each section indicates the relative weight or importance of that section.

- **Pre-Submission Uploads**

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

- Attachment 8: Letter of Interest Format (Optional)
- Attachment 9: Minority & Women-Owned Business Enterprise Requirement Forms (Required)
- Attachment 10: Vendor Responsibility Attestation (Required)
- Attachment 11: Cancer Services Program Participating Health Care Providers (Required)
- Attachment 12: Cancer Services Program Community Partners (Required)

- Attachment 13: Cancer Services Program Staffing Plan (Required)
Attachment 14: Agency Chart (Required)
Attachment 16: Fringe Detail Sheet (Optional)
Attachment 17: Cancer Services Program Subcontract Agreements (Optional)

• **Program Specific Questions**

1. Preferred Qualifications

(Maximum Score: 5 points)

Applicants that demonstrate they are a health care organization (including their foundation) defined as an organization that delivers clinical health care services, including but not limited to a hospital, clinic, community health center, or primary care network will be awarded up to an additional 5 points; See RFA Section II.B. Preferred Qualifications.

a. Enter the type of health care organization of the applicant organization, from the following list:

- Hospital
- Clinic
- Community health center
- Primary care network
- Other (add description)
- Not a health care organization

b. Enter the clinical services that the health care organization provides; if the applicant organization is, “Not a health care organization, insert the following, “no clinical services provided”.

2. Program Summary

(Maximum Score: 0 points/Not Scored)

a. Provide a summary of the proposed Cancer Services Program, including the service region, the specific year one population(s) of focus, and a very brief overview of the staffing, partners, and health care providers that will be engaged to ensure full implementation of grantee activities across the entire service region for all five grant years.

3. Statement of Need

(Maximum Score: 30 points)

Responses should clearly demonstrate a strong knowledge and understanding of the needs and experiences of CSP-eligible persons including populations of focus within the proposed service region and their barriers to accessing breast, cervical, and colorectal cancer screening, and diagnostic services.

a. Clearly describe the CSP-eligible population that will be educated, recruited, and offered services in the service region and demonstrate a strong understanding of their needs and experiences, including demographics (ethnicity, primary language(s) spoken, health status, employment, income, housing, etc.), culture, norms, attitudes, behaviors, family

support, trends, or attitudes about accessing health services and other factors that impact and influence programming. **(5 points)**

- b. Describe the entirety of the service region (the entire county, or each county within a multi-county service region), including where the CSP-eligible populations reside and what geography, resources, and other factors impact how program services are offered throughout the region (e.g., transportation, health care providers, employers, social and other community services) to demonstrate a strong knowledge and familiarity with the entire service region. **(10 points)**
- c. Identify the population(s) of focus for year one and clearly describe why they were selected, demonstrating the need for community outreach among the population, a strong familiarity with the population, and/or connections with community organizations and members that represent and can facilitate engagement. Select at least one of the three RFA populations of focus from RFA Section III.A.1.b. Populations of Focus. More than one population of focus may be selected, for example, select a specific rural area in the county or multi-county area (i.e., zip code) AND select to work with LGBTQIA+ persons either in that rural area or in another clearly defined area of the service region. Other populations with a high burden of breast, cervical, and/or colorectal cancer in the service region may be selected if they are in addition to one of the three populations of focus defined in this RFA. **(10 points)**
- d. Clearly describe the barriers that exist to obtaining breast, cervical, and colorectal cancer screening services among the CSP-eligible population and identified, year one population(s) of focus in the service region. **(5 points)**

4. Applicant Organization

(Maximum Score: 25 points)

Responses should clearly describe the applicant organization's strong history and experience with the population to be served and the capacity to implement the required activities within the proposed service region.

- a. Provide a description to demonstrate the organization's strong experience engaging and providing education and community outreach and/or health services throughout the proposed CSP service region by and for the CSP-eligible population or a similarly underserved population; describe the programs implemented, how the eligible population was engaged or how programming was adapted for the eligible population, and how success reaching the eligible population was measured. **(5 points)**
- b. Demonstrate that the applicant organization can hire and consistently maintain all required personnel and fulfill all required functions throughout the entire five-year grant period by describing facilitators and barriers or restrictions to hiring or subcontracting and how those barriers will be overcome. **(5 points)**
- c. Provide a description to demonstrate the applicant organization's strong history and experience engaging with primary care providers, including Federally Qualified Health

Centers (FQHCs), community organizations that provide support services, and organizations or other entities that provide access to and have ties with the identified population(s) of focus, such as faith-based organizations, local businesses, community gatekeepers or leaders to meet the needs of the identified population(s) of focus; describe the programs implemented, how population(s) of focus were engaged or how programming was adapted for the population(s) of focus and how success was determined. **(5 points)**

- d. Describe the applicant organization’s unique qualifications and commitment to demonstrate that the organization will provide all required grantee activities throughout the entire proposed service region (in every county in a multi-county service region or, in towns, neighborhoods, and municipalities throughout a single county service region or borough). **(5 points)**
- e. Describe the applicant organization’s experience working with health care providers across multiple provider sites to connect community members with health care services, demonstrating an ability to ensure that providers follow guidelines and offer welcoming, safe sites and appropriate services. **(5 points)**

5. Program Activities

(Maximum Score: 45 points)

Responses should clearly demonstrate the applicant organization’s ability to implement the required activities with appropriate staffing, subcontracts, consultants, and/or partners, more so than other applicants in the same service region.

5.1 CSP Provider Network and Provision of Cancer Screening and Diagnostic Services

- a. Describe the provider network to clearly demonstrate the ability to retain a comprehensive provider network able to provide access to high-quality, evidence-based breast, cervical, and colorectal cancer screening and diagnostic services to CSP-eligible clients throughout the entire service region. Include letters from providers dated no earlier than the RFA release date and other items such as a table listing and describing the network. Scan these into one document no larger than 10MB, titled, “**Attachment 11 CSP Participating Health Care Providers**”, and upload to the Pre-Submissions Upload application section. Letters should include provider location, population served, services offered, how client eligibility and enrollment are done, how data is collected and reported, and how client follow-up is done. Letters simply stating general application support without providing the requested information will not be considered and may result in lower scores. **(5 points)**
- b. Clearly describe comprehensive and appropriate strategies to engage CSP participating health care providers to meet the short-term outcome, “Increased number of clinical providers serving selected populations of focus (persons who are Black, living in rural communities, and/or LGBTQIA+, and others as identified by the applicant) recruited to participate in the program”. The description should clearly show how health care providers who serve the populations of focus will be engaged and otherwise address

populations' of focus access issues and barriers to care, e.g., language, literacy, hours of operation, location, cultural, welcoming, safe, affirming, trusted environments, etc., as described in the application's statement of need responses. **(5 points)**

- c. Provide a clear plan demonstrating the applicant organization's ability to meet the short-term outcome, "Improved provider knowledge of breast, cervical, and colorectal cancer screening recommendations and diagnostic guidelines." The plan should clearly and comprehensively describe how the applicant organization will communicate with CSP participating health care providers to orient them and ensure that they follow CSP requirements, offer quality, clinically appropriate, eligible services, provide all data and follow-up needed, and provide timely information to ensure they receive full and appropriate payment. Include the staff and/or subcontractors/consultants responsible for communications, the type and frequency of communications that will be used, and how problems will be addressed and concerns will be responded to. **(5 points)**

5.2 Community Outreach

- a. Provide a clear, comprehensive, and appropriate plan for involving eligible and population(s) of focus in program planning to ensure that the required outreach activities (group and one-to-one education, partnerships, and program promotion and community support) are tailored to reach both CSP-eligible populations and the identified population(s) of focus, and to recruit eligible individuals from these populations to enroll them in the CSP for cancer screening and diagnostic services. The plan should clearly describe who (what partners) will be involved, how input will be gathered, and what information will be gathered. **(5 points)**
- b. Describe the community partners that will be engaged to, or that have committed to, conduct outreach to populations experiencing health inequities for breast, cervical, or colorectal cancer. Include the partners' experience providing reliable services to the population(s) of focus, and the specific activities they will assist with; include at least each of the types of partners described in RFA Section III.B.3.b.i-iv. Partnerships. Include letters from partners dated no earlier than the RFA release date, scanned into one document no larger than 10MB, titled, "**Attachment 12 CSP Community Partners**" and upload to the Pre-Submissions Upload application section. Letters should include the specific partner contributions (e.g., type of services offered, where located) and should not simply state general application support. Letters that simply state general application support will not be considered and may result in lower scores. **(10 points)**

5.3 Staffing Plan (10 points)

- a. Detail a staffing plan that clearly and comprehensively describes how the short-term outcome to retain high quality staff will be met; how all required staff and functions will be fulfilled. Describe who will implement the activities, what their qualifications are, and how they will be supervised.

- b. If staff are known at the time of application, include their resumes and expertise and describe their work on this grant. If staff are not known at the time of application and will be hired, include job descriptions and qualifications (for example, a job posting) and describe their intended work on the grant.
- c. Save all staffing plan documents - resumes, job descriptions/postings, consultant and subcontract agreements, and letters of commitment - as one PDF document, titled, **“Attachment 13 CSP Staffing Plan”** and upload into the Pre-Submission Uploads section of the Grants Gateway with the application.
- d. For planned subcontracts or consultants, include a description of the activities they will conduct and how they will be identified and selected (e.g., issue a bid, post an ad, contract through a sole source with an agency that is the only one that has specific experience). If they are known at the time of application, describe why they were selected and include a letter of commitment from them. These should include the subcontractor or consultant name or the selection process; activities/services they will provide; when and for how long will services be provided; and qualifications. Letters should be no longer than two, double-spaced pages and will not be reviewed beyond that length. Letters should NOT simply state their support for or applaud the applicant. They should include a description of the RFA activities they will implement. Letters that do not provide the requested information and simply support the applicant will not be accepted or reviewed.

Note: Points will not be awarded or deducted based on a proposal to use a subcontractor or consultant. Applications should include all the requested detail relative to the proposed staffing plan, for example, resumes of existing staff, job postings for staff to be hired, or letters of commitment from proposed subcontractors or consultants. Points will be deducted from this section if the detail relative to the applicant’s proposed staffing plan is not included.

5.4 Organization Structure

- a. Describe an appropriate organizational, management, and administrative structure to support the program to ensure all requirements are implemented and program outcomes are met. Include an appropriate plan for orienting, cross training, and retaining staff, consultants, and/or subcontracts to ensure all required positions and functions are filled throughout the five-year grant. Include an organizational chart showing the location of the proposed program within the organization. Describe the lines of authority and the rationale for placing the program where proposed. Depict the roles of consultants, subcontractors, and volunteers. Save the organizational chart or charts as one PDF and title it, **“Attachment 14 Agency Chart”** and upload it into the Pre-Submission Uploads section of the Grants Gateway application. **(5 points)**

6. Budget

(Maximum Score: 30 points)

Use **Attachment 15 Grants Gateway Budget Data Entry Guidelines** to complete and enter a budget in the Grants Gateway application and follow these **budget instructions**:

- a. The budget is for the first year of the five-year grant, for the period October 1, 2023, to

September 30, 2024.

- b. The budget value should total and not exceed the annual value for your service region, as listed in **RFA Attachment 2 Cancer Services Program Service Regions and State Contract Values**.
- c. Prepare a budget to ensure that all costs are reasonable and cost effective and it is clear how each proposed budget cost supports the year one work plan, the required RFA grantee activities, and your proposal.
- d. Proposed personal services (PS) costs, subcontract, and consultant costs should match your proposed staffing plan and be sufficient to implement the required activities and work plan.
- e. All calculations should be accurate, and justifications should clearly show how costs are calculated and should identify how the proposed goods/services are programmatically necessary, describing how the expenses support the Work Plan project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan. Budget lines that are not well-justified may negatively impact the application score and/or delay the budget approval process.
- f. If budgeting for fringe in the personnel costs, use **Attachment 16: Fringe Detail Sheet** to develop these costs. Either a Federally Approved Rate Agreement OR a completed Fringe Detail Sheet should be uploaded to the Pre-Submission Uploads located in the Forms Menu. A template Fringe Detail Sheet is available in the same location.
- g. For proposed contracts/consultants that are known at the time of the application, secure commitment letters with subcontractor organizations and consultants. Letters of commitment from proposed contracts/consultants should be scanned and uploaded as one document titled, "**Attachment 17 Subcontract Agreements**" in the Pre-Submission Uploads. Upon award, copies of the dually signed agreements should be uploaded to the Grantee Document Folder. Expenses related to services which require a dually signed contractual agreement will not be reimbursed until an acceptable agreement is on file. If not known at time of application, budget should include description of how subcontracts or consultants will be procured.
- h. Ineligible Budget Costs
- Costs for research-related activities will not be allowed.
 - Equipment purchases for major items that will depreciate in a very short period of time (e.g., one to three years) will only be considered when supported by a strong justification. The Department recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
 - Indirect or administrative lines will not be accepted as NPS lines. Itemized budget lines related to the cost (i.e., rent, heat, telephone) will be allowed with appropriate justification and should be entered in the appropriate sections of the on-line budget.

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

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

The application budget proposal will be scored based on how well the guidelines are followed (e.g., include required travel, do not exceed annual budget value for your service region, etc.), the accuracy of budget calculations, how well the budget matches the proposed staffing plans and program activities, whether the costs are reasonable and cost effective, and how well proposed costs are justified and demonstrate that they are needed to implement the required activities and work plan.

7. Work Plan

(Maximum Score: 0 points/Not Scored)

Please note that the Work Plan for this RFA is limited to the following: 4 Objectives, 22 Tasks, and 35 Performance Measures. The Grants Gateway does not keep a running count of these; applicants will be responsible for ensuring that they stay within these limits. **If these limits are exceeded, it will jeopardize the ability to submit the application.**

For the Grants Gateway Work Plan Project Summary and Organization Capacity, refer to **Attachment 18 CSP Work Plan and Performance Measures** for instructions. Any additional project Summary or Organizational Capacity entered in these areas will not be considered and will be removed if the Applicant is awarded a grant contract.

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

B. Freedom of Information Law

All Applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of an 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 NYSDOH agrees with the proprietary claim, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the Department's Division of Chronic Disease Prevention. A numerical scoring system will be used to evaluate applications.

Applications that fail to meet the minimum eligibility criteria set forth above (see **Section II. Who May Apply Section A. Minimum Eligibility**) will not be evaluated.

Section Title	Maximum Points
Preferred Qualifications	5
Program Summary	0
Statement of Need	30
Applicant Organization	25
Program Activities	45
Budget	30
Work Plan	0
Total	135

The highest scoring applicants in each of the 21 distinct service regions identified in **Attachment 1 CSP Service Regions**, will be funded. The Department will fund only one applicant per service region. In the event of a tie score among applicants within a service region, the determining factors for a grant award, in descending order of importance will be 1. Applicant with the highest score in the Program Activities section. 2. Applicant with the highest score in the Statement of Need section.

If there are no eligible applicants in a service region, the Department reserves the right to modify the final service regions of successful applicants to ensure sufficient program coverage statewide, such that counties may be the responsibility of different successful applicants in contiguous service regions. The Department also reserves the right to re-procure for one or more service regions left without a successful awardee should successful applicants in contiguous service regions decline additional counties. Award values may be modified to address service region modifications. Final awards and award values are contingent on the total funds available.

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

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

the award process described above.

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

Once an award has been made pursuant to the terms of this RFA, an applicant may request a debriefing of their application (whether their application was funded or not funded). The debriefing will be limited only to the subject Application and will not include any discussion of other Applications. Requests for a debriefing must be received no later than fifteen (15) calendar days from the date of award or non-award announcement.

To request a debriefing, please send an email to the Bureau of Cancer Prevention and Control at canserv@health.ny.gov. In the subject line, please write *Debriefing Request. Breast, Cervical, and Colorectal Cancer Services Screening Program*.

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

VI. Attachments

Certain attachments are accessed under the “Pre-Submission Uploads” section of the online application and are not included in the RFA document; they are marked with an “*” if they are included in the Pre-Submission Uploads and not included in this document. To access the online application and other required documents such as the attachments, applicant organizations must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

Attachments marked as “Required” must be used, completed, and uploaded to the Pre-Submission Uploads section of your Grants Gateway application.

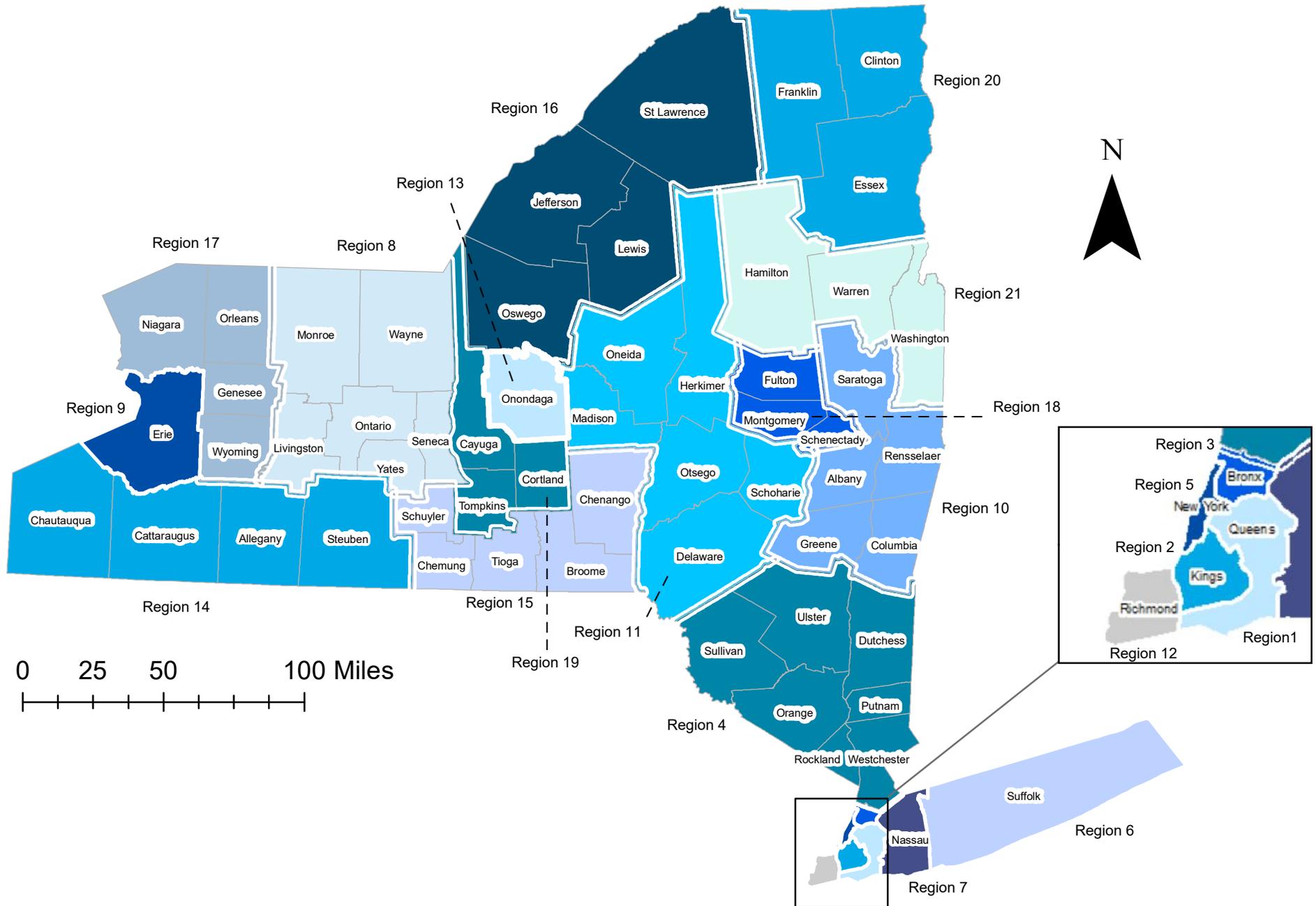
Attachments marked as “Optional” are not required, but applicants may choose to complete them and upload them to your Grants Gateway application. For example, Attachment 9 Minority & Women-Owned Business Enterprise Requirement Forms is not required but, applicants may complete and submit these forms with their application.

- Attachment 1: Cancer Services Program (CSP) Service Regions (Guidance)
- Attachment 2: Cancer Services Program Service Regions and State Contract Values (Guidance)
- Attachment 3: 2022-2023 Maximum Annual Reimbursement Schedule (MARS) (Guidance)
- Attachment 4: Cancer Services Program Contract Start-up Checklist (Guidance)
- Attachment 5: Required Cancer Services Program Participating Provider Agreement (Guidance)

- Attachment 6: Required Cancer Services Program Laboratory Agreement (Guidance)
- Attachment 7: Participating Provider Requirements (Guidance)
- Attachment 8: Letter of Interest Format* (Optional)
- Attachment 9: Minority & Women-Owned Business Enterprise Requirement Forms* (Required)
- Attachment 10: Vendor Responsibility Attestation* (Required)
- Attachment 11: Cancer Services Program Participating Health Care Providers* (Required)
- Attachment 12: Cancer Services Program Community Partners* (Required)
- Attachment 13: Cancer Services Program Staffing Plan* (Required)
- Attachment 14: Agency Chart*(Required)
- Attachment 15: Budget Data Entry Guidance* (Guidance)
- Attachment 16: Fringe Detail Sheet*(Optional)
- Attachment 17: Cancer Services Program Subcontract Agreements* (Optional)
- Attachment 18: Work Plan and Performance Measures (Guidance)
- Attachment 19: Application Checklist Template and Instructions (Guidance)

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

Attachment 1: CSP Service Regions



Attachment 2: Cancer Services Program Service Regions and State Contract Values

Region	Region Name	Counties/Boroughs	Annual Infrastructure Contract Value \$
1	Queens	Queens	682,000
2	Brooklyn	Brooklyn (Kings)	660,000
3	Bronx	Bronx	632,500
4	Hudson Valley	Dutchess, Ulster, Rockland, Putnam, Westchester, Orange, Sullivan	990,000
5	New York	Manhattan (New York)	632,500
6	Suffolk	Suffolk	550,000
7	Nassau	Nassau	396,000
8	Finger Lakes	Monroe, Livingston, Ontario, Seneca, Yates, Wayne	396,000
9	Erie	Erie	288,750
10	Capital District I	Albany, Rensselaer, Columbia, Greene, Saratoga	357,000
11	Central I	Oneida, Madison, Herkimer, Schoharie, Otsego, Delaware	341,250
12	Richmond	Staten Island (Richmond)	336,000
13	Onondaga	Onondaga	252,000
14	Western I	Cattaraugus, Allegany, Chautauqua, Steuben	252,500
15	Southern Tier	Broome, Chemung, Chenango, Schuylar, Tioga,	273,000
16	North Country I	Jefferson, Lewis, St. Lawrence, Oswego	252,500
17	Western II	Niagara, Orleans, Genesee, Wyoming	225,750
18	Capital District II	Schenectady, Fulton, Montgomery	225,750
19	Central II	Cayuga, Tompkins, Cortland	210,000
20	North Country II	Essex, Franklin, Clinton	210,000
21	North Country III	Warren, Washington, Hamilton	210,000
Totals			\$8,373,500

**New York State Department of Health Cancer Services Program
Reimbursement Schedule 4/1/2022-3/31/2023**

	Datasystem	Guiding CPT Code(s)**	<-----Medicare Regions ----->						
	Procedure		Upstate	Manhattan	Rest of Metro	Hudson Valley	Queens		
	Codes		13282-99	13202-01	13202-02	13202-03	13292-04		
Breast/Cervical Procedures									
Screening mammogram - bilateral (Full Field digital or Tomosynthesis) **	SIF	77067+ 77063	\$ 127.41	\$ 157.01	\$ 160.00	\$ 145.34	\$ 160.72		
Screening mammogram - bilateral diagnostic (digital or tomo) **	SIF	G-0279 + 77063, 77066	\$ 158.12	\$ 194.38	\$ 197.98	\$ 180.06	\$ 198.88		
Screening mammogram - unilateral diagnostic (digital or tomo) **	SIF	G0279 +77065	\$ 125.17	\$ 153.85	\$ 156.73	\$ 142.53	\$ 157.45		
Assessment, education and CBE	SIF	99202/99211	\$ 48.08	\$ 57.38	\$ 59.43	\$ 53.86	\$ 59.70		
Assessment, education and pelvic exam with Pap test	SIF, 73	99202/99211	\$ 48.08	\$ 57.38	\$ 59.43	\$ 53.86	\$ 59.70		
Repeat CBE		2 Half of 99202	\$ 24.04	\$ 28.69	\$ 29.72	\$ 26.93	\$ 29.85		
Diagnostic mammogram - unilateral (special views)(digital or tomo) **		1 G0279+77065	\$ 125.17	\$ 153.85	\$ 156.73	\$ 142.53	\$ 157.45		
Diagnostic Mammogram bilateral (special views) (digital or tomo)**	90	G0279 +77066 or77063	\$ 158.12	\$ 194.38	\$ 197.98	\$ 180.06	\$ 198.88		
Diagnostic Breast US (unilateral or bilateral) w/image documentation	4	76641, 76642, 76942	\$ 103.24	\$ 126.78	\$ 129.29	\$ 117.51	\$ 129.87		
Fine needle aspiration biopsy without image guidance	29	10021,10004, 19000	\$ 100.57	\$ 123.93	\$ 127.65	\$ 114.95	\$ 128.16		
Fine needle aspiration biopsy with image guidance (includes image guidance)	7	10005, 10006, 76942+10021	\$ 136.91	\$ 168.55	\$ 173.71	\$ 153.41	\$ 174.40		
Core biopsy	8	19100	\$ 158.48	\$ 196.01	\$ 204.89	\$ 180.19	\$ 205.42		
Incisional biopsy	9	19101	\$ 330.11	\$ 421.95	\$ 442.86	\$ 338.10	\$ 443.92		
Pre-operative ultrasonic needle localization and wire placement	22	19285	\$ 380.52	\$ 473.73	\$ 483.74	\$ 437.21	\$ 485.75		
additional US needle loc and wire placement for second lesion	85	19286	\$ 313.67	\$ 395.50	\$ 400.20	\$ 361.52	\$ 401.85		
Pre-operative mammographic needle localization and wire placement	15	19281	\$ 238.81	\$ 293.48	\$ 300.42	\$ 272.15	\$ 301.72		
additional mammographic needle loc and wire placement second lesion	83	19282	\$ 169.81	\$ 210.23	\$ 214.75	\$ 194.39	\$ 215.67		
Excisional biopsy	10	19120	\$ 512.75	\$ 657.81	\$ 694.64	\$ 605.04	\$ 696.07		
Stereotactic biopsy procedure- breast- all inclusive of placement of breast localization device(s), (eg, clip, metallic pellet), imaging of the biopsy specimen, percutaneous bx; first lesion, including stereotactic guidance	16	19081	\$ 509.78	\$ 631.34	\$ 645.98	\$ 583.90	\$ 648.68		
each additional lesion, including stereotactic guidance	84	19082	\$ 398.62	\$ 496.89	\$ 507.32	\$ 458.37	\$ 509.42		
US guided Vacuum-assisted biopsy breast-all inclusive of placement of breast localization device(s) (eg, clip, metallic pellet)imaging of the biopsy specimen, percutaneous bx; first lesion, including ultrasound guidance	25	19083	\$ 515.83	\$ 639.93	\$ 654.67	\$ 591.49	\$ 657.39		
each additional lesion, including US guidance	86	19084	\$ 394.38	\$ 491.12	\$ 500.90	\$ 453.11	\$ 503.00		
Mammary ductogram/galactogram	17	77053	\$ 52.90	\$ 65.22	\$ 66.63	\$ 60.39	\$ 66.91		
Article 28 Facility Fee - Core Biopsy	23	APC 5071	\$ 608.06	\$ 608.06	\$ 608.06	\$ 608.06	\$ 608.06		
Article 28 Facility Fee - Incisional/Excisional Biopsy	24	APC 5072-73	\$ 1,204.57	\$ 1,204.57	\$ 1,204.57	\$ 1,204.57	\$ 1,204.57		
Cervical Procedures									
Colposcopy without biopsy	52	57452	\$ 125.91	\$ 157.03	\$ 163.50	\$ 145.37	\$ 164.04		
Colposcopy with cervical biopsy and ECC	66	57454	\$ 168.45	\$ 210.39	\$ 220.27	\$ 194.89	\$ 241.36		
Colposcopy with one or more cervical biopsies	53	57455	\$ 160.81	\$ 200.54	\$ 209.03	\$ 185.70	\$ 229.11		
Colposcopy with ECC	67	57456	\$ 150.89	\$ 187.90	\$ 195.66	\$ 174.05	\$ 196.30		
Endometrial biopsy	68	58100, 58110	\$ 101.94	\$ 127.38	\$ 132.76	\$ 117.88	\$ 133.18		
High Risk HPV DNA Hybrid Capture 2 or Cervista HR or genotypes 16/18/45	SIF, 65, 72	87624, 87625	\$ 37.82	\$ 37.82	\$ 37.82	\$ 37.82	\$ 37.82		
Pap smear cytology, conventional	SIF, 61	88164, 88165,	\$ 15.92	\$ 15.92	\$ 15.92	\$ 15.92	\$ 15.92		
Pap smear cytology,liquid based prep	SIF, 71	88142, 88143, 88147, 88175	\$ 23.04	\$ 23.04	\$ 23.04	\$ 23.04	\$ 23.04		
Diagnostic LEEP/LEETZ	56	57460, 57461, 57522	\$ 317.59	\$ 396.62	\$ 410.22	\$ 366.55	\$ 411.67		
Diagnostic Cone Biopsy- Cold knife or Laser	CKC 57, LC 58	57520	\$ 352.41	\$ 439.71	\$ 457.66	\$ 406.99	\$ 459.15		
Article 28 Facility Fee - Diagnostic LEEP/LEETZ, etc	69	APC 5414	\$ 1,329.40	\$ 1,329.40	\$ 1,329.40	\$ 1,329.40	\$ 1,329.40		

Attachment 4: Cancer Services Program Contract Start-up Checklist

Under the direction of the NYSDOH, grantees must complete the following start-up activities prior to initiation of breast, cervical and colorectal cancer screening and diagnostic services to eligible-CSP clients. All activities should be initiated beginning October 1, 2023 and completed no later than December 31, 2023.

	Check if Completed	To Do:	Timeframe	Person Responsible	Date Completed	Notes
1.	<input type="checkbox"/>	Hire a qualified staffing structure, addressing all required functions.				
2.	<input type="checkbox"/>	Complete and submit signed confidentiality agreements for all staff. NYSDOH will provide Confidentiality Forms to all grantees upon award.				
3.	<input type="checkbox"/>	Complete required CSP trainings and orientation sessions. Dates to be announced upon award.				
4.	<input type="checkbox"/>	<p>Establish a Comprehensive Participating Provider Network</p> <p>Identify and recruit a network of health care providers and clinical laboratories able to provide access to high-quality, evidence-based breast, cervical and colorectal cancer screening and diagnostic services to the CSP-eligible population throughout the service region. The NYSDOH will provide successful applicants with information about the existing provider network in each service region. Use this information to:</p> <ul style="list-style-type: none"> Assess the participating providers throughout the service region; determine gap(s) in service, need for additional providers and/or need to reduce providers. 				

		<ul style="list-style-type: none"> • Ensure that there are sufficient numbers and types of health care providers and clinical laboratories throughout the service region to meet the needs of the CSP-eligible client population for comprehensive and timely cancer screening and diagnostic services as follows: <ul style="list-style-type: none"> <input type="checkbox"/> Primary care <input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> Hospitals <input type="checkbox"/> Gastroenterologists <input type="checkbox"/> Labs <input type="checkbox"/> Surgeons <input type="checkbox"/> Anesthesia <input type="checkbox"/> Pathology <input type="checkbox"/> Article 28 <input type="checkbox"/> ACR Accredited MRI Facility <input type="checkbox"/> Ambulatory Surgery Centers <input type="checkbox"/> Free Standing Imaging Centers/ Radiologists <input type="checkbox"/> CLIA waived provider office to develop fecal tests where applicable <input type="checkbox"/> Urologists 				
5.	<input type="checkbox"/>	<p>Complete and submit Provider Credentialing Workbook and documents as required by the NYSDOH to ensure that each network provider is licensed, appropriately qualified and credentialed, without restrictions, for the provision of services to CSP-eligible clients.</p> <ul style="list-style-type: none"> • As required and/or requested by the NYSDOH, obtain legal name, State Financial System (SFS) Vendor ID Number associated with the Federal Employer ID Number, and Pay To Contact information for each participating provider site to facilitate reimbursement of clinical services 				

6.	<input type="checkbox"/>	Obtain and submit required written provider agreements for the five-year contract period (October 1, 2023 - September 30, 2028) from all participating providers (each assigned site code) per NYSDOH guidance.				
7.	<input type="checkbox"/>	Onboard and provide technical assistance to participating health care providers, programmatic point of contact and the Pay To Contact on CSP program policies and procedures as outlined in the CSP Operations Manual, including but not limited to: program eligibility criteria, client consent and enrollment procedures, completion and submission of required data forms, timely reporting of services and results, allowable program reimbursable clinical services, and the procedures and roles and responsibilities of participating health care provider staff in the direct provider payment process (DPP).				
8.	<input type="checkbox"/>	Develop and document workflows with each participating health care provider that outlines processes, procedures, roles and responsibilities of participating health care provider staff and the CSP grantee to coordinate screening and diagnostic services for CSP clients (i.e., CSP client eligibility assessment and enrollment, timely data and service reporting, case management, etc.).				
9.	<input type="checkbox"/>	<p><u>For new grantees:</u> develop a plan with a timeline to ensure that clients who received CSP services prior to 9/30/2023 are offered timely screening and diagnostic services, referrals to treatment and assistance enrolling in the MCTP. Plan and timeline must detail:</p> <ul style="list-style-type: none"> • How you will work with the NYSDOH to obtain all client information from previous grantees as applicable, including incomplete data forms, client 				

Attachment 5: Required Cancer Services Program Participating Provider Agreement

New York State Department of Health (STATE) Cancer
Services Program (CSP) PROVIDER AGREEMENT

I/We agree to participate as a provider in the CSP of:

_____ (Name of CSP CONTRACTOR)

and agree to provide cancer screening and/or diagnostic services as outlined in the CSP Operations Manual to CSP-eligible clients and will abide by the provisions as defined in the attached Participating Provider Requirements. This agreement shall be in effect for the period of ___/___/_____ to ___/___/_____.

Additionally, as a participating provider of the CSP:

- I agree to treat all information regarding patients and the business of the other partners in the strictest confidence and, consequently, to abide by all local, state, and federal laws and regulations, as well as the policies of other partners regarding such confidentiality.
- I acknowledge receipt of, and agreement with, the CSP Operations Manual, the CSP Reimbursement Schedule, and Participating Provider Requirements, which are integral to this agreement and are hereby incorporated into, and made part of, this Agreement.

Print Name of Provider/Facility

Print Name/Title of CSP Contractor

Provider/Facility Address

_____/_____
Provider Authorized Signature/Date CSP

_____/_____
Contractor Authorized Signature/Date

_____/_____
NYS Authorized Signature/Date

Attachment 6: Required Cancer Services Program Laboratory Agreement

New York State Department of Health (STATE) Cancer Services Program (CSP)
LABORATORY PROVIDER AGREEMENT

I/We agree to participate as a laboratory provider in the CSP of:

(Name of CSP CONTRACTOR)

and agree to provide cancer screening and/or diagnostic services as outlined in the CSP Operations manual to CSP-eligible clients and will abide by the provisions as defined in the attached Participating Provider Requirements *with exception of provision 7 and 8, which do not pertain to clinical laboratories*. This agreement shall be in effect for the period of ___/___/___ to ___/___/___.

Additionally, as a participating provider of the CSP:

I agree to treat all information regarding patients and the business of the other partners in the strictest confidence and, consequently, to abide by all local, state, and federal laws and regulations, as well as the policies of other partners regarding such confidentiality.

I acknowledge receipt of, and agreement with, the CSP Operations Manual, the CSP Reimbursement Schedule, and Participating Provider Requirements *with exception of provision 6 and 7, which are integral to this agreement and are hereby incorporated into, and made part of, this Agreement*.

Print Name of Provider/Facility

Print Name/Title of CSP Contractor

Provider/Facility Address

_____/_____
Provider Authorized Signature/Date CSP

_____/_____
Contractor Authorized Signature/Date

_____/_____
NYS Authorized Signature/Date

Attachment 7: Participating Provider Requirements

Providers of screening and/or diagnostic services in the New York State Department of Health (STATE) Cancer Services Program (CSP), (PROVIDERS), agree to:

1. Abide by the applicable provisions of the CSP Operations Manual including but not limited to: clinical guidelines, eligibility criteria and case management sections.
2. Provide clients of the CSP with the same quality of care as afforded to any other patients in their care.
3. Request reimbursement for clinical services ONLY for clients who meet the eligibility criteria as defined in the CSP Operations Manual.
4. Treat the STATE as the payor of last resort. All Providers agree to first bill client's other insurance and/or third-party payor for services provided through the STATE. Provider further agrees that it must submit accurate information of services performed to the CONTRACTOR for the STATE and may not submit claims for reimbursement directly to the STATE.
5. Review invoices sent by the STATE and certify that reimbursement for clinical services provided are duly owed. Electronically attest to the completeness and accuracy of the invoice within 60 days of the original invoice date.
6. Accept reimbursement rates established by the STATE as payment in full for all services that are covered by the CSP. Providers agree not to charge CSP clients for the difference between the STATE reimbursement rate and the Provider's usual fees. Under no circumstances shall Provider's bill CSP clients for services that are covered by the CSP.
7. Promptly refer CSP clients for all needed and appropriate diagnostic and treatment services without consideration of their ability to pay. This assurance includes any and all necessary services NOT covered by the CSP.
8. Obtain signed written consent from all CSP clients for the provision of clinical services and release of their medical information to the relevant other entities participating in their care and the STATE for the purposes of case management, tracking and reimbursement, in addition to any other consents or authorizations the Providers may obtain or which may be required by law to obtain.
9. Submit accurate demographic, screening, diagnostic, treatment and any other data required by the STATE in a timely manner to the CONTRACTOR and in the format required by the STATE. The Provider agrees that the reimbursement for clinical services will not be provided by the STATE to Provider until data have been accepted and approved on the CSP data system.

10. The STATE or its fiscal agent agrees to pay Providers for clinical services accepted and approved on the CSP Data system in accordance with the approved reimbursement schedule.
11. Maintain adequate medical, business, financial, personnel, and other records, which may be applicable to the STATE. Providers agree to provide the STATE access to medical (including original mammograms and consents), business, and personnel, financial and other records, which may be relevant to the STATE for purposes of inspection, auditing and copying.
12. Ensure that all licensed health care professionals are appropriately licensed to practice their profession in the State of New York and maintain the appropriate credentials for the services that they are providing. Maintain all applicable provider, office-based surgery and/or facility credentials, certifications, licenses, operating certificates, and/or approvals required by law and necessary to perform and bill for CSP services and facility fees, including but not limited to approvals for laboratory, mammography, office-based surgery and diagnostic and treatment center services.
13. Immediately notify the CONTRACTOR and the STATE (i) if Provider's or Practitioner's license to practice or certification to operate in any state, certification(s) to prescribe medication, if applicable, or staff privileges at any hospital, if applicable, are voluntarily surrendered, restricted temporarily or permanently reclassified, suspended or revoked for any reason; and (ii) if Provider or Practitioner is indicted or convicted of a criminal offense, regardless of the nature of the offense, or if the Provider or Practitioner becomes subject to any disciplinary action taken by a government program, hospital, managed care organization, or licensing authority, including, but not limited to an active or stayed suspension or restriction of Provider's or Practitioner's license or certification.
14. Provide all information necessary to comply with the initial credentialing and annual re-credentialing activities (as referenced in paragraph twelve and thirteen), and further, to provide such information within a reasonable time period.
15. Cooperate fully with the STATE quality assurance efforts, including, participating in discussions to explore reasons for unusual data patterns, and agree to undertake any proposed remediation plans to any clinical and/or data reporting deficiencies in a timely manner.
16. The STATE reserves the right to discontinue any service Providers from participation in the CSP for any reason.
17. Paragraphs eleven and fifteen of these Participating Provider Requirements shall survive termination of the AGREEMENT.

Revised September 2022

Attachment 18: Work Plan and Performance Measures

WORK PLAN

The following work plan is inserted in the Grants Gateway application. Applicants are asked to copy and paste the Project Summary below into the Grants Gateway Work Plan. Be sure to add the proposed service region.

Project Summary:

Service Region: (insert the proposed service region)

Implement cancer screening programs to reduce cancer related morbidity, mortality, health-disparities and improve health equity among NYS residents. These programs will facilitate access to high quality breast, cervical and colorectal cancer screening and diagnostic follow-up services for CSP eligible individuals within their service regions, with a priority to reach populations of focus, those who are disproportionately burdened by the increased risk of cancer or are medically unserved or underserved.

Grantees will implement all required activities in the following four component areas:

- 1) Program Management and Administration – lead, coordinate and administer the program throughout the entire service region meeting all contractual requirements
- 2) Provision of Cancer Screening and Diagnostic Services, Case Management and Referrals to the Medicaid Cancer Treatment Program (MCTP) – implement, monitor, and manage systems to identify, enroll, and provide comprehensive, guideline-concordant breast, cervical, and colorectal cancer screening and diagnostic services, and when necessary, ensure treatment services for CSP-eligible men and women
- 3) Community Outreach – conduct community outreach activities to reach both CSP eligible and identified populations of focus (persons who are Black, persons who live in rural communities and/or LGBTQIA+ persons) and recruit eligible individuals from these populations to enroll them into to the CSP for cancer screening and diagnostic services as applicable. The grantee will conduct an annual needs assessment to identify the areas in the service region with the highest burden of cancer and develop and implement a community outreach plan annually that describes implementation of required community outreach activities (group and one-to-one education, partnerships, and program promotion and community support).
- 4) Program Monitoring and Reporting – grantees will report information on the provision of clinical services provided to clients, progress towards implementing required work plan activities, monitor performance on clinical and process measures, and develop and implement an annual performance improvement plan.

Organizational Capacity

Applicants should copy and paste the following statement in the Organizational Capacity field of the Grants Gateway: “Please refer to the Capacity and Experience Section of the original application for this information.”

OBJECTIVE #1 NAME: Program Management and Administration				
OBJECTIVE #1 DESCRIPTION: The grantee will lead, coordinate, and administer the program throughout the entire service region				
TASK #	TASK NAME	TASK DESCRIPTION	PERFORMANCE MEASURE NAME	PERFORMANCE MEASURE NARRATIVE
1.1	Contractor start-up and/or transition	Use the Contractor Start-up Checklist to complete all start-up activities	1.1.1 Cancer Services Program Contract Start-up Checklist completed	Initiate Start-up Activities beginning October 1, 2023, and complete within 90 days, no later than December 31, 2023.
1.2	Identify and/or hire staff	Identify and/or hire staff, engage consultants or subcontractors, volunteers, and/or partners with competencies to implement all RFA grantee activities to fulfill required staff and key functions	1.2.1 Staffing	Grant staffing is maintained throughout contract period
1.3	Monitor budget expenditures	Establish fiscal and operational systems to ensure that infrastructure funds are expended, and monthly infrastructure claims for payment and budget modifications are submitted within contractual timeframes	1.3.1 Expenditure of Funds	Expend a minimum of 95% of annual contract budget allocated within the twelve-month budget period
			1.3.2 Claims for Payment	Submit monthly infrastructure claims for payment by the 30 th of each following month
			1.3.3 Budget Modifications	Review budget statement report of expenditures monthly & initiate budget modifications as needed throughout the year and not later than 60 days before the end of the budget period

1.4	Submit Annual new period updates	Submit required documents to renew annual contracts by the established due dates and conforming to guidance	1.4.1 Annual contract	Provide all documents by the due dates
1.5	Submit updated Grantee Information Sheet, as needed	Submit a Grantee Information Sheet. Provide updates as needed for newly hired or vacated positions within 3 days of hire date or last day with program	1.5.1 Grantee Information Sheet	Submit updated GIS to NYSDOH as required
1.6	Participate in NYSDOH required trainings, meetings, calls and webinars	Participate in NYSDOH required trainings, meetings, calls, and webinars	1.6.1 Attend NYSDOH required trainings, meetings, calls and webinars	CSP contract staff participate in required trainings, meetings, calls and webinars

OBJECTIVE NAME #2: Provision of Health Services				
OBJECTIVE #2 DESCRIPTION: Establish and maintain a breast, cervical, and colorectal cancer screening, diagnostic and treatment referral delivery system for CSP-eligible individuals throughout the entire service region				
TASK #	TASK NAME	TASK DESCRIPTION	PERFORMANCE MEASURE NAME	PERFORMANCE MEASURE NARRATIVE
2.1	Recruit health care providers and clinical laboratory network	Recruit and maintain a network provide access breast, cervical and colorectal cancer screening and diagnostic services; submit provider agreements; complete credentialing workbook	2.1.1 Complete and submit provider agreements	Obtain and submit to NYSDOH written provider agreements from all participating providers by due dates and as new providers are recruited
			2.1.2 Complete credentialing workbook	Submit credentialing workbook annually by the requested due date and update as new providers are recruited

2.2	Develop workflows at provider sites	Develop workflows that outline processes, procedures, roles, and responsibilities for CSP services including a reminder system to recall existing clients for rescreening at appropriate intervals	2.2.1 Screening mammograms	> 75% of screening mammogram clients ages 50 and older
			2.2.2 Pap tests for rarely screened	> 35% of initial program funded pap tests for women rarely or never screened for cervical cancer
			2.2.3 Male clients	> 20% of clients who are male clients
			2.2.4 Clients 50 to 64	> 75% of clients are age 50 to 64
			2.2.5 Women comprehensively screened	>50% of women age 50 and older with comprehensive screening
			2.2.6 Mammogram rescreening	> 60% women will be rescreened by mammogram within 24 months
			2.2.7 Fecal test rescreening	> 60% or more CSP clients will be rescreened by fecal test within 10 to 14 months
2.3	Case management	Develop systems to work with participating healthcare providers, partners and community resources to assist clients to overcome barriers to obtaining timely diagnostic and treatment services following receipt of abnormal screening results	2.3.1 Cervical follow-up	> 75% or more of women receiving abnormal cervical cancer screenings will complete diagnostic follow-up within 60 days
			2.3.2 Breast follow-up	> 75% or more of women receiving abnormal breast screenings will complete diagnostic follow-up within 60 days

			2.3.3 Colorectal follow-up	> 75% of CSP clients with abnormal colorectal cancer screenings will complete diagnostic follow-up within 90 days
2.4	Referrals to Treatment – Medicaid Cancer Treatment Program (MCTP)	Refer clients in need of treatment for breast, cervical, colorectal, and/or prostate cancer for enrollment in the MCTP. Ensure sufficient Designated Qualified Entities (DQE’s) available to complete MCTP applications	2.4.1 MCTP referral and enrollment	> 95% or more of MCTP-eligible clients who receive services through the CSP will be enrolled in the MCTP to ensure they receive full Medicaid coverage for the duration of their treatment
2.5	Establish systems to collect and report client data	Utilize the NYSDOH secure on-line, real-time data entry system to enter client demographic, screening, diagnostic, and treatment information; develop a system to ensure that all required forms, data and records are submitted in a timely manner	2.5.1 Timely SIF	> 95% or more of Screening Intake Forms are submitted in a timely manner
			2.5.2 Timely FUF	> 95% or more of Follow-Up Forms are submitted in a timely manner
2.6	Point of contact for provider reimbursement process	Ensure health care providers and CSP and Pay-To Contacts are trained in reimbursement processes & assist with inquiries & establish a process to follow-up with providers to ensure payments are received and cashed	2.6.1 Provider Reimbursement	Timely participating health care provider payments

OBJECTIVE #3 NAME: Community Outreach				
OBJECTIVE #3 DESCRIPTION: Conduct outreach to increase reach to CSP-eligible clients and increase of clients served within selected populations of focus by 5% annually				
TASK #	TASK NAME	TASK DESCRIPTION	PERFORMANCE MEASURE NAME	PERFORMANCE MEASURE NARRATIVE
3.1	Develop and implement a Community Outreach Plan	Develop and implement community outreach plan to reach, recruit and enroll CSP-eligible populations & population(s) of focus, informed by input from populations of focus with documentation on how this was done	3.1.1 Community Outreach Plan	Complete annually by the requested due date
3.2	Conduct Group and One-to-One Education	Deliver group and one-to-one education with an emphasis on population(s) of focus about breast, cervical, and colorectal cancer risk factors, screening guidelines, and services offered by the CSP	3.2.1 Group and One-to-One Education	Conduct 15 or more group and one-to-one sessions per quarter to recruit eligible clients for CSP services where at least 60% of sessions are delivered to population(s) of focus
3.3	Partner with trusted health care and community-based organizations	Create partnerships with trusted health care and community-based organizations within the service region with access to and experience providing reliable services to population(s) of focus	3.3.1 Partnerships	Establish partnerships with <i>at least 1 of each:</i> Community organization addresses barriers to accessing health care & 1 that has ties to the population of focus, & a health care provider that serves selected population(s) of focus
3.4	Increase Program Visibility, Promotion and Community Support	Increase awareness and build community support for the CSP across the service region by developing strong relationships with local media organizations to garner earned media, engaging key stakeholders, and when funds allow, using paid media	3.4.1 Program Promotion and Community	Make 3 attempts to garner earned media per quarter
			3.4.2 Support	Identify at least one key stakeholder and conduct two

				meetings per quarter to garner community support for the CSP
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OBJECTIVE #4 NAME: Program Monitoring and Reporting				
OBJECTIVE #4 DESCRIPTION: Report clinical services provided to clients, progress implementing work plan activities, monitor program performance measures and participate in the performance improvement process and other evaluation activities as required				
TASK #	TASK NAME	TASK DESCRIPTION	PERFORMANCE MEASURE NAME	PERFORMANCE MEASURE NARRATIVE
4.1	Report all services provided to CSP-enrolled clients	Report all services provided to CSP-enrolled clients via the CSP's secure, web-based data system	4.1.1 Data Management	Submit 95% of Screening Intake Forms and Follow-Up Forms within 90 days of the date of service
4.2	Submit quarterly reports	Submit quarterly reports through the CSP's web-based performance monitoring system that summarizes work plan progress including information about Community Outreach activities	4.2.1 Quarterly Reports	Submit quarterly reports by all due dates provided
4.3	Monitor Program Performance	Monitor monthly Performance Measure Reports and progress to evaluate performance, discuss trends and strategies to improve performance in areas that fall below goals or those trending away from the goal	4.3.1 Performance Management	Monitor program performance measures and completion of work plan activities monthly

4.4	Develop a Performance Improvement Plan	Develop and implement annual SMART Performance Improvement Plan to address a specific area for which performance is trending in the wrong direction or is consistently below the statewide average or program goals	4.4.1 Performance Improvement Plan	Develop and implement a SMART Performance Improvement Plan by due dates provided
4.5	Success Story	Develop and submit a minimum of one success story per program year to highlight the CSP Program's success in the provision of clinical services and/or community outreach	4.5.1 Success Story	Develop and submit a success story using a format provided by the Department by the due date provided
4.6	Participate in evaluation activities as directed	Work with Department staff to design and implement evaluation projects including but not limited to collecting information to assess impact of grantees' specific community outreach activities to reach populations of focus	4.6.1 Evaluation Activities	Participate in evaluation activities as applicable

Attachment 19: Application Checklist Template and Instructions

Organizations are encouraged to use this checklist to ensure that their application is complete. This document does NOT get included in the Grants Gateway with the application.

REQUIRED – these are required application content; your application will either not be reviewed, or, you will lose points on your application review if these are not all completed.

- Pre-registered in the NYS Grants Gateway at the time of Application
- Proposes to serve only ONE (1) service region as listed in Attachment 1
- Attachment 10 Vendor Responsibility Attestation
- Enter full responses to the following Program Specific Questions directly in the fields in the Grants Gateway Application:
 - Preferred Qualifications (1 question)
 - Program Summary
 - Statement of Need (4 questions)
 - Applicant Organization (5 questions)
 - Program Activities (7 questions)
- Attachment 11 Cancer Services Program Participating Health Care Providers
- Attachment 12 Cancer Services Program Community Partners
- Attachment 13 Cancer Services Program Staffing Plan
- Attachment 14 Agency Chart
- Budget (Use Attachment 15 and enter all requested information in the Grants Gateway Budget fields)
 - If budgeting for Fringe in the personnel section of the Grants Gateway Budget, use Attachment 16 Fringe Detail Sheet to calculate these costs, download this Attachment from the Pre-Submission Uploads section, complete it, save it with the same name and upload the completed worksheet to the Pre-Submission Upload section of the Grants Gateway application.
 - If budgeting for subcontracts or consultants, for those that are known at the time of the application, secure commitment letters with subcontractor organizations and

consultants. Letters of commitment from proposed contracts/consultants should be scanned and uploaded as one document titled, “Attachment 17 Subcontract Agreements” in the Pre-Submission Uploads. If not known at time of application, budget should include description of how subcontracts or consultants will be procured.

Work Plan (Use Attachment 18 to complete the pre-populated year one work plan in the Grants Gateway Budget fields)

Attachment 9 Minority & Women-Owned Business Enterprise Requirement Forms- This RFA includes a 30% goal for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan and Form 4 (Attachment 9 is required). Form 2-Waiver and supporting documentation is required if the Utilization Plan does not project 30%. Funded applicants are encouraged to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.