

RFA # 17491 / Grants Gateway # DOH01-ALZCAP-2018

New York State Department of Health
Office of Health Insurance Programs
Division of Long Term Care
Alzheimer's Disease Program

Request for Applications

Alzheimer's Disease Community Assistance Program

KEY DATES:

Release Date:	November 10, 2017
Letter of Interest/Intent Due:	November 23, 2017
Questions Due:	November 30, 2017
Questions, Answers and Updates Posted (on or about):	December 8, 2017
Applications Due:	January 3, 2018 by 4:00 PM
DOH Contact Name & Address:	Elizabeth Berberian Director, Alzheimer's Disease Program New York State Department of Health One Commerce Plaza 99 Washington Avenue Albany, New York 12210 Telephone: (518) 486-6562 E-mail: alzrfa@health.ny.gov

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I. Introduction

The New York State Department of Health (Department), Office of Health Insurance Programs (OHIP), Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, Alzheimer's Disease Program (ADP) announces the availability of funding for the Alzheimer's Disease Community Assistance Program (AlzCAP). This initiative will support Public Health Law, Article 20-A, Section 2005 and 2006 which expressed intent to encourage and foster home and community-based assistance through an existing network of not-for-profit organizations whose primary mission is to respond to the needs of New York State's Alzheimer's disease community. The Department is responsible for overseeing the implementation of this program and ensuring that services are effectively delivered statewide. The services provided under this program are designed to postpone or prevent nursing home placements.

In New York State (NYS), approximately 390,000 individuals 65 years and older are living with Alzheimer's disease and other dementias (AD/D) and this number will rise to 460,000 by the year 2025. The diagnosis of AD/D affects not only individuals with AD/D, but also their caregivers. In 2016, there were approximately one million unpaid caregivers in NYS who provided over 1 billion hours of care. According to the Centers for Disease Control and Prevention, caregivers for persons with AD/D are at increased risk for anxiety, depression, and poorer quality of life compared to those who care for people with other chronic conditions.

The ADP provides funding and support to organizations that work to decrease the burden of AD/D on individuals, caregivers, and families throughout NYS. The goal of the program is to promote early diagnosis of AD/D, delay the institutionalization of individuals with AD/D, and maintain the best quality of life for New Yorkers with AD/D and their caregivers, family members and support networks.

A. Project Description

The Department anticipates funding one application submitted by an organization that clearly demonstrates the ability to provide the required core services that address the needs of individuals with AD/D and their caregivers.

Applicants are required to provide directly and/or arrange for the provision of the following core services in all 62 NYS counties:

1. Care Consultation

An initial or follow up care consultation is a service where one or more caregivers, family members and/or members of the individual's support network and, when appropriate, the care recipient, formally meet or confer with a trained professional to seek assistance pertaining to the caregiver's and/or care recipient's needs. Each care consultation incorporates a personalized assessment, service plan development or updating, and trouble-shooting. In addition, it considers and incorporates individuals with AD/D and caregiver needs, resource access management, continuity in care, and linkages/referrals to community services. These discussions should lead to the development of a summary of care recommendations.

Care consultations should be completed in-person, by phone, or virtually, preferably in a manner allowing for face-to-face interaction. Caregivers should always be given the option of an in-person care consultation, and it is expected that at least 25% of care consultations provided under this program will be in-person.

2. Support Groups

A support group is designed to provide emotional support, information, resources, and a platform for individuals with AD/D and/or their caregivers to share strategies and lessons learned with others experiencing similar situations under a skilled facilitator. Facilitators can be either professional staff or trained volunteers. Support groups can be conducted in person, virtually and/or via telephone. When designing support groups, the specific needs of the communities to be served, including cultural considerations, language preference, and time of day the groups are offered, should be carefully considered.

Examples of the target audiences for support groups which would be supported by this RFA include, but are not limited to:

- Spouses and partners
- Adult children
- Young adults
- Teens
- Caregivers with common characteristics (language, culture, etc.)
- Caregivers caring for individuals with specific types of AD/D
- Caregivers caring for individuals in specific stages of AD/D
- Individuals living with AD/D

3. Caregiver Education and Training

Education and training programs provide necessary knowledge and information to enable the caregiver and others from an individual with AD/D's support network to navigate through the progression of AD/D. Programs deliver education and training on a range of subjects to better prepare the caregiver for his/her caregiving role; these topics may include, but are not limited to, AD/D and its progression, behavior management strategies and interventions, communication strategies, coping skills, care and financial planning, resource availability, and caregiver wellness.

4. Caregiver Access to Assistance and Support

A system that allows caregivers 24-hours-a-day/7 days a week access to a staff person well versed in AD/D and caregiving issues is required. This system will ensure that caregivers can receive information, help or support at any time. A process must also be established to guarantee timely follow-up.

5. Community-Based Education, Awareness and Outreach

Community-based education, awareness and outreach efforts ensure that the community-at-large understands AD/D and how it affects individuals diagnosed with AD/D, their caregivers and other individuals in their support network; the importance of early diagnosis, treatment, and clinical trials; the

value of appropriate planning after an AD/D diagnosis; and the benefits of utilizing the services offered through the Department's ADP contractors, including the applicant and its community partners.

Descriptions of required services include:

- Community-based education is provided to the public on topics such as how to recognize signs and symptoms; basic information about AD/D; and specific services that the organization offers to address the needs of individuals with AD/D and their caregivers.
- Community awareness includes both general and targeted community-based efforts to ensure that the public-at-large understands how to recognize AD/D and how it affects the diagnosed individuals, their caregivers and support network; the importance of early diagnosis, treatment, and clinical trials; the value of appropriate planning after the diagnosis; and the benefits of utilizing the services offered through an organization and its community partners. Efforts to reach underserved communities and populations are particularly important.
- Community outreach involves reaching targeted communities and populations to provide information and promote services. Both active outreach and passive outreach methods must be used. Active outreach efforts include, but are not limited to, in person meetings with community leaders and stakeholders, presentations, and maintaining a physical presence in the community of interest. Passive outreach includes, but is not limited to, social media, brochure distribution, mailings, radio and television spots.

6. Training for Important Constituencies

Training specifically designed for important constituencies has, as its goal, the promotion of dementia-friendly and well-informed communities.

Important constituencies reached should include, but are not limited to:

- *Service Providers*: home health care workers, day program, adult and residential care facilities staff, and ombudsmen;
- *Faith-based Communities*: clergy, interfaith councils, parish nurses, faith leaders, and congregational support networks;
- *Community Gatekeepers*: persons who encounter individuals with AD/D in the general community including pharmacists; bank tellers; mail carriers; lawyers, financial planners, volunteer outreach program personnel such as "Meals on Wheels" drivers; community leaders; cultural organizations; customer service staff; human resources professionals and Employee Assistance Program staff; and
- *First Responders*: police, fire, EMT, and ambulance personnel.

7. Engagement Activities for Underserved Communities

Identification of and targeted outreach to underserved communities and culturally competent provision of the core services to these communities are critical components of the scope of work under this initiative.

Communities are groups of people who share common interests, concerns, or identities. These communities may or may not be geographically or spatially connected. Underserved communities face a set of circumstances which cause certain groups to experience greater challenges relative to others without

those circumstances. Underserved communities are not based solely upon the inherent attributes of the individuals in the community.

Activities should be designed to serve individuals who may experience challenges related, but not limited, to:

- Isolation
- English as a second language
- Minority or ethnic group membership
- Intellectual, developmental and/or physical disabilities or mental illness
- Sexual orientation and/or gender identification
- Low socioeconomic status
- Cultural isolation
- Younger/early onset of AD/D

B. Available Funding and Anticipated Award

It is anticipated that \$4.767 million per year will be available to fund one community-based not-for-profit organization over a five-year period to deliver the AlzCAP program statewide; this will include providing or arranging for the provision of a comprehensive array of support services to individuals with AD/D and their caregivers in all 62 NYS counties.

II. Who May Apply

Eligible applicants must be not-for-profit organizations located in New York State, whose primary purpose is the provision of support services related to AD/D. Applicants must have a minimum of three years' experience in demonstrating capacity to provide or arrange for the provision of the core services outlined in this RFA for individuals with AD/D and their caregivers in all 62 NYS counties. Applicants that propose subcontracting for all or a portion of the core services should do so only with organizations which have demonstrated the capacity to provide support services to individuals with AD/D and their caregivers.

III. Project Narrative/Work Plan Outcomes

A. Project Expectations

The Department will fund a proposal submitted by an applicant that clearly demonstrates the ability to provide the required core support services and other components as described in *Section I-A. Project Description* in all 62 NYS counties.

The organization funded under this Request for Applications (RFA) should utilize existing caregiver support resources in the community and collaborate and coordinate with appropriate service providers to create a complementary, non-duplicative service model.

Applicants may subcontract some or all components of the scope of work. Those applicants that propose subcontracting are required to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of

work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities and deliverables, including those performed by subcontractors, and will be the primary contact for the Department. In addition, approval of the proposed subcontract agreement(s) by the Department will be required prior to the Department entering into a contract with the lead organization.

All subcontractors are required to provide Letters of Commitment describing their mission; scope of work specific to this grant; and counties that they will serve.

Specific program expectations are as follows:

Create a robust and diversified program of support services statewide.

Applicants are required to ensure that the following core services, as defined in *Section I-A. Project Description*, are available and accessible in sufficient quantity within each of the 62 NYS counties:

- Care Consultation
- Support Groups
- Caregiver Education and Training
- Caregiver Access to Assistance and Support
- Community Education, Awareness and Outreach
- Training for Important Constituencies

Demonstrate strong working relationships with appropriate community-based organizations.

The selected applicant will be expected to have strong working relationships with relevant community-based organizations to ensure that caregivers of individuals diagnosed with AD/D are referred to appropriate community supports and services.

Avoidance of duplication of efforts with existing service providers will be achieved through:

- Building upon existing relationships, developing new relationships, and working collaboratively with organizations which provide support services to caregivers and individuals with AD/D, and those which provide services to underserved populations statewide. These relationships should include demonstrated collaborations with the Department's current ADP contractors and other NYS service systems (i.e., NYS Office for the Aging [NYSOFA] networks).
- Demonstrated collaborations with multiple relevant local organizations.
- Demonstrated ability to raise awareness of and provide culturally competent outreach activities and caregiver support services to underserved communities statewide.

Conduct intensive outreach efforts to underserved communities.

The selected applicant will be expected to promote the availability and benefits of caregiver support services through outreach approaches to caregivers in underserved communities statewide.

These approaches may include, but are not limited to:

- Coordinated outreach activities using coalitions of local volunteers who are familiar with the underserved community and its residents.
- Provision of culturally appropriate information and educational materials to residences, community events, senior centers and local gatherings to raise awareness of AD/D and the availability and benefits of caregiver supports and services.
- Identification and training of community leaders and other key community stakeholders about the importance of early diagnosis of AD/D and available support services for individuals with AD/D and their caregivers.
- Educational workshops in community-based organizations serving hard-to-reach populations.

Participate in a comprehensive program evaluation.

The selected applicant will be expected to submit program progress reports on a quarterly basis or more often as requested using the Department's templates and processes to aid in program monitoring and evaluation.

Quarterly reports will be used to collect information on project accomplishments, challenges, progress towards reaching measurable outcomes, and products developed. Grantees will be expected to report on the specific progress towards each of the program's goals and objectives.

When reporting accomplishments, grantees will be asked to employ a range of strategies for measuring and reporting progress on systems development; numbers of families and caregivers who receive services; partnership and stakeholder involvement; and impact of services and other relevant outcomes.

Evaluation of this initiative will be a joint collaboration between the Department and the State University at Albany School of Public Health.

The selected applicant will be required to:

- Respond to quantitative and qualitative requests about program services;
- Complete progress reports on a quarterly basis or more often as requested;
- Work closely with Department and State University at Albany School of Public Health staff on program evaluation; and
- Require community partners to participate in evaluation efforts.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health, Division of Long Term Care, Bureau of Community Integration and Alzheimer's Disease, Alzheimer's Disease Program. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

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

Elizabeth Berberian
Director, Alzheimer's Disease Program
New York State Department of Health
One Commerce Plaza
99 Washington Avenue
Albany, New York 12210
Telephone: (518) 486-6562
E-mail: alzrfa@health.ny.gov

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

Questions of a technical nature can be addressed in writing or via telephone by contacting *Erin Fay* at erin.fay@health.ny.gov or 518-486-6562. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

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

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

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

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

This RFA has been posted on the 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: <http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

C. Letter of Interest

Prospective applicants are strongly encouraged to complete and submit a letter of interest (**see Attachment #1**). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted, including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be emailed to alzrfa@health.ny.gov. Please ensure that the RFA number is noted in the subject line and are submitted by the date posted on the cover of the RFA.

Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

D. Applicant Conference

An Applicant Conference **WILL NOT** be held for this project.

E. How to File an Application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <https://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name Alzheimer’s Disease Community Assistance Program and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.

5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application.** Both the Department 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 the Department and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding

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

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents.

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

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

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

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

F. Department of Health’s Reserved Rights

The Department of Health reserves the right to:

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

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

G. Term of Contract

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

It is expected that contracts resulting from this RFA will have the following time period:
July 1, 2018 through June 30, 2023.

Continued funding throughout this 5-year5-year5-year period is contingent upon availability of funding and state budget appropriations. The Department also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

H. Payment & Reporting Requirements of Grant Awardees

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

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

Alzheimer's Disease Program
NYS Department of Health
One Commerce Plaza
Room 1605
Albany, NY 12210

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. The Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above or, in the future, through the Grants Gateway:
 - Quarterly reports, which are due four (4) weeks after the completion of each quarter, and
 - A final report summarizing the findings and recommendations based on the five (5) year project period.

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

I. Minority & Woman-Owned Business Enterprise Requirements

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

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

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

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the Department 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.

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

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

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment # 3** of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

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

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

J. Limits on Administrative Expenses and Executive Compensation

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

K. Vendor Identification Number

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

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/issues_guidance.htm.

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

L. Vendor Responsibility Questionnaire

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

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

Applicants should complete and submit the Vendor Responsibility Attestation (**Attachment #4**).

M. Vendor Prequalification for Not-for-Profits

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

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

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

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

1) Register for the Grants Gateway

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

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

2) Complete your Prequalification Application

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

3) **Submit Your Prequalification Application**

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

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

N. General Specifications

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

thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format/Content

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

<https://grantsreform.ny.gov/grantees>

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT/CONTENT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Section 1: (Pre-Submission Uploads): Application Cover Sheet (Attachment #2) (Not Scored)

Section 2: Program Summary (Not Scored)

Summarize your proposed program, including its objectives.

Section 3: Statement of Need (Maximum Score: 9 points)

- a. Describe how individuals with AD/D, their caregivers and members of their support network, including members of underserved communities, will benefit from your organization's proposed program.
- b. Describe the most significant challenges and barriers that you expect to face in providing support services for individuals with AD/D and their caregivers across NYS and strategies you plan to use to overcome them.

Section 4: Applicant Organization (Maximum Score: 15 points)

Please respond to items a-f below specific to your organization.

- a. Describe your organization, its primary and overall mission (including how the mission is consistent with the purpose of this RFA), and scope of services that it provides.
- b. Describe the demographics of the population currently served by your organization including: age, gender, race, socioeconomic status, and other significant characteristics as appropriate.
- c. Describe the history of your organization's provision of services to individuals with AD/D and their

caregivers within NYS.

- d. Describe the structure your organization will employ to ensure the provision of each of the core services in all 62 NYS counties.
- e. Describe the applicant organization's experience and expertise in engaging and providing services to underserved communities.
- f. Describe how your organization will build upon existing relationships, develop new relationships, and work collaboratively with organizations to provide support services to caregivers and individuals with AD/D, including those which provide services to underserved communities. This description should include demonstrated collaboration with the Department's current ADP service providers.

Section 5: Project Structure (Maximum Score: 27 points)

- a. Describe the organizational structure of the proposed program that will be implemented under this grant to ensure that the core services are provided effectively in each of the 62 NYS counties, including the roles of the lead organization and each proposed subcontractor.
- b. Describe each proposed subcontractor, the scope of services that it will provide, and the counties it will serve.
- c. Describe the staffing plan for the proposed program including how many staff will be hired to ensure coverage for the proposed scope of work. Describe the required qualifications, skills and experience of the staff person(s) who will be responsible for implementing and overseeing the proposed program and performing program monitoring, evaluation and fiscal management.
- d. Describe how your organization will ensure that subcontractors are meeting contract deliverables and how your organization will address deficiencies in subcontractor performance.
- e. Provide a **Letter of Commitment** from each proposed subcontractor which clearly states its scope of work in the proposed program, what counties it will reach, and responses to the following items:
(NOTE: All letters should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question.)
 - 1. Describe your organization, its overall mission (including how the mission is consistent with the purpose of this RFA), and scope of services that it provides.
 - 2. Describe the demographics of the population currently served by your organization including: age, gender, race, socioeconomic status, and other significant characteristics as appropriate.
 - 3. Describe the history of your organization's provision of services to individuals with AD/D and their caregivers within NYS.
 - 4. In what counties will your organization provide direct services under this funding? What services will your organization provide in each of those areas?
 - 5. Describe how your organization will build upon existing relationships, develop new relationships,

and work collaboratively with organizations to provide support services to caregivers and individuals with AD/D, including those which provide services to underserved communities. This description should include demonstrated collaboration with the Department's current ADP service providers.

Section 6: Program Activities (Maximum Score: 180 points)

Describe the core services that will be delivered **in all 62 NYS counties** by your proposed program, as follows:

a. Care Consultation

1. Describe the care consultation services that will be provided to caregivers, family members, members of support networks, and individuals with AD/D using funding provided through this RFA.
2. Using **Attachment # 5** found in the Pre-Submission Uploads section of Grants Gateway, provide a county breakdown including the organization(s) that will provide care consultations, the estimated number of care consultations which will be done in-person, via phone or virtually, and the total estimated number of care consultations to be conducted statewide annually. **NOTE: All pages should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question.**
3. Describe how caregivers will be reached, made aware of and access these services in each county in NYS.
4. Discuss how the specific demographics of the communities to be served will be addressed, including cultural and language considerations.
5. Describe the credentials and minimum training that will be required for professionals who will provide care consultations.

b. Support Groups

1. Describe the new support groups that will be created and maintained and existing support groups that will be maintained using funds provided through this RFA.
2. Using **Attachment # 6** found in the Pre-Submission Uploads section of Grants Gateway, provide a county breakdown of the organization(s) that will provide support groups, the estimated number of support groups to be done in-person, via phone or virtually, and the total estimated number of support groups to be conducted statewide annually. **NOTE: All pages should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question.**
3. Describe how caregivers will be reached, made aware of and access these services in each county throughout NYS.
4. Describe creative methods that will be used to engage caregivers to attend support groups.

5. Discuss how the specific demographics of the communities to be served will be addressed, including cultural and language considerations.
6. Describe the credentials and minimum training that will be required for the individuals facilitating support groups.

c. Caregiver Education and Training

1. Describe the caregiver education and training programs which will be conducted using funds provided through this RFA.
2. Using **Attachment # 7** found in the Pre-Submission Uploads section of Grants Gateway, provide a county breakdown of the organization(s) that will provide caregiver education and training programs, the estimated number to be done in-person and virtually and the estimated number of programs to be conducted statewide annually. Describe the type(s) of programs that will be conducted virtually, if appropriate. **NOTE: All pages should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question.**
3. Describe how caregivers will be reached, made aware of and access these services throughout NYS.
4. Describe methods that will be used to engage individuals with AD/D and their caregivers to attend caregiver education and training programs.
5. Discuss how the specific demographics of the communities to be served will be addressed, including cultural and language considerations.
6. Describe the credentials and minimum training that will be required for individuals who deliver caregiver education and training programs.

d. Caregiver Access to Assistance and Support

1. Provide a detailed description of how the proposed program will ensure that individuals with AD/D and their caregivers in each county of NYS will have 24-hour/7 days a week access to a trained person by phone who is well versed in AD/D and caregiving issues to ensure that they can receive information, help or support at any time. Include a description of the proposed program's capacity to provide this service.
2. Using **Attachment # 8** found in the Pre-Submission Uploads section of Grants Gateway, provide a county breakdown of the organization(s) that will provide this access service, and estimated number of contacts that will be made annually. **NOTE: All pages should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question.**
3. Describe what process the proposed program will utilize to guarantee the timeliness of follow-up to inquiries.
4. Describe all methods by which caregivers will be made aware of the availability of this service

throughout NYS.

5. Discuss how the specific demographics of the communities to be served will be addressed, including cultural and language considerations.
6. Describe the credentials and minimum training that will be required for individuals who will provide this service.

e. Community-based Education, Awareness and Outreach

1. Describe the community-based education programs which will be conducted statewide using funds provided through this RFA.
2. Using **Attachment # 9** found in the Pre-Submission Uploads section of Grants Gateway, provide a county breakdown of the organization(s) that will provide community based education programs, the estimated number to be done in-person and virtually, and the estimated number of programs to be conducted statewide annually. **NOTE: All pages should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question.**
3. Describe methods that will be used to engage community members to attend community-based education programs.
4. Describe how determinations will be made about where and which community-based education programs are delivered.
5. Describe how community-based education programs will be delivered to reach specific underserved communities and how cultural and language barriers will be addressed.
6. Describe the credentials and minimum training that will be required for individuals who provide this service.
7. Describe community awareness strategies which will be implemented statewide using funds provided through this RFA, including which organizations will provide the service.
8. Describe community awareness strategies which will be implemented to reach specific underserved communities and how cultural and language barriers will be addressed.
9. Describe community outreach strategies which will be conducted statewide using funds provided through this RFA, including which organizations will provide the service.
10. Describe community outreach strategies which will be implemented to reach specific underserved communities and how cultural and language barriers will be addressed.
11. Describe both active and passive outreach strategies that your proposed program will employ to reach every county in NYS.

f. Training for Important Constituencies

1. Describe how your proposed program will identify and deliver training to service providers (home health care workers, day program, adult and residential care facilities staff, and ombudsmen.)
2. Using **Attachment # 10** found in the Pre-Submission Uploads section of Grants Gateway, provide a county breakdown of the organization(s) that will provide training to service providers, the target number of programs to be delivered annually, and the estimated number of individuals who will receive training. **NOTE: All pages should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question.**
3. Describe how service providers will be reached, made aware of and access these services throughout NYS.
4. Describe methods that your program will employ to deliver training to various service providers including how the training will be tailored to the audience.
5. Describe the credentials and minimum training that will be required for individuals who deliver training programs.
6. Describe how your proposed program will identify and deliver training to faith-based communities (clergy, interfaith councils, parish nurses, faith leaders, and congregational support networks).
7. Using **Attachment # 11** found in the Pre-Submission Uploads section of Grants Gateway, provide a county breakdown of the organization(s) that will provide training to faith-based communities, the target number of programs to be conducted annually, and the estimated number of individuals who will receive training. **NOTE: All pages should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question.**
8. Describe how faith-based communities will be reached, made aware of and access training services throughout NYS.
9. Describe creative methods that your proposed program will employ to deliver training to various faith-based communities including how the training will be tailored to the audience.
10. Describe the credentials and minimum training that will be required for individuals who will deliver training programs.
11. Describe how your organization will identify and deliver training to community gatekeepers (persons who encounter individuals with AD/D in the general community including pharmacists; bank tellers; mail carriers; lawyers, financial planners, volunteer outreach program personnel such as “Meals on Wheels” drivers; community leaders; cultural organizations; customer service staff; human resources professionals and Employee Assistance Program staff).
12. Using **Attachment #12** found in the Pre-Submission Uploads section of Grants Gateway, provide a county breakdown of the organization(s) that will provide training to gatekeepers, the target number of programs to be conducted annually, and the estimated number of individuals who will receive

training. **NOTE:** All pages should be combined into one pdf document no larger than 10MB and uploaded into the Grants Gateway under the appropriate Program Specific Question.

13. Describe how community gatekeepers will be reached, made aware of and access these services throughout NYS.
14. Describe creative methods that your proposed program will employ to deliver training to community gatekeepers including how the training will be tailored to the audience.
15. Describe the credentials and minimum training that will be required for individuals who will deliver training programs.
16. Describe how your organization will identify and deliver training to first responders (police, fire, EMT, and ambulance personnel).
17. Using **Attachment # 13** found in the Pre-Submission Uploads section of Grants Gateway, provide a county breakdown of the organization(s) that will provide training to first responders, the target number of programs to be conducted annually, and the estimated number of individuals who will receive training. **NOTE:** Multi-page documents must be uploaded as one attachment.
18. Describe how first responders will be reached, made aware of and access these services throughout NYS.
19. Describe creative methods that your proposed program will employ to deliver training to first responders including how the training will be tailored to the audience.
20. Describe the credentials and minimum training that will be required for individuals who will deliver training programs.

Section 7: Workplan (Not Scored)

Please refer to Section 6.2.10.2 – Grantee Defined Workplan of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the Work Plan.

Below is a quick summary on completing the on-line Work Plan:

- Click on the Work Plan Overview Form and complete all the mandatory fields. All the fields on the Work Plan Overview form are mandatory. Be sure to click on the SAVE button after all information is entered.
- Click on the Objectives link to enter an Objective for this project. Be sure to click on the SAVE button after all information is entered.
- After you save the Objective, hover over the Forms Menu and click on the Tasks link to enter task(s) for the Objective you created. Enter all the required information and click on the SAVE button on the Tasks screen.

- Hover over the Forms Menu and click on the Performance Measure link to enter Performance Measure(s) for the Task(s) you created.
- Enter all the required information and click on the SAVE button on the Performance Measure screen.
- Once one set of Objectives, Tasks, and Performance Measures are complete, you can add a second (or more) set. Click on the Add Button. Note: The system will allow adding more than one objective if not restricted by Funding Agency.
- Once a second set is created, you can toggle between the two to work on them by clicking the dropdown with the GO button (this will appear after the second set is created).

Applicants are required to complete a one year workplan. Successful applicants will be required to complete workplans for years two through five in subsequent years.

The workplan should include objectives, tasks, and performance measures which coincide with the program activities described in V. A. Section 6 *Program Activities*.

Describe tasks related specifically to the program activities that will occur during the initial year in sufficient detail. This will enable the reviewers who score your application to gauge how well you understand what must be done to implement your project, and in what order you need to complete the tasks.

When constructing your workplan, please ensure that:

- The workplan includes goals and objectives; a description of activities to reach each objective; the specific quarter(s) in which each activity will be conducted; and the staff person/position who will be responsible for conducting it.
- All objectives are written in a SMART format: specific, measurable, achievable, realistic and time-specific.
- The workplan addresses each of the required core service areas listed in Section 6 (*Program Activities*) of this RFA.
- Each objective includes the communities and populations that will be targeted.
- Each task includes the exact nature of the activity.
- Where appropriate, tasks should include community service organizations and other entities with whom the lead agency will collaborate in reaching the proposed objective.

Section 8: Evaluation: (Maximum Score: 9 points)

1. Describe your organization’s capacity to participate in a comprehensive evaluation of this initiative, including its capacity to collect data and measure the program’s impact.

2. Discuss how your organization will require community partners to cooperate and participate in evaluation efforts.
3. Discuss how your organization will ensure that quarterly progress reports and quantitative and qualitative requests about program services are completed and submitted by the designated due date.
4. Describe the qualifications of the current or proposed staff in your organization who will engage in program evaluation activities.

Section 9: Budget: (Maximum Score: 60 points)

Budgets must include detailed narrative justifications. If subcontracting for services, applicants must include the name of each subcontractor, what services the subcontractor will provide and in what counties those services will occur. The applicant must include an explanation of how the amount of funding for each subcontractor was determined.

The budget for year one (July 1, 2018 – June 30, 2019) must be entered into the Grants Gateway on-line template.

The template for budget years two through five (**Attachment # 14**) is found in the Pre-Submission upload section of the Grants Gateway. Budgets for years two through five should be labeled as listed below, combined into one PDF document and then uploaded under the Pre-Submission upload section of the Grants Gateway. Refer to Attachment 15, Guide to Completing Budget Forms. Years 2-5 budgets should be labeled as follows:

Budget Year 2: July 1, 2019 – June 30, 2020
Budget Year 3: July 1, 2020 – June 30, 2021
Budget Year 4: July 1, 2021 – June 30, 2022
Budget Year 5: July 1, 2022 – June 30, 2023

All costs must be related to the provision of services outlined in this RFA, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **THIS FUNDING MAY ONLY BE USED TO CONTINUE EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.**

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.

Administrative costs will be limited to a maximum of 10% of total direct costs.

In year one of the awarded agreement(s), start-up costs will be allowed subject to a 15% limit; these costs may include, but are not limited to, recruitment costs, supply and equipment purchases, and network expansion.

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure. It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

All applications may be disclosed or used by the Department to the extent permitted by law. The Department may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If the Department 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 Long Term Care, Bureau of Community Integration of Alzheimer's Disease, Alzheimer's Disease Program of Long Term Care, Bureau of Community Integration of Alzheimer's Disease, Alzheimer's Disease Program of Long Term Care, Bureau of Community Integration of Alzheimer's Disease, Alzheimer's Disease Program.

Those applications failing to meet the following criteria will not be scored:

- Eligible applicants must be not-for-profit organizations whose primary purpose is the provision of support services related to AD/D.

The highest scoring applicant will receive the grant award not to exceed the designated amount allotted statewide for which the applicant requested funding per year based on availability of funds. In the event of a tie score, the applicant with the highest score on the Program Activities section of the application will be selected.

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

Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

The value assigned to each section indicates the relative weight that will be given in scoring each application.

		Points	Percentage
1.	Application Cover Sheet	Not Scored	
2.	Program Summary	Not Scored	
3.	Statement of Need	9	3%
4.	Applicant Organization	15	5%
5.	Project Structure	27	9%
6.	Program Activities	180	60%
7.	Workplan	Not Scored	
8.	Evaluation	9	3%
9.	Budget	60	20%
	TOTAL	300	100%

No application scoring below 210 points will be considered for funding.

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.

Applicants will be deemed to fall into one of two categories: 1) not approved or 2) approved and funded.

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

To request a debriefing, please send an email to Elizabeth Berberian at alzrfa@health.ny.gov with a copy to Elizabeth.Berberian@health.ny.gov. In the subject line, please write: *Debriefing Request of Alzheimer’s Disease Community Assistance Program RFA*.

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

VI. Attachments

Please note that certain attachments are accessed in the “Pre-Submission Uploads” section of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

- Attachment #1: Letter of Interest Format*
- Attachment #2: Application Cover Sheet*
- Attachment #3: Minority & Women-Owned Business Enterprise Requirement Forms*
- Attachment #4: Vendor Responsibility Attestation*

- Attachment #5: Care Consultations (Excel Format)*
- Attachment #6: Support Groups (Excel Format)*
- Attachment #7: Caregiver Education and Training (Excel Format)*
- Attachment #8: Caregiver Access (Excel Format)*
- Attachment #9: Community- Based Education (Excel Format)*
- Attachment #10: Training Important Constituencies-Service Providers (Excel Format)*
- Attachment #11: Training Important Constituencies-Faith Based (Excel Format)*
- Attachment #12: Training Important Constituencies-Gatekeepers (Excel Format)*
- Attachment #13: Training Important Constituencies-First Responders (Excel Format)*
- Attachment #14: Expenditure-based Budget Template for Budget Years 2-5 (Excel Format)*
- Attachment #15: Grants Gateway Budget Data Entry Guidelines

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