

**Addendum #1
12/6/18**

RFA # 18092

Grants Gateway #s:

Component A: DOH01-TCPHSA-2019

Component B: DOH01-TCPHSB-2019

New York State Department of Health

Division of Chronic Disease Prevention

Bureau of Tobacco Control

Request for Applications

Tobacco Control Program

Component A: Health Systems for a Tobacco-Free New York

Component B: Center for Health Systems Improvement

The New York State Grants Management Team redesigned their main webpage (<https://grantsmanagement.ny.gov/>) effective Tuesday, December 4, 2018. This redesign resulted in updates to hyperlinks contained in the above RFA.

Potential applicants should view the full RFA/Opportunity document again. The old hyperlinks are red-lined out and the new hyperlinks are listed.

Any questions, please reach out to the DOH contact for the RFA.

RFA # 18092
Grants Gateway #s:
Component A: DOH01-TCPHSA-2019
Component B: DOH01-TCPHSB-2019

New York State Department of Health
Division of Chronic Disease Prevention
Bureau of Tobacco Control

Request for Applications

Tobacco Control Program

Component A: Health Systems for a Tobacco-Free New York
Component B: Center for Health Systems Improvement

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

KEY DATES:

Release Date:	11/5/2018
Letter of Interest/Intent Due:	11/19/2018
Applicant Conference Registration Deadline:	11/19/2018
Applicant Conference:	11/20/2018; 1:00-2:30 PM
Questions Due:	11/20/2018
Questions, Answers and Updates Posted (on or about):	12/5/2018
Applications Due:	12/19/2018 by 4:00 PM
DOH Contact Name & Address:	Debbie Spinosa, Bureau of Tobacco Control ESP, Corning Tower Building, Room 1055 Albany NY 12237 TCP@health.ny.gov

Table of Contents

I.	Introduction	3
A.	Intent	3
II.	Who May Apply	7
A.	Minimum Eligibility	7
B.	Preferred Eligibility	8
III.	Project Narrative/Work Plan Outcomes	9
A.	Scope of Work	9
IV.	Administrative Requirements	15
A.	Issuing Agency	15
B.	Question and Answer Phase	15
C.	Letter of Interest	16
D.	Applicant Conference	17
E.	How to file an application	17
F.	Department of Health's Reserved Rights	20
G.	Term of Contract	21
H.	Payment & Reporting Requirements of Grant Awardees	21
I.	Minority & Woman-Owned Business Enterprise Requirements	22
J.	Limits on Administrative Expenses and Executive Compensation	23
K.	Vendor Identification Number	23
L.	Vendor Responsibility Questionnaire	24
M.	Vendor Prequalification for Not-for-Profits	24
N.	General Specifications	26
O.	Healthy Meeting Guidelines	27
P.	Refusal of Funds from Tobacco-Related Entities	27
V.	Completing the Application	28
A.	Application Format/Content	28
B.	Freedom of Information Law	36
C.	Review & Award Process	36
VI.	Attachments	38

I. Introduction

A. Intent

The New York State Department of Health (Department) Tobacco Control Program (TCP) seeks applications from organizations that will work to engage health care systems to improve the delivery of guideline-concordant care for tobacco dependence through systems and policy change at the health care organizational level. A systems approach is consistent with the Centers for Disease Control and Prevention (CDC) Health Impact Pyramid (Frieden, 2010) and with interventions that have broader population impact and require lower individual level effort. Health care organizations that serve disproportionately affected populations (people with low income, low educational attainment, serious mental illness, substance use disorders, or those with other physical disabilities) are the priority focus for this Request for Applications (RFA). Health system interventions should result in expansion of the reach of evidence-based smoking cessation interventions without direct provision of those services (with these funds). The focus of this procurement is working with high level administrative decision-makers to ensure that providers in the health systems they oversee deliver effective tobacco dependence treatment to its members.

This RFA utilizes the evidence-based model for health systems change as documented in the Clinical Practice Guideline for Treating Tobacco Use and Dependence (Public Health Service [PHS] Guideline) which can be found at: https://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/TreatingTobaccoUseandDependence-2008Update.pdf. The PHS Guideline recommendations for systems interventions should result in an increase in health care providers' use of evidence-based tobacco dependence counseling and medication treatments with patients who use tobacco, leading to higher rates of cessation. It should also make effective treatments more widely available in health systems that serve disparate populations. Recommended system-level strategies from the PHS Guideline (See Chapter 5 of the 2008 update) which are the focus of this procurement include PHS Guideline: Systems Strategy 1 - implementation of tobacco user screening systems integrated into electronic medical records; Systems Strategy 2 - system-level provision of training, cessation resources and materials, and feedback to providers that promotes effective intervention; and Systems Strategy 3 - having a dedicated tobacco dependence treatment coordinator with clearly delineated responsibilities ensuring that evidence-based treatment is provided and clear communications with staff are maintained. Systems Strategies 4 and 5, related to tobacco dependence treatment provided in hospital settings and coverage of effective treatments, are not a focus of this RFA. The focus will be on instituting these interventions in health care systems that serve patients with low income and low educational attainment and those with serious mental illness.

Awardees will maximize the impact of tobacco dependence treatment by working with targeted health care provider organizations to formally incorporate these strategies into their standard policies and procedures. Targeted systems include, but are not limited to, organizations such as community health centers (CHCs), Federally Qualified Health Centers (FQHCs), mental health/behavioral health service organizations, and other health care provider organizations that primarily serve the targeted populations.

Under this RFA, the Department seeks to develop a statewide network of up to ten contractors, covering all counties in New York State, through ten service regions (Component A) and one statewide Center for Health Systems Improvement (HSI) (Component B).

Component A awardees will:

- Focus regionally on supporting health systems to implement PHS Guideline system strategies 1 (screening systems), 2 (training, resources and feedback), and 3 (dedicated staffing plan), as outlined above.
- Target organizations within their service region that serve disparate population groups including patients with low income, low educational attainment and/or those with serious mental illness. At a minimum, contractors will work with FQHCs, CHCs, behavioral health organizations and other organizations serving these targeted groups within their service region.
- Emphasize the advancement of organizational systems that address tobacco dependence among disproportionately affected population groups.
- Engage health care stakeholders, educate health care professionals and mobilize healthcare partners to strengthen systems and policies that facilitate tobacco dependence treatment.
- Engage health care organizational leaders to improve systems and policy changes that result in clinicians and health care delivery systems consistently: identifying and documenting tobacco use status and treating every tobacco user seen in a health care setting; offering every patient who uses tobacco at least the brief treatments shown to be effective in the Guideline; encouraging all individuals making a quit attempt to use both counseling and medication; incorporating “clinician extender” strategies such as Quitline referrals into a tobacco dependence treatment system; requiring tobacco-dependence treatment as a defined duty of clinicians to ensure counseling and medications are systematically provided and their provision documented; and offering on-going provider education and feedback to encourage clinicians to address tobacco use and effectively assist patients with quitting.

Component B awardee will:

- Provide statewide expertise serving as a Center for HSI in tobacco dependence treatment health systems policy and environmental change.
- Coordinate statewide and regional efforts with the 10 regional health systems contractors awarded through Component A, state-level organizations, and other statewide stakeholders.
- Develop and/or facilitate coordination of guidance tools and resources for health care organizations to institute or enhance delivery of effective tobacco dependence treatment.
- Coordinate with awarded Component A contractors to support their efforts with system strategies 1 (screening systems), 2 (training, resources and feedback), and 3 (dedicated staff).
- Engage health care stakeholders, educate health care professionals and mobilize healthcare partners to strengthen systems and policies that facilitate tobacco dependence treatment.
- Conduct projects and interventions with statewide stakeholder organizations.
- Develop tools and training resources for health care organizations to utilize when implementing health systems, protocols and policy changes.

Component A and B awarded contractors will implement strategies across communities that will lead to the following population-level outcomes:

- Increase the percentage of adult smokers who are assisted in quitting smoking by a health care professional with evidence-based tobacco dependence treatment.
- Increase the number of mental and medical health care organizations that provide and require tobacco use screening systems for all their networks.
 - Screening systems should cue providers to 1) inquire about the smoking status of every patient at every visit and assess readiness to quit (“Ask, Assess”), 2) advise patients to make a quit

attempt (“Advise”), and 3) provide effective tobacco dependence treatment in the form of medication and/or counseling and arrange follow-up at the time of the visit (“Assist, Arrange”). When electronic medical records are in place, screening systems should be built-in to automate this work.

- Increase the number of medical and mental health care organizations that offer tobacco dependence provider training, cessation resources, and feedback to all providers regarding their compliance with tobacco use screening and treatment.
- Increase the number of FQHCs, CHCs and behavioral health organizations and similar organizations with written tobacco dependence treatment policies consistent with these outcomes.
- Increase the number of Medicaid recipients who utilize the tobacco cessation benefit through benefit promotion efforts.

The TCP is committed to the elimination of health inequities in its target population. In tobacco control, the demographic groups most negatively affected by tobacco are those persons who are economically disadvantaged, have mental illness or substance use disorders, or have other physical disabilities. Other groups may also be disparately affected by tobacco use. Throughout the various components of this application (Program Narrative, Objectives, and Work Plan), applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a disproportionate burden of disease or health condition (This information should be supported by data.);
- 2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
- 3) Explain how proposed program interventions will address this problem.

B. Background

The Department envisions a tobacco-free society for all New Yorkers. The Department’s Bureau of Tobacco Control (BTC) administers the state’s Tobacco Control Program (TCP) to reduce illness, disability and death related to tobacco use and secondhand smoke exposure, and to alleviate the social and economic burdens caused by tobacco use. TCP uses an evidence-based, policy-driven and cost-effective approach to decrease tobacco initiation by youth, motivate adult smokers to quit, and eliminate exposure to secondhand smoke. The components of TCP’s comprehensive program include tobacco-free communities, health systems that facilitate tobacco dependence treatment, cessation support and services, and media. The TCP uses the most current research findings to drive program activities, works collaboratively with state and national partners to meet program goals, promotes policy change through evidence-based strategies that alter social norms and make tobacco less desirable, less acceptable and less accessible, and systematically evaluates its efforts to maximize impact and improve outcomes.

C. Statement of the Problem

Tobacco addiction is the leading preventable cause of morbidity and mortality in New York State (NYS) and in the United States. Cigarette use, alone, results in an estimated 480,000 deaths each year in the United States, and approximately 28,000 deaths in NYS. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death, including 16 forms of cancer, heart disease, stroke, chronic obstructive pulmonary disease and other lung diseases.

The economic costs of tobacco use in NYS are staggering. Smoking-attributable health care costs are \$10.4 billion annually, including \$3.3 billion in annual Medicaid expenditures. In addition, smoking-related illnesses result in \$6 billion in lost productivity. Reducing tobacco use has the potential to save NYS taxpayers billions of dollars every year.

Although there have been substantial reductions in adult smoking in NYS, some tobacco use disparities have become more pronounced over the past decade. Smoking rates among low-socioeconomic status adults and adults with poor mental health are generally higher than among the general population or unaffected groups. Despite this ongoing inequity, these groups have benefitted from NYS's tobacco control approach.

Certain groups in NYS face significant barriers to achieving a healthy lifestyle. Health disparities occur when demographic groups experience more disease, death or disability beyond what would normally be expected based on their relative size in the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. In NYS, the populations disproportionately affected by tobacco use include those with the lowest incomes, the least educated, and those with disabilities including mental illness and substance use disorders. Health is also determined by where people live, work and play and can occur because of race/ethnicity, sexual orientation, gender, geographic location or some combination of these factors. Those most effected by health disparities also tend to have reduced access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are the **social determinants of health** and the systematic and unequal distribution of social determinants can result in negative health outcomes, or **health inequities**. **Health equity** is the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance. In tobacco control, health equity refers to the opportunity for all people to live a healthy, tobacco-free life, regardless of race, level of education, gender identity, sexual orientation, occupation, neighborhood or disability status (CDC, Health Equity in Tobacco Prevention and Control). Tobacco control programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.

D. Available Funding and Anticipated Awards

1. Number of Awards

To ensure statewide coverage, approximately ten Component A awards will be made, one in each service region as identified below. Additionally, DOH anticipates making one Component B award will be made for the Statewide Center for HSI. Awards will be made for a five-year period anticipated to begin July 1, 2019 and end June 30, 2024.

2. Available Funding

The total anticipated annual funding in support of the anticipated 11 State contracts (10 regional, one statewide) is \$3,275,000 for an anticipated five-year value of \$16,375,000.

The maximum annual Component A contract amounts are \$300,000 per service region and the maximum annual Component B contract amount is \$275,000.

Table 1 - Component A and B Service Regions and Estimated Funding:

Service Region	Counties/Boroughs	Maximum Annual Funding
COMPONENT A		
Metro North	Bronx, Queens	\$300,000
Metro Central	New York	\$300,000
Metro South	Kings, Richmond	\$300,000
Long Island	Nassau, Suffolk	\$300,000
Hudson Valley	Putnam, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster	\$300,000
North Country	Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Montgomery, St. Lawrence, Warren, Washington	\$300,000
Capital	Columbia, Delaware, Greene, Albany, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie	\$300,000
Central	Broome, Chenango, Cortland, Jefferson, Lewis, Oneida, Oswego, Onondaga, Madison, Tioga	\$300,000
Western	Erie, Genesee, Niagara, Orleans, Allegany, Cattaraugus, Chautauqua, Wyoming	\$300,000
Finger Lakes	Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tompkins, Wayne, Yates	\$300,000
COMPONENT B - STATEWIDE		
All NYS Counties and Boroughs		\$275,000

II. Who May Apply

A. Minimum Eligibility

Eligible applicants for Component A and B are as follows:

- Public and private not-for-profit agencies and organizations in New York State, including but not limited to: local government and public health agencies, health care systems, primary care networks, academic institutions, community-based organizations, volunteer associations and professional associations with experience in health systems level change to improve quality of care.
- Agencies in Document Vault Prequalified status at the time of application due date within the NYS Grants Gateway (unless exempt from prequalification). See IV. Administrative Requirements, M. Vendor Prequalification for Not-for-Profits for additional information.
- Those that propose to serve one region as listed in Table 1 (Section I.).

Organizations may apply for Component A, Component B, **or both**. A separate application must be submitted for each Component A Service Region and/or Component B. Organizations submitting applications on both components must specify if they would accept a contract for only one of the components. If an applicant is awarded both contracts, the applicant will receive two contracts, with separate and distinct work plans and budgets for each component. Both contracts will comply with all specifications of each area individually, including separate and distinct staffing levels, deliverables, and any other specifications required for this project. Eligible applicants may apply to serve more than one service region in Component A but must submit a separate application for each service region.

Applications will be reviewed separately and independently of information contained in an application for the other component.

The applicant needs to be both the fiscal agency and the lead agency responsible for implementing the work described in this RFA. The applicant should perform a substantial role in carrying out the project and not merely serve as a conduit for an award to another organization that is ineligible. All core (required) personnel must be employed by the applicant and cannot be subcontracted. Applicants may subcontract components of the scope of work (e.g., evaluation, media, and information technology), but it is required that the applicant retain a majority of the work in dollar value (more than 50%) of the contract within the applicant organization. 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. Major components of the work plan cannot be subcontracted.

Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the Department. All subcontractors must be approved by the Department.

Applicants are required to have written policy establishing a 100% tobacco-free worksite facility, including outdoor areas under control of the applicant, or commit to implementing such a policy within one year of receiving the notice of award. Applicants should complete, sign and upload Attachment 9, Tobacco-Free Policies Attestation under Pre-Submission Uploads. The Tobacco-Free Policies Attestation is a requirement for award.

In addition, applicants should read Section IV. Administrative Requirements, P. Refusal of Funds from Tobacco-related Entities for additional contract requirements related to tobacco. The sample New York State Master Grant Contract for this funding opportunity can be viewed within the Forms Menu of your application. Attachment A-1, Part B includes the Refusal of Funds from Tobacco-related Entities clause.

B. Preferred Eligibility

Preference will be given to Component A and B applicants that:

- Demonstrate an understanding of health equity and its importance;
- Describe experience with cultural competence, including working with disproportionately affected target populations;
- Describe experience working with partners to address health-related problem(s) across multiple sectors from multiple agencies/organizations;
- Describe at least three years of experience engaging in strategic partnerships with key stakeholders that have improved, promoted, and/or advanced policies and systems improvements within a health care organization.
- Describe experience collaborating with multiple organizations on a single project resulting in policy or systems changes.

III. Project Narrative/Work Plan Outcomes

A. Scope of Work

Component A

Contractors will facilitate health systems change with community health centers, FQHCs, mental health and behavioral health service organizations and similar organizations that serve disproportionately affected populations (people with low education, low income, seriously mentally ill, substance abuse disorders and/or physical disabilities) within the contractor's service region. The Component A contractors will work to establish localized tobacco dependence treatment systems change consistent with the PHS Guideline.

Applicants for all service regions will include all required deliverables in their application. Health systems change deliverables and the approximate percentage of effort for each deliverable is summarized below with an expectation that the percentage of effort will total 100%. These ranges are for guidance purposes when mapping out deliverables.

1. Medical Health Care Systems and Policy Change	35% - 45%
2. Mental Health Care Systems and Policy Change	35% - 45%
3. Local Level Disparity Project	10%
4. Sustainability	10%

1. Medical Health Care Systems and Policy Change

- a. Health Systems' Component A awardees will focus on advocating with and assisting health care organization's high-level administrators with establishing/adopting system-level policies and procedures that improve tobacco dependence treatment as recommended in the PHS Guideline (See Strategies 1 (screening systems), 2 (training, resources, and provider feedback), and 3 (dedicated staff) in Chapter 5 of the PHS Guideline, 2008 Update). Awarded contractors will conduct a thorough inventory of health care organizations in their service region who oversee the health care of lower socioeconomic status individuals. Awardees should identify any health systems policies and procedures for tobacco dependence treatment currently in place by these organizations. Funded organizations will identify and build relationships with key decision makers within each organization who can support and promote organizational change.
- b. Awarded contractors will obtain administrative commitment to advance the adoption of the desired policies and procedures assuring subsequent systems change from a high-level decision maker at each health care organization with which it intends to work. An official relationship, as evidenced by a Memorandum of Understanding (MOU), is preferred to an informal relationship. The commitment should include an implementation timeline and a communication plan to introduce the proposed systems change. The health care organization's senior leadership should endorse any system change and oversee the dissemination of new policies and procedures throughout the organization, including satellite clinics.
- c. Funded contractors will work with health care organizations on building capacity to adopt the PHS Guideline health system strategies. The strategies include: 1) adoption of tobacco use screening systems; 2) a formal plan for training providers in tobacco dependence treatment, provision of cessation resource materials, and a quality control feedback system to increase a provider's awareness

of their performance; and 3) the option to hire dedicated tobacco cessation specialists when resources permit. Awardees will provide technical assistance on how such system changes should be incorporated into a standard delivery of care and how the new practices will be implemented and disseminated throughout the organizations, including all satellite sites and providers.

- d. Funded organizations will provide technical assistance, content expertise, and professional guidance to the health care organizations in the adoption, communication, and implementation of tobacco dependence health systems strategies in accordance with PHS Guideline, including benchmark opportunities for targeted technical assistance once the policy is adopted. Technical assistance may come in the form of education on: a) the continuing burden of tobacco among the target population; b) the importance and efficacy of guideline-concordant tobacco dependence treatment; and c) the relationship between effective provider assistance and smoking cessation success.
- e. Awardees will provide guidance on the tobacco dependence treatment content of electronic screening systems, which allow for the standardized delivery of tobacco cessation treatment. Funded contractors will work with health system organizations to achieve comprehensive screening systems.
- f. Funded organizations will contribute to and participate in a TCP contractor-coordinated statewide health communication campaign. The media collaboration will be led by the Component B awardee, acting as the liaison between the contracted advertising agency and Component A awarded contractors. Awarded contractors will dedicate a minimum of 4% of overall budget to a statewide targeted communication campaign (paid media) aimed at medical and/or mental health care administrators and providers to increase the use of systems-driven guideline-concordant tobacco dependence treatment. Funded organizations may choose to dedicate additional resources, beyond the 4% for the statewide media campaign, for local media efforts.

2. Mental Health Care Systems and Policy Change

This deliverable will focus on working with health care organizations in the service region that serve people with mental illness. Awardees will focus on advocacy with high-level administrators to establish/adopt tobacco dependence treatment systems as recommended in the PHS Guideline with consideration of the unique needs of individuals with serious mental illness.

- a. Awarded contractors will conduct a thorough review of health care organizations in their service region who oversee the health care of individuals with poor mental health. Funded organizations should identify the health systems policies and procedures for tobacco dependence treatment currently provided by these organizations/plans. Awardees will identify and build relationships with key decision makers within each organization who can support and promote an organizational change.
- b. Funded contractors will obtain administrative commitment to advance the adoption of the desired policies and procedures assuring subsequent systems change from high-level decision makers at each health care organization with which it intends to work. An official relationship, as evidenced by an MOU, is preferred to an informal relationship. The commitment should include an implementation timeline and a communication plan to introduce the proposed systems change. The health care organization's senior leadership should endorse any system change and oversee the dissemination of new policies and procedures throughout the organization, including satellite clinics.
- c. Awardees will work with mental health care organizations on building the capacity to adopt the PHS Guideline health system initiatives including tobacco use screening systems, a formal tobacco dependence treatment provider training plan, provision of cessation resource materials, and methods

for implementing a quality control feedback system that makes providers aware of their performance on a regular basis. Funded contractors will provide technical assistance on how such systems should be incorporated into current practices and how the new practices can best be communicated and implemented to clinics and providers.

- d. Awarded contractors will provide technical assistance, content expertise, and professional guidance to the mental health care organization in the adoption and dissemination of tobacco dependence health systems strategies to individuals with severe mental illness and in accordance with PHS Guideline. Technical assistance may come in the form of education on the continuing burden of tobacco use among those with serious mental illness; the need for and specifics of guideline-concordant tobacco dependence treatment; and the relationship between effective provider assistance and smoking cessation success. It is critical for all parties to understand the need for more intensive tobacco dependence treatments with potentially higher doses and longer durations of treatment, and the overall complexities of treating tobacco dependence in the seriously mentally ill.
- e. Funded organizations will provide guidance on the content of electronic screening systems, which allow for the standardized delivery of tobacco cessation treatment. Awarded contractors will work with health system organizations to achieve comprehensive screening systems.
- f. Funded organizations will contribute to and participate in a TCP contractor-coordinated statewide health communication campaign. The media collaboration will be led by the Component B awardee, acting as the liaison between the contracted advertising agency and Component A awarded contractors. Awarded contractors will dedicate a minimum of 4% of overall budget to a statewide targeted communication campaign (paid media) aimed at medical and/or mental health care administrators and providers to increase the use of systems-driven guideline-concordant tobacco dependence treatment. Funded organizations may choose to dedicate additional resources, beyond the 4% for the statewide media campaign, for local media efforts.

3. Local Level Disparity Project

Funded contractors will dedicate 10 percent of effort toward a local level activity that aims to further reduce tobacco use disparities among a specific sub-population in the service region. Awardees will address a health system change opportunity within their service region for a unique population or organization that serves the needs of racial or ethnic minority groups, or individuals with low income, low educational attainment, or serious mental illness. This project should address the same health systems change activities noted above including screening systems, resources, promotion of coverage and availability of guideline-concordant care (medication and counseling), and dedicated staffing for tobacco dependence treatment. Since those most impacted by health disparities also tend to have reduced access to resources, this project should focus on reducing and removing barriers to smoking cessation success unique to the community. The local level disparity project requires Department approval before work begins.

4. Sustainability

Sustainability refers to the implementation of a set of strategic activities designed to increase community awareness of tobacco control programs, highlight the burden of the tobacco epidemic in our communities, and demonstrate tobacco control's success in preventing and reducing tobacco use. Funded organizations will devote approximately 10 percent of effort to effectively engage in select educational activities as determined by the Department.

Component B

The Component B statewide awarded contractor will be the Statewide Center for Health Systems Improvement (HSI) and will focus its efforts on two main priorities. First, the awardee will be a resource to all Component A funded organizations in their effort to work regionally with health care systems and organizations to transform and organize their service delivery through policy adoption and/or improvements. The awardee will identify and/or develop materials, manuals, protocols and other products designed to assist Component A funded organizations in promoting the adoption of the tobacco dependence treatment health system change with disparately affected groups.

For the second priority, the Component B awarded contractor will work with statewide entities to promote large scale systems and policy change and improve health systems delivery of tobacco dependence treatment through efforts with statewide health systems and other statewide stakeholders.

Required deliverables and the approximate percentage of effort are summarized below with an expectation that the percentage of effort will total 100%:

1. Regional Support of Health Systems Change	35%-45%
2. Statewide Support of Health Systems Change	35%-45%
3. Statewide Media Collaboration	10%
4. Sustainability	10%

1. Regional Support of Health Systems Change

The Component B awardee will serve as a resource for information and expertise and develop or identify existing resources, products, and other materials to assist the Component A funded organizations in promoting the adoption of the PHS Guideline health system change strategies regionally. Guidance and/or technical assistance will be provided to the regional contractors on utilization of products and resources when advocating with health care provider organization administrators or assisting with clinical health systems change implementation. This contractor will serve as an expert to the regional contractors in promoting health systems change, especially for the targeted populations.

The awarded contractor will convene a committee of the Component A funded organizations to prioritize and assess the development of resources and materials for use by health care provider organizations that are consistent with the systems approach described in this RFA.

2. Statewide Support of Health Systems Change

The awardee will work statewide to improve health systems delivery of tobacco dependence treatment through efforts with statewide health systems and other statewide stakeholders. Work will focus on increasing availability and coverage of evidence-based treatments and large-scale health systems policy and environment changes that facilitate Component A funded contractors' work. The awardee may conduct projects and interventions with statewide stakeholders and organizations.

The Component B awardee will foster relationships with statewide stakeholders and organizations (e.g., Community Health Care Association of NYS (CHCANYS), National Alliance of Mental Illness (NAMI) New York State, Medical Society of the State of New York (MSSNY), NYS Office of Mental Health, NYS Office of Alcohol and Substance Abuse Services, NYS-based Medicaid Managed Care Plans, Regional and Statewide Health Information Organizations, electronic health record vendors) to eliminate barriers to accessing cessation treatments (counseling and medication); promote and increase utilization of

cessation counseling and medication health plan benefits, enhance electronic health record (EHR) systems to include comprehensive tobacco dependence treatment (questions, prompts, referrals, and resources), and other high level systems change interventions that result in increased health care provider use of evidence-based tobacco dependence counseling and medication treatments with patients who use tobacco.

3. Statewide Media Collaboration

The Component B funded organization will lead a required coordinated statewide health communication campaign. Component B contractor will function in a leadership role, acting as both fiscal agent and procurement lead with the identified advertising agency. In collaboration with Component A contractors, the Component B contractor will lead a committee to draft, issue, score and award a collaborative media RFA. The Component B contractor will manage the contract with the competitively-procured advertising agency. In this role, the Component B contractor will be responsible for contract oversight including fiduciary management and coordination of product development.

The awarded contractor will dedicate a minimum of 4% of the overall budget to this program campaign (paid media) for targeting health care administrators and providers to increase the use of systems-driven guideline-concordant care.

The funded organization may choose to dedicate additional resources for other statewide media efforts, with Departmental approval.

4. Sustainability

Sustainability refers to the implementation of a set of strategic activities designed to increase community awareness of tobacco control programs, highlight the burden of the tobacco epidemic in our communities, and demonstrate tobacco control's success in preventing and reducing tobacco use. The funded Component B contractor will devote approximately 10 percent of effort to effectively engage in select educational activities as determined by the Department.

Additional Requirements for all Organizations Funded Under this RFA (Components A and B)

1. Administrative Capacity and Responsibilities:

- Implementing the project;
- Ensuring all program deliverables are met;
- Reviewing and approving work plan modifications before submission to the Department;
- Providing budget support to the project and demonstrating capacity to expeditiously process budget and purchasing requests to facilitate the smooth operation of the contract;
- Providing a timely start-up of grant-funded activities including filling vacant staff positions in a timely manner;
- Submitting all required documents on time, submitting claims for payment in accordance with the contract, and administering all fiscal requirements of the contract in a timely and efficient manner.

2. Staffing

- Provide qualified staff in sufficient numbers to carry out the deliverables of this RFA. The contractor will use grant funds to support a minimum of one full-time Project Coordinator position responsible for building, coordinating and guiding the project in meeting the deliverables of the grant. This person will be the primary contact with the Department staff and will be expected to attend all trainings and meetings convened by the department. In addition, this person should have a function within the funded agency that reflects professional and leadership status.
- Provide staff with knowledge and skills in: program development; professional development; coordination and management; fiscal management; cultural competency; health equity; advocacy; public relations; public health policy, including analysis, development and implementation; training and technical assistance; strategic planning; gathering and analyzing data; and evaluation methods. Provide salaries that are commensurate with the level of education and experience required for the position.
- Notify the Department within 30 days of a vacancy occurring (resignation, maternity leave, medical leave, etc.), and ensure programmatic work is being completed.
- Provide a sufficient staffing pattern to manage the project and provide information to demonstrate that management staff is at a level within the agency to affect decision making.

3. Staff Orientation, Training, Supervision and Program Support

- Funded contractors are required to support staff by providing training to equip staff with basic professional competencies such as the ability to engage in effective presentation and public speaking activities and utilization of time management skills. Awardees are also required to provide proper orientation to the organization's policies and procedures; appropriate budgeting for the program's transportation needs; fiscal and budget management support; timely processing of purchase and subcontracting requests; appropriate administrative supervision and support; access to up-to-date tobacco control information; current computer system with access to an individual e-mail account and the Internet, and office and meeting space.
- Lead staff from each funded organization will be required to participate in in-person professional development opportunities convened by the department. Professional development opportunities may be available to other funded staff as space allows.

4. Community Partners

- Awarded Component A contract staff should actively collaborate with medical and mental health care system partners, Component B contractor, their local tobacco control community contractors and other local tobacco control partners in achieving local and regional tobacco control goals.
- Awarded Component B contract staff should actively collaborate with Component A contractors and state tobacco control stakeholders including health care organizations and other tobacco control partners in achieving local, regional, and statewide tobacco control goals.

5. Meetings, Trainings, and Travel

- Applicants should budget for a minimum of six trips to the Albany area per year for core staff to attend approximately one statewide meeting, up to four program meetings and two in-person professional development trainings.
- Regular travel within the awarded contract region is expected to achieve community health system change deliverables.

- Required full-time staff must attend and participate in all regional, program and statewide meetings. As described above, lead staff will be required to attend required professional development opportunities (an estimated two 2-day trainings may be held annually and may require travel to other areas of the state). Guidelines for participation in professional development will be provided at the time of award.

6. Evaluation

Component A and B funded contractors will not be conducting their own evaluation projects for this RFA. However, all contractors will cooperate with the Department's Independent Evaluation contractor and the Department's internal evaluation staff on data collection and evaluation activities. At a minimum, all contractors will utilize the Department's web-based contractor monitoring system for regular activity monitoring and reporting of progress towards objectives. Training for the contractor monitoring system will be provided.

Health Systems Change Outcomes

Both Components A and B funded contractors will implement strategies to assist health care provider organizations with instituting tobacco dependence treatment systems change that will lead to the following outcomes:

- Reduce the prevalence of adult smoking among individuals of low socioeconomic status, defined as those with low income and/or less than a high school education.
- Reduce the prevalence of adult smoking among individuals with serious mental illnesses (SMI).
- Reduce the prevalence of adult smoking among individuals with substance use disorders.
- Increase the percentage of adult smokers who were assisted in quitting smoking by a health care professional.
- Increase the number of Medicaid recipients who utilize tobacco cessation benefits.
- Increase the number of FQHCs, CHCs and behavioral health organizations with written tobacco dependence treatment policies.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Division of Chronic Disease Prevention, Bureau of Tobacco 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 via email to:

Stephanie Sheehan
NYS Bureau of Tobacco Control
TCP@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 calling:

Debbie Spinosa
NYS Bureau of Tobacco Control
518-474-1515
TCP@health.ny.gov

Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.

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>~~ <https://grantsmanagement.ny.gov>
- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: ~~<https://grantsreform.ny.gov/youtube>~~ <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 4:00pm
(Application Completion, Policy, and Registration questions)
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(Technical questions)

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

This RFA has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>. 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 may complete and submit a letter of interest (Attachment # 2, Letter of Interest). 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. 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 tcp@health.ny.gov. The Letter of Interest should be submitted by the date posted on the cover of the RFA. Please ensure that the RFA number is noted in the subject line.

Submission of a letter of interest is not a requirement of this RFA. Applications may be submitted without having submitted a letter of interest.

D. Applicant Conference

An applicant conference will be held for this project. This conference will be held via webinar on the date and time posted on the cover of this RFA. The Department requests that potential applicants register for this conference by following this link:

<https://meetny.webex.com/meetny/k2/j.php?MTID=t5b4e19198201be6bb1a9ff0e37d74fb2>. The reservation deadline is posted on the cover page of the RFA. Failure to participate in the applicant conference will not preclude the submission of an application.

E. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address:

<https://grantsreform.ny.gov/Grantees> <https://grantsmanagement.ny.gov> 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>~~ <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. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name “Health Systems for a Tobacco-Free New York” and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

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

PLEASE NOTE: Although DOH and the Grants Gateway staff will do their best to address concerns

that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding

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

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

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

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

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

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

hand delivery.

F. Department of Health's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.

18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve 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 (Component A and B) resulting from this RFA will be multi-year contracts with a term of five years, anticipated to begin July 1, 2019 and end June 30, 2024. For budgeting and work plan purposes, there will be five annual periods, beginning July 1, 2019 and ending June 30, 2024.

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

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

H. Payment and Reporting Requirements of Grant Awardees

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

Division of Chronic Disease Prevention, Bureau of Tobacco Control
NYS Department of Health
Room 1042, Corning Tower
Empire State Plaza
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: Contractors will be reimbursed for actual expenses incurred as allowed in the contract budget and work plan.

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above or, in the future, through the Grants Gateway:
 - Monthly Activity Reports on a web-based system.
 - End of Year Reports as required.
 - Other reports as required by the Department.

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

I. Minority and Woman-Owned Business Enterprise Requirements

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

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

Business Participation Opportunities for MWBEs

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

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

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

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

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

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 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 be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-

line at: http://www.osc.state.ny.us/vendor_management/forms.htm.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, 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/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](https://grantsmanagement.ny.gov/get-prequalified) <https://grantsmanagement.ny.gov/get-prequalified>.

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~~ [Vendor Prequalification Manual](#) on the Grants Reform Website details the requirements and an ~~online tutorial~~ [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~~ [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.

O. Healthy Meeting Guidelines

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

P. Refusal of Funds from Tobacco-Related Entities

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

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> <https://grantsmanagement.ny.gov>.

Also, you must use Internet Explorer to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

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

- Pre-Submission Uploads - Component A and B:
 1. Letter of Interest Template (Attachment 2)
 2. Minority and Women-Owned Business Enterprise Requirement Forms (Attachment 3)
 3. Vendor Responsibility Attestation (Attachment 4)
 4. Application Cover Sheet (Attachment 5)
 5. Fringe Detail Sheet (if applicable) (Attachment 6)
 6. Tobacco-Free Policies Attestation (Attachment 9)
 7. Job Descriptions and Resumes
 8. Applicant Agency Organizational Chart
 9. Health System Proposed Staffing Organizational Chart
- Program Specific Questions - Component A and B:

If applying for multiple service regions for Component A, separate applications must be submitted. If applying for both Components A and B, separate applications in both Grants Gateway opportunities are required.

APPLICATION FORMAT AND CONTENT FOR COMPONENT A

1. Executive Summary (*Not Scored*)

- a. Provide a summary of the project application, including a confirmation of your agency's eligibility.
- b. Complete Attachment 5, Application Cover Sheet and save in Pre-Submission Uploads.

2. Statement of Need (*Up to 5 points*)

- a. Describe the need for both medical and mental health system policy change/improvements in the service region. Identify prevailing health system norms regarding policy adoption to improve tobacco dependence treatment or other chronic disease conditions.

- b. Discuss health disparities that exist within the service region, particularly those related to tobacco use.
- c. Describe local medical and mental health system organizational policies in the service region using the best information available. Include status of compliance with these policies, and opportunities for tobacco control action in the service region.

3. Applicant Organization (*Up to 20 points*)

- a. Describe the mission and purpose of the agency. How will this initiative support or extend the mission and programs within the applicant agency?
- b. Describe the agency's experience (include number of years of experience) providing the range of services being applied for in this application, including experience with low income, low education, seriously mentally ill, and racial and ethnic minority populations. If subcontracts are proposed, describe them.
- c. Describe how the agency will ensure programmatic accountability.
- d. Describe how the agency will support the health systems change work of the grant contract. Include description of experience engaging organizational leaders and/or decision-makers to adopt policy and/or system changes.
- e. Describe an initiative where the agency supported and implemented a health system change intervention at the organizational level. Include the strengths and lessons learned from the experience.
- f. Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed project.

4. Work Plan (*Up to 5 points*)

- a. Develop a work plan using the Grants Gateway online application using instructions and outline provided in Attachment 10A, Grants Gateway Work Plan Instructions and the Attachment 1A, BTC Work Plan Standards Guidance as reference. The work plan should reflect the required objectives and strategies/ activities (tasks) designed to meet the outlined performance measures. Under each stated objective in the work plan instructions (Attachment 10A), add the tasks and performance measures. Some of the objectives, tasks and performance measures have been pre-determined and pre-populated by the Department in the Grants Gateway Work Plan. Applicants only need to enter items in the work plan that are not grayed out in the Grants Gateway Work Plan. The work plan should only list objectives, tasks and performance measures for the first twelve months of the contract.
- b. Complete the "Project Summary" section using the following text: The aim of this project is to improve the delivery of guideline-concordant care for tobacco dependence through systems and policy change at the health care organizational level, consistent with the Centers for Disease Control and Prevention (CDC) Health Impact Pyramid (Frieden, 2010) and with interventions that have broader population impact and require lower individual level effort. This approach to chronic disease prevention and control should result in expansion of the reach of evidence-based smoking cessation interventions, particularly among the focused population of people with low income, people with the least levels of education and/or people with poor mental health.
- c. For Organizational Capacity within the work plan format of the Grants Gateway, please enter "N/A".

5. Technical Proposal (*Up to 35 points*)

- a. Describe how the organization will meet each of the required deliverables as described in Section III. Project Narrative and Work Plan Deliverables for Component A. Clearly describe a logical, achievable plan for organizing, implementing, and accomplishing all the required project deliverables over the life of the contract. Include subcontracting plans as appropriate.
- b. Propose a timeline, in narrative format, to meet deliverables, with specific details describing activities. The timeline should represent an annualized 12-month period
- c. Describe how the agency will engage organizational leaders and/or decision-makers.
- d. Describe internal and external partnerships that will be explored to help initiate and advance organizational policy change.
- e. Propose a plan for facilitating sustainability of the policy adoption, through implementation support. Include proposed timeline for implementation in narrative form.
- f. For the local level disparities project, describe in detail how you will address reducing tobacco use disparities among a specific sub-population in your service region.
 - o Identify which of the required deliverables the activity will address (mental health systems change or medical health systems change) and include a description of the sub-population that you are proposing to support. Include a description of the tobacco use disparities faced by that sub-population.
 - o Identify existing partnerships and/or community infrastructure that will support your proposed activity.

6. Staffing Pattern and Qualifications (*Up to 15 points*)

- a. Describe the staffing pattern for this project and rationale. Attach an organizational chart as an upload (under Pre Submission Uploads) that shows the location of the proposed grant contract within the organization.
- b. Provide the job description for the required project coordinator and all other proposed staff including where the positions will be in the organization's hierarchy and what professional level and authority will accompany these positions.
- c. Describe how orientation and supervision of staff will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision to the program. Include resumes of the person(s) providing orientation and supervision, if known.
- d. Job descriptions and resumes should be combined into one PDF and uploaded to the corresponding section of Pre-Submission Uploads.
- e. If a vacancy were to occur in the coordinator position, please describe how that position would be covered within the organization until the coordinator returned or a new one was hired.
- f. Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds.

7. Budget and Justification (*Up to 20 points*)

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.

- a. Complete a twelve-month budget for the first program year in the Grants Gateway application. Please read and refer to Attachment 7, Grants Gateway Budget Instructions and Attachment 8, Grants Gateway Budget Data Entry Guidelines for assistance.
- b. Assume a twelve-month budget with a July 1, 2019 start date. Budgets should total but not exceed the values provided in Section 1, Table 1 for the application service region.
 - i. All costs must be related to the Tobacco Control Program RFA – Component A: Health Systems for a Tobacco-Free New York, as well as be consistent with the scope of services, reasonable and cost effective.
 - ii. The Program Coordinator is required to be employed by the applicant.
 - iii. The budget should include the following travel:
 - A minimum of six trips to Albany area per year for core staff to attend approximately one statewide meeting, up to four program meetings and two in-person professional development trainings.
 - Regular travel within the contract region is expected to achieve community health system change deliverables.
 - Required full-time staff must attend and participate in all regional, program and statewide meetings.
 - Lead staff will be required to attend required professional development opportunities (an estimated two 2-day trainings may be held annually and may require travel to other areas of the state).
 - iv. Subcontracts should be included in NPS, as per the application. It is required that the contractor retain more than 50% of the work in dollar value of the contract within the applicant organization. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process.
 - v. New York State certified Minority/Women-owned Business Enterprises (M/WBEs) should be considered for subcontracting and consultant opportunities, as well as other eligible discretionary Non-Personal Services items in the budget where the organization has the option as to who to select in order to solicit services, products and/or commodities. A Directory of NYS certified M/WBE firms is located <https://ny.newnycontracts.com>. **Documentation of good faith efforts to utilized MWBE vendors should be retained and submitted with completed M/WBE forms as it will be required to assist in establishing the M/WBE goal for awards.**
 - vi. Ineligible Budget Items:
 - Indirect or administrative lines will not be accepted as NPS budget lines. Itemized budget lines related to these costs (i.e. rent, heat, telephone) will be allowed with appropriate justification in the narrative and must be entered in the appropriate sections of the on-line budget.
 - 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.
 - Any ineligible budget lines will be removed from the budget prior to contracting. Ineligible items are those determined by DOH personnel to be inadequately justified relative to the proposed work plan, or not refundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.

8. Preferred Eligibility Qualifications (*Up to 5 Points*)

Applicants that demonstrate they meet the preferred qualifications, as stated in RFA Section II, Who May Apply, may be awarded up to five (5) additional points. These points are awarded above the 100 points allocated for application content sections a. – g, as follows:

- a. Describe an example of how the organization has prioritized health equity through its work (*1 point*);
- b. Describe an example of the organization's experience with cultural competence, including working with disproportionately affected target populations (*1 point*);
- c. Describe experience working with partners to address health-related problem(s) across multiple sectors from multiple agencies to advance policies and/or systems improvements (*1 point*);
- d. Describe experience working with populations with low income, low educational attainment and/or with individuals with serious mental illness (*1 point*);
- e. Describe experience collaborating with multiple organizations on a single project resulting in policy or systems changes (e.g. Performing Providers Systems, Community Health Plans, etc.) (*1 point*).

APPLICATION FORMAT AND CONTENT FOR COMPONENT B

1. Executive Summary (*Not Scored*)

- a. Provide a summary of the project application, including a confirmation of your agency's eligibility.
- b. Complete Attachment 5, Application Cover Sheet and save in Pre-Submission Uploads.

2. Statement of Need (*Up to 5 points*)

- a. Describe statewide health systems and policies that would be the focus of the applicant's work using the best information available, current challenges to successfully completing this work, and opportunities for statewide health systems tobacco control action.

3. Applicant Organization (*Up to 20 points*)

- a. Describe the mission and purpose of the agency. How will this initiative support or extend the mission and programs within the applicant agency?
- b. Describe the agency's experience (include number of years of experience) providing the range of services being applied for in this application, including experience with low income, low education, seriously mentally ill, and racial and ethnic minority populations. If subcontracts are proposed, describe them along with how the agency will ensure programmatic accountability.
- c. Describe how the agency will support the health systems change work of the grant contract. Include description of experience engaging organizational leaders and/or decision-makers to adopt policy and/or system changes.
- d. Describe an experience the agency had in leading external stakeholders, from various organizations, in a public health initiative that resulted in either systems or policy change. Include details related to goals and objectives of the initiative; committee membership development; expectations of committee member; the adoption, implementation and evaluation of the systems or policy change. The strengths and lessons learned from the experience should be included.

- e. Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed project.

4. Work Plan (*Up to 5 points*)

- a. Develop a work plan using the Grants Gateway online application using instructions and outline provided in Attachment 10B, Grants Gateway Work Plan Instructions and the Attachment 1B, BTC Work Plan Standards Guidance as reference. The work plan should reflect the required objectives and strategies/ activities (tasks) designed to meet the outlined performance measures. Under each stated objective in the work plan instructions (Attachment 10B), add the tasks and performance measures. Some of the objectives, tasks and performance measures have been pre-determined and pre-populated by the Department in the Grants Gateway Work Plan. Applicants only need to enter items in the work plan that are not grayed out in the Grants Gateway Work Plan. The work plan should only list objectives, tasks and performance measures for the first twelve months of the contract.
- b. Complete the "Project Summary" section using the following text: The aim of this project is to improve the delivery of guideline-concordant care for tobacco dependence through systems and policy change at the health care organizational level, consistent with the Centers for Disease Control and Prevention (CDC) Health Impact Pyramid (Frieden, 2010) and with interventions that have broader population impact and require lower individual level effort. This approach to chronic disease prevention and control should result in expansion of the reach of evidence-based smoking cessation interventions, particularly among the focused population of people with low income, people with the least levels of education and/or people with poor mental health.
- c. For Organizational Capacity within the work plan format of the Grants Gateway, please enter "N/A".

5. Technical Proposal (*Up to 35 points*)

- a. Describe how the organization will meet each of the required deliverables as described in Section III. Project Narrative and Work Plan Deliverables for Component B. Clearly describe a logical, achievable plan for organizing, implementing, and accomplishing all the required project deliverables over the life of the contract. Include subcontracting plans as appropriate.
- b. Propose a timeline, in narrative format, to meet deliverables, with specific details describing activities. The timeline should represent an annualized 12-month period.
- c. Describe how the agency will engage organizational leaders and/or decision-makers.
- d. Describe internal and external partnerships that will be explored to help initiate and advance organizational policy change.
- e. Propose a plan for facilitating sustainability of the policy adoption, through implementation support. Include proposed timeline for implementation in narrative form.

6. Staffing Pattern and Qualifications (*Up to 15 points*)

- a. Describe the staffing pattern for this project and rationale. Attach an organizational chart as an upload (under Pre-Submission Uploads) that shows the location of the proposed grant contract within the organization.
- b. Provide the job description for the required project coordinator and all other proposed staff including where the positions will be in the organization's hierarchy and what professional level and authority will accompany these positions.
- c. Describe how orientation and supervision of staff will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision to the program. Include resumes of the person(s) providing orientation and supervision, if known.
- d. Job descriptions and resumes should be uploaded combined into one PDF and uploaded to the corresponding section of Pre-Submission Uploads.
- e. If a vacancy were to occur in the coordinator position, please describe how that position would be covered within the organization until the coordinator returned or a new one was hired.
- f. Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds.

7. Budget and Justification Component A and/or B (*Up to 20 points*)

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.

- a. Complete a twelve-month budget for the first program year in the Grants Gateway application. Please read and refer to Attachment 7, Grants Gateway Budget Instructions and Attachment 8, Grants Gateway Budget Data Entry Guidelines for assistance.
- b. Assume a twelve-month budget with a July 1, 2019 start date. Budgets should total but not exceed the values provided in Section 1, Table 1 for the application service region.
 - i. All costs must be related to the Tobacco Control Program RFA – Component B: Center for Health Systems Improvement, as well as be consistent with the scope of services, reasonable and cost effective.
 - ii. The Program Coordinator is required to be employed by the applicant.
 - iii. The budget should include the following travel:
 - A minimum of six trips to Albany area per year for core staff to attend approximately one statewide meeting, up to four program meetings and two in-person professional development trainings.
 - Regular travel within the contract region is expected to achieve community health system change deliverables.
 - Required full-time staff must attend and participate in all regional, program and statewide meetings.
 - Lead staff will be required to attend required professional development opportunities (an estimated two 2-day trainings may be held annually and may require travel to other areas of the state).
 - iv. Subcontracts should be included in NPS, as per the application. It is required that the contractor retain more than 50% of the work in dollar value of the contract within the

- applicant organization. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process.
- v. New York State certified Minority/Women-owned Business Enterprises (M/WBEs) should be considered for subcontracting and consultant opportunities, as well as other eligible discretionary Non-Personal Services items in the budget where the organization has the option as to who to select in order to solicit services, products and/or commodities. A Directory of NYS certified M/WBE firms is located <https://ny.newnycontracts.com>. **Documentation of good faith efforts to utilized MWBE vendors should be retained and submitted with completed M/WBE forms as it will be required to assist in establishing the M/WBE goal for awards.**
 - vi. Ineligible Budget Items:
 - Indirect or administrative lines will not be accepted as NPS budget lines. Itemized budget lines related to these costs (i.e. rent, heat, telephone) will be allowed with appropriate justification in the narrative and must be entered in the appropriate sections of the on-line budget.
 - 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.
 - Any ineligible budget lines will be removed from the budget prior to contracting. Ineligible items are those determined by DOH personnel to be inadequately justified relative to the proposed work plan, or not refundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.

8. Preferred Eligibility Qualifications (*Up to 5 Points*)

Applicants that demonstrate they meet the preferred qualifications, as stated in RFA Section II, Who May Apply, may be awarded up to five (5) additional points. These points are awarded above the 100 points allocated for application content sections a. – g, as follows:

- a. Describe an example of how the organization has prioritized health equity through its work (*1 point*);
- b. Describe an example of the organization's experience with cultural competence, including working with disproportionately affected target populations (*1 point*);
- c. Describe experience working with partners to address health-related problem(s) across multiple sectors from multiple agencies to advance policies and/or systems improvements (*1 point*);
- d. Describe experience working with populations with low income, low educational attainment and/or with individuals with serious mental illness (*1 point*);
- e. Describe experience collaborating with multiple organizations on a single project resulting in policy or systems changes (e.g. Performing Providers Systems, Community Health Plans, etc.) (*1 point*).

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

B. Freedom of Information Law

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

C. Review and Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the Department's Division of Chronic Disease Prevention.

The following will result in rejected applications:

- Failing to meet one or more of the minimum eligibility requirements.
- For Component A: Failure to submit an application that covers one of the 10 Service Regions as noted in Section I, Table 1

Component A and Component B applications will be scored based on the points allotted below:

Section Title	Max Score	Other format requirements
1. Executive Summary	Not scored	
2. Statement of Need	5	
3 Applicant Organization	20	
4. Work Plan	5	Use prescribed objectives, tasks and performance measures provided in Attachment 10A
5. Technical Proposal	35	
6. Staffing Pattern and Qualifications	15	
7. Budget and Justification	20	Follow all guidance instructions provided in Attachments 7 and 8
8. Preferred Eligibility Qualifications	5	
TOTAL	105	

For Component A and B a minimum score of 60 points out of a possible 105 is required to be considered for funding. For Component A, the highest scoring applicant in each of the 10 distinct service regions identified in Section I.D.3 BTC Service Regions, will be recommended for award. The Department will fund only one applicant per service region. For Component B, the Department will recommend the highest scoring application for award.

In the event of a tie score among Component A applicants within a region and/or a tie score for the highest scoring Component B application, the determining factors for a grant award, in descending order of importance will be:

- Applicant with the highest score in the Technical Proposal section.
- Applicant with the highest score in the Staffing Pattern and Qualifications section.

If there are no Component A applicants with passing scores 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 (for example, if a four (4)-county area is left without a successful awardee, the successful awardees in the two (2) contiguous service regions may each be awarded the additional counties – one may be awarded one (1) of the counties, the other, three (3) of the counties). 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 areas 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 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 fall into one of three categories: 1) approved and funded, 2) approved but not funded due to resources, 3) not approved. Approved but not funded due to resources applications may be funded should additional funds become available.

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 Debbie Spinosa at tcp@health.ny.gov. In the subject line, please type: Debriefing Request – RFA # 18092 Tobacco Contract Program (Component A and B).

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

VI. Attachments

Please note that all 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 1A: Component A – BTC Work Plan Standards Guidance Document**
- Attachment 1B: Component B – BTC Work Plan Standards Guidance Document**
- Attachment 2: Letter of Interest*
- Attachment 3: Minority and Women-Owned Business Enterprise Requirement Forms*
- Attachment 4: Vendor Responsibility Attestation*
- Attachment 5: Application Cover Sheet*
- Attachment 6: Fringe Detail Sheet*
- Attachment 7: Grants Gateway Budget Instructions**
- Attachment 8: Grants Gateway Budget Data Entry Guidelines**
- Attachment 9: Tobacco-Free Policies Attestation*
- Attachment 10A: Component A Grants Gateway Work Plan Instructions**
- Attachment 10B: Component B Grants Gateway Work Plan Instructions**

*These attachments are located/included in the Pre-Submission Uploads section of the Grants Gateway online application and must be completed and/or uploaded to Pre-Submission Uploads to be submitted with the application.

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