

# **RFA #17284 / Grants Gateway # DOH01-FPPCCA-2018**

**New York State Department of Health**  
*Center for Community Health/Division of Family Health*  
*Bureau of Women, Infant and Adolescent Health*

## **Request for Applications**

*Comprehensive Family Planning and Reproductive Health Program*  
*Center for Community Action*

### **ADDENDUM # 1**

**7/19/17**

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

**Additional instructions provided for the following sections of the RFA:**

#### **PAGE 21, Section V. Completing the application, A. 2. Program Summary**

Section A. 2. refers to the Program Specific Questions. Question 2 is a summary and does not require a response. Questions 3-5 in the Program Specific Questions provides the necessary information for the Program Summary. Please respond to questions 3-5 in the Program Specific Question section of your application in the NYS Grants Gateway to satisfy this requirement.

#### **PAGE 24, Section V. Completing the application, A. 6. Work Plan**

Section A. 6. refers to the project summary located in the Workplan. This section instructs you to copy the project summary provided on Attachment 6 (Work Plan Template and Performance Measures Instructions) and paste it into the Project Summary field in the Work Plan Overview Form section of your application in the NYS Grants Gateway.

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*Bureau of Women, Infant and Adolescent Health*

**Request for Applications**

*Comprehensive Family Planning and Reproductive  
Health Program Center for Community Action*

**KEY DATES**

<b>Release Date:</b>	<b>June 9, 2017</b>
<b>Letter of Interest/Intent Due:</b>	<b>June 23, 2017</b>
<b>Questions Due:</b>	<b>June 23, 2017</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>July 10, 2017</b>
<b>Applications Due:</b>	<b>July 28, 2017 by 4:00 PM</b>
<b>DOH Contact Name &amp; Address:</b>	<b>Karen Hopkins</b> Bureau of Women, Infant and Adolescent Health New York State Department of Health Corning Tower Room 821 Empire State Plaza Albany, New York 12237 <a href="mailto:fpccarfa@health.ny.gov">fpccarfa@health.ny.gov</a>

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# **I. Introduction**

The New York State Department of Health (NYSDOH), Bureau of Women, Infant and Adolescent Health (BWIAH), announces the availability of funds to support a Comprehensive Family Planning and Reproductive Health Program Center for Community Action (CCA). The CCA will promote a standard of excellence for the delivery of reproductive health services through the provision of training, technical assistance and expertise to agencies funded by the NYSDOH Comprehensive Family Planning and Reproductive Health Program (FPP). The overarching goal of the FPP is to improve the intendedness of pregnancy and improve birth outcomes for high-need women and families while reducing racial, ethnic and economic disparities in those outcomes. The CCA will support the NYSDOH's efforts to promote the delivery of quality comprehensive family planning and reproductive health services to low-income, uninsured and underinsured women and men of reproductive age in high-need communities.

Improving reproductive health and reducing associated health disparities are key priorities for the NYSDOH Title V Maternal and Child Health Services Block Grant (MCHSBG). The CCA will help support core maternal and child health priorities of NYS' MCHSBG State Action Plan. NYS has been a national leader in building comprehensive service systems, including access to quality, confidential reproductive health services and delivery of evidence-based programming to improve the health and well-being of women, infants, children and adolescents. Comprehensive reproductive health care is a critical strategy to meet the priorities set forth in the Title V MCHSBG State Action Plan

([http://www.health.ny.gov/community/infants\\_children/maternal\\_and\\_child\\_health\\_services/docs/2017\\_application.pdf](http://www.health.ny.gov/community/infants_children/maternal_and_child_health_services/docs/2017_application.pdf)).

## **A. Background**

New York State (NYS) continues to face challenges to improving the reproductive health of its population. Nearly half of all pregnancies are unintended. Unintended pregnancies include pregnancies that are reported by women as being mistimed (the woman did not want to be pregnant until later) or unwanted (the woman did not want to be pregnant at any time). Unintended pregnancy has a public health impact. There is a link between unwanted pregnancies and many health and social problems including: inability to complete education, poverty, poor health and mental health problems, neglect, abuse and family violence. Unwanted pregnancy is associated with increased risk of maternal morbidity and mortality. These health and social problems affect not only pregnant women, but also their children, partners and families.

Births resulting from unintended or closely spaced pregnancies are associated with adverse maternal and infant health outcomes including:

- Inadequate or delayed initiation of prenatal care;
- Reduced likelihood of breastfeeding;
- Maternal depression; and
- Increased risk of physical violence during pregnancy.

Women and adolescent females who have unintended pregnancies that result in births are more likely than those who intended to become pregnant to smoke and drink during pregnancy and to have premature and low-birth-weight infants. Children from unintended pregnancies are more likely to experience poor mental and physical health during childhood, and have lower educational attainment and more behavioral issues in their teens.

The rates of unintended pregnancy are highest among women ages 18 to 24, women with less than a high school diploma, black or Hispanic women. Women with lower levels of education and income, uninsured women, Hispanic women, and non-Hispanic black women are less likely to have access to family planning services (<https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>).

Preventing unintended pregnancy and achieving optimal birth spacing can reduce the occurrence of preterm births. Preterm birth, defined as any birth before 37 weeks gestation, occurs in approximately 1 of every 10 infants born in NYS. A baby born preterm, or prematurely, is at higher risk for serious health problems compared to children born full term. Preterm birth is the leading cause of infant death, with the majority of preterm-related deaths occurring among babies who were born very preterm (before 32 weeks).

Nearly three quarters of teen births are unintended. These pregnancies are at 17% higher risk for preterm delivery, and teen mothers are more likely to have a second baby within 2 years of the first birth, making preterm delivery more likely for the second birth as well. Although the NYS teen birth rate has declined, efforts to reduce teen pregnancy need to continue, especially in minority communities where teen and premature birth rates are highest. Women who become pregnant after the age of 35 years are also at increased risk for preterm delivery, and they are also more likely to have chronic medical conditions.

Regardless of a woman's age, having access to the full range of contraceptive methods is important to prevent unintended pregnancies (Shapiro-Mendoza CK, Barfield WD, Henderson Z, et al. CDC Grand Rounds: Public Health Strategies to Prevent Preterm Birth. *MMWR Morb Mortal Wkly Rep* 2016;65:826–830. DOI: <http://dx.doi.org/10.15585/mmwr.mm6532a4>). Family planning services help address these and other public health challenges by providing education, counseling and medical services. For example, the association of underlying maternal health and chronic medical conditions with maternal mortality highlights the importance of addressing preconception and interconception health of high-risk women. Those seeking care at family planning clinics often do not receive health care from any other source. More than six in ten women who obtain care at a family planning clinic consider it their usual source of medical care.<sup>1</sup> The availability of quality family planning and reproductive health services allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women and families.

## **B. Purpose**

It is the intent of the NYSDOH to award one (1) contract from this Request for Applications (RFA), with total annual funding of up to \$250,000 for the provision of technical assistance, training and expertise to the FPP. The CCA will support the FPP to improve the quality of care delivered to clients of reproductive age in need of family planning services, and will promote a standard of care in a manner that is consistent with current professional knowledge. A contract will be awarded for a five-year period contingent on satisfactory performance and subject to the availability of continued funding.

The FPP provides family planning and comprehensive reproductive health services for low-income, uninsured and underinsured women and men of reproductive age, including adolescents,

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<sup>1</sup> Frost JJ, *U.S. Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995–2010*, New York: Guttmacher Institute, 2013.

through a statewide network of health care facilities licensed through Article 28 of the NYS Public Health Law certified to provide medical services. There are currently 48 FPP providers in 173 service sites, including local health departments, hospitals, Federally Qualified Health Centers and Planned Parenthood organizations (**Attachment 1**) funded through December 31, 2017. The focus is on preventing unintended pregnancy and improving health outcomes. Funding to the 48 FPP providers was awarded through a competitive RFA. A RFA to award a new five-year cycle was issued April 20, 2017. It is expected that 40 to 50 eligible organizations will be awarded funding.

The FPP incorporates key guiding principles within a comprehensive public health framework including: performance management to measure, monitor, and improve reproductive health outcomes; a comprehensive approach which uses the family planning visit to assess the need for and provide other related preventive health services including preconception health care; and community engagement to ensure community awareness of and access to customer-focused family planning services.

The CCA will support FPP providers in achieving a set of **performance standards** including:

1. Low-income men, women and adolescents of reproductive age are engaged in quality family planning and reproductive health care services.
2. The reproductive health and related preventive health needs of clients accessing family-planning services are identified and addressed through timely and coordinated education, counseling, management, referral and follow-up.
3. Family planning and reproductive health care services operate within written clinical protocols that are in accordance with nationally recognized standards of care.
4. The community is aware of the availability of and is encouraged to access family planning services.
5. Family planning services are consumer-focused and accessible to the population being served, with consideration to clients' access to transportation, clinic locations, hours of operation, and other factors that influence a client's ability to access quality services.

FPP services are delivered in accordance with federal and state program requirements, and professional medical standards of care. The range of services provided includes:

- assessment of the patient's reproductive life plan to help women and men plan and space births, prevent unintended pregnancies, and reduce the number of abortions;
- providing family planning services including a broad range of FDA-approved contraceptions;
- pregnancy testing and related counseling;
- helping clients who want to conceive, achieve pregnancy;
- basic infertility services;
- preconception health screening;
- screening and treatment of sexually transmitted infections;
- HIV counseling and testing;
- related preventive services such as breast and cervical cancer screening;
- appropriate referrals; and
- patient and community education.

Other preventive health services such as screening for lipid disorders, skin cancer, colorectal cancer or osteoporosis, can be provided on-site or by referral. In 2015, approximately 310,000 individuals were served through the 48 FPP providers.

The CCA will ensure all FPP providers are trained in accordance with: federal Office of Population Affairs Program Requirements for Title X Funded Family Planning Projects (Title X Requirements <https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html>); Providing Quality Family Planning Services Recommendations of CDC and the US Office of Population Affairs (Morbidity and Mortality Weekly Report, April 25, 2014 and all subsequent updates <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm>); NYS Public Health Law and NY Codes, Rules and Regulations (NYCRR); current professional medical standards of practice; and the NYSDOH Comprehensive Family Planning and Reproductive Health Program RFA.

The CCA will provide expertise in all aspects of the provision of family planning services and the operation of family planning programs to improve clinic functioning, service delivery, customer service, outreach and community engagement, and business practices. The CCA is expected to work with FPP providers to identify strategies for improvement of practices that have been shown to be successful in promoting access to care, such as shorter waiting times for appointments; developing a schedule of discounts; providing assistance in enrolling clients in public health insurance programs, including the Family Planning Benefit Program (FPBP); offering flexible and extended hours of operation; and, providing culturally competent care. The CCA will also identify and address issues that create barriers to care.

## **II. Who May Apply**

### **A. Minimum Eligibility Requirements**

1. Not-for-profit academic, research, and/or educational/training organizations; teaching hospitals/medical centers; or public/social policy organizations located in New York State are eligible to apply for funding.
2. Eligible applicants will have a minimum of three years of experience in the field of adult education.

### **B. Preferred Eligibility Requirements**

Preference will be given to applicants that demonstrate:

1. A minimum of three years of experience providing training and technical assistance to health care providers on comprehensive reproductive health services in compliance with federal Title X Program Requirements and the Providing Quality Family Planning Services (QFP) Recommendations of CDC and the U.S. Office of Populations Affairs; and
2. A minimum of three years of experience with overseeing Continuous Quality Improvement strategies using a Learning Collaborative model to improve program outcomes.

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

#### **A. Expectations of the Project**

It is expected the CCA will be an active partner with the NYSDOH and the FPP providers, as well as national, regional and state professional organizations to promote a comprehensive system for the effective delivery of family planning services statewide. The CCA in conjunction with the NYSDOH, will ensure family planning services are delivered in a consistent, quality and cost-effective manner, and that FPP providers have the ability to obtain up-to-date information and technical assistance as needed. The work of the CCA will provide the FPP access to state and national resources. The CCA will utilize the knowledge and services of state and national leaders to improve outcomes for the FPP including increasing access to services and providing effective methods of contraception for women to prevent unintended pregnancies. The CCA is expected to be familiar with and use nationally defined/accepted medical standards and care criteria to conduct trainings and provide information to FPP providers.

The CCA is expected to use current or new technology to provide training and disseminate information including, but not limited to, statewide webinars, develop/maintain an accessible and updated web site, and web-based interactive media.

Key staff from the CCA are expected to participate in joint calls/meetings and joint projects periodically with other technical assistance and training programs serving NYSDOH BWIAH programs to foster information sharing, collaboration, and achievement of shared goals such as prevention of unintended pregnancies, improvement of birth outcomes, promotion of preconception health and promotion of adolescent health.

#### **B. Scope of Work**

It is expected the CCA will be an active partner with the NYSDOH and FPP providers in support of a comprehensive system of family planning services that provides quality reproductive health care; engages the appropriate populations; and maximizes all funding streams to promote program sustainability. The CCA provides the NYSDOH with the opportunity to access state and national resources to ensure a quality system of family planning services statewide.

The activities to be conducted by the CCA include:

##### **1. Assess Technical Assistance (TA) and Training Needs**

- Assess the TA and training needs of NYSDOH-funded Comprehensive Family Planning and Reproductive Health Program (FPP) providers which include local health departments, Federally Qualified Health Centers, hospitals and Planned Parenthood organizations, related to achieving the set of **performance standards** outlined in Section I.B above, including:
  - adherence to federal Title X Requirements; Providing Quality Family Planning Services Recommendations; NYS Public Health Law and NY Codes, Rules and Regulations; current professional medical standards of practice, and the current NYS Family Planning and Reproductive Health Request for Applications;
  - outreach, engagement and retention of high-risk populations in need of family planning and reproductive health services;
  - maximizing all funding streams to promote program sustainability; and

- monitoring and assessing program data and conducting quality improvement activities to improve performance measures and program outcomes.

## **2. Provide Technical Assistance**

- Based on the results of the needs assessment and in consultation with the NYSDOH, develop a plan for the delivery of TA to FPP providers.
- Provide TA via telephone, in-person, email communication, and/or web-based delivery to all FPP providers (currently 48 providers) on an as needed - as requested basis.
- Provide a minimum of 10 in-person TA visits to FPP providers annually. TA needs will vary based on FPP contract cycle, priority for new programs, programs experiencing significant transitions and staff turnover, and program need to improve outcomes associated with performance standards and performance measures.
- On a quarterly basis, provide the NYSDOH with a summary of TA requested and delivered.

## **3. Develop and Conduct FPP Webinars**

- Based on results of the needs assessment, and in consultation with the NYSDOH, develop and conduct 6 webinars annually on topics related to family planning and reproductive health.
- Complete all activities related to each webinar including but not limited to notification, registration, pre- and post-tests, and follow-up communications.
- Collect and evaluate participant feedback about the webinars. Send evaluation to the NYSDOH no later than two months following the webinar.
- Archive webinars and provide access to FPP providers.

## **4. Develop and Conduct In-Person Regional Trainings**

- Develop and conduct 2 in-person, one-day training sessions annually in each of 4 regions (Western, Central, Capital-Area/Hudson Valley, and New York City/Long Island) on 2 different training topics, with training topics to be identified based on results of the needs assessment and in consultation with the NYSDOH.
- Coordinate and complete all logistical activities associated with the training including, but not limited to, securing the training site, coordinating conference room set-up and A-V requirements, notifying FPP providers about the training, reserving hotel room blocks/negotiating room rates for participants, handling registration, producing training materials, coordinating available continuing education credits, arranging travel of speakers, and follow up communications.
- Collect and evaluate participant feedback about the training. Send evaluation to the NYSDOH no later than two months following each of the 2 trainings.

## **5. Promote and Conduct Continuous Quality Improvement (CQI) Activities**

- Based on the needs assessment, and in collaboration with the NYSDOH, assist FPP providers to assess performance measures and program outcomes and identify areas for improvement.
- Promote and assist FPP providers with engaging in CQI activities.

## **6. Conduct an Annual Learning Collaborative**

- In consultation with the NYSDOH, identify the focus/topic of the Learning Collaborative (LC).

- Utilizing an established model such as the Institute for Healthcare Improvement Breakthrough Series, conduct an annual LC focused on supporting systems change.
- Develop and conduct all trainings, assignments and webinars.
- Recruit up to 12 FPP provider participants, conduct in-person trainings, remote (phone, webinar) technical assistance and on-site technical assistance to learning collaborative participants.
- Coordinate and complete all logistical activities associated with the LC training days including, but not limited to, securing a training site, coordinating conference room set-up and A-V requirements, notifying participants, reserving hotel room blocks/negotiating room rates for participants, handling participant registration, producing training materials, coordinating available continuing education credits for participants, and arranging travel of speakers.
- Report outcomes to the NYSDOH, develop a summary of best practices and guidance for implementation across all NYSDOH-funded FPP providers.
- Provide access to guidance documents and conduct a webinar for all FPP providers within 3 months of the end of the LC on lessons learned, systems changes made, performance outcomes impacted and best practices.

#### **7. Convene an Annual Family Planning Provider Meeting**

- Convene a two-day meeting of FPP providers in Albany, NY (approximately 130 participants). This activity may be conducted in collaboration with the BWIAH's other technical assistance and training programs as part of a larger BWIAH annual provider meeting.
- In consultation with the NYSDOH, develop the meeting agenda, identify the meeting location and schedule state and national speakers with expertise in their fields.
- Coordinate and complete all logistical activities associated with the two-day meeting including, but not limited to, securing the meeting site, coordinating conference room set-up and A-V requirements, notifying potential participants about the meeting, reserving hotel room blocks, negotiating room rates for participants, handling participant registration, producing meeting materials, coordinating available continuing education credits for participants, and arranging travel of speakers.
- Collect and evaluate participant feedback about the meeting. Send evaluation to the NYSDOH no later than two months following the meeting.

#### **8. Collaborate with other BWIAH Technical Assistance and Training Programs**

- Collaborate with other BWIAH technical assistance and training programs to foster information sharing, produce joint projects and promote collaboration among all BWIAH-funded programs. Topics of the projects will be determined in collaboration with the NYSDOH.
- CCA Director and other appropriate staff assigned to this project will participate annually in up to four joint calls/meetings for up to two joint projects with other BWIAH technical assistance and training programs.

#### **9. Develop and Maintain a Public Website**

- Develop and maintain a user-friendly web site for the FPP, accessible to FPP providers, NYSDOH and the general public, with a wide range of current and medically accurate reproductive health and family planning information and resources and other relevant topics.

- The CCA Program Director will serve as the contact for NYSDOH and FPP providers on questions about the web site.
- The following information (or links to sites containing the appropriate information) must be included on the website:
  - Family Planning Benefit Program (FPBP) and the Family Planning Extension Program (FPEP);
  - List of Medicaid terms and program standards related to family planning;
  - General Medicaid transportation service determination criteria; and available Medicaid transportation services by county;
  - 340B Drug Pricing Program;
  - Family Planning National Training Center website.
- The CCA Director will facilitate requested changes to the website within seven business days of request by the NYSDOH.
- The following web site accessibility standards must be met:
 

*Any web-based information and applications development, or programming delivered pursuant to the contract or procurement, will comply with New York State Enterprise IT Policy NYS-P08-005, which can be viewed at:*

<http://www.governor.ny.gov/sites/governor.ny.gov/files/archive/assets/documents/NYS-P08-005.pdf> *Accessibility of Web-Based Information and Applications as such policy may be amended, modified or superseded, which requires that state agency web-based information and applications are accessible to persons with disabilities. Web-based information and applications must conform to New York State Enterprise IT Policy NYS-P08-005 as determined by quality assurance testing. Such quality assurance testing will be conducted by the NYSDOH and the results of such testing must be satisfactory to NYSDOH before web-based information and applications will be considered a qualified deliverable under the contract or procurement.*

The above clause will also apply to the extent that a state agency contracts with a public entity, and such contract requires the creation, development, implementation, or hosting of web-based information or applications on behalf of, or for, a state agency. The requirement of this part specifically includes the outsourcing of any of the services identified in this part.

The CCA will be monitored and evaluated to determine success in conducting the activities set forth in the Scope of Work in a timely, accurate, and cost effective manner. The CCA will also be evaluated on performance in the following areas:

- Ensuring FPP providers receive training/TA in accordance with Federal and State statutory and regulatory requirements and program guidelines and standards.
- Ensuring that training/TA on the quality of care delivered by FPP providers meets professionally recognized standards of care.
- Identifying systemic quality issues and providing clinical consultation and other support to address those issues. Such efforts will be provided through webinars, learning collaboratives and other quality improvement efforts.
- Reviewing the most current, research-based best practices related to reproductive health care and family planning methods.
- Ensuring webinars and resources provided meet the identified needs of FPP providers.

The qualified organization may subcontract with other organizations to perform activities described in this RFA however, the lead organization is required to retain at least 51%

implementation of all program activities. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have the overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH. All subcontractors must be approved by the NYSDOH. The key position of CCA Director cannot be subcontracted out, nor may the CCA Director be employed on a consultant basis. This position must be filled by an employee of the funded contractor.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the New York State Department of Health (NYSDOH), Division of Family Health (DFH), Bureau of Women, Infant and Adolescent Health (BWIAH). The NYSDOH is responsible for the requirements specified herein and for the evaluation of all applications.

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

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

Karen Hopkins at [fpccarfa@health.ny.gov](mailto:fpccarfa@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 by emailing Karen Hopkins at [fpccarfa@health.ny.gov](mailto:fpccarfa@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>
- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: <https://grantsreform.ny.gov/youtube>
- Grants Gateway Team Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)  
Phone: 518-474-5595  
Hours: Monday thru Friday 8am to 4:30pm  
(Application Completion, Policy, and Registration questions)

- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: helpdesk@agatesoftware.com  
(Technical questions)

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

This RFA has been posted on the NYS Grants Gateway website at: [https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) and a link provided on the Department's public website at: <http://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also 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**). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. A copy should also be emailed to the attention of Karen Hopkins at [fpccarfa@health.ny.gov](mailto:fpccarfa@health.ny.gov). Please ensure that the RFA number is noted in the subject line and the letter of interest is submitted by the date posted on the cover of the RFA.

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

### **D. Applicant Conference**

An Applicant Conference WILL NOT be held for this project.

### **E. How to File an Application**

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

To apply for this opportunity:

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

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

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

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

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

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

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

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

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

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

The Department of Health reserves the right to:

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

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

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

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

It is expected that the contract resulting from this RFA will have the following time period: **January 1, 2018 to December 31, 2022.** Continued funding throughout the five-year period is contingent upon availability of funding and state budget appropriations. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

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

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

1. The Department may, at its discretion, make an advance payment to not for profit grant

contractors in an amount not to exceed 25 percent.

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

[dfh.boa@health.ny.gov](mailto:dfh.boa@health.ny.gov)

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

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

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

Quarterly progress reports are due 30 days after the end of the three month reporting period, emailed to [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov).

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

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

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

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

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

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

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** 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 upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

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

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

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

#### **J. Limits on Administrative Expenses and Executive Compensation**

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

#### **K. Vendor Identification Number**

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

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

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

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

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

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

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

## **M. Vendor Prequalification for Not-for-Profits**

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

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

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

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

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

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

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

### **2) Complete 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](mailto:grantsgateway@its.ny.gov).

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

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

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

#### **N. General Specifications**

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

## 5. Provisions Upon Default

- a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
- b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
- c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

## 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: [www.grantsreform.ny.gov/Grantees](http://www.grantsreform.ny.gov/Grantees).

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

#### 1. Grant Applicant Cover Page (0 points)

The Grant Application Cover Page (**Attachment 5**) must be completed and uploaded in the application and is to provide relevant information about the applicant organization and the amount of funding requested. Attachment 5 is located in the pre-submission upload section in the Grants Gateway. Please complete and then upload in the pre-submission upload section of the Grants Gateway.

#### 2. Program Summary (0 Points)

The Program Summary is the opportunity for the applicant to briefly summarize each of the four major sections of the application: Organizational Capacity and Experience, Assessment of Need, Project Narrative, and Budget requirements. Clearly demonstrate how the proposed Center for Community Action will provide technical assistance, training and expertise to the NYSDOH-funded Comprehensive Family Planning and Reproductive Health Program providers related to the Scope of Work description in Section III. B.

### **3. Organizational Capacity and Experience** *(Maximum Score: 25points)*

The purpose of this section is for the applicant to describe its capacity and experience to implement and administer the proposed project.

- a. Describe the applicant's mission and services.
- b. Describe the applicant's experience related to publishing and presenting to a national audience regarding family planning and reproductive health services delivery and outcomes.
- c. Describe the applicant's experience in providing technical assistance and training to health care providers, including supporting the provision of family planning and reproductive health services.
- d. Describe the applicants' ability to assess and meet the technical assistance and training needs of a diverse group of health care providers (e.g. local health departments, hospitals, Federally Qualified Health Centers, Planned Parenthoods) including providers of family planning and reproductive health services.
- e. Describe the applicant's experience with engaging and collaborating with other state and national organizations and individuals with expertise in the field to deliver technical assistance and training.
- f. Describe the applicant's organizational and programmatic capacity to deliver technical assistance and training including: methods for delivery of technical assistance; utilization of webinars to deliver trainings; planning and delivering face-to-face trainings and meetings; and ability to reach organizations across the state.
- g. Describe the applicant's ability to provide expert consultation and serve as a resource for emerging policy and program needs related to family planning and reproductive health.

### **4. Assessment of Need** *(Maximum Score: 15 points)*

The purpose of this section is to describe the applicant's knowledge of the gaps and barriers related to the delivery of family planning and reproductive health services to high-need populations in high-need communities. This section should focus on how the applicant will determine the TA and training needs of FPP providers related to the provision of comprehensive family planning and reproductive health services to achieve the set of **performance standards** outlined on page 5, including TA and training related to:

- adherence to federal Title X Requirements; Providing Quality Family Planning Services Recommendations; NYS Public Health Law and NY Codes, Rules and regulations; current professional medical standards of practice, and the current NYS Family Planning and Reproductive Health Request for Applications;
- outreach, engagement and retention of high-risk populations in need of family planning and reproductive health services;
- maximizing all funding streams to promote program sustainability; and
- monitoring and assessing program data and conducting quality improvement activities to improve performance measures and program outcomes.

### **5. Project Narrative** *(Maximum Score: 40 Points)*

The purpose of this section is to describe the design of the applicant's CCA project and how the applicant will complete the activities outlined in Section III.B. Scope of Work.

- a. Describe the organizational structure of the proposed project and the qualifications of key staff with the experience and knowledge to meet all responsibilities outlined in Section III.B. Scope of Work, including credentials, licensure, education and relevant experience. Upload resumes of key staff and upload a position description for the CCA Project

Director. The CCA Project Director shall have the background and expertise to oversee and be responsible for all project activities. Note: the CCA Project Director or their designee should be accessible full-time by phone or e-mail during NYSDOH business hours.

b. Describe how the applicant will:

- i. Develop and implement a plan for the provision of TA, including methods for FPP providers to request TA, methods for delivery of TA, and assessment of the applicability and the quality of the TA delivered. The plan includes provision of TA to all FPP providers, enhanced in-person TA for up to 10 FPP providers annually, targeted TA for FPP providers new to the NYSDOH FPP program, FPP programs experiencing staff turnover, and FPP providers experiencing performance problems.
- ii. Develop and implement a training plan that incorporates guidance and education on best practices in the delivery of family planning services; emerging clinical issues; and emerging research findings and how they translate into practice. The training plan considers the assessment of needs, and includes how trainings will be implemented and evaluated. The plan includes developing and conducting 6 statewide webinars annually and 2 in-person one-day trainings in each of 4 regions of the state, on topics pertaining to family planning and reproductive health care services and related preventive health services, including but not limited to:
  - Federal/state mandatory trainings on reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, and human trafficking;
  - Highly effective and effective contraceptives and standards of practice changes;
  - Conducting effective outreach to engage high risk, uninsured and underinsured individuals;
  - Clinic data reporting requirements to the current NYSDOH electronic system;
  - Conducting a community resources and needs assessment with a focus on the specific community strengths and resources, priority needs, and gaps impacting the priority populations and communities served; and how best to engage community stakeholders/partners and implement services in a manner responsive to those needs;

Trainings will be approved by the NYSDOH and can be provided through regional in-person trainings, learning collaboratives, and/or electronic means such as webinars and other electronic methods.

- iii. Develop and implement a continuous quality improvement (CQI) plan to assist FPP providers with assessing progress toward achieving performance standards and performance measures, including conducting improvement projects and analyzing program data. The CQI plan includes assisting all FPP providers with engaging in CQI activities, and conducting a Learning Collaborative with up to 12 FPP providers annually focused on supporting systems change.
- iv. Plan and conduct an annual two-day FPP provider meeting in Albany NY for approximately 130 participants.
- v. Collaborate with other BWIAH technical assistance and training programs, including participating in up to four calls/meetings annually on up to two joint projects.
- vi. Develop and maintain a FPP web site to include resources, upcoming trainings, best practices and relevant research for family planning and reproductive health care. The web site should include up-to-date, research-based and medically accurate

information. Webinars and other materials, as designated by the NYSDOH, should be archived on the site.

## 6. **Work Plan**

**(0 points)**

In the Work Plan Section of the Grants Gateway on-line application, applicants are instructed to enter the required performance measures for each work plan objective as they are listed in the **Work Plan Template and Performance Measure Instructions (Attachment 6)**.

Applicants should follow the instructions provided on page 1 of Attachment 6 when completing the Work Plan.

For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed on page 1 of Attachment 6. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered into these areas will not be considered or scored by reviewers of your application.

## 7. **Budget and Budget Justification**

**(Maximum Score: 20 points)**

Applicants may request up to the maximum award amount not to exceed \$250,000 annually.

Applicants should refer to the Grants Gateway Expenditure Budget Instructions provided in **Attachment 7**, and the Grants Gateway Budget Data Entry Guidelines provided in **Attachment 8**. Attachment 7 is located in the RFA and Attachment 8 is included in the Pre-Submission Upload section located in the Forms Menu of the application. Applicants should submit a 12-month budget, assuming a 1/1/2018 start date, using the on-line template in the Grants Gateway. All costs must be related to the provision of the CCA, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined.

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

The budget is to be submitted in the format prescribed. Applicants will develop a cost allocation methodology for compliance with grant requirements regarding administration and allowable costs using the principles applicable to your organization as outlined in Attachment A-1, Agency & Program Specific Clauses, Part A, Section H., Administrative Rules and Audits.

Each budget should reflect the amount being requested in your application. Final budgets will be negotiated with successful applicants and are dependent upon the availability of funds. Justification for each cost should be detailed in a supporting narrative.

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

- Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or for remodeling or modification of structure.

- List all personnel, including a CCA Project Director accessible full-time for communications, including e-mail, and non-personal services related to this project.
- Funding is expected to be allocated to support one annual two-day statewide meeting of FPP providers in Albany, NY. Individual FPP contractors will be asked to pay for travel, lodging and food outside of meeting/training times. The CCA will be expected to pay for all of the rest of any expenses related to the statewide meeting or the trainings, including speakers, room rentals, equipment, and any other related costs. The costs of CCA travel, overnight lodging, and meals other than lunch should be included. Costs should be allocated in accordance with New York State Office of the State Comptroller guidelines. These limitations, including the current available rates, may be found by accessing the following web site: <http://osc.state.ny.us/agencies/travel/travel.htm>.

Applicants will be evaluated on how consistent the proposed budget is with the scope of activities to be conducted including an appropriate overall staffing pattern, and, a clear and appropriate budget justification.

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

Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate (ICR). A copy of the current federal ICR agreement must be uploaded.

For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Calculated indirect cost rates will be subject to DOH review and approval. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs.

**8. Preferred Eligibility Requirements** *(Maximum Score: 5 points)*

This section is for the applicant to demonstrate that it has the experience and expertise as listed in the Preferred Eligibility Requirements section of this RFA (II. B.)

- Describe the applicant's experience providing training and technical assistance to family planning health care providers on comprehensive reproductive health services in compliance with federal Title X Program Requirements and the *Providing Quality Family Planning Services (QFP) Recommendations of CDC and the U.S. Office of Populations Affairs*.
- Describe the applicant's experience with implementing Continuous Quality Improvement strategies using a Learning Collaborative model.

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

## **B. Freedom of Information Law**

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

## **C. Review & Award Process**

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH, Division of Family Health, Bureau of Women, Infant and Adolescent Health.

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.

1. Applications meeting the minimum eligibility criteria will be reviewed and scored by a NYSDOH team of trained reviewers using a standardized review tool developed specifically for this RFA.
2. An application must have a minimum score of 65 to be considered for funding.
3. Applications will be ranked according to their review score.
4. An award will be made to the highest scoring applicant.
5. In the event of a tie score, the applicant with a higher score in Section 5, Project Narrative of the application, will break the tie.

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

Once an award has been made, applicants may request a debriefing of their application. 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 Karen Hopkins at [karen.hopkins@health.ny.gov](mailto:karen.hopkins@health.ny.gov) with a copy to [fpccarfa@health.ny.gov](mailto:fpccarfa@health.ny.gov). In the subject line, please write: *Debriefing request FFP CCA RFA*.

In the event unsuccessful applicants wish to protest the award resulting from this RFA,

applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>.

## **VI. Attachments**

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

- Attachment 1: Current NYSDOH-Funded FPP Providers of Reproductive Health Services
- Attachment 2: Sample Letter of Interest to Apply\*
- Attachment 3: Minority & Women-Owned Business Enterprise Requirement Forms\*
- Attachment 4: Vendor Responsibility Attestation\*
- Attachment 5: Application Cover Page\*
- Attachment 6: Work Plan Template and Performance Measures Instructions
- Attachment 7: Grants Gateway Expenditure Budget Instructions
- Attachment 8: Grants Gateway Budget Data Entry Guidelines\*

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

## Attachment 1

### Current NYSDOH Family Planning Program Funded Providers of Reproductive Health Services (through 12/31/17)

- Allegany County Department of Health, Belmont, NY
- Anthony L. Jordan Health Corporation, Rochester, NY
- Cattaraugus County Health Department, Olean, NY
- Chautauqua County Department of Health, Mayville, NY
- Community Health Center of Buffalo, Inc., Buffalo, NY
- Community Healthcare Network, New York, NY
- Coney Island Hospital, Brooklyn, NY
- East Hill Family Medical, Auburn, NY
- Family Planning of South Central New York, Oneonta, NY
- Finger Lakes Community & Migrant Health, Inc., Penn Yan, NY
- Gouverneur Healthcare Services, New York, NY
- Greene County Family Planning, Catskill, NY
- Harlem Hospital Center, New York, NY
- Highland Hospital, Rochester, NY
- Hudson River HealthCare, Inc., Peekskill, NY
- Jacobi Medical Center, Bronx, NY
- Jacobus Center for Reproductive Health/Cortland County Health Department, Cortland, NY
- Kaleida Health, Buffalo, NY
- Kings County Hospital Center, Brooklyn, NY
- Lincoln Medical & Mental Health Center, Bronx, NY
- Livingston County Reproductive Health Center, Mt. Morris, NY
- Long Island Jewish Medical Center, New Hyde Park, NY
- Metropolitan Hospital Center, New York, NY
- Morris Heights Health Center, Bronx, NY
- Mount Sinai Adolescent Health Center, New York, NY
- Nassau Health Care Corporation/NuHealth, East Meadow, NY
- New York Presbyterian Hospital, New York, NY
- North Central Bronx Hospital, Bronx, NY
- Oswego County Opportunities, Inc., Fulton, NY
- Planned Parenthood of Central & Western New York, Buffalo, NY
- Planned Parenthood Hudson Peconic, Hawthorne, NY
- Planned Parenthood of the Mid-Hudson Valley, Poughkeepsie, NY
- Planned Parenthood Mohawk Hudson, Schenectady, NY
- Planned Parenthood Nassau County, Hempstead, NY
- Planned Parenthood of New York City, New York, NY
- Planned Parenthood of the North Country New York, Watertown, NY

- Planned Parenthood Southern Finger Lakes, Ithaca, NY
- Public Health Solutions, New York, NY
- Queens Hospital Center, Jamaica, NY
- Rockland County Health Department, Pomona, NY
- Segundo Ruiz Belvis Diagnosis & Treatment Center, Bronx, NY
- Staten Island University Hospital, Staten Island, NY
- Syracuse Model Neighborhood Facility/Onondaga County Health Department, Syracuse, NY
- The Children's Aid Society, New York, NY
- The Door, New York, NY
- Tioga Opportunities, Inc., Owego, NY
- Upper Hudson Planned Parenthood, Albany, NY
- Wyoming County Department of Health, Silver Springs, NY

**ATTACHMENT 6 – WORK PLAN STANDARDS AND INSTRUCTIONS FOR PERFORMANCE MEASURES**

**PROJECT NAME:** Comprehensive Family Planning and Reproductive Health Program Center for Community Action

**CONTRACTOR SFS PAYEE NAME:**

**CONTRACT PERIOD:** From:  
To:

**Project Summary:**

**Insert the following Project Summary in the Grants Gateway:**

Promote a standard of excellence for the delivery of reproductive health services through the provision of technical assistance, training and expertise to agencies funded by the NYSDOH Comprehensive Family Planning and Reproductive Health Program (FPP). The CCA will support the NYSDOH’s efforts to promote the delivery of quality comprehensive family planning and reproductive health services to low-income, uninsured and underinsured women and men of reproductive age in high-need communities across the state. The CCA will promote a standard of care that is consistent with current professional knowledge. The CCA will provide expertise in all aspects of the provision of family planning services and the operation of family planning programs to improve clinic functioning, service delivery, customer service, outreach and community engagement, and business practices.

**Instructions:**

This RFA has a Grant Opportunity Defined Work Plan set in the Grants Gateway. The Objectives and Tasks cannot be removed from the Work Plan. The applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan.

Applicants are instructed to insert **only** the performance measures as they are listed for each objective and task(s) in the attached work plan.

**Example:** Objective #1 has one Task and one corresponding Performance Measure.

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

**ATTACHMENT 6 – WORK PLAN STANDARDS AND INSTRUCTIONS FOR PERFORMANCE MEASURES**

<b>Family Planning and Reproductive Health Program</b>			
<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>	<b>Performance Measures</b>
<p><b>1.:</b> Assess technical assistance (TA) and training needs of all NYSDOH-funded Comprehensive Family Planning and Reproductive Health Program (FPP) providers.</p>	N/A	<p><b>1a.:</b> The CCA will assess the TA and training needs of all NYSDOH- funded FPP providers related to achieving the following 5 FPP performance standards:</p> <ul style="list-style-type: none"> <li>• Low-income men, women and adolescents of reproductive age are engaged in quality family planning and reproductive health care services.</li> <li>• The reproductive health and related preventive health needs of clients accessing family-planning services are identified and addressed through timely and coordinated education, counseling, management, referral and follow-up.</li> <li>• Family planning and reproductive health care services operate within written clinical protocols that are in accordance with nationally recognized standards of care.</li> <li>• The community is aware of the availability of and is encouraged to access family planning services.</li> <li>• Family planning services are consumer-focused and accessible to the population being served, with consideration to clients’ access to transportation, clinic locations, hours of operation, and other factors that influence a client’s ability to access quality services.</li> </ul>	<p><b>1a.</b> The technical assistance and training needs of all NYSDOH-funded FPP providers are identified.</p>

**ATTACHMENT 6 – WORK PLAN STANDARDS AND INSTRUCTIONS FOR PERFORMANCE MEASURES**

<b>Family Planning and Reproductive Health Program</b>			
<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>	<b>Performance Measures</b>
<b>2.</b> Delivery of technical assistance to all NYSDOH-funded FPP providers.	N/A	<p>2a. Based on results of the needs assessment and in consultation with the NYSDOH, the CCA will develop a plan for the delivery of TA to all FPP providers, including providers that are new to the FPP, providers experiencing significant transitions and staff turnover, and providers needing to improve program performance and outcomes.</p> <p>2b. The CCA will provide TA via telephone, in-person, email communication, and/or web-based delivery to all FPP providers on an as needed - as requested basis.</p> <p>2c. The CCA will provide a minimum of 10 in-person TA visits to FPP providers annually.</p> <p>2d. On a quarterly-basis, the CCA will provide the NYSDOH with a summary of TA requested and delivered.</p>	<p>2a. A plan for the delivery of TA to all NYSDOH-funded FPP providers is developed.</p> <p>2b. TA is available and provided to FPP providers on an as needed – as requested basis.</p> <p>2c. A minimum of 10 in-person TA visits are made annually to FPP providers in need of enhanced TA.</p> <p>2d. A quarterly report is submitted to NYSDOH with a summary of TA requested and delivered.</p>
<b>3.</b> Develop and conduct webinars responsive to the needs of the FPP providers.	N/A	<b>3a.</b> Based on results of the needs assessment, and in consultation with the NYSDOH, the CCA will develop and conduct 6 webinars annually on topics related to family planning and reproductive health.	3a. 6 webinars are conducted on topics related to family planning and reproductive health.
<b>3.</b> Develop and conduct webinars responsive to the needs of the FPP providers.	N/A	<p>b. The CCA will collect and evaluate participant feedback about the webinars and send evaluation results to the NYSDOH no later than two months following the webinar.</p> <p>c. The CCA will archive each webinar on its website.</p>	<p>b. Participant feedback is collected and results shared with NYSDOH for each of the 6 webinars delivered.</p> <p>c. All webinars are archived on the CCA website.</p>

**ATTACHMENT 6 – WORK PLAN STANDARDS AND INSTRUCTIONS FOR PERFORMANCE MEASURES**

<b>Family Planning and Reproductive Health Program</b>			
<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>	<b>Performance Measures</b>
4. Develop and conduct 2 in-person one-day regional trainings in each of 4 regions (Western, Central, Capital District/Hudson Valley, and New York City) annually.		<p>4a. The CCA will develop and conduct 2 in-person, one-day training sessions annually in each of 4 regions on 2 different training topics, with training topics to be identified based on results of the needs assessment and in consultation with the NYSDOH.</p> <p>4b. The CCA will coordinate and complete all logistical activities associated with the training including, but not limited to, securing the training site, coordinating conference room set-up and A-V requirements, notifying FPP providers about the training, reserving hotel room blocks/negotiating room rates for participants, handling registration, producing training materials, coordinating available continuing education credits, arranging travel of speakers, and follow up communications.</p> <p>4c. The CCA will collect and evaluate participant feedback about the training and send evaluation results to the NYSDOH no later than two months following completion of each of the 2 trainings.</p>	<p>4a. 2 in-person one-day training sessions are conducted in each of 4 regions annually.</p> <p>4b. All logistical activities associated with the training are completed.</p> <p>4c. Participant feedback is collected and results shared with NYSDOH for each of the 2 trainings.</p>
5. Promote and conduct continuous quality improvement activities with all NYSDOH-funded FPP providers.		<p>5a. The CCA will assist FPP providers to assess performance measures and program outcomes and identify areas for improvement.</p> <p>5b. The CCA will promote and assist FPP providers with engaging in CQI activities.</p>	<p>5a. Based on the needs assessment, and in collaboration with the NYSDOH, all FPP providers are assisted with assessing performance measures and program outcomes to identify areas for improvement.</p> <p>5b. All FPP providers are engaged in CQI activities responsive to their</p>

**ATTACHMENT 6 – WORK PLAN STANDARDS AND INSTRUCTIONS FOR PERFORMANCE MEASURES**

<b>Family Planning and Reproductive Health Program</b>			
<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>	<b>Performance Measures</b>
			performance measures and program outcomes.
6. Conduct an annual Learning Collaborative (LC).		<p>6a. The CCA will identify the focus/topic of the LC in consultation with the NYSDOH.</p> <p>6b. The CCA will utilize an established model such as the Institute for Healthcare Improvement Breakthrough Series, to conduct an annual LC focused on supporting systems change.</p> <p>6c. The CCA will recruit up to 12 FPP provider participants, conduct in-person trainings, remote (phone, webinar) technical assistance and on-site technical assistance to learning collaborative participants.</p> <p>6d. The CCA will coordinate and complete all logistical activities associated with the LC training days including, but not limited to, securing a training site, coordinating conference room set-up and A-V requirements, notifying participants, reserving hotel room blocks/negotiating room rates for participants, handling participant registration, producing training materials, coordinating available continuing education credits for participants, and arranging travel of speakers.</p> <p>6e. The CCA will report outcomes to the</p>	<p>6a. The topic/focus of the LC is identified in consultation with the NYSDOH.</p> <p>6b. An established model is utilized to deliver the LC.</p> <p>6c. 12 FPP providers are selected to participate in the LC.</p> <p>6d. All LC logistical activities are coordinated and completed.</p>

**ATTACHMENT 6 – WORK PLAN STANDARDS AND INSTRUCTIONS FOR PERFORMANCE MEASURES**

<b>Family Planning and Reproductive Health Program</b>			
<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>	<b>Performance Measures</b>
		<p>NYSDOH, and develop a summary of best practices and guidance for implementation across all NYSDOH-funded FPP providers.</p> <p>6f. The CCA will provide access to guidance documents and conduct a webinar for all FPP providers within 3 months of the end of the LC on lessons learned, systems changes made, performance outcomes impacted and best practices.</p>	<p>6e. Outcomes of the LC are reported to the NYSDOH, including a summary of best practices and a plan for sharing across all FPP providers.</p> <p>6f. A webinar on lessons learned from the LC is delivered to all FPP providers.</p>
<p><b>7. Convene an annual Family Planning Program Provider Meeting.</b></p>		<p>7a. The CCA will plan and convene a two-day meeting of FPP providers in Albany, NY for approximately 130 participants. This activity may be conducted in collaboration with the BWIAH’s other technical assistance and training programs as part of a larger BWIAH annual provider meeting.</p> <p>7b. The CCA will develop the meeting agenda, identify the meeting location and schedule state and national speakers with expertise in their fields in consultation with the NYSDOH.</p> <p>7c. The CCA will coordinate and complete all logistical activities associated with the two-day meeting including, but not limited to, securing the meeting site, coordinating conference room set-up and A-V requirements, notifying potential participants about the meeting, reserving hotel room blocks, negotiating room rates for</p>	<p>7a. A two-day FPP provider meeting is planned and convened.</p> <p>7b. The meeting agenda is developed, location identified, and speakers are scheduled.</p> <p>7c. All logistical activities of the 2-day provider meeting are completed.</p>

**ATTACHMENT 6 – WORK PLAN STANDARDS AND INSTRUCTIONS FOR PERFORMANCE MEASURES**

<b>Family Planning and Reproductive Health Program</b>			
<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>	<b>Performance Measures</b>
		<p>participants, handling participant registration, producing meeting materials, coordinating available continuing education credits for participants, and arranging travel of speakers.</p> <p>7d. The CCA will collect and evaluate participant feedback about the meeting. Send evaluation to the NYSDOH no later than two months following the meeting.</p>	<p>7d. Participant feedback is collected and results shared with the NYSDOH within 2 months of the provider meeting.</p>
<p>8. Collaborate with other technical assistance and training programs that service Bureau of Women, Infant and Adolescent Health grant programs.</p>		<p>8a. The CCA will collaborate with other BWIAH technical assistance and training programs to foster information sharing, produce joint projects and promote collaboration among all BWIAH-funded programs. Topics of the projects will be determined in collaboration with the NYSDOH.</p> <p>8b. The CCA Director and other appropriate staff assigned to this project will participate annually in up to four joint calls/meetings for up to two joint projects with other BWIAH technical assistance and training programs.</p>	<p>8a. Two joint projects are produced in collaboration with other BWIAH TA and training programs.</p> <p>8b. BWIAH TA and training programs promote collaboration among all BWIAH-funded programs.</p>
<p>9. Develop and maintain a FPP public website.</p>		<p>9a. The CCA will develop and maintain a user-friendly web site for the FPP, accessible to FPP providers, NYSDOH and the general public,</p>	<p>9a. A user-friendly FPP website is developed and maintained, accessible by FPP providers,</p>

**ATTACHMENT 6 – WORK PLAN STANDARDS AND INSTRUCTIONS FOR PERFORMANCE MEASURES**

<b>Family Planning and Reproductive Health Program</b>			
<b>Objective</b>	<b>Budget Category</b>	<b>Tasks (Activities)</b>	<b>Performance Measures</b>
		with a wide range of current and medically accurate reproductive health and family planning information and resources and other relevant topics.	NYSDOH and the general public.

**ATTACHMENT 7**  
**Grants Gateway Budget Instructions**  
*Applications OR New Budget Periods*

**Data Entry of the Expenditure Budget** - A step by step data entry document titled “**Grants Gateway Budget Data Entry Guidelines**” has been provided in Pre-Submission Uploads located in the Forms Menu.

- It may be beneficial to use this document as a guide for drafting the budget off-line prior to completing the Expenditure Budget in the Grants Gateway.
- The data entry document highlights the character limits for each field of the Expenditure Budget. Character limits are based on all characters including spaces.

**Funding Opportunity Specification** – The following specifications should be adhered to when completing the expenditure based budget. Failure to adhere to these specifications may result in a reduction of allotted points. Successful applications recommended for award will require modification to meet these specifications prior to contract approval.

- For each section of the budget entered online in Grants Gateway under the Narrative section enter details about other funds for required components of the program.

**Additional Considerations**

- All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.
- Contracted organizations must have on file documentation to support allocation of shared costs to the contract in accordance with applicable regulations and approved budget.
- For each section of the budget in which a budget item is proposed, all required fields must be completed. Failure to complete required fields will result in a global error message which must be resolved prior to submission.
- Failure to provide complete, clear, and concise information may result in a reduced score.
- Equipment purchases for major items that will depreciate in a very short period of time (e.g. one to three years) will only be considered when supported by a strong justification. The Department of Health (DOH) recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
- Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
- Budget lines that are not well-justified may negatively impact the application score and/or delay the budget approval process.
- Indirect costs for organizations without a federally-approved indirect cost rate, will be limited to no more than 10% of total direct costs.
- A “match” contribution is **NOT** required for this grant award. Please do not enter information in the match sections of the budget.
- For fields titled “Other Funds” always leave blank. Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category. (i.e. In-kind staff should not be listed in the Salary Detail, but please

identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative)

- **Travel:** All Travel, other than travel for individuals / organizations funded under the contractual service line, subcontractor travel, should be budgeted in this section. If awarded Out-of-State travel requires prior approval.
  - OCS Guidelines: <http://www.osc.state.ny.us/agencies/travel/manual.pdf>
  - USGSA: <http://www.gsa.gov/portal/category/21283>

### **Document Uploads (as applicable)**

If using a Federally Approved Rate Agreement, *upon award, a Federally Approved Rate Agreement must be uploaded to the Grantee Document Folder located in the Forms Menu.*

### **Other Helpful Links:**

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

CFR Subpart E - Basic Considerations: [http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200\\_1401.sg12](http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12)