

**RFA # 1409020130 / Grants Gateway # DOH01-AIPHC-2015**

**New York State Department of Health - AIDS Institute**  
Division of Epidemiology, Evaluation and Research  
Bureau of Sexually Transmitted Disease Prevention and Epidemiology

**Request for Applications**  
**Internal Program # 14-0005**

2015-2020 Public Health Campaign for STD Services

*KEY DATES*

<b>Release Date:</b>	October 7, 2014, 2014
<b>Deadline to Submit Questions:</b>	October 21, 2014 by 4:00 p.m.
<b>RFA Updates and Questions and Answers Posted:</b>	October 30, 2014
<b>Letter of Intent Due:</b>	November 7, 2014
<b>Applications Due:</b>	November 21, 2014 by 4:00 p.m.

**DOH Contact Name & Address:**

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# **I. Introduction**

## **A. Program Description**

This project is funded by the New York State Department of Health (NYSDOH), AIDS Institute, Division of Epidemiology, Evaluation and Research (DEER), Bureau of Sexually Transmitted Disease Prevention and Epidemiology (BSTDPE), from the Public Health Campaign (PHC) appropriation. The specifications of this project reflect the Centers for Disease Control and Prevention (CDC) recommendations and guidelines for sexually transmitted diseases (STDs) program operations. During the contract period, changes in CDC recommendations and/or guidelines may result in modifications to the project and will be incorporated in the successful bidders' work plans and resulting contracts.

The mission of the BSTDPE is to prevent and control the spread of STDs among residents of New York State through oversight of state-mandated STD services. The Bureau's major program components include surveillance, screening services, field epidemiology (case interviews, partner services, counseling and referral services for STDs and HIV), training and education, and research and evaluation. The decentralized program design, with staff located in county and regional offices across New York State, provides flexibility and assures prompt intervention in response to increases in morbidity, as necessary.

## **B. Background and Intent**

STDs are the most commonly reported communicable diseases in New York State. In 2012 *Chlamydia* and gonorrhea ranked first and third among all reported communicable diseases. Control of STD infections presents a challenge quite different from other infections, due to the stigma attached to diseases linked to sexuality and reproduction, and people's reluctance to discuss these issues with health care providers.

STDs result in considerable economic cost and negative health consequences in this country. The health consequences of syphilis, for example, can include irreversible damage to the central nervous system (manifested as dementia, blindness or paralysis), as well as damage to other organs, and death. The fetus of an infected mother may be stillborn, or born with serious irreversible sequelae. Untreated *Chlamydial* and gonococcal infections can result in pelvic inflammatory disease (PID) which carries an elevated risk for infertility and life-threatening ectopic pregnancy.

BSTDPE prioritizes surveillance and case management, including partner services, an evidence-based intervention, for the control of STDs. These programmatic activities are directed to the major reportable STDs: syphilis, gonorrhea or *Chlamydia*.

Approximately six contracts will be awarded, for a maximum award of \$75,000 per award per year for a total of an estimated \$450,000.

The anticipated multi-year project period for the funds will be five (5) years (4/01/2015 - 3/31/2020). Applicants are requested to submit five separate annual budgets (Year 1 in the Grants Gateway template; Years 2-5 via Attachment 11 under Pre-Submission Uploads). Funding is contingent upon continued appropriation of PHC funds for these purposes.

### **C. Problem/Issue for Which Resolution is Sought**

The NYSDOH BSTDPE receives funding through the NYSDOH PHC appropriation to prevent and control STDs among residents of New York State. The goal of this RFA is the identification and reduction of STDs amongst high-risk populations, through patient interviewing, counseling and education and partner services.

## **II. Who May Apply**

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

To be eligible to apply for funding under this RFA, an applicant must meet the minimum requirements delineated below. Items one through three are Pass/Fail, and if the agency does not meet these criteria, review of the application will be discontinued, and the agency will be disqualified.

1. Your agency must be a local health department in the State of New York, exclusive of New York City.
2. Your agency must be registered in the New York State Grants Gateway.
3. The morbidity in your catchment area, for the calendar year 2013, must equal or be greater than the following for at least one of the diseases listed below:
  - Twenty (20) or more cases of early infectious syphilis;
  - over 300 cases of gonorrhea; or
  - over 1,000 cases of *Chlamydia*.
4. In addition, applicants should demonstrate adequate facilities and capacity to provide STD services including:
  - field epidemiology
  - case interviews
  - partner services
  - screening
  - counseling and testing
  - clinical support, and
  - referral.
5. Applicants should demonstrate their capacity for:
  - reporting data in a timely manner;
  - close integration of STD clinic services with Disease Intervention Specialist (DIS) activities; and
  - collaboration with institutional providers such as jails, juvenile detention centers, drug and alcohol treatment centers, educational institutions, and community based organizations.

### III. Project Narrative/Work Plan Outcomes

#### A. Expectations of Project

This RFA seeks to identify local health departments to conduct activities and services that, over the five-year period beginning April 1, 2015, will support efforts related to prevention and identification of early infectious syphilis, gonorrhea, and *Chlamydia*, for New York State residents, and to reduce the morbidity of these infections. It is also expected that the contractor will strengthen and supplement both existing STD infrastructure to support a greater STD burden, and related DIS activities. These include testing, laboratory services, surveillance activities, field epidemiology, case interviews, partner services, counseling, clinical support, referrals and screening services, prevention and education. The project narrative describes the specific goals, objectives and activities to be implemented through the Work Plan.

Staff positions eligible for funding include: Disease intervention staff and supervisors; STD counselors; social health investigators; physicians; public health nurses and nurse practitioners; and laboratory staff who are directly performing or supporting STD activities. A description of the DIS training required is included in this RFA. The BSTDPE has also provided a staff training checklist, to be completed for all county DIS. Applicants are asked to describe how funded positions will support STD services, and demonstrate that these funds will not supplant funds currently available for existing STD services and infrastructure. Please note that salary and support for administrative and clerical positions are not allowable costs.

Applicants may subcontract components of the scope of work. 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 overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the DOH. All subcontractors should be approved by the Department of Health.

In keeping with the Department's efforts to improve the health of all New Yorkers, BSTDE is requesting the collaboration and participation of funded providers in implementing the state's health improvement plan, the *Prevention Agenda 2013-2017*.

Developed by a diverse group of stakeholders, the *Prevention Agenda 2013-2017* is a comprehensive plan which identifies goals, measurable objectives and a range of evidence based and promising practices in five priority areas that can be implemented by public health, health care and community partners. The Agenda focuses on the social determinants of health and on health disparities along racial, ethnic, and socioeconomic lines.

The Prevention Agenda 2013 is a blueprint for state and local community action to improve the health of New Yorkers. Beginning in 2013, local health departments and

hospitals started working with their community partners including community based organizations, businesses, schools, and other organizations to conduct local community health assessments, identify local priorities and develop and implement community health improvement plans. Each health department and hospital was asked to identify at least two priorities from the Prevention Agenda including one that addresses a health disparity.

The Department cannot achieve the ambitious goals of the *Prevention Agenda 2013-2017* without the full participation of our public health and health care partners in these local community health improvement efforts. As part of providers' efforts to meet the RFA deliverables, we are asking funded programs to reach out to your health department's state health improvement plan contact person to learn more about how to participate in Prevention Agenda planning and implementation related to linkage, retention and treatment adherence in HIV primary care settings. Your contact is available at the following url (ctrl + click):

[http://www.health.ny.gov/prevention/prevention\\_agenda/contact\\_list.htm](http://www.health.ny.gov/prevention/prevention_agenda/contact_list.htm)

It is expected that each funded recipient will participate in the development and implementation of a plan toward achieving the *Prevention Agenda 2013 -2017* goals which are related to this RFA.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the NYS Department of Health, AIDS Institute, Division of Epidemiology, Evaluation and Research (DEER), Bureau of STD Prevention and Epidemiology (BSTDPE). The Department is responsible for the requirements specified herein and for the evaluation of all applications.

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

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

The Bureau of STD Prevention and Epidemiology at: [STDC@health.ny.gov](mailto:STDC@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.

Questions of a technical nature can be addressed in writing to: [STDC@health.ny.gov](mailto:STDC@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.

- [www.grantsreform.ny.gov/grantees](http://www.grantsreform.ny.gov/grantees)

- Grants Reform Videos (includes a document vault tutorial and an application tutorial) on YouTube: <http://www.youtube.com/channel/UCYnWskVc7B3ajjOVfOHL6UA>
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)
- Grants Team Email: [Grantsreform@budget.ny.gov](mailto:Grantsreform@budget.ny.gov)  
(Application Completion, Policy, and Registration questions)
- [www.grantsgateway.ny.gov](http://www.grantsgateway.ny.gov)

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

This RFA has been posted on the Department's public website at:

<http://www.health.ny.gov/funding/> and the NYS Grants Gateway website at:

[https://www.grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx).

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

### **C. Letter of Interest**

Prospective applicants may choose to complete and submit a **Letter of Interest (Attachment 2)**. Letters of Interest should be submitted via the Grants Gateway under the Pre-Submission Uploads section of the online application. A copy must also be emailed to [STDC@health.ny.gov](mailto:STDC@health.ny.gov). Please ensure that the RFA number is noted in the subject line and that letters are submitted by the date posted on the cover of the RFA.

Submission of a Letter of Interest is not a requirement or obligation upon the applicant to respond to this RFA. Applications may be submitted without first having submitted a letter of interest.

### **D. Applicant Conference**

An Applicant Conference will not be held for this project.

### **E. How to file an application**

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Tutorials (training videos) for use of the Grants Gateway are available at the following web address (and upon user log in):

[https://www.grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://www.grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) .

To apply, log into the Grants Gateway and click on the View Opportunities button under View Available Opportunities. To get started, in the Search Criteria, enter the Grant Opportunity name listed above and select the Department of Health as the Funding Agency and hit the Search button. Click on the name of the Grant Opportunity from the search results grid and then click on the APPLY FOR GRANT OPPORTUNITY button located bottom left of the Main page of the Grant Opportunity.

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

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

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

For further information on how to apply, please access the Grantee Quick Start Guide under the Pre-Submission Upload Properties for this opportunity.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <http://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide” from the menu. There is also a more detailed “Grantee User Guide” available on this page as well.

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 NYS DOH contracts resulting from this RFA will have the following multi-year time period: April 1, 2015 – March 31, 2020.

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

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

1. No advances will be allowed for contracts resulting from this procurement.
2. The grant contractor will be required to submit quarterly invoices and required reports of expenditures through the Grants Gateway to the State's designated payment office:

Bureau of STD Prevention and Epidemiology  
NYS Department of Health  
ESP- Corning Tower Room 536  
Albany, NY 12237

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](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 through the Grants Gateway the following periodic reports:

Four quarterly narrative reports, detailing the grantee's activities and progress toward achieving stated goals and objectives. The report for the 4th and final quarter of the budget

year should contain a brief overview of the objectives met or unmet, problems encountered, and plans for continuation of services from the preceding budget period.

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**

This solicitation is restricted to local health departments in New York State.

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 0% on any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing greater than \$25,000 under a contract awarded from this solicitation. The goal on the eligible portion of this contract will be 0% for Minority-Owned Business Enterprises (“MBE”) participation and 0% 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.

This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the **MWBE Utilization Plan** is optional (**Attachment 3**). Funded applicants are encouraged to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.

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

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

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

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

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

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

[http://www.osc.state.ny.us/vendor\\_management/issues\\_guidance.htm](http://www.osc.state.ny.us/vendor_management/issues_guidance.htm).

Additional information concerning the New York State Vendor File can be obtained on-line at: [http://www.osc.state.ny.us/vendor\\_management/index.htm](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 recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [http://www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

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

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website at: [http://www.osc.state.ny.us/vendrep/forms\\_vendor.htm](http://www.osc.state.ny.us/vendrep/forms_vendor.htm) or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

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 June 7, 2013, 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 [grantsreform@budget.ny.gov](mailto:grantsreform@budget.ny.gov). If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

## 2) Complete your Prequalification Application

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Reform Team at [grantsreform@budget.ny.gov](mailto:grantsreform@budget.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 judgment of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment 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. Program Summary/Organizational Capacity (Pass/Fail)**

To be eligible to apply for funding under this RFA, an applicant must meet the minimum eligibility requirements delineated below. Questions a. through c. are Pass/Fail, and if the agency does not answer yes to all three, review of the application will be discontinued, and the agency will be disqualified. If the applicant meets the minimum qualifications, the responses to the remainder of the questions will be evaluated and

scored in the relevant sections of the RFA. **Complete and upload Attachment 5, Application Cover Sheet.**

- a. Is your agency a local health department in the State of New York, exclusive of New York City?
- b. Is your agency registered in the Grants Gateway?
- c. Was the morbidity in your catchment area, for the calendar year 2013, equal to or greater than the following for at least one of the diseases listed below?
  - i. Twenty (20) or more cases of early infectious syphilis;
  - ii. over 300 cases of gonorrhea; or
  - iii. over 1,000 cases of *Chlamydia*.
- d. Provide information regarding your agency's facilities and its capacity to provide STD related services including:
  - i. field epidemiology
  - ii. case interviews
  - iii. partner services
  - iv. screening
  - v. counseling and testing
  - vi. clinical support, and
  - vii. referral.
- e. Provide information demonstrating your agency's capacity for the following:
  - i. Reporting data in a timely manner;
  - ii. close integration of STD clinic services with DIS Activities; and
  - iii. collaboration with institutional providers such as jails, juvenile detention centers, drug and alcohol treatment centers, educational institutions, and other community based organizations.

## 2. Statement of Need

(10 Points)

Based upon morbidity, disease intervention activities and clinical and laboratory services, please provide a justification for your need (related to the STD program).

- a. Provide the disease morbidity in your jurisdiction for calendar years 2011-2013 for early infectious syphilis, gonorrhea, and *Chlamydia*. Complete and upload **Attachment 6, Annual Morbidity Data 2011-2013**. Data will be collected and analyzed independent of the BSTDPE.
- b. Identify geographic locations in your county/city that can be described as core (census tracts or zip codes within your county/city that represents  $\geq 50\%$  morbidity).
- c. Provide the number of case investigations and the number of partners which were dispositioned as A (epi treated) or C (infected and brought to treatment) each, for early syphilis, gonorrhea, and *Chlamydia* for the calendar years 2011-2013. Data must be collected and analyzed independent of the BSTDPE. Complete and upload **Attachment 7, Annual Case Investigations and Partner Dispositions**.
- d. Provide the current number of staff and percentage of their time spent to support field epidemiology of early syphilis, gonorrhea, and *Chlamydia*.



### 3. Disease Intervention Strategy

(30 Points)

Provide a plan for addressing STD morbidity, especially in high-risk populations, by addressing the following prevention activities:

- a. Describe the target population to be served.
- b. Describe the sites/locations at which you will offer services.
- c. Provide a description of how your agency will expand screening capacity in high risk populations, for early infectious syphilis, gonorrhea, and *Chlamydia*, including an estimate of the number of additional tests you expect to administer, per year, for each of the calendar of the proposed grant period.
- d. Identify what proportion of infected individuals in need of therapy for early infectious syphilis, gonorrhea and/or *Chlamydia* were successfully treated for the calendar years 2011-2013. Include a description of how you plan to expand the number of individuals reached.
- e. Describe the proportion of non-infected individuals that received the correct preventive therapy for STDs for each of the calendar years 2011-2013. Describe activities planned to increase the number of individuals reached during the proposed grant period.
- f. For the 2013 calendar year, complete and upload **Attachment 8: Calendar Year 2013 Health Care Provider and Community Outreach/Education Efforts**, which describes your agency's STD related outreach and education activities targeted to clinicians, non-clinician health and human service providers, and the public.
- g. Describe the plan to continue and expand these activities as described in 3f.

### 4. Work Plan

(20 points)

Complete the Workplan in the Workplan Properties Section of the Grants Gateway on line Application. The work plan should describe the objectives and activities necessary to meet program objectives.

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

### 5. Quality Assurance

(10 Points)

- a. Describe how your stated activities, performed by assigned staff, will impact early infectious syphilis, gonorrhea, and *Chlamydia* morbidity, and how this will be monitored.
- b. Describe your system for evaluating skills and development for all funded staff that will be supporting activities related to early infectious syphilis, gonorrhea and *Chlamydia*.
- c. Describe your agency's Quality Assurance system for clinical staff who deal with patients exposed to or infected with early infectious syphilis, gonorrhea or *Chlamydia*.
- d. Describe your methods/system to be used to address problems and challenges in staff development, productivity, or with the stated activities to be performed, concerning early infectious syphilis, gonorrhea, and *Chlamydia*.
- e. Describe with whom and the degree to which collaboration concerning STDs

will take place that will facilitate the pursuit of program goals, at the county/city, regional and State level.

## **6. Training and Professional Development**

**(10 Points)**

Complete an upload **Attachment 10: Training and Professional Development Staffing Plan.**

Disease Intervention Specialists (DIS) and staff in other job titles fulfilling the DIS function for STDs supported on this funding are expected to complete (or have completed) orientation and required training, including:

- orientation by Supervisor to standardized forms (e.g. Interview and Field Records), data systems (ECLRS, CDESS), and policies (including review of BSTDPE Field Manual);
- exposure to practical experiences that include laboratory visits and observations of interviews and field visits (6-9 weeks on average). This should take place before attending the 5-day Passport to Partner Services instructor led training course;
- completion of Training Operations to Promote Safety Around Field Encounters (TOPSAFE) training modules with Supervisor within 1 month of hiring date;
- attending the 5-day Passport to Partner Services instructor led training course, usually within 1 month of completion of the Passport to Partner Services online training;
- completion of Passport to Partner Services online training (for Track D). This includes 14 sequenced online modules (plus LOT System optional); and VCA-E3 webinar series (~100 hours distributed over 6-8-weeks);
- attending the 4-day Advanced Sexually Transmitted Disease Intervention (ASTDI) training course within 6 months to 1 year of hiring date.

Given the highly technical nature of Partner Services supervision, it is also required that staff funded on this contract have a technical supervisor(s) identified that has completed specific Partner Services training, including either:

- the 4-day STD Intervention for Supervisors (STDIS) and the 4-day Principles of STD Supervision companion training courses; or
- the online Essentials of STD Supervision (a multi-part blended elearning training course).

Supervisors must also complete the appropriate Passport to Partner Services training Track (B, C or D) tied to job function. Those who previously completed ISTD (standardized CDC training that preceded Passport) do not need to complete Passport. Supervisors who can substantiate extensive experience in technical Supervision of Partner Services activities may request an exemption from the Supervisory training requirement, as part of their plan.

These courses are provided either by the CDC-funded Disease Intervention Services Training Centers (NYS PTC is one of three) or directly by CDC; and out-of-state travel may be required in order to receive timely training.

- Provide documentation of training status for each DIS and Technical Supervisor, as well as a plan for completion of any training not yet finished. This requirement is met by completing and uploading **Attachment 10: Training and Professional Development Staffing Plan**
- Attach a narrative explaining the circumstances for any staff member who has not completed the required courses and is not currently on the waiting list for the courses, together with a plan for completion of their the training.

After initial grant submission, the staffing plan should be updated annually and re-submitted with the annual work plan. It must also be re-submitted at any time during the year that there are changes to Partner Services personnel supported by this funding.

- Provide assurances that County first-line supervisors and program staff will be available and will have appropriate facilities to participate in required periodic Statewide BSTDPE staff meetings, (e.g., via webinar, in person or conference call).

**7. Budget (Budget Forms and Justification) (20 points)**

**The budget for year one (April 1, 2015 – March 31, 2016) must be entered into the Grants Gateway. Budgets for Years two through five must be uploaded as Attachment 11.** A guide has been provided to assist applicants in completing the budget forms (**Attachment 1, Budget Form Instructions**). For years two through five budgets, please be sure to complete all required Budget Pages included in Attachment 11. The budgets for Years two through five should be labeled as listed below and combined into one .pdf document, then uploaded to the Grants Gateway as Attachment 11.

Years two through five budgets should be labeled as follows:

- Budget Year 2 – April 1, 2016 – March 31, 2017
- Budget Year 3 – April 1, 2017 – March 31, 2018
- Budget Year 4 – April 1, 2018 – March 31, 2019
- Budget Year 5 – April 1, 2019 – March 31, 2020

- a) The amount requested each year should be reasonable and cost effective, relate directly to the activities described in the proposal, and be consistent with the scope of services outlined in the RFA. For each budget year, do not exceed the maximum annual funding amount for the component for which you are applying.
- b) All budgeted positions should be consistent with the proposed services. The Budget Justifications should delineate how the percentage of staff time devoted to this initiative has been determined. The percent of effort allowed for billable staff must not exceed 20% cumulatively, meaning the combined percent of effort for all billable staff positions cannot exceed 20%.
- c) The budgets should include all subcontracts/consultants with contractual amounts and methodologies.

- d) Budgeted items should be justified and fundable under state guidelines. Ineligible budget items will be removed prior to contracting. Ineligible items are those determined by NYSDOH personnel to be inadequately justified in relation to the proposed workplan or not fundable under state guidelines (OMB circulars). The budget amount requested will be reduced to reflect the removal of the ineligible item(s).
- e) Funding for indirect and management costs may be requested to support a fair portion of the overall organizational structure to an extent that it allows the funded applicant to implement program activities and must adhere to the following guidelines:
  - Indirect overhead costs are limited to a maximum of 10% of total direct costs. If indirect costs requested are over the allotted 10% the amount of the additional percentage will be reduced from the total budget prior to contracting.
  - Funds may NOT be used to supplant resources supporting existing services or activities.

The applicant can apply for salary and fringe benefits. NYSDOH BSTDPE will accept a documented fringe benefits rate of up to 45% for staff funded directly for contract activities. If the fringe rate requested is over the allotted 45%, the amount of the additional percentage will be reduced from the total budget prior to contracting.

If an applicant budgets for an item other than what is specified in the RFA, it will be considered ineligible and will be removed from the budget prior to contracting.

All costs should be related to the provision of Public Health Campaign sponsored STD services, 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 should delineate how the percentage of time devoted to this initiative has been determined

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

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

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

All applications may be disclosed or used by 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 minimum eligibility requirements and the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Division of Epidemiology and Evaluation, Bureau of STD Prevention and Epidemiology. If an agency fails to meet these criteria, review of the application will be discontinued, and the agency will be disqualified.

Application review consists of an objective rating system reflective of the required items specified for each section. A panel convened by the BSTDPE will conduct a review of applications from eligible applicants. The reviewers will consider the following factors: (1) clarity of the applications; (2) responsiveness to the Request for Applications; (3) agency capacity; (4) the applicant agency's statement related to need; (5) their disease intervention strategy; (6) their workplan; (7) the description of the agency's Quality Assurance activities, and (8) justification for costs included in the budget.

The six highest scoring applications, scoring 61 points (minimally acceptable) or greater, will be funded. Applicants scoring less than 61 points will not be considered for an award. All awards will be contingent upon negotiated modifications to the application, if any, as agreed upon by the AIDS Institute and the applicant.

In the event of a tie score, in which two or more applicants for funding are judged on the basis of their written application to be equal in quality, the applicant with the highest morbidity rates for the STDs specified earlier in this document will be funded.

It is anticipated that there may be more worthy applications than can be funded with available resources. Applications will be deemed to fall into one of three categories: 1) not approved, 2) approved budget not funded, 3) approved and funded.

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

Once 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 ten (10) business days from date of award or non-award announcement.

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

applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/mywebhelp>, Chapter XI Procurement and Contract Management, 17. Protest Procedures.

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.

## **VI. Attachments**

Please note that attachments can be accessed in the “Pre-Submission Uploads” section of an online application. 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:	Budget Form Instructions
Attachment 2:	Letter of Interest*
Attachment 3:	MWBE Utilization Plan (Optional)*
Attachment 4:	Vendor Responsibility Attestation *
Attachment 5:	Application Cover Sheet*
Attachment 6:	Annual Morbidity Data 2011- 2013*
Attachment 7:	Annual Case Investigations and Partner Dispositions*
Attachment 8:	Calendar Year 2013 Health Care Provider and Community Outreach/Education Efforts*
Attachment 9:	Budget Justifications for Years 2-5*
Attachment 10:	Training and Professional Development Staffing Plan*
Attachment 11:	Budget Forms for Years 2-5*

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

**INSTRUCTIONS FOR COMPLETION OF BUDGET FORMS FOR SOLICITATIONS**

**Budgets for Years two through five are to be completed using the Excel budget forms in Attachment 11. Please be sure to complete all required budget pages for years two through five. The budgets for years two through five should be labeled as instructed in the RFA and combined into one .pdf document, then uploaded to the Grants Gateway as Attachment 11.**

**Tab 1 - Summary Budget**

- A. **Project Name** – Enter the Component for which you are applying
- B. **Contractor SFS Payee Name** - Enter official contractor name listed on Statewide Financial System (SFS). If you do not have an SFS Contractor name, please enter the official name of agency.
- C. **Contract Period** – “From” is the Start date of the budget and “To” is the end date of the budget. A separate budget must be completed for each 12 month budget period and labeled for each contract period.
- D. The **GRANT FUNDS** column is automatically populated based on the information entered in the major budget categories on Tabs 2 through 5 of the excel spreadsheet. These categories include:
  - Salaries
  - Fringe Benefits
  - Contractual Services
  - Travel
  - Equipment
  - Space, Property & Utilities
  - Operating Expenses
  - Other

**Tab 2- Salaries**

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

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

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

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

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

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

**Total:** This column automatically calculates the total funding requested from the AIDS Institute based on annualized salary, hours worked, percent effort and months funded for each position. If the amount requested for a position is less than what is automatically calculated, please manually enter the requested amount in the total column.

**Tab 2 - Fringe Benefits**

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

**Tab 3 – Contractual Services**

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

**Tab 3 – Travel**

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

**Tab 4 – Equipment and Space**

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

**Tab 5 – Operating Expenses / Other**

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

Please indicate the estimated other costs requested for the contract period. *(Other costs include indirect costs) Please note indirect costs are limited to 10% of direct costs. Please include a written justification on Tab 6. The justification for indirect costs needs to include the requested rate.*

**Tab 6 - Narrative Budget Justification**

Please provide a brief narrative justification in the **JUSTIFICATION** column in Tab 6 for each budgeted item. Requested amounts entered on Tabs 2 through 5 will automatically populate the **BUDGETED** column on Tab 6. The justification should describe the requested item, the rationale for requesting the item, and how the item will benefit the proposed program/project.

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