**Public Health Solutions**

**Request for Proposals: Staten Island PEP Center of Excellence and PrEP Navigation**

**Solicitation #: 2018.03.HIV.02.01**

**March 14, 2018**

**PROPOSAL CHECKLIST**

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| --- |
| **Organization Name:** |

**Organizational Eligibility Requirements (check all that apply)**

1. **Yes  No** Is your organizationlegally incorporated by the State of New York as a not-for-profit Corporation?
2. **Yes  No** Does your organization havefederal tax-exempt status under Section 501(c) (3) of the Internal Revenue Code (IRS)?
3. **Yes  No** Is your organizationcurrently operating in New York City?

***NOTE: Facilities of the NYC Health + Hospitals Corporation, branches of the City University of New York (CUNY) and New York City branches of the State University of New York (SUNY) are also eligible to apply. Other NYC, New York State (NYS), or federal government agencies and for-profit organizations are not eligible for funding through this RFP.***

***Both the applying organization and any partner organization(s) must meet the criteria listed above.***

*In addition to the general organizational eligibility requirements described above, applicants must meet all of the following requirements to be eligible for funding under this RFP:*

1. **Yes  No** Does applicant organization an Article 28 license from the New York State Department of Health?
2. **Yes  No** Is applicant organizationcurrently providing clinical services and have a brick and mortar site in Staten Island?

The applying organization andany organization(s) **receiving a subcontract** for the proposed program must meet the criteria listed above.

**Identify Subcontracting organization/s, if (applicable)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yes  No  NA** Does subcontractingorganization meet all of the eligibility criteria listed above?

For-profit organizations are not eligible for funding through this RFP. Subcontracting with governmental and/or for-profit agencies is not allowed.

**Proposal Package**

The following required forms must be downloaded from the Public Health Solutions’ RFP website, [**https://www.healthsolutions.org/get-funding/request-for-proposals/**](https://www.healthsolutions.org/get-funding/request-for-proposals/)

1. Proposal Checklist
2. Organization Information Cover Page
3. Proposal Narrative Form
4. Attachment A – Organization and Program Information Summary
5. Budget Form and Budget Instructions
6. Board of Directors’ Statement *(sample)*
7. Government Contracting Experience/References *(template)*
8. Proposal Format Form
9. Notice of Intent to Respond Form

**Required Components of a Complete Proposal (please check off appropriate box to indicate if document has been included in the proposal submission)**

1. **Yes  No** Proposal Checklist – signed and dated by the CEO/Executive Director/President

1. **Yes  No** Organization Information Cover Sheet *(must be submitted in MS Word)*

1. **Yes  No** Proposal Narrative **and** all attachments referenced in the Proposal Narrative section

1. **Yes  No** Attachment A – Organization and Program Information Summary *(must be submitted in MS Excel)*

* Program Information
* Program Staff
* Target Geographic Area
* Service Site Locations

1. **Yes  No** Budget including Budget Justification *(must be submitted in MS Excel)*
2. **Yes  No** Organization Chart for Proposed Program
3. **Yes  No** Curricula Vitae or Resumes of Key Staff (leadership and program level)
4. **Yes  No** If any, Linkage Agreement (LA) / Memorandum of Understanding (MOU) / Memorandum of Agreement (MOA) with collaborative partner organization(s)

1. **Yes  No** Proposal Format Form

***Proposals missing the Proposal Narrative section or the Budget will be deemed non-responsive and ineligible for review*.**

**Required Administrative Documents**

*In addition to the Required Components of the Complete Proposal, one set*of the following Required Administrative Documents must be submitted with the Complete Proposal:

1. **Yes  No** \*Internal Revenue Service 501(c) (3) Determination Letter

1. **Yes  No** \*New York State Certificate of Incorporation (full copy, including any amendments)

1. **Yes  No** \*Current Board of Directors List

1. **Yes  No** \*Most recent audited Annual Financial Statement; if total expenditures associated with federal funding exceed $750,000 a year, a Single Audit Report is required
2. **Yes  No** \*Article 28 License from the New York State Department of Health
3. **Yes  No** Board of Directors’ Statement – written on your letterhead and signed by the Chair/President or Secretary of the Board of Directors *(see sample statement provided)*

1. **Yes  No** Government Contracting Experience/References (see template provided)

*Note that you may transmit the Required Administrative Documents which are marked with an asterisk (\*), to Public Health Solutions via the NYC HHS Accelerator, New York City’s contracting information system for health and human services. Organizations registered with the NYC HHS Accelerator must designate Public Health Solutions as a funder authorized to download the administrative documents.* *For more information on the NYC HHS Accelerator and to register, go to:* [***http://www.nyc.gov/html/hhsaccelerator/html/home/home.shtml***](http://www.nyc.gov/html/hhsaccelerator/html/home/home.shtml)

*Please indicate on the Proposal Checklist whether you intend to transmit the asterisked (\*) Required Administrative Documents via the NYC HHS Accelerator or if you are including them with your submission via the PHS CAMS Contracting Portal. (Download the instructions, “Sharing Documents to PHS in the Document Vault” from the Public Health Solutions RFP website.)*

*NOTE: Facilities of the NYC Health + Hospitals Corporation are ONLY required to submit the following Required Administrative Documents: Article 28 License from the NYSDOH, Board of Directors’ Statement, and the Government Contracting Experience/References.*

**Administrative Documents Submission via the HHS Accelerator**

*Please indicate whether you have transmitted the asterisked (\*) Required Administrative Documents via the NYC HHS Accelerator (and have not included them with your submission via the PHS CAMS Contracting Portal).*

My applicable “administrative” documents are available via the HHS Accelerator *(remember to elect to share documents with Public Health Solutions in the Accelerator system).*

**Executive Director/CEO Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_