

Ryan White Part A Services in the Tri-County Region

Solicitation #2018.05.HIV.03.01

Request for Proposals (RFP) Pre-Proposal Conference

New York City Department of Health and Mental Hygiene
Bureau of HIV/AIDS Prevention and Control

June 8, 2018

Welcome!

You may submit questions now and/or during the presentation. Please see a staff person for a question card.

Logistics

- Sign-in
- Restrooms
- Question (Q) Cards
- May be anonymous or will be kept confidential should you choose to include contact information
- Will be collected throughout the meeting (after each service category presentation)

Agenda

- Welcome & Introductions
- RFP Background
 - Service delivery model
 - Goals & objectives
- Service Category Overview
 - Client Eligibility
- General Guidelines
- Procurement Logistics & Document Review
- Procurement Timeline & Tips
- Break
- Q&A

Welcome & Introductions

Public Health Solutions

- Operates direct service programs in women's health, early childhood intervention services, HIV prevention and treatment and more; provides management assistance to other non-profits.
- Master Contractor for DOHMH (Contracting and Management Services).
- On behalf of DOHMH,
 - Issues requests for proposals (RFPs) and participates in proposal evaluation and selection process.
 - Legal holder of contracts.
 - Negotiates contract terms and monitors contract compliance (jointly with DOHMH)
 - Issues payments.
 - Processes changes to contract terms, including modifications and renewals.
 - Collects most contract reports.

NYC Department of Health and Mental Hygiene

- One of the largest and oldest public health agencies in the world:
 - Annual budget of \$1.6 billion.
 - More than 6,000 employees throughout the five boroughs.
- One of the oldest public health agencies in the US:
 - Over 200 years of leadership in the field.
- Designated by the Mayor as the administrator (Grantee) of Ryan White Part A funds for the NY Eligible Metropolitan Area:
 - NY HIV Health and Human Services Planning Council: responsible for issuing service guidance and setting allocations for service categories.
 - NYC DOHMH works with HIV Health and Human Services Planning Council to ensure program models support positive community health outcomes and address gaps in care.

RFP Background

- In 2015, Tri-County services contracts were brought together with the rest of the NY EMA to streamline administration, better manage dwindling RWPA funds, and ensure high quality and effective services for all PLWH in the EMA.
- 2015 – Combine Tri-County service contracts with NYC contracts
- December 1, 2015 – Transition completed
- 2015-2017 – Tri-County contracts maintained using cost-base awards during the transition period with PHS serving as Master Contractor for Tri-County RWPA Services.
- 2017-18 – Development of RFP to re-bid ALL services in the Tri-County region and switch to performance-base contracts
- May 2018 – Tri-County RFP Released

Funding Availability

Service Category	Available Funding Amount	Anticipated Number of Awards	Annual Funding Range (min – max)
Food and Nutrition Services	\$968,807	1-3	\$322,936 - \$968,807
Housing/Short Term Assistance Services	\$872,533	1-2	\$350,000 - \$872,533
Medical Case Management Services	\$1,341,040	3-7	\$191,577 - \$500,000
Mental Health Services	\$97,493	1	\$97,493
Oral Health Care Services	\$182,319	1	\$182,319
Psychosocial Support Services	\$126,296	1-2	\$63,148 - \$126,296
Medical Transportation Services	\$339,433	1	\$339,433
Emergency Financial Services	\$250,000	1	\$250,000
Total	\$4,497,607	10-18	

Service Category Overview

Client Eligibility Requirements

General Client Eligibility

- Person living with HIV/AIDS
- Resident of NYC or Putnam, Rockland, or Westchester Counties
- Maximum household income at 435% of Federal Poverty Level (FPL)

Family Size	2017 Poverty Guidelines	RWPA Maximum Household Income (435% FPL)
1	\$11,880	\$51,678.00
2	\$16,020	\$69,687.00
3	\$20,160	\$87,696.00
4	\$24,300	\$105,705.00
5	\$28,440	\$123,714.00
6	\$32,580	\$141,723.00
7	\$36,730	\$159,775.50
8	\$40,890	\$177,871.50

GENERAL SERVICE DELIVERY FRAMEWORK

- Services should be:
 - client-centered,
 - non-judgmental,
 - trauma informed,
 - culturally appropriate,
 - sensitive to physical and sensory impairments, and
 - tailored to the population served
- A variety of engagement strategies should be employed to ensure that client-specific needs are met
- Clients should be included in decision making whenever possible
- The utilization of peers in all applicable service areas is strongly encouraged
- Coordination of referrals between organizations and across service categories is encouraged

GENERAL SERVICE DELIVERY MODEL

- All RWPA service providers must refer clients, as appropriate, to entitlement and benefits specialists with experience within the health care system.
- Clients with unmet medical and social service needs are identified, referrals and linkages must be provided.
- Concerted outreach efforts should be made to schedule, re-confirm, and follow-up on missed appointments for individuals whose circumstances present added barriers to remaining in care.
- Providers must discuss viral load, CD4 cell count, antiretroviral therapy adherence, and retention in primary care, as appropriate, with clients.

GOALS AND OBJECTIVES

Goals and objectives for each service category are based on and placed within the stages of the HIV Care Continuum.

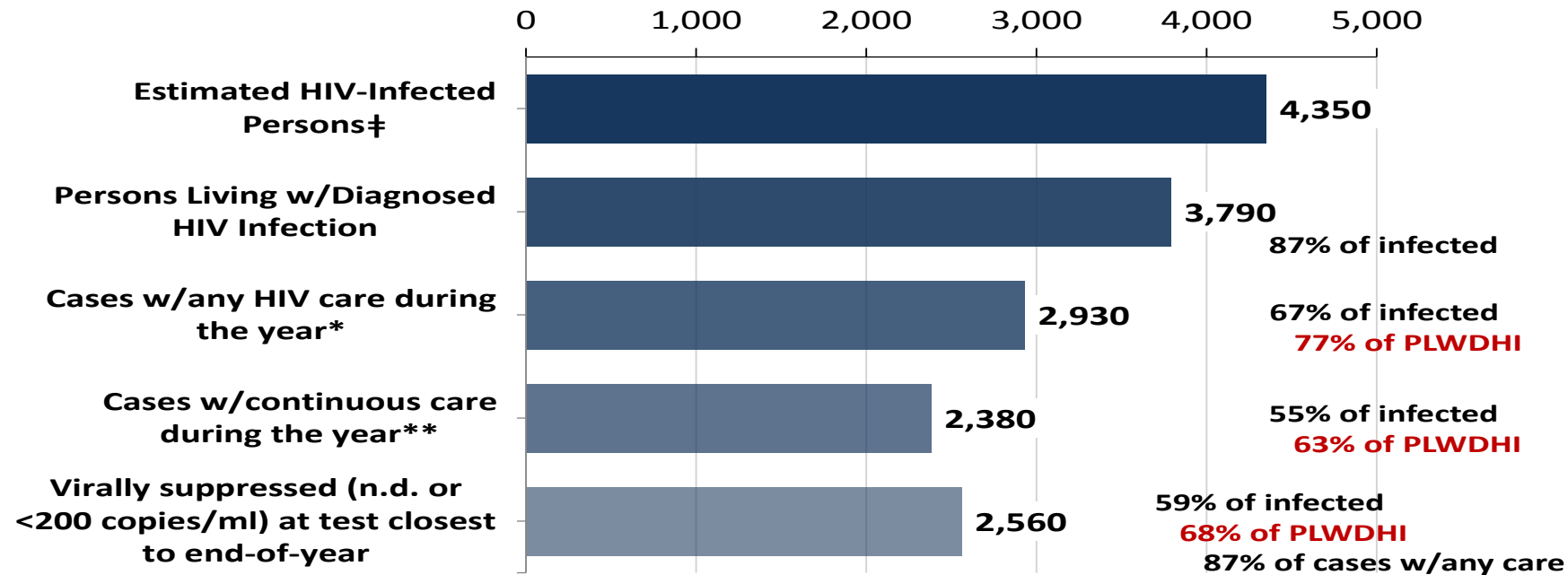
Diagnosed Linked to Care Retained in Care Prescribed ART VLS



Tri-County Care Continuum

Cascade of HIV Care: Lower Hudson Ryan White Region

Persons Residing in the Lower Hudson Ryan White Region† at End of 2015 (excludes prisoner cases)



†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

‡ 13% were infected and unaware (CDC estimate)

* Any VL, CD4, genotype test during the year; ** At least 2 tests, at least 91 days apart



Service Category Description

Category 1:

Food and Nutrition Services

Category 1: FOOD AND NUTRITION SERVICES

Goals and Objectives

The primary goal of Food and Nutrition Services is to promote access to and maintenance in HIV medical care by ensuring access to nutritious food.

Objectives:

- Promote access to, and maintenance in, HIV medical care.
- Provide nutritious food and/or nutrition services to PLWH who need them.
- Enhance treatment adherence.

Stages of the HIV Care Continuum addressed by this service category (highlighted):

Diagnosed

Linked to Care

Retained in Care

Prescribed ART

VLS

Category 1: FOOD AND NUTRITION SERVICES

Program Specific Target Population

- In addition to the general Ryan White eligibility criteria, priority should be given to persons with any of the criteria listed below:
 - Grocery/Pantry Bags - Clients must have limited financial resources to purchase nutritious food.
 - Food Vouchers - Clients must have limited financial resources to purchase nutritious and allowable food(s), but be able to shop for and prepare their own meals.

Program Specific Requirement(s)

- Organizations must conform to food industry standards for food preparation, storage, and handling. Organizations offering prepared meals must meet both local and state food safety regulations. See New York State food handling regulations:

https://www.health.ny.gov/environmental/indoors/food_safety/regs.htm

Category 1: FOOD AND NUTRITION SERVICES

Service Elements	Service Type
Planning and Assessment	Intake Assessment
	Reassessment
Food Services	Pantry Bag Meals
	Food Vouchers
	Home Delivered Meals <i>(not to be funded at this time)</i>
	Congregate Meals <i>(not to be funded at this time)</i>
Navigation	Linkage to Primary Care
Nutritional Services	Comprehensive Nutritional Assessment
	Nutritional Counseling with Supplements
	Nutritional Counseling without Supplements
	Nutritional Education – Group

Category 2:

Housing/Short Term Assistance Services

Category 2: HOUSING/SHORT-TERM ASSISTANCE

Goals and Objectives

The goal for this service category is to provide housing services directly in order to engage and retain PLWH in treatment and care, thereby serving to enhance immunological status, improve health outcomes, and reduce disease transmission.

Objectives:

- Help homeless and unstably housed PLWH to obtain/maintain stable housing thereby reducing the risk of HIV transmission associated with homelessness and unstable housing.
- Provide HIV-positive homeless or unstably housed persons with stable housing to increase the number of PLWH who enter into and stay in comprehensive HIV/AIDS medical care, increase ART utilization and treatment adherence, thereby promoting optimal health outcomes.
- Reduce the number of HIV-infected individuals who are homeless or unstably housed.

Stages of the HIV Care Continuum addressed by this service category (highlighted):

Diagnosed

Linked to Care

Retained in Care

Prescribed ART

VLS

Category 2: HOUSING/SHORT-TERM ASSISTANCE

Program Specific Target Population

In addition to the general Ryan White eligibility criteria, priority should be given to persons with any of the criteria listed below:

- Individuals who are homeless or unstably housed; and/or
- Individuals who are in danger of becoming homeless.
- *Note: Target populations described above are **not** criteria for program eligibility.*

Program Specific Requirement(s)

Organizations providing services must:

- Have experience serving HIV-positive individuals and experience reaching out to and engaging individuals who are out of care, sporadically in care, or in need of self-management support;
- Ensure that staff members are appropriately credentialed to provide the services listed and have HIV knowledge, training, and cultural sensitivity appropriate to the populations served; and
- Have experience providing housing services to PLWH.

Category 2: HOUSING/SHORT TERM ASSISTANCE

Service Elements	Service Type
Planning and Assessment	Intake Assessment
	Care/Service Plan Development and Update
	Reassessment
Navigation	Apartment Inspection
	Client Assistance
Rental/Utility Assistance Payment	Payments of housing rent and/or utilities on behalf of the client are made to the landlord and/or other service provider

Category 3:

Medical Case Management Services

Category 3: MEDICAL CASE MANAGEMENT

Goals and Objectives

The Medical Case Management program aims to provide care coordination and treatment adherence services in order to engage and retain PLWH in care and treatment, thereby improving health outcomes.

Objectives:

- Provide coordinated access to medically appropriate levels of health and support services and continuity of care.
- Provide referrals and linkages to medical or supportive services that improve clients' physical and behavioral health.
- Provide comprehensive treatment adherence services, promoting access to, and the consistent utilization of ART.

Stages of the HIV Care Continuum addressed by this service category (highlighted):

Diagnosed

Linked to Care

Retained in Care

Prescribed ART

VLS

Category 3: MEDICAL CASE MANAGEMENT

Program Specific Target Population

In addition to the general Ryan White eligibility criteria, priority should be given to persons with any of the criteria listed below:

- Newly diagnosed with HIV in the past 12 months.
- Out of care for at least the past 9 months.
- Virally unsuppressed at last (most recent) known viral load test within the past 12 months.
- Currently living with chronic hepatitis C.
- At high risk for falling out of medical care or becoming virally unsuppressed (e.g. experiencing viral rebound).

Program Specific Requirement(s)

Organizations providing services must:

- Have a medical provider on-site or a memorandum of understanding (MOU) with a medical provider that has agreed to coordinate care.
 - The MOU should detail the process for making referrals to the program and how medical information and MCM program information will be shared among providers.
- Have demonstrated experience providing medical case management services to PLWH.
- Have service sites geographically located within Tri-County, accessible to, and able to service clients from throughout the NY EMA.

Category 3: MEDICAL CASE MANAGEMENT

Service Elements	Service Type
Outreach	Case Finding to locate persons lost-to-care
Planning and Assessment	Intake Assessment
	Care/Service Plan Development and Update
	Reassessment
	Case Conference
Navigation	Client Assistance
	Client Engagement
	Linkage to Services
	Accompaniment
Outreach for Client Reengagement	Outreach for Client Re-engagement
Treatment Adherence	Health Education - Individual
	Health Education - Group
	Modified directly observed therapy (DOT) – with or without licensed provider

Category 4:

Mental Health Services

Category 4: MENTAL HEALTH SERVICES

Goals and Objectives

The goal for this service category is to provide Mental Health Services in order to engage and retain PLWH in treatment and care, thereby serving to enhance immunological status and improve health outcomes.

Objectives:

- Provide treatment and counseling services to individuals living with HIV and mental illness, with or without co-occurring substance use disorders, that aim to improve quality of life and mental health functioning.
- Facilitate continued engagement in biomedical, psychological and psychosocial care and treatment including adherence to ART and/or psychotropic medications.
- Overcome barriers to mental health care.

Stages of the HIV Care Continuum addressed by this service category (highlighted):

Diagnosed

Linked to Care

Retained in Care

Prescribed ART

VLS

Category 4: MENTAL HEALTH SERVICES

Program Specific Target Population

In addition to the general Ryan White eligibility criteria, priority should be given to persons with any of the criteria listed below:

- Services may ONLY be provided to those with DSM Diagnosis
- In limited cases, affected family members, partners and caregivers (collaterals) may receive family counseling services when such services directly benefit the person living with HIV/AIDS (index client) and the HIV+ client is present.

Program Specific Requirement(s)

In addition to the general organizational eligibility requirements for RWPA programs, organizations providing services must:

- Be NYS licensed Article 28 facilities or Article 31 facilities;
- Organizations applying for RWPA funding for Mental Health Services must demonstrate that these funds will be Payer of Last Resort (POLR) and have the capacity to bill Medicaid for those clients with Medicaid.

Category 4: MENTAL HEALTH SERVICES

Service Elements	Service Type
Planning and Assessment	Intake Assessment
	Care/Service Plan Development and Update
	Reassessment
Mental Health Services	Mental Health Counseling – individual, group, family
	Psychiatric evaluation
	Psychiatric visits
Other Counseling Services	AOD Counseling– individual, group, family
	Treatment Adherence Counseling – individual, group, family
	Biomedical Counseling with partners
	Wellness Counseling – Individual and Group
	Seeking Safety Intervention – Individual and Group
Service Coordination	Accompaniment
	Client Assistance
	Care Coordination /Primary Care Provider
	Outreach for Client Re-engagement
	Client Engagement

Category 5:

Oral Health Care Services

Category 5: ORAL HEALTH CARE SERVICES

Goals and Objectives

The goal for this service category is to provide oral health services to enhance immunological status, improve health outcomes, reduce disease transmission, and assure that oral health care is an integral part of HIV primary care for all PLWH.

Objectives:

- To promote optimal health and quality of life resulting from the prevention, early detection and treatment of dental decay and periodontal disease, opportunistic infections, and other health-related complications; and the restoration and maintenance of proper oral structure.
- To increase the number of persons with HIV disease who have access to, and receive ongoing, appropriate oral health care services.
- To avoid interruptions in the receipt of HIV primary care or in the adherence to antiretroviral treatment due to oral health issues.
- To improve and maintain proper nutritional intake.

Stages of the HIV Care Continuum addressed by this service category (highlighted):

Diagnosed

Linked to Care

Retained in Care

Prescribed ART

VLS

Category 5: ORAL HEALTH CARE SERVICES

Program Specific Target Population

In addition to the general Ryan White eligibility criteria, Oral Health Care Services are restricted to:

- Persons without access to oral health care; and
- Those without adequate dental insurance coverage.

Program Specific Requirement(s)

In addition to the general organizational eligibility requirements for RWPA programs, organizations providing services must:

- Be a health center authorized to bill NYS Medicaid such as a NYS licensed Article 28 facility; and
- Have, or obtain, the ability to bill the New York State HIV Uninsured Care Program for dental services.

Category 5: ORAL HEALTH CARE SERVICES

Service Elements	Service Type
Planning and Assessment	Intake Assessment
	Care/Service Plan Development and Update
	Reassessment
Navigation	Client engagement - activities to remind client of dental appointments
	Referrals
Comprehensive Oral Health Care	Preventive
	Palliative
	Restorative

Category 6:

Psychosocial Support Services

Category 6: PSYCHOSOCIAL SUPPORT SERVICES

Goals and Objectives

The goal for this service category is to provide psychosocial support services to engage and retain PLWH in treatment and care, thereby serving to enhance immunological status, improve health outcomes, and reduce disease transmission.

Objectives:

- Provide counseling services to individuals experiencing stress and anxiety who do not necessarily have a DSM-V diagnosis.
- Provide individual and group supportive counseling services that aim to overcome barriers to access and facilitate continued engagement in medical care and treatment adherence in order to increase ART utilization and promote optimal health outcomes.
- Provide family-focused services that reduce stressors in the lives of PLWH in order to remove barriers to engagement in HIV care and adherence to treatment.

Stages of the HIV Care Continuum addressed by this service category (highlighted):

Diagnosed

Linked to Care

Retained in Care

Prescribed ART

VLS

Category 6: PSYCHOSOCIAL SUPPORT SERVICES

Program Specific Target Population

Services may be provided to clients who meet eligibility criteria for RWPA services, including, HIV status, residency, and income. Note that active substance use, incarceration history, and presence OR absence of DSM diagnosis does not preclude clients from being eligible to receive services.

Program Specific Requirement(s)

In addition to the general organizational eligibility requirements for RWPA programs, organizations providing services must:

- Be co-located or have established linkages with medical and social service programs to refer participants;
- Ensure that staff members are appropriately credentialed to provide the services listed and have HIV knowledge, training, and cultural sensitivity appropriate to the populations served; and
- Have service sites geographically located within Tri-County, accessible to, and able to service clients from throughout the entire NY EMA.

Category 6: PSYCHOSOCIAL SUPPORT SERVICES

Service Elements	Service Type
Planning and Assessment	Intake Assessment
	Care/Service Plan Development and Update
	Reassessment
Outreach	Targeted Case Finding
Service Coordination	Client Assistance
	Accompaniment
Psychosocial Support Services (PSS)	Individual Counseling
	Group Counseling
	Family Counseling
	Pastoral Counseling
	Counseling Biomedical - partners
	Seeking Safety Intervention– individual, group

Category 7: Medical Transportation Services

Category 7: MEDICAL TRANSPORTATION SERVICES

Goals and Objectives

The overall goal for this service category is to provide transportation services to engage and retain PLWH in treatment and care, thereby serving to remove barriers to care.

Objectives:

- To increase accessibility to medical and support services for PLWH across the Tri-County region.
- To ensure that PLWH receive timely services that support maintenance in care and ART adherence to promote positive health outcomes.
- To ensure that PLWH, clinicians, case managers, and other health care professionals are aware of available RWPA transportation services when other transport services are not an option.

Stages of the HIV Care Continuum addressed by this service category (highlighted):

Diagnosed

Linked to Care

Retained in Care

Prescribed ART

VLS

Category 7: MEDICAL TRANSPORTATION SERVICES

Program Specific Target Population

In addition to the general Ryan White eligibility criteria, services under this category are restricted to those with no alternative option for attending medical and supportive service appointments.

Program Specific Requirement(s)

In addition to the general organizational eligibility requirements for RWPA programs, organizations providing services must:

- Have policies and procedures to follow up and resolve client-vendor disputes;
- Have staff members (both program staff and drivers) that respect and maintain rider confidentiality; and
- Have service sites geographically located within Tri-County, accessible to, and able to service clients from throughout the NY EMA.

Category 7: MEDICAL TRANSPORTATION SERVICES

Service Elements	Service Type
Planning and Assessment	Intake Assessment (brief)
Transportation Services	Public Transportation
	Taxi Services
	Gas and Mileage vouchers
	Gas and Mileage vouchers
	Bridge, Tunnel, and Road Tolls vouchers
	Parking vouchers

Category 8:

Emergency Financial Services

Category 8: EMERGENCY FINANCIAL SERVICES

Goals and Objectives

The overarching goal of this service category is to provide short term financial assistance for essential services including utilities, housing, food (including groceries and food vouchers), or medications, provided to clients with limited frequency and for limited periods of time to remove barriers to care.

Objectives:

- Enhance efforts that ensure access to adequate, stable housing that is affordable and accessible, transportation, employment, nutrition, substance abuse treatment, mental health services, and child care, as appropriate.
- Reduce HIV related disparities and health inequities by supporting the coordination of, and access to, additional resources directed at addressing the HIV-related social determinants of health.

Stages of the HIV Care Continuum addressed by this service category (highlighted):

Diagnosed

Linked to Care

Retained in Care

Prescribed ART

VLS

Category 8: EMERGENCY FINANCIAL SERVICES

Program Specific Target Population

In addition to the general Ryan White eligibility criteria, priority should be given to persons with any of the criteria listed below:

- Individuals who present an emergency need when evidence of emergency situations is presented, subject to payer of last resort requirements.

Program Specific Requirement(s)

In addition to the general organizational eligibility requirements for RWPA programs, organizations providing services must:

- Have experience working with a wide-range of individuals, including those living with HIV and those in need of emergency financial assistance;
- Funded agencies providing services to Tri-County residents must have service sites geographically located within Tri-County, accessible to, and able to service clients from throughout the NY EMA;
- Demonstrate procedures and protections are in place to manage effective accounting of payments made through an EFS program and ensure EFA resources are available to clients throughout the contract year.

Category 8: EMERGENCY FINANCIAL SERVICES

Service Elements	Service Type
Planning and Assessment	Intake Assessment (brief)
Navigation	Referral
Fiscal Assistance	Emergency Assistance Payment

General Guidelines

General Organizational Eligibility

1. Legal incorporation by the State of New York as a not-for-profit corporation;
2. Federal tax-exempt status under Section 501(c)(3) of the Internal Revenue Code; and
3. Currently operating with a brick-and-mortar site in Putnam, Rockland or Westchester counties.

Specific Instructions for Applying for Funding in One or More Service Categories

All applicants are required to respond to every section in the Proposal Narrative Components as follows:

- **Sections A, B, C and D** are organization-specific and will remain the same across service categories and must be submitted with the program-specific section for every service category in which your organization is applying for funding. The page limit for each organization-specific section is as follows:
 - Section A: Background and Organizational Capacity = 1-page limit total
 - Section B: Service Delivery Experience = 2-page limit total
 - Section C: Program Management = 2-page limit total
 - Section D: Confidentiality = 1-page limit total

Specific Instructions for Applying for Funding in One or More Service Categories

- Sections **E**, **F**, and **G** are program-specific and must be submitted for every service category in which your organization is applying for funding. The page limit for each program-specific section is as follows:
 - Section E: Proposed Approach = 3-page limit per service category
 - Section F: Program Design and Implementation = 2-page limit per service category
 - Section G: Service Tracking and Reporting = 1-page limit per service category
- Because sections **E**, **F**, and **G** will change depending on the service category in which you are applying for funding, **please submit one completed proposal (with sections A-G) for each service category in which you are applying for funding.**

Note: Beneath each proposal narrative section, Evaluation Criteria have been included as an additional resource to aid applicants in crafting their proposal narrative(s). Please use these criteria as additional guides while crafting your responses. They are not meant to serve as additional questions to be answered.

Reimbursement Method

Service Category	Anticipated Reimbursement
Food and Nutrition Services	Fee-for-Service
Housing/Short Term Assistance Services	Cost-Based
Medical Case Management Services	Fee-for Service
Mental Health Services	Fee-for-Service
Oral Health Care Services	Cost-Based
Psychosocial Support Services	Fee-for-Service
Medical Transportation Services	Cost-Based
Emergency Financial Services	Cost-Based

NYC DOHMH and Public Health Solutions reserve the right to modify the basis of reimbursement.

Contract Term

- Contracts are expected to begin on March 1, 2019.
 - Ryan White contract year: March – February
- Initial contract term will be up to three (3) years with two (2) two-year renewal options.

General Data Reporting Requirements

Awarded organizations must comply with all NYC DOHMH, PHS, and HRSA data reporting requirements. The NYC DOHMH and PHS requires the submission of client information and service utilization data through the Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE).

In addition, awarded organizations must submit:

- Monthly electronic program narrative reports (ePNR) describing items such as highlights, accomplishments, and challenges/barriers during the reporting period.
- An annual Ryan White Service Report (RSR) to HRSA under the direction of, and with technical support from, NYC DOHMH.

Awarded organizations must comply with all NYC DOHMH, Public Health Solutions and as applicable, Health Resources and Services Administration (HRSA) data reporting requirements.

Procurement Logistics & Document Review

Proposal Submission Process

- Refer to Proposal Checklist and Proposal Format Guidelines when preparing submission.
- Proposals must be submitted via the Contracting Portal on the Public Health Solutions website: <https://mer.healthsolutions.org>
- One copy of the complete proposal, including one set of required administrative documents, must be submitted **by 2:00pm on August 7, 2018.**
- Proposals sent by hard copy or email will **NOT** be considered as submitted.

Required Components of a Complete Proposal

Proposal Checklist signed/dated by CEO/Executive Director/President- confirm eligibility and components included in your proposal package

Organization Information Cover Sheet (MS Word) - *Proposal contacts listed here are contacted, if needed, by PHS for proposal follow up*

Proposal Narrative and all attachments referenced in Narrative section

Attachment A – Program Information (MS Excel)

MRA Computation & Budget Form (MS Excel)

Organization Chart for Proposed Program- Applicants may submit an organization chart as an additional document, but this requirement specifies organization chart for the proposed program.

Curricula Vitae or Resumes of Key Staff (leadership and program level)

Linkage Agreement (LA/MOU/MOA with collaborative partner organization(s), if applicable)

Proposal Format Form– Proposal format expectations, including maximum page limit and document naming convention

Attachment A – Program Information

Provide information requested on each worksheet of Attachment A:

Program Staff

- Organization chart.
- All proposed staff, including titles and roles, and languages spoken by staff.

Service Site Locations

- Sites where proposed services will be provided and administrative office location.

MRA Calculation & Budget Form

Why the budget is required?

- Justification for the full amount of your proposal request
- Demonstrates use of a rational methodology to allocate shared costs among your agency's programs
- **Maximum Reimbursement Amount (MRA) Calculation:** Project Service Units + Compute Proposal Budget Amount
- **Budget pages** – Budget Summary Page, Personnel Services, Fringe Benefits, Travel, Equipment, Supplies, Other, Consultant, Admin Calculation, and Admin Certification.
- **Cost estimates of proposed services** – For a full 12-month budget period of operation at normal operating capacity, post-start up.
- **Justification provided for each budgeted line item** –
 - Clearly explain how your line-item cost estimates were derived (include cost allocation methodology).
 - Show the relationship between the proposed costs and program activities.
- **Completion of the budget forms** – Complete only the areas shaded yellow and automatically the blue (formulated) cells will calculate the budget worksheet. The total computation of the budget is shown in the budget summary sheet.
- **Sum value of projections** on MRA Calculation must equal the budget MRA.
- **Refer to the instruction document** – For additional guidance to complete the MRA and budget forms, and to review the list of unallowable costs (Section D). Agencies are responsible for referring to the instructions.

Administrative Documents

- *Internal Revenue Service 501(c) (3) determination letter.
- *New York State Certificate of Incorporation (full copy, including any amendments).
- *Current Board of Directors List.
- *Most recent audited annual Financial Statement; if total expenditures of federal funding exceed \$750,000 a year, a Single Audit report.
- Board of Directors' Statement – written on your letterhead and signed by the Chair/President or Secretary of the Board of Directors.
- Government Contracting Experience/References.

***Refer to “Sharing Documents in Vault to PHS” for instructions (available for download on PHS website: <https://www.healthsolutions.org/get-funding/request-for-proposals/>)**

HHS Accelerator

- Online system managed by the City as a service to providers:
 - Establish a basic organizational profile and submit critical background documents for prequalification prior to competing for direct City funding;
 - Document Vault - store and share key organizational documents with the City and other funders;
 - To share documents, you must have an active HHS Accelerator Account and elect to share documents with Public Health Solutions.

Email info@hhsaccelerator.nyc.gov or visit www.nyc.gov/hhsaccelerator.

PHS Contracting Portal

- Same portal used by existing contractors for reporting expenditure (eMER) and/or narrative (ePNR) data.
- Only one person may create & submit a proposal per organization.
- Login:
 - If you have been named on a Contract Contact Verification Form (CCVF), use existing account.
 - If not, please email RFPlloginrequest@healthsolutions.org to request a login by **July 18, 2018**.
 - Individuals submitting proposals familiarize themselves with the portal by **July 25, 2018**, at least one week prior to the proposal submission due date.
 - All should ensure they have a working login and get familiar with the portal upload area well in advance of the proposal due date.

Procurement Timeline & Tips

Timeline

- Deadline for written inquiries: **June 14, 2018 at 5:00pm EST**
- Notice of intent to respond: **July 31, 2018, 5:00pm EST**
- Deadline for proposal submission: **August 7, 2018. 2:00pm EST**
- Expected timing of award notification: **October 2018**
- Contract Start Date: **March 1, 2019**

Supplement to the RFP

- Supplement posted online
 - Send notification when it's available for download
 - Will be posted on PHS website upon release: <https://www.healthsolutions.org/get-funding/request-for-proposals/>
- Notification of any changes/updates
 - Email will be sent to all who download the RFP and attended today's conference
- Includes Pre-proposal Conference Q&A summary, PowerPoint slides and responses to email inquiries

Proposal Tips

- Read the RFP in its entirety several times.
- Stay within the page limit as stated for each category.
- Strongly encouraged to provide answers in the same order that questions are asked in the Proposal Evaluation Criteria of the RFP (pg. 85-92).
- Decide on the size of your proposed program within the stated anticipated funding range.
- Use the proposal checklist carefully. Ensure that your Budget justification is sufficiently detailed and supports your proposal.
- Do not submit additional documents/information not specifically requested.
- Submit via Contracting Portal only.
- Submit documents in the format provided via the RFP (Budget via excel, Attachment A via excel, Organization Information Cover Sheet via word, etc.).

Review and Selection Process:

- Proposal review
 - Evaluated and scored by three reviewers independently.
- Contract award determination
 - Awards made in rank order.
 - Right to fund out of order to ensure:
 - Adequate geographic distribution of services.
 - Services targeted to priority populations identified in RFP.
- DOHMH makes final award decisions

Contact Information

RFP Contact:

- Mayna Gipson, Director of Contracts Management

Email:

RWTriCountyRFP@healthsolutions.org

All inquiries must be made in writing to this email address.

Break

Questions