**Public Health Solutions**

**Request for Proposals: Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City**

**Solicitation #: 2018.06.HIV.05.01**

**PROPOSAL CHECKLIST (Revised 8/3/2018)**

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

**General Applicant Eligibility Requirements** *(indicate that your organization meets the eligibility requirements by checking the corresponding Yes/No check boxes below)*:

1. **Yes** [ ]  **No** [ ]  **Is your organization** legally 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 organization** currently operating ~~with a brick-and-mortar site in Westchester, Rockland or Putnam counties~~ in New York City?

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

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

**Program Specific Agency Eligibility Requirements**

*In addition* to the General Applicant Eligibility Requirements listed above, applicants must meet *all* of the following requirements to be eligible for funding under this service category. Please indicate if you meet the eligibility requirements by checking the corresponding Yes/No check boxes below.

1. **Yes** [ ]  **No** [ ] Does your organization have at least 12 months experience providing HIV prevention services to the listed priority populations?
2. **Yes** [ ]  **No** [ ] Does your organization have at least 12 months of demonstrated experience conducting condom distribution to the listed priority populations?
3. **Yes** [ ]  **No** [ ] Does your organization have a primary programmatic headquarters currently located in one of the high priority area ZIP codes identified in Table 1: High Priority Area ZIP Codes?
4. If yes, provide the address of the primary programmatic headquarters, including the borough and high priority ZIP code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Sheet
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
10. Sharing Documents to PHS in the Document Vault

**Required Components of a Complete Proposal**

***One electronic copy*** *of the following required components of each proposal submitted via the* CAMS Contracting Portal on Public Health Solutions’ website at [*https://mer.healthsolutions.org*](https://mer.healthsolutions.org)

Please check the corresponding check box to indicate that the document is included in your **proposal package submission**:

1. [ ]  **Proposal Checklist** – signed and dated by the CEO/Executive Director/President

1. [ ]  **Organization Information Cover Sheet** *(must be submitted in MS Word)*

1. [ ]  **Proposal Narrative(s) *and* all attachments referenced in the Proposal Narrative section** *(must be submitted in MS Word)*

1. [ ]  **Attachment A – Organization and Program Information Summary** *(must be submitted in MS Excel)*
* Program Information
* Program Staff
* Target Geographic Area
* Service Site Locations

1. [ ]  **Budget including Budget Justification** *(must be submitted in MS Excel)*
2. [ ]  **Organization Chart for Proposed Program**
3. [ ]  **Curricula Vitae or Resumes of Key Staff** *(leadership and program level)*
4. [ ]  **If any, Linkage Agreement (LA) / Memorandum of Understanding (MOU) / Memorandum of Agreement (MOA) with collaborative partner organization(s)**

1. [ ]  **Proposal Format Form**

*Proposals missing the Proposal Narrative(s) or the Budget(s) 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. *Please check the corresponding check box to indicate if the document is included in your proposal package submission.*

1. [ ]  **\*Internal Revenue Service 501(c)(3) Determination Letter**

1. [ ]  **\*New York State Certificate of Incorporation** *(full copy, including any amendments)*

1. [ ]  **\*Current Board of Directors List**

1. [ ]  **\*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. [ ]  **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. [ ]  **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. (Download the instructions, “Sharing Documents to PHS in the Document Vault” from Public Health Solutions’ RFP website.)*

*Please indicate on the Proposal Checklist whether you intend to transmit the asterisked (\*) Required Administrative Documents via the NYC HHS Accelerator (indicate below) or if you are including them with your proposal package submission via the CAMS Contracting Portal (indicate above). 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)

[***https://www1.nyc.gov/site/mocs/systems/about-go-to-hhs-accelerator.page***](https://www1.nyc.gov/site/mocs/systems/about-go-to-hhs-accelerator.page)

**Administrative Documents Submission via the NYC 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 proposal package submission via the CAMS Contracting Portal).*

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

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

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