

# REQUEST FOR PROPOSALS

Issued by  
Public Health Solutions

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

## Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City

[Solicitation #: 2018.06.HIV.05.~~01~~02 (*Revised 08/03/2018*)]

Issue Date: June 20, 2018

*Revised* Proposals Due Date: ~~August 9~~August 16, 2018, 2:00pm EDT

RFP Contact: Mayna Gipson, Public Health Solutions

RFP Email: [CondomDSIRFP@healthsolutions.org](mailto:CondomDSIRFP@healthsolutions.org)

For a copy of this Request for Proposals and the Supplements, please go to:

<https://www.healthsolutions.org/get-funding/request-for-proposals/>

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## RFP Timetable

The following are important dates and deadlines pertaining to the issuance of this Request for Proposals (RFP).

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<b>RFP Issue Date</b>	<b>June 20, 2018</b>
<a href="#">Supplement #1 Issue Date</a>	<a href="#">July 13, 2018</a>
<a href="#">Revised RFP Issue Date</a>	<a href="#">August 3, 2018</a>
<a href="#">Supplement #2 Issue Date</a>	<a href="#">August 3, 2018</a>

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### **Pre-Proposal Conference and Webinar** **July ~~12~~13, 2018, 9:30am-12:00pm EDT**

There will be a Pre-Proposal Conference and Webinar (for those unable to attend in person) held for this RFP. Attendance at the Pre-Proposal Conference and Webinar is not mandatory; however, those organizations interested in submitting a proposal are strongly urged to attend.

Please RSVP if you plan to attend in person via the RFP email address, [CondomDSIRFP@healthsolutions.org](mailto:CondomDSIRFP@healthsolutions.org). RSVP is not required, but it is encouraged.

#### **The Pre-Proposal Conference location is:**

*Public Health Solutions*

*40 Worth Street, 5th Floor, Conference Room 5.2/5.3*

*New York, NY 10013*

*Photo I.D. is required to enter the building*

*Subway Directions: #1 to Franklin Street; #2, 3, A, C, J or Z to Chambers Street; #4, 5 or 6 to Brooklyn Bridge/City Hall; E, N or Q to Canal Street; R or W to City Hall*

#### **The Pre-Proposal Conference Webinar link to register is:**

<https://cc.readytalk.com/r/97w1njsixz8d&eom>

*After you register at the webinar link, you will receive instructions via email on how to join the Pre-Proposal Conference Webinar.*

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### **Deadline for Written Inquiries**

**July ~~13~~18, 2018, 5:00pm EDT**

Questions about eligibility, proposal requirements or other requests for clarification about information in the RFP must be submitted via email to [CondomDSIRFP@healthsolutions.org](mailto:CondomDSIRFP@healthsolutions.org) no later than **5:00pm on July ~~13~~18, 2018**.

Responses to questions from the Pre-Proposal Conference and Webinar, as well as questions submitted via email, may be addressed in a supplement to the RFP. The Supplement will also include the presentation slides from the Pre-Proposal Conference and Webinar, and both will be posted on Public Health Solutions' website, <https://www.healthsolutions.org/get-funding/request-for-proposals/>

An email notification will be sent to all individuals that have registered on Public Health Solutions' RFP website and download the RFP, submitted questions via the RFP email and/or attended the Pre-Proposal Conference and Webinar. Please note that *not all* written inquiries will receive written responses. *NYC DOHMH and Public Health Solutions reserve the right not to respond to questions received after July 13, 2018.*

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### **Notice of Intent to Respond**

**August 2, 2018, 5:00pm EDT**

The Notice of Intent to Respond form is not mandatory; however, proposers interested in responding to this RFP are strongly urged to submit the form by the due date so that Public Health Solutions may be better able to plan for the proposal evaluation process. Any information related to this RFP will be emailed to the individual(s) designated as the Proposal Contact Person. The form should be submitted by email no later than **August 2, 2018** to [CondomDSIRFP@healthsolutions.org](mailto:CondomDSIRFP@healthsolutions.org)

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**Proposals Due Date**

**August 9~~16~~, 2018, 2:00pm EDT**

*NOTE: Please see Proposal Submission Instructions on page ~~22-23~~ of this RFP. To ensure that you have a working portal login, and to familiarize yourself with the CAMS Contracting Portal's Proposal Upload area, you should create and test the portal login at least one week before the proposal submission deadline.*

Proposals received after **2:00pm** on **August 9~~16~~, 2018** are late and shall not be accepted, except as provided under the New York City's Procurement Policy Board Rules.

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**Projected Award Notification Date**

**October 2018**

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**Contract Start Date**

**January 1, 2019**

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**RFP Contact**

The RFP Contact is Mayna Gipson and the RFP email is [CondomDSIRFP@healthsolutions.org](mailto:CondomDSIRFP@healthsolutions.org)

All inquiries concerning this RFP, from the date of issuance until contract awards are made, must be directed via email to the RFP Contact. Organizations are advised that no contact related to this RFP is permitted with any other staff of Public Health Solutions or NYC DOHMH.

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## General Information

### Introduction

The Bureau of HIV/AIDS Prevention and Control (BHIV) of the New York City Department of Health and Mental Hygiene (NYC DOHMH), through its Master Contractor, Public Health Solutions, is requesting proposals from eligible organizations to implement the **Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City** service category.

### General Applicant Eligibility Requirements

This Request for Proposals (RFP) is intended to solicit proposals from non-profit organizations with experience conducting HIV prevention activities as well as experience providing other relevant services. The general organizational eligibility requirements are as follow:

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 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.*

### Available Funding

Service Category	Anticipated Funding Range	Anticipated Number of Awards
Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City	\$200,000 - \$270,000	3-4
Anticipated Total Funding Available	\$813,800	

### Contract Term

Contracts will be awarded for a term of up to three (3) years with option to renew; each subsequent year after Year 1 will be formally authorized for program continuation contingent on the availability of funds, successful performance of contractual obligations as determined by the NYC DOHMH, and continued prioritization of identified populations and geographic areas.

### Geographic and Demographic Priority

To ensure that funds are available to serve areas with the highest HIV-related morbidity and mortality rates, applicants' primary programmatic headquarters must be located in a ZIP code with high HIV prevalence and documented health disparities (e.g., High Priority Area ZIP Code neighborhoods). In addition, applicants will be required to identify the Priority Area(s) by ZIP code where the programmatic activities will be delivered. High Priority Area neighborhoods are defined as having a high HIV prevalence, a high number and proportion of concurrent HIV/AIDS diagnoses, a high number and population-based

rate of new diagnoses, or a high age-adjusted death rate among people living with HIV during the period from 2011 to 2015. Previous analyses have demonstrated that HIV diagnoses and prevalence are more likely to overlap with areas of poverty, health disparities, and poor health outcomes.

NYC DOHMH anticipates funding will be available for 3-4 contracts and that one contract per borough will be awarded.

**Table 1: High Priority Area ZIP Codes (data from 2011-2015)**

<b>Borough</b>	<b>Neighborhood</b>	<b>ZIP Codes</b>
Bronx	Crotona - Tremont	10453, 10457, 10460
	Fordham - Bronx Park	10467
	High Bridge - Morrisania	10451, 10452, 10456
	Hunts Point - Mott Haven	10454, 10455, 10459, 10474
	Pelham - Throgs Neck	10462
Brooklyn	Bedford Stuyvesant - Crown Heights	11212, 11213, 11216, 11233
	Borough Park	11230
	Canarsie - Flatlands	11234, 11236
	Coney Island - Sheepshead Bay	11224
	Downtown - Heights - Park Slope	11205, 11217
	East Flatbush - Flatbush	11203, 11210, 11226
	East New York	11207, 11208
	Greenpoint	11211
	Williamsburg - Bushwick	11206, 11221, 11237
Manhattan	Central Harlem - Morningside Heights	10026, 10027, 10030, 10037, 10039
	Chelsea - Clinton	10001, 10011, 10018, 10019, 10036
	East Harlem	10029, 10035
	Greenwich Village - Soho	10014
	Union Square - Lower East Side	10002, 10009
	Upper East Side	10044
	Upper West Side	10025
	Washington Heights - Inwood	10031, 10032
Queens	Flushing - Clearview	11355
	Jamaica	11412, 11423, 11432, 11433, 11434, 11435
	Long Island City - Astoria	11101, 11103, 11106
	Ridgewood - Forest Hills	11375, 11385
	Rockaway	11691, 11694
	Southeast Queens	11413
	Southwest Queens	11418
	West Queens	11368, 11370, 11372, 11373, 11377
Staten Island	Port Richmond	10303
	Stapleton - St. George	10301, 10304

**Table 2: Additional ZIP Codes Allowed Under this RFP**

<b>Borough</b>	<b>ZIP Codes</b>
Bronx	10458, 10461, 10463, 10464, 10465, 10466, 10468, 10469, 10470, 10471, 10472, 10473, 10475
Brooklyn	11204, 11209, 11214, 11215, 11218, 11219, 11220, 11222, 11223, 11225, 11228, 11229, 11231, 11232, 11235, 11238, 11239,
Manhattan	10033, 10034, 10040
Queens	11102, 11104, 11105, 11369

# Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City

## A. Service Category Description

The mission of the Bureau of HIV/AIDS Prevention and Control (BHIV) in the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) is to reduce the incidence of HIV infection in NYC and improve the health of residents living with HIV. This mission aligns with the New York State (NYS) Blueprint to End the Epidemic (EtE) of HIV and AIDS which aims to decrease new HIV infections to below 750 in NYS and 600 in NYC by 2020.

BHIV's NYC Condom Availability Program (NYCAP), which branded its first NYC condom in 2007, promotes the use of safer sex products (i.e. male condoms, FC2s (female/insertive condoms) and water-based lubricant) to help prevent HIV transmission, other sexually-transmitted infections (STIs), and to help prevent unintended pregnancy. The program provides free male condoms, FC2s (female/insertive condoms) and water-based lubricant for distribution in over 3,500 venues, ranging from hospitals to bars/clubs and social service agencies throughout the five boroughs of NYC. In 2016, NYCAP distributed over 36 million male condoms and over 1 million FC2. The overall goal of the program is to increase the availability, accessibility, and acceptability of safer sex products across NYC, in addition to normalizing condom use among the City's sexually active residents.

In 2008, in an effort to expand and structure venue-based condom distribution, BHIV began funding community-based organizations (CBOs) to distribute safer sex products and other materials to NYC communities disproportionately affected by HIV/AIDS. Condom distribution programs have proven to increase condom acquisition and use, prevent HIV and STIs, and be a cost-effective structural-level intervention.<sup>1,2</sup> NYC's condom distribution program has been identified by the CDC as one of the nation's leading models.<sup>3</sup> In addition, this enhanced distribution model helps to ensure that male condoms, FC2s (female/insertive condoms) and water-based lubricant are made more accessible to harder-to-reach populations in NYC.

The NYC DOHMH promotes a combination HIV prevention approach. When offered alongside behavioral and structural interventions (e.g., counseling, education), safer sex products and antiretroviral medications serve as complementary and highly effective prevention interventions.<sup>4</sup> Antiretroviral medicines can effectively eliminate the risk of sexual transmission of HIV.<sup>5</sup> In August 2016, the NYC Health Department signed a [consensus statement](#) affirming that people with HIV who are on antiretroviral treatment, and have maintained an undetectable viral load for at least six months, do not sexually transmit HIV. In addition, when taken consistently, PrEP (pre-exposure prophylaxis) has been shown to reduce the risk of HIV infection by up to 92%<sup>6</sup> and PEP (post-exposure

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<sup>1</sup> <https://www.cdc.gov/hiv/pdf/programresources/guidance/condoms/cdc-hiv-condom-distribution.pdf>

<sup>2</sup> Charania MR, Crepaz, N, Guenther-Gray C, Henny K, Liau A, Willis LA, Lyles, CM. Efficacy of Structural-Level Condom Distribution Interventions: A Meta-Analysis of U.S. and International Studies, 1998-2007. *AIDS Behav* 2011 Oct;15(7):1283-97. Accessed May 13, 2015

<sup>3</sup> <https://www.cdc.gov/hiv/pdf/programresources/guidance/condoms/cdc-hiv-condom-distribution.pdf>

<sup>4</sup> Vermund, S. H., Tique, J. A., Cassell, H. M., Johnson, M. E., Ciampa, P. J., & Audet, C. M. (2013). [Translation of biomedical prevention strategies for HIV: prospects and pitfalls](#). *Journal of acquired immune deficiency syndromes*, 63(0 1), S12.

<sup>5</sup> <https://www.cdc.gov/hiv/library/dcl/dcl/092717.html>

<sup>6</sup> <http://www.cdc.gov/hiv/prevention/research/prep/>



prophylaxis) has demonstrated its effectiveness at reducing transmission after an exposure to HIV.<sup>7,10</sup> Used in combination with antiretroviral medicines, condoms are a fundamental components of a sexual health toolkit that contributes to the prevention of HIV and STI transmission as well as unintended pregnancies.

Through this service category, BHIV aims to 1) increase the availability, accessibility, and acceptability of safer sex products among priority populations; and 2) normalize condom use among sexually active New Yorkers across the five boroughs, thereby decreasing stigma. To implement these aims, BHIV is soliciting CBOs to:

1. Develop and maintain a network of 140-160 active non-traditional sites (e.g., barbershops, bodegas, etc.) in high priority ZIP codes (identified in Tables 1 and 2) to distribute safer sex products to their patrons;
2. Visit all non-traditional sites monthly to refill the venues' product and quarterly to conduct spot checks; and
3. Distribute safer sex products to members of the priority populations at venues and/or locations they frequent.

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<sup>7</sup> Jain, S. & Mayer, K. H. (2014). Practical guidance for nonoccupational postexposure prophylaxis to prevent HIV infection: an editorial review. *AIDS* 28:1545-1554.

<sup>8</sup> Cardo DM, Culver DH, Ciesielski CA, et al. A case-control study of HIV seroconversion in health care workers after percutaneous exposure. *New Engl J Med.* 1997;337(21):1485-1490.;

<sup>9</sup> McAllister J, Read P, McNulty A, Tong WW, Ingersoll A, Carr A. Raltegravir-emtricitabine-tenofovir as HIV nonoccupational post-exposure prophylaxis in men who have sex with men: safety, tolerability and adherence. *HIV Med.* 2014;15(1):13-22.

<sup>10</sup> <http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

**Table 3: Service Category Logic Model**

<b>Service Category Logic Model: Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City</b>		
<b>Inputs / Resources</b>	<b>Activities</b>	<b>Outcomes</b>
<p><b><u>Program Funding</u></b></p> <p><b><u>Existing Infrastructure</u></b></p> <ul style="list-style-type: none"> <li>• Space in which program activities can be conducted</li> <li>• Space where safer sex products can be safely stored</li> </ul> <p><b><u>DOHMH-identified Required Trainings</u></b> <i>Courses offered may include, but are not limited to:</i></p> <ul style="list-style-type: none"> <li>• LGBT Sensitivity</li> <li>• HIV 101</li> <li>• HIV 201</li> <li>• STI 101</li> <li>• Comprehensive Condom</li> <li>• Enhanced Outreach</li> <li>• HIV Confidentiality</li> </ul> <p><b><u>DOHMH-identified Recommended Trainings</u></b> <i>Courses offered may include, but are not limited to:</i></p> <ul style="list-style-type: none"> <li>• Group and Process Facilitation Skills</li> </ul> <p><b><u>DOHMH Technical Assistance</u></b></p> <ul style="list-style-type: none"> <li>• Implementation Support, specifically for safer sex products ordering and storage</li> <li>• Guidance on Protocols</li> <li>• Guidance on Data Reporting Forms</li> <li>• Guidance on Documentation</li> <li>• Data-driven, Program Improvement Feedback from Project Officers and Public Health Solutions</li> </ul> <p><b><u>Data Monitoring/Reporting Tools and Support</u></b></p> <ul style="list-style-type: none"> <li>• eSHARE Setup</li> <li>• eSHARE Training</li> <li>• Ongoing eSHARE User Support</li> </ul>	<p><b><u>RECRUITMENT SERVICES</u></b></p> <ul style="list-style-type: none"> <li>- Recruitment - Non-Traditional Sites</li> </ul> <p><b><u>DISTRIBUTION SERVICES</u></b></p> <ul style="list-style-type: none"> <li>- Distribution - Non-Traditional Sites</li> <li>- Distribution – Target Outreach</li> </ul> <p><b><u>DELIVERABLES</u></b></p> <ul style="list-style-type: none"> <li>- Initial Non-Traditional Site Network Set-up</li> <li>- Enhanced Distribution Strategic Plan</li> <li>- Monthly Inactive Venue Report</li> <li>- Quarterly Non-Traditional Site Spot Check Report</li> </ul>	<p><b><u>Goals</u></b></p> <ol style="list-style-type: none"> <li>1. Increase the availability, accessibility, and acceptability of safer sex products among priority populations</li> <li>2. Increase normalization of condom use among sexually active New Yorkers across the five boroughs, thereby decreasing stigma</li> </ol> <p><b><u>Outcomes</u></b></p> <ol style="list-style-type: none"> <li>1. # of non-traditional venues actively visited per month               <ol style="list-style-type: none"> <li>a. # of condoms (male and female) and lubricant delivered during each visit</li> <li>b. # of HIV prevention literature cards distributed</li> </ol> </li> <li>2. # of non-traditional venues newly recruited to the active distribution network or added as replacement venues for those sites transitioned to passive distribution (i.e., receipt of safer sex products via website standing order) or phased out of distribution network entirely, annually</li> <li>3. # of targeted outreach events conducted               <ol style="list-style-type: none"> <li>a. # of male condoms, FC2s (female/insertive condoms) and water-based lubricant distributed at each location;</li> <li>b. # of demonstrations and/or education sessions conducted</li> <li>c. # of HIV prevention literature items distributed</li> </ol> </li> <li>4. # of unique targeted outreach locations visited</li> <li>5. # of contacts reached at each targeted outreach event</li> </ol>

## **B. Program Goals**

1. Increase the availability, accessibility, and acceptability of safer sex products among priority populations.
2. Increase normalization of condom use among sexually active New Yorkers across the five boroughs, thereby decreasing stigma.

## **C. Priority Populations**

The NYC DOHMH recognizes that persons may have multiple, intersecting identities and, therefore, the categories listed below are not mutually exclusive nor exhaustive. Applicants are expected to primarily focus their distribution efforts funded under this grant towards the 3-4 priority populations they identify. Applicants are not limited to the categories of populations listed below and are welcome to propose additional groups or sub-populations. Examples of potential priority populations and sub-populations may include, but are not limited to:

1. Gay, bisexual and other men who have sex with men (MSM), especially
  - a. Those who are Latino and Black
  - b. Those under the age of 29
2. Transgender and gender nonconforming (TGNC) persons and their partners, especially
  - a. Those who are Latino/Latina and Black
  - b. Those under the age of 29
  - c. Transgender women who have sex with cisgender men
3. Heterosexual women of color, especially
  - a. Those over the age of 30
  - b. Those living in high HIV and STI prevalence neighborhoods
4. Other vulnerable populations including, but not limited to persons who:
  - a. Exchange sex for money, drugs, food or housing
  - b. Use methamphetamine or crack cocaine in sexual contexts
  - c. Were born outside of the United States
  - d. Inject drugs
  - e. Have known HIV-positive partners
  - f. Are living in poverty or have limited access to healthcare

## **D. Program-Specific Applicant Eligibility Requirements**

*In addition* to the General Applicant Eligibility Requirements described on page 5, applicants should meet all of the following requirements to be eligible for funding under this service category:

1. Have at least 12 months experience providing HIV prevention services to the listed priority populations.
2. Have at least 12 months of demonstrated experience conducting condom distribution to the listed priority populations.
3. 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.

## E. Program Requirements

### 1. Develop an Enhanced Distribution Strategic Plan

Before implementing services identified under this service category, awarded applicants will develop an **Enhanced Distribution Strategic Plan** clearly outlining how they will distribute safer sex products to their intended priority populations. The strategic plan must describe in detail the activities that will be conducted to reach the intended populations (see **Distribution - Targeted Outreach** service description for more details on page 17), duration and frequency of each activity, and a justification as to why this approach was chosen. Agencies are encouraged to be innovative and strategic in their approach to maximize reach to the intended priority populations. Strategic plan development may include, but is not limited to, meeting with key stakeholders, assessing available data and resources, conducting a needs assessment and key informant interviews, and consulting with gatekeepers to develop a comprehensive strategic plan to support the programmatic aims of this service category and to ensure engagement of the program's priority populations. The **Enhanced Distribution Strategic Plan** must ensure that **Distribution - Targeted Outreach** activities occur on a monthly basis with a minimum of 12 hours per month and must include a clear 12-month timeline of all activities. Strategic plan development will be done in conjunction with NYC DOHMH guidance and is expected to be completed within the first 6 months of the contract. Documentation requirements will include submission of both a draft and final Enhanced Distribution Strategic Plan. This will be reimbursed as a start-up deliverable (see Table 4 below). As a part of continuous quality improvement, agencies may periodically revise their strategic plan to ensure that the aims of this service category and the needs of the priority populations are being met. All revised strategic plans must be submitted to BHIV for approval.

2. Develop and maintain a network of 140-160 active non-traditional sites (e.g., barbershops, bodegas, etc.) in high priority ZIP codes (identified in Tables 1 and 2)

***NOTE:** An "active site" under the purposes of this service category is defined as a site that consistently distributes ~~approximately a minimum of 250 male condoms, and 25 FC2s (female/insertive condoms) and water-based lubricant or other safer sex products~~ per month. Additional safer sex products and literature are at the discretion of the agency / as needed or request by site. HIV literature is not part of this product count.*

3. Obtain a signed "Condom Distribution Agreement" form from each of the non-traditional site venues attesting that they will ensure compliance with product storage and distribution rules and regulations. An agreement template will provided during contract execution.
4. Conduct **Distribution - Targeted Outreach** activities on a monthly basis with a minimum of 12 hours per month.
5. Order safer sex products from the NYC Condom Availability Program through NYCAP's Product Distribution Manager (all ordered products are free of charge). ~~Participate in NYC DOHMH-identified trainings. Waiver of any training requirements will be based on documentation of prior training or expertise, as determined by NYC DOHMH.~~
6. Deliver all services in a culturally responsive and sensitive manner, taking low health literacy into account, using the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#).

7. Add and maintain updated information for awarded agencies in the New York Knows Directory, including but not limited to, key contact information such as name and telephone number, services offered, and locations.
8. Become a member of New York Knows, the nation’s largest HIV testing initiative. Agencies can sign-up to be a member [here](#) or by emailing [NewYorkKnows@health.nyc.gov](mailto:NewYorkKnows@health.nyc.gov).
9. Submit literature/materials for review and approval by the NYC DOHMH Program Review Panel (PRP) if proposing to develop literature and other materials to be used in the funded program. This panel is composed of individuals with diverse expertise in HIV/AIDS prevention education from both community organizations and the BHIV in the NYC DOHMH. To see the PRP guidelines and a complete list of materials that must be submitted, please visit: <https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdf>
10. Assist NYC DOHMH with any BHIV-led social marketing campaigns and pilot projects to raise awareness of HIV testing, PrEP/PEP and combination HIV prevention, as requested.
- ~~10.~~11. [Participate in NYC DOHMH-identified trainings. Waiver of any training requirements will be based on documentation of prior training or expertise, as determined by NYC DOHMH.](#)

## F. Recommended Staffing and Staff Development

The program is recommended to have staffing capacity as indicated below, and to partially or fully fund the following roles with this funding (unless otherwise indicated). *Staff may not be current clients of the program.*

All staff funded through this program will be required to participate in NYC DOHMH-sponsored trainings as mentioned above. Waiver of any training requirements will be based on documentation of prior training or expertise, as determined by NYC DOHMH.

It is encouraged that agencies hire peers whenever possible; peers should either be certified by the [NYS Peer Worker Certification Program](#) or be supported to obtain their certification while working in this capacity.

### Recommended Staffing Roles

**NOTE:** All credentials are recommended ONLY.

- **Senior Program Administrator**  
Function: Provides oversight and management of the program, including monitoring, reporting and quality assurance activities.  
Recommended Credentials: MPH/MSW/MPA/MBA or BA or other relevant Master’s degree AND at least 36 months of experience managing services for priority populations in this service category.
- **Program Coordinator**  
Function: Provides overall coordination of the program activities, provides supervision of outreach and program staff, ensures model fidelity for all activities implemented through this service category and leads the strategic plan development.

Recommended Credentials: BA/BS or LMSW degree, at least 24 months of experience managing services for priority populations in this service category.

- **Senior Outreach Specialist**

Function: Contributes to the development of Targeted Outreach strategies and strategic plan, assists with non-traditional site recruitment, and conducts all distribution activities.

Recommended Credentials: Community Health Worker with a high school degree (or its equivalent), who demonstrates cultural and linguistic competence, has certification as a health educator, demonstrates experience providing HIV health education and risk reduction counseling, demonstrates basic understanding of PrEP/PEP, and maintains strong socio-cultural identification with the priority populations of this service category.

- **Outreach Specialist**

Function: Contributes to the development of Targeted Outreach strategies and strategic plan, assists with non-traditional site recruitment, and supports the Senior Outreach Specialist with all distribution activities.

Recommended Credentials: Community Health Worker who demonstrates cultural and linguistic competence, has certification as a health educator, demonstrates experience providing HIV health education and risk reduction counseling, demonstrates basic understanding of PrEP/PEP, and maintains strong socio-cultural identification with the priority populations of this service category.

### Staff Development

Applicants must have a plan to ensure competent staff throughout the duration of the program. Staff must have the breadth of subject matter expertise and experience required to conduct all purposed work. ~~Additionally, applicants must develop a staffing plan designed to cultivate and sustain staff members from within the priority populations~~ Additionally, applicants should hire and maintain a staff that is reflective of, and/or culturally competent and well received by, your proposed program’s priority populations.”. NYC DOHMH will provide some training and technical assistance, as indicated in the Table 3: Service Category Logic Model.

### G. Service Types

All listed services ***are required*** and must be made available by each funded contractor for appropriate clients. This does not mean that all clients must receive every service type.

### H. Reimbursement

Services provided under this service category will be reimbursed using a combination of deliverables-based and fee-for-service payment methodology. The following table provides a summary of the services reimbursed under this program. *A 6-month start-up period to reach full service capacity will be permitted.*

**Table 4: Summary of Deliverables**

Deliverable Name	Deliverable Description
6-Month Start-Up Deliverables	

Deliverable Name	Deliverable Description
<b>Enhanced Distribution Strategic Plan</b>	Submission of draft and final <i>Enhanced Distribution Strategic Plan</i> . This deliverable is required to be completed in the first 6 months of the contract. The <b>Enhanced Distribution Strategic Plan</b> must ensure that <b>Distribution - Targeted Outreach</b> activities occur on a monthly basis with a minimum of 12 hours per month and must include a clear 12-month timeline of all activities.
<b>Initial Non-Traditional Site Network Set-up</b>	This deliverable includes the Initial recruitment and set-up of the network of 140-160 non-traditional sites. Program staff will actively recruit non-traditional venues in high priority neighborhoods to distribute safer sex products to their patrons. Please see the <b>Recruitment - Non-Traditional Sites</b> service type description for more details on what constitutes a non-traditional site and parameters for DOHMH approval.
<b>Ongoing Deliverables</b>	
<b>Monthly Inactive Venue Report</b>	Monthly report on any inactive venues for the month. Inactive venues refer to those venues who have phased out of the distribution network entirely (i.e. are not conducting active or passive distribution) Required documents include cover sheet, summary page, completed forms for each newly inactive venue
<b>Quarterly Non-Traditional Site Spot Check Report</b>	Summary of results and findings from spot check of at least 10% of active non-traditional sites. Required documents include cover sheet, summary of results and findings, completed spot check forms, and description of follow-up actions to be taken by the agency. A spot check is defined as a site visit where agency staff verifies that the safer sex products are being stored and distributed in compliance with the rules and regulations of the NYC Condom Availability Program as agreed upon in the "Condom Distribution Agreement".

**Table 5: Summary of Services and Rates**

Service Family	PHS Code	Service Type Name	Unit Type	Required or Optional	Rate
<b>RECRUITMENT SERVICES</b>	C19	Recruitment - Non-Traditional Sites	Individual Event	Required	\$138
<b>DISTRIBUTION SERVICES</b>	C20	Distribution -Non-Traditional Sites	Individual Event	Required	\$72
	C21	Distribution -Targeted Outreach	Per Hour	Required	\$290

**Table 6: Service Types, Descriptions, and Staff Responsible**

PHS Code	Service Type	Description	Service Location	Staff Responsible
<b>RECRUITMENT SERVICES</b>				
C19	<b>Recruitment - Non-Traditional Sites</b>	<p>Under this service type, program staff actively recruit non-traditional venues in high priority neighborhoods to distribute safer sex products to their patrons. Examples of non-traditional venues include bars, barber shops, hair/nail salons, liquor stores, hotels/motels, restaurants, and coffee shops. Selected sites should provide services to customers and clients belonging to the Priority Populations described on page 11; all sites will be subject to NYCDOHMH approval. Site identification and recruitment may involve mapping neighborhoods and determining priority locations as well as relationship building with venue owners, community leaders, and community gatekeepers. A clear description of how the applicant will conduct site identification and recruitment is to be included in the <b>Enhanced Distribution Strategic Plan</b>. Please see Tables 1 and 2 for a pre-determined list of high priority ZIP codes in which awarded applicants can select appropriate locations from.</p> <p>Program staff must ensure that any venues that are food service establishments only be recruited as distribution sites if they are in good standing with NYC DOHMH restaurant inspections. ‘Good standing’ is defined as a letter grade of C or higher during their most recent NYCDOHMH inspection. As part of this contract, the program will confirm all food service businesses have passable grades via the restaurant inspections database on the NYCDOHMH website (<a href="http://www.nyc.gov/health/restaurants">www.nyc.gov/health/restaurants</a>). No food service venue possessing an unacceptable grade may be recruited by the program.</p> <p>Any non-traditional distribution site served through this service category that has been assessed as no longer appropriate for active distribution must be replaced with a new site as part of the active distribution network. Thus, this service type includes building relationships with new sites to replace active distribution sites that have either been transitioned on to passive distribution (i.e., receipt of male condoms, FC2s (female/insertive condoms) and water-based lubricant and other supplies via website standing order) or phased out of the distribution network entirely.</p> <p>NYC DOHMH staff may also be involved in setting up new relationships with larger business entities and provide information regarding those sites to the program in order to establish additional distribution sites.</p> <p><b>NOTE:</b> An “active site” under the purposes of this service category is defined as a site that consistently distributes <del>approximately</del> <u>a minimum of 250 male condoms, and 25 FC2s (female/insertive condoms) and water-based lubricant or other safer sex products per</u></p>	Off-Site	Senior Outreach Specialist / Outreach Specialist



PHS Code	Service Type	Description	Service Location	Staff Responsible
		<p><i>month. <a href="#">Additional safer sex products and literature are at the discretion of the agency / as needed or request by site. HIV literature is not a part of this product count.</a></i></p>		
<b>DISTRIBUTION SERVICES</b>				
C20	<b>Distribution - Non-Traditional Sites</b>	<p>Under this service type, program staff will conduct active distribution of safer sex products to 140-160 recruited non-traditional venues as described in <b>Recruitment - Non-Traditional Sites</b>. Safer sex products may include:</p> <ul style="list-style-type: none"> <li>• Male condoms</li> <li>• FC2s (female/insertive condom)</li> <li>• Water-based Lubricant</li> <li>• HIV prevention literature</li> </ul> <p>The program ensures that each of the 140-160 non-traditional venues are visited once per calendar month. Site visits are projected to require approximately 15 minutes per site; this includes material delivery, restocking fish bowls/dispensers, and brief check-in with appropriate venue personnel, as needed.</p> <p>Sites are expected to distribute <del>approximately 250 safer sex products</del> <a href="#">a minimum of 250 condoms (male) and 25 FC2s (female/insertive condoms)</a> per month in order to remain an active distribution site. <a href="#">Additional safer sex products and literature are at the discretion of the agency / as needed or request by the site. HIV literature is not a part of this product count.</a></p> <p>To best meet the needs of the funded program, awarded agencies must conduct the following evaluation activities every 3 months:</p> <ol style="list-style-type: none"> <li>1. Assess which distribution sites are no longer active and not consistently distributing <del>approximately a minimum of 250 safer sex products</del> <a href="#">condoms (males) and 25 FC2s (female/insertive condoms)</a> per month.</li> <li>2. Discontinue active distribution of product to these sites.</li> <li>3. Refer these sites to the NYC DOHMH passive distribution network (i.e., receipt of male condoms, FC2s (female/insertive condoms) and water-based lubricant safer sex products via website standing order). If these sites do not wish to continue to distribute condoms from their establishment, then they should be removed from the program altogether.</li> <li>4. Utilize <b>Recruitment - Non-Traditional Sites</b> service type to replace these sites in the active distribution network. Note that venues are not to be recruited for</li> </ol>	Off-Site	Senior Outreach Specialist / Outreach Specialist

PHS Code	Service Type	Description	Service Location	Staff Responsible
		passive distribution; all venues must be selected based on their suitability for the active distribution network.		
C21	<b>Distribution - Targeted Outreach</b>	<p>Program staff will conduct event-based <b>Distribution - Targeted Outreach</b> to distribute safer sex products in venues frequented by members of the priority populations for recreation purposes or receipt of services, including the following:</p> <ul style="list-style-type: none"> <li>• Private or commercial sex-on-site locations (e.g., sex clubs and/or sex parties);</li> <li>• Areas associated with drug use;</li> <li>• Clubs and bars;</li> <li>• Community events;</li> <li>• Areas outside of sex-related venues or outside of social service/drug treatment/housing or financial assistance program offices;</li> <li>• Areas where priority populations are known to reside or congregate (i.e. laundromat, parks, nail salons, barber shops, etc.); or</li> <li>• Any other site or activity known to engage members of the priority populations as identified in the strategic plan.</li> </ul> <p>The above list serves an example and agencies are encouraged to be innovative and strategic in their approach to maximizing the availability, accessibility, and acceptability of safer sex products to the intended priority populations.</p> <p>A <b>Distribution - Targeted Outreach</b> event should range between 1 – 5 hours in duration, as appropriate, AND involve interacting with at least 20 persons (“contacts”).</p> <ul style="list-style-type: none"> <li>• <b>Contacts</b> are defined as brief interactions that take place individually or in groups in an attempt to distribute safer sex products</li> </ul> <p>Applicants will be expected to identify 3-4 priority populations to propose to serve through this service category. In addition, applicants will be expected to develop and implement innovative outreach strategies to engage and distribute products to their identified priority populations. Locations, venues, activities and events for conducting targeted outreach to priority populations is to be included in the <b>Enhanced Distribution Strategic Plan</b> which should provide a clear description of how the awarded applicant will build relationships with the proposed communities they wish to reach. Please see Tables 1 and 2 for a pre-determined list of high priority ZIP codes from which awarded applicants can select appropriate locations. Agencies may propose conducting activities outside these locations as well.</p>	Off-Site	Senior Outreach Specialist / Outreach Specialist

PHS Code	Service Type	Description	Service Location	Staff Responsible
		<p><b>Distribution - Targeted Outreach</b> activities must occur on a monthly basis with a minimum of 12 hours per month.</p> <p>Programs should have protocols in place to ensure the safety of all staff, and staff should be trained in such protocols before outreach activities begin.</p>		

## I. Performance Evaluation and Reporting Requirements

### Performance Evaluation

Funded programs will be monitored on their ability to achieve the program objectives. Indicators to measure program success will mirror the Program Goals outlined in Section B. *Please note that additional indicators may be included once contracts are awarded.*

### Reporting Requirements

Awarded organizations must comply with all NYC DOHMH and Public Health Solutions data and program reporting requirements relevant to this service category. DOHMH will require the submission of data through eSHARE (Electronic System for HIV/AIDS Reporting and Evaluation). See General Reporting Requirements on page 26 for more information on reporting requirements.

## J. Proposal Evaluation Criteria

### Proposal Narrative

- Your Proposal Narrative must address all of the following questions in the order listed. Label the beginning of each section as indicated (e.g., 1. Background and Organizational Capacity, etc.), and include each question number; it is not necessary to repeat the question text.
- **Your Proposal Narrative is limited to a maximum of 12 pages (suggested page limits for each section are indicated below). Any text exceeding the 12-page limit will not be reviewed.**
- Please identify any components of the proposed program that will be funded by another source(s).
- See Proposal Format Requirements on page 24.

### Section 1 – Priority Populations *[not scored]*

***Please select 3-4 priority populations that your organization proposes to serve through this Service Category out of the list provided in Section C. Priority Populations (page 11):***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Section 2 - Service Delivery Experience **[20 points]** *(up to 2.5 pages)*

1. Describe your experience conducting condom distribution activities and providing HIV prevention services to the priority populations of this service category (outlined on page 11). Your answer should be comprehensive, detailed and provide the reviewer with a clear picture of how these services are implemented in the context of your organization's priority populations. *[10 points]*
2. Describe how your organization's experience (delineated in 1, above) makes you uniquely qualified to contribute to the implementation of the program goals. **NOTE:** *The response to this answer should explore how your organization's experience has shaped your ability to provide services to the priority populations that you have selected, specifically building and maintaining relationships with non-traditional sites and conducting outreach to your specified priority populations. [10 points]*

**Section 3 – Program Narrative [55 points] (up to 6 pages)**

1. Describe your organization’s proposed program. This should include details on how your organization plans to implement each of the deliverables and services outlined in this RFP (please see Tables 4, 5 and 6 on pages 14-18). Please be sure to include a clear description of your process for developing the **Enhanced Distribution Strategic Plan**, which may include, but is not limited to, identifying and meeting with key stakeholders, assessing available data and resources, conducting a needs assessment and key informant interviews, and consulting with gatekeepers. [20 points]
2. Describe your organization’s proposed strategies for reaching and distributing safer sex products to the priority populations specified (e.g., if you propose to reach TGNC persons of color, describe how your organization will ensure that it is able to reach this population). Your description should include how your organization is uniquely qualified to reach these populations. [15 points]
3. Describe how the program will be developed and implemented in a culturally, linguistically, and educationally appropriate manner that meets the needs of the priority populations, especially communities of color and LGBTQ clients. [10 points]
4. Describe how the proposed program will be distinguished ~~a part~~ apart from other existing funded outreach activities at your agency. [10 points]

**Section 4 – Program Implementation [10 points] (up to 1.5 pages)**

1. Service Tracking and Reporting  
Describe your organization’s process for adhering to the service tracking and reporting requirements outlined on page 26. Your description must include how your organization documents services received and ensures accuracy and confidentiality of client records. **NOTE:** Please include a clear description of the steps from service delivery to data entry into eSHARE. [5 points]
2. Quality Assurance  
Describe your organization’s system for conducting quality assurance (QA) and continuous quality improvement (CQI) of the services delivered through this service category. Your description must include how you will use data to continually optimize outcomes. [5 points]

**Section 5 – Program Implementation Timeline [15 points] (up to 2 pages)**

1. Program Implementation Timeline  
Complete a 12-month timeline (using the table provided below) addressing each start-up and program implementation milestone that will be achieved.

**NOTE:** All start-up milestones must have a projected completion date within six months of the contract start date, except when otherwise indicated. Assume a January 1, 2019 start date.

Start-Up / Program Milestone	Activities	Staff Responsible	Projected Start Date of Activities	Projected Date of Milestone Completion

**Section 6 – Program Budget (excluded from Proposal Narrative page limit)**

1. Budget – Full 12 months [*will not be scored, but required in order to be eligible for proposal review*]
  - a. **Note: The service elements table indicates how funds may or may not be used.**
  - b. The total budget request should be the estimated cost of providing the proposed services for a full 12-month budget period for a full year of operation at capacity – that is exclusive of any start-up period you anticipate during which staff would be hired, services would be ramping up, etc. Clearly indicate an estimated number of individuals who will receive services and provide a clear explanation for how that estimate was derived. There must be a clear correlation between staffing and other personnel services costs and the proposed program activities and projected clients to be served. Submit using the Budget Template provided (*download from RFP website*).

**Attachment A - Organization and Program Information Summary** (*excluded from Proposal Narrative page limit and not scored*)

1. Complete Attachment A – Organization and Program Information Summary by providing the information requested for each item on all tabs/worksheets of the Excel spreadsheet. *Note: Attachment A – Organization and Program Information Summary is available for download with the RFP and required for submission.*

## Proposal Submission Instructions

The deadline for submitting a proposal is **August 9<sup>16</sup>, 2018 by 2:00pm EDT**. A complete proposal consists of all requested documents on the Proposal Checklist.

### Upload Proposal to CAMS Contracting Portal

One electronic copy of the Required Components of the Complete Proposal and one set of all the Required Administrative Documents identified on the Proposal Checklist must be uploaded to the CAMS Contracting Portal on Public Health Solutions' website at <https://mer.healthsolutions.org> by the proposal submission deadline. *You do NOT need to submit a hard-copy or submit via email. Use of the Contracting Portal is REQUIRED. Proposals sent by hard copy or email will NOT be considered as submitted.*

The current CAMS Contracting Portal <https://mer.healthsolutions.org> has been used by contractors for reporting expenditure (eMER) and/or narrative (ePNR) data. The same Contracting Portal will be used for uploading proposals for this RFP. In order to use the Contracting Portal to upload a proposal, you must have a current login.

- If you have been named on a Contractor Contact Verification Form (CCVF) as an official contact for an existing contract with PHS CAMS, then you already have a login on the CAMS Contracting Portal. If you do not know what your login is, please email [RFPloginrequest@healthsolutions.org](mailto:RFPloginrequest@healthsolutions.org)
- If you have not been named on a CCVF as an official contact for an existing contract, then a new login will need to be created for you. Please email [RFPloginrequest@healthsolutions.org](mailto:RFPloginrequest@healthsolutions.org) to request a login.
- All login request emails should include the following:
  - First and last name of the proposal submitter
  - Title of proposal submitter
  - Full legal name of the applicant organization
  - EIN of applicant organization
  - RFP title should be on the subject line of the email

***Note that only one proposer submitter can be created for an applicant organization.***

Please be aware that uploading a proposal will involve multiple files representing different required proposal documents. Please allow sufficient time for checking that you have included all necessary digital file attachments. Please ensure that you have a working login, and familiarize yourself with the CAMS Contracting Portal's Proposal Upload area, at least one week before the proposal submission deadline.

***Note that proposals received after the deadline may be disqualified from funding consideration.***

*It is the responsibility of the submitting organization to ensure delivery of the proposal to Public Health Solutions via the CAMS Contracting Portal by the submission deadline. A confirmation of receipt of the required submission (via upload) will be sent by email. Note that the email confirmation is confirming the delivery and receipt of the proposal submission and is **not** a confirmation that the proposal submission is complete or responsive.*

***For all other things (submit questions, notice of intent, etc.), please email the RFP contact at [CondomDSIRFP@healthsolutions.org](mailto:CondomDSIRFP@healthsolutions.org)***

### Required Components of a Complete Proposal per Service Category

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

2. Organization Information Cover Sheet (*must be submitted in MS Word*)
3. Proposal Narrative **and** all attachments referenced in the Proposal Narrative section (*must be submitted in MS Word*)
4. Attachment A – Organization and Program Information Summary (*must be submitted in MS Excel*)
  - Program Information
  - Program Staff
  - Target Geographic Area
  - Service Site Locations
5. Budget including Budget Justification (*must be submitted in MS Excel*)
6. Organization Chart for Proposed Program
7. Curricula Vitae or Resumes of Key Staff (leadership and program level)
8. If any, Linkage Agreement (LA) / Memorandum of Understanding (MOU) / Memorandum of Agreement (MOA) with collaborative partner organization(s)
9. Proposal Format Form

***Proposals missing the Proposal Narrative 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. \*Internal Revenue Service 501(c)(3) Determination Letter
2. \*New York State Certificate of Incorporation (full copy, including any amendments)
3. \*Current Board of Directors List
4. \*Most recent audited Annual Financial Statement; if total expenditures associated with federal funding exceed \$750,000 a year, a Single Audit Report is required
5. 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*)
6. 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 listed on the next page.)*

*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 CAMS Contracting Portal. For more information on the NYC HHS Accelerator and to register, go to:*

<http://www.nyc.gov/html/hhsaccelerator/html/home/home.shtml>

<https://www1.nyc.gov/site/mocs/systems/about-go-to-hhs-accelerator.page>

The following required forms must be download from the Public Health Solutions' RFP website, <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

### **Proposal Format Requirements**

Applicants are expected to adhere to the following formatting requirements.

- Each document of the Proposal Package should be titled using the following naming convention: ***Applicant Name\_Document Title (as listed in RFP)\_CDRFP\_Date.***
- Proposal documents should be submitted in the format specified in the RFP (*i.e. Organization Information Cover Sheet in MS Word; Attachment A and Budget in MS Excel; etc.*).
- Proposal Narrative must not exceed the 12-page limit (inclusive of tables). *Note that any text exceeding the 12-page limit will not be reviewed and evaluated.*
- Proposal Narrative should be 1.5-spaced, with the exception of any required tables and any included supportive charts, which may be 1.0-spaced.
- Proposal Narrative should be submitted on 8½" x 11" format.
- Proposal Narrative should have 1" margins all around (headers and footers may appear outside of this margin).
- Minimum font size is Times New Roman 12-point with the exception of any required tables and any included supportive charts, which may use a font no smaller than 10-point.
- Each page of the Proposal Narrative, including attachments, should be consecutively numbered.
- The Proposal Narrative should remain in the same sequence and format as provided; questions should not be renumbered or reordered, however the text of the question can be omitted.
- Each page of the proposal should include as a header or footer the name of the organization submitting the proposal.

## Proposal Review and Selection Process

### Evaluation Criteria

All proposals deemed responsive will be evaluated. Proposals will undergo an administrative review by Public Health Solutions to determine that applicants meet the eligibility criteria as detailed in this RFP. Proposals that do not meet the General Applicant Eligibility Requirements and the specific Applicant Eligibility Requirements for the service category as detailed in the RFP will not move to the next stage of review.

Proposals that meet the eligibility criteria will then undergo a content review by at least three reviewers. Proposals will be evaluated and scored based on the responses to the designated proposal narrative section for the service category.

*The NYC DOHMH and Public Health Solutions reserve the right to conduct site visits and/or interviews and/or to request that applicants make presentations and/or demonstrations, as the NYC DOHMH and Public Health Solutions deem applicable and appropriate.*

### Award Selection

Awards will be made to the applicants in each borough with the highest average score that offer a budget that does not exceed the funding levels specified herein. The NYC DOHMH will make final award decisions. Final awards are contingent on past contract performance if applicant has current contract(s) or had contracts within the last two years with Public Health Solutions; or reference/background checks for applicants without any prior or recent contracting relationship with Public Health Solutions; successful completion of contract negotiations; New York City vendor background check; and demonstration of all required insurance coverage and all other requirements of and approvals by the NYC DOHMH and Public Health Solutions.

The NYC DOHMH and Public Health Solutions reserve the right to award contracts in such a way as to assure:

1. Adequate geographic distribution of services; and/or
2. Services targeted to priority populations identified in RFP.

Public Health Solutions and NYC DOHMH reserve the right, prior to contract execution and during the term of the contract, to change the contract amount, payment method, program service size, program type, and/or model depending on the needs of the system.

## General Reporting Requirements

All programs funded through this RFP must comply with the requirements outlined below.

### Data Reporting Requirements

Awarded organizations must comply with all NYC DOHMH, Public Health Solutions, and as applicable, Health Resources and Services Administration (HRSA) and/or Centers for Disease Control and Prevention (CDC), data reporting requirements. The NYC DOHMH and Public Health Solutions will require the submission of distribution services data through the Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE).

Contractors will also submit an electronic program narrative report (ePNR) each month. Post award, contractors will receive information that details reporting requirements, including format and submission process.

The NYC DOHMH and/or Public Health Solutions will provide training and technical assistance on the use of the data reporting systems and submission of data.

### Confidentiality

Funded organizations must follow all applicable confidentiality and privacy laws, including federal, New York State and New York City laws in order to protect client privacy.

Funded organizations must have a detailed plan to ensure client privacy and confidentiality (including data quality and security) that is compliant with New York State public health law as well as the federal Health Insurance Portability and Accountability Act (HIPAA). The plan must specify data quality and security protections. All organizations providing HIV-related care are subject to New York State public health law (<http://codes.lp.findlaw.com/nycode/PBH/27-F>). All organizations providing clinical care are also subject to HIPAA (<http://www.hhs.gov/ocr/privacy/>).

Funded organizations **must never, under any circumstances, send names** of clients to NYC DOHMH or Public Health Solutions through regular email or text messages. Contracts resulting from this RFP will require the promulgation of confidentiality practices, which, if not met, may result in contract compliance actions, up to and including contract termination.

## General Program Requirements

The following trainings, technical assistance, and quality management-related activities are required as part of the contract management activities.

### Required Trainings

- a. NYC DOHMH will provide eSHARE trainings for contractors.
- b. Funded programs will be required to provide documentation to confirm their staff completed the relevant trainings that will be provided during the start-up phase of the programs. NYC DOHMH will provide a specific list by service category.
- c. Additional technical assistance will be provided by NYC DOHMH as deemed appropriate.

### Contract Monitoring

- a. Public Health Solutions will monitor the contractor's compliance with the terms and conditions of the contract scope of services and other requirements of the contract.
- b. Public Health Solutions staff generally conduct 1-3 site visits per year which may include an initial site visit, a program monitoring site visit, a fiscal or reimbursement site visit, a single payer verification site visit, or any combination of these.

### Technical Assistance

- a. NYC DOHMH-contracted service providers are required to participate in technical assistance activities including but not limited to provider meetings, webinars, teleconferences, and site visits as required by NYC DOHMH and Public Health Solutions. Attendance at provider meetings and site visits by Program staff with managerial responsibilities (e.g., Program Director, Program Supervisor) is mandatory. Provider Meetings are held with all funded organizations as a group to discuss best practices, successes and challenges, provide training, and receive feedback from funded programs.
- b. A Project Officer from the NYC DOHMH may conduct technical assistance programmatic visits, in addition to a Joint Site Visit conducted with Public Health Solutions. The Project Officer reviews and monitors the provider's programmatic performance. The NYC DOHMH reserves the right to conduct more frequent visits as dictated by contract performance, or as requested by service provider. The Project Officer will also monitor client uptake of PEP and behavioral health and social services among PEP-eligible clients, and linkage to PrEP provider, through follow-up activities.

### Emergency Preparedness Plan

All contractors will be required to submit an attestation affirming that their organization has a written Emergency Preparedness Plan that is maintained and updated to provide for the safety and security of clients, participants, staff, and the contractor's facility. While the following elements are not required, ideally, each organization's emergency preparedness plan will address:

- a. *Emergency Management*: The organization should form an emergency management committee to develop, evaluate and modify the plan.
- b. *Training and Exercise*: The organization should educate and train staff on the Emergency Preparedness Plan so that they are familiar with communications, evacuation and relocation plans and procedures.

- c. *Command and Control*: The organization's plan should include a description of when/how the plan will be activated, as well as who will have the authority to activate the plan.
- d. *Communications*: The organization should have adequate communication capabilities to maintain organization order and enhance safety when responding to service disruptions.
- e. *Evacuation Procedures*: The organization should have an evacuation plan with clearly defined procedures if the organization's location is deemed unsafe during an emergency or if instructed to do so by emergency officials.
- f. *Logistics Management*: The organization should ensure that they have adequate procurement and delivery of goods and services necessary to support operations during/after an emergency.
- g. *Essential Services, Roles and Responsibilities (Continuity of Operations)*: The organization should identify its essential services and the core staff and skills needed to keep it operational during an emergency.

## General Insurance Requirements

The following insurance requirements will be incorporated into final contracts with Public Health Solutions:

a. Acceptability of Insurers

All insurance under this Agreement must be placed with insurers with an A.M. Best rating of no less than A-7 or a Standards and Poor rating of no less than AA, unless Public Health Solutions approves the acceptance of insurance from an insurance company with a lower rating. The Contractor shall maintain on file with Public Health Solutions current Certificates of Insurance for the policies identified in subsection (b) below.

b. Types of Insurance

The Contractor shall obtain the following types of insurance with respect to the services to be performed under this Agreement:

- (i) Commercial general liability insurance (including products/completed operations, personal and advertising injury) with limits not less than \$1,000,000 combined single limit per accident for bodily injury and property damage. Coverage must be on an occurrence form basis. The policy must name Public Health Solutions and the City of New York, including its officials and employees as additional insured. The designation of the City of New York, including its officials and employees, as additional insured must be demonstrated using ISO Form CG 20 10 (Additional Insured Endorsement Form). Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions or the City.
- (ii) Comprehensive automobile liability with limits not less than \$1,000,000 combined single limit coverage against bodily injury, liability, and property damage liability arising out of the use by or on behalf of the Contractor, or any person acting by, through or under the Contractor, of any owned, non-owned or hired motor vehicle. The policy must name Public Health Solutions as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions.
- (iii) (For non-medical services or services that are not provided by medical and health professionals) Professional liability insurance with limits not less than \$1,000,000 for any one occurrence, \$3,000,000 annual aggregate, covering all professional employees of the Contractor, as well as contracted employees of the Contractor, if these persons provide professional services under this Agreement. Coverage must be on an occurrence form basis. [If coverage is not available or is not written on an occurrence form, Claims-made policies will be accepted. All such policies shall have an extended reporting period option or automatic coverage of not less than two (2) years. If available as an option, the Contractor agrees to purchase the extended reporting period on cancellation or termination unless a new policy is effected with a retroactive date, including at least the last policy year.] The policy must name Public Health Solutions as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions.
- (iv) (For medical services or services provided by medical and health professionals) Professional liability insurance with not less than \$2,000,000 for any one occurrence, \$4,000,000 annual aggregate, covering all professional employees of the Contractor, including but not limited to physicians, physician's assistants, nurses and other health professionals, as well as, or, any person or entity acting by, through or under the Contractor, written on an occurrence form.

If coverage is not available or is not written on an occurrence form, a claims made form is acceptable provided that, in the event the Contractor's claims made policy is cancelled and not replaced or renewed, tail coverage for the maximum allowable period is purchased in order to ensure continuity of coverage. The policy must name Public Health Solutions as additional insured. Coverage must be primary with respect to Public Health Solutions and must not contribute with or apply in excess of any coverage carried by Public Health Solutions.

- (v) Workers' compensation, disability, and employers' liability insurance with limits not less than statutory limits of liability.
- (vi) If the Contractor receives an Advance, it shall purchase a fidelity bond in the amount of the Advance. This bond must be issued by an insurer duly licensed by the state and must name Public Health Solutions as a loss payee. A copy of the fidelity bond must be provided to Public Health Solutions.
- (vii) Directors and officers liability insurance, whether the directors and officers are compensated or not.

c. Subcontractors

The Contractor shall include all approved subcontractors, if any, as additional insured under its policies or shall furnish separate certificates for each subcontractor. All subcontractors shall provide the same coverages contained in this Agreement, including naming Public Health Solutions and the City of New York, including its officials and employees as additional insureds.

d. Self-Insurance

If the Contractor self-insures, proof of the self-insurance must be provided to Public Health Solutions. Even if the Contractor self-insures, the Contractor will maintain sufficient liability insurance, including malpractice insurance, to protect itself, Public Health Solutions and the City of New York, including its officials and employees from all claims, actions, proceedings, costs, liability, loss or damage from injuries or death arising from the provision of services under this Agreement. If the Contractor generally self-insures for malpractice, it shall provide the proof of malpractice insurance through its self-insurance program including the adequacy of any self-insurance program. Public Health Solutions has the sole right to determine if the evidence of self-insurance is acceptable.

## Useful Resources

The following are available information resources that may be helpful in developing your proposal:

### HIV/AIDS in New York City

#### NYC HIV/AIDS Surveillance Statistics

<http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-annual-surveillance-statistics.page>

### The National HIV/AIDS Strategy

<https://www.hiv.gov/federal-response/national-hiv-aids-strategy/overview>

### The NYC DOHMH BHIV Enhanced Comprehensive HIV Prevention Planning (ECHPP)

<http://www.cdc.gov/hiv/research/demonstration/echpp/sites/ny.html>

### The NYC DOHMH BHIV ECHPP Situational Analysis

[https://www.cdc.gov/hiv/pdf/research/demonstration/echpp/sites/prevention\\_demonstrations\\_echpp\\_nyc\\_pla\\_n1.pdf](https://www.cdc.gov/hiv/pdf/research/demonstration/echpp/sites/prevention_demonstrations_echpp_nyc_pla_n1.pdf)

### Comprehensive Jurisdictional Plan for HIV Prevention in New York City, 2012-2016

<http://www.uchaps.org/documents/NYCJURISDICTIONALPLANFINAL9-28-12.pdf>

### NYC HIV/AIDS Surveillance Epidemiology Reports

<http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page>

## PrEP/PEP Resources

### NYS Guidance for the Use of Pre-Exposure Prophylaxis (PrEP) to Prevent HIV Transmission

<https://www.hivguidelines.org/prep-for-prevention/prep-to-prevent-hiv/>

### NYC DOHMH PrEP/PEP Information

<https://www1.nyc.gov/site/doh/health/health-topics/prep-pep-resources.page>

### PrEP and PEP: Information for Medical Providers

<https://www1.nyc.gov/site/doh/providers/health-topics/prep-pep-information-for-medical-providers.page>

### NYC DOHMH PrEP/PEP Provider Checklist

<https://www1.nyc.gov/assets/doh/downloads/pdf/ah/provider-clinical-site-checklist.pdf>

### CDC Guide to taking a Sexual History

<http://www.cdc.gov/std/treatment/sexualhistory.pdf>



## Glossary of Terms

Common Acronyms in HIV/AIDS Services:

**AIDS:** Acquired Immunodeficiency Syndrome

**ART:** Antiretroviral Therapy

**ARTAS:** Anti-Retroviral Treatment and Access to Services

**BHIV:** New York City Department of Health and Mental Hygiene's Bureau of HIV/AIDS Prevention and Control

**CAMS:** Public Health Solutions' Contracting and Management Services (formerly known as HIV Care Services (HIVCS))

**CBO:** Community-Based Organization (may include community health centers, including FQHCs)

**CDC:** Centers for Disease Control and Prevention

**CHW:** Community Health Worker

**DOHMH:** New York City Department of Health and Mental Hygiene

**FBO:** Faith-Based Organization

**HCV:** Hepatitis C Virus

**HIPAA:** Health Insurance Probability and Accountability Act

**HIV:** Human Immunodeficiency Virus

**iART:** immediate Antiretroviral Therapy

**MAP:** Medication Assistance Program

**MI:** Motivational Interviewing

**MOU:** Memorandum of Understanding

**MSM:** Men who have Sex with Men

**NYC DOHMH:** New York City Department of Health and Mental Hygiene

**NYSDOH:** New York State Department of Health

**PAP:** Patient Assistance Program

**PEP:** Post-Exposure Prophylaxis

**PHS:** Public Health Solutions (formerly known as Medical and Health Research Association of New York City, Inc. (MHRA); older documents may refer to what is now known as Public Health Solutions as MHRA.)

**PLWHA:** People Living With HIV/AIDS

**PrEP:** Pre-Exposure Prophylaxis

**STD:** Sexually-Transmitted Disease

**STI:** Sexually-Transmitted Infection

**TA:** Technical Assistant or Technical Assistance

**YMSM:** Young Men who have Sex with Men