

**Supplement #2 to the Request for Proposals**  
**Issued on: August 3, 2018**

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

**Public Health Solutions  
on behalf of  
New York City Department of Health and Mental Hygiene  
Bureau of HIV/AIDS Prevention and Control**

This Supplement makes revisions to the Request for Proposals (RFP) for *Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City* issued on June 20, 2018 and summarizes questions raised and answers given at the Pre-Proposal Conference and Webinar held on July 18, 2018, and addresses questions submitted via email through July 18, 2018. Information included in this Supplement amends and supersedes responses given at the Pre-Proposal Conference and Webinar as well as information provided in the RFP.

Failure to comply with any amended requirements and instructions included in this Supplement may result in a proposal being deemed non-responsive and ineligible for consideration for funding.

*Please note that only communication received in writing from the RFP Contact on behalf of Public Health Solutions shall serve to supplement, amend, or alter in any way, this RFP released by Public Health Solutions. Any other communication is not binding and should not be relied upon by any party in interpreting or responding to this RFP.*

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For a copy of the Supplements or the Request for Proposals, please go to:  
<https://www.healthsolutions.org/get-funding/request-for-proposals/>

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## Clarifications and/or Revisions to the RFP

The changes listed below are being made to the RFP. Additions/clarifications/revisions are underlined. Deletions are ~~crossed-out~~.

### Revised RFP Document and Revisions to the RFP

*Download the **REVISED RFP for Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City RFP (Revised 08/03/2018)** to review the clarifications and/or revisions to the RFP on the following pages:*

#### General Information

Pages 1, 4 & 23 - **extended/revised Proposal Due Date to August 16, 2018, 2:00pm EDT**

Page 2, Table of Contents - revised

Pages 3-4, RFP Timetable - revised

#### Section E. Program Requirements

Page 12-13 – revisions to #2 and #5. Added #11.

#### Section F. Recommended Staffing and Staff Development

Page 14 – revision to Staff Development paragraph

#### Section H. Reimbursement, Table 6: Service Types, Descriptions, and Staff Responsible

Page 16-17 – clarification/revision to PHS Code 19, Recruitment-Non Traditional Sites and PHS Code 20, Distribution-Non-Traditional Sites

#### Section J. Proposal Evaluation Criteria, Proposal Narrative

Page 21 – clarification/revision to #4

#### Proposal Submission Instructions, Required Administrative Documents

Page 24 – revised/updated link to NYC HHS Accelerator

#### **Revised Proposal Document(s)**

*The following document has been **corrected/revised/updated** and must be download to ensure that your proposal is submitted with the most current forms.*

- Appendix A – Organization and Program Information Summary
- Proposal Checklist

## **Program-related Questions**

1. Can you propose an amount of non-traditional sites in excess of 140-160?

*RESPONSE – No.*

2. Can an agency propose to lead a coalition of CBOs (that is, having other CBOs as subcontractors) to maximize the geographic breadth of priority areas and also of priority populations and number of distribution sites? Would NYCDOHMH consider this a positive or a negative?

*RESPONSE – No, contracts will not be awarded to applicants who propose to subcontract condom distribution work.*

3. On Attachment A, in the Target Geographic Area tab: There is a pull-down menu that allows only one borough to be selected. Can we provide services in more than one borough?

*RESPONSE – No, an agency can only propose services in their home borough. However, in the future DOHMH will assess if/how awarded contracts may have the capacity to assist in serving a borough that was awarded an Enhanced Distribution of Safer Sex Products contract.*

4. In the Program Narrative section of the RFP on page 20: Please explain this sentence as there appears to be a word missing: 4. Describe how the proposed program will be distinguished a part from other existing funded outreach activities at your agency.

*RESPONSE – Page 20, Section 3-Program Narrative, #4 is revised to read as “Describe how the proposed program will be distinguished apart from other existing funded outreach activities at your agency.”*

5. Will dispensers and bowls and How to use instructions, educational and promotional literature be provided along with the condoms, or should we budget for these items?

*RESPONSE – Dispensers and bowls will not be provided; applicants must include these items in their budget. DOHMH will not regularly supply HIV prevention literature. As needed, agencies may request HIV prevention literature by contacting their project officer.*

6. On page 11, C. Priority Populations: Can we choose 3-4 priority populations from the lower-case-lettered sub-populations?

*RESPONSE – Yes, applicants are to identify 3-4 specific priority populations from the lower-case lettered sub-populations. For example, “Gay, bisexual and other men who have sex with men (MSM) who are Latino and Black” would be considered one priority population and “Gay, bisexual and other men who have sex with men (MSM) under the age of 29” would be considered a second priority population. Applicants may also propose additional [different] populations.*

7. Page 14, under Staff Development, please explain the sentence: “Additionally, applicants must develop a staffing plan designed to cultivate and sustain staff members from within the priority populations.”

*RESPONSE - This sentence has been revised in the RFP to read “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.” As indicated in Section 3, Program Narrative, #3 of the*

*evaluation criteria (page 21 of the revised RFP) applicants should, "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."*

8. Page 16: Please define clients vs. customers.

*RESPONSE – For this specific RFP, these words are synonyms.*

9. Our agency will not be working collaboratively with other agencies to implement this program (if awarded), so we will not need to submit any linkage agreements or MOUs. Is that correct? Please confirm that we do not need to include linkage agreements/ MOUs from the non-traditional sites with the application package. Rather, the sites will be recruited and confirmed within the first 6 month start up period.

*RESPONSE – Yes, that is correct. Applicants do not need to include linkage agreements/MOUs from the non-traditional sites with their proposal submission.*

10. For the active non-traditional site locations, how do we demonstrate that they serve the priority population or that the priority populations frequent these locations? Or, is it that not every non-traditional site location has to serve/be frequented by the priority population?

*RESPONSE – DOHMH assesses the appropriateness of non-traditional sites prior to their recruitment into the program's active distribution network.*

11. Are we provided with dispensers or bowls for the condoms through this funding or is this a cost we should factor in for each non-traditional site location?

*RESPONSE – Dispensers and bowls for the condoms will not be provided. Applicants must include the cost for these items in their budget.*

12. Before a non-traditional site becomes an active distributor of condoms, does it have to be approved by DOHMH/PHS? If so, what is the approval process?

*RESPONSE – Yes. Please refer to the response to question #10 above.*

13. What follow-up work is expected of an organization when a distribution partner becomes "inactive"? What "paperwork" is required when a site becomes inactive? Does that include working with the non-traditional site, i.e. getting signatures, etc.?

*RESPONSE - Please refer to page 15 of 32 of the revised RFP.*

14. For the roles listed in the "Suggested Program Staff," could you provide FTEs for each role given the amount of funding available and the administrative and the outreach requirements for the program?

*RESPONSE - It is important that applicants develop a staffing plan well-tailored to their specific program proposal.*

15. How frequently (for example, how many hours per month) are program staff (including administrative staff) required to attend NYDOHMH or PHS trainings for this grant? If we are currently a contractor for a PHS HIV program (specifically, the current TPT program), will there be trainings staff are exempt from attending?

*RESPONSE - A list of required DOHMH trainings is on page 10 of the revised RFP. If the mandatory trainings were completed within the last 2 years a waiver will be possible.*

16. What data will specifically be entered into E-Share for this program, besides the outcomes clearly cited in the RFP? Will participant-specific information need to be entered?

*RESPONSE – No client level information (i.e. names, age, ethnicity, etc.) will need to be entered into eSHARE.*

17. What information will PHS request to prove that we reached at least 20 individuals at a Targeted Outreach Event? For example, do we need to record signatures of the 20 individuals in order to be reimbursed for an event?

*RESPONSE – DOHMH will work with awarded agencies to develop an appropriate tracking form to ensure that information for all reporting requirements are captured appropriately.*

18. Is DOHMH/PHS supplying the HIV prevention literature to be distributed, or are contractors responsible for creating their own?

*RESPONSE – No, DOHMH will not regularly supply HIV prevention literature to contracted agencies. As needed, agencies may request HIV prevention literature by contacting their project officer. Agencies can also develop their own materials for distribution pending DOHMH approval.*

19. When/under what circumstances would DOHMH become "involved in setting up new relationships with larger business entities" as described in the description of Service "Recruitment - Non-Traditional Sites"? Is it upon contractor request?

*RESPONSE – No, not upon contractor's request. This may occur when DOHMH identifies a need to service a venue in an awarded agency's catchment area that the DOHMH itself cannot service.*

20. Are the 250 safer sex products required to be distributed monthly at each site the TOTAL number of condoms, lubricant, AND HIV literature?

*RESPONSE - A minimum of 250 condoms (male) and 25 FC2s (female/insertive condoms) should be distributed at each venue per month. Additional safer sex products and literature are at the discretion of the agency/ as needed or request by the venue. HIV literature is not a part of this product count. RFP has been updated to reflect this.*

21. Who counts as a "contact" as described in the Targeted Outreach event service description on page 18? Is the goal to interact with potential recipients of the distributed safer sex products? Or do interactions with staff members count, as well?

*RESPONSE - The goal is to engage [interact with] and distribute safer sex products to members of the priority populations the funded agencies serve.*

22. To what extent are contractors required to, "Assist NYC DOHMH with any BHIV-led social marketing campaigns" as described on page 13 of the RFP document?

*RESPONSE - DOHMH may request that awarded agencies assist in distributing relevant materials to non-traditional sites within an awarded agency's portfolio.*

23. Page 11 mentions priority populations. Can persons ages 16 to 24 or previously incarcerated persons be considered priority populations?

*RESPONSE - Yes, applicants are to identify 3-4 specific priority populations they propose to serve if awarded this contract. These may come from the lower-case lettered sub-populations. For example, "Gay, bisexual and other men who have sex with men (MSM) who are Latino and Black" would be considered one priority population and "Gay, bisexual and other men who have sex with men (MSM) under the age of 29" would be considered a second priority population. Applicants may also propose additional [different] populations.*

24. Pages 13 and 14 refer to staffing duties. Do organizations have to adhere to the staffing structure cited on Pages 13 and 14?

*RESPONSE – No, roles and credentials listed are only recommendations. Agencies should develop staffing plans that accurately reflect the needs of the agency to fulfill the contract.*

25. If we are serving more than 4 of the priority populations listed on p. 11 of the RFP, can we indicate this in the narrative and Attachment A program information summary form?

*RESPONSE – We are interested in the populations your agency proposes to service with this specific program if awarded a contract, not all populations serviced by your agency.*

26. In Attachment A service site locations, do we list our administrative office location(s) only? Do we also need to specifically name some of our proposed non-traditional and targeted outreach distribution sites in this form or anywhere else in our application?

*RESPONSE – Only list the primary programmatic headquarters. Do not list proposed non-traditional and targeted outreach distribution sites.*

27. The RFP page 9 states "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". This program requirement is repeated on page 12. Does this mean that each applicant should maintain a network of 140-160 non-traditional sites? OR Is the 140-160 an aggregate target for the 3-4 anticipated awardees (meaning about 40 sites per applicant)?

*RESPONSE - Each awarded agency will maintain a network of 140-160 non-traditional sites.*

28. The RFP page 11 lists example potential priority populations and sub-populations. The guidance states “Applicants are expected to primarily focus their distribution efforts funded under this grant towards the 3-4 priority populations they identify”. If I were to complete Proposal Narrative section 1 and Attachment A, using #1 on page 11 as an example, is one priority population “Gay, bisexual and other men who have sex with men (MSM) who are Latino and Black” and a second priority population “Gay, bisexual and other men who have sex with men (MSM) under the age of 29”?

*RESPONSE – Yes, applicants are to identify 3-4 specific priority populations from the lower-case lettered sub-populations. For example, “Gay, bisexual and other men who have sex with men (MSM) who are Latino and Black” would be considered one priority population and “Gay, bisexual and other men who have sex with men (MSM) under the age of 29” would be considered a second priority population. Applicants may also propose additional [different] populations*

29. The RFP page 12 #1 cites “conducting a needs assessment and key informant interviews” as a Program Requirement to Develop an Enhanced Distribution Strategic Plan. We believe that this activity requires a staff person with expertise in Program Evaluation beyond what is listed in the Recommended Staffing Roles on page 13-14. Can applicants add additional staff roles beyond what is provided on pages 13-14?

*RESPONSE – Yes.*

30. To confirm, data about individual reached in targeted outreach will always be aggregate per event, not individual?

*RESPONSE – Yes, that is correct. Please see response to question #16.*

31. I had a question pertaining to subcontracting. Since PHS works as the prime, would we be able to partner up with another organization on one contract that is awarded in our corresponding borough?

*RESPONSE – No.*

32. Can we co-apply with another agency located in a different borough to cover 2 boroughs?

*RESPONSE –No.*

33. We are a currently funded Condom Distribution Program with about 175 Non-Traditional Sites. If we were awarded the new contract, would we be expected to recruit all new sites, or could we continue with many of the sites that have proven successful?

*RESPONSE – New recruitment will be required.*

34. Regarding the distribution, does it have to be only at one (1) permanent venue, or can it be for music festivals as well as permanent venues?

*RESPONSE – This depends on the service being delivered and the nature of the relationship. Distributing condoms/conducting outreach and/or education at a music festival could likely be considered a “Distribution- Targeted Outreach” activity, not a “Distribution—Non-Traditional*



*Sites". This is because it would be a discrete interaction/event likely arranged with the organizers of the specific event [likely not the venue]. If an awarded agency develops a direct relationship with a venue and consistently supplies the venue with condoms this could be considered "Distribution – Non-Traditional Sites" because condoms will be supplied monthly to the venue, regardless of the events occurring.*

35. Is it ok if it is the same location but different events/promoters?

*RESPONSE – This depends on the service being delivered. For "Distribution—Non-Traditional Sites" you would need to establish a relationship with the site (physical location) and provide on-going monthly service. For "Distribution – Targeted Outreach" distribution would be event specific regardless of location. Please see response to question #34 for additional information.*

36. Can we submit one (1) proposal for multiple locations/Priority area zip codes (as per table 1), or do we have to submit a proposal per location/borough?

*RESPONSE – Applicants may only submit one proposal on behalf of the applicant's agency. The applicant should only write a proposal focusing on 1 of the 5 boroughs. Applicants should feel free to leverage their additional agency site locations/offices as long as they are in the same borough as proposed contract services.*

37. Can use the funding for this RFP to pay a subcontractor? Under what conditions can we subcontract?

*RESPONSE – No. This contract does not allow for subcontracting.*

38. If we partner with another nonprofit organization to implement this program, can we share a portion of the grant award with our partner?

*RESPONSE – No.*

39. It was said in the conference that DOHMH and PHS will provide documentation and support for the development of the strategic plan of the agencies, I would like to know if there are some documentations that DOHMH and PHS could share with the applying agencies so that they can prepare their strategic plan for submitting their proposals.

*RESPONSE – No. Additionally, the completed strategic plan is not part of the application.*

40. For the priority population, there are populations and sub-populations listed on page 11 of the RFP. I would like to know if for instance we choose heterosexual women of color: (a) who are over 30 years old and (b) those living in high HIV and STI prevalence neighborhoods, does that make two populations or only 1 population with two sub-populations?

*RESPONSE – Applicants are to identify 3-4 specific priority populations from the lower-case lettered sub-populations. For example, "Gay, bisexual and other men who have sex with men (MSM) who are Latino and Black" would be considered one priority population and "Gay, bisexual and other men who have sex with men (MSM) under the age of 29" would be considered a second priority population. Applicants may also propose additional [different] populations.*

41. Do we have to provide services in more than one borough?

*RESPONSE – No, proposing to serve more than 1 borough is not permissible.*

42. Does PHS track or follow-up with participating non-traditional sites from previous cycles or keep a list of them? If so, can potential new recipients reach out to them?

*RESPONSE – Yes, DOHMH and PHS have a list of non-traditional sites who participated in a similar condom distribution contract. Venues that currently receive products from The NYC Condom Availability Program (NYCAP) or the program’s current contractors are not eligible for recruitment.*

43. Do we have to conduct a certain amount of visits per month, per venue? Or as soon as we distribute 250/25 male/female condoms is fine?

*RESPONSE – Page 17 of the RFP states; “The program ensures that each of the 140-160 non-traditional venues are visited once per calendar month.” Additionally, some venues may be visited more frequently if necessary.*

44. Based on experience with current grantees, is there an average number of site turnover per month? That is, how many sites, on average, are recruited per month after start up as replacement for sites that are not working?

*RESPONSE – Over a year, the average dropout was approximately 3 per month with a range of 2-6 per month depending on the month.*

45. Can you speak more about the process of ordering from NYCAP’s product distribution manager; and how often that occurs, how fast products are delivered and how much inventory/storage space previous grantees have devoted/needed?

*RESPONSE – Awarded agencies will order safer sex products directly from NYCAP’s Product Distribution Manager. These orders are on an as-needed basis. Products typically arrive within 14-21 business days.*

46. Can the non-traditional sites that we identify include sites that we are currently working with or would they have to be new sites?

*RESPONSE – Venues that currently receive products from NYCAP are not eligible for recruitment. Venues that awarded agencies currently work with, who do not distribute safer sex products, may be eligible assuming the venue meets the criteria of a non-traditional venue (appropriate zip code and DOHMH approval).*

47. Can we establish MOUs with partner organizations after we receive a grant award, or would we need to have these MOUs already in place when we submit our proposal? If we work with a partner organization, can we allocate a portion of the grant award to cover staff or other costs incurred by our partner organization?

*RESPONSE - An agency can partner with agencies after the grant award, however, awarded agency cannot use their funds to pay for partner organization staff. This contract does not allow for subcontracting.*

48. Will DOHMH provide the condoms free of cost?

*RESPONSE – Yes.*

49. When developing the annual budget, we were including the recruitment of 140-160 non-traditional sites; however, based on what we heard at the conference, should we assume that the development of the non-traditional site network is fully established? Meaning, that we should lower our recruitment projection as most of the sites should be active?

*RESPONSE – Yes, when developing budget projections assume the non-traditional site network is fully established; this is because that will have already been funded/paid by a contract deliverable.*

50. When indicating our priority populations, should we specify the sub-groups?

*RESPONSE – -- Yes, applicants are to identify 3-4 specific priority populations from the lower-case lettered sub-populations. For example, “Gay, bisexual and other men who have sex with men (MSM) who are Latino and Black” would be considered one priority population and “Gay, bisexual and other men who have sex with men (MSM) under the age of 29” would be considered a second priority population. Applicants may also propose additional [different] populations.*

51. How do we report engagements when doing outreach? Do we have to get demographics?

*RESPONSE – No demographics are required to be reported. DOHMH will work with awarded agencies to create an appropriate tracking sheet for outreach activities.*

52. Would DOHMH/PHS fund different types of condoms or lube?

*RESPONSE – DOHMH will only provide safer sex products distributed through the NYC Condom Availability Program: these products are the NYC Condom, NYC KYNG, FC2 (female/insertive) condom, ONE lubricant, and “alternative” NYCAP male condoms (Ultra-Sensitive, Ultra-Thin, Extra-Strength, Ribbed, Studded and Flavored). Only these products available through NYCAP (and non-similar products not available through the program such as finger cots or dental dams) can be delivered to NTS and during outreach events. Different condoms (for example: glow in the dark, Magnum, etc.) would not be permitted.*

53. What planning aspects are we already expected to have in place when submitting the proposal, and what aspects are we expected to be determined during the start-up phase (Enhanced Distribution Plan)?

*RESPONSE – As stated in RFP on pages 12 and 14 the Enhanced Distribution Strategic Plan is a part of the 6-month startup deliverables and is not part of the proposal. All applicants should be able to fully respond to the RFP.*

54. Are community-based organizations (that aren't healthcare providers) such as shelters, social service agencies, drug treatment programs, food pantries, etc. considered non-traditional sites for active distribution?

*RESPONSE - No. This contract is for the expansion of safer sex product distribution to non-traditional venues (small businesses) which include barbershops, nail salons, hair salons, laundromats, tattoo parlors, etc. For the purposes of this contract, social service agencies, faith based organizations, and non-governmental organizations, etc. are not considered non-traditional venues.*

55. For priority populations, we can choose any combination of the 4 main categories and multiple subcategories (for example: we can choose 1, 2, 3, & 4c or 2a, 2b, 2c, 4a)?

*RESPONSE - Applicants are to identify 3-4 specific priority populations from the lower-case lettered sub-populations. For example, "Gay, bisexual and other men who have sex with men (MSM) who are Latino and Black" would be considered one priority population and "Gay, bisexual and other men who have sex with men (MSM) under the age of 29" would be considered a second priority population. Applicants may also propose additional [different] populations.*

56. With the 3 or 4 priority populations that applicants must select, should we choose from the 4 broad populations (MSM, TGNC, heterosexual women of color, other vulnerable populations) or from 3 or 4 of the subpopulations listed under categories?

*RESPONSE - Applicants are to identify 3-4 specific priority populations from the lower-case lettered sub-populations. For example, "Gay, bisexual and other men who have sex with men (MSM) who are Latino and Black" would be considered one priority population and "Gay, bisexual and other men who have sex with men (MSM) under the age of 29" would be considered a second priority population. Applicants may also propose additional [different] populations.*

57. In the Pre-Proposal Conference Webinar, it was noted that the Non-Traditional sites must be NEW sites. Please clarify what is meant by "new." Does this mean that the site is not currently being served by our existing condom distribution program? If we had served the site in the past, but are not currently serving it, does this qualify as a "new" site? Does the site have to be "new" to the portfolio of non-traditional sites that NYC DOHMC is currently serving directly or indirectly through its condom distribution grantees? If so, could we have a list of those sites?

*RESPONSE - A "new" venue is a venue that does not currently partner with the DOHMH or any of its partners in condom distribution activities. Venues that currently receive products from The NYC Condom Availability Program (NYCAP) or the program's current contractors are not eligible for recruitment.*

## **Eligibility-related Questions**

1. Is this funding only available to NYC providers? It looks like the table lists only the 5 Boroughs but wanted to confirm because Westchester is part of the NYC EMA.

*RESPONSE – Per page 5 of the RFP, funding is available to successful applicants with a primary programmatic headquarters in a ZIP code (listed on pg. 6-7 page of the RFP) with high HIV prevalence and documented health disparities.*

2. Can you clarify question #3 on the Proposal Checklist under General Applicant Eligibility Requirements? Are agencies only operating with a brick and mortar site in Westchester, Rockland or Putnam Counties qualified to apply?

*RESPONSE –A revised Proposal Checklist will be made available with the release of Supplement #2 with this question (#3) revised.*

3. I would also like to inquire about our zip code, 10001-0154, in reference to the requirement: “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.” Does our ZIP code qualify?

*RESPONSE – Yes, 10001 (Chelsea-Clinton) is listed in Table 1: High Priority Area ZIP Codes on page 6 of the RFP.*

4. On page 11 of the RFP, under Program Specific Applicant Eligibility Requirements: The RFP says eligible organizations must have “a” primary programmatic headquarters currently located in one of the high priority area ZIP codes. Can an applicant have more than one primary programmatic headquarters?

*RESPONSE – Yes. “Primary programmatic headquarter” is the location where most services are provided and where your organization is recognized as having a presence, as opposed to smaller satellite location or only administrative office.*

5. Is a primary programmatic headquarters the same as an Administrative Site Location?

*RESPONSE – Not necessarily, but it may be. “Primary programmatic headquarter” is the location where most services are provided and where your organization is recognized as having a presence, as opposed to smaller satellite location or only administrative office.*

6. On the Proposal Checklist, #3 under Organization Name asks a yes or no question: Is your organization currently operating with a brick-and-mortar site in Westchester, Rockland, or Putnam counties? On Page 11 of the RFP under section D, #3 states, in order to be eligible, an organization must have a programmatic headquarters currently located in one of the high priority area zip codes identified in Table 1. We meet the criteria outlined in the RFP as we have programmatic headquarters in the zip code 11101; however, the Proposal Checklist’s third questions makes us ineligible because we do not operate with a brick-and-mortar in Westchester, Rockland, or Putnam counties. Can you clarify if we are eligible?

*RESPONSE – The Proposal Checklist, #3 is incorrect, and is revised. The revised Proposal Checklist, #3 will state “currently operating in New York City”.*

7. While our health center is not located within a high priority area ZIP code in Manhattan, the vast majority of our patients reside in these areas. Would we be able to apply for this grant in Manhattan?

*RESPONSE – No.*

8. Our organization operates an Article 28-licensed mobile medical unit that serves high priority area ZIP codes. Would our mobile medical unit be considered a primary programmatic headquarters?

*RESPONSE – Mobile units may not be considered agency headquarters.*

9. We are a Brooklyn-based nonprofit agency and the majority of the participants we serve reside in the High Priority Area ZIP Codes listed in Table 1 of the RFP; however, our office (zip code 11201) is not located in the zip codes listed in the RFP – are we eligible to apply?

*RESPONSE – No.*

10. Pages 6 and 7 include a listing high priority zip codes. What criteria were used to determine high priority designation? Where is the data that aligns with those criteria? Can DOHMH/PHS include that data in the addendum by zip code? Is it safe to assume that the criterion include the number of people living with HIV/AIDS, the race or ethnicity of new cases of HIV/AIDS, the gender breakdown of new cases, and HIV/AIDS deaths by zip code?

*RESPONSE – Please refer to page 5-6, of the revised RFP.*

*“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.”*

11. In the eligibility requirements, it mentions 12 months of demonstrated experience conducting condom distribution to the listed priority population. Does distributing condoms at health fairs and tabling events and to patients that are part of the priority population count? What other type of distribution activities can be included in this?

*RESPONSE - Yes, any and all condom distribution work should be included.*

12. If an organization has experience in condom distribution, but more experience with outreach activities and interventions that are not around HIV prevention (but target the same populations), would you recommend the applicant mention their experience to strengthen their application?

*RESPONSE - Any relevant public health experience could be a valuable part of an applicant’s response to this RFP.*

- 13 If my organization is proposing to serve areas in two boroughs (Manhattan and Brooklyn), would those need to be separate applications?

*RESPONSE – Applicants may only submit one proposal on behalf of the applicant’s agency. The applicant should only write a proposal focusing on 1 of the 5 boroughs. Applicants should feel free to leverage their additional agency site locations/offices as long as they are in the same borough as proposed contract services.*



## **Budget-related Questions**

1. Is the anticipated funding range of \$200K - \$270K listed in the RFP, an annual amount per award or a total amount per award over the three year period?

*RESPONSE – The anticipated funding range of \$200K-\$270K is the annual amount per award.*

2. On page 5 of 32: it says funding amounts range from \$200,000 - \$270,000. The question is: is \$200,000 - \$270,000 in grant funds available per year or is this the total amount of grant funds available over the 3-year period?

*RESPONSE - The anticipated funding range of \$200K-\$270K is the annual amount per award*

3. On the MRA, is the Recruitment Services \$138 rate a one-time rate or is it an annual rate; so, for example, if a venue is recruited in Year 1 and stays in for Year 2, is there a recruitment fee for just Year 1 or Year 1 and Year 2?

*RESPONSE – This rate of \$138 is per unit of service (Recruitment – Non-Traditional Sites). The recruitment service is a one-time payment. Active sites would not require or receive Recruitment – Non-Traditional Sites services.*

4. On page 14, section H, the RFP reads “services provided...will be reimbursed using a combination of deliverables-based and fee-for-service payment methodology.” But in the budget document there is only revenue received from fee-for-services and no reimbursement for the deliverables. Does this mean that the deliverables based fee is \$0?

*RESPONSE – The ongoing deliverables of “Monthly Inactive Venue Report” and “Quarterly Non-Traditional Site Spot Check Report” are included on the MRA Computation worksheet of the budget document. The value of the deliverables is set to be a fixed portion of the MRA. Once you have entered service projections for the fee-for-service service types, the reimbursement rate for each deliverable will be automatically calculated.*

5. Page 14, Section H refers to a 6 month start-up period; is there a milestone or deliverables based reimbursement during this period or is it purely a fee-for-service reimbursement (which means the CBO will be out-of-pocket significant expenses with minimal revenue during the start-up period).

*RESPONSE – There will be Deliverable-Based reimbursement for the 6 month start-up period. The deliverable details will be provided post-award.*

6. Is the \$200,000-\$270,000 per project range the total amount of money an organization can apply for to run the program per year, or would this be spread out over the 3-year program operations period?

*RESPONSE – The anticipated funding range of \$200K-\$270K is the annual amount per award.*

7. Is this Ryan White Part A money?

*RESPONSE – No. This is not Ryan White Part A funding. This is HIV prevention funding from the federal Centers for Disease Control and Prevention (CDC).*



8. Are all administrative AND indirect costs associated with this contract capped at 12%? If, for example, we have a federally-approved indirect cost rate of 17%, can that be included in addition to the 12% administrative costs cap?

*RESPONSE – Yes, all administrative costs, including indirect, are capped at 12%. You may use your federally approved indirect rate but the sum of indirect costs may not exceed 12% of the MRA.*

9. What is considered administrative versus indirect for the purposes of this program? Under which category does data entry fall, for example?

*RESPONSE – Indirect costs are not itemized and are 100% administrative. Other administrative costs may be allocated as a percentage of other itemized costs. Data entry is a program cost and not indirect. Further information regarding the classification of costs can be found in the budget instructions.*

10. Would PHS be open to funding 50% of a piece of equipment (e.g. a mobile van used for outreach and distribution half of the time for this program and half of the time for another PHS HIV-outreach program)? Would this be acceptable if the other program is funded by Ryan White Part A money?

*RESPONSE – Yes, if the item is only partially used by the program, you may allocate the portion of those costs to the program and the remainder elsewhere. Any allocations must be allowable by the contract they are allocated to.*

11. What are the monetary values of the deliverables for this contract in the 6-month start-up period? What percentage of the overall funding should be allocated to this period and how would we represent that in the budget?

*RESPONSE – The sum value of the start-up deliverables will be equal to 50% (6 months) of your MRA. Start-up deliverables are NOT accounted for in the proposal budget. For the proposal budget, you should assume 12 months of full operation of the proposed program.*

12. The RFP page 5 lists the available funding details as: 3-4 anticipated awards, an anticipated funding range of \$200,000 - \$270,000, \$813,800 in total funding available, and contracts awarded for a term of up to 3 years. Does this mean that each awardee can receive a total award of \$270,000 over 3 years (which is \$90,000 per year)?

*RESPONSE – The anticipated funding range of \$200K-\$270K is the annual amount per award.*

## **Administrative-related Questions**

1. In considering if we should apply for this grant, could you please clarify the following statement (Pg. 6), “NYC DOHMH anticipates funding will be available for 3-4 contracts and that one contract per borough will be awarded?” It seems like there will be 5 contacts or will there not be one contract per borough? Please advise.

*RESPONSE – There will be funding for 3-4 contracts, and no more than 1 contract per borough will be funded. Funding determinations will be made, in part, in a way that assures adequate geographic distribution of services.*

2. Is this a re-solicitation of an existing contract and, if so, can you please tell us who are the current grantees?

*RESPONSE – This solicitation replaces existing contracts in the “Condom Distribution Services” service category funded by DOHMH via Public Health Solutions with contract terms ending December 31, 2018. Current contractors are listed on the Public Health Solutions website.*

3. On Appendix A, Administrative Site Locations – not all zip codes are listed that need to be, i.e., 10001. Can you review this and add the missing zip codes?

*RESPONSE – A revised Appendix A will be made available with the release of Supplement #2 with an expanded list of zip codes.*

4. On Proposal Checklist, #3, it refers to Westchester, Rockland or Putnam – should this be NYC?

*RESPONSE – Yes, a revised Proposal Checklist with question #3 revised to refer to New York City.*

5. On Attachment A, in the Administrative Site Locations tab: Do we include in the chart the Service Site Locations, the Administrative Site Locations and the Primary Programmatic Headquarters locations? Please define each of these terms so we are clear about what information should be entered.

*RESPONSE – For the proposal, you only need to provide the primary programmatic site – where most services are provided / where your organization is known. Administrative site is where management is located, may be the same.*

6. On Attachment A, in the Administrative Site Locations tab: The 5th column in the chart is entitled “Zip Code (only one per site).” This is confusing - why does it say only one per site when a site cannot have more than one zip code?

*RESPONSE – It is unnecessary and will be removed.*

7. Given the rescheduling of the pre-proposal conference, will you extend the deadline for written inquiries? Will you consider extending the proposal due date?

*RESPONSE – Yes, we did. In Supplement #1 (issued July 13, 2018), the deadline for written inquiries was extended to July 18, 2018, 5:00pm and the proposal due date was extended to August 16, 2018, 2:00pm.*

8. The Proposal Format checklist second box states: Proposal documents should be submitted in the format specified in the RFP (i.e. Organization Information Cover Sheet in MS Word; Budget in MS Excel; etc.) Since the Board of Directors' Statement and Proposal Checklist will need to be signed and then scanned & uploaded, can we submit these documents as PDFs?

*RESPONSE – Yes.*

9. Page 5 indicates that PHS intends to issue three or four awards citywide. This suggests that at least one borough will not receive an award. Should organizations consider serving two boroughs?

*RESPONSE – No, agencies may not apply to serve more than one (1) borough. There will be funding for 3-4 contracts, and no more than 1 contract per borough will be funded.*

10. Will the webinar referenced on Page 3 be posted on YouTube or Vimeo for viewing?

*RESPONSE – No. However, the link for the recorded pre-proposal conference and webinar will be included in Supplement #2.*

11. Page 22 mentions the CAMS reporting portal. Is there a webinar or other information available on how to use the portal?

*RESPONSE – Yes. When you open the link to the CAMS Contracting Portal (<https://mer.healthsolutions.org/>), there is a User's Manual link at the top right side of the webpage. Download the manual for information on how to use the portal. If you have any additional questions or problems with the portal, please send email to [CondomDSIRFP@healthsolutions.org](mailto:CondomDSIRFP@healthsolutions.org)*

12. Regarding naming convention for proposal documents, "Applicant Name\_Document Title\_CDRFP\_Date". Please can you confirm if the date referenced is the date the RFP was issued or the proposal due date?

*RESPONSE – For the file name, "Date" refers to the date you finalized the document and is intended to help with version control.*

13. Can you distribute a copy of the attendance sign-in sheet for the Bidder's Conference (or a list of the organizations in attendance) along with the supplement to the RFP?

*RESPONSE – No. PHS does not typically distribute a copy of the attendance sheet. Potential applicants are encouraged to network among themselves.*

14. You mentioned that a copy of the proposal must be submitted. How should this copy of the full proposal be submitted, email, portal and delivered or mailed?

*RESPONSE – Per the Proposal Submission Instructions on pages 22-24 of the RFP, only "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.”*