

Request for Consultant

**Issued by
Public Health Solutions**

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

Coordination of the Development and Implementation of a Community Storytelling Initiative for LGBTQ Persons of Color

[Solicitation # 2019.03.HIV.02.01]

Issue Date: March 5, 2019

Proposals Due Date: March 26, 2019

RFC Contact: Mayna Gipson, Public Health Solutions

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**For a copy of this Request for Consultant, please go to:
<https://www.healthsolutions.org/get-funding/request-for-proposals>**

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RFC Timetable

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

RFC Issue Date **March 5, 2019**

Deadline for Written Inquiries **March 12, 2019, 5:00pm EDT**

Questions about eligibility, proposal requirements or other requests for clarification about information in this RFC must be submitted via email to StorytellingRFC@healthsolutions.org no later than **5:00pm on March 12, 2019**.

Responses to questions submitted via email, may be addressed in a supplement to the RFC. The Supplement 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 this RFC and/or submitted questions via the RFC email. 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 **March 12, 2019**.*

Proposals Due Date **March 26, 2019, 2:00pm EDT**

NOTE: Please see Proposal Submission Instructions on page 12 of this RFC. To ensure that you have a working portal login, and to familiarize yourself with Public Health Solutions' CAMS Contracting Portal's Proposal Upload area, you should create and test the portal login at least one week before the proposal submission deadline.

Projected Award Notification Date **April 2019**

Anticipated Contract Start Date **April 15, 2019**

RFC Contact

The RFC Contact is Mayna Gipson and the RFC email is StorytellingRFC@healthsolutions.org. All inquiries concerning this RFC, from the date of issuance until the prequalification notifications are made, must be directed via email to the RFC Contact. *Applicants are advised that no contact related to this RFC is permitted with any other staff of Public Health Solutions or NYC DOHMH.*

Coordination of the Development and Implementation of a Community Storytelling Initiative for LGBTQ Persons of Color

Note: Under this solicitation, persons of color include anyone who does not identify as non-Latino/a/x white.

A. Background

Storytelling is an essential but underutilized public health tool that can greatly reduce health and identity related-stigmas, build resilience, support communication, increase effective community engagement and outreach, and promote behavior change among multiple stakeholders.¹⁻³ Leveraging lived experience in the development and implementation of public health innovation has become increasingly recognized as a human-rights based approach to health; and storytelling is one method for doing so.^{4,5} Storytelling, in its many forms, also offers the opportunity to break down hierarchical barriers between communities, healthcare organizations, and government institutions through conversation and “affords special opportunities for building more ethical relationships”⁶ centered around social justice, health equity, and lived experience.⁷ Storytelling has been used as a strengths-based approach within mental health⁸ and HIV⁹ related fields to combat stigma and engage community in social justice and health equity platforms with a goal of addressing racial/ethnic, sexual and gender identity disparities in health. Storytelling and narrative-based innovations have also been supported by a diverse body of entities – from grassroots organizations to federal agencies, including the Centers for Disease Control and Prevention (CDC).¹⁰

Health disparities, especially across race/ethnicity, sexual and gender identities, are particularly stark in New York City (NYC). Though the NYC Annual HIV Surveillance Report demonstrates a steady decline in new HIV diagnoses, it also highlights profound HIV disparities across these same categories,¹¹ in large part, due to institutional mechanisms of racism, sexism, classism, homophobia, transphobia, and other systems of oppression that persist in United States and affect health and healthcare systems, including the field of HIV prevention and care.¹²⁻¹⁴ In addition to the disproportionate effect of HIV among specific sub-populations of LGBTQ persons of color (especially those who are Black and/or Latino/a/x), these individuals’ identities lie at the intersection of multiple oppressed identities and

¹ Hinyard, L.J. and Kreutler, M.W. (2007). Using Narrative Communication as a Tool for Health Behavior Change: A Conceptual, Theoretical, and Empirical Overview. *Health Education and Behavior*. 34:5.

² Bell, L.A. (2010). *Storytelling for Social Justice: Connecting Narrative and the Arts in Antiracist Teaching*. Routledge, NY.

³ Palacios, J.F.; Salem, B.; and Hodge, F.S. (2014). Storytelling: A Qualitative Tool to Promote Health Among Vulnerable Populations. *Journal of Transcultural Nursing*.

⁴ Unnithan, M. (2015). What Constitutes Evidence in Human Rights-Based Approaches to Health? Learning from Lived Experiences of Maternal and Sexual Reproductive Health. *Health and Human Rights Journal*.

⁵ De Vecchi, N.; et al. (2016). How digital storytelling is used in mental health: A scoping review. *International Journal of Mental Health Nursing*. 25:3.

⁶ Gubrium, A.C.; Hill, A.L.; and Flicker, S. (2014). A Situated Practice of Ethics for Participatory Visual and Digital Methods in Public Health Research and Practice: A Focus on Digital Storytelling. *AJPH*. 104:9.

⁷ Wangggren, L. (2016). Our stories matter: storytelling and social justice in the Hollaback! Movement. *Gender and Education*. 28: 3.

⁸ Mannell, J.; Ahmad, L.; and Ahmad, A. (2018). Narrative storytelling as mental health support for women experiencing gender-based violence in Afghanistan. *Social Science & Medicine*. 214.

⁹ <https://www.hiv.gov/blog/digital-storytelling-for-change>

¹⁰ Boydell, K.M., et al. (2017). Co-producing Narratives on Access to Care in Rural Communities: Using Digital Storytelling to Foster Social Inclusion of Young People Experiencing Psychosis. *Studies in Social Justice*. 11: 2.

¹¹ HIV Epidemiology and Field Services Program. *HIV Surveillance Annual Report, 2015*. New York City Department of Health and Mental Hygiene: New York, NY. December 2016.

¹² US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2010: Final Review. Retrieved from: https://www.cdc.gov/nchs/data/hpdata2010/hpdata2010_final_review.pdf

¹³ Basset, M.T.; et al. (2017). Structural racism and health inequities in the USA: evidence and interventions. *Lancet*.

¹⁴ Albuquerque, G.A.; et al. (2016). Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. *BMC International Health and Human Rights*.

are impacted by poverty and discrimination.^{15,16} As such, recommendations have emerged from multiple recent community engagements with these communities which indicate that HIV prevention interventions must move upstream, towards dismantling stigma, building resilience, and creating more non-traditional, inclusive community spaces and venues. Addressing social determinants of health, including assuring the emotional well-being of LGBTQ communities of color (among other non-medical needs, like housing and employment), also emerged as a priority. Accordingly, the NYC Health Department’s Bureau of HIV/AIDS Prevention and Control (BHIV) recognizes that LGBTQ persons of color may benefit from storytelling and narrative-based innovations.

Aimed at responding to the community and the points above, BHIV, through its Master Contractor, Public Health Solutions (PHS), is seeking to hire a consultant to coordinate the development and implementation of a community Storytelling Initiative by and for LGBTQ persons of color. The consultant will be responsible for the following deliverables:

1. Establish a Storytelling Initiative Community Workgroup
2. Facilitate the Storytelling Initiative Community Workgroup
3. Facilitate Storytelling Initiative Planning
4. Submit a Storytelling Initiative Proposal
5. Launch and Implement the Storytelling Initiative
6. Finalize the Storytelling Initiative Follow-up

Note: Under this solicitation, “Community” is defined as LGBTQ persons of color.

B. Eligibility/Qualification Requirements

This RFC is intended to solicit proposals from individuals who:

1. Have expertise in conducting community engagement activities with LGBTQ persons of color in NYC;
2. Demonstrate an understanding of the diverse and intersecting identities, lived experience/context, and multitude of social determinants of health among LGBTQ persons of color and how that impacts their health and well-being;
3. Demonstrate a strong connection and ability to reach diverse communities of LGBTQ persons of color in NYC;
4. Demonstrate experience in facilitating dialogue and input from a diverse group of stakeholders;
5. Have experience in community storytelling, theatrical coaching, theatre production, creative arts, and other experience applicable to conducting storytelling initiatives;
6. Have experience in event planning and managing large-scale logistics; and
7. Have strong fiscal management and project management skills as well as procurement experience.

Preference will be given to applicants who themselves identify as an LGBTQ person of color. If this preference qualification is met (as indicated from information provided in Attachment A), the applicant will receive 10 additional points.

¹⁵ Sabin, J.A.; Riskind, R.G.; & Nosek, B.A. (2015). Health Care Providers’ Implicit and Explicit Attitudes Toward Lesbian Women and Gay Men. *AJPH*

¹⁶ Williams, D.R. & Mohammed, S.A. (2009). Discrimination and racial disparities in health: evidence and needed research. *J Behav Med*.

C. Available Funding

The total funding available for work performed under this consultancy solicitation is \$50,000. The applicant may apply and propose to fulfil all of the requirements of the solicitation as an individual consultant OR elect to fulfil the requirements as the lead-consultant with additional co-consultants. If the applicant chooses the latter option, the lead-consultant will be required to name the proposed co-consultant(s) in their proposal and write the proposal in collaboration with them. The lead consultant will be responsible for facilitating the amount and method of payment as well as distributing the funds to the co-consultant(s).

For all Storytelling Initiative expenses outside of the work of the consultant (i.e. event/production supplies, vendors, promotion, materials and talent) there will be a budget of approximately \$40,000 (subject to available funding).

Table 1: Available Funding

Funding Availability	Approximate Funding	Anticipated # of Awards
Consultancy Fee	\$50,000	1
<i>Budget allotted for Storytelling Initiative expenses outside of the work of the consultant (i.e. event/production supplies, vendors, promotion, materials and talent)</i>	<i>\$40,000 (subject to available funding)</i>	

D. Contract Term

The anticipated contract term is April 15, 2019 – December 31, 2019. A renewal term of January 1, 2020 – December 21, 2020 is contingent upon funding availability and the selected applicant’s performance on the contract.

E. Scope of Services

The consultant will be required to complete the following deliverables under this RFC. *Please note the following:*

- *Deliverable 1 must be completed by June 1, 2019.*
- *Deliverable 2-5 must be completed by September 30, 2019.*

Table 2: Storytelling Initiative Deliverables	
Deliverable	Description, Tasks, and Details
1. Establish a Storytelling Initiative Community Workgroup	<ul style="list-style-type: none"> • In consultation with BHIV, develop and implement an outreach strategy to recruit LGBTQ persons of color to be a part of the Storytelling Initiative Community Workgroup (hereafter referred to as <i>workgroup</i>); this must include outreach to the HIV Planning Group (HPG), the Project THRIVE Community Advisory Board (CAB) and to community members who identify as LGBTQ persons of color from across NYC; all efforts should be made to recruit community members not already engaged in HIV prevention services. The workgroup should consist of at least 15 active members at all times. • Recruit, invite, and continuously engage LGBTQ community members of color to be a part of the workgroup. <p>NOTE: <i>Approximately 2 BHIV staff will be a part of the workgroup.</i></p>

2.	Facilitate the Storytelling Initiative Community Workgroup	<ul style="list-style-type: none"> • Hold an in-person workgroup meeting at least monthly, with options for members to call-in via conference line; the size of each workgroup meeting should range from 10-20 members. • Coordinate and facilitate all workgroup meetings and related logistics including, but not limited to: workgroup meeting invite, agenda, attendance sheets, food, venue/meeting space, note taking, and follow-up. • Ensure the workgroup leads the concept, design, and final proposal of the Storytelling Initiative that is presented to BHIV for final approval and that consensus is reached on all decisions. • Maintain detailed workgroup meeting minutes and share with BHIV for their records.
3.	Facilitate Storytelling Initiative Planning	<p>Under the direction and leadership of the workgroup, the selected consultant will:</p> <ul style="list-style-type: none"> • Manage and lead the planning, design, coordination, logistics, and implementation of the Storytelling Initiative. • Develop the Storytelling Initiatives': <ul style="list-style-type: none"> ○ Concept, design and theme(s) <ul style="list-style-type: none"> ▪ This can be one event/activity or a series of events/activities* ▪ The design can include oral, visual, digital and/or other storytelling mediums identified by the workgroup ○ Workplan and timeline ○ Talent resource inventory and recruitment strategy <ul style="list-style-type: none"> ▪ Talent may include anyone artistically involved in the Storytelling Initiative, this may include (depending on the type of medium chosen), but is not limited to, storytellers/actors, storytelling coaches, photographers, photography models, production assistants, stage managers, videographers, dancers, graphic designers, videography, website design. Talent may also be members of the workgroup. ○ Vendor resource inventory ○ Initiative promotion and outreach strategy ○ Related materials and swag ○ Proposed budget ○ Other relevant items identified by the workgroup • Solicit, interview, and hire external vendors and talent, as needed. • Conduct rehearsals, photography sessions, coaching workshops or other production/talent related activities as identified in the work plan in preparation for the launch of the initiative. • Regularly update BHIV on the Storytelling Initiative planning status through the submission of status report(s) and/or weekly conference calls. • Develop an initial Storytelling Initiative dissemination/sustainability plan for long-term engagement of the workgroup and storytelling event(s) participants. • Submit the final concept, work plan, timeline, and budget of the Storytelling Initiative to BHIV in the form of a proposal for final approval. Please see deliverable number 3 below.

		<i>*NOTE: BHIV strongly encourages the design of the Storytelling Initiative to consist of a series of smaller events/storytelling activities overtime rather than one large event.</i>
4.	Submit a Storytelling Initiative Proposal	<ul style="list-style-type: none"> • Submit and present the concept, work plan, timeline, and budget of the Storytelling Initiative in the form of a proposal to BHIV for final approval. • Approval of the final proposal must be given by BHIV prior to implementation and payment of proposal activities. BHIV will provide guidance on the format of the proposal.
5.	Launch and Implement the Storytelling Initiative	<ul style="list-style-type: none"> • Coordinate and manage all Storytelling Initiative launch and implementation activities and logistics by the agreed upon deadline as outlined in the work plan. • Coordinate and manage procurement and payment of Storytelling Initiative vendors, materials, supplies, talent, and other relevant purchases. <ul style="list-style-type: none"> ○ Submit and track invoices to PHS with BHIV approval so they can process the appropriate payments • Assign roles and responsibilities for all parties involved, including workgroup members, volunteers, talent and vendors. • Ensure the implementation and launch of the Storytelling Initiative is done in a professional, organized, culturally responsive and coordinated manner. • In collaboration with BHIV, ensure appropriate resources, such as counselors, are available during the initiative event(s) to address mental health needs of participants who may be triggered by the discussions/stories. Volunteers with the appropriate credentials may serve this role.
6.	Finalize the Storytelling Initiative Follow-up	<ul style="list-style-type: none"> • Draft and submit a Storytelling Initiative one-pager/executive summary. • Develop a Storytelling Initiative evaluation plan, in collaboration with BHIV. <ul style="list-style-type: none"> ○ Submit a final evaluation report • Develop and finalize Storytelling Initiative dissemination/sustainability plan for long-term engagement of the workgroup and storytelling event(s) participants. <ul style="list-style-type: none"> ○ Maintain appropriate contact lists ○ Work with vendors such as videographers and website designers, as applicable, who may support work outlined in the dissemination/sustainability plan
7	Other	<ul style="list-style-type: none"> • Proposed programs may also include other elements identified by the applicant.

F. Program Requirements

1. Ensure that 75% of the workgroup consists of community members who identify as an LGBTQ person of color (i.e., priority population of this RFC).
 - a. Work with members of the Project THRIVE CAB and HPG to identify workgroup participants
2. Ensure the workgroup leads the concept, design, and final proposal of the Storytelling Initiative that is presented to BHIV for final approval and that consensus by the workgroup is reached on all decisions.
3. Identify and hire qualified vendors and talent from within LGBTQ communities of color; where this is not available, justification and approval by the workgroup must be obtained.

4. Ensure that all aspects of the Storytelling Initiative (including oral, visual, print, etc.) are grounded in the voices of the community and their lived experience. Consensus on the theme, design concept and implementation of the initiative as well talent/vendors hired must be obtained by the full workgroup; decisions may not be made by only one or two members
5. Maintain an inclusive, non-stigmatizing work space for all workgroup members and initiative participants.
6. Communicate all Storytelling Initiative details and status updates to BHIV on a regular basis, which may include, but is not limited to:
 - a. Holding at least monthly phone calls
 - b. Submitting monthly status reports
 - c. Sending regular email communication and updates
 - d. Presenting final proposal for BHIV approval

G. Proposal Package and Evaluation Criteria

- Applicants will be evaluated based on the following:
 - Proposal Narrative – 100 points
 - Interview – 100 points
- *Proposal Narrative scores will be used to identify a short list of applicants to be interviewed as part of the final selection process. The Interview will be an in-person interview.*
- The Proposal Narrative must address all the questions in the template provided below and is limited to a maximum 5 pages. Any text exceeding 5 pages will not be reviewed.
- *Preference will be given to applicants who themselves identify as an LGBTQ person of color. If this preference qualification is met (as indicated from information provided in Attachment A), the applicant will receive 10 additional points.*

Proposal Narrative [100 points] (5-page limit)

Table 3: Storytelling Proposal Narrative Template
1. Describe your professional and personal connection to LGBTQ communities of color:
2. Describe your experience conducting community engagement activities:
3. How does your professional and personal experience make you uniquely qualified to lead Storytelling Initiative and deliverables outlined in this RFC?
4. How will you ensure recruitment and retention across a wide variety of community members?
5. Describe your experience in managing and conducting storytelling, theatrical and artistic production, and/or other narrative-based innovations:
6. Describe your event planning and implementation experience:
7. Describe your leadership skills and style:
8. Describe your experience in and approach to group facilitation and consensus building:
9. Describe your experience with fiscal management and project management, procurement and invoicing. Include a description of the organizational tools you use to perform these functions:

Applicant Profile *[not scored] (no page limit)*

Please provide the following:

1. Resume/CV - of lead consultant and any proposed co-consultants
2. Artistic Portfolio (if applicable) – of lead consultant and any proposed co-consultants

Budget *[will not be scored, but is required to be eligible for Proposal Narrative review]*

Provide a proposed budget (not to exceed \$50,000), using the Deliverable Budget Schedule template, with a cost for each deliverable listed in *Table 2: Storytelling Initiative Deliverables* including any associated costs and the hourly rate of the consultancy fee for the lead consultant and any proposed co-consultants. Budget allotted for Storytelling Initiative expenses outside of the work of the consultant (i.e. event/production supplies, vendors, promotion, materials and talent) should NOT be included in this proposed budget.

Interview *[100 points] (in-person interview for a short list of applicants)*

The interview will evaluate:

1. Applicant's interpersonal skills *[25 points]*;
2. Applicant's approach to community engagement *[25 points]*;
3. Applicant's ability to build consensus and manage conflict among a diverse group of stakeholders *[25 points]*; and
4. Applicant's approach to the specific storytelling activities required in the RFC *[25 points]*.

Proposal Review and Selection Process

Evaluation Criteria

All proposals deemed responsive will be evaluated. Proposal Packages will undergo an administrative review by Public Health Solutions to determine that applicants meet the eligibility/qualification requirements as detailed in this RFC.

Proposal Packages that meet the eligibility/qualification requirements will then undergo a content review. Proposal Packages will be evaluated and scored based on the Proposal Narrative. *The Proposal Narrative scores will be used to identify a short list of applicants to be interviewed as part of the final selection process.*

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

An award will be made to the applicant with the overall highest score (average Proposal Package score plus Interview score) that offers a budget that is fair and reasonable. The NYC DOHMH will make the final award decision.

Final award is 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.

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.

Proposal Submission Instructions

The deadline for submitting the Proposal Package is **March 26, 2019, 2:00pm EDT**. A complete proposal consists of all requested documents on the Proposal Checklist.

Uploading Proposal to CAMS Contracting Portal

One electronic copy of the Required Components of the Complete Proposal must be uploaded to the CAMS Contracting Portal on the PHS 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 RFC. 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
- 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 to request a login.
- All login request emails should include the following:
 - First and last name of the proposal submitter
 - Email address of proposal submitter
 - Title of proposal submitter
 - Full legal name of the applicant organization or state "INDIVIDUAL"
 - Employer Identification Number (EIN) of applicant organization*
 - RFC title should be on the subject line of the email

If you are an individual, please do **NOT provide your social security number.*

Note that only one individual may initiate and submit the proposal for an organization per RFP.

Please be aware that uploading a proposal may involve multiple files representing different required 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 submission deadline may be disqualified from funding consideration.

*It is the responsibility of the applicant 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, please email the RFC Contact at StorytellingRFC@healthsolutions.org

Required Components of a Complete Proposal

1. Attachment A – Cover Sheet and Eligibility (*must be submitted in MS Excel*)
2. Proposal Package includes:
 - *Proposal Narrative (must be submitted in MS Word)*
 - *Applicant Profile (includes Resume/CV and Artistic Portfolio (if applicable))*
3. Deliverable Budget Schedule (*must be submitted in MS Excel*)

The following required forms must be download from the Public Health Solutions RFP website, <https://www.healthsolutions.org/get-funding/request-for-proposals/> :

1. Attachment A – Cover Sheet and Eligibility
2. Proposal Narrative Template
3. Deliverable Budget Schedule
4. Deliverable Budget Schedule Instructions

Proposal Format Requirements

Applicants are expected to adhere to the following formatting requirements.

- Each document of the proposal should be titled using the following naming convention: ***Applicant Name Document Title (as listed in RFC)_StorytellingRFC_Date.***
- Documents should be submitted in the format specified in the RFC (*i.e. Proposal Narrative in MS Word; Deliverable Budget Schedule in MS Excel; etc.*).
- 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, including attachments, should be consecutively numbered.
- Each page of the proposal should include as a header or footer the name of the applicant submitting the proposal.