

**RFA #20572 / SFS #MSWP20251 and MSWP20252**

**New York State Department of Health**  
*Office of Health Equity and Human Rights*

*Migrant and Seasonal Worker Program*

**Addendum #4**

**Attachment 8: Information on Health Equity**

Due to difficulties with the “Event Comments and Attachments” section of bid event **MSWP20251** published in the NYS Statewide Financial System (SFS), **Attachment 8: Information on Health Equity** has been posted online at the following locations below. The attachment is accessible in bid event **MSWP20252** so this **only** applies to **MSWP20251**.

NYS Department of Health Funding Website: <https://www.health.ny.gov/funding>

NYS Contract Reporter: <https://www.nyscr.ny.gov/login.cfm>

# **RFA #20572 / SFS #MSWP20251 and MSWP20252**

## **New York State Department of Health** *Office of Health Equity and Human Rights*

### *Migrant and Seasonal Worker Program*

#### **Addendum #3**

#### **Two Modifications**

#### **Extension of Due Date and Application Submissions**

#### **Extension of Due Date**

The application due date for this RFA is being extended. The following has been modified in the RFA

#### **Key Dates**

**Applications Due: June 20, 2025 by 4 PM**

#### **Application Submissions**

The following is an official modification, which is hereby incorporated into RFA #20572, Migrant and Seasonal Worker Program.

Deleted language appears in strikethrough (“xxx”) and added language appears in **red** text. The information contained in this amendment prevails over the original RFA language. Applicants should review all documents in their entirety to ensure all amended language is incorporated into their applications.

The following change is made to Section II. Who May Apply and Section II. C Available Funding in the Request for Applications:

Applicants may submit a limit of one application per Applicant/organization/entity. **If more than one application is received in response to this RFA, the last submitted application based on date and time will be reviewed and considered for funding.**

**Applicants wanting to modify an SFS submitted application for RFA 20572 due to the extended submission date will need to submit a new application. SFS will not allow a submitted application to be opened. Applicants can copy their submitted application and resubmit as a new application.**

**Instructions on how to copy a submitted application can be found on the following pages. See the RFA Section IV. E for How to file an Application and Section IV.B. for helpful links and who to contact for questions of a technical nature.**

Go to View Events and Place Bids search page, find the Event ID



**View Events and Place Bids** Welcome, ██████████  
User: ████████

Enter search criteria to locate an event for viewing or placing bids.

**Search Criteria**


Event ID

Search by Grant Opportunity

Search by Due Date From   To  

Search by Status

Search by Eligibility Governmental Entity

Search by Funding Agency  

Search by Service Area

Click on the Event ID link

**Search Results**

| Event ID                   | Funding Agency | Grant Opportunity                | Status    | Eligibility                         | Availability Date |
|----------------------------|----------------|----------------------------------|-----------|-------------------------------------|-------------------|
| <a href="#">EVT0000099</a> | OMH01          | <a href="#">Test</a>             | Available | Governmental Entity                 | 11/30/23 1:45PM   |
| <a href="#">EVT0000097</a> | OMH01          | <a href="#">Test Event S</a>     | Available | Governmental Entity, Not-For-Profit | 12/08/23 2:26PM   |
| <a href="#">EVT0000096</a> | OMH01          | <a href="#">Test</a>             | Available | Governmental Entity, Not-For-Profit | 12/08/23 1:22PM   |
| <a href="#">EVT0000026</a> | DOH01          | <a href="#">Test</a>             | Available | Governmental Entity                 | 12/31/23 10:52AM  |
| <a href="#">EVT0000005</a> | DOH01          | <a href="#">Test Bid Events</a>  | Available | Governmental Entity                 | 08/16/23 3:04PM   |
| <a href="#">EVT0000004</a> | DOH01          | <a href="#">test</a>             | Available | Governmental Entity                 | 10/27/23 2:02PM   |
| <a href="#">EVT0000001</a> | DEC01          | <a href="#">Job Aids Testing</a> | Available | Governmental Entity                 | 08/30/23 8:16AM   |

Instead of clicking on Bid on Event, go to middle of page and click on My Bids 'In Process and Submitted link

**Supplier Search Events** **Event Details** User: NY Metro

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[Information On Inquiry Options](#) **Bidding Shortcuts:** 
[View Event Activity](#)  
[View Event Package](#)  
[Upload XML Bid Response](#)  
[View, Edit or Copy from Saved Bids](#)

Bid on Event

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**Event Name** Test Event S  
**Event ID** OMH01-EVT0000097  
**Event Format/Type** Sell Event RFX  
**Event Round** 1  
**Event Version** 1  
**Event Start Date** 12/31/2023 2:26PM EST  
**Event End Date** 12/31/2024 02:26 PM EST

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**Event Description:**  
 Test EventS

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**Contact**  
**Phone**  
**Email** [test123@sfs.ny.gov](mailto:test123@sfs.ny.gov)  
**Online Discussion**  
[Live Chat Help](#)

**Payment Terms**  
**My Bids** 2 In-Process and Submitted  
**Edits to Submitted Bids** Not Allowed  
**Multiple Bids** Allowed

Click on the Copy option

User: NY Metro

**View, Edit or copy from Saved Bids**

**Event Name** Test Event S  
**Event ID** OMH01-EVT0000097  
**Event Format/Type** Sell Event RFX  
**Event Start Date** 12/31/2023 2:26PM EST  
**Event End Date:** 12/31/2024 02:26 PM EST

**Event Round** 1  
**Event Version** 1  
**Multiple Bids** Allowed  
**Currency:** US Dollar

**Bids**

| Bid ID | Round | Version | Bid Status | Event Status | Bid Last Saved         |                      |                      |                        |
|--------|-------|---------|------------|--------------|------------------------|----------------------|----------------------|------------------------|
| 1      | 1     | 1       | Posted     | Posted       | 03/22/2024 11:35AM EDT | <a href="#">View</a> | <a href="#">Copy</a> | <a href="#">Cancel</a> |

You will be taken to the Bid Response – Event Details page to start a new application. The event info (Answers to questions, Bid Price) will be copied over. Complete other required info (Contact, Site/Proj Address, Budget and/or Work Plan if required) and the click Submit.

**Bid Search Screen** **Event Details** [New Window](#) | [Help](#)

Welcome, NEW YORK METROPOLITAN REFERENCE AND User: NY Metro

[Submit Bid](#) [Save for Later](#) [Cancel](#) [Validate Entries](#)

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|                                               |                                             |
|-----------------------------------------------|---------------------------------------------|
| <b>Event Name</b> Test Event S                | <a href="#">Bidding Instructions</a>        |
| <b>Event ID</b> OMH01-EVT0000097              | <b>Additional Bid Info</b>                  |
| <b>Event Format/Type</b> Sell Event RFX       | <b>Bid ID</b> New                           |
| <b>Event Round</b> 1                          | <b>Bid Date</b>                             |
| <b>Event Version</b> 1                        | <b>Bid Currency</b> USD US Dollar           |
| <b>Event Start Date</b> 12/31/2023 2:26PM EST | <b>Estimated Award Date</b> 12/08/2023      |
| <b>Event End Date</b> 12/31/2024 02:26 PM EST | <b>Anticipated Contract Date</b> 12/08/2023 |
| <b>Processing Status</b> Bid Event Published  |                                             |

[Hide Additional Event Info](#)

**Description:**  
Test EventS

**Contact** **Payment Terms**

Once new application is submitted, repeat steps above to search and find the same event, click on My Bids In Process and Submitted link

**Supplier Search Events** **Event Details** [User: NY Metro](#)

[Information On Inquiry Options](#) [Bidding Shortcuts:](#) [View Event Activity](#)  
[Bid on Event](#) [View Event Package](#)  
[Upload XML Bid Response](#)  
[View, Edit or Copy from Saved Bids](#)

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|                                               |  |
|-----------------------------------------------|--|
| <b>Event Name</b> Test Event S                |  |
| <b>Event ID</b> OMH01-EVT0000097              |  |
| <b>Event Format/Type</b> Sell Event RFX       |  |
| <b>Event Round</b> 1                          |  |
| <b>Event Version</b> 1                        |  |
| <b>Event Start Date</b> 12/31/2023 2:26PM EST |  |
| <b>Event End Date</b> 12/31/2024 02:26 PM EST |  |

**Event Description:**  
Test EventS

**Contact** **Payment Terms**

**Phone** **My Bids** 2 In-Process and Submitted

**Email** [test123@sfs.ny.gov](mailto:test123@sfs.ny.gov) **Edits to Submitted Bids** Not Allowed

**Online Discussion** **Multiple Bids** Allowed

[Live Chat Help](#)

You should now see two rows, Bid ID 1 and Bid ID 2. Cancel previous one (Bid ID 1)

**Bids**

| Bid ID | Round | Version | Bid Status | Event Status | Bid Last Saved         |                           |                      |                        |                        |
|--------|-------|---------|------------|--------------|------------------------|---------------------------|----------------------|------------------------|------------------------|
| 1      | 1     | 1       | Posted     | Posted       | 03/22/2024 11:35AM EDT | <a href="#">View</a>      | <a href="#">Copy</a> | <a href="#">Cancel</a> |                        |
| 2      | 1     | 1       | Saved      | Posted       | 04/12/2024 10:59AM EDT | <a href="#">View/Edit</a> | <a href="#">Copy</a> | <a href="#">Cancel</a> | <a href="#">Upload</a> |

[Return to Bid Search](#)

Click Cancel This Bid button

[← Bid Search Screen](#) **Cancel Bid**

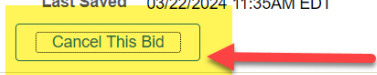
**Cancel Bid**

**Business Unit** OMH01 **Event Round** 1  
**Event ID** EVT0000097 **Event Version** 1  
**Event Name** Test Event S **Event Format** Buy

**Bid ID** 1  
**Bid Status** Posted  
**Last Saved** 03/22/2024 11:35AM EDT

[Cancel This Bid](#)

[Return to Bid Search](#)



**RFA #20572 / SFS #MSWP20251 and MSWP20252**

**New York State Department of Health**  
*Office of Health Equity and Human Rights*

*Migrant and Seasonal Worker Program*

**Addendum #2**

**Extension of Due Date**

The application due date for this RFA is being extended. The following has been modified in the RFA.

**Key Dates:**

**Applications Due: June 5, 2025 by 4:00 PM**

**RFA #20572 / SFS #MSWP20251 and MSWP20252**

**New York State Department of Health**  
*Office of Health Equity and Human Rights*

*Migrant and Seasonal Worker Program*

**Addendum #1**

The following language has been replaced in this procurement under II. Who May Apply, section C. Strikeouts are in black, replacements in bold red.

**C. Available Funding**

It is anticipated that up to ~~4~~ **10** awards will be made through this Request for Applications, for an annual funding amount of approximately \$1.2 million distributed among awarded applicants. Nine awards will be made under component one corresponding to the NYS economic development regions (exclusive of New York City) outlined in Attachment 1, and one additional award will be made for each of the other components. Please see Attachment 2 for the funding breakdown by component and region. Applicants may submit only one application per component; applicants may submit one application naming each of the regions they are applying for in their cover letter. Applicants applying for both component one and component two must complete both applications separately. Each regional contract will be awarded to the highest scoring applicant for that region, no preference will be given to applicants applying for multiple regions. If no successful applications for a region or component, funds will be distributed to the other awards. Anticipated award amounts for each component and region can be found in Attachment 2. Awards will be made for a five-year period anticipated to begin January, 1 2026.

**RFA #20572 / SFS #MSWP20251 and MSWP20252**

**New York State Department of Health**  
*Office of Health Equity and Human Rights*

**Request for Applications**  
*Migrant and Seasonal Worker Program*

*KEY DATES:*

|                                                                 |                                |
|-----------------------------------------------------------------|--------------------------------|
| <b>Release Date:</b>                                            | <b>April 10, 2025</b>          |
| <b>Questions Due:</b>                                           | <b>April 24, 2025</b>          |
| <b>Questions, Answers and<br/>Updates Posted (on or about):</b> | <b>May 8, 2025</b>             |
| <b>Applications Due:</b>                                        | <b>May 22, 2025 by 4:00 PM</b> |

**NYSDOH Contact Name & Address:**

Office of Health Equity and Human Rights  
Executive Office  
6 Empire Plaza  
Corning Tower 22<sup>nd</sup> Fl  
OHEHRADMIN@health.ny.gov

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## I. Introduction

The New York State Department of Health (NYSDOH or Department), Office of Health Equity and Human Rights (OHEHR) is requesting applications from qualified and experienced service providers with recognized ties to the Migrant and Seasonal Worker population in New York State (NYS). The primary purpose of this Request for Applications is to award grants to public and not-for-profit, community-based health and/or human service organizations to provide access to high quality, culturally and linguistically appropriate health and social support services. The goal is to improve the health status of Migrant and Seasonal Workers (MSW) and their families, defined as individuals who are employed in agriculture or other employment on a seasonal basis that establish a temporary residence for the purpose of such employment. In issuing this Request for Applications, the Department is seeking to maintain its existing service capacity to Migrant and Seasonal Workers and their families in New York State.

The New York State Department of Health (NYSDOH or Department), Office of Health Equity and Human Rights (OHEHR) defines Health Equity as: “Achieving the highest level of health for all people and shall entail focused efforts to address avoidable inequalities by equalizing conditions of health for those who have experienced injustices, socioeconomic disadvantages, and systemic disadvantages. Health equity is about addressing the needs experienced by individuals and communities.”

## II. Who May Apply

To apply for this Request for Applications (RFA) potential applicants must meet all minimum eligibility requirements for the component for which they are applying. Those that do not will be not considered. **An eligible Applicant/organization/entity may only submit one application per component.** An eligible Applicant/organization/entity applying for both components must submit one application for each component.

**Minimum Eligibility Requirements Component 1:** Eligible Applicants serving Migrant and Seasonal Workers and their families may apply for Component 1. **Applicants may submit a limit of one application per Applicant/organization/entity.**

1. Applicants must be incorporated and registered as an incorporated entity with the Secretary of State (further information can be obtained from the NYS Department of State at: [www.dos.state.ny.us](http://www.dos.state.ny.us))
2. Applicants must attest to serve the minimum number of Migrant and Seasonal Workers and/or their family members outlined in **Attachment 2** to be eligible for an award. Applicants may submit a limit of one application per Applicant/organization/entity.

3. Eligible Applicants must be prequalified in the New York State Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this Request for Applications.
4. Not-for-profit and public applicants eligible to apply under this initiative include:
  - a. Community health centers approved under section 330 of the Public Health Services Act (42 USCS§2545B) as comprehensive diagnostic and treatment centers for the purpose of furnishing primary health care services, including outreach, health education and dental care, to Migrant and Seasonal Workers and their families; or
  - b. Not-for-profit or public health and/or human service organizations or entities having existing contractual relationships or memoranda of understanding with community health centers that meet the criteria in (a).

**Minimum Eligibility Requirements Component 2:** Eligible Applicants serving Children of Migrant and Seasonal Workers may apply for Component 2. Children of Migrant and Seasonal Workers is defined as Children of Seasonal and Migrant Workers who are 0-19 years of age. **Applicants may submit a limit of one application per Applicant/organization/entity.**

1. Applicants should be incorporated and registered as an incorporated entity with the Secretary of State (further information can be obtained from the NYS Department of State at: [www.dos.state.ny.us](http://www.dos.state.ny.us))
2. Applicants must agree to serve the minimum number of Children of Migrant and Seasonal Workers outlined in **Attachment 2** to be eligible for an award. Applicants may submit a limit of one application per Applicant/organization/entity.
3. Not-for-profit and public applicants eligible to apply under this initiative include:
  - a. Community health centers approved under section 330 of the Public Health Services Act (42 USCS§2545B) as comprehensive diagnostic and treatment centers for the purpose of furnishing primary health care services, including outreach, health education and dental care, to Children of Migrant and Seasonal Workers; or
  - b. Not-for-profit or public health and/or human service organizations or entities having existing contractual relationships or memoranda of understanding with community health centers that meet the criteria in (a).
4. Eligible Applicants must be prequalified in the New York State Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this Request for Applications.
5. Applicants applying to work specifically with Children of Migrant and Seasonal Workers **must** be licensed by the New York State Office of Children and Family Services (OCFS).

### C. Available Funding

It is anticipated that up to 11 awards will be made through this Request for Applications, for an annual funding amount of approximately \$1.2 million distributed among awarded applicants. Nine awards will be made under component one corresponding to the NYS economic development regions (exclusive of New York City) outlined in Attachment 1, and one additional award will be made for each of the other components. Please see Attachment 2 for the funding breakdown by component and region. Applicants may submit only one application per component; applicants may submit one application naming each of the regions they are applying for in their cover letter. Applicants applying for both component one and component two must complete both applications separately. Each regional contract will be awarded to the highest scoring applicant for that region, no preference will be given to applicants applying for multiple regions. If no successful applications for a region or component, funds will be distributed to the other awards. Anticipated award amounts for each component and region can be found in **Attachment 2**. Awards will be made for a five-year period anticipated to begin January 1, 2026.

### III. Project Narrative/Work Plan Outcomes

The purpose of the Migrant and Seasonal Worker Program Request for Applications is to provide access to high quality, equitable, culturally and linguistically appropriate health and social support services, as well as enabling services such as translation and transportation, to reduce barriers to access and to improve the health status of Migrant and Seasonal Workers and their families. Applicants should provide services that are compatible with the Migrant and Seasonal Workers occupational realities and lifestyle. Where possible, screenings, preventive health and other services should be available during convenient days/times and locations, including migrant camps, plant dormitories or local housing known to be inhabited by Migrant and Seasonal Workers and their families.

To ensure supports and services meet the needs of Migrant and Seasonal Workers and their families, applicants will obtain input from those proposed to be served in the development of the application as well as on an ongoing basis as described in this Request for Applications (RFA). Applicants may directly provide or coordinate with other community agencies to provide required services depending upon the applicant organization's services and expertise. Applicant organizations not directly providing services should demonstrate established relationships with community health centers approved under section 330 of the Public Health Services Act (42 USCS§2545B) as comprehensive diagnostic and treatment centers for the purpose of providing primary health care services to Migrant and Seasonal Workers and their families and provide letters of collaboration from these entities.

An Applicant may subcontract components of the Work Plan to be performed by Applicant pursuant to the terms of its Application. If known, the Applicant is expected to state in their

Application the specific components to be performed through subcontracts (up to 75%) well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors and will be the primary contact for the New York State Department of Health (NYSDOH). All subcontractors and subcontracts will be required to be approved by the Department of Health.

NOTE: Successful applicants will be asked to prepare comprehensive quarterly narrative and statistical progress reports, an annual statistical report and other periodic reports based on State and federal funding source requirements to evaluate the effectiveness of the program with staff involved in program activities. As part of these reports, the Department will require programs to submit data that address measurable outcomes in the workplan.

The applicant organization, if funded, must provide program and financial information to the Department of Health in the requested format. Successful applicants will be expected to maintain an accounting system that will permit identification of all expenditures and revenues for activities funded by the grant. The Department of Health also reserves the right to conduct site visits as necessary throughout the grant period.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This Request for Applications (RFA) is issued by the New York State Department of Health (hereinafter referred to as NYSDOH, or the Department), Office of Health Equity and Human Rights (OHEHR). The Department is responsible for the requirements specified herein and for the evaluation of all Applications. *See*, Section V.C. (Review and Award Process).

### **B. Question and Answer Phase**

All substantive questions by Applicants with respect to any aspect of the Request for Applications (RFA) must be submitted in writing to the following email address: [OHEHRADMIN@health.ny.gov](mailto:OHEHRADMIN@health.ny.gov), includes Minority and Woman Owned Business Enterprise (MWBE) Requirements questions and related forms. *See*, Section IV.K. (Minority & Woman-Owned Business Enterprise Requirements). Questions of a technical nature related to formatting or other minor details related to preparation of an Application may also be addressed in writing to the email address noted above. Questions are of a technical nature if they are limited to how to prepare your Application (e.g., formatting) rather than relating to the substance of the Application.

To the degree possible, each question submitted by a potential Applicant pursuant to the terms of

this RFA should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the Cover Page of this RFA.

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or Applications should be directed to the NYSDOH contact listed on the cover of this RFA.

- On-Demand Statewide Financial System Training Videos: On-demand training focused on using the new grants management features in SFS is available by logging in to the SFS Vendor Portal and clicking the SFS Coach icon available on the homepage. Additional questions? Contact the SFS Help Desk listed below:
- Statewide Financial System Technical Support Help Desk  
Phone: 1-877-737-4185 toll-free / 518-457-7737  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov)  
(Application Completion & Policy)
- Grants Management Team Email: [grantsmanagement@its.ny.gov](mailto:grantsmanagement@its.ny.gov)
- Phone: 518-474-5595  
Hours: Monday thru Friday 8am to 4pm  
(Registration questions)

Prospective Applicants must submit all requests for clarifications of, or exceptions or changes to, the terms, conditions or provisions of this Request for Applications (RFA) or the Master Contract for Grants during the Question-and-Answer Phase, which will end on the “Questions Due” date specified on the Cover Page of this Request for Applications (RFA). An Applicant must clearly indicate the clarification, exception or change in the Request for Applications (RFA) or the Master Contract for Grants the Applicant is requesting. All questions, answers, and requests for clarification, exception or change will be published by the Department at [SFS Public Portal Homepage](#) to ensure equal access and knowledge by all prospective Applicants, on or about the date specified on the Cover Page of this Request for Applications (RFA).

This Request for Applications (RFA) has been posted on the NYS Statewide Financial System website at: [SFS Public Portal Homepage](#) and additionally, via a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>.

Questions and answers, as well as any updates, addendums to, and/or other modifications of this Request for Applications (RFA), will be posted on these websites. All such questions and answers, updates, addendums to, and other modifications to this Request for Applications (RFA) will be posted by the date identified on the Cover Page of this Request for Applications (RFA) under “Key Dates”.

**All Questions must be received by the date and time specified on the Cover Page of this Request for Applications (RFA), under “Key Dates”, opposite the heading “Questions Due”.**

**All questions submitted by email should state the Request for Applications (RFA) Title and Number set forth on the Cover Page (RFA#20572, Migrant and Seasonal Workers Program) in the subject line of the email.**

### **C. Letter of Interest**

A Letter of Interest is not requested for this project.

### **D. Applicant Conference**

An Applicant Conference WILL NOT be held for this project.

### **E. How to file an Application**

Applications must be submitted online via the Statewide Financial System by the date and time posted on the Cover Page of this Request for Applications (RFA) under the heading “Key Dates”.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Statewide Financial System. Please visit the Statewide Financial System website at the following web address: [SFS Public Portal Homepage](#) and click the “Search for Grant Opportunities” tile. There is also a more detailed “Statewide Financial System: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants located in SFS Coach. Training webinars are also provided by the Grants Management Team. Dates and times for webinar instruction can be located at the following web address: [Live Webinars | Grants Management \(ny.gov\)](#)

To submit an Application an Applicant must:

1. Log into the [Statewide Financial System Vendor Portal](#).
2. Click the Grant Management Tile. Next, Click the Bid Event Search tile.
3. Enter the applicable search criteria in the Search Criteria Fields. Locate an opportunity; search by Funding Agency (DOH01) or enter the Grant Opportunity name into the Search by Grant Opportunity field: < Migrant and Seasonal Workers Program> You can also filter search by Status such as “available” which filters to include only the bid events that are published and open for potential bid response.
4. Click on “Search” button to initiate the search.
5. Click on Event ID link to initiate a bid response.
6. Please review the Grantee User Manual found in SFS Coach for additional steps on how to

respond to various types of Bid Events.

Once the Application is complete, a prospective Applicant is **strongly encouraged** to submit their Application at least **48 hours prior to the** Application's due date and time specified on the Cover Page of this Request for Applications (RFA). This will allow sufficient opportunity for the Applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an Applicant's ability to submit their Application.** NYSDOH, Statewide Financial System (SFS), and Grants Management staff are available to answer an Applicant's technical questions and provide technical assistance prior to the Application due date and time. Contact information for the Grants Management Staff and Statewide Financial System (SFS) is available under Section IV.B. (Question and Answer Phase) of this Request for Applications (RFA).

**PLEASE NOTE:** Although New York State Department of Health (NYSDOH) and the Grants Management staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time for the submission of an Application, there is no guarantee that they will be resolved in time for the Application to be submitted on time and, therefore, considered for funding.

During the Application process, please pay particular attention to the following:

- Not-for-profit Applicants must be prequalified, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the "Key Dates" set forth on the Cover Page of this Request for Applications (RFA). Be sure to maintain prequalification status between funding opportunities. **NOTE:** Three of a not-for-profit's essential financial documents - the IRS990, its Financial Statement, and its Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit's prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the role of "Bid Response Submitter" can submit an Application on behalf of an Applicant.
- Prior to submission, the Statewide Financial System will automatically initiate a global error checking process to protect against an incomplete Application. An Applicant may need to attend to certain parts of the Application prior to being able to submit the Application successfully. An Applicant must be sure to allow time after pressing the submit button to clean up any global errors that may arise. (Vendor User Guide).
- Applicants should use numbers, letters, and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (20 MB) when uploading documents. Applicants should ensure that any attachments uploaded with their application are not "protected" or "passworded" documents.

The Applicant's Delegated Administrator is able to assign, modify, remove roles for the applicant in Statewide Financial System (SFS). Please see Statewide Financial System (SFS) Vendor Portal Access Reference Guide, [SFS Vendor Portal Access Reference Guide.pdf \(ny.gov\)](#), for additional information on roles. **Bid Response Initiator and Bid Response Submitter** are the necessary roles for applying to a Bid Event in Statewide Financial System (SFS). If you are a not-for-profit you will also need Prequalification Processor for Prequalification purposes.

**PLEASE NOTE: Waiting until the last several days to complete your Application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.**

**Applications will not be accepted via fax, e-mail, paper copy or hand delivery.**

**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

#### **F. Department of Health's Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all Applications received in response to this Request for Applications (RFA).
2. Withdraw the Request for Applications (RFA) at any time, at the Department's sole discretion.
3. Make an award under the Request for Applications (RFA) in whole or in part.
4. Disqualify any Applicant whose conduct and/or Application fails to conform to the requirements of the Request for Applications (RFA).
5. Seek clarifications and revisions of Applications, in the Department's sole discretion.
6. Use Application information obtained through site visits, management interviews, and the State's investigation of an Applicant's qualifications, experience, ability, or financial standing, and any material or information submitted by the Applicant in response to the Department's request for clarifying information in the course of evaluation and/or selection under the Request for Applications (RFA).
7. Prior to Application opening, amend the Request for Applications (RFA) specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to Application opening, direct Applicants to submit proposal modifications addressing

subsequent Request for Applications (RFA) amendments.

9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this Request for Applications (RFA).
12. Negotiate with successful Applicants within the scope of the Request for Applications (RFA) in the best interests of the State.
13. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with the selected Applicant.
14. Utilize any and all ideas submitted with the Applications received, at the Department's sole discretion.
15. Unless otherwise specified in the Request for Applications (RFA), every offer in an Applicant's Application is firm and not revocable for a period of 60 days from the Application opening.
16. Waive or modify minor irregularities in Applications received after prior notification to the Applicant.
17. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an Applicant's Application and/or to determine an Applicant's compliance with the requirements of the Request for Applications (RFA).
18. Eliminate any term of this Request for Applications (RFA) that can be complied with by none of the Applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the State.

#### **G. Term of Contract**

Any Contract resulting from this Request for Applications will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this Request for Applications (RFA) will have the following time period: January 1, 2026 – December 31, 2030.

Continued funding throughout this 5-year period is contingent upon availability of funding and state budget appropriations and the Grantee’s continued satisfactory performance of its obligations under the Contract. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found at <https://grantsmanagement.ny.gov/system/files/documents/2023/12/january-2024-contract-for-grants.pdf>

## **H. Payment & Reporting Requirements of Grant Awardees**

1. The Department may, at its discretion, make an advance payment to a successful not-for-profit grant Applicant under this Request for Applications (a “Grantee”) in an amount not to exceed 10 percent of the annual grant provided for under the Grantee’s Contract.
2. The Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract to the State's designated payment office (below) or, if requested by the Department, through the Statewide Financial System:

**OHEHRADMIN@health.ny.gov**

A Grantee must provide complete and accurate billing invoices in order to receive payment of the grant funding provided for under the terms of its Grant Contract. Invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department, and the Office of the State Comptroller (OSC). Payment for invoices submitted by the Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner of Health, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC’s procedures and practices to authorize electronic payments.

Authorization forms are available at OSC’s website at:

<http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under its Grant Contract if it does not comply with OSC’s electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of claims for reimbursement by the State (Department) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Grantee will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

3. The Grantee will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through the Statewide Financial System:
  - a. Monthly Reimbursement Vouchers due within 30 days after the reimbursement month ends.
  - b. Quarterly Reports due within 30 days after each grant quarter ends, and
  - b. Annual reports summarizing activities over the course of each of the five, 12-month periods of the five-year grant, due 30 days after the end of the grant year.
  - c. Other reports as required by the Department.

All payment and reporting requirements will be detailed in “Attachment D: Payment and Reporting”, of the final STATE OF NEW YORK MASTER CONTRACT FOR GRANTS.

## **I. Procurement Requirements**

### **1. General Requirements**

The Grantee may procure various goods and services in connection with the grant-funded project ranging from routinely purchased goods or services to those that involve substantive programmatic work. The procurement of such goods or services, however, must be conducted in an equitable and competitive manner to promote equal treatment, efficiency, and economy in grant-funded activities.

Any Grantee that is a State entity (i.e., a State agency or political subdivision of the State) must follow the same policies and procedures it uses for procurements from its general funds. All other Grantees (private companies, not-for-profit-organizations, etc.) must have a sufficient and documented procurement process that maintains records to detail the history of procurements associated with any awarded grant project. These records shall include, but are not limited to, rationale for the method of procurement (e.g., micro-purchase, small purchases, sealed bids, request for proposals, noncompetitive/sole source), the selection of a contract type, contractor selection and/or rejection, and the basis of a contract price.

The Grantee’s documented procurement process must conform with any applicable federal, State and local laws and regulations. As part of the required procurement procedures, a Grantee must maintain written standards of conduct covering conflict of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts. The standards of conduct must provide for disciplinary actions to be applied for violations by officers, employees or agents of the Grantee. Such standards shall provide, at a minimum, that no employee, officer, or agent of the Grantee will participate in the selection, award, or administration of a contract supported by grant funds if a conflict of interest, real or actual, is involved. Such conflicts may arise when:

- The employee, officer, or agent, or
- Any member of such individual's immediate family, or
- Such individual's partner, or
- Any organization which employs, or is about to employ the selected contractor, has a financial or other interest in or receives or stands to receive a tangible personal benefit from a firm being considered for a contract.

The standards of conduct shall also cover organizational conflicts of interest. Organizational conflicts of interest arise where an entity is or appears to be unable to conduct an impartial procurement action due to relationships with a parent company, affiliate, or subsidiary organization.

## 2. Bid Protest Procedures

Any contractor, subcontractor, or aggrieved party has the right to protest actions before or after the award of a contract utilizing grant funds. The Grantee alone will be responsible, in accordance with good administrative practice and sound business judgement, for the settlement of all contractual and administrative issues arising out of procurement contract solicitations and awards.

Grantees shall have written protest procedures, which may be analogous to those set forth in Part 24 of Title 2 of the New York Codes, Rules and Regulations, in order for effective due process to be achieved. A Grantee's specific protest procedures shall be outlined in all bid requests, request for proposals, request for applications, etc. issued by or on behalf of the Grantee concerning any grant-funded projects. In summary, Grantees are responsible for handling all contract activity protests. Except in matters of direct State or possibly Federal concern (in cases involving federally funded grants), the Department of Health will not substitute its judgement for that of the Grantee.

## 3. Procurement Contract Language

Any contract concerning a grant-funded project must be a written agreement between the Grantee and the third party providing specific goods and/or services. Whether with a contractor, subcontractor, consultant or vendor, the contract must as appropriate state the activities to be performed; the time schedule; the policies and requirements that apply to the contractor, subcontractor consultant or vendor, including the above procurement requirements; and any other terms and conditions of the grant and the master grant contract.

## **J. Assurances of No Conflicts of Interest and/or Other Detrimental Effects**

The Grantee as well as any subgrantees, contractors, subcontractors or consultants engaged by the Grantee to provide goods or services in connection with the grant-funded project shall attest that their performance of any contracted services does not and will not create a conflict of interest with nor position the Grantee to breach any other contract it currently has in force with the State of New York.

The Grantee as well as any subgrantees, contractors, subcontractors or consultants engaged by the Grantee to provide goods or services in connection with the grant-funded project shall disclose any existing or contemplated relationship with any other person or entity, including relationships with any member, shareholder of 5% or more, parent, subsidiary, or affiliate organization, which would constitute an actual or potential conflict of interest or appearance of impropriety, relating to other clients/customers/agents of the Grantee, subgrantees, contractors, subcontractors, consultants or former officers and employees of the State and its affiliates, in connection with the providing of goods or rendering of services related to the grant-funded project. The Grantee shall have procedures in place for alerting the State of any such actual or potential conflicts as well as procedures to resolve the same.

#### **K. Minority & Woman-Owned Business Enterprise Requirements**

Pursuant to New York State Executive Law Article 15-A, the Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified minority- and women-owned business enterprises (M/WBEs) and the employment of minority group members and women in the performance of NYSDOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("M/WBE") and the employment of minority groups members and women in the performance of New York State contracts.

#### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, the Department of Health hereby establishes a goal of 30% as follows:

- 1) For Not-for-Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the total amount of the Budget provided for the Work Plan in the Grant Contract entered into pursuant to this Request for Applications (RFA).

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this Request for Applications (RFA) will be 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms). A Grantee awarded a Grant Contract pursuant to this Request for Applications (RFA) must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Grant Contract and Grantee will agree under the terms of its Grant Contract that NYSDOH may withhold payment pending receipt of the required M/WBE documentation required by the Department or the OSC. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found on this page under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented by a Grantee to evidence its good faith efforts to encourage M/WBE participation in the performance of its obligations under its Grant Contract.

This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is optional. Funded applicants are encouraged to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.

In addition, Grantees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

#### **L. Vendor Identification Number**

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award of a grant to a successful Applicant pursuant to the terms of this Request for Applications (RFA) and in order to initiate a Grant

Contract with the New York State Department of Health, a Grantee must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, the Applicant should include the Vendor Identification number in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at:

<https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>

Additional information concerning the New York State Vendor File can be obtained on-line at: [http://www.osc.state.ny.us/vendor\\_management/index.htm](http://www.osc.state.ny.us/vendor_management/index.htm), by contacting the Statewide Financial System (SFS) Help Desk at 855-233-8363 or by emailing at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

### **M. Vendor Responsibility Questionnaire**

The Department strongly encourages each Applicant to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire> or go directly to the VendRep system online at <https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system>.

An Applicant must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [itservicedesk@osc.ny.gov](mailto:itservicedesk@osc.ny.gov).

Applicants opting to complete online should complete and upload the Vendor Responsibility Attestation (Attachment 6) of the Request for Applications (RFA). The Attestation is located under the Statewide Financial System (SFS) Attachments Section and once completed should be uploaded to the applicable PSQ/Bid Factor.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep), and upload it with their Application in response to the applicable PSQ/Bid Factor.

### **N. Vendor Prequalification for Not-for-Profits**

Each not-for-profit Applicant subject to prequalification is required to prequalify prior to having the ability to submit an Application in the NYS Statewide Financial System.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, and

revised on December 9, 2023, the new Prequalification Policy will be effective as of January 16, 2024. The updated policy requires that not-for-profit organizations register and prequalify in the Statewide Financial System (SFS) using the updated Prequalification Application. The updated Prequalification Application and New York State Prequalification Manual for Grantees can be found on the Grants Management website at: <https://grantsmanagement.ny.gov/get-prequalified>.

**An Application cannot be submitted/received from a not-for-profit Applicant that (a) has not Registered in the NYS Statewide Financial System or (b) has not Prequalified in the Statewide Financial System by the Application’s due date specified on the Cover Page of this Request for Applications (RFA).**

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor User Manual within the Statewide Financial System Website details the requirements and job aid walks users through the process.

### **1) Register for the Statewide Financial System**

- Applicants will first need to create an account in Statewide Financial System (SFS). Applicants that need to create an account should do so at the following link: <https://www.osc.ny.gov/state-vendors/portal/enroll-vendor-self-service-portal>. Any questions related to Statewide Financial System (SFS) accounts should be sent to the Statewide Financial System (SFS) Help Desk ([HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov)).

If you have previously registered and do not know your Username, please email [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov). If you do not know your Password, please click the “I Forgot My Password” link from the main log-in page and follow the prompts.

### **2) Complete your Prequalification Application**

- Log in to the Statewide Financial System.
- Applicants will first need to create an account in Statewide Financial System (SFS). Applicants that need to create an account should do so at the following link: <https://www.osc.ny.gov/state-vendors/portal/enroll-vendor-self-service-portal>. Any questions related to Statewide Financial System (SFS) accounts should be sent to the SFS Help Desk ([HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov)).
- Instructions for Statewide Financial System (SFS) Prequalification can be found on Page 20 of the Statewide Financial System (SFS) Grantee User Manual entitled, “! Grantee Processing in SFS”. This user manual is accessible to organizations with a Statewide Financial System (SFS) account under the SFS Coach Tile/Button in the SFS Vendor Portal. Select “Handbook: User Manual with Screenshots” from the Training Type drop down to locate the manual. If you have any problems accessing the manual. Please see the section

entitled, “Enter and Submit a Prequalification Application”, located on page 20 of the SFS Grantee User Manual, for complete instructions on how to complete and submit an SFS Prequalification in the NYS Statewide Financial System.[sfs.ny.gov](http://sfs.ny.gov). Please see the section entitled, “Enter and Submit a Prequalification Application”, located on page 20 of the Statewide Financial System (SFS) Grantee User Manual, for complete instructions on how to complete and submit a Statewide Financial System (SFS) Prequalification in the NYS Statewide Financial System.

- Specific questions about the prequalification process should be referred to your primary New York State agency representative ([vendor.responsibility@health.ny.gov](mailto:vendor.responsibility@health.ny.gov)) or to the Grants Management Team at [grantsmanagement@its.ny.gov](mailto:grantsmanagement@its.ny.gov).

### 3) Add a signatory or “Grant Contract Approver” to your account

- In order to have your designated signatory (known in Statewide Financial System (SFS) as Grant Contract Approver) sign a contract and have their name appear on the contract agreement you have to add the Grant Contract Approver’s name to your Statewide Financial System (SFS) Vendor Profile. The Delegated Administrator for your organization can add the Signatory’s Name by following the instructions found on page 17-20 of the Statewide Financial System (SFS) Grantee User Manual entitled, “! Grantee Processing in SFS”. This user manual is accessible to organizations with an SFS account under the SFS Coach Tile/Button in the SFS Vendor Portal. Select “Handbook: User Manual with Screenshots” from the Training Type drop down to locate the manual. If you have any problems accessing the manual. [HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov).

**All potential Applicants are strongly encouraged to begin Statewide Financial System Registration and Prequalification process as soon as possible in order to participate in this opportunity.**

#### **O. General Specifications**

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Grantees will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of any Contract awarded pursuant to this Request for Applications (RFA) will possess the qualifications, training, licenses, and permits as may be required within such jurisdiction.
3. Submission of an Application indicates the Applicant's acceptance of all terms and conditions contained in this Request for Applications (RFA), including the terms and conditions of the Master Contract for Grants. Any exceptions the Applicant would like

considered by the Department relating to the terms and conditions of this Request for Applications (RFA) and/or Master Contract for Grants must have been raised during the Question and Answer Phase of this Request for Applications (RFA) (See, Section IV.B.).

4. An Applicant may be disqualified from receiving an award if such Applicant or any subsidiary, affiliate, partner, officer, agent, or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts, in the State of New York or otherwise.
5. Provisions Upon Default
  - a. If an Applicant is awarded a grant pursuant to this Request for Applications (RFA), the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the Contract resulting from this Request for Applications (RFA).
  - b. In the event that the Grantee, through any cause, fails to perform any of the terms, covenants, or promises of any Contract resulting from this Request for Applications (RFA), the Department acting for and on behalf of the State, shall thereupon have the right to terminate the Contract by giving notice in writing of the fact and date of such termination to the Grantee.
  - c. If, in the judgement of the Department, the Grantee acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any Contract resulting from this Request for Applications (RFA) by giving notice in writing of the fact and date of such termination to the Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of the Contract, which such compensation shall not exceed the total cost incurred for the work which the Grantee was engaged in at the time of such termination, subject to audit by the State Comptroller.

## **V. Completing the Application**

### **A. Application Format/Content**

Please refer to the Statewide Financial System: Vendor User Guide for assistance in applying for this procurement through the NYS Statewide Financial System. This guide is available by logging into the Statewide Financial System and searching under SFS Coach.

Please respond to each of the sections described below when completing the Statewide Financial System Online Application. Your responses comprise your Application. Please respond to all items within each section. When responding to the statements and questions, be mindful that Application reviewers may not be familiar with your organization/entity and its services. Your answers should be specific, succinct, and responsive to the statements and questions as outlined. Please be aware that the value assigned to each section described below indicates the relative weight that will be given to each section of your Application when scoring your Application.

It is each Applicant's responsibility to ensure that all materials included in its Application have been properly prepared and submitted. Applications must be submitted via the Statewide Financial System by the Application deadline date and time specified on the Cover Page of this Request for Applications (RFA).

**IMPORTANT:** Any material added to a Bid Factor "Add Comments" box in Statewide Financial System (SFS) will not be reviewed as part of a submitted application. Please use the "Response" box for narrative responses unless otherwise instructed within this Request for Applications (RFA). However, please continue to provide any requested attachments as specified within this RFA. **Please note there is a 2,000-character limit for each response.**

Please provide any requested attachments as specified within this RFA. Applicants are instructed to upload one (1) attachment in response to any request for an attachment. If more than one (1) version of an attachment is uploaded, the final version uploaded will be the version considered for review.

**See the Event Comments and Attachments link at the bottom of the Bid Event page in SFS for required attachments to be completed in response to corresponding bid factor questions, as well as informational only attachments.**

### **Program Specific Questions (PSQ)/Bid Factor**

The cover sheet **will not** receive any points but will provide the Department with important information about your organization and should be filled in completely.

### **COMPONENT 1 APPLICATION:**

#### **Rating Method for Component 1 Application:**

| <b>Application Section</b> | <b>Maximum Score in Points</b> |
|----------------------------|--------------------------------|
| Program Summary            | 5                              |

|                                        |                   |
|----------------------------------------|-------------------|
| Statement of Need                      | 10                |
| Applicant Organizational Health Equity | 15                |
| Program Narrative                      | 10                |
| Reporting, Evaluation and Monitoring   | 30                |
| Letters of Collaboration               | 10                |
| Workplan                               | 0                 |
| Budget and Justification               | 0                 |
| Additional Questions                   | 20                |
|                                        | 0                 |
| <b>Total</b>                           | <b>100 Points</b> |

**1. Program Summary (Maximum Score: 5 points)**

1a. Please complete Attachment 3 – Application Cover Page and Attestation of Minimum Requirements. Attachment 3 can be found with the Attachments and should be completed and uploaded to this Bid Factor question in Statewide Financial System (SFS).

This form should be completed and signed by an official in the applicant organization having the authority to agree to and ensure deliverables in the application, usually the Chief Executive Officer or the Chairperson of the Board of Directors. The Cover Sheet must be completed, including the following:

The name and contact information of a person who should be contacted by those seeking information about the application. The component your organization/entity is applying for and the region to be served. **(See Attachments 1 for a map of regions)**

The total estimated number of Migrant and Seasonal Workers and/or their families to be served. Applicants should indicate on the cover sheet if they will provide health care services directly.

1b. Please upload an attachment of your organization/entity's organizational chart including proposed project staffing; job responsibilities for key project staff; if the applicant is proposing to hire new staff or consultants, include job descriptions and credentials/competencies.

1c. Briefly describe your organization and how it meets minimum eligibility requirements for the Request for Applications (RFA);

1d. Briefly describe the need for services for Migrant and Seasonal Workers and their families.

1e. Briefly describe your organization/entity's commitment to providing services to Migrant and Seasonal Workers and their families.

1f. Briefly describe your organization/entity's experience of providing services to Migrant and Seasonal Workers and their families and provide the number of years your organization/entity has provided services to Migrant and Seasonal Workers and their families.

1g. Applicants are instructed to complete and upload Attachment 6 – Vendor Responsibility Attestation in response to this bid factor question

1h. Applicants are instructed to complete and upload Attachment 7 – MWBE forms in response to this bid factor question

## **2. Statement of Need (Maximum Score: 10 points)**

2a. Provide a description of the geographic area in which services will be offered including: the region (s), county(ies), township(s), village(s) and zip code(s) that will be served, as well as specific service locations such as farms, migrant/labor camps and housing, processing plants, racetracks, etc. where services will be provided. Describe any assets in the community that are currently available to address the health and human service needs of Migrant and Seasonal Workers and their families in the proposed catchment area.

2b. Describe the purpose of the project and why it is needed in the proposed service region, including a discussion of issues, barriers and service gaps and how they will be addressed; include any pertinent data which would substantiate your description.

2c. Provide a brief narrative of the estimated number of Migrant and Seasonal Workers and their families to be served annually. Provide demographics, including age, gender, and other characteristics of the population.

2d. In order to meet the needs of the Migrant and Seasonal Workers and their families, applicants should have a clear understanding of their health and human service needs, challenges to accessing services to meet those needs and their suggestions for improving supports and services. Describe how you obtained direct input from Migrant and Seasonal Workers and their families to inform your application and summarize their input. Also, specifically provide the number of Migrant and Seasonal Workers and their families who provided input in the statement of need and the mechanism used to obtain input.

**3. Applicant Organization (Maximum Score: 15 points)**

3a. Describe your organization/entity, its overall mission and types of services that it provides. Describe the organizational structure of your proposed program, including key staff.

3b. Describe your experience related to collaborative arrangements for meeting the needs of Migrant and Seasonal Workers and their families. Applicants should demonstrate a capacity for collaboration with other health and human services agencies to meet the needs of Migrant and Seasonal Workers and their families.

3c. Describe your experience with the provision of services to Migrant and Seasonal Workers and their families, including: type(s) of services provided, length of time these services have been provided and number of clients and their family members served annually, number of Migrant and Seasonal Worker clients employed in agriculture, number of Migrant and Seasonal Worker clients employed outside of agriculture.

3d. Describe your experience with the provision of services to Migrant and Seasonal Workers and their families, specific to the health equity needs of the populations being served, demographics of population currently being served and location(s) where the services are provided.

3e. Please upload one combined document that contains a description of how the proposed activities supported by this grant will be integrated into your current organizational structure, please include The Organizational Chart, with names of key personnel, including proposed project staffing; resumes for key project staff along with job responsibilities; if the applicant is proposing to hire new staff or consultants, include job descriptions and credentials/competencies.

3f. Describe how the proposed program will be integrated with other programs within the organization/entity and the community.

**4. Health Equity (Maximum Score: 10 points)**

4a. Describe your organization/entity's understanding of the health equity needs of Migrant and Seasonal Workers and/or their families.

4b. Describe your organization/entity's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing health equity.

- 4c. Describe which social determinants of health barriers you will address with Migrant and Seasonal Workers and/or their families and how your organization/entity plans on using these grant funds to address these social determinants of health.
- 4d. Describe how you will monitor and evaluate the immediate impact of your efforts to address the social determinants of health that you identified in 4c.
- 4e. Describe your organization/entity's short term and long-term plans for ensuring the sustainability of a health equity foundation?

**5. Program Activities (Maximum Score: 30 points)**

The Program Narrative should address the response requirements consistent with the order and content below and should describe services in the entire five-year grant period.

- 5a. Describe how you will conduct outreach and health education to engage Migrant and Seasonal Workers and their families into the health care system.
- 5b. Describe how your program and services have been informed by input from Migrant and Seasonal Workers and their families.
- 5c. Describe how you will determine eligibility for entitlements, health insurance and other benefits and to meet the needs of Migrant and Seasonal Workers and their families.
- 5d. Describe how you will provide for primary and preventive services including: immunizations, routine wellness visits, diet and obesity counseling, tobacco use interventions and prevention of occupational inhibitory, illness and disability, treatment of hypertension, diabetes.
- 5e. Describe how you will provide screening to identify specific health care needs, including medical, dental, mental health and support for substance use.
- 5f. Describe how you will facilitate access to urgent and emergency care and/or specialty care.
- 5g. Indicate whether the services contained in the workplan will be provided directly by your organization/entity or provided through another organization/entity? If your organization/entity will not directly provide the required service, please indicate the organization that will be responsible for providing the service(s). Please indicate if your organization will reimburse for the service via subcontract, direct payment, or other mechanism, or if the service will be available without payment by your organization/entity.

5h. For applicants not providing services directly, please provide an attachment of a Letter of Agreement or Memoranda of Understanding with a Federally Qualified Health Center (FQHC) meeting minimum eligibility requirements outlined in this Request for Applications.

5i. Provide a list of fixed sites with addresses where proposed services will be provided and a brief description of mechanisms to provide in-camp services.

5j. Describe how your organization/entity will ensure that the services and materials provided are culturally and linguistically competent as well as age, gender, and developmentally appropriate.

5k. Applicants should describe how they will maximize third party revenue including but not limited to Medicaid and Child Health Plus.

5l. Applicants should describe how they will engage individuals into health insurance for those Migrant and Seasonal Workers and families who may be eligible but are uninsured.

5m. Applicants receiving (or planning to receive) direct federal funding or other funding for serving the Migrant and Seasonal Workers and their family population should describe how funds requested via this Request for Applications (RFA) will be used in coordination with and will not duplicate those funded services/activities.

## **6. Reporting Evaluation and Monitoring (Maximum Score: 10 points)**

6a. Describe plans to monitor the effectiveness of the proposed project performance in relation to the goals and related services. This plan should include a strategy to obtain input directly from Migrant and Seasonal Workers and their families regarding the impact of the services provided, gaps, challenges and unmet needs and input from those served regarding areas for improvement.

6b. Describe how you will use performance measures to monitor progress and to determine whether activities are meeting the needs of the proposed target audience/s and contributing towards achieving the long-term goals of the program.

6c. Describe how results from assessments of the status of your performance measures will be used to inform development and implementation of project activities throughout the five-year grant period.

## **7. Letters of Collaboration (Maximum Score: 0 Points):**

Applicant organizations not directly providing services should demonstrate established relationships with community health centers approved under section 330 of the Public Health Services Act (42 USCS§2545B) as comprehensive diagnostic and treatment centers for the

purpose of providing primary health care services to Migrant and Seasonal Workers and their families and provide letters of collaboration from these entities.

7a. If Applicant organization/entity is not directly providing services to Migrant and Seasonal Workers and their families please include letters demonstrating any collaboration with health and human services providers and other partners who will provide services to Migrant and Seasonal Workers and their families. Please upload in one document. Please include an original letter, rather than form letters dated no earlier than one year prior to the date the applications are due, as listed on the cover of this Request for Applications (RFA); Please demonstrate the level of commitment, anticipated activities or in-kind contributions of each collaborator and should not merely discuss 'support' of the program. For example, the letters should demonstrate ways in which collaborators will assist with promotion, outreach and recruitment activities or accept referrals for health care or other ways in which the collaborators will expand the reach of your organization/entity's scope of work.

#### **8. Workplan (Maximum Score: 0 points):**

This Request for Applications (RFA) has a Standardized Work Plan (Attachment 5a) set in Statewide Financial System (SFS). Attachment 5a is specific to Component 1 of this RFA. The Objectives, Tasks and Performance Measures cannot be removed from the work plan. The applicant will adhere to the implementation of work plan activities per the standardized work plan. It is also entered in SFS.

#### **9. Budget (Maximum Score: 20 points)**

Applicants should refer to the budget instructions (Attachment 4) in the "Attachments Section" of the (SFS) Statewide Financial System Online Application/Bid Event. In order to access the online Application/Bid Event and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Statewide Financial System. Please complete the on-line budget template in its entirety. All costs should be related to the proposed activities, as described in the application narrative and work plans and should be justified in detail. All costs must be related to the provision of <Request for Applications (RFA)>, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. Contracts established resulting from the Request for Applications (RFA) will be of the cost reimbursement type. This funding may only be used to expand existing activities or create new activities pursuant to this Request for Applications (RFA). These funds may not be used to supplant funds for currently existing staff activities.

Please note the following:

- This funding may only be used to expand existing activities or create new activities pursuant to this Request for Applications (RFA). These funds may not be used to supplant any funds for currently existing staff activities.
- Administrative and general overhead costs in budget line detail (lump sum not allowable) must be directly related to the project and will be limited to a maximum of 10% of the total grant request.
- Fringe benefit rates must not exceed the applicable federal fringe rate for that year.
- Applicants are required to maximize all third-party revenue including but not limited to Medicaid, Child Health Plus, etc. All revenues generated by third party and patient fees must be returned to the Migrant and Seasonal Workers Program.

Detailed budget instructions are as follows:

*(a) General Instructions:*

- Applicants should submit a 12-month budget, assuming a January 1, 2026 start date, referring to the template that can be accessed under the “Attachments Section” of the Statewide Financial System Online Application/Bid Event. In order to access the online Application/Bid Event and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Statewide Financial System
- All budget lines should be calculated as whole dollar amounts (i.e., 50% of \$32,115 salary = \$16,057.50; amount = \$16,058).
- Costs for additional training/education of key staff are limited to \$2,000 per year.
- In-kind
  - While not required, applicants are encouraged to provide in-kind contributions.
  - The in-kind may not be comprised of other state or federal grant funds.
  - Overhead costs may be used as in-kind funds.
  - Examples of in-kind contributions are as follows: the applicant provides free meeting space for the proposed activities; the applicant supports salary, in part or in whole, for a project coordinator.
  - Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category in Statewide Financial System (SFS) (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative).

*(b) Ineligible Costs*

Ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of ineligible items.

Expenditures will not be allowed for the following items:

- Purchase of major pieces of depreciable equipment, including vehicles (although limited computer/printing equipment may be considered) ;
- Remodeling or modification of structure.
- General maintenance, capital improvements, new construction or insurance.
- Costs of research-related activities.
- Costs for additional training/education of key staff that exceed \$2,000 per year.
- Costs for professional licensing and insurance.

It is the applicant’s responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via Statewide Financial System (SFS) by the date and time posted on the cover of this Request for Applications (RFA). The value assigned to each section is an indication of the relative weight that will be given when scoring your application. Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Please complete Year 1 of the budget and enter the budget as into the budget section of the Statewide Financial System (SFS) assuming a start date of January 1, 2026. The following questions refer to the entered budget.

9a. Please ensure all costs in budget are related to this program, consistent with the scope of services, reasonable and cost effective.

9b. Please ensure budget includes justifications for each cost in the narrative form.

9c. Please ensure budget includes all sources of income for the project, including all other state and federal grants, any local funding donated to the project, in kind support, funding from other agencies and sources, and earned revenues from third party payers.

**COMPONENT 2 APPLICATION:**

**Application Rating Method for Component 2 Application:**

| <b>Application Section</b>           | <b>Maximum Score in Points</b> |
|--------------------------------------|--------------------------------|
| Program Summary                      | 5                              |
| Statement of Need                    | 10                             |
| Applicant Organizational             | 15                             |
| Health Equity                        | 30                             |
| Program Narrative                    | 10                             |
| Reporting, Evaluation and Monitoring | 10                             |
| Letters of Collaboration             | 0                              |
| Workplan                             | 0                              |

|                          |                   |
|--------------------------|-------------------|
| Budget and Justification | 20                |
| Additional Questions     | 0                 |
| <b>Total</b>             | <b>100 Points</b> |

**1. Program Summary (Maximum Score: 5 points)**

**Summarize your proposed program, including the following:**

1a. Please complete Attachment 3 – Application Cover Page and Attestation of Minimum Requirements. Attachment 3 can be found with the Attachments and should be completed and uploaded to this Bid Factor question in Statewide Financial System (SFS).

This form should be completed and signed by an official in the applicant organization having the authority to agree to and ensure deliverables in the application, usually the Chief Executive Officer or the Chairperson of the Board of Directors. The Cover Sheet must be completed, including the following:

The name and contact information of a person who should be contacted by those seeking information about the application. The component your organization/entity is applying for and the region to be served. **(See Attachments 1 for a map of regions)**

The total estimated number of Children of Migrant and Seasonal Workers to be served. Applicants should indicate on the cover sheet if they will provide health care services directly.

1b. Please upload an attachment of your organization/entity's organizational chart including proposed project staffing; job responsibilities for key project staff; if the applicant is proposing to hire new staff or consultants, include job descriptions and credentials/competencies.

1c. Briefly describe your organization and how it meets minimum eligibility requirements for the Request for Applications (RFA) include whether or not your organization/entity is licensed by the New York State Office of Children and Family Services (OCFS)?

1d. Please upload proof of Licensure by the New York State Office of Children and Family Services (OCFS).

1e. Briefly describe the need for services for Children of Migrant and Seasonal Workers.

1f. Briefly describe your organization/entity's experience of providing services to Children of

Migrant and Seasonal Workers and provide the number of years your organization/entity has provided services to Children of Migrant and Seasonal Workers.

1g. Applicants are instructed to complete and upload Attachment 6 – Vendor Responsibility Attestation in response to this bid factor question

1h. Applicants are instructed to complete and upload Attachment 7 – MWBE forms in response to this bid factor question

## **2. Statement of Need (Maximum Score: 10 points)**

2a. Provide a description of the geographic area in which services will be offered including: the region (s), county(ies), township(s), village(s) and zip code(s) that will be served, as well as specific service locations such as farms, migrant/labor camps and housing, processing plants, racetracks, etc. where services will be provided. Describe any assets in the community that are currently available to address the health and human service needs of Children of Migrant and Seasonal Workers in the proposed catchment area.

2b. Describe the purpose of the project and why it is needed in the proposed service region, including a discussion of issues, barriers and service gaps and how they will be addressed; include any pertinent data which would substantiate your description.

2c. Provide a brief narrative of the estimated number of Children of Migrant and Seasonal Workers to be served annually. Provide demographics, including age, gender, and other characteristics of the population.

2d. In order to meet the needs of Children of Migrant and Seasonal Workers, applicants should have a clear understanding of their health and human service needs, challenges to accessing services to meet those needs and their suggestions for improving supports and services. Describe how you obtained direct input from Children of Migrant and Seasonal Workers and/or their Caregivers to inform your application and summarize their input. Also, specifically provide the number of Children of Migrant and Seasonal Workers and/or their Caregivers who provided input in the statement of need and the mechanism used to obtain input.

## **3. Applicant Organization (Maximum Score: 15 points)**

3a. Describe your organization/entity, its overall mission and types of services that it provides. Describe the organizational structure of your proposed program, including key staff.

3b. Describe your experience related to collaborative arrangements for meeting the needs of Children of Migrant and Seasonal Workers. Applicants should demonstrate a capacity for collaboration with other health and human services agencies to meet the needs of Children of Migrant and Seasonal Workers.

3c. Describe your experience with the provision of services to Children of Migrant and Seasonal Workers, including: type(s) of services provided, length of time these services have been provided and number of Children of Migrant and Seasonal Workers served annually.

3d. Describe your experience with the provision of services to Children of Migrant and Seasonal Workers, specific to the health equity needs of the populations being served, demographics of population currently being served and location(s) where the services are provided.

3e. Please upload one combined document that contains a description of how the proposed activities supported by this grant will be integrated into your current organizational structure, please include The Organizational Chart, with names of key personnel, including proposed project staffing; resumes for key project staff along with job responsibilities; if the applicant is proposing to hire new staff or consultants, include job descriptions and credentials/competencies.

3f. Describe how the proposed program will be integrated with other programs within the organization/entity and the community.

#### **4. Health Equity (Maximum Score: 10 points)**

4a. Describe your organization/entity's understanding of the health equity needs of Children of Migrant and Seasonal Workers.

4b. Describe your organization/entity's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing health equity.

4c. Describe which social determinants of health barriers you will address with Children of Migrant and Seasonal Workers and how your organization/entity plans on using these grant funds to address these social determinants of health.

4d. Describe how you will monitor and evaluate the immediate impact of your efforts to address the social determinants of health that you identified in 4c.

4e. Describe your organization/entity's short term and long-term plans for ensuring the sustainability of a health equity foundation?

**5. Program Activities (Maximum Score: 30 points)**

5a. Describe how you will conduct outreach and health education to engage Children of Migrant and Seasonal Workers and/or their Caregivers into the health care system.

5b. Describe how your program and services have been informed by input from Children of Migrant and Seasonal Workers and/or their Caregivers.

5c. Describe how you will determine eligibility for entitlements, health insurance and other benefits and to meet the needs of Children of Migrant and Seasonal Workers.

5d. Describe how you will provide for primary and preventive services including: immunizations, routine wellness visits, diet and obesity counseling, tobacco use interventions and prevention of occupational inhibitory, illness and disability, treatment of hypertension, diabetes.

5e. Describe how you will provide screening to identify specific health care needs, including medical, dental, mental health and support for substance use.

5f. Describe how you will facilitate access to urgent and emergency care and/or specialty care.

5g. Indicate whether the services contained in the workplan will be provided directly by your organization/entity or provided through another organization/entity? If your organization/entity will not directly provide the required service, please indicate the organization that will be responsible for providing the service(s). Please indicate if your organization will reimburse for the service via subcontract, direct payment, or other mechanism, or if the service will be available without payment by your organization.

5h. For applicants not providing services directly, please provide an attachment of a Letter of Agreement or Memoranda of Understanding with a Federally Qualified Health Center (FQHC) meeting minimum eligibility requirements outlined in this Request for Applications.

5i. Provide a list of fixed sites with addresses where proposed services will be provided and a brief description of mechanisms to provide in-camp services.

5j. Describe how your organization/entity will ensure that the services and materials provided are culturally and linguistically competent as well as age, gender, and developmentally appropriate.

5k. Applicants should describe how they will maximize third party revenue including but not limited to Medicaid and Child Health Plus.

5l. Applicants should describe how they will engage Caregivers of Children of Migrant and Seasonal Workers into health insurance for those Children of Migrant and Seasonal Workers who may be eligible but are uninsured.

5m. Applicants receiving (or planning to receive) direct federal funding or other funding for serving the Children of Migrant and Seasonal Workers population should describe how funds requested via this Request for Applications (RFA) will be used in coordination with and will not duplicate those funded services/activities.

5n. Describe any other specific services your organization/entity will provide to Children of Migrant and Seasonal Workers not already discussed?

## **6. Reporting Evaluation and Monitoring (Maximum Score: 10 points)**

6a. Describe plans to monitor the effectiveness of the proposed project performance in relation to the goals and related services. This plan should include a strategy to obtain input directly from Children of Migrant and Seasonal Workers and/or their Caregivers regarding the impact of the services provided, gaps, challenges and unmet needs and input from those served regarding areas for improvement.

6b. Describe how you will use performance measures to monitor progress and to determine whether activities are meeting the needs of the proposed target audience/s and contributing towards achieving the long-term goals of the program.

6c. Describe how results from assessments of the status of your performance measures will be used to inform development and implementation of project activities throughout the five-year grant period.

## **7. Letters of Collaboration (Maximum Score: 0 Points):**

Applicant organizations not directly providing services should demonstrate established relationships with community health centers approved under section 330 of the Public Health Services Act (42 USCS§2545B) as comprehensive diagnostic and treatment centers for the purpose of providing primary health care services to Children of Migrant and Seasonal Workers provide letters of collaboration from these entities.

7a. If Applicant organization is not directly providing services to Children of Migrant and Seasonal Workers please include letters demonstrating any collaboration with health and human services providers and other partners who will provide services to Children of Migrant and Seasonal Workers. Please upload in one document. Please include an original letter, rather than form letters dated no earlier than one year prior to the date the applications are due, as

listed on the cover of this Request for Applications (RFA); Please demonstrate the level of commitment, anticipated activities or in-kind contributions of each collaborator and should not merely discuss ‘support’ of the program. For example, the letters should demonstrate ways in which collaborators will assist with promotion, outreach and recruitment activities or accept referrals for health care or other ways in which the collaborators will expand the reach of your organization’s scope of work.

#### **8. Workplan (Maximum Score: 0 points):**

This Request for Applications (RFA) has a Standardized Work Plan (Attachment 5a) set in Statewide Financial System (SFS). Attachment 5a is specific to Component 1 of this RFA. The Objectives, Tasks and Performance Measures cannot be removed from the work plan. The applicant will adhere to the implementation of work plan activities per the standardized work plan. It is also entered in SFS.

#### **9. Budget (Maximum Score: 20 points)**

Applicants should refer to the budget instructions (Attachment 4) in the “Attachments Section” of the (SFS) Statewide Financial System Online Application/Bid Event. In order to access the online Application/Bid Event and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Statewide Financial System. Please complete the on-line budget template in its entirety. All costs should be related to the proposed activities, as described in the application narrative and work plans and should be justified in detail. All costs must be related to the provision of <Request for Applications (RFA)>, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. Contracts established resulting from the Request for Applications (RFA) will be of the cost reimbursement type. This funding may only be used to expand existing activities or create new activities pursuant to this Request for Applications (RFA). These funds may not be used to supplant funds for currently existing staff activities.

Please note the following:

- This funding may only be used to expand existing activities or create new activities pursuant to this Request for Applications (RFA). These funds may not be used to supplant any funds for currently existing staff activities.
- Administrative and general overhead costs in budget line detail (lump sum not allowable) must be directly related to the project and will be limited to a maximum of 10% of the total grant request.
- Fringe benefit rates must not exceed the applicable federal fringe rate for that year.
- Applicants are required to maximize all third-party revenue including but not limited to Medicaid, Child Health Plus, etc. All revenues generated by third party and patient

fees must be returned to the Migrant and Seasonal Workers Program.

Detailed budget instructions are as follows:

*(a) General Instructions:*

- Applicants should submit a 12-month budget, assuming a start date of January 1, 2026 referring to the template that can be accessed under the “Attachments Section” of the Statewide Financial System Online Application/Bid Event. In order to access the online Application/Bid Event and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Statewide Financial System
- All budget lines should be calculated as whole dollar amounts (i.e., 50% of \$32,115 salary = \$16,057.50; amount = \$16,058).
- Costs for additional training/education of key staff are limited to \$2,000 per year.
- In-kind
  - While not required, applicants are encouraged to provide in-kind contributions.
  - The in-kind may not be comprised of other state or federal grant funds.
  - Overhead costs may be used as in-kind funds.
  - Examples of in-kind contributions are as follows: the applicant provides free meeting space for the proposed activities; the applicant supports salary, in part or in whole, for a project coordinator.
  - Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category in Statewide Financial System (SFS) (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative).

*(b) Ineligible Costs*

Ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of ineligible items.

Expenditures will not be allowed for the following items:

- Purchase of major pieces of depreciable equipment, including vehicles (although limited computer/printing equipment may be considered) ;
- Remodeling or modification of structure.
- General maintenance, capital improvements, new construction or insurance.
- Costs of research-related activities.
- Costs for additional training/education of key staff that exceed \$2,000 per year.
- Costs for professional licensing and insurance.

It is the applicant’s responsibility to ensure that all materials to be included in the application

have been properly prepared and submitted. Applications must be submitted via Statewide Financial System (SFS) by the date and time posted on the cover of this Request for Applications (RFA). The value assigned to each section is an indication of the relative weight that will be given when scoring your application. Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

Please complete Year 1 of the budget and enter the budget as into the budget section of the Statewide Financial System (SFS) assuming a start date of January 1, 2026. The following questions refer to the entered budget.

9a. Please ensure all costs in budget are related to this program, consistent with the scope of services, reasonable and cost effective.

9b. Please ensure budget includes justifications for each cost in the narrative form.

9c. Please ensure budget includes all sources of income for the project, including all other state and federal grants, any local funding donated to the project, in kind support, funding from other agencies and sources, and earned revenues from third party payers.

## **B. Freedom of Information Law**

All Applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State organization/entity records, and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **Any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State organization/entity records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.** If NYSDOH agrees with the Applicant's claim regarding the proprietary nature of any portion of an Application, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

## **C. Review & Award Process**

- An Application which meets ALL of the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Office of Health Equity and Human Rights (OHEHR).
- An Application that does not meet the minimum criteria (PASS/FAIL) will not be

evaluated. An Application that does not provide all required information will be omitted from consideration.

- Applicants may choose to apply to provide services across multiple regions shown in Attachment 1 and should specify what regions and components they are applying for in Attachment 3. Each application will be scored and ranked for selection in each region and component applied for. Applicants may or may not receive awards for any and/or all regions or components applied for.
- Applications will be pre-screened to ensure that the minimum eligibility requirements are met. Minimum eligibility requirements are listed in section II.A. Applications that do not meet one or more of these requirements will not be reviewed for funding.
- Applications will be reviewed and scored by a NYSDOH team of trained reviewers using standardized review tools developed specifically for this Request for Applications (RFA).
- Applications must have a minimum score of 65 to be considered for funding.
- In the event of a tie score among eligible applicants, a higher score in the section: Program Activities will break the tie. A higher score in the section Budget and Justification will be the second tie breaker.
- Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.
- Applicants must request annual funding between the amounts indicated on Attachment 2. Funding will be awarded based on the component and/or service delivery area in proposed regions. The requested funding needs to be consistent with the scope of services proposed and be reasonable and cost effective.
- If a component or region does not have a of passing application, the balance will be distributed among all other awards.
- If changes in funding amounts are necessary for this initiative funding will be modified and awarded in the same manner as outlined in the award process described above.
- Applications with minor issues (for example, an Application missing information that is not essential to timely review and would not impact review scores) MAY be processed and evaluated, at the discretion of the State, but any issues with an Application which are identified by the Department **must** be resolved prior to time of award. An Application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.
- Applicants will be deemed to fall into one of three categories: 1) not approved, 2) not funded due to limited resources, and 3) approved and funded. Not funded Applications may be awarded should additional funds become available.

Once awards have been made pursuant to the terms of this Request for Applications (RFA), an Applicant may request a debriefing of their own Application (whether their Application was funded or not funded). The debriefing will be limited only to the strengths and weaknesses of the Application submitted by the Applicant requesting a debriefing and will not include any discussion of ANY OTHER Applications. Requests for a debriefing must be received by the

Department of Health, Center for Community Health no later than fifteen (15) Calendar days from date of the award or non-award announcement to the Applicant requesting a debriefing.

To request a debriefing, please send an email to [OHEHRADMIN@health.ny.gov](mailto:OHEHRADMIN@health.ny.gov). In the subject line, please write: Debriefing Request (Migrant and Seasonal Worker Program).

Any unsuccessful Applicants who wish to protest the award or awards resulting from this Request for Applications (RFA) should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>. (Section XI. 17.)

## VI. Attachments

Please note that ALL Attachments to this Request for Applications (RFA) is accessed under the **“Attachments Section”** of the Statewide Financial System Online Application/Bid Event and are not included in the Request for Applications (RFA) document. In order to access the online Application/Bid Event and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Statewide Financial System. Attachments that are requested to be uploaded as part of an Application/Bid Event response will be requested in individual corresponding Bid Factors (See Section V.A., “Program Specific Questions (PSQ)/Bid Factors”).

**ALL applicants are instructed to verify each required attachment that has been uploaded to the application.** To check attachments, Applicants are instructed to click "View" in the SFS application for each uploaded attachment to ensure that the attachment and all of its applicable information/data is viewable in its final format.

**PDF Attachments – due to system constraints, PDF attachments cannot be uploaded with annotations, editable fields, or JAVA/active controls. Please submit PDFs that are read-only.**

Attachment 1: Map of Economic Development Regions for Component 1

Attachment 2: Anticipated Awards by Component and Region

Attachment 3: Application Cover Sheet

Attachment 4: Budget Instructions

Attachment 5a: Work Plan Component 1

Attachment 5b: Work Plan Component 2

Attachment 6: Vendor Responsibility Attestation

Attachment 7: Minority & Women-Owned Business Enterprise Requirement Forms

Minority & Women-Owned Business Enterprise Requirement Forms for Not-  
For-Profit Entities (Forms 1-3 optional, Forms 4 & 5 mandatory))  
Attachment 8: Information on Health Equity