

New York State
Department of Health
AIDS Institute
Office of Drug User Health

Request for Applications
RFA #20620
Internal Program #24-0009
SFS #Pops2025

SFS Event Name: RFA#20620: Expanding HR for Priority Pops Reissue

Expanding Harm Reduction Services for Priority Populations* Who Use Drugs - Reissue

****For purposes of this Request for Applications (RFA) Priority Populations of focus are defined as Adolescents (12-17)/Young Adults (18-24) and Veterans.***

Applicants may submit no more than two (2) applications in response to the Request for Applications. Applicants may submit no more than one (1) application per Priority Population.

In order to apply for this Request for Applications, eligible applicants must be prequalified in the Statewide Financial System (SFS), unless exempt, and must submit an application via the Statewide Financial System.

KEY DATES

Request For Applications Release Date:	March 27, 2025
Questions Due:	April 10, 2025, by 4:00 PM ET
Questions, Answers and Updates Posted: (on or about)	April 24, 2025
Applications Due:	May 14, 2025, by 4:00 PM ET

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I. Introduction

The New York State Department of Health AIDS Institute, Office of Drug User Health announces the availability of New York State funds to provide harm reduction interventions in community settings in New York State. This funding is directed toward people who use drugs within two (2) distinct Priority Populations (Adolescents (12-17)/Young Adults (18-24) and Veterans) that are especially vulnerable to overdose and who have been historically marginalized and stigmatized by systems of care. Advancing health equity is an expected outcome of this Request for Applications and the programs awarded funding. The intent of the Request for Applications is to fund two (2) to four (4) programs for awards between \$200,000 to \$300,000, with a total funding amount of \$1,200,000 annually from November 1, 2025, through June 30, 2028.

A. Background/Intent

The purpose of this funding is to expand the reach of comprehensive, culturally comprehensive medical, mental health, harm reduction, and social services for people who use drugs with a focus on Priority Populations who experience persistent inequities with respect to drug use, overdose, and other negative health outcomes. The Priority Populations of focus for this funding are (1) Adolescents ages 12 to 17 and Young Adults ages 18 to 24; and (2) Veterans (those who served in the military or National Guard and who were discharged or released under conditions honorable or dishonorable).

Death by overdose remains a national and statewide public health emergency. The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics released provisional data indicating that there were an estimated 107,543 drug overdose deaths in the United States during 2023, a decrease of 3% from the estimated 111,029 deaths in 2022. The 2023 estimate is 49% higher than it was five (5) years prior, in 2019, when the estimated number of overdose deaths was 72,151.¹ In New York, the rate of deaths involving any opioids increased over fivefold from 5.0 per 100,000 in 2010 to 25.1 per 100,000 in 2021.² The number of deaths continues to remain high as shown in provisional data that from 2020 to 2023 the predicted number of drug overdose deaths for New York has been above 6,000 each year, compared to 2,845 in 2015.¹

The current trends show a widening of disparities between different populations. From 2019-2020, overdose death rates (number of drug overdose deaths per 100,000 people) increased 44% for Black people and 39% for Indigenous people. Throughout New York State, Black, Indigenous, and other People of Color, are disproportionately affected by overdose, untreated substance use disorder, and the criminalization of drug use and substance use disorder. Racial health inequities throughout the health care systems, confounded by stigma against people who use drugs, have further harmed these communities.³

Structural racism has been at the core of Black and Latinx people being treated punitively for drug use rather than for their actions such as creating or participating in treatment-based activities and programs. Once the problem of prescription opioid use became widespread among suburban, middle-income White people opioid use disorder started to be framed as a public health concern, rather than a moral or criminal issue. While buprenorphine is a common form of treatment for Opioid Use Disorder (OUD), Black patients still have 77% less of a chance in receiving treatment than White patients.⁴

1 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

2 https://apps.health.ny.gov/public/tabvis/PHIG_Public/opioid/#dataexport

3 <https://www.samhsa.gov/data/report/raciaethnic-differences-substance-use>

4 <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2021.306572>

To effectively improve these racial inequities, promote health equity, and prevent fatal and non-fatal overdoses, it is important to look at what communities have experienced and how they can be part of the solution. Funded applicants should proactively address intersectional factors impacting racial and ethnic disparities using a health equity framework that also examines sexism, classism, and other natures of oppression. Designing interventions and programs that reflect the Black, Indigenous, and other People of Color community and puts their experience at the forefront will allow for more community-centered models of care. The coexistence of both a mental health and a substance use disorder, referred to as co-occurring disorders, is common with people who use drugs and therefore this funding supports the integration of and/or prompt access to mental health services.⁵ Additionally, Peers are well-positioned to assess and address the needs of people who use drugs as they are from the community and understand the needs and interventions that will work.⁶

Data shows that the percent of opioid-related overdose deaths among all adolescents/young adults aged 15-24 years old increased from 2.9% to 12.4% (a 9.4% absolute increase) from 2001-2016.⁷ Veterans age-adjusted drug overdose mortality rates have increased by 53%, with 93.4% of fatalities involving opioids from 2010-2019.⁸ These populations included, but are not limited to, those identified by the New York State Opioid Settlement Fund Advisory Board as those that experience higher overdose rates and poor health outcomes, and those for whom intentional and specified services and programs should be prioritized.⁹

The current overdose epidemic in New York State is in part due to an evolving drug supply and increased toxicity within the drug supply. Synthetic opioids, primarily fentanyl, continue to be a main driver of drug overdose deaths. However, deaths involving other drugs continue to be on the rise. Drug overdose deaths involving stimulants, cocaine, or psychostimulants (primarily methamphetamine) have significantly increased since 2015 from 12,122 to 57,497 in 2022.¹⁰ With a priority to promote strategies through interagency and community collaborations to improve drug user health, the New York State Department of Health AIDS Institute has been a driving force in the development of New York State's harm reduction efforts for the last 30 years. Innovation and commitment are the hallmarks of the work of the AIDS Institute's Office of Drug User Health. The New York State Department of Health AIDS Institute has helped move harm reduction from the margin to the mainstream. The New York State Department of Health continues to expand current efforts and find new and established, evidence-based interventions to meet the challenges of the changing nature of this epidemic, such as increased access to low-threshold buprenorphine, naloxone distribution, fentanyl test strips, drug-checking, and harm reduction supplies vending machines, as well as targeted interventions for those who have previously experienced an overdose.

This funding is available to programs that currently serve these Priority Populations and can demonstrate they will expand their services for people who use drugs within these populations, as well as programs that already serve people who use drugs (such as waived Syringe Exchange Programs, Drug User Health Hubs and specialty clinics serving people who use drugs) who can demonstrate that they will expand to serve these Priority Populations. Applicants should choose one (1) of the two (2) Priority Populations specified above as the focus for their proposal. However, it is understood that a program may be serving people who fit into multiple Priority Populations such as Young Adult Veterans. Applicants that intend to serve a cross section of Priority Populations are

5 <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>

6 <https://pubmed.ncbi.nlm.nih.gov/37683570/>

7 <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2682878>

8 <https://www.sciencedirect.com/science/article/abs/pii/S0376871622000333>

9 https://oasas.ny.gov/system/files/documents/2022/11/osfab_yearly_report_110122.pdf

10 <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

encouraged to describe the intersectionality of Priority Populations and only one (1) application is required to be submitted, rather than multiple applications for each Priority Population. Each Applicant's response to this RFA should discuss how the Applicant will engage specifically with Black, Indigenous and other People of Color within the Priority Population or Populations for this RFA that the Applicant proposes to serve with its program(s) funded by this RFA.

Additionally, applicants are encouraged to describe how they are expanding their services in regions of the state that are currently underserved. The applicant should be able to speak to drug use in their community using available data sources, such as the New York State Department of Health Opioid Data Dashboard¹¹ or other data sources, and their understanding of the underlying distribution of the demographics in their community, with emphasis on the listed Priority Populations using the American Community Survey¹² or other data sources. Applicants should describe underserved areas in their community by discussing drug use levels, access or lack of access to harm reduction, medical, mental health and social services. High volume or density of Priority Populations in the community and their specific drug use characteristics and current access to services using state, local or other available data sources should also be considered.

Strategies that utilize harm reduction are at the foundation of this funding opportunity. Harm reduction is a set of practical strategies and interventions aimed at reducing negative consequences associated with drug use. It is grounded in, informed by, and emerges from the lived experience of people who use drugs. Harm reduction recognizes that people's drug use is experienced on a continuum that ranges from beneficial to harmless to deadly. Harm reduction embraces the principles of health equity and social justice because it recognizes that substance use is frequently a response to personally experienced trauma growing from oppression and inequality.

This funding is for programs that can demonstrate they prioritize health and racial equity and can apply a culturally comprehensive, harm reduction and trauma-informed approach when working with people who use drugs and Priority Populations. This includes incorporating peer specialists into the program's staffing. Peer specialists are persons with recent lived and/or living experience of substance use, who represent the Priority Population and utilize a harm reduction, trauma-informed approach, have rapport and mutual respect established with people who use drugs and have experience working with individuals that have complex needs and their networks. Peer specialists support people who use drugs, helping navigate access to supportive services and address barriers to timely care. Their work is to provide non-clinical, strengths-based support, harm reduction services and linkage to care.

The intent of this funding is to fund agencies in New York State, who work closely and provide support to people who use drugs and these Priority Populations by providing harm reduction services and activities using a health equity lens and framework. The applicants should demonstrate how they plan to expand the array of meaningful, non-coercive, client-driven services to reduce overdose and other negative outcomes of substance use. These activities could include direct services to people who use drugs, and access to Medications for Opioid Use Disorder/Medications for Addiction Treatment for Opioid Use Disorder (MOUD/MAT) either directly provided or via linkage to outside providers, as well as the provision of naloxone, training, and overdose prevention materials. All applicants should describe how the programs will address the social determinants of health that contribute to perpetuating an individual's vulnerability to repeated overdose, such as lack of stable housing, poverty, drug use-related stigma, racism, etc. Studies have shown that the increasing number of cumulative reports of non-fatal overdoses are associated with a greater risk of subsequent fatal overdose. Therefore, each non-fatal overdose significantly increases a person's risk of a subsequent fatal overdose. This highlights the importance of and need for engagement with people who have

11 [Opioid-related Data in New York State \(ny.gov\)](https://www.health.ny.gov/data/dashboards/opioid-related-data-in-new-york-state/)

12 [American Community Survey Data \(census.gov\)](https://www.census.gov/data/tables/time-series/demo/household-income-welfare/american-community-survey.html)

experienced a recent overdose.

B. Available Funding

Up to \$1,200,000 annually in New York State funding is available to support programs funded through this Request for Applications.

A total of two (2) to four (4) awards will be made annually, and funding will be allocated as stated in the chart below. Should additional funding become available, the New York State Department of Health AIDS Institute may extend the award period of agencies awarded funding, fund additional agencies or increase funding for awarded applicants.

Funding will be allocated as stated in the chart below:

Priority Population	Number of Awards	*Annual Award Amount Range
Adolescents (12-17)/Young Adults (18-24)	2-4	\$200,000 - \$300,000
Veterans	2-4	\$200,000 - \$300,000

*Annual awards for each Priority Population are listed in the chart above. Applicants should propose budgets to support the proposed program up to the maximum annual award amount.

Funding will focus on addressing the above Priority Populations who are at risk for overdose, with a special focus on Black, Indigenous, and other People of Color within the Adolescents (12-17)/Young Adults (18-24) and Veterans Priority Populations.

Applicants may submit no more than one (1) application for a specific Priority Population in response to this Request for Applications. Applicants can submit more than one (1) application in response to the Request for Applications if the application is for a different Priority Population, each as a separate application to this Request for Applications. For applicants that intend to serve a cross section of both Priority Populations, such as Young Adult Veterans, only one (1) application is required to be submitted **but applicants must indicate a Priority Population to be the main focus of the application on the Application Cover Page, Attachment 1.**

If an applicant submits more than one (1) application for each Priority Population, the first application received for the individual Priority Population will be reviewed. All other applications for that Priority Population will be rejected.

If the applicant submits more than a total of two (2) applications for this Request for Applications (one per Priority Population), the first application received for each Priority Population will be reviewed and considered for funding. All other applications in excess of the one (1) application per Priority Population allowed (two (2) total applications) will be rejected.

The New York State Department of Health AIDS Institute is committed to ensuring our funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health and social inequities. We are committed to the implementation of new and tailored approaches to address the challenges faced by our Black/Brown, Indigenous, and People of Color communities. In our mission to ensure that everyone has a fair chance to experience optimal health, we are employing the following health equity principles:

- Be Explicit;
- Identify and Effectively Address Racism and Racial Implicit Biases;
- Adopt a “Health in all Policies” Approach;

- Create an Internal Organization-Wide Culture of Equity;
- Respect and Involve Communities in Health Equity Initiatives; and
- Measure and Evaluate Progress in Reducing Health Disparities.

Sections of the application narrative and budget will be evaluated and scored based on the applicant's ability to:

- Demonstrate an understanding of providing culturally appropriate and accessible interventions, particularly those who can demonstrate a proven track record working with the Priority Populations indicated in this Request for Applications;
- Demonstrate how they will engage with Black, Indigenous, and other People of Color populations within the other Priority Populations;
- Demonstrate how they will be providing these services in geographic areas that are not currently served or are underserved;
- Demonstrate that the organizational leadership and staff delivering these initiatives include people with recent lived and living experience of using drugs and represent the Priority Population they intend to serve;
- Utilize innovative models to provide a wide array of required and optional medical and social services to clients, including but not limited to syringe access, low-threshold access to buprenorphine and naloxone, mental health services, trauma-informed care, Sexually Transmitted Infections screenings, and sexual and reproductive health services;
- Demonstrate the area they propose to serve utilizing these funds is a high-need area, and that there is a need that is currently unmet.

This can be demonstrated using a number of factors, such as:

- Overdose deaths involving any drug;
- Outpatient emergency department visits involving any drug overdose;
- Other metrics from sources such as the [New York State Opioid Data Dashboard](#); and
- Community Resiliency Estimates as calculated by the United States Census Bureau. Areas with low resiliency scores as defined below will be prioritized for funding.
 - Low community resiliency is defined as having three (3) or more risk factors such as income to poverty ratio; no health insurance; no vehicle access; and no broadband internet.
 - Low resiliency indicates a community is less able to absorb, endure, and recover from a crisis.
- Awards will be made to the highest scoring applicants in each Priority Population, up to the minimum number of awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from either Priority Population until the remaining funding is exhausted or awards have been made to all acceptable scoring applicants.
- If there is an insufficient number of acceptable applications (scoring 70 or above) received from either Priority Population, New York State Department of Health AIDS Institute reserves the right to:
 - Fund an application scoring in the range of (60-69) from either Priority Population; and/or
 - Apply unawarded funding to the next highest scoring applicant(s) in the other Priority Population (s) until the maximum number of awards per Priority Population is met.
- If there is an insufficient number of fundable applications in a Priority Population, the maximum number of awards may not be met for that Priority Population. The New York State Department of Health AIDS Institute reserves the right to re-solicit for any Priority Population where there are an insufficient number of fundable applications.

- If funding remains available after the maximum number of acceptable scoring applications is awarded to each Priority Population, the New York State Department of Health AIDS Institute reserves the right to exceed the maximum number of awards.
- The New York State Department of Health AIDS Institute reserves the right to revise the award amounts as necessary due to changes in availability of funding.
- The New York State Department of Health AIDS Institute reserves the right to shift funding from one (1) Priority Population of the Request for Applications to another Priority Population should there be an insufficient number of fundable applications received in any Priority Population.
- Should additional funding become available, the New York State Department of Health AIDS Institute may extend the award period, increase funding for awarded applicants, and/or select an organization from the pool of applicants deemed not funded, due to limited resources.
- The New York State Department of Health AIDS Institute reserves the right to establish additional competitive solicitations if it is determined the needed expertise/services are not available among these organizations.

Funds under this Request for Applications are considered dollars of "last resort" and can only be used when there are no options for other reimbursement. Grant funding cannot be used to reimburse for services that are able to be billed to a third party (i.e., Medicaid, AIDS Drug Assistance Program (ADAP), Pre-Exposure Prophylaxis Assistance Program (PrEP-AP), private health insurance, Gilead patient assistance, co-pay assistance programs, etc.). A provider cannot use grant funds in lieu of billing for services to a third party.

II. Who May Apply

A. Minimum Eligibility Requirements

All applicants must meet the following Minimum Eligibility Requirements:

- Applicant must be prequalified in the **Statewide Financial System**, 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.
- Applicant must submit **Attachment 2 - Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**. Applicants must upload the signed **Attachment 2** in the online application of the Statewide Financial System in response to Bid Factor Question 1h.
- Applicant must be a not-for-profit agency in New York State, hospital, health care system, primary care network, academic institution, community-based organization, voluntary association, voluntary agency that operates an Office of Addiction Services and Supports (OASAS)-certified, funded or otherwise authorized substance use disorder treatment program, voluntary agency that operates an Office of Mental Health (OMH)-licensed mental health services program, scientific /professional association or a local government/public health agency.

III. Project Narrative / Work Plan Outcomes

A. Program Model Description

Scope of Services for Priority Populations

The purpose of this funding is to expand the reach of holistic harm reduction, medical, mental health and social services for people who use drugs with a focus on the Adolescent (12-17)/Young Adult (18-24) and Veteran Priority Populations. Investments will be made to prioritize service delivery to individuals within populations that face higher overdose rates and poor health outcomes.

This funding is offered to programs that currently serve one (1) or more of these Priority Populations and can demonstrate they will expand their services for people who use drugs within one (1) or more of these populations, as well as programs that already serve people who use drugs such as waived Syringe Exchange Programs, Drug User Health Hubs and specialty clinics serving people who use drugs who can demonstrate that they can expand to serve one (1) or more of these Priority Populations.

Applicants are expected to provide evidence-based harm reduction strategies including provision of harm reduction supplies and information, including but not limited to: naloxone, fentanyl and other drug test strips and other drug checking services, safer smoking supplies, safer snorting supplies, syringes and other safer injection supplies. In addition, to harm reduction supplies, funds from this procurement can be used for the provision of personal care kits (e.g., hygiene products, wound care supplies, seasonal clothing, and protective items, etc.) Overall program supplies needed to support a harm reduction program are allowable expenses on the budget.

The addition of expanded social support services, primary care, and case management services to identify and address unmet needs of people who use drugs is an intent of this funding. Applicants should describe how they will conduct or facilitate increased access to low-threshold medical and mental health services, including HIV/Hepatitis C testing, care and treatment, Sexually Transmitted Infections screenings, reproductive health services, individual supportive counseling, linkage to substance use treatment, including low-threshold, easy access medications for addiction treatment/medications for Opioid Use Disorder, behavioral health therapies, as well as routine physicals and other preventative healthcare services.

Applicants are encouraged to increase access to care management staff; this can include hiring or facilitating access to care coordinators to assist with scheduling and handling same-day drop-in clients, developing systems for treatment compliance and management, and maintaining a culturally comprehensive, low-threshold culture of the harm reduction program.

Peer services are highly encouraged in the program model. Peers may be utilized for expanded Peer-Delivered Syringe Exchange (PDSE), and in all other aspects of the program including post-overdose support, escort to outside services, emergency department relay, overdose prevention education, group facilitation, harm reduction education, and management of Drop-in Programs, Syringe Exchange Programs or Drug User Health Hub space.

Applicants should describe their activities around opioid overdose prevention, intervention education and the distribution of naloxone. Programs are encouraged to provide opioid overdose prevention services internally to clients, and externally in the community. Programs may conduct opioid overdose prevention training and distribute naloxone through group trainings, individual trainings, within a Syringe Exchange Program of a Drug User Health Hub, through Peer Delivered Syringe Exchange and through program-affiliated vending machines. In addition, applicants may conduct opioid overdose prevention training to outside organizations, businesses and local law enforcement.

Applicants should describe their program's activities to de-stigmatize substance use and promote equitable health services for people who use drugs and the Priority Population indicated in the application. Programs are expected to provide non-stigmatized, harm reduction, evidence-based care

to their clients. Additionally, it is necessary to describe how your program will build culturally comprehensive service capacity in your geographic location for other service providers working with people who use drugs and the Priority Population indicated in the application. The applicant will provide or facilitate access to training on best practices, non-stigmatized care, harm reduction basics, utilizing drug checking equipment/supplies and naloxone.

To ensure a continuum of services that are responsive to the identified needs and social determinants of health experienced by the Priority Population(s) selected, funded programs should develop and maintain streamlined referral processes and a tailored network of clinical and community partnerships to provide services not available at the funded location(s). Network partners should have a commitment to health equity and a history of providing services to the Priority Population(s) which could include linkage, navigation, multidisciplinary service coordination, peer services, referral tracking, and routine assessment and identification of medical and non-medical needs, including mental health, behavioral health and substance use services.

If services are not available at the funded location(s), applicants will be expected to engage and partner with other area providers that serve the Priority Population(s). Providers can include hospitals, primary care, mental health and behavioral health providers, correctional facilities, homeless/houseless service providers and community-based organizations within the service area(s). Partnerships with providers can include direct referrals for ease of access and navigation services to meet individual needs in areas such as prevention, housing, health, mental health, social services, treatment, and other essential support services to promote improved outcomes and health equity. Funded programs will establish, maintain, and build on these partnerships throughout the course of the two-year grant period. Annually, and as needed, these partnerships will be reviewed and assessed on whether these partnerships are sufficient to meet established program outcomes.

Applicants are expected to utilize people with recent lived and/or living experience of substance use who represent the Priority Population and utilize a harm reduction, trauma-informed approach, have rapport and mutual respect established with people who use drugs and have experience working with individuals that have complex needs and their networks. Peer specialists may be utilized for expanded Peer Delivered Syringe Exchange, and in all other aspects of the program including post-overdose support, escort to outside services, emergency department relay, overdose prevention education, harm reduction education, and management of Drop-in Programs, Syringe Exchange Programs or Drug User Health Hub space. Peers can also support people who use drugs in gaining access to treatment and support their retention (and re-engagement if necessary) in substance use disorder treatment and care, as well as support access to other supportive services.

Applicants are expected to work in coordination with New York Medication for Addiction Treatment and Electronic Referrals (NY MATTERS) Regional Care Coordinators in their service region(s). The Medication for Addiction Treatment and Electronic Referrals Network began its expansion across New York State in September 2020 after demonstrating proof of concept and successes in Western New York for nearly three (3) years. Today, this network is implemented in over 40 hospitals, 100 treatment organizations, and 1,000 pharmacies across the state.¹³ To assist in the rapid expansion and implementation of the program, the Medication for Addiction Treatment and Electronic Referrals team currently has nine (9) Regional Care Coordinator positions in Drug User Health Hubs around New York State. The Regional Care Coordinators have been able to assist local health departments, hospitals, clinics, Emergency Medical Services (EMS) and law enforcement-agencies in joining this network. As more organizations join the referral network, the individuals that Medication for Addiction Treatment and Electronic Referrals program serves gain more opportunities to be connected to care and appropriate treatment including Medications for Opioid Use Disorder/Medications for Addiction Treatment, Hepatitis C care and mental health services. Funded programs will work in coordination with Regional Care Coordinators in their region(s) to ensure access to appropriate, stigma and bias

¹³ <https://mattersnetwork.org/>

free, anti-racist, trauma-informed providers and services when identifying the needs of the Priority Population(s).

The needs of people who use drugs and these Priority Populations are wide and varied, but they center on addressing social determinants of health such as socioeconomic status, education, housing, transportation, employment, access to healthcare services and discrimination, and increasing the capacity of health care professionals to provide culturally competent care to people who use drugs.

Considerations for selected Priority Population(s):

Veterans

Proposed services for Veterans (those who served in the military or National Guard and who were discharged or released under conditions honorable or dishonorable) who use drugs should be client-driven and facilitate the prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services. These could include but are not limited to:

- provision of services incorporating universal screening, referral to care, and harm reduction counseling services utilizing a trauma-informed approach;
- expanding and strengthening current provider networks;
- enhancement of services that decrease structural and system-level barriers (location, operational hours, cost) and social barriers such as racial bias, fear, and stigma;
- provision of support and grief groups for Veterans who have lost a loved one to an overdose and/or;
- vocational and educational training for Veterans with, or at risk for, substance use disorder.

Adolescents (12-17) and Young Adults (18-24)

Proposed services for Adolescents and Young Adults who use drugs should be client-driven and facilitate the prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services. These could include but are not limited to:

- provision of services incorporating universal screening, referral to care, and harm reduction counseling services utilizing a trauma-informed approach;
- expanding and strengthening current provider networks;
- enhancement of services that decrease structural and system-level barriers (location, operational hours, cost) and social barriers, such as racial bias, fear, and stigma;
- provision of support groups, and grief groups for Adolescents (12-17) and Young Adults (18-24) who have lost a loved one to an overdose and/or;
- vocational and educational training for Adolescents (12-17) and Young Adults (18-24) with or at risk for substance use disorder.

Applicants may subcontract components of the scope of work up to 50%. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (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 AIDS Institute. All subcontractors should be approved by the New York State Department of Health AIDS Institute.

B. Requirements for the Program

Funded applicants will be expected to implement the following activities and services:

1. Identify and serve a cross-section of clients who are representative of the overall Priority Population: groups/subgroups at risk for drug overdose, those at high risk for overdose death; and those at disproportionate risk of drug overdose who experience racial/ethnic or socioeconomic disparities (inadequate access to care, poor quality of care, or low income).
2. Connect with your region's Drug User Health Hubs/Syringe Exchange Programs and treatment providers to enhance the availability and accessibility of Medication for Opioid Use Disorder/ Medication for Addiction Treatment and Hepatitis C care and treatment for people who use drugs.
3. Invite and meaningfully include people who use drugs in policy and program development, decision-making, and in advisory roles on committees.
4. Ensure at least one (1) peer specialist or staff that is a person with lived experience and represents the Priority Population is part of the decision-making and delivery of this new initiative.
5. Develop a support system for peers and staff that includes wellness checks and systems to address vicarious trauma or other mental health needs.
6. Develop protocols for training and on-going professional development for peers.
7. Coordinate services with other health and human service providers, including mental health services, serving the Priority Population(s).
8. Collaborate with local health departments, regional offices of the New York State Department of Health and other health and human service providers in identifying and responding to emerging trends.
9. Demonstrate engagement with individuals that have recently experienced an overdose as part of rapid response efforts to suspected overdose spike.
10. Participate in a collaborative process with the New York State Department of Health AIDS Institute to assess program outcomes and provide quarterly narrative reports and performance measures, monthly check-in meetings and monthly office hours with all funded programs. Programs are expected to describe their progress with respect to 1) Implementation of interventions/services, 2) client identification, engagement, and retention 3) success in meeting the significant accomplishments achieved as outlines in the **Work Plan: Attachment 3**, and 4) barriers encountered and plans to address noted problems.
11. Submit statistical reports on clients served, and other data using the AIDS Institute Reporting System (AIRS). Successful applicants should demonstrate the capacity to collect and report all required data, both personnel and hardware-related using AIDS Institute Reporting System. AIDS Institute Reporting System (AIRS) is a data reporting system that is required by the New York State Department of Health AIDS Institute to report client demographic information as well as program activities. The New York State Department of Health AIDS Institute requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. The New York State Department of Health AIDS Institute provides and supports the AIDS Institute Reporting System (AIRS) software to enable providers to meet data submission requirements. Details on this software product may be obtained by accessing the following Internet address, www.airsny.org.

12. Address and assess the specific social and/or structural determinants of health. The unequal distribution of social and/or determinants can lead to disparities and ultimately inequities in health and health outcomes. Strategies should prioritize those populations that are most impacted, negatively, by social and structural determinants of health. Please see **Attachment 4** for **Health Equity Definitions and Examples** of social and structural determinants of health.
13. Demonstrate a commitment to health equity and strive for a framework of health equity for all program services. Health equity is the fair and just opportunity for everyone to achieve optimal holistic health and well-being regardless of social position or other social or structural determinants of health. This requires addressing avoidable inequalities (e.g., access to affordable and high-quality food, housing, education, health care/services, and safe environments), historical and contemporary injustices (e.g., economic injustice/poverty, racism, classism, ableism, sexism, homophobia, transphobia, xenophobia, and other forms of oppression, discrimination, and/or stigma) and valuing health differences equally. We also acknowledge the historical and structural underpinnings of race, racism, and genocide in the United States that perpetuate many of the racial inequities we see manifested today. Because health equity can never truly be achieved without racial equity, we work toward achieving both.
14. Strive to ensure all activities are inclusive of populations disproportionately affected by drug overdose and death, and that the needs of persons with disabilities, co-occurring mental health, people with limited health literacy, racial and ethnic groups, and the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex populations are included in activities.
15. Complete the 12-module, free online [Health Equity in the Response to Drug Overdose Training](#) that was funded by the National Association of County and City Health Officials (NACCHO) and the CDC and submit their completion certificate to the New York State Department of Health.
16. Adhere to Health Literacy Universal Precautions (<https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>).
17. Adhere to all objectives, tasks and performance measures as listed in the **Work Plan: Attachment 3**.
18. Identify and serve a cross-section of clients who are representative of the overall Priority Population: groups/subgroups at risk for drug overdose, those at high risk for overdose death; and those at disproportionate risk of drug overdose who experience racial/ethnic or socioeconomic disparities (inadequate access to care, poor quality of care, or low income) within the selected community.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health AIDS Institute (hereinafter referred to as NYSDOH AI, or the Department), Office of Drug User Health. 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 RFA must be submitted in writing to *Elizabeth Girolami*, NYSDOH AIDS Institute, Office of Drug User Health, at the following

email address: PriorityPopsRFA@health.ny.gov. This 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

Prospective Applicants must submit all requests for clarifications of, or exceptions or changes to, the terms, conditions or provisions of this 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 RFA.

An Applicant must clearly indicate the clarification, exception or change in the 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 RFA.

This 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 RFA, will be posted on these websites. All such questions and answers, updates, addendums to, and other modifications to this RFA will be posted by the date identified on the Cover Page of this RFA under “Key Dates”.

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

All questions submitted by email should state the RFA Title and Number set forth on the Cover Page (RFA #20620, *Expanding Harm Reduction Services for Priority Populations Who Use Drugs - Reissue*) in the subject line of the email.

C. Letters 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 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: *Expanding Harm Reduction Services for Priority Populations Who Use Drugs-Reissue*. 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 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.** Both NYSDOH, 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 SFS is available under Section IV.B. (Question and Answer Phase) of this RFA.

PLEASE NOTE: Although 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 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 "pass-worded" documents.

The Applicant's Delegated Administrator is able to assign, modify, remove roles for the applicant in SFS. Please see 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 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 RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any Applicant whose conduct and/or Application fails to conform to the requirements of the 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 RFA.
7. Prior to Application opening, amend the 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 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 RFA.
12. Negotiate with successful Applicants within the scope of the 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 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 RFA.
18. Eliminate any term of this 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 RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following multi-year time period: 11/1/2025-6/30/2028.

Continued funding throughout this 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 RFA (a "Grantee") in an amount not to exceed 25% 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:

AIDS Institute
New York State Department of Health
Office of Drug User Health
Empire State Plaza
Albany, NY 12237
(fmuvouchers@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 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: Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work Plan.

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 narrative addressing program implementation, barriers and accomplishments.
 - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS). <http://www.airсны.org/>

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 & Women-Owned Business Enterprises

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 RFA.

The goal on the Eligible Expenditures portion of a Grant Contract awarded pursuant to this 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 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.

By submitting an Application, each Applicant and potential Grantee agrees to complete an **M/WBE Utilization Plan** as directed in **Attachment 5** of this RFA. NYSDOH will review the M/WBE Utilization Plan submitted by each Grantee. If a Grantee’s M/WBE Utilization Plan is not accepted, NYSDOH may issue a Notice of Deficiency. If a Notice of Deficiency is issued, Grantee agrees that it shall respond to the Notice of Deficiency within seven (7) business days of receipt. NYSDOH may disqualify a Grantee as being **non-responsive** under the following circumstances:

- a) If a Grantee fails to submit a M/WBE Utilization Plan;
- b) If a Grantee fails to submit a written remedy to a Notice of Deficiency;
- c) If a Grantee fails to submit a request for waiver (if applicable); or
- d) If NYSDOH determines that the Grantee has failed to document good-faith efforts to meet the established NYSDOH M/WBE participation goals for the procurement.

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 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, by contacting the SFS Help Desk at 855-233-8363 or by emailing at 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.

Applicants opting to complete online should complete and upload **the Vendor Responsibility Attestation (Attachment 6)** of the RFA. The Attestation is located under the 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, 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 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 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 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 SFS accounts should be sent to the SFS Help Desk (HelpDesk@sfs.ny.gov).

If you have previously registered and do not know your Username, please email 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 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 SFS accounts should be sent to the SFS Help Desk (HelpDesk@sfs.ny.gov).

- Instructions for SFS Prequalification can be found on Page 20 of the 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 please contact HelpDesk@sfs.ny.gov. 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.
- Specific questions about the prequalification process should be referred to your primary New York State agency representative (vendor.responsibility@health.ny.gov).

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

- In order to have your designated signatory (known in 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 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 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 please contact 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 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 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 RFA and/or Master Contract for Grants must have been raised during the Question and Answer Phase of this 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 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 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 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 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 agency 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 RFA.

IMPORTANT: Any material added to a Bid Factor "Add Comments" box in SFS will not be reviewed as part of a submitted application. Applicants are instructed to use the "Response" box for narrative responses unless otherwise instructed 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 Factors

All applicants are required to complete and upload **Attachment 1 – the Application Cover Page**.

Application Format

1. Program Abstract	Not Scored	
2. Community and Agency Description	Maximum Score:	15 points
3. Health Equity	Maximum Score:	15 points
4. Program Design and Implementation	Maximum Score:	50 points
5. Budget and Justification	Maximum Score:	<u>20 points</u> 100 points

1. Program Abstract Not Scored

Applicants should provide a program abstract with the following information:

- 1a) Describe the Priority Population(s) your agency intends to serve. Indicate the total number of unduplicated clients to be served.
- 1b) Describe the proposed program detailing the program design.
- 1c) Describe the project goals and objectives.
- 1d) Describe the location of the services to be provided.
- 1e) Describe anticipated outcomes and challenges in delivering the proposed program services to priority and underserved populations. Describe how success will be measured.
- 1f) Describe intended partnerships to facilitate prompt access to quality, appropriate, stigma and bias free, anti-racist, trauma-informed, culturally comprehensive medical care, harm reduction, mental health and other support services.
- 1g) Applicants are instructed to complete and upload **Attachment 1: Application Cover Page** in response to this Bid Factor Question.
- 1h) Applicants are instructed to complete and upload **Attachment 2: Statement of Assurances** in response to this Bid Factor Question.
- 1i) Applicants are instructed to complete and upload **Attachment 5: MWBE Requirement Forms** in response to this Bid Factor Question.
- 1j) Applicants are instructed to complete and upload **Attachment 6: Vendor Responsibility Attestation** in response to this Bid Factor Question.

2. Community and Agency Description Total 15 Points

- 2a) Describe why your organization is qualified to implement the proposed program model outlined in **Section III. A. Program Model Description**. Include both quantitative and qualitative evidence to address this question and experience with engaging with people who use drugs and Priority Population(s).
- 2b) Describe in what capacity your organization has worked with people who are at risk for drug overdose/people who use drugs, especially those who experience racial/ethnic or

socioeconomic disparities (such as inadequate access to care, poor quality of care, or low income).

- 2c) Describe what other organizations, especially Drug User Health Hubs/Syringe Exchange Programs and other programs specifically serving people who use drugs and/or agencies serving the Priority Population(s) indicated in the application in your county or contiguous county coverage, are relevant to your proposed program model. Describe how you will leverage these programs to maximize benefit to people who use drugs in your community without supplanting other resources.
- 2d) Please describe any current or prior grants your organization has received from the New York State Department of Health AIDS Institute that are relevant to this proposal. Include the results of the program and successes of those grants. OR, if your organization has not received funding from the New York State Department of Health AIDS Institute, please state this and describe any similar types of programs that your organization has undertaken in the past, including the identified results of the program and the successes in achieving those results.

3. Health Equity

Total 15 Points

- 3a) Which Social Determinants of Health barriers will you address with the Priority Population served by this funding?
- 3b) Please provide the most current data that you have used to identify the Social Determinants of Health barriers affecting the population served by the funding.
- 3c) Describe how will you monitor and evaluate the immediate impact of your efforts to address the Social Determinants of Health. (i.e., if you have offered nutrition, transportation or housing services, for example, to a client and they have responded, has it improved their ongoing engagement with harm reduction services and/or adherence with treatment?).
- 3d) What is your organization's policy around addressing Social Determinants of Health? What is the agency's capacity (staff knowledge, staff training, support for collaboration and evaluation) at addressing this?
- 3e) How does the organization's leadership reflect the Priority Population(s) proposed to be served?

4. Program Design and Implementation

Total 50 Points

- 4a) Describe the community or communities you will serve through this funding. Include a description of the Priority Population(s), the geographic area to be served, the service location(s) within the proposed service area, and accessibility to the sites for the Priority Population(s). Include specific strategies for implementing the program services in the Priority Population settings and describing services in rural parts of the county and contiguous counties, as appropriate.
- 4b) Describe your overall program design, highlighting how it engages people who use drugs and Priority Population(s) indicated in the application. Include specific strategies for implementing the program services and complying with the program model. Describe any innovative strategies you will utilize to implement your program model. Strategies should align with AIDS Institute standards and the information found in **Section III. A. Program Model Description**.
- 4c) Describe key community partnerships required for successful implementation of the proposed program, especially Drug User Health Hubs/Syringe Exchange Programs and other programs

specifically serving people who use drugs and agencies serving the Priority Population(s). Describe how clients' access to and engagement in these services will be facilitated, coordinated, recorded and reported.

- 4d) Describe the policy and procedures your organization has in place or will have in place by award to employ staff, peer specialists, and support peer work, especially care to address burnout or vicarious trauma.
- 4e) What are your program's indicators for success? How will you track and measure the program indicators and implement corrective action for indicators falling below prescribed targets?
- 4f) Describe how your program will provide continuous monitoring and evaluation of the proposed program activities.
- 4g) Indicate previous outcomes and any changes that were made to the model being proposed to improve it. If this is a new service, include a rationale for why your organization expects this model will work. Include any evidence of pilot programs to demonstrate potential success.
- 4h) Describe how data will flow from point of service delivery to entry into AIDS Institute Reporting System (AIRS). Include how your organization will collect, analyze and report client level and programmatic data.
- 4i) How does your proposed staffing plan meet the criteria listed in **Section III. B. Requirements for the Program**? Provide a brief description of each position's roles and responsibilities, along with job qualifications, educational background, licensures, and experience required for each position. Staff roles and responsibilities for AIDS Institute Reporting System (AIRS) activities (System administration, data entry, data quality control and AIDS Institute reporting should be included). If in-kind staff are included in the proposed program, they should be included in the staffing detail.
- 4j) Applicants are instructed to complete and upload **Attachment 7: Agency Capacity and Staffing Information** in response to this Bid Factor Question.

5. Budgets and Justifications

Total 20 Points

Complete and submit a budget following these instructions:

- 5a) Applicants are instructed to prepare an annual budget based on the maximum award available for the Priority Population(s) listed in Section I. Introduction, B. Available Funding, on page 6 of this RFA. The budget for year one (**11/01/2025-10/31/2026**) must be entered into the Statewide Financial System. Refer to **Attachment 8: SFS Budget Instructions**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and work plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the Request for Applications will be cost reimbursable. Once the budget in SFS is completed, Applicants are required to also enter the total grant funds being requested in the Unit Bid Price field at the bottom of the page. The total grant funds and Unit Bid Price must match in order for the application to submit successfully.
- 5b) For staff listed in the Personnel services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

- 5c) For each item listed under non-Personnel services, describe how it is necessary for program implementation. Non-Personnel services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
- 5d) For the last three (3) years, does your organization's Statement of Activities from your yearly audit show that revenues exceeded expenses or expenses exceeded revenue? If the expenses exceeded revenues, please describe both the cost reduction plan and the deficit reduction plan that will correct this. Please upload the Statement of Activities from your yearly audit for the last three (3) years in response to the next Bid Factor Question. The Statement of Activities should show total support, revenue and total expenditures.
- 5e) Applicants are instructed to upload a pdf of the **Statement of Activities** from their organization's yearly audit for the last three (3) years as **Attachment 9** in response to this Bid Factor Question. **Please note, Attachment 9 cannot be a secure or password-protected PDF.**
- 5f) Applicants are instructed to upload a copy of their **Agency Time and Effort Policy** as **Attachment 10** in response to this Bid Factor Question.
- 5g) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 5h) Funding requests must adhere to the following guidelines:
- An indirect cost rate of up to 15% of modified total direct costs can be requested. If your organization has a federally approved rate, contractors may request up to 20% of the federally approved rate. If your organization has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the approved federally approved rate.
 - Funding may only be used to expand existing activities and create new activities pursuant to this Request for Applications. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this Request for Applications must apply for continuation of funding.
 - Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by New York State Department of Health to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.
 - The sample State of New York Contract for Grants can be found at: [New York State Master Contract for Grants](#).
 - All funded contracts will be held to the following contract language:
 - Attachment A-1: Agency-specific Terms and Conditions (RFA Attachment 11)
 - Attachment A-2: Program-specific Terms and Conditions (HIV/AIDS Clause) (RFA Attachment 12)
 - Attachment E-1: AIDS Institute Policy on Personal Health Related Information (RFA Attachment 13)
 - Attachment M: Participation by Minority Group Members and Women with Respect to State Contracts: requirements and Procedures (RFA Attachment 14)

6. Work Plan

For the **SFS Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in **Work Plan, Attachment 3**. Any additional Project Summary entered in the Project Summary area will not be considered or scored by reviewers of your application.

Applicants are not required to enter the performance measures for each work plan objective in the SFS Work Plan at the time of application. Applicants should review the performance measures as they are listed in **Attachment 3: Work Plan**.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in **Attachment 3: Work Plan** and will be required to enter the performance measures into the SFS if funding is awarded.

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 agency 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 agency 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 AI. 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.

In the event of a tie score, the applicant with the highest score for Section 3 – Health Equity – will receive the award. Should there still be a tie score, the applicant with the highest score in Section 4. Program Design and Implementation will receive the award.

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.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

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.

Once awards have been made pursuant to the terms of this Request for Application, 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 New York State Department of Health AIDS Institute 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 Elizabeth Girolami at PriorityPopsRFA@health.ny.gov. In the subject line, please write: *Debriefing Request: Expanding Harm Reduction Services for Priority Populations Who Use Drugs- Reissue*.

Unsuccessful Applicants who wish to protest the award(s) resulting from this RFA on legal and/or factual grounds, should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <https://www.osc.state.ny.us/state-agencies/gfo/chapter-xi/xi17-protest-procedures> (Section XI. 17.)

VI. Attachments

- Please note that ALL Attachments to this Request for Application are accessed under the “**Attachments Section**” of the Statewide Financial System online Application/Bid Event and are not included in the Request for Application 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: Application Cover Page*

Attachment 2: Statement of Assurances*

Attachment 3: Work Plan**

Attachment 4: Health Equity Definitions and Examples**

Attachment 5: Minority & Women-Owned Business Enterprise Requirement Forms*

Attachment 6: Vendor Responsibility Attestation*

Attachment 7: Agency Capacity and Staffing Information*

Attachment 8: SFS Budget Instructions**

Attachment 9: Statement of Activities for Past Three (3) Years*

Attachment 10: Agency Time and Effort Policy*

Attachment 11: Attachment A-1: Agency-specific Terms and Conditions**

Attachment 12: Attachment A-2: Program-specific Terms and Conditions (HIV/AIDS Clause)**

Attachment 13: Attachment E-1: AIDS Institute Policy on Personal Health Related Information**

Attachment 14: Attachment M: Participation by Minority Group Members and Women with Respect to State Contracts: Requirements and Procedures**

*These attachments **must** be uploaded as part of your agency’s Statewide Financial System (SFS) online Application in response to corresponding Bid Factor questions. Forms to be completed are located in the “**Attachments Section**” of the Statewide Financial System online Application/Bid Event.

These attachments do not need to be completed and are for Applicant information only. These Attachments may be accessed in the “Attachments Section**” of the Statewide Financial System online Application/Bid Event.