

Addendum #1
October 10th, 2025

RFA #20674 / SFS # *TCPA25 and TCPB25*

New York State Department of Health
Center for Community Health
Division of Chronic Disease Prevention
Bureau of Tobacco Control

Request for Applications

Tobacco Control Program
Component A: Health Systems for a Tobacco-Free New York
Component B: Center for Health Systems Improvement

RFA Modification

The following is an official modification, which is hereby incorporated into RFA # 20674 Tobacco Control Program and applies to Component A and Component B. Deleted language appears in strikethrough (“xxx”) and added language appears in red text. The information contained in this amendment prevails over the original RFA language. Applicants should review all documents in their entirety to ensure all amended language is incorporated into their applications.

The following change has been made to Section IV. C, Letter of Interest.

Prospective Applicants are strongly encouraged to complete and submit a letter of interest **Attachment 2, Letter of Interest Template**). Prospective Applicants who submit a Letter of Interest by the date specified on the Cover Page of this RFA will receive email notifications when updates and modifications of this RFA are posted, including responses to written questions. Letters of Interest should be submitted via the Statewide Financial System as an attachment to the applicable question of the online Application. A copy should also be emailed to TCP@health.ny.gov. Please ensure that the RFA number and title, (RFA #20674, Health Systems for a Tobacco-Free New York are noted in the subject line and Letters of Interest are submitted by the date posted on the Cover Page of the RFA. Submission of a Letter of Interest is not a requirement of this RFA, nor does the submission of a Letter of Interest by a prospective Applicant impose any obligation upon the Applicant to submit an Application in response to this RFA. An application may be submitted without having submitted a Letter of Interest

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New York State Department of Health
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Request for Applications

Tobacco Control Program
Component A: Health Systems for a Tobacco-Free New York
Component B: Center for Health Systems Improvement

KEY DATES:

Release Date:	October 8, 2025
Letter of Interest Due:	October 23, 2025
Applicant Conference Registration Deadline:	October 22, 2025
Applicant Conference:	October 23 2025 [1:00PM-3:00PM EST]
Questions Due:	October 23, 2025
Questions, Answers and Updates Posted (on or about):	November 12, 2025
Applications Due:	December 5, 2025 by 4:00 PM

New York State Department of Health
Contact Name & Address:

Therese Dolen
Bureau of Tobacco Control
ESP Corning Tower, Room 1055
Albany, NY 12237
Email: TCP@health.ny.gov

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I. Introduction

A. Intent

The New York State Department of Health (herein referred to as the Department), Division of Chronic Disease Prevention, Tobacco Control Program (TCP) announces the availability of \$3,275,000 annually in New York State funds to organizations that will work to engage health care systems to improve the delivery of guideline-concordant care for Tobacco Use Disorders (TUD) (including nicotine dependent conditions), through systems and policy change at the health care organization level. A systems approach is consistent with the Centers for Disease Control and Prevention (CDC) Health Impact Pyramid (Frieden, 2010) and with interventions that have broader population impact and require lower individual level effort.

This RFA refers to “commercial tobacco” which is culturally responsive language to distinguish between industry-generated tobacco and traditional tobacco. The TCP recognizes that traditional and commercial tobacco are different in the ways they are planted, grown, harvested, and used. Traditional tobacco is and has been used by Native and Indigenous communities and tribes for religious and ceremonial purposes for centuries. In comparison, commercial tobacco is manufactured with chemical additives for recreational use and profit, resulting in disease and death. For more information, visit [Keep It Sacred](#) . When the word “tobacco” is used throughout this document, a commercial context is intended.

Health care organizations that serve populations disproportionately affected by tobacco industry-driven disparities in tobacco use (people with low income, low educational attainment, serious mental illness, substance use disorders, and/or people with other physical disabilities) are a focus for this procurement with priorities given to organizations that serve populations with lower income, less education, and individuals with serious mental illness due to high smoking prevalence among these groups and large population sizes. Health system interventions that result from this procurement should lead to an expansion of the reach of evidence-based TUD interventions by changing the existing health care system without grantees directly providing cessation treatment. The focus of this procurement is working with high level administrative decision-makers to ensure that providers in the health systems they oversee deliver the TUD treatment to its members. Grantees should work with health care organizations to identify trusted resources (i.e. community-based organizations, peer groups, faith-based organization) to support and reinforce the organization’s delivery of TUD treatment.

This Request for Applications (RFA) relies heavily on the evidence-based recommendations for health systems change as documented in the [Clinical Practice Guideline for Treating Tobacco Use and Dependence \(Public Health Service \[PHS\] Guideline\)](#). The adoption of PHS Guideline recommendations for systems interventions by health care systems should result in an increase in health care providers’ use of evidence-based tobacco dependence counseling and medication treatments with patients who use tobacco, leading to higher rates of cessation. This approach should also make effective treatments more widely available in health systems that serve disparate populations. Recommended system-level strategies from the PHS Guideline (See Chapter 5 of the 2008 update) include PHS Guideline: Systems

Strategy 1 - implementation of tobacco user screening systems integrated into electronic medical records; Systems Strategy 2 - system-level provision of training, cessation resources and materials, and feedback to providers that promotes effective intervention; and Systems Strategy 3 - having a dedicated tobacco dependence treatment coordinator with clearly delineated responsibilities ensuring that evidence-based treatment is provided and clear communications with staff are maintained. Systems Strategies 4 and 5, related to tobacco dependence treatment provided in hospital settings and coverage of effective treatments, are not system-level strategies included in the scope of this RFA.

In addition to these system-level changes, it is important for grantees to become well-versed in the most up-to-date medication treatment protocols for TUD noted in the scientific literature or recommended by innovative experts in specialized fields. Innovative treatment protocols that may not be commonly employed include combination medication therapies, the use of medications as a transition while tobacco products are still in use (e.g., at pre-contemplative stages), and the use of medications for special populations (e.g., individuals with serious mental illness). Knowledge about special population needs and these methods are key to improving cessation outcomes and accelerating the decline in TUD.

The rise in the use of new nicotine delivery technologies is a problematic trend that is creating challenges for public health and health care systems that support tobacco control efforts. Electronic cigarettes (e-cigarettes) are increasingly popular and have been touted by the industry as smoking cessation products *despite lack of Food and Drug Administration (FDA) approval* to make such a claim. Other products that are not currently FDA authorized, including “heated cigarettes” (aka heated tobacco products) are available for sale and are promoted in the US. Industry advocates often use terms such as “switching” to skirt FDA restrictions on making a cessation claim without FDA approval. Increasingly, the nicotine delivery industry, which is now composed of commercial tobacco industries and newer e-cigarette manufacturers and retailers, is co-opting the public health message to promote their products. Those messages are commonly aimed at individual consumers but are increasingly directly approaching health care systems, health insurers and major employers with offers to assist employees/insured members with “switching” strategies. This procurement will address these issues by engaging the health care community to advocate for fidelity to evidence-based public health and health care practices. This procurement aims to equip the health care community and partners with accurate information about the current science of tobacco control and evidence-based methods for successfully quitting tobacco, and to recognize and reject disinformation promoted by the tobacco and vaping industries.

Grantees will maximize the impact of TUD treatment by working with targeted health care provider organizations to formally incorporate guideline-concordant strategies into their standard policies and procedures. Targeted systems include, but are not limited to, organizations such as Community Health Centers (CHCs), Federally Qualified Health Centers (FQHCs), Indian Health Services Facilities, Urban Indian Health Centers, Tribal Health Centers, Rural Health Centers (RHCs), NYS Lesbian, Gay, Bisexual, Transgender (LGBTQAI+) Health & Human Services Network, and systems that serve people with serious mental illness and/or substance use disorder, and other health care provider organizations that primarily serve the priority populations. It is important to note that a large proportion of

people with serious mental illness have co-occurring substance use disorders and receive integrated treatment.

Under this RFA, the Department seeks to develop a statewide network of up to nine contractors, covering all counties in New York State, through eight catchment areas (Component A) and one statewide Center for Health Systems Improvement (HSI) (Component B).

B. Background

The Department envisions a tobacco-free society and a future free of nicotine addiction for all New Yorkers. The Department's Bureau of Tobacco Control (BTC) administers the state's Tobacco Control Program (TCP) to reduce illness, disability and death related to tobacco use and secondhand smoke exposure, and to alleviate the social and economic burdens caused by tobacco use. The TCP uses an evidence-based, policy-driven approach to decrease tobacco and nicotine initiation by youth, motivate adults that use tobacco to quit with evidence-based methods, and eliminate exposure to secondhand smoke and aerosols. The components of the TCP's comprehensive approach include tobacco-free communities, health systems that facilitate tobacco and nicotine dependence treatment, cessation support and services, and paid and earned media. The TCP uses the most current research findings to drive program activities, works collaboratively with state and national partners to meet program goals, promotes policy change through evidence-based strategies that alter social norms and make tobacco and nicotine use less desirable, less acceptable and less accessible, and systematically evaluates its efforts to maximize impact and improve outcomes.

C. Statement of the Problem

Tobacco addiction is the leading preventable cause of morbidity and mortality in New York State (NYS) and in the United States. Cigarette use alone, results in an estimated 480,000 deaths each year in the United States, and approximately 30,000 deaths in NYS. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death, including 16 forms of cancer, heart disease, stroke, chronic obstructive pulmonary disease and other lung diseases.

The economic costs of tobacco use in NYS are staggering. Smoking-attributable health care costs are \$9.7 billion annually, including about \$4.7 billion on Medicaid and Medicare expenditures. Reducing tobacco use has the potential to save NYS taxpayers billions of dollars every year.

Focusing on the health care system as the mode of intervention recognizes that the most effective methods for successful cessation involve structural changes to the health care system that increase the likelihood that patients receive counseling and one or more FDA-approved cessation medications. In addition, over 75 percent of New York State residents using commercial tobacco will see a health care provider each year. The goal is to capitalize on this interaction between the health care professional and patient as the most opportune

time for delivering an evidence-based tobacco cessation intervention.

Although there have been substantial reductions in adult smoking in NYS, some tobacco use disparities remain. Smoking rates among adults with lower socioeconomic status and adults experiencing poor mental health (not a measure of serious mental illness) are generally higher than among the general population. Despite this ongoing inequity, these groups have benefitted from NYS's tobacco control approach. Commercial tobacco use among those living with serious mental illness is substantially higher than in the general population. Research to date suggests that they may be the most difficult group of tobacco users to reach with public health efforts, thus warranting a special focus of this project.

The addictive component in all tobacco products is nicotine and the emergence of new nicotine delivery products has created a challenge for tobacco control and prevention. These products have become popular among youth and young adults and have been described as reaching epidemic levels among youth by FDA and CDC officials. In NYS, high school youths' current use of e-cigarettes is still the most used tobacco product with a use rate of 20.8% in 2022. One in five youth use some type of tobacco product.

The tobacco/vaping industry argues that the "harm reduction" potential of e-cigarettes for adults that use tobacco has a public health benefit that is unequalled by existing approved medications, although none of these products have been approved as a cessation products by the FDA, e-liquid constituents and manufacturing remain unregulated, and anecdotal evidence and testimonials about their cessation value outnumbers actual data. At the same time, the industry minimizes the significance of nicotine uptake by youth which clearly has "harm exacerbation" potential and frequently focuses on inadequate policy interventions to reduce youth use.

The complexity associated with new nicotine delivery products suggests that health care systems and providers may be unclear about their role in recommending or discouraging use of these emerging products for cessation from commercial tobacco products, and they may be unaware of existing safety concerns about their use. One of the goals of this procurement is to provide clarity to health care providers by ensuring they have accurate information based on the best evidence available including FDA approved cessation tools.

Certain groups in NYS face significant barriers to achieving a fair and just opportunity to be healthy. Health disparities occur when demographic groups experience more disease, death or disability beyond what would normally be expected based on their relative size in the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. In NYS, the populations disproportionately affected by industry-driven tobacco use include those with the lowest incomes, those with the lowest educational attainment, those living with disabilities, and those who experience mental illness and substance use disorders. Health is also determined by where people live, work and play and can occur because of race/ethnicity, sexual orientation, gender, gender identity, geographic location or some combination of these factors. Those most effected by health disparities also tend to have reduced access to resources like quality health care services, affordable and nutritious food, safe and secure housing, quality education, safe social support networks, freedom from racism and other

forms of discrimination. These are the **social determinants of health**, and the systematic and unequal distribution of social determinants can result in negative health outcomes, or **health inequities**. **Health equity** is the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance. In tobacco control, health equity refers to the opportunity for all people to live a healthy, tobacco-free and nicotine-free life, regardless of race, level of education, gender identity, sexual orientation, occupation, neighborhood or disability status (CDC, Health Equity in Tobacco Prevention and Control). Tobacco control programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.

D. Available Funding, Anticipated Awards, and Catchment Areas

1. Number of Awards

To ensure statewide coverage, eight Component A awards will be made, one in each catchment area as identified in **Table 1** below. Additionally, one Component B award will be made for the Statewide Center for Health Systems Improvement (HSI). Awards will be made for a five-year period anticipated to begin May 1, 2026, and end April 30, 2031.

2. Available Funding

The total anticipated annual funding in support of the anticipated 9 State contracts (eight Component A catchment area-focused contracts, one Component B statewide-contract) is \$3,275,000, for an anticipated five-year value of \$16,375,000.

3. Catchment Areas

The annual Component A and B contract amounts are listed below by catchment area.

Table 1 - Component A and B Catchment areas and Estimated Funding:

Catchment Area	Counties/Boroughs	Maximum Annual Funding
Component A – Catchment Area (Regional) Based		
New York City	Bronx, New York, Queens, Kings, Richmond	\$750,000
Long Island	Nassau, Suffolk	\$315,625
Hudson Valley	Putnam, Orange, Rockland, Westchester, Dutchess, Sullivan, Ulster	\$315,625
North Country	Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Montgomery, St. Lawrence, Warren, Washington	\$315,625
Capital	Columbia, Delaware, Greene, Albany, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie	\$315,625

Central	Broome, Chenango, Cortland, Jefferson, Lewis, Oneida, Oswego, Onondaga, Madison, Tioga	\$315,625
Western	Erie, Genesee, Niagara, Orleans, Allegany, Cattaraugus, Chautauqua, Wyoming	\$315,625
Finger Lakes	Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tompkins, Wayne, Yates	\$315,625
Component B – Statewide		
Statewide	All NYS Counties and Boroughs	\$315,625

II. Who May Apply

A. Minimum Eligibility

Eligible applicants for Component A are as follows:

1. Eligible Applicants must be prequalified in the New York State Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA.
2. Eligible Applicant must be a public and private not-for-profit agencies and organizations in New York State, including but not limited to: local government and public health agencies, health care systems, primary care networks, academic institutions, community-based organizations, volunteer associations and professional associations with experience in health systems level change to improve quality of care.

Eligible applicants for Component B are as follows:

1. Eligible Applicants must be prequalified in the New York State Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA.
2. Public and private not-for-profit agencies and organizations in New York State, including but not limited to: local government and public health agencies, health care systems, primary care networks, academic institutions, community-based organizations, volunteer associations and professional associations with experience in health systems level change to improve quality of care.

Organizations may apply for Component A, Component B, or both. A separate application must be submitted for each Component A Catchment area and/or Component B. Eligible applicants may apply for no more than two catchment areas in Component A and must submit a separate application for each catchment area. If an award is made to one organization to cover both Component A and Component B, upon award the organization will need to demonstrate how the components will operate independently of each other, specifically when it comes to staffing, work plan deliverables, and program management. Applications will be

reviewed separately and independently of information contained in an application for the other component.

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 Department. All subcontractors must be approved by the Department.

In addition, applicants should read Section IV. Administrative Requirements, P. Refusal of Funds from Tobacco-related Entities for additional contract requirements related to tobacco. The sample New York State Master Grant Contract for this funding opportunity can be viewed within the Bid Event of your application. Attachment A-2 includes the Refusal of Funds from Tobacco-Related Entities clause.

III. Project Narrative/Work Plan Outcomes

A. Scope of Work – Component A

Awarded Component A Grantees will:

1. Focus regionally on supporting health systems to implement PHS Guideline system strategies 1 (screening systems), 2 (training, resources and feedback), and 3 (dedicated staffing plan), as outlined above.
2. Reach organizations across their catchment area that serve high priority population groups disproportionately affected by commercial tobacco, including patients with low-income levels, low educational attainment, and/or those with serious mental illness. At a minimum, contractors will work with FQHCs, CHCs, behavioral health care organizations, and other organizations serving these priority groups throughout their catchment area to eliminate avoidable health inequities.
3. Emphasize the importance of organizational systems that address TUD among disproportionately affected population groups to achieve optimal health outcomes.
4. Engage health care stakeholders, educate health care professionals, and mobilize health care partners throughout the catchment area to strengthen systems and policies that facilitate quality and sustained tobacco dependence treatment.
5. Support health care organizations in building their capacity for integrated TUD treatment into their clinical workflows and protocols to ensure provision of equitable TUD treatment.
6. Engage with health systems organizations to educate and inform about the public health disinformation that is promoted by the tobacco industry around the use of emerging nicotine delivery products.
7. Understand and contribute to the information, materials and tools developed by Component B grantee concerning issues related to electronic cigarette and other emerging products/issues that may interfere with the evidence-based tobacco cessation efforts of health systems. Disseminate those materials as needed to counter industry efforts and promote science-based strategies in public health.

8. Engage health care organizational leaders throughout the catchment area to improve systems and policy changes that result in consistent treatment delivery by their health care providers: identifying and documenting tobacco use status and treating every tobacco user seen in a health care setting; offering every patient who uses tobacco at least the brief treatments shown to be effective in the Guideline; encouraging all individuals making a quit attempt to use both counseling and medication; incorporating “clinician extender” strategies such as NYS Quitline referrals into a tobacco dependence treatment system; requiring TUD treatment as a defined duty of clinicians to ensure counseling and medications are systematically provided and their provision documented; and offering on-going provider education and feedback to encourage clinicians to address tobacco use and effectively assist patients with quitting through utilization of culturally appropriate cessation services.

Component A grantees will facilitate health systems change with organizations that serve the priority populations; community health centers, FQHCs, Indian Health Services Facilities, Urban Indian Health Centers, Tribal Health Centers, and behavioral health care organizations. Populations that are disproportionately affected by tobacco but are not represented in the statewide priority populations (e.g., people with disabilities, people who are LGBTQAI+, people who are housing and/or food insecure) can be addressed in the Local Level Disparity project. The Component A grantees will work to establish localized tobacco dependence treatment systems change consistent with the PHS Guideline.

Grantees are required to have a written policy establishing a 100% tobacco-free worksite facility, including outdoor areas under control of the applicant, or commit to implementing such a policy within one-year of receiving the notice of award. Applicants should complete, sign and upload Attachment 8, Tobacco-Free Policies Attestation in the Project Summary section of the application. The Tobacco-Free Policies Attestation is a requirement for award.

Awarded Component A grantees need to be both the fiscal agency and the lead agency responsible for implementing the work described in this RFA. The applicant should perform a substantial role in carrying out the project and not merely serve as a conduit for an award to another organization that is ineligible. All core (required) personnel must be employed by the applicant and cannot be subcontracted. Applicants may subcontract components of the scope of work (e.g., evaluation, media, and information technology), but it is required that the applicant retain a majority of the work in dollar value (more than 50%) of the contract within the applicant organization. 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. Major components of the work plan cannot be subcontracted.

Applicants for all catchment areas will include all required deliverables in their application. Health systems change deliverables and the approximate percentage of effort for each deliverable is summarized below with an expectation that the percentage of effort will total 100%. These ranges are for guidance purposes for planning budgets and deliverables.

1. Medical Health Care Systems and Policy Change 35% - 40%

2. Behavioral Health Care Systems and Policy Change 35% - 40%
3. Local Level Disparity Project 10%
4. Emerging Needs of Health Systems 5%
5. Sustainability 10%

1. Medical Health Care Systems and Policy Change

- a. Health Systems Component A grantees will focus on advocating with and assisting health care organization's high-level administrators with establishing/adopting system-level policies and procedures that improve tobacco dependence treatment as recommended in the PHS Guideline (See Strategies 1 (screening systems), 2 (training, resources, and provider feedback), and 3 (dedicated staff) in Chapter 5 of the PHS Guideline, 2008 Update).
- b. Grantees will engage in the following strategies.
 - i. Grantees will conduct a thorough inventory of health care organizations in the catchment area with priority given to those that oversee the health care of individuals disproportionately affected by tobacco-industry driven tobacco use disparities (people with low income, low educational attainment, and/or people living with serious mental illness). The assessment should include such information as names of organizations, location of administrative offices, names and contact information for key decision makers, number of people served by the organizations, number of satellite sites, and the type of health system.
 - ii. Grantees should make every effort to identify any health systems policies and procedures for tobacco dependence treatment currently in place by these organizations.
 - iii. The assessment should be completed within six months of the start of the procurement and shared with the Department.
 - iv. Grantees will identify and build relationships with key decision makers within each organization who can support and promote organizational change.
- c. Grantees will obtain administrative commitment to advance the adoption of the desired policies and procedures assuring subsequent systems change from a high-level decision maker at each health care organization with which it intends to work. A formal relationship, as evidenced by a Memorandum of Understanding (MOU), is expected, versus an informal relationship. The commitment should include an implementation timeline and a communication plan to introduce the proposed systems change. The health care organization's senior leadership should endorse any system change and oversee the dissemination of new policies and procedures throughout the organization, including satellite clinics.
- d. Grantees will work with health care organizations on building capacity to adopt the PHS Guideline health system strategies. Grantees should work strategically with staff at all

appropriate levels, with the goal of adopting/implementing organizational-level change. The strategies include: 1) adoption of tobacco use screening, treating and follow-up systems; 2) a formal plan for training providers in TUD treatment, provision of cessation resource materials, and a quality control feedback system to increase provider's awareness of their performance; and 3) the option to hire dedicated tobacco cessation specialists when resources permit. Grantees will provide technical assistance on how such system changes can be incorporated into a standard delivery of care via workflows and protocols and how the new practices could be implemented and disseminated throughout the organizations, including all satellite sites and providers.

- e. Grantees will provide technical assistance, content expertise, and professional guidance to the health care organizations in the adoption, communication, implementation, and maintenance of tobacco dependence health systems strategies in accordance with PHS Guideline, including benchmark opportunities for targeted technical assistance once the policy is adopted. Technical assistance may come in the form of education on: a) the continuing burden of tobacco among the target population; b) the importance and efficacy of guideline-concordant TUD treatment; and c) the relationship between effective provider assistance and smoking cessation success. When engaging target organizations, grantees should focus on the unique needs of each organization and meet them where they are while endeavoring to understand what will be involved in the system changes. Limited professional guidance and technical assistance after implementation will be provided by the grantee to assist with infrastructure issues or training needs that had not previously been identified and would support sustained improvements.
- f. Grantees will provide guidance on clinical decision supports systems (i.e. computerized alerts "hard stops", specific order sets, templates) in the electronic screening systems. This approach allows for the standardized and consistent delivery of tobacco cessation treatment and sustainable system change. Grantees will work with health system organizations to achieve comprehensive screening systems.

2. Behavioral Health Care Systems and Policy Change

- a. Health Systems Component A grantees will focus on working with health care organizations in the catchment area with priority given to those that serve people living with substance use disorder and/or serious mental illness. Grantees will focus on advocacy with high-level administrators to establish/adopt tobacco use disorder treatment systems as recommended in the PHS Guidelines with consideration of the unique needs of individuals living with addiction and/or serious mental illness.
- b. Grantees will conduct a thorough assessment of health care organizations throughout their catchment area who oversee the behavioral health care of individuals living with substance use and/or serious mental illness. The assessment should include such information as names of organizations, location of administrative office, number of people served by the organizations, number of satellite sites, and the type of health system. Grantees should identify the health systems policies and procedures for tobacco dependence treatment currently provided by these organizations/plans. The

assessment should be completed within six months of the start of the procurement and shared with the Department. Grantees will identify and build relationships with key decision makers within each organization who can support and promote an organization change.

- c. Grantees will obtain administrative commitment to advance the adoption of the desired policies and procedures assuring subsequent systems change from high-level decision makers at each health care organization with which it intends to work. An official relationship, as evidenced by an MOU, is expected over an informal relationship. The commitment should include an implementation timeline and a communication plan to introduce the proposed systems change. The health care organization's senior leadership should endorse any system change and oversee the dissemination of new policies and procedures throughout the organization, including satellite clinics.
- d. Grantees will work with behavioral health care organizations on building the capacity to adopt the PHS Guideline health system initiatives. Grantees should work strategically with staff at all appropriate levels, with the goal of adopting/implementing organizational-level change. This includes tobacco use screening, treating and follow-up systems, a formal tobacco dependence treatment provider training plan, provision of cessation resource materials, and methods for implementing a quality control feedback system that makes providers aware of their performance on a regular basis. Grantees will provide technical assistance on how such systems could incorporate workflows and protocols into current practices and how the new practices can best be communicated and implemented to clinics and providers.
- e. Grantees will provide technical assistance, content expertise, and professional guidance to the behavioral health care organization in the adoption, dissemination, implementation and maintenance of tobacco dependence health systems strategies in accordance with PHS Guideline. Technical assistance may come in the form of building organizational capacity, education on the continuing burden of tobacco use among those living with addiction and/or serious mental illness; the need for and specifics of guideline-concordant tobacco use disorder treatment; and the relationship between effective provider assistance and smoking cessation success. It is critical for all parties to understand the need for more intensive TUD treatment with potentially higher doses and longer durations of treatment, and the overall complexities of treating tobacco dependence in people living with serious mental illness. When engaging target organizations, grantees should focus on the unique needs of each individual organization and meet them where they are while endeavoring to understand what will be involved in the system changes. Limited professional guidance and technical assistance after implementation will be provided by the grantee to assist with infrastructure issues or training needs that may not previously been identified and would support sustained improvements.
- f. Grantees will provide guidance on clinical decision supports systems, (i.e. computerized alerts "hard stops", specific order sets, templates) in the electronic screening systems. This approach allows for the standardized, consistent delivery of tobacco use disorder treatment, and sustainable system change. Grantees will work

with health system organizations to achieve comprehensive screening systems.

3. Local Level Disparity Project

- a. Since many counties and regions of New York State include populations that experience unique tobacco-related needs and challenges beyond the statewide populations identified as priority groups for this RFA, (people with low income levels, people with low education attainment, and those living with addiction and/or serious mental illness), grantees will dedicate 10 percent of effort toward a local level activity that aims to further reduce tobacco use disparities among a specific sub-population in the catchment area through health systems change.
- b. Grantees will identify and address a health system change opportunity within their catchment area for a unique population, based on evidence of greater tobacco use disparities (such as, but not limited to, higher smoking rates among people in the LGBTQAI+ community, people who are unhoused, pregnant persons with demonstrated continued tobacco use or high relapse rates postpartum, etc.).
- c. Proposed populations and projects will be subject to Department review and approval. This project should address the same health systems change activities noted above including screening systems, resources, promotion of coverage and availability of guideline-concordant care (medication and counseling), dedicated staffing for tobacco dependence treatment, and it should address the advancement of health equity through proactive and inclusive system changes.
- d. Since those most impacted by tobacco industry-driven tobacco use disparities also tend to have reduced access to resources, this project should focus on reducing and removing barriers to TUD treatment specific to the population of focus. The local level disparity project requires Department approval before work begins.

4. Emerging Needs of Health Systems

- a. Grantees will contribute to the Component B-led development of resources pertaining to e-cigarettes, the e-cigarette industry pursuits with health systems/insurers/employers, and other emerging products and issues.
- b. Grantees will participate in a coordinated statewide approach towards data collection, promotion and dissemination of developed resources, and utilization of resources resulting in raised awareness and public health action in and among health care systems.

5. Sustainability

- a. Sustainability refers to the implementation of a set of strategic activities designed to increase community awareness of tobacco control programs. Sustainability activities include highlighting the burden of the tobacco epidemic in our communities, and demonstrating tobacco control's success in preventing and

reducing tobacco use.

- b. Grantees will engage in select educational activities as determined by the Department.

B. Scope of Work – Component B

Awarded Component B Grantee will:

1. Provide statewide expertise serving as a Center for Health System Improvement (HSI) in TUD treatment in both policy and environmental change (Component B).
2. Coordinate statewide and regional efforts with the eight regional health systems contractors (Component A), state-level agencies/organizations, and other statewide partners.
3. Develop and/or facilitate coordination of guidance tools and resources for health care organizations to institute or enhance delivery of effective, inclusive, and culturally tailored TUD treatment. Provide coordination for statewide websites.
4. Identify resources for Component A contractors to support health care organizations in building the capacity for integrated TUD treatment into clinical workflows and protocols that ensure equitable access to effective and culturally appropriate TUD treatment.
5. Coordinate with Component A contractors to support their efforts with system strategies 1 (screening systems), 2 (training, resources and feedback), and 3 (dedicated staff).
6. Engage health care stakeholders, educate health care professionals, and mobilize healthcare partners to strengthen systems and policies that facilitate quality TUD treatment.
7. Identify information needs of health systems relative to emerging nicotine delivery products including but not limited to e-cigarettes and heated tobacco products.
8. Develop and/or vet existing materials or toolkits for dissemination among partners and by Component A grantees to counter the public relations offensive of the e-cigarette industry as they use public health arguments to promote their products. Targets for dissemination may include but not be limited to large employers and insurers.
9. Conduct projects and interventions with statewide stakeholder organizations that support and extend policy, and systems change efforts across the state.

Develop and/or vet existing tools and training resources for health care organizations to utilize when implementing health systems protocols and policy changes.

The Component B grantee will be the Statewide Center for Health Systems Improvement (HSI) Grantee, and will focus its efforts on two main priorities.

1. Priority One

- a. The HSI grantee will be a resource to all Component A grantees in their effort to work regionally with health care systems and organizations to transform and organize their service delivery through policy adoption and/or improvements.
- b. The HSI grantee will identify and/or develop materials, manuals, protocols and other products designed to assist Component A grantees in promoting the adoption of the

tobacco dependence treatment health system change with disparately affected groups.

2. Priority Two

- a. The HSI grantee will work with statewide entities to promote large-scale systems and policy change and improve health systems delivery of tobacco dependence treatment through efforts with statewide health systems and other statewide partners.

Required Deliverables and Percentage of Effort

Required deliverables and the approximate percentage of effort are summarized below with an expectation that the percentage of effort will total 100%:

1. Regional Support of Health Systems Change 40%
2. Statewide Support of Health Systems Change 40%
3. Emerging Needs of Health Systems 10%
4. Sustainability 10%

1. Regional Support of Health Systems Change

- a. The HSI grantee will serve as a resource for information and expertise and develop/identify existing resources, products, and other materials to assist the Component A grantees in promoting the adoption of the PHS Guideline health system change strategies regionally.
- b. The HSI grantee will provide guidance and/or technical assistance to the regional grantees on building organizational capacity, utilization of products and resources when advocating with health care provider organization administrators, and assisting with clinical health systems change implementation, including maintaining changes.
- c. The HSI grantee will serve as an expert to the Component A grantees in promoting health systems change, especially for the targeted populations.
- d. The HSI grantee will convene a committee of the Component A grantees to prioritize and assess the development of resources and materials for use by health care provider organizations that are consistent with the systems approach described in this RFA.

2. Statewide Support of Health Systems Change

- a. The HSI grantee will work to improve health systems delivery of TUD treatment on a broad scale through efforts with statewide health systems and other statewide partners. Work will focus on increasing availability and coverage of evidence-based treatments and large-scale health systems policy and environment changes that facilitate Component A grantees' work. The grantee may conduct projects and interventions with statewide partners.
- b. The HSI grantee will foster relationships with statewide partners and organizations (e.g., Community Health Care Association of NYS (CHCANYS), National Alliance on

Mental Illness (NAMI) New York State, Medical Society of the State of New York (MSSNY), NYS Office of Mental Health, NYS Office of Addiction Services and Supports, NYS-based Medicaid managed care plans, regional and statewide health information organizations, and electronic health record vendors.

- c. All proposed partnerships should focus on the following goals:
 - i. elimination of barriers to accessing tobacco dependence treatments (counseling and medication);
 - ii. promoting and increasing the utilization of cessation counseling and medication health plan benefits;
 - iii. enhancing electronic health record systems to include comprehensive tobacco dependence treatment (questions, prompts, referrals, and resources);
 - iv. implementing other high-level systems change interventions that result in increased health care provider use of evidence-based tobacco dependence counseling and medication treatments with patients who use tobacco.

3. Emerging Needs of Health Systems

- a. The HSI grantee will lead a statewide effort to address the role of emerging products and issues such as e-cigarettes and the e-cigarette industry's marketing as a health care product, and its influence in medical and/or behavioral health care systems and partnerships.
- b. The HSI grantee will lead the research, development, and dissemination of information, tools and resources to ensure that e-cigarettes and other emerging products and issues are addressed as they relate to health care systems, employers, and/or insurers. This will include engagement of other state-level and statewide partners.

4. Sustainability

- a. Sustainability refers to the implementation of a set of strategic activities designed to increase community awareness of tobacco control programs, highlight the burden of the tobacco epidemic in our communities, and demonstrate tobacco control's success in preventing and reducing tobacco use.
- b. The HSI grantee will work closely with the Statewide Administrative Coordinator of the TCP Advancing Tobacco-Free Communities Grant to ensure cohesive management of grantee activities.
- c. The HSI grantee will be required to engage in direct and frequent communication with Component A grantees to manage collaborative activities occurring throughout each annual grant period. The Department will provide guidance and support to the HSI related to this role.
- d. The HSI grantee will devote approximately 10 percent of effort to effectively engage in select educational activities as determined by the Department.

C. Additional Requirements and Outcomes for all Grantees Under this RFA (Components A and B)

Awarded Grantees under Component A and B will implement strategies across communities that will lead to the following population-level outcomes:

1. Increase the percentage of adults who receive medical assistance from a health care professional with ending their nicotine dependence on commercial tobacco products or emerging nicotine delivery products. Cessation methods should reflect PHS guideline-concordant care or more recent innovative but evidence-based approaches.
2. Increase the percentage of adults addicted to nicotine who receives a diagnosis of a Tobacco Use Disorder per ICD-10 or DSM-V guidelines.
3. Increase the number of behavioral and medical health care organizations that provide and require tobacco use screening systems for all their networks.
4. Screening systems should cue providers to 1) inquire about the tobacco use and nicotine dependent status of every patient at every visit and assess readiness to quit (“Ask, Assess”), 2) advise patients to make a quit attempt (“Advise”), and 3) provide effective tobacco dependence treatment in the form of medication and/or counseling and arrange follow-up at the time of the visit (“Assist, Arrange”). Screening systems should be hard stopped in the electronic medical records to streamline and optimize processes and automate treatment delivery.
5. For behavioral health care systems, screening for tobacco use and nicotine dependent status is crucial and behavioral health experts suggest that simplifying tobacco use screening to focus primarily on the role of medication and counseling (Ask, Advise, Assist), could increase provider compliance.
6. Increase the number of medical and behavioral health care organizations that offer tobacco dependence provider training, cessation resources, and feedback to all providers regarding their compliance with tobacco use screening and treatment.
7. Increase the number of FQHCs, CHCs, behavioral health care organizations, and similar organizations with written TUD treatment policies consistent with these outcomes.
8. Increase the number of Medicaid recipients who smoke and/or vape that utilize the tobacco cessation benefit through benefit promotion efforts.
9. Increase the number of medical and behavioral health care organizations whose member providers understand the issues surrounding emerging nicotine delivery products, the dangers of ongoing dual use of emerging products and commercial tobacco, and the tobacco industries’ efforts to co-opt a public health message and/or role.

1. Administrative Capacity and Responsibilities:

- a. Implementing the project;
- b. Ensuring all program deliverables are met;
- c. Ensuring the entire catchment area is being targeted and served;
- d. Reviewing and approving work plan modifications before submission to the

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- Department;
- e. Providing budget support to the project and demonstrating capacity to expeditiously process budget and purchasing requests to facilitate the smooth operation of the contract;
 - f. Providing a timely start-up of grant-funded activities including filling vacant staff positions in a timely manner;
 - g. Submitting all required documents on time, submitting claims for payment in accordance with the contract, and administering all fiscal requirements of the contract in a timely and efficient manner.

2. Staffing

a. Minimum Staffing Requirements

The minimum staffing requirements are outlined below. Additional staff should be proposed if the applicant can justify that the role is necessary, reasonable, and cost-effective to meet the deliverables outlined in the scope of work. All proposed staffing is subject to review and approval by the Department prior to contract execution.

Staffing requirements vary between New York City Catchment Area and the Rest-of-State. The applicant should propose qualified staff in sufficient numbers to carry out the deliverables of this RFA.

New York City Catchment Area Only

The New York City catchment area only will be required to have a *minimum* of 2.0 FTE staff consisting of 1.0 FTE Program Lead and one 1.0 FTE Program Coordinator.

All Other Catchment Areas

For all other catchment areas including Component B, the applicant will use grant funds to support a *minimum* of 1.0 FTE Program Lead.

b. Staff Titles Defined

The Program Lead, employed by the grantee, is the primary contact with the Department staff and is responsible for building, coordinating and guiding the project to meet the deliverables of the grant. Additionally, the Program Lead should have a function within the funded agency that reflects professional and leadership status.

The Program Coordinator, employed by the grantee, is responsible for the day-to-day coordination of the project. The coordinator will identify and engage target organizations in policy development, implementation and evaluation. The coordinator takes direction from the Program Lead.

c. Organization Responsibility – Staff Orientation, Training, Supervision and Program Support

The awarded grantees are responsible for providing the following support for staff employed under this award:

- i. Provide staff with knowledge and skills in: program development; professional development; coordination and management; fiscal management; cultural competency; health equity; public relations; public health policy, including analysis, development, implementation and sustainable change; training and technical assistance; strategic planning; gathering and analyzing data; and performance measures and reporting.
- ii. Provide salaries that are commensurate with the level of education and experience required for the position.
- iii. Notify the Department **within 30 days** of a vacancy occurring (resignation, maternity leave, medical leave, etc.) and ensure programmatic work is being completed.
- iv. Provide a sufficient staffing pattern to manage the project and provide information to demonstrate that management staff is at a level within the agency to affect decision making.
- v. Grantees are required to support staff employed under this award by providing training to equip staff with basic professional competencies, such as: the ability to engage in effective presentation and public speaking activities, and utilization of time management skills.
- vi. Grantees are also required to provide proper orientation to the organization's policies and procedures; appropriate budgeting for the program's transportation needs; fiscal and budget management support; timely processing of purchase and subcontracting requests; appropriate administrative supervision and support; access to up-to-date tobacco control information; current computer system with access to an individual e-mail account and the Internet, and office and meeting space.
- vii. The Program Lead is required to participate in in-person and virtual professional development opportunities convened by the department.

d. Required Staff Engagement with Community Partners

- i. Component A contract staff should actively collaborate with medical and behavioral health care system partners, Component B awarded contractor, Advancing Tobacco-Free Communities grantees, their local tobacco control community contractors, and other local tobacco control partners in achieving local and regional tobacco control goals.
- ii. HSI contract staff should actively collaborate with Component A grantees,

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Advancing Tobacco-Free Communities grantees, and state tobacco control partners including health care organizations and other tobacco control partners in achieving local, regional, and statewide tobacco control goals.

e. **Required Meetings, Training and Travel for Staff**

- i. Proposed budgets should include a minimum of seven (7) trips to the Capital District (Albany, NY area) per budget period. Approximate time for all meetings will be between the hours of 9:00AM and 5:00PM (ET).
 - a. Three (3) separate trips during the budget period will be for one-day quarterly program meetings
 - b. Two (2) separate trips during the budget period will be for two-day tobacco control program meetings each day. These trips may require budgeting for overnight accommodations for some catchment area applicants.
 - c. Two (2) two-day trainings during the budget period will be held, with required attendance by the Program Lead.
- ii. Proposed budgets should include attendance for local travel for one regional meeting per budget period is expected for staff funded under this award.
- iii. Regular travel within the contract region is expected to achieve community health system change deliverables.
- iv. The Program Lead must attend and participate in all regional, program, and statewide meetings. As described above under **Organization Responsibility**, the Program Lead will be required to participate in required professional development opportunities. this position may be required to conduct day and overnight travel to other areas of the state outside of their awarded catchment area.
- v. Guidelines for participation in professional development will be provided at the time of award.

3. **Evaluation Requirements**

Awarded Component A and HSI applicants will not be leading individual evaluation projects for the duration of the contracts awarded under this RFA. However, all awarded applicants will be required to participate in data collection and evaluation activities as directed by the Department's Independent Evaluation contractor and the Department's evaluation staff in the Bureau of Chronic Disease Evaluation and Research. At a minimum, all grantees will utilize the Department's web-based contractor monitoring system for regular activity monitoring and reporting of progress towards objectives. Training for the contractor monitoring system will be provided.

4. **Required Health Systems Change Outcomes**

Both Component A and HSI grantees will implement strategies to assist health care provider organizations with instituting sustainable tobacco dependence treatment systems change that will lead to the following outcomes:

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- a. Increase the number of FQHCs, CHCs, and behavioral health care organizations with written tobacco dependence treatment policies.
- b. Increase the frequency of innovative, evidence-based treatment strategies including combination medication therapy, pre-contemplative smoking reduction medication therapy, and use of evidence-based medications for those living with serious mental illness.
- c. Reduce the prevalence of adult tobacco use among individuals of low socioeconomic status, defined as those with low income and/or less than a high school education.
- d. Reduce the prevalence of adult tobacco use among individuals with serious mental illnesses (SMI).
- e. Reduce the prevalence of adult tobacco use among other individuals who are identified as disproportionately affected by tobacco use.
- f. Reduce the prevalence of dual use of nicotine vaping products and combustible cigarettes among youth and adults.
- g. Increase the percentage of adult tobacco users who are assisted in quitting smoking by a health care professional using existing evidence-based and FDA-approved methods.
- h. Increase the number of Medicaid recipients who utilize tobacco cessation benefits.
- i. Increase the number of adult tobacco users on Medicaid who receive a diagnosis of Tobacco Use Disorder.

5. **Subcontracting**

An Applicant may propose to subcontract components of the Work Plan to be performed by Applicant pursuant to the terms of its Application. If known, the Applicant is expected to state in their application the specific components of the scope of work to be performed through subcontracts (**49% - maximum percentage of budget allowed for subcontracting**) as well as the names of the subcontractors.

Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors, and will be the primary contact for the Department. All subcontractors and subcontracts will be required to be approved by the Department.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the Department, *Center for Community Health, Division of Chronic Disease Prevention, Bureau of Tobacco Control*. The Department is responsible for the requirements specified herein and for the evaluation of all Applications (refer to Section V.C. Review and Award Process).

B. Question and Answer Phase

All substantive and technical questions by Applicants with respect to any aspect of the RFA must be submitted in writing to Therese Dolen, New York State Department of Health, *Bureau of Tobacco Control*, at the following email address: TCP@health.ny.gov. This includes Minority and Woman Owned Business Enterprise (MWBE) Requirements questions and related forms. Refer to 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 Department contact listed on the cover of this RFA.

- On-Demand Statewide Financial System (SFS) 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#20674 - Tobacco Control Program, Component A: Health Systems for a Tobacco-Free New York, Component B: Center for Health Systems Improvement) in the subject line of the email.

C. Letter of Interest

Prospective Applicants are strongly encouraged to complete and submit a letter of interest **Attachment 2, Letter of Interest Template**). Prospective Applicants who submit a Letter of Interest by the date specified on the Cover Page of this RFA will receive email notifications when updates and modifications of this RFA are posted, including responses to written questions. Letters of Interest should be submitted via the Statewide Financial System as an attachment to the applicable question of the online Application. A copy should also be emailed to *TCP@health.ny.gov*. Please ensure that the RFA number and title, (RFA #20674, Health Systems for a Tobacco-Free New York) are noted in the subject line and Letters of Interest are submitted by the date posted on the Cover Page of the RFA.

Submission of a Letter of Interest is not a requirement of this RFA, nor does the submission of a Letter of Interest by a prospective Applicant impose any obligation upon the Applicant to submit an Application in response to this RFA. An application may be submitted without having submitted a Letter of Interest.

D. Applicant Conference

An Applicant Conference will be held for this project. This conference will be hosted through Webex Webinar. Please join the Webex Webinar Applicant Conference Link <https://meetny-gov.webex.com/meetny-gov/j.php?MTID=m1b05271d865b0e2e6be0968d1563d0d8> on the date and time posted on the Cover Page of this RFA. The Department requests that potential Applicants register for this conference by emailing *TCP@health.ny.gov* to ensure that adequate accommodations be made for the number of prospective attendees. A maximum number of three (3) representatives from each prospective Applicant will be permitted to attend the Applicant Conference. The Registration Deadline for the Applicant Conference is posted on the Cover Page of this RFA.) The failure of any potential Applicant to attend the Applicant Conference will not preclude the submission of an Application by that Applicant.

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:

- A. Log into the [Statewide Financial System Vendor Portal](#).
- B. Click the Grant Management Tile. Next, Click the Bid Event Search tile.
- C. 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: **Tobacco Control Program Component A: Health Systems for a Tobacco Free New York, Component B: Center for Health Systems Improvement**. 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.
- D. Click on “Search” button to initiate the search.
- E. Click on Event ID link to initiate a bid response.
- F. 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 Department, 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 the Department 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.

A. 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.

B. 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 time period: **May 1, 2026-April 30, 2031**

Continued funding throughout this five-year period is contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract. The Department 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/2025/01/mcg_tandc_january_2025.pdf

See the following Department of Health specific State of New York Contract for Grants documents in the **"Attachments Section"** of the Statewide Financial System online Application/Bid Event :

- Attachment A-1, Agency Specific Terms and Conditions;
- Attachment A-2, Program Specific Terms and Conditions;
- Attachment M, Participation by Minority Group Members and Women With Respect to State Contracts: Requirements and Procedures

C. 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:

Division of Chronic Disease Prevention, Bureau of Tobacco Control
New York State Department of Health
Room 1042, Corning Tower
Albany, NY 12237

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: Contractors 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:

- Monthly Activity Reports on a web-based system.
- End of Year Reports as required.
- Other reports as required by the Department.

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

D. 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.

E. 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.

F. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified minority- and women-owned business enterprises (M/WBEs) and the employment of minority group members and women in the performance of Department 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 Department 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 the Department may withhold payment pending receipt of the required M/WBE documentation required by the Department or the OSC. For guidance on how the Department 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 3** of this RFA. The Department will review the M/WBE Utilization Plan submitted by each Grantee. If a Grantee’s M/WBE Utilization Plan is not accepted, The Department 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. The Department 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 The Department determines that the Grantee has failed to document good-faith efforts to meet the established M/WBE participation goals for the procurement.

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

G. 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.

H. 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 **Attachment 4, Vendor Responsibility Attestation**. 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.

I. 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. The representative specific to the NYS Department of Health can be reached at: vendorresponsibility@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.

F. 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

COMPONENT A - APPLICATION FORMAT AND CONTENT

Application Format

Maximum Score:

1. Program Summary	Not Scored
2. Statement of Need	8 points
3. Applicant Organization	24 points
4. Work Plan	5 points
5. Program Design and Implementation	31 points
6. Staffing Pattern and Qualifications	12points
7. Budget	20 points

1. Program Summary (*Not Scored*)

1.a Summarize the project application including a confirmation of your agency's eligibility and the activities your agency will undertake to meet the stated goals of this initiative.

1.b Enter the Region your application proposes to serve.

1.c Applicants are instructed to upload a completed **Attachment 5, Application Cover Sheet** to this bid factor question in the online application.

1.d Applicants are instructed to upload **Attachment 3, MWBE Forms** to this bid factor question in the online application.

1.e Applicants are instructed to upload **Attachment 4, Vendor Responsibility Attestation** to this bid factor question in the online application.

1.f Applicants are instructed to upload **Attachment 8, Tobacco-Free Attestation** to this bid factor question in the online application.

1.g Applicants proposing to utilize subcontractors are instructed to upload **Attachment 7, Subcontract Utilization Plan** to this bid factor question in the online application.

1.h Applicants that are including Fringe Benefits in their proposed budget are instructed to upload a completed **Attachment 11, Fringe Detail Sheet** to this bid factor question in the online application.

2. Statement of Need (*Maximum Score: 8 points*)

2.a Describe the need for both medical and behavioral health system policy change/improvements in the catchment area. Identify prevailing health system norms regarding policy adoption to improve tobacco dependence treatment or other chronic disease conditions.

2.b Discuss specific health disparities that exist within the catchment area, particularly those related to tobacco use.

2.c Describe local medical and behavioral health system organizational policies in the catchment area using the best information available. Include status of compliance with these policies and opportunities for tobacco control action in the catchment area.

3. Applicant Organization (*Maximum Score: 24 points*)

3.a Describe the mission and purpose of the agency. Describe how this initiative will support or extend the mission and programs within the applicant agency.

3.b Describe the agency's experience (include number of years of experience) providing technical assistance and support to health care organizations in the catchment area, including experience with those that serve people with low income, low education, serious mentally illness, and substance use disorders. Include opportunities and challenges faced when working with organizations that primarily serve these populations.

3.c Describe how the agency will support the health systems change work of the grant contract across the entire catchment area. Discuss how the applicant will engage with executive-level organizational leaders, and/or decision-makers in each of the counties/boroughs across the catchment area.

3.d Provide specific examples of how the organization has engaged and/or partnered with executive-level organizational leaders, and/or decision-makers in each of the counties/boroughs across the catchment area. Include the names of organizations that were engaged at the leadership level.

3.e Describe an initiative where the agency supported and implemented a health system change intervention at the organizational level, including partners involved, within the catchment area proposed to serve in this application. Include both strengths and lessons learned from the experience.

3.f Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed project.

4. Work Plan (*Maximum Score: 5 points*)

4.a Applicants are instructed to complete and upload **Attachment 9A Work Plan and Instructions** in response to this bid factor question. The Work Plan attachment is

located in the “Attachments Section” of the Statewide Financial System (SFS) online Application/Bid Event. The objectives, task names, task descriptions and performance measures have been prepopulated. As described in the guidance on page of the attachment, some tasks require the applicant to insert performance measures.

Attachment 1, BTC Work Plan Standards Guidance should also be referenced when completing the work plan.

4.b For the SFS Work Plan Project Summary, applicants are instructed to insert the Project Summary text provided in **Attachment 9A, Work Plan and Instructions** into the SFS application. Additional text entered into the Project Summary will not be considered or scored by reviewers of your application.

4.c Applicants will not enter any Objectives, Tasks, or Performance Measures in the SFS Work Plan Section at the time of application but will complete and upload **Attachment 9A, Work Plan and Instructions** to submit this information in response to Bid Factor Question 4a.

4.d Please note that successful applicants could be asked to modify work plans prior to initiation of the contract to address issues identified during the review process or needs to be met.

5. Program Design and Implementation (*Maximum Score: 31 Points*)

5.a Describe how the organization will meet each of the required deliverables as described in Section III. Project Narrative and Work Plan Deliverables for Component A. Clearly describe a logical, achievable plan for organizing, implementing, and accomplishing all the required project deliverables over the life of the contract. Include subcontracting plans as appropriate.

5.b Describe how the agency will engage organizational leaders and/or decision-makers, including the approach to developing relationships with new organizations.

5.c Describe internal and external partnerships that will be explored to help initiate and advance organizational policy change.

5.d Propose a plan for facilitating sustainability of the policy once it has been adopted, through implementation support. Include proposed timeline for implementation benchmarks in narrative form.

5.e Describe how the agency will contribute to the efforts of the Component B grantee to develop, promote, and disseminate resources about e-cigarettes, the e-cigarette industry’s engagement with health systems, insurers, employers, and other emerging issues.

5.f For the local level disparities project, describe in detail how you will address reducing tobacco use disparities among a specific sub-population in your catchment area.

5.f.i Include a description of the sub-population that you are proposing to support, including a description of the tobacco use disparities faced by that sub-population. Identify which of the required deliverables the activity will address (behavioral health systems change, or medical health systems change).

5.f.ii Identify existing partnerships and/or community infrastructure that will support your proposed activity.

6. Staffing Pattern and Qualifications (*Maximum Score: 12 Points*)

6.a Applicants are instructed to upload an organizational chart that shows the location of the proposed grant contract, including staffing pattern, within the organization in response to this bid factor.

6.b Applicants are instructed to upload the job description for the required program lead and all other proposed staff in response to this bid factor. The program lead job description should include program-related responsibilities that demonstrates the lead's role with this work, where the positions will be in the organization's hierarchy and what professional level and authority will accompany these positions. Describe how orientation and supervision of staff will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision to the program.

6.c Applicants are instructed to upload resumes of the person(s) providing orientation and supervision, if known in response to this bid factor. This must be done in one attachment.

6.d If a vacancy were to occur in the program lead position, please describe how that position would be covered within the organization until the lead returns or a new one is hired.

6.e Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds.

7. Budget (*Maximum Score: 20 points*)

7.a Applicants are instructed to prepare an annual budget based on the maximum award as indicated in Section I of this RFA, and for the region in which they are applying, if applicable.

7.b The budget for year one May 1, 2026 – April 30, 2027, must be entered into the Statewide Financial System (SFS). Refer to **Attachment 6, SFS Expenditure Budget Instructions**.

7.b.i All budget lines should be calculated as whole dollar amounts.

7.b.ii All proposed costs should be related to the proposed activities, as described in the application narrative and work plan, and should be justified in detail.

7.b.iii All proposed costs must be reasonable and cost-effective.

7.c Contracts established resulting from the Request for Application will be cost reimbursable.

7.d 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.

7.e The **Total Grant Funds** and **Unit Bid Price field** must match in order for the application to submit successfully.

All costs must be related to the provision of the **Tobacco Control Program Component A: Health Systems for a Tobacco Free New York, Component B: Center for Health Systems Improvement Request for Applications**, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget narrative must delineate how the percentage of time devoted to this initiative has been determined.

Funding provided under this RFA may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities.

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

COMPONENT B - APPLICATION FORMAT AND CONTENT

Application Format

Maximum Score:

1. Program Summary	Not Scored
2. Statement of Need	10 points
3. Applicant Organization	27 points
4. Work Plan	4 points
5. Program Design and Implementation	27 points
6. Staffing Pattern and Qualifications	12 points
7. Budget	20 points

1. Program Summary (Not Scored)

1.a Provide a summary of the project application, including a confirmation your application proposes to provide statewide service per RFA Section I. Table 1..

1.b Applicants are instructed to complete and upload **Attachment 5, Application Cover Sheet** in response to this bid factor question.

1.c Applicants are instructed to upload **Attachment 3, MWBE Forms** to this bid factor question in the online application.

1.d Applicants are instructed to upload **Attachment 4, Vendor Responsibility Attestation** to this bid factor question in the online application.

1.e Applicants are instructed to upload **Attachment 8, Tobacco-Free Attestation** to this bid factor question in the online application.

1.f Applicants proposing to utilize subcontractors are instructed to upload **Attachment 7, Subcontract Utilization Plan** to this bid factor question in the online application.

1.g Applicants that are including Fringe Benefits in their proposed budget are instructed to upload a completed **Attachment 11, Fringe Detail Sheet** to this bid factor question in the online application.

2. Statement of Need (Up to 10 points)

2.a Describe existing New York state-level health systems, policies, guidance and proposed recommendations that would be the focus of the applicant's work using the best information available.

2.b Describe current challenges to successfully completing state-level health systems work, and opportunities for state-level and statewide health systems tobacco control action.

3. Applicant Organization (Up to 27 points)

3.a Describe the mission and purpose of the agency. Describe how this initiative will support or extend the mission and programs within the applicant agency.

3.b Describe the agency's experience (include number of years of experience) providing the range of services being applied for in this application, including experience with health care organizations, systems and/or policies that support people with low income, low education, serious mentally illness, substance use disorder, and/or racial and ethnic minority populations. If subcontracts are proposed, describe them along with how the agency will ensure programmatic accountability.

3.c Describe how the agency will support the health systems change work of the grant contract. Include description of experience engaging partners, state-level organizational leaders and/or decision-makers to adopt policy and/or system changes.

3.d Describe an experience the agency had in leading external stakeholders, from various organizations, in a public health initiative that resulted in either systems or policy change. Include details related to goals and objectives of the initiative; committee membership development; expectations of committee member; and adoption, implementation and evaluation of the systems or policy change. The strengths and lessons learned from the experience should be included.

3.e Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed project.

4. Work Plan (Up to 4Points)

4.a For the SFS Work Plan Project Summary, applicants are instructed to insert the Project Summary text provided in **Attachment 9B, Work Plan and Instructions** into the SFS application. Additional text entered into the Project Summary be considered or scored by reviewers of your application.

4.b. Applicants are instructed to complete and upload **Attachment 9B, Work Plan and Instructions** in response to this bid factor question. The Work Plan attachment is located in the "Attachments Section" of the Statewide Financial System (SFS) online Application/Bid Event. The objectives, task names, task descriptions and performance measures have been prepopulated. As described in the guidance on page of the attachment, some tasks require the applicant to insert performance measures. **Attachment 1, BTC Work Plan Standards Guidance** should also be referenced when completing the work plan.

4.c Applicants will not enter any Objectives, Tasks, or Performance Measures in the SFS Work Plan Section at the time of application but will complete and upload **Attachment 9B, Work Plan and Instructions** to submit this information in response to Bid Factor Question 4a.

Please note that successful applicants could be asked to modify work plans prior to initiation of the contract to address issues identified during the review process or needs to be met.

5. Program Design and Implementation (Up to 27points)

5.a Describe how the organization will meet each of the required deliverables as described in Section III. Project Narrative and Work Plan Deliverables for Component B. Clearly describe a logical, achievable plan for organizing, implementing, and accomplishing all the required project deliverables over the life of the contract. Include subcontracting plans as appropriate.

5.b Describe how the agency will engage state-level organizational leaders and/or

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decision-makers, including strategies for initiating contact with organizations new to the agency.

5.c Describe internal and external partnerships that will be explored to help initiate and advance organizational policy change.

5.d Describe and propose a plan for facilitating sustainability of the policy adoption, through implementation support. Include proposed timeline for implementation in narrative form.

5.e Describe in detail how the agency proposes to lead a statewide effort, including the role of Component A contractors and statewide stakeholders, to address the emerging issue of e-cigarette industry tactics to engage health care systems, employers and/or insurers.

6. Staffing Pattern and Qualifications (Up to 12 points)

6.a Applicants are instructed to upload an organizational chart that shows the location of the proposed grant contract, including staffing patterns, within the organization in response to this bid factor.

6.b Applicants are instructed to upload the job description for the required program lead and all other proposed staff in response to this bid factor. The program lead job description should include program-related responsibilities that demonstrates the lead's role with this work, where the positions will be in the organization's hierarchy and what professional level and authority will accompany these positions. Describe how orientation and supervision of staff will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision to the program.

6.c Applicants are instructed to upload resumes of the person(s) providing orientation and supervision, if known in response to this bid factor. This must be done in one attachment.

6.d If a vacancy were to occur in the Program Lead position, please describe how that position would be covered within the organization until the employee returns or a replacement is hired.

6.e Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds.

7. Budget and Justification Component A and/or B (Up to 20 points)

7.a Applicants are instructed to prepare an annual budget based on the maximum

award as indicated in Section I of this RFA, and for the region in which they are applying, if applicable.

7.b The budget for year one May 1, 2026 – April 30, 2027, must be entered into the Statewide Financial System (SFS). Refer to **Attachment 6, SFS Expenditure Budget Instructions**.

7.b.i All budget lines should be calculated as whole dollar amounts.

7.b.ii All proposed costs should be related to the proposed activities, as described in the application narrative and work plan, and should be justified in detail.

7.b.iii All proposed costs must be reasonable and cost-effective.

7.c Contracts established resulting from the Request for Application will be cost reimbursable.

7.d 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.

7.e The **Total Grant Funds** and **Unit Bid Price field** must match in order for the application to submit successfully.

All proposed costs must be related to the provision of the **Tobacco Control Program Component A: Health Systems for a Tobacco Free New York, Component B: Center for Health Systems Improvement Request for Applications**, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget narrative must delineate how the percentage of time devoted to this initiative has been determined.

Funding provided under this RFA may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities.

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

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the SFS by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

All Applications may be disclosed or used by the Department to the extent permitted by law. The Department 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 the Department 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 the Minimum Eligibility Requirements will be reviewed and evaluated competitively by the Department Division of Chronic Disease Prevention, Bureau of Tobacco Control. 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.

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.

The following will result in rejected applications:

- Failing to meet one or more of the minimum eligibility requirements.
- For Component A: Failure to submit an application that covers one of the nine catchment areas as noted in Section I, Table 1.

Component A and Component B applications will be scored based on the points allotted below:

Section Title	Max Score		Other Format Requirements
	Component A	Component B	
1. Program Summary	Not Scored	Not scored	
2. Statement of Need	8	10	
3 Applicant Organization	24	27	
4. Work Plan	5	4	Use prescribed objectives, tasks and performance measures provided in Attachment 9A and/or 9B

5. Program Design and Implementation	31	27	
6. Staffing Pattern and Qualifications	12	12	
7. Budget and Justification	20	20	Follow all guidance instructions provided within the RFA & Attachment 6
TOTAL	100	100	

For Components A and B, a minimum score of 65 points out of a possible 100 is required to be considered for funding. For Component A, the highest scoring applicant in each of the 9 distinct catchment areas identified in Section I.D.3 BTC Catchment Areas, will be recommended for award. The Department will fund only one applicant per catchment area.

Applicants may submit a maximum of 2 Component A and 1 Component B applications. In the event that an organization submits more than 2 Component A applications, the Department will accept the last two submitted and reject any additional applications. . For Component B, the Department will recommend the highest scoring application for award.

In the event of a tie score among Component A applicants within a region and/or a tie score for the highest scoring Component B application, the determining factors for a grant award, in descending order of importance will be:

- Applicant with the highest score in the Program Design and Implementation section.
- Applicant with Staffing Pattern and Qualifications section (for the second).

If there are no Component A applicants with passing scores in a catchment area, the Department reserves the right to modify the final catchment areas of successful applicants to ensure sufficient program coverage statewide, such that counties may be the responsibility of different successful applicants in contiguous catchment areas (for example, if a four (4)-county area is left without a successful grantee, the successful grantees in the two (2) contiguous catchment areas may each be awarded the additional counties – one may be awarded one (1) of the counties, the other, three (3) of the counties).

The Department also reserves the right to re-procure for one or more catchment areas left without a successful grantee should successful applicants in contiguous areas decline additional counties. Award values may be modified to address catchment area modifications. Final awards and award values are contingent on the total funds available.

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. Not funded Applications may be awarded should additional funds become available.

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

Requests for a debriefing must be received by the Department, Bureau of Tobacco Control 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 Therese Dolen at tcp@health.ny.gov with a copy to DCDPFiscal@health.ny.gov. In the subject line, please write:
RFA # 20674 Tobacco Control Program (Component A and B).

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.)

G. Attachments

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

- Attachment 1: BTC Workplan Standards Guidance
- Attachment 2: Letter of Interest Template
- Attachment 3: Minority & Women-Owned Business Enterprise Requirement Forms
- Attachment 4: Vendor Responsibility Attestation
- Attachment 5: Application Cover Sheet
- Attachment 6: SFS Expenditure Budget Instructions
- Attachment 7: Subcontract Utilization Plan
- Attachment 8: Tobacco-Free Policies Attestation
- Attachment 9A: Work Plan and Instructions - Component A
- Attachment 9B: Work Plan and Instructions - Component B
- Attachment 10: RFA Terminology Guidance
- Attachment 11: Fringe Detail Sheet
- Attachment 12: A-1: Agency Specific Terms and Conditions
- Attachment 13: A-2: Program Specific Clauses

Attachment 14: Attachment M: Participation By Minority Group Members and Women With Respect to State Contracts: Requirements and Procedures