

RFA #20674
New York State Department of Health
Division of Chronic Disease Prevention
Bureau of Tobacco Control

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

QUESTIONS AND ANSWERS

11.14.25

All questions are stated as received in the NYS Department of Health (DOH) Bureau of Tobacco Control (BTC) by the deadline. In some instances, references to individual agencies or people were redacted from the questions prior to publication.

The responses to questions included herein are the official responses by the Department to questions posted by potential bidders and are hereby incorporated into the RFA# 20674 issued on October 8, 2025. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

I. Introduction A. Intent

Q1. What is the anticipated award announcement date?

Response: The awards are anticipated to start May 1, 2026, and will be announced as soon as possible before that date. RFA Section I, *Awards will be made for a five-year period anticipated to begin May 1, 2026, and end April 30, 2031.*

II. Who May Apply

Q2. We are interested in applying for the RFA #20674, Health Systems for a Tobacco-Free New York grant. We have a question in regard to which region we should choose. We are part of a health system that services patients in multiple counties. Can we put in one application but choose two catchment areas? Or are we allowed to only choose one catchment area per FEIN if we choose Component A?

Response: No, an organization cannot submit one application to cover two catchment areas. RFA Section II, *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.*

Q3. Global Action to End Smoking has received charitable gifts from PMI Global Services Inc. Will organizations who have received grant funds from Global Action for research projects regarding quitting or switching to non-combustible nicotine delivery products be qualified to apply to RFA #20674?

Response: See Addendum 2.

Q4. Will organizations who are engaged in harm reduction smoking cessation strategies be qualified to apply to RFA #20674?

Response: See Addendum 2.

III. Project Narrative/Work Plan Outcomes

Q5. Are there a required or minimum number of health systems or healthcare center sites to engage during the grant year(s)?

Response: There is not a minimum number of health systems or organizations. RFA Section III A. *Grantees should attempt to reach all 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.*

Q6. Can grantees work with a health system partner that already has a screening module in place, for instance to enhance response rates, or follow up?

Response: Yes, grantees may work with a health system that already has a screening module in place and would benefit from additional technical assistance by the grantee to improve systems and policy change that results in consistent treatment delivery by their health care providers. RFA Section III A, *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. 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.*

Q7. Would engaging health care partners include mobilizing clinical staff even if they are outside of the systems we partner with, for example, through targeted education and awareness campaigns?

Response: Advocacy and engagement strategies should first focus on high level administrators WITHIN the health care systems. RFA Section III Medical Health Care Systems and Policy Change section 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 and Behavioral Health Care Systems and Policy Change section a. Grantees will focus on advocacy with high-level administrators to establish/adopt tobacco use disorder treatment systems as recommended in the PHS Guidelines.*

Q8. Are grantees allowed to financially support participating in health systems, for instance through subgrants, financial incentives, or other mechanisms to participate in the project? If yes, would this be considered subcontracting?

Response: Grantees may offer financial incentives to healthcare organizations in the form of mini-grants or other incentives. These would not be considered subcontracts. RFA, Attachment 6, *incentives should be included in the Operating Expenses section of the proposed budget.*

Q9. Can you confirm that a media collaborative contract contribution is NOT included as an expected deliverable in RFA #20674?

Response: Yes, this is confirmation there is not a media collaborative contract contribution deliverable in the RFA.

Q10. We have a question regarding RFA #20674, Section III.C.5 (Subcontracting). Is there a mechanism for would-be subcontractors to convey interest to prospective Applicants or Grantees of working with them on components of the required work plans?

Response: Sub-contracts are at the discretion of the grantee and need to be approved by DOH.

Q11. On page 19 of the amended RFA: Additional Requirements and Outcomes for all Grantees Under this RFA (Components A and B) - mentions that awarded Grantees under Component A and B will implement strategies across communities that will lead to multiple population-level outcomes. The questions is, how are these outcomes measured? Are baseline and goal metrics provided to grantees to help inform their work toward outcomes?

Response: Awarded grantees will be required to participate in data collection and evaluation activities and will contribute to baseline and goal metrics over the course of the grant award. RFA Section III, Evaluation Requirements, *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.*

Q12. Does the Department and/or the RFA have any guidance about how Component A grantees would convince healthcare organizations to sign on to adopting/expanding screening and treatment procedures in fulfillment of the PHS Guidelines?

Response: This is the focus of the scored applicant responses and is based on the recommendations through the Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence. RFA Section I, *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 RFA #20674, Health Systems for a Tobacco-Free New York 4 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.*

Q13. This section states that "Major components of the work plan cannot be subcontracted." Please clarify which components of the work plan are considered to be major.

Response: Major components of the workplan include obtaining administrative commitment, working with medical and behavioral health care organizations on building the capacity to adopt the PHS Guideline health systems initiatives, providing direct technical assistance and professional guidance to the health care organizations, and conducting sustainability activities described in *RFA Section III Project Narrative/Work Plan Outcomes*.

Q14. This section states that "Major components of the work plan cannot be subcontracted." Given the significant M/WBE subcontracting commitment, please confirm it is permissible to subcontract major components of the work plan to M/WBE-certified organizations.

Response: Major components of the workplan include obtaining administrative commitment, working with medical and behavioral health care organizations on building the capacity to adopt the PHS Guideline health systems initiatives, providing direct technical assistance and professional guidance to the health care organizations, and conducting sustainability activities described in *RFA Section III Project Narrative/Work Plan Outcomes* and may not be subcontracted.

Q15. If there are several locations/boroughs/counties located within one catchment area, can staff time be divided to cover more than one? Must staffing be uniform throughout counties/boroughs throughout the catchment area?

Response: Staffing proposals may include various coverage scenarios as appropriate for the catchment area. *RFA Section III Project Narrative/Work Plan Outcomes, all proposed staffing is subject to review and approval by the Department prior to contract execution. 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. For all other catchment areas including Component B, the applicant will use grant funds to support a minimum of 1.0 FTE Program Lead.*

Q16. If an applicant/contractor has more than the minimum required staff, are all program staff required to attend department orientations and training?

Response: No, only the Program Lead must attend required meetings and trainings; however, other staff may attend, as appropriate. *RFA Section III, Required Meetings, Training and Travel for Staff, 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.*

Q17. If additional staff are necessary to provide administrative support, oversight, and coordination are those positions able to be funded at 0.5 FTE, if the applicant can demonstrate the need for the position (i.e., large staff for multiple counties/borough catchment area)?

Response: Yes, additional staff beyond the required staff may be proposed, and should note the proposed FTE. *RFA Section III, Staffing, 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.*

Q18. Does the dedicated tobacco dependence treatment coordinator have to be TTS certified/trained?

Response: No.

F. Completing the Application

Q19. We'd like to respond to the solicitation from a media marketing point of view. Where can we find all of the information needed to submit an application?

Response: RFA Section IV. E provides the details for submitting an application. RFA Section IV. F. provides the details for completing an application for Component A and/or Component B.

Q20. Do we have to upload a form if we're not planning on pursuing that area? For example, if we're not requesting fringe, do we need to upload a form?

Response: No, if not requesting fringe benefits in your proposed budget, then Attachment 11 is not required., Similarly, if not using a Subcontract Utilization Plan (Attachment 7), you may submit your application without it.

Q21: Is there a size limit for the attachments?

Response: Yes, there is an attachment size limit. RFA Section IV. E. *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.*

Q22. Should Resumes be combined in one upload, and Job Descriptions in one upload, or can resumes and Job Descriptions be combined in one upload? (Program Specific Questions, Comp A- 6 Staffing Pattern and Qualifications)

Response: Resumes should be combined in one upload for question 6C and job description(s) should be in a separate upload for 6B.

Q23. "Applicants are instructed to upload an organizational chart that shows the location of the proposed grant contract..." Does this refer to the catchment area or the organization's location from which the work will be performed?

Response: This refers to an organizational chart that shows where the staff on this proposed grant contract sit within the organization. It does not refer to the geographic location of the work to be conducted. RFA Section F Completing the Application, *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.*

Q24. This section states that "Any portion of an Application that an Applicant believes constitutes proprietary information...must be clearly and specifically designated in the Application." The application is primarily entered in plain text within SFS, and responses are character limited. Accordingly, there doesn't appear to be a feasible means of identifying such content aside from providing this information within a separate attachment. Please confirm that applicants may provide their designated proprietary information within a separate attachment.

Q25. If applicants are NOT permitted to provide their designated proprietary information within a separate attachment, please clarify where and how they should provide this information.

Q26. If applicants ARE permitted to provide their designated proprietary information within a separate attachment, please clarify where in the application portal this file should be attached.

Response: Per Section V., Subsection B. Freedom of Information Law, of the RFA 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. Applicants are instructed to clearly and specifically identify all proprietary information from the application on a separate word document and upload to the Event Comments and Attachments section link at the bottom of the Bid Event page of the SFS Application. Label the attachment as Proprietary Information and include the following sentence in the document, "Subject to Public Officers Law the following materials are considered trade secrets, proprietary, and/or confidential commercial information." This will be the only document reviewed from the Event Comments and Attachment section of an Application.

Q27. Where does the budget for year 1 - Attachment 6, be attached/entered?

Response: The budget for Year 1 must be entered with the SFS on-line application. For technical assistance with your application, please contact the SFS Technical Support Help Desk Phone 1-877-737-4185 / 518-457-7737 Monday-Friday 8am to 8pm. Email: helpdesk@sfs.ny.gov

Q28. In SFS, question 7 a, b, c, d, e has a text box. Are we required to put a response in these textboxes? Please explain what type of response is expected. (Program Specific question- Comp A- Work Plan, Pg 41).

Q29. In SFS, items 4.b, 4.c, 4.d, 7.a, 7.b, 7.b.i, 7.b.ii, 7.b.iii, 7.c, 7.d, and 7.e each allow for text entry or file upload in response to the question. However, these items contain only instructions, not questions. Please confirm bidders may leave these items blank.

Q30. In SFS, question 4D has a text box for the answer. Are we just confirming that the workplan might need edits later prior to initiation of contract? (Program Specific question- Comp A- Work Plan, Pg 37).

Response: All noted above except 4.c, are instructional only. They can be left blank when submitting. The completed work plan must be uploaded for question 4.c.

Q31. In SFS, both question 4A and 4C require an attachment 9A to upload. Should we upload same attachment for both the questions (Program Specific question- Comp A- Work Plan, Pg 37)

Response: Yes, upload the same attachment for both questions.

Q32. Health Systems Support change that grantee can provide through mini grants/NRT sample/ training scholarship, do you support these services be included under Contractual services or Operational cost?

Response: RFA Attachment 6, SFS Expenditure Budget Instructions include a tab noting where to budget items such as incentives to health systems. Mini grants, Nicotine Replacement

Therapy (NRT), and training scholarships should be included under the Operating Expenses portion of the budget.

Q33. The budget guidelines state "If the rate is based on a Federally Approved Indirect Rate Agreement indicate that the document was uploaded to SFS." However, there does not appear to be a clear place in SFS to upload this document. Where in SFS should this document be uploaded?

Response: If applicable, applicants are directed to provide their Federally Approved Indirect Rate Agreement by adding another page to RFA Attachment 5, Application Cover Sheet prior to uploading.

Q34. How do I determine if my agency is pre-qualified? Can an agency apply if they are not prequalified? Our organizations prequalification expires on 11/15/25, what do I need to do?

Response: Applicants *must* be prequalified in SFS (if not exempt) by the date and time applications are due. Please refer to Section IV. Administrative Requirements, N. Vendor Prequalification for Not-for-Profits in the Request for Applications.

An Application cannot be submitted/received from a not-for-profit Applicant that:

- (a) has not Registered in the New York State Statewide Financial System; or
- (b) has not Prequalified in the Statewide Financial System by the Application's due date specified on the Cover Page of this Request for Applications.

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>.

New York State reserves 5-10 business days from the receipt of complete Prequalification applications to conduct its review. If supplementary information or updates are required, review times will be longer. Due to the length of time this process could take to complete, it is advised that not-for-profits Prequalify as soon as possible. Failure to successfully complete the Prequalification process early enough may result in a grant application being disqualified.

Q35. Does the 2,000-character limit include spaces?

Response: yes