

**ADDENDUM #1**

**September 30, 2025**

**New York State Department of Health AIDS Institute**

**Request for Applications (RFA)**

**Treat, Cure and Eliminate: Advancing Health Equity Among People  
Living with Hepatitis C**

**RFA# 20707/Internal Program #25-0002**

**Component A:** Treat, Cure and Eliminate: Hepatitis C Treatment within a Primary Care Setting

**Component B:** Treat, Cure and Eliminate: Low-Threshold Models of Hepatitis C Treatment

**Component C:** Treat, Cure and Eliminate: Reaching Rural Communities and Marginalized Populations Through Telehealth and Telementoring

**Change to RFA Submission Deadline**

The following are official modifications, which are hereby incorporated into **RFA #20707**, Internal Program #25-0002 / SFS #: TCEA2026 (Component A); TCEB2026 (Component B); TCEC2026 (Component C)

Deleted language appears in strikethrough (“~~xxx~~”) and added language appears in **red** text. The information contained in this Addendum prevails over the original RFA language.

The New York State Department of Health has changed the submission deadline for the **Treat, Cure and Eliminate: Advancing Health Equity Among People Living with Hepatitis C RFA** to Friday, November 14, 2025, at 4:00 PM ET.

Submission of applications in the New York Statewide Financial System (SFS) must be completed by Friday, November 14, 2025, to be eligible for consideration.

***Late applications cannot be accepted.***

Modification to “Key Dates” as follows:

**KEY DATES**

<b>Release Date:</b>	<b>September 25, 2025</b>
<b>Questions Due:</b>	<b>October 9, 2025, by 4:00 PM ET</b>
<b>Questions, Answers and Updates Posted: (on or about)</b>	<b>October 28, 2025</b>
<b>Applications Due:</b>	<b>November <del>18</del><b>14</b>, 2025, by 4:00 PM ET</b>

New York State  
Department of Health  
AIDS Institute  
*Division of HIV and Hepatitis Health Care*  
*Bureau of Hepatitis Health Care and Epidemiology*

Request for Applications (RFA)  
RFA# 20707/Internal Program #25-0002

SFS #s Component A: TCEA2026; Component B: TCEB2026; Component C: TCEC2026

**SFS Event Names:**

RFA #20707 - Treat, Cure & Eliminate HCV- Comp A (Component A)

RFA #20707 - Treat, Cure & Eliminate HCV- Comp B (Component B)

RFA #20707 - Treat, Cure & Eliminate HCV- Comp C (Component C)

*Treat, Cure and Eliminate:*  
*Advancing Health Equity Among People Living with Hepatitis C*

This is a procurement which encompasses three (3) Components.

Component A: Treat, Cure and Eliminate: Hepatitis C Treatment within a Primary Care Setting

Component B: Treat, Cure and Eliminate: Low-Threshold Models of Hepatitis C Treatment

Component C: Treat, Cure and Eliminate: Reaching Rural Communities and Marginalized Populations Through Telehealth and Telementoring

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

**IMPORTANT – PLEASE NOTE: Applications MUST be submitted in the Statewide Financial System as one (1) complete PDF document including the Application and all required Attachments in response to Bid Factor Question 01.**

Applicants may submit separate applications for each Component. However, no more than one (1) application per Component will be accepted in response to this Request for Applications (RFA). If an Applicant submits more than one (1) application for a Component, the first application received will be the only application reviewed and considered for funding for that Component.

***KEY DATES***

<b>Release Date:</b>	<b>September 25, 2025</b>
<b>Questions Due:</b>	<b>October 9, 2025, by 4:00 PM ET</b>
<b>Questions, Answers and Updates Posted: (on or about)</b>	<b>October 28, 2025</b>
<b>Applications Due:</b>	<b>November 18, 2025, by 4:00 PM ET</b>

**Department of Health Contact Name & Address:**

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# I. Introduction

The New York State Department of Health AIDS Institute, Division of HIV and Hepatitis Health Care, Bureau of Hepatitis Health Care and Epidemiology announces the availability of New York State funds to increase the number of people living with the hepatitis C virus (HCV) who are treated and cured by ensuring equitable access to HCV treatment. The intent of the Request for Applications (RFA) is to fund \$5,892,000 **annually** for five (5) years.

## A. Background/Intent

The intent of this RFA is to increase the number of people living with HCV who are treated and cured by ensuring equitable access to HCV treatment regardless of where someone lives or the setting in which they receive services. This will be accomplished by:

- 1) integrating HCV care and treatment into primary care settings;
- 2) establishing low-threshold models of HCV treatment in non-traditional health care settings (i.e., other than primary care settings) accessed by people who inject drugs;
- 3) reaching marginalized populations and people living with HCV in rural communities where HCV treatment is not available through telehealth; and
- 4) expanding HCV provider capacity in rural health care facilities and high-risk settings using telementoring activities.

According to national estimates, approximately 40% of people living with HCV do not know their status.<sup>1</sup> To increase the number of New Yorkers who are aware of their HCV status, New York State (NYS) amended its 2014 HCV Testing Law. The newly amended law requires all adults 18 years and older and all persons under 18 with an identified risk to be offered an HCV screening test when receiving services in a primary care setting, by a primary care provider or in an Emergency Department. The law also requires anyone diagnosed with HCV be offered HCV care and treatment. These changes went into effect in May 2024. Funding through this RFA will support primary care-based models of HCV care and treatment. Funding will require the establishment of partnerships between high-risk settings and primary care settings to navigate HCV clients to HCV treatment, care coordination activities to assist in accessing timely HCV treatment and appropriate supportive services - all delivered in a primary care setting.

People who inject drugs (PWID) have the highest burden of HCV, yet they are less likely to be treated for HCV.<sup>2</sup> The NYS HCV Elimination Task Force identified PWID as the priority population for HCV elimination in NYS. In 2024, among newly reported HCV cases in NYS (excluding New York City) injection drug use was the most common reported risk when risk data was available. Recognizing the need to treat HCV among PWID and the unlikelihood they will seek care in a traditional health care setting due to stigma associated with their drug use, competing priorities, other comorbidities and social care needs, in 2019, the AIDS Institute funded three (3) low-threshold models of HCV treatment. Models included HCV treatment co-located at syringe service programs, on a mobile van and via telehealth. Between July 2019 and June 2023, 308 clients received services through these programs, 85% started and completed HCV treatment and among those assessed for cure, 96% were cured of HCV. Funding through this RFA will increase the number of low-threshold models of HCV care and treatment. Low-threshold models of HCV care and treatment will provide HCV treatment in nontraditional health care settings serving PWID.

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<sup>1</sup> Lewis KC, Barker LK, Jiles RB, Gupta N. Estimated Prevalence and Awareness of Hepatitis C Among US Adults: National Health and Nutrition Examination Survey, January 2017-March 2020. *CID*. 2023.

<sup>2</sup> Hajarizadeh B, Cunningham EB, Reid H, Law M, Dore GJ, Grebely J. Direct-acting antiviral treatment for hepatitis C among people who use or inject drugs: a systematic review and meta-analysis. *Lancet Gastroenterol Hepatol* 2018; **3**: 754–67.

These settings include syringe service programs, drug user health hubs, opioid treatment programs, mobile units and shelters. Each model will eliminate the barriers faced by PWID when accessing HCV services in traditional health care settings by meeting clients where they are, addressing social care needs and providing stigma-free nonjudgemental HCV care, treatment and supportive services.

Rural communities in NYS have the highest rates of HCV. In 2024, the overall HCV rate in the State (excluding New York City) was 22.4/100,000 people. The highest case rates can be found in rural counties – Sullivan (54.7), Essex (50.9), Chautauqua (47.1) counties. The highest rates are among the 30-39 age group.<sup>3</sup> Although health care facilities operate in these areas, many do not have provider capacity to treat HCV. Similarly, marginalized populations served in substance use disorder treatment programs, carceral settings, shelters and harm reduction programs are most at risk for and likely to be living with HCV, yet these settings also lack capacity to provide HCV treatment onsite. Funding will support three (3) Academic Medical Centers to develop Regional HCV Telehealth and Telementoring Programs in three (3) regions of NYS. Funded applicants will provide HCV treatment via telehealth and HCV telementoring activities to build HCV workforce capacity in rural communities and in settings with high rates of HCV. Rural communities with the highest rates of HCV will be determined using the most current HCV case report data.

In November 2021, NYS released its [plan](#) to eliminate HCV as a public health problem in NYS by 2030. To achieve the goal of HCV elimination, concerted efforts are needed to ensure access to timely diagnosis, and equitable access to care and treatment for all people with HCV. The activities supported by this funding align with the priority settings and populations, recommendations and goals outlined in the plan.

The New York State Department of Health AIDS Institute is committed to ensuring funded programs and partners are equipped with the knowledge, skills, and expertise to adequately address health equity and the social determinants of health. Health equity means everyone has a fair and just opportunity to be healthy, where no one is limited in achieving optimal health because of who they are or where they live. In a world where health equity is the norm, everyone has fair and just access to these conditions, and therefore, has a fair and just opportunity to achieve optimal health. The social determinants of health include socioeconomic status, education, employment, housing, transportation, food/nutrition, health literacy, social supports, and stigma/discrimination.

The New York State Department of Health AIDS Institute is committed to the implementation of new and tailored approaches to address the challenges faced by communities with a disproportionate burden of disease, including people who use drugs and the LGBTQ+ community, Black/Brown, Indigenous, and People of Color (BIPOC) communities, and all people impacted by HIV, Hepatitis C, and sexually transmitted infections. Programs are expected to deliver services in accordance with the following health equity principles:

- Be explicit when identifying targeted communities and populations facing inequities.
- Identify evidence-based, tailored solutions and approaches.
- Create an internal organization-wide culture of equity.
- Respect and involve impacted communities.
- Measure and evaluate progress in reducing health disparities.

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<sup>3</sup> New York State Department of Health Communicable Disease Electronic Surveillance System (CDESS). 18 May 2025. Unpublished Data.

## B. Available Funding

Up to \$5,892,000 in New York State funding is available annually to support programs funded through this RFA.

**Component A:** A total of \$2,844,000 annually in New York State funding is available to support HCV navigation, care coordination and treatment in primary care settings. Up to nine (9) awards will be made under Component A.

Funding will be allocated as stated in the chart below. Annual awards will not exceed \$316,000.

<b>New York State Department of Health Region</b>	<b>Number of Awards</b>	<b>Maximum Annual Award Amount</b>
<b>Central New York:</b> Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego and St. Lawrence	<b>0-1</b>	<b>\$316,000</b>
<b>Finger Lakes:</b> Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates	<b>0-1</b>	<b>\$316,000</b>
<b>Hudson Valley:</b> Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester	<b>0-1</b>	<b>\$316,000</b>
<b>Long Island:</b> Suffolk and Nassau	<b>0-1</b>	<b>\$316,000</b>
<b>New York City:</b> Manhattan, Brooklyn, Bronx, Queens, Staten Island	<b>0-1</b>	<b>\$316,000</b>
<b>North Country:</b> Clinton, Essex, Franklin and Hamilton	<b>0-1</b>	<b>\$316,000</b>
<b>Northeastern New York:</b> Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington	<b>0-1</b>	<b>\$316,000</b>
<b>Southern Tier:</b> Broome, Chenango, Chemung, Cortland, Delaware, Otsego, Tompkins and Tioga	<b>0-1</b>	<b>\$316,000</b>
<b>Western New York:</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming	<b>0-1</b>	<b>\$316,000</b>

**Component B:** A total of \$1,896,000 annually in New York State funding is available to support low-threshold models of HCV treatment. Up to six (6) awards will be made under Component B.

Funding will be allocated as stated in the chart below. Annual awards will not exceed \$316,000.

<b>New York State Department of Health Region</b>	<b>Number of Awards</b>	<b>Maximum Annual Award Amount</b>
<b>Central New York:</b> Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga, Tompkins and St. Lawrence	<b>0-1</b>	<b>\$316,000</b>
<b>Finger Lakes:</b> Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates	<b>0-1</b>	<b>\$316,000</b>
<b>Metropolitan Area:</b> Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk Sullivan, Ulster and Westchester	<b>0-1</b>	<b>\$316,000</b>
<b>New York City:</b> Manhattan, Brooklyn, Bronx, Queens, Staten Island	<b>0-1</b>	<b>\$316,000</b>
<b>Northeastern New York:</b> Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington	<b>0-1</b>	<b>\$316,000</b>
<b>Western New York:</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming	<b>0-1</b>	<b>\$316,000</b>

**Component C:** A total of \$1,152,000 annually in New York State funding is available to support regional telehealth and telementoring programs to reach rural communities and marginalized populations. Up to three (3) awards will be made under Component C. Only one (1) award will be made per region. Annual awards will not exceed \$384,000.

<b>New York State Department of Health Region</b>	<b>Maximum Number of Awards</b>	<b>Maximum Annual Award Amount</b>
<b>Central New York:</b> Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga, Tompkins and St. Lawrence	<b>1</b>	<b>\$384,000</b>
<b>Northeast/Hudson Valley:</b> Albany, Clinton, Columbia, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Warren, Washington Westchester and Ulster	<b>1</b>	<b>\$384,000</b>
<b>Western New York:</b> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates	<b>1</b>	<b>\$384,000</b>

**For Component A and Component B,** Applicants are requested to select their primary region of service on the Cover Page of the application. The primary region of service for the application should be based on the location where the largest number of clients is served. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region.

**For Component C,** Applicants are instructed to the geographic region in which they plan to

provide telehealth/telementoring services. The Applicant does not need to be located in the geographic region where they plan to provide services. The geographic regions each include rural counties with high rates of HCV. These regions are described in **Attachment 1: Rural Health Care Facilities – Component C**. The Applicant will also provide telehealth and telementoring services to high-risk settings in this same region.

**Applicants may submit more than one (1) application in response to this RFA, but no more than one (1) application per Component.** If more than one (1) application is submitted for any one Component in response to this RFA, the first application that is received will be reviewed and considered for funding. All other applications will be rejected.

- Awards will be made to the highest scoring applicants in each region, up to the minimum number of awards indicated for that region.
- If there is an insufficient number of acceptable applications (scoring 70 or above) received from any region, New York State Department of Health AIDS Institute reserves the right to:
  - Fund an application scoring in the range of (60-69) from a region; and/or
  - Apply unawarded funding to the next highest scoring applicant(s) in other region(s) in Components A and B until the maximum number of awards per region is met.
- If there is an insufficient number of fundable applications in a region, the maximum number of awards may not be met for that region. New York State Department of Health AIDS Institute reserves the right to re-solicit any region where there are an insufficient number of fundable applications.
- If funding remains available after the maximum number of acceptable scoring applications is awarded to each region in Component A and Component B, New York State Department of Health AIDS Institute reserves the right to exceed the maximum number of Component A and Component B awards. Remaining funding will be awarded to the next highest acceptable scoring applicant(s) from any Component A or Component B region until the remaining funding is exhausted or awards have been made to all acceptable scoring Component A and Component B applicants.
- If funding remains available after the maximum number of acceptable scoring applications is awarded in Component C, New York State Department of Health AIDS Institute reserves the right to shift funding to Component A and/or Component B.
- New York State Department of Health AIDS Institute reserves the right to revise the award amounts as necessary due to changes in availability of funding.

Should additional funding become available, the New York State Department of Health may select an organization from the pool of applicants deemed not funded, due to limited resources. If it is determined that the needed expertise/services are not available among these organizations, the New York State Department of Health AIDS Institute reserves the right to establish additional competitive solicitations.

**Current Contractors:** If you choose to not apply for funding, the New York State Department of Health AIDS Institute highly recommends notifying your community partners of your intent. This will ensure community members and providers are aware of the discontinuation of the program and services.

All Applicants for Component A, Component B, and Component C are instructed to submit

**Attachment 2: Statement of Assurances** signed by the Chief Executive Officer (CEO) or Designee to certify the organization meets all criteria listed on **Attachment 2**. Applicants are instructed to include the signed **Attachment 2** and include it as part of their full Application submission. (All Components of the RFA)

## II. Who May Apply

### A. Minimum Eligibility Requirements – Component A

All **Component A** Applicants must meet the following Minimum Eligibility Requirements:

- Applicant must be prequalified in the **Statewide Financial System**, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this Request for Applications.
- Applicant must be a government entity licensed by the New York State Department of Health under Article 28 of the New York State Public Health Law, or a not-for-profit health care organization licensed by the Department of Health under Article 28 of the New York State Public Health Law, or a Public Benefit Corporation licensed by the Department of Health under Article 28 of the New York State Public Health Law.
- Applicant must be currently providing HCV treatment or have the capacity to provide treatment as indicated by a signed attestation from the CEO confirming providers skilled and knowledgeable on treating HCV are employed by the agency. **Attachment 3: Hepatitis C Treatment Attestation** must be included and uploaded as part of your full Application submission.

### B. Minimum Eligibility Requirements – Component B

All **Component B** Applicants must meet the following Minimum Eligibility Requirements:

- Applicant must be prequalified in the **Statewide Financial System**, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this Request for Applications.
- Applicant must be a not-for-profit 501(c)(3) community-based organization such as a syringe exchange program, drug user health hub and/or homeless shelter and currently providing HCV treatment or has the capacity to provide treatment as indicated by a signed attestation from the Executive Director confirming providers skilled and knowledgeable on treating HCV are employed by the organization. **Attachment 3: Hepatitis C Treatment Attestation** must be included and uploaded as part of your full Application submission; **OR**
- Applicant must be a government entity licensed by the New York State Department of Health under Article 28 of the New York State Public Health Law, or a not-for-profit health care organization licensed by the Department of Health under Article 28 of the New York State Public Health Law, or a Public Benefit Corporation licensed by the Department of Health under Article 28 of the New York State Public Health Law; and currently providing HCV treatment AND proposing to provide HCV treatment in a non-traditional health care setting\* other than primary care. **Attachment 3: Hepatitis C Treatment Attestation** must be included and uploaded as part of your full Application submission. **A Memorandum of Understanding (MOU) from the non-traditional health care setting is required at time**

of application unless that setting is a mobile van under the umbrella of the applicant's Article 28. Attachment 4: Memorandum of Understanding from the non-traditional health care setting must be uploaded as part of your full Application submission; **OR**

- Applicant must be a not-for-profit 501(c)(3) certified by the New York State OASAS to provide opioid treatment services as listed on the OASAS website: <https://oasas.ny.gov/providers/program-certification> AND must have served **at least 250** unique clients in 2024 AND currently providing HCV treatment or have the capacity to provide treatment as indicated by a signed attestation from the CEO confirming providers skilled and knowledgeable on treating HCV are employed by opioid treatment program. **Attachment 3: Hepatitis C Treatment Attestation** must be included and uploaded as part of your full Application submission.
- Applicant was not awarded funding from the Nurse Care Coordination Initiative (Component B of RFA 20234) or (Component B of RFA 20510). **Opioid Treatment Programs funded from either RFA are not eligible to apply.**

*\*For the purposes of this RFA, non-traditional health care settings are settings other than primary care and whose clients are disproportionately impacted by drug use and HCV. This includes community-based organizations, syringe exchange programs/drug user health hubs, New York State OASAS-licensed drug treatment programs (Article 32), homeless shelters, or on a mobile van. Services may also be delivered via telehealth.*

### **C. Minimum Eligibility Requirements – Component C**

All **Component C** Applicants must meet the following Minimum Eligibility Requirements:

- Applicant must be prequalified in the **Statewide Financial System**, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this Request for Applications.
- Applicant must be a not-for-profit academic medical center in New York State. For purposes of this RFA, an academic medical center is an organization that is administratively integrated with a medical school(s) and that is the principal site for education of both medical students and postgraduate medical specialty trainees.

## **III. Project Narrative/Work Plan Outcomes**

### **A. Program Model Description**

#### **Component A: Treat, Cure and Eliminate: HCV Treatment within a Primary Care Setting Work Plan**

Funding through this Component will support Article 28 health care facilities to establish primary care-based models of HCV care and treatment that will:

- 1) increase the number of people living with HCV who are linked to care;
- 2) increase HCV treatment initiation and completion rates; and
- 3) increase the number of people cured of HCV.

This will be accomplished by championing HCV services across the Article 28 organization,

partnering with high-risk settings serving persons living with HCV such as harm reduction programs, local jails, NYS prisons, substance use disorder treatment programs, and shelters and by providing navigation, care coordination and timely access to HCV treatment. Programs are expected to serve all people with HCV in an equitable manner, with attention to ensuring welcoming, non-stigmatizing, and non-discriminatory care to those currently underserved and socially disadvantaged. This includes engaging and treating clients who are actively using drugs.

**Component A: Priority Population:**

The priority population for this Component is people living with HCV.

**Component A: Staffing Requirement:**

**HCV Navigator:** Funded programs will be expected to employ the equivalent of one (1) full-time HCV Navigator. **No more than two (2) staff can fulfill the requirement for one (1) full-time HCV Navigator.**

The Navigator will play a key role in ensuring persons living with HCV who are recruited from high-risk settings are navigated in a timely manner to the HCV program located within the Article 28 facility.

**Component A: Anticipated Outcomes:**

Funded applicants are expected to achieve the following outcomes:

- Increased number of people who are linked to an HCV provider.
- Increased number of people who are living with HCV who initiate HCV treatment.
- Increased number of people who complete HCV treatment.
- Increased number of people who are cured of HCV.

**Component B: Treat, Cure and Eliminate: Low-Threshold Models of HCV Treatment**

Funding through this Component will support not-for-profit community-based organizations, Article 28 health care facilities and New York State OASAS-certified Opioid Treatment Programs (OTP) in offering low-threshold HCV treatment onsite in non-traditional health care settings (i.e., other than primary care) where PWID are comfortable and routinely access other services. Funded organizations will dedicate significant efforts to client engagement, care coordination, addressing the social determinants of health, and other supports to ensure PWID have access to HCV treatment, complete treatment, and achieve cure. Programs are expected to serve all people with HCV in an equitable manner, with attention to ensuring welcoming, non-stigmatizing, and non-discriminatory care to those currently underserved and socially disadvantaged. This includes engaging and treating clients who are actively using drugs.

**Component B: Priority Population:**

The priority population for this Component is people who inject drugs living with HCV.

**Component B: Anticipated Outcomes:**

Funded programs are expected to achieve the following outcomes:

- Increased number of people who inject drugs who are linked to an HCV provider.
- Increased number of people who inject drugs that initiate HCV treatment.

- Increased number of people who inject drugs that complete HCV treatment.
- Increased number of people who inject drugs who are cured of HCV.

### **Component C: Regional HCV Telehealth and Telementoring Programs**

Funding through this Component will support academic medical centers with experience treating HCV to implement a Regional HCV Telehealth and Telementoring Program in one (1) of the regions listed in **Attachment 5: Geographic Regions and Rural Counties with High Rates of HCV**. The academic medical center does not need to be located in that same region. The program will ensure equitable access to HCV treatment by increasing access to treatment and expanding the HCV provider workforce in rural counties of New York State and in settings where high rates of HCV exist, but there is a lack of HCV experienced clinicians.

This will be accomplished by partnering with rural health care facilities as shown in **Attachment 1: Rural Health Care Facilities – Component C** and other high-risk settings serving marginalized populations living with HCV, in the selected region. These high-risk settings include substance use disorder treatment programs, shelters, harm reduction programs and/or carceral settings.

The academic medical center will serve as the regional HCV telehealth hub. The rural health care facilities and other high-risk settings will serve as the spoke sites. Telehealth visits will be conducted from the hub to the spoke site when the client is present. Spoke sites will assist with the coordination and facilitation of telehealth visits working with the hub's Care Coordinator and client.

The academic medical center will also establish a Regional HCV Telementoring Program using telecommunication technology to deliver training, education, and support that builds HCV capacity in rural health care facilities and high-risk settings that currently lack capacity to treat HCV. The academic medical center will serve as a mentor, sharing HCV expertise, knowledge and best practices and providing guidance to clinicians and the clinic team on providing HCV treatment at their facility. As a result of the on-going relationship with the HCV expert, clinicians and their team will develop the skills, practices and processes needed to treat HCV and will be able to provide timely and comprehensive HCV care to clients in their local communities.

### **Component C: Priority Populations:**

The priority populations for this Component are people living with HCV in rural counties and high-risk settings and providers working in rural health care facilities and high-risk settings where HCV treatment is not currently available.

### **Component C: Staffing Requirements**

**Care Coordinator:** Funded applicants are expected to employ one (1) full-time Care Coordinator to assist staff at the hub and spoke sites and engage clients across the HCV care continuum. **The Care Coordinator position cannot be split across multiple staff.** Care coordinators will arrange for and coordinate telehealth appointments; provide client education related to HCV treatment; facilitate communications between academic medical center/hub, spoke site and client; provide technology support to client and spoke site; assist with ordering and arranging for lab work and other diagnostic testing; ensure receipt of HCV medications; and ensure adherence to medications and engagement in telehealth appointments. Care Coordinators may be expected to perform some duties onsite at the spoke sites where the client participates in telehealth appointments.

**Lead Clinician:** Funded applicants are expected to identify a lead HCV clinician to conduct the telehealth visits and facilitate the telementoring activities. It is expected that the lead clinician will be an experienced HCV provider who also has experience providing instruction or mentorship to other clinicians.

**Selection of Spoke Sites for Telehealth and Telementoring Activities** Applicants for Component C are instructed to indicate the geographic region where services will be provided on **Attachment 6: Application Cover Page**. Refer to **Attachment 5: Geographic Regions and Rural Counties with High Rates of HCV** for more detail. In that selected region, applicants will be expected to partner with rural health care facilities from **Attachment 1: Rural Health Care Facilities** and high-risk settings serving marginalized populations who will serve as the spoke sites for telehealth and telementoring services. Settings serving marginalized populations include substance use disorder treatment programs, shelters, harm reduction programs and/or carceral settings. Applicants are instructed to include **Letters of Intent to Partner** from at least five (5) rural health care facilities and/or high-risk settings as **Attachment 7** as part of your full Application submission (Component C). **Memorandums of Understanding (MOU) will be required from Funded Applicants within six (6) months of contract execution.**

### **Component C: Anticipated Outcomes:**

Funded applicants are expected to achieve the following outcomes:

- Increased number of people who initiate HCV treatment in rural health care facilities and high-risk settings.
- Increased number of people who complete HCV treatment in rural health care facilities and high-risk settings.
- Increased number of people cured of HCV in rural health care facilities and high-risk settings.
- Increased HCV provider capacity in rural health care facilities and high-risk settings.

### **All Components:**

Applicants may subcontract components of the scope of work (**Component A up to 20%, Component B up to 60%, Component C up to 20%**). For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the New York State Department of Health AIDS Institute. All subcontractors should be approved by the New York State Department of Health AIDS Institute.

## **B. Requirements for the Program**

### **Component A: Treat, Cure and Eliminate: HCV Treatment within a Primary Care Setting**

Funded applicants will be expected to provide the following HCV services:

- **Champion HCV services.** Since May 2024, NYS requires HCV screening be offered to all adults and all persons under 18 years old with risk who receive services in a primary care setting, by a primary care provider or in an emergency department. Funded applicants will be expected to ensure organization-wide policies and procedures include

this screening requirement. Funded applicants will also be expected to inform colleagues of the availability of HCV treatment onsite within the Article 28.

- **High-risk Setting Navigation Services:** Funded applicants will be expected to outreach to and partner with high-risk settings, located in their catchment area, whose populations have a high prevalence of HCV as noted in **Attachment 8: High-risk Setting Partnerships**. These settings include but are not limited to harm reduction programs, substance use disorder treatment programs, shelters and carceral settings. Navigation services may be provided onsite at the high-risk setting, virtually (through HIPAA-compliant telehealth application) or a combination of both. Applicants are instructed to submit **Letters of Intent to Partner** as **Attachment 7** from each high-risk settings listed on **Attachment 8: High-risk Setting Partnerships**. Applicants are instructed to upload **Attachment 7** as part of your full Application submission—Component A.

***The Funded Applicant will be required to submit Memorandums of Understanding (MOU) from each high-risk setting partner within six (6) months of contract execution.***

Navigation services include:

- Development of a client-centered patient navigation care plan.
  - Health promotion and HCV education.
  - Assessment of social determinants of health, and a plan to address the client's needs and referrals for services.
  - Arranging for appointments with the HCV provider.
  - Monitoring HCV treatment adherence.
  - Client engagement services.
  - Arranging transportation or client escort.
  - Motivational interviewing.
- **HCV Care Coordination:** Funded applicants will be expected to provide care coordination services for clients living with HCV. Programs will be expected to assess and address the social and/or structural determinants of health that can lead to disparities in health. Programs are expected to develop a care plan to mitigate treatment barriers and support client engagement, treatment adherence and healthy living. Care coordination activities include facilitation of pretreatment labs, facilitation of insurance approval for HCV treatment, monitoring treatment adherence and appointment reminders, assistance addressing Social Determinants of Health (SDOH) impacting HCV care, and coordination of medical and non-medical referrals.
  - **Addressing the Social Determinants of Health (SDOH):** SDOH may directly (e.g. transportation to medical appointments) or indirectly (e.g. competing priorities related to employment, securing food or housing) impact a client's ability to engage in HCV testing, treatment, and achieving cure. Programs must have a robust plan for assessing the SDOH (using the AIDS Institute-required tool) and connecting clients with resources to address the SDOH either through onsite services or facilitated and effective referral. Component A applicants are instructed to complete, submit and upload **Attachment 9: Plan to Address Social Determinants of Health** as part of your full Application submission (Component A). Please see **Attachment 10 for Health Equity Definitions and Examples** of social and structural determinants of health.

- **Client Engagement:** Client engagement is critical to ensuring clients advance through the care cascade in a timely manner. Engagement ensures adherence to appointments and treatment, including obtaining assessment of cure. Engagement decreases the chances a client is lost to follow-up. Engagement can include strategies such as client incentives, phone/text/social media reminders, obtaining alternate contact methods and phone numbers, as well as consistent and ongoing outreach activities. Applicants should develop a plan for how clients will be engaged over the course of recruitment, treatment, and assessment for cure including which staff members will be responsible for engagement activities. Component A applicants are instructed to complete and submit **Attachment 11: Client Engagement Strategies** in response to Bid Factor Question 4f. Program Specific Questions (PSQ)/Bid Factors – Component A.
- **HCV Treatment:** Funded applicants will be expected to provide HCV care and treatment in accordance with the New York State Department of Health AIDS Institute or nationally recognized clinical guidelines. These guidelines can be found on the following websites: <http://www.hivguidelines.org/hcv-infection/treatment-with-daa/> and <https://www.hcvguidelines.org/contents>. Funded applicants will be expected to integrate HCV treatment adherence services to ensure adherence to and completion of HCV treatment.
- **Inclusion of persons with lived experience:** Funded applicants will be expected to employ a person with lived HCV experience to play a role within the funded program. That role can be determined by the applicant and may include peer support, community health worker, navigator, nurse, etc.

## **Component B: Treat, Cure and Eliminate: Low-Threshold Models of HCV Treatment**

Funded programs will be expected to provide the following services:

- **Recruitment of Individuals with HCV:** Applicants must develop a plan for identifying and recruiting PWID who are living with HCV. This will include HCV screening activities within the priority population and may also include outreach to community-based organizations or other programs providing services to people who inject drugs. Plans should be developed for providing HCV test results to clients including clients who may be difficult to engage. Recruitment plans should include specific recruitment strategies for populations that may be less likely to engage in HCV care and treatment, including women.
- **Client Engagement:** Client engagement is critical to ensuring clients advance through the care cascade in a timely manner. Engagement also ensures adherence to appointments and treatment, including obtaining assessment of cure. Engagement decreases the chances a client is lost to follow-up. Engagement can include strategies such as client incentives, phone/text/social media reminders, obtaining alternate contact methods and phone numbers, as well as consistent and ongoing outreach activities. Applicants must develop a plan for how clients will be engaged over the course of recruitment, treatment, and assessment for cure including which staff members will be responsible for engagement activities. Component B applicants are instructed to complete and upload **Attachment 11: Client Engagement Strategies** as part of your full Application submission – Component B.
- **Addressing the Social Determinants of Health (SDOH):** SDOH may directly (e.g. transportation to medical appointments) or indirectly (e.g. competing priorities related to employment, securing food or housing) impact a client's ability to engage in HCV testing, treatment, and achieving cure. Programs must have a robust plan for assessing

the SDOH (using the AIDS Institute-required tool) and connecting clients with resources to address the SDOH either through onsite services or facilitated and effective referral. Component B applicants are instructed to complete and upload **Attachment 9: Plan to Address Social Determinants of Health** as part of your full Application submission – Component B.

Please see **Attachment 10 for Health Equity Definitions and Examples** of social and structural determinants of health.

- **HCV Care Coordination:** Funded applicants will be expected to provide care coordination services for clients living with HCV. Programs are expected to develop a care plan to mitigate treatment barriers and support client engagement, treatment adherence and healthy living. Care coordination activities include facilitation of pretreatment labs, facilitation of insurance approval for HCV treatment, ensuring timely receipt of HCV medications, monitoring treatment adherence, appointment reminders, and coordination of medical and non-medical referrals.
- **HCV Treatment:** Funded applicants will be expected to provide HCV treatment in accordance with the New York State Department of Health AIDS Institute or nationally recognized clinical guidelines. These guidelines can be found on the following websites: <http://www.hivguidelines.org/hcv-infection/treatment-with-daa/> and <https://www.hcvguidelines.org/contents>. Funded applicants will be expected to integrate HCV treatment adherence services to ensure adherence to and completion of HCV treatment.
- **Inclusion of persons with lived experience:** Funded applicants are expected to employ a person with lived HCV experience to play a role within the funded program. That role can be determined by the applicant and may include peer support, community health worker, navigator, nurse, etc.

### **Component C: Regional HCV Telehealth and Telementoring Program**

Funded applicants will be expected to conduct the following activities:

- **Telehealth Activities:** Funded applicants will be expected to establish a regional telehealth program in one of the regions listed in **Attachment 5: Geographic Regions and Rural Counties with High Rates of HCV**. Applicants are expected to implement a hub and spoke telehealth model by partnering with rural health care facilities listed in **Attachment 1: Rural Health Care Facilities** and other high-risk settings where HCV treatment is not available in their selected region. Telehealth visits will be conducted from the academic medical center serving as the hub to the spoke site when the client is present. Funded applicants are expected to develop marketing and recruitment plans to promote and recruit facilities into the program. Applicants are instructed to submit **Letters of Intent to Partner** as **Attachment 7** from at least five (5) rural health care facilities and/or high-risk settings as listed on **Attachment 12: Telehealth Partners – Component C**. Applicants are instructed to upload **Attachment 7** as part of your full Application submission – Component C.
- **Telementoring Activities:** Funded applicants will be expected to establish a regional telementoring program in the same region selected from **Attachment 5: Geographic Regions and Rural Counties with High Rates of HCV** which will result in improved access to HCV treatment and an expanded HCV provider workforce in rural counties and in high-risk settings where high rates of HCV exist but there is a lack of HCV

experienced clinicians. The type of telementoring may include videoconferencing to conduct virtual clinics and trainings, individual consultations via telephone or videoconference and asynchronous learning such as webinars, pod casts or e-learning modules. Applicants will be expected to develop a marketing plan to promote the telementoring activities and recruit providers, develop curricula for training and develop an evaluation plan and tools to measure the effectiveness and impact of the mentoring activities.

**All applicants selected for funding will also be expected to:**

1. Ensure the availability of **HCV education** and educational materials for clients. Client educational materials can be found here: [https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis\\_c/educational\\_materials.htm](https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/educational_materials.htm) Client education must address HCV disease, prevention, testing, treatment and treatment adherence, harm reduction/risk reduction and re-infection.
2. Ensure on-going **HCV training** for clinical and non-clinical staff that uses a trauma-informed and harm reduction approach to address the way identity, culture, community, and oppression can affect a person's experience of stigma, access to supports and resources, and opportunities for safety. Clinical and non-clinical staff training resources are available through the New York State Department of Health AIDS Institute at: <https://www.health.ny.gov/diseases/aids/general/about/education.htm>
3. Participate in the regional chapter of the **New York State HCV Elimination Coalition** whose purpose is to promote the NYS HCV Elimination Plan and to advance the recommendations outlined in the plan.
4. Adhere to all Objectives, Tasks and Performance Measures as listed in the Work Plan corresponding with the Component applied for: **Attachment 13: Work Plan: Component A; Attachment 14: Work Plan: Component B; or Attachment 15: Work Plan: Component C.**
5. Participate in a **collaborative process** with the New York State Department of Health AIDS Institute to assess program outcomes. This will be accomplished by providing monthly narrative reports, conducting ongoing continuous quality improvement activities, attending quarterly provider calls, and participating in one (1) annual in-person provider meeting. Programs are expected to describe their progress with respect to: 1) program implementation; 2) client enrollment; 3) success in meeting the Work Plan Objectives, Tasks, and Performance Measures as outlined in the Work Plan corresponding with the Component applied for: **Attachment 13: Work Plan: Component A; Attachment 14: Work Plan: Component B; or Attachment 15: Work Plan: Component C;** 4) significant accomplishments achieved; and 5) barriers encountered and plans to address noted problems.
6. Adhere to **Health Literacy Universal Precautions**. The **Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit** can be found here: <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>

**All applicants selected for funding for Component A and Component B will also be expected to:**

1. Participate in the **Hepatitis C Assistance Program (HepCAP)**. HepCAP was established by the New York State Department of Health AIDS Institute to assist uninsured persons with HCV in obtaining necessary medical care and treatment. It does not cover the cost of HCV medications. Programs are reimbursed through HepCAP for services provided to uninsured HCV mono-infected persons to establish the state of HCV disease and monitor HCV treatment, including laboratory testing.
2. Submit statistical reports on clients served, and other data using the **AIDS Institute Reporting System (AIRS)**. AIRS is a data reporting system that is required by the New York State Department of Health AIDS Institute to report client demographic information as well as program activities. The New York State Department of Health AIDS Institute requires maintenance and reporting of unduplicated client level data, including demographics and service histories, in accordance with applicable federal and/or state reporting requirements. The New York State Department of Health AIDS Institute provides and supports the AIRS software to enable providers to meet data submission requirements. Details on this software product may be obtained by accessing the following Internet address, [www.airsny.org](http://www.airsny.org);
3. Ensure that accurate and current **HCV program policies and procedures** are in place that address the following program components: client identification and enrollment protocol; program eligibility/enrollment; client appointment follow up; client referrals; HIPAA confidentiality; staff time and effort; equipment; materials; support services; and client complaints. Policies will be expected to be finalized within six (6) months of contract start date. Written policies and procedures are to be reviewed and updated at least annually.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the Department, New York State Department of Health AIDS Institute (hereinafter referred to as the Department), Division of HIV and Hepatitis Health Care, Bureau of Hepatitis Health Care and Epidemiology. 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 questions by Applicants with respect to any aspect of the RFA must be submitted in writing to Colleen Flanigan, New York State Department of Health AIDS Institute, Bureau of Hepatitis Health Care and Epidemiology, at the following email address: [hepatabc@health.ny.gov](mailto:hepatabc@health.ny.gov). This includes Minority and Woman-Owned Business Enterprise (MWBE) Requirements questions and related forms. Refer to Section IV.K. Minority and 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 Training Videos: On-demand training focused on using the new grants management features in SFS is available by logging in to the SFS Vendor Portal and clicking the SFS Coach icon available on the homepage. Additional questions? Contact the SFS Help Desk listed below:
- Statewide Financial System Technical Support Help Desk  
Phone: 1-877-737-4185 toll-free / 518-457-7737  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov)

Prospective Applicants must submit all requests for clarifications of, or exceptions or changes to, the terms, conditions or provisions of this RFA or the State of New York 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 State of New York 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# 20707, *Treat, Cure and Eliminate: Advancing Health Equity Among People Living with HCV*) in the subject line of the email.**

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

A Letter of Interest is not requested for this project.

### **D. Applicant Conference**

An Applicant Conference will not be held for this project.

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

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

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

To submit an Application an Applicant must:

1. Log into the [Statewide Financial System Vendor Portal](#) .
2. Click the Grant Management Tile. Next, Click the Bid Event Search tile.
3. Enter the applicable search criteria in the Search Criteria Fields. Locate an opportunity; search by Funding Agency (DOH01) or enter the Grant Opportunity name into the Search by Grant Opportunity field:  
RFA #20707 - Treat, Cure & Eliminate HCV- Comp A (Component A)  
RFA #20707 - Treat, Cure & Eliminate HCV- Comp B (Component B)  
RFA #20707 - Treat, Cure & Eliminate HCV- Comp C (Component C) You can also filter search by Status such as “available” which filters to include only the bid events that are published and open for potential bid response.
4. Click on “Search” button to initiate the search.
5. Click on Event ID link to initiate a bid response.
6. Please review the Grantee User Manual found in SFS Coach for additional steps on how to respond to various types of Bid Events.

Once the Application is complete, a prospective Applicant is **strongly encouraged** to submit their Application at least **48 hours prior to the** Application’s due date and time specified on the Cover Page of this RFA. This will allow sufficient opportunity for the Applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an Applicant’s ability to submit their Application.** SFS 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 SFS Help Desk is available under Section IV.B. Question and Answer Phase of this RFA.

**PLEASE NOTE:** Although the Department and SFS Help desk 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 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, and 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 risky, as you may have technical questions or issues that will take time to resolve. Beginning the process of applying as soon as possible will produce the best results.**

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

**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

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

The Department of Health reserves the right to:

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

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

## **G. Term of Contract**

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

It is expected that contracts resulting from this RFA will have the following time period: July 1, 2026 – June 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 State of New York Contract for Grants can be found at:

[https://grantsmanagement.ny.gov/system/files/documents/2025/01/mcg\\_tandc\\_january 2025.pdf](https://grantsmanagement.ny.gov/system/files/documents/2025/01/mcg_tandc_january_2025.pdf)

*To view the following Department of Health specific State of New York Contract for Grants documents, follow the instructions in Section VI. Attachments.*

**All funded contracts will be held to the following contract language.**

- Attachment A-1: Agency-specific Terms and Conditions (**RFA Attachment 16**)
- Attachment A-2: Program-specific Terms and Conditions (HIV/AIDS Clause) (**RFA Attachment 17**)

- Attachment E-1: AIDS Institute Policy on Personal Health Related Information **(RFA Attachment 18)**
- Attachment M: Participation by Minority Group Members and Women with Respect to State Contracts: requirements and Procedures **(RFA Attachment 19)**

## H. Payment & Reporting Requirements of Grant Awardees

1. No advances will be allowed for contracts resulting from this procurement.
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:

Bureau of Hepatitis Health Care and Epidemiology  
AIDS Institute  
New York State Department of Health  
Empire State Plaza  
Corning Tower, Room 429  
Albany, NY 12237  
[aids.institute.admin@health.ny.gov](mailto:aids.institute.admin@health.ny.gov)

A Grantee must provide complete and accurate billing invoices in order to receive payment of the grant funding provided for under the terms of its Grant Contract. Invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department, and the Office of the State Comptroller (OSC). Payment for invoices submitted by the Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner of Health, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under its Grant Contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

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

3. The Grantee will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through the Statewide Financial System:
  - A monthly narrative addressing program implementation, barriers and accomplishments.
  - Monthly client service and outcome data through the AIDS Institute Reporting System (AIRS). <http://www.airсны.org/>

All payment and reporting requirements will be detailed in "Attachment D: Payment and Reporting", of the final State Of New York Master Contract for Grants.

## I. Procurement Requirements

### 1. General Requirements

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

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

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

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

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

### 2. Bid Protest Procedures

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

Grantees shall have written protest procedures, which may be analogous to those set forth in Part 24 of Title 2 of the New York Codes, Rules and Regulations, in order for effective due process to be achieved. A Grantee's specific protest procedures shall be outlined in all bid requests, request for proposals, request for applications, etc. issued by or on behalf of the Grantee concerning any grant-funded projects. In summary, Grantees are responsible for handling all contract activity

protests. Except in matters of direct State or possibly Federal concern (in cases involving federally funded grants), the Department 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 New York State Contract for Grants.

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

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

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

#### **K. Minority & Women-Owned Business Enterprises**

Pursuant to New York State Executive Law Article 15-A, the Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (MWBES) 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 the Department establish goals for maximum feasible participation of New York State Certified Minority and Women-owned Business Enterprises ("MWBE") 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 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 MWBE firms). A Grantee awarded a Grant Contract pursuant to this RFA must document good faith efforts to provide meaningful participation by MWBEs 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 MWBE 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 MWBEs 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 MWBE participation in the performance of its obligations under its Grant Contract.

By submitting an Application, each Applicant and potential Grantee agrees to complete an MWBE Utilization plan as directed in **Attachment 20** of this RFA. The Department will review the MWBE Utilization Plan submitted by each Grantee. If a Grantee’s MWBE 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 completed MWBE 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 MWBE participation goals for the procurement.

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

### L. Vendor Identification Number

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

must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

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

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

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

## **M. Vendor Responsibility Questionnaire**

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

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

Applicants opting to complete online should complete and upload the **Vendor Responsibility Attestation (Attachment 21)** of the RFA. The Attestation is located under the SFS Attachments Section and once completed should be uploaded to the applicable PSQ/Bid Factor.

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

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

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

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, and revised on December 9, 2023, the new Prequalification Policy became 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 and (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 aids walk users through the process.

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

- Applicants will first need to be registered in SFS and the Grants Management portion of the system. Applicants that need to register their organization should submit the required form(s) found at the following link: [Register Your Organization in SFS | Grants Management](#). Any questions related to current and previously existing SFS accounts should be sent to the SFS Help Desk ([HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov)).
- If you have previously registered and do not know your Username, please email [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov). If you do not know your Password, please click the “I Forgot My Password” link from the main log-in page and follow the prompts.

**2) Complete your Prequalification Application**

- Log in to the Statewide Financial System.
- Applicants will first need to create an account in 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](mailto: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](mailto: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](mailto:vendorresponsibility@health.ny.gov).

**3) Add SFS Roles to Submit a Bid and to Add a signatory or “Grant Contract Approver” to your Account**

- **To start, review, and submit an Application to this Bid Event in SFS, Applicants will need to acquire the following SFS Security Roles:**

SFS Security Role Name	Description	Access Provided
NY_GM_VENDOR_EVENT_INITIATE	Bid Response Initiator	Allows the vendor user to initiate a bid response to a bid event but not submit the bid response to the agency.
NY_GM_VENDOR_EVENT_INQUIRY	Bid Event Inquiry	Allows a vendor user the ability to review bid events. This is a view-only role.
NY_GM_VENDOR_EVENT_SUBMIT	Bid Response Submitter	Allows a vendor user to both initiate a bid

		response and submit a bid response to the agency.
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- 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, "I 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](mailto:HelpDesk@sfs.ny.gov).

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

**O. General Specifications**

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Grantees will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of any Contract awarded pursuant to this 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 State of New York Contract for Grants. Any exceptions the Applicant would like considered by the Department relating to the terms and conditions of this RFA and/or State of New York 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. The services to be performed by [the][a] successful Applicant pursuant to the terms of the Grant Contract entered into with the Department shall at all times be subject to the direction and control of the Department.
  - 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 judgment of the Department, the Grantee acts in any way which is detrimental to, or does or is in any way likely to impair or prejudice, the interests of the State, the Department

may terminate the Grant Contract awarded pursuant to this RFA. In such case, the Grantee may receive equitable compensation for all services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of the Contract.

## V. Completing the Application

### A. Application Format/Content

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

Applicants are instructed to respond to each of the following statements and questions under “Program Specific Questions (PSQ)/Bid Factors.” Your responses comprise your application. Number/letter your narrative to correspond to each statement and question in the order presented below. 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.

An **Application Checklist (Attachment 25)** has been included to help ensure that submission requirements have been met. Applicants should refer to this Attachment before and after writing the application. In assembling your application, please follow the outline provided in the **Application Checklist: Attachment 25**.

The Application Narrative should not exceed twelve (12) double-spaced pages, using a 11-point Arial font with one-inch margins on all sides. Pages should be numbered consecutively. All Attachments should be labeled with the Attachment name and corresponding attachment number. The twelve (12) page limitation is specific to the Application Narrative and does **not** include all required Attachments. Please submit only the requested information in the attachments and **do not add attachments or information that are not requested**. Any additional attachments or narrative exceeding the 12 double-spaced page limitation will not be scored or considered by reviewers. **Failure to follow these guidelines will result in a deduction of up to ten (10) points.**

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:** Please upload the full Application and all required Attachments as one (1) complete PDF document no larger than 20MB in response to Bid Factor Question 01. **Please ensure that uploaded files are not fillable PDFs or “secure” or “password protected” or your document will not upload properly.**

Any material added to a Bid Factor “Add Comments” box in SFS will not be reviewed as part of a submitted application.

**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

## Application Format – Component A

1. Program Summary		Not Scored
2. Statement of Need	Maximum Score:	15 points
3. Capacity and Experience	Maximum Score:	15 points
4. Program Activities	Maximum Score:	35 points
5. Health Equity	Maximum Score:	15 points
6. Budget and Justification	Maximum Score:	<u>20 points</u>
		<b>100 points</b>

### 1. Program Summary

**Maximum 1 Page  
Not Scored**

Q01) Applicants are instructed to upload the full Application and **all** required Attachments as one (1) complete PDF document no larger than 20MB in response to this Bid Factor Question.

**Please review the full instructions in Section V. Completing the Application, A. Application Format/Content to ensure your Application is submitted successfully.**

Applicants are instructed to provide a summary of the proposed program by providing the following information:

1a) Describe the region where the program will be implemented and the population to be served.

1b) Describe the organization's experience providing HCV treatment.

1c) Describe the high-risk settings with whom you propose to partner.

1d) Applicants are instructed to clearly state the unduplicated number of clients they expect to enroll in the proposed program **in year one (1)**.

1e) Applicants are instructed to complete and include **Attachment 2: Statement of Assurances** as part of your full Application submission.

1f) Applicants are instructed to complete and include **Attachment 3: Hepatitis C Treatment Attestation** as part of your full Application submission.

1g) Applicants are instructed to complete and include **Attachment 6: Application Cover Page** as part of your full Application submission.

1h) Applicants are instructed to complete and include **Attachment 20: MWBE Requirement Forms** as part of your full Application submission.

1i) Applicants are instructed to complete and include **Attachment 21: Vendor Responsibility Attestation** as part of your full Application submission.

### 2. Statement of Need

**Maximum 2 Pages  
Total 15 Points**

2a) Identify and clearly describe the region and counties the proposed program will serve. Applicants are instructed to make a strong case for why the proposed HCV program is needed in the region proposed.

2b) Describe the prevalence of HCV among the clients served by your agency. Include basic demographics, risk behaviors and any social care needs of the priority population.

2c) Describe the high-risk settings the proposed program will partner with including the rationale for partnering with these settings. Include a description of the client population within these settings, HCV prevalence, risk behaviors and barriers these clients face when accessing HCV treatment.

2d) Applicants are instructed to complete and include **Attachment 8: High-risk Setting Partnerships** to identify the high-risk settings your organization intends to partner with as part of your full Application submission.

2e) Applicants are instructed to upload **Attachment 7: Letters of Intent to Partner** from each High-risk Setting identified on Attachment 8: High-risk Setting Partnerships as part of your full Application submission. Please ensure that uploaded files are not “secure” or “password protected”.

### 3. Capacity and Experience

**Maximum 2 Pages  
Total 15 Points**

3a) Describe your agency, its mission and services provided. Describe the overall client population currently served by your agency include age, sex, gender, sexual orientation, race, ethnicity, language, socio-economic background, and other significant characteristics related to the proposed program.

3b) Describe your agency’s experience providing HCV treatment. Include the number of years treating HCV, the number of clients treated, and the treatment outcomes of those clients. Describe the agency’s current capacity for HCV-related services, including screening, testing and treatment. Include the number of clinicians treating HCV. Identify the lead HCV clinician who will provide leadership and oversight for the proposed program.

3c) Applicants are instructed to upload the **Curriculum Vitae (CV) of the Lead HCV Clinician** as **Attachment 22** as part of your full Application submission. Please ensure that uploaded files are not “secure” or “password protected”.

3d) Describe your agency’s experience working with marginalized populations, including PWID, and providing stigma-free nondiscriminatory care. Describe your agency’s experience partnering with high-risk settings serving persons living with HCV. Provide any HCV-related outcomes of the services provided.

3e) Describe your agency’s organizational structure including administrative and executive support for program implementation, fiscal management, grants management, data collection, including experience using AIDS Institute Reporting System (AIRS), data analysis and program evaluation.

### 4. Program Activities

**Maximum 6 Pages  
Total 35 Points**

4a) Describe the design and structure of your proposed program. Discuss your plans for championing HCV screening, testing and treatment throughout the organization.

4b) Describe how your proposed program will work with the high-risk settings listed in **Attachment 8: High-risk Setting Partnerships**. Describe the role of the HCV Navigator, how the navigator will work with the proposed high-risk settings and the services to be delivered to navigate clients from the setting back to your agency in a timely manner.

4c) Describe your plans for care coordination. What barriers do you anticipate clients may face and how do you propose to address these challenges? How and in what timeframe will clients access medications?

4d) Describe how the proposed program will ensure client engagement in HCV treatment from treatment initiation through assessment of cure. How will you address engagement with clients who may be unhoused, without consistent contact information, and/or actively using substances to prevent them from being lost to follow-up?

4e) Applicants are instructed to complete and include **Attachment 11: Client Engagement Strategies** as part of your full Application submission.

4f) Describe plan to provide HCV treatment within the proposed program. What strategies will be used to ensure adherence to treatment beginning with treatment initiation through completion?

4g) Describe the proposed staff for the proposed program by completing **Attachment 23A: Staffing Plan**. Include their qualifications, expertise and whether they are current or need to be hired. Describe the role persons with lived experience will play within the proposed program. Applicants are instructed to complete and include **Attachment 23A: Staffing Plan** as part of your full Application submission.

4h) Describe how the proposed program will ensure the provision of trauma-informed, culturally responsive, stigma-free affirming services.

4i) Describe the plan for ongoing monitoring and evaluation of the proposed activities to ensure Work Plan objectives are met, people living with HCV are receiving the services they need, and the desired outcomes are met.

## 5. Health Equity

**Maximum 1 Page  
Total 15 Points**

5a) Describe the SDOH barriers affecting the population served by the funding. Use data to quantify the SDOH needs of the priority population.

5b) What is your organization's policy for addressing SDOH? What experience does the agency have addressing SDOH, including existing screening and referral processes, staff knowledge and training?

5c) Describe your proposed program's plans to screen for and resolve barriers related to the SDOH. How will you ensure any referrals for social care needs are successful, and social care needs are met?

5d) Applicants are instructed to complete and include **Attachment 9: Plan to Address Social Determinants of Health** as part of your full Application submission.

## 6. Budgets and Justification

**Total 20 Points**

All costs must be related to the provision of **Treat, Cure and Eliminate: Advancing Health Equity Among People Living with Hepatitis C**, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **This funding 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.**

**Complete and submit a budget following these instructions:**

- 6a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (1), **July 1, 2026 -June 30, 2027**, must be entered into the Statewide Financial System (SFS). Entering a budget for years two (2) – five (5) is not required. Refer to **Attachment 24: SFS Expenditure Budget Instructions**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and Work Plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable. Once the budget in SFS is completed, Applicants are required to also enter the total grant funds being requested in the Unit Bid Price field at the bottom of the page. The total grant funds and Unit Bid Price must match in order for the application to submit successfully.
- 6b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested. The percent of effort allowed for billable staff must not exceed 20% cumulative, meaning the combined percent of effort for all billable staff positions cannot exceed 20%.
- 6c) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
- 6d) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 6e) Funding requests must adhere to the following guidelines:
- An indirect cost rate of up to 15% of modified total direct costs can be requested. If your organization has a federally approved rate, contractors may request up to 20% of the federally approved rate. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.
  - Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this RFA must apply for continuation of funding. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this RFA must apply for continuation of funding (*for currently funded RFAs*).
  - Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by the New York State Department of Health AIDS Institute to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

## Application Format - Component B

1. Program Summary	Not Scored	
2. Statement of Need	Maximum Score:	15 points
3. Capacity and Experience	Maximum Score:	15 points
4. Program Activities	Maximum Score:	35 points
5. Health Equity	Maximum Score	15 points
6. Budget and Justification	Maximum Score:	<u>20 points</u>
		<b>100 points</b>

### 1. Program Summary

**Maximum 1 Page  
Not Scored**

Q01) Applicants are instructed to upload the full Application and **all** required Attachments as one (1) complete PDF document no larger than 20MB in response to this Bid Factor Question.

**Please review the full instructions in Section V. Completing the Application, A. Application Format/Content to ensure your Application is submitted successfully.**

1a) Applicants are instructed to provide a summary of your proposal including the proposed setting and program structure.

1b) Provide a brief summary of the population to be served by the program.

1c) Describe the organization's experience engaging with people who inject drugs and the organization's experience providing HCV treatment.

1d) Applicants are instructed to clearly state the unduplicated number of clients they expect to enroll in the proposed program **in year one (1)**.

1e) Applicants are instructed to complete and include **Attachment 2: Statement of Assurances** in response to this Bid Factor Question as part of your full Application submission.

1f) Applicants are instructed to complete and include **Attachment 3: Hepatitis C Treatment Attestation** in response to this Bid Factor Question as part of your full Application submission.

1g) A **Memorandum of Understanding (MOU)** from the non-traditional health care setting is required at time of application unless that setting is a mobile van under the umbrella of the applicant's Article 28. Applicants are instructed to include **Attachment 4: Memorandum of Understanding from the Non-traditional Health Care Setting** as part of your full Application submission. Please ensure that uploaded files are not "secure" or "password protected".

1h) Applicants are instructed to complete and include **Attachment 6: Application Cover Page** as part of your full Application submission.

1i) Applicants are instructed to complete and include **Attachment 20: MWBE Requirement Forms** as part of your full Application submission.

1j) Applicants are instructed to complete and include **Attachment 21: Vendor Responsibility Attestation** as part of your full Application submission.

### 2. Statement of Need

**Maximum 2 Pages  
Total 15 points**

2a) Clearly describe the setting where the proposed program will be located. Applicants are instructed to make a strong case for why the proposed program is needed and what gaps in currently available HCV services would be filled by the proposed program.

2b) Describe needs of the priority population within the setting where the proposed program will be located. Include HCV prevalence, age, sex, gender, sexual orientation, race, ethnicity, language, socio-economic background, risk and any social care needs. Describe the barriers clients face when accessing HCV treatment and how the proposed program would address those barriers.

### 3. Capacity and Experience

**Maximum 2 Pages  
Total 15 points**

3a) Describe your agency, its mission, services provided, and locations where services are provided. Describe why your organization is qualified to implement the proposed low-threshold HCV treatment model.

3b) Describe your agency's experience working with people who inject drugs. What steps are taken to ensure services are stigma-free and non-discriminatory for people who inject drugs? How does your program design incorporate the perspectives of people with lived experience?

3c) Describe your agency's experience providing HCV treatment, including to people who inject drugs. Include the number of years treating HCV, the number of clients treated, and the treatment outcomes of those clients. Include the number of clinicians treating HCV. Identify the lead HCV clinician who will provide leadership, HCV treatment and oversight for the proposed program.

3d) Applicants are instructed to include the **CV for the Lead HCV Clinician as Attachment 22** as part of your full Application submission. Please ensure that uploaded files are not "secure" or "password protected".

3e) Describe your agency's organizational structure including administrative and executive support for program implementation, fiscal management, grants management, data collection, including any experience using the AIDS Institute Reporting System (AIRS), data analysis, and program evaluation.

### 4. Program Activities

**Maximum 6 Pages  
Total 35 points**

4a) Describe the design and structure of your proposed program. Discuss your plans for championing HCV screening, testing and treatment throughout the program.

4b) Discuss how the proposed program will identify clients living with HCV. Describe strategies to recruit clients into the program.

4c) Describe your plans for maintaining client engagement from recruitment through treatment and cure. How will you address engagement with clients who may be unhoused, without consistent contact information, and/or actively using substances? Describe your plans for engaging women who use drugs, including women of reproductive age and pregnant women.

4d) Applicants are instructed to complete and include **Attachment 11: Client Engagement Strategies** as part of your full Application submission.

4e) Describe your plans for care coordination. What barriers do you anticipate clients may face and how do you propose to address these challenges? How and in what timeframe will clients access

medications?

4f) Describe your plan to provide HCV treatment within the proposed setting or by the proposed method, including who will provide HCV treatment, their experience and credentials. What strategies will be used to ensure adherence to treatment from initiation to completion?

4g) Describe how the proposed program will ensure the provision of trauma-informed, culturally responsive, stigma-free affirming services to people who inject drugs.

4h) Describe the staff for the proposed program by completing **Attachment 23B: Staffing Plan**. Include their qualifications, expertise and whether they are current or need to be hired. Describe the role persons with lived experience will play within the proposed program. Applicants are instructed to complete and include **Attachment 23B: Staffing Plan** as part of your full Application submission.

## 5. Health Equity

**Maximum 1 Page  
Total 15 Points**

5a) Describe the SDOH barriers affecting the population served by the funding. Use the most current data to quantify the SDOH needs of the priority population.

5b) What is your organization's policy for addressing SDOH? What experience does the agency have addressing SDOH, including existing screening and referral processes, staff knowledge and training?

5c) Describe your proposed program's plans to screen for and resolve barriers related to the SDOH. How will you ensure any referrals for social care needs are successful, and social care needs are met?

5d) Applicants are instructed to complete and include **Attachment 9: Plan to Address Social Determinants of Health** as part of your full Application submission.

## 6. Budgets and Justifications

**Total 20 Points**

All costs must be related to the provision of **Treat, Cure and Eliminate: Advancing Health Equity Among People Living with Hepatitis C**, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **This funding 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.**

**Complete and submit a budget following these instructions:**

6a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (1), **July 1, 2026 -June 30, 2027**, must be entered into the Statewide Financial System (SFS). Entering a budget for years two (2) – five (5) is not required. Refer to **Attachment 24: SFS Expenditure Budget Instructions**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and Work Plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable. Once the budget in SFS is completed, Applicants are required to also enter the total grant funds being requested in the

Unit Bid Price field at the bottom of the page. The total grant funds and Unit Bid Price must match in order for the application to submit successfully.

- 6b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.
- 6c) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.
- 6d) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).
- 6e) Funding requests must adhere to the following guidelines:
  - An indirect cost rate of up to 15% of modified total direct costs can be requested. If your organization has a federally approved rate, contractors may request up to 20% of the federally approved rate. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.
  - Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this RFA must apply for continuation of funding. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this RFA must apply for continuation of funding (*for currently funded RFAs*).
  - Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by the New York State Department of Health AIDS Institute to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

**Application Format - Component C**

1. Program Summary	Not Scored
2. Statement of Need	Maximum Score: 15 points
3. Capacity and Experience	Maximum Score: 20 points
4. Program Activities	Maximum Score: 45 points
5. Budget and Justification	Maximum Score: <u>20 points</u>
	100 points

**1. Program Summary Maximum 1 Page  
Not Scored**

Q01) Applicants are instructed to upload the full Application and **all** required Attachments as one (1) complete PDF document no larger than 20MB in response to this Bid Factor Question.

**Please review the full instructions in Section V. Completing the Application, A. Application Format/Content to ensure your Application is submitted successfully.**

1a) Briefly summarize your organization’s hepatitis C telehealth/telementoring program, including the organization’s experience providing HCV treatment.

1b) State the geographic region to be served.

1c) List the rural health care facilities and high-risk settings to be served.

1d) Applicants are instructed to provide an estimate of the unduplicated number of clients to be enrolled in the telehealth program **during year one (1)** and an estimate of the unduplicated number of providers to receive telementoring services **during year one (1)**.

1e) Describe how the activities will be implemented and evaluated.

1f) Applicants are instructed to complete and include **Attachment 2: Statement of Assurances** as part of your full Application submission.

1g) Applicants are instructed to complete and include **Attachment 6: Application Cover Page** as part of your full Application submission.

1h) Applicants are instructed to complete and include **Attachment 20: MWBE Requirement Forms** as part of your full Application submission.

1i) Applicants are instructed to complete and include **Attachment 21: Vendor Responsibility Attestation** as part of your full Application submission.

## 2. Statement of Need

**Maximum 2 Pages  
Total 15 Points**

**Responses should clearly demonstrate a strong need for the program in the proposed geographic area, rural health care and high-risk settings.**

2a) Clearly describe the geographic region, rural health care facilities and high-risk settings where you propose to implement the HCV Telehealth and Telementoring Program (i.e., rural health care facilities, high-risk settings, counties). Make a strong case for why the proposed program is needed.

2b) Clearly describe the needs of the **priority population** within the geographic area, rural health care facilities and high-risk settings in the selected geographic region include a description of the client population, HCV prevalence, risk behaviors, and social care needs.

2c) Clearly describe the **current HCV infrastructure and services** in the rural health care facilities and high-risk settings in the geographic region selected to participate in the proposed program.

## 3. Capacity and Experience

**Maximum 2 Pages  
Total 20 Points**

3a) Provide basic organizational information including a description of your organization, its mission and services.

3b) Describe your organizational capacity and subject matter expertise in HCV treatment, including providing HCV treatment to people who inject drugs. Include a brief description of the lead clinician who will provide leadership, HCV treatment and provider mentoring, include number of years

treating HCV, HCV treatment outcomes, experience working with people who inject drugs, experience developing curricula and training and experience mentoring other providers. Include any outcomes from your current work.

3c) Applicants are instructed to upload a copy of the **Lead HCV Clinician’s Curriculum Vitae (CV)** as **Attachment 22** as part of your full Application submission. Please ensure that uploaded files are not “secure” or “password protected”.

3d) Describe your organization’s experience and capacity for providing telehealth. Include years of experience, experience providing HCV telehealth services, telehealth platform, and any outcome data. Identify administrative, technical and other resources within the organization, including staff that will support the implementation of the proposed telehealth program.

3e) Describe your organization’s experience and capacity for providing telementoring services. Include years of experience, telementoring methods employed and how the activities were evaluated. Include any evaluation data such as provider satisfaction and improvements in provider knowledge and skills.

#### 4. Program Activities

**Maximum 7 Pages  
Total 45 Points**

4a) Describe the design and structure of the proposed telehealth program. Describe how clients will be enrolled. Describe how the care coordinator, lead clinician and spoke sites will work together to ensure each client moves through the HCV care continuum in an efficient and effective manner to achieve the goals of this RFA.

4b) Applicants are instructed to complete and include **Attachment 12: Telehealth Partners – Component C** as part of your full Application submission.

**4c)** Applicants are instructed to upload **Attachment 7: Letters of Intent to Partner** from at least five (5) rural health care facilities and/or high-risk settings identified on Attachment 12: Telehealth Partners – Component C in response to this Bid Factor Question. **Attachment 7: Letters of Intent to Partner** should be included as part of your full Application submission. Please ensure that uploaded files are not “secure” or “password protected”.

4d) Discuss proposed efforts to recruit spoke sites and HCV clients into the program for telehealth services.

4e) Discuss how the program will address the following key areas for clients receiving **telehealth services**: effective and ongoing communication with the health care team at the spoke site; and effective and ongoing communication with the client.

4f) Discuss how the program will address the following key areas for clients receiving **telehealth services**: appropriate and timely laboratory and diagnostic testing, including assessment of cure; and strategies for ensuring receipt of medications in a timely manner.

4g) Discuss how the program will address the following key areas for clients receiving **telehealth services**: strategies for client engagement; and strategies for treatment adherence.

4h) Describe the **evaluation plan** for your **HCV telehealth program**, include staff roles and responsibilities and experience conducting program evaluation. Identify specific evaluation methods and tools and how they will be used. Describe any measures that will be used to evaluate success of the telehealth program. Measures may include number and types of spoke sites served;

number of clients served, number of clients initiating and completing treatment and number of clients cured.

4i) Describe the design and structure of the proposed telementoring program. Describe which telementoring method(s) will be employed and the rationale for the method(s) chosen.

4j) Describe your **marketing plan** to promote telementoring services, including key stakeholders. Discuss proposed efforts to recruit rural health care facilities, high-risk settings and providers in the selected geographic area for telementoring services. Discuss how they will be retained.

4k) Describe the **evaluation plan** for your **HCV telementoring program**, include staff roles and responsibilities and experience conducting program evaluation. Identify specific evaluation methods and tools and how and when they will be used. Describe any qualitative and quantitative measures that will be used to evaluate success of the telementoring program. Measures may include provider satisfaction, change in attitude, change in practices, impact on provider knowledge and skills.

4l) Provide a description of your **staffing plan** for the proposed program that ensures all required activities, positions, and functions are covered and clearly describes who will implement the RFA activities, and how they will be supervised by submitting **Attachment 23C: Staffing Plan**. Indicate if the positions are existing staff or to be hired. Applicants are instructed to complete and include **Attachment 23C: Staffing Plan** as part of your full Application submission.

## 5. Budgets and Justifications

**Total 20 Points**

All costs must be related to the provision of **Treat, Cure and Eliminate: Advancing Health Equity Among People Living with Hepatitis C**, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. **This funding 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.**

**Complete and submit a budget following these instructions:**

5a) Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (1), **July 1, 2026 -June 30, 2027**, must be entered into the Statewide Financial System (SFS). Entering a budget for years two (2) – five (5) is not required. Refer to **Attachment 24: SFS Expenditure Budget Instructions**. All budget lines should be calculated as whole dollar amounts. All costs should be related to the proposed activities, as described in the application narrative and Work Plan, and should be justified in detail. All costs should be reasonable and cost-effective. Contracts established resulting from the RFA will be cost reimbursable. Once the budget in SFS is completed, Applicants are required to also enter the total grant funds being requested in the Unit Bid Price field at the bottom of the page. The total grant funds and Unit Bid Price must match in order for the application to submit successfully.

5b) For staff listed in the Personal services (Salary and Fringe) section of the budget, include a breakdown of the total salary needs for staff. Indicate how the positions relate to program implementation. Applicants are instructed to include a justification for each of the requested FTE's and for the fringe benefits requested.

5c) For each item listed under Non-Personal services, describe how it is necessary for program implementation. Non-Personal services include: Contractual, Travel, Equipment, Space/Property & Utilities, Operating Expenses and Other costs.

5d) Describe the specific internal controls your agency uses to comply with the Federal Uniform Guidance (2 CFR 200).

5e) Funding requests must adhere to the following guidelines:

- An indirect cost rate of up to 15% of modified total direct costs can be requested. If your organization has a federally approved rate, contractors may request up to 20% of the federally approved rate. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.
- Funding may only be used to expand existing activities and create new activities pursuant to this RFA. Funds may **not** be used to supplant funds for currently existing staff and activities. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this RFA must apply for continuation of funding. Agencies currently funded by the New York State Department of Health AIDS Institute to provide program services in accordance with the requirements of this RFA must apply for continuation of funding (*for currently funded RFAs*).
- Ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by New York State Department of Health AIDS Institute to be inadequately justified in relation to the proposed Work Plan or not fundable under existing federal guidance (Uniform Guidance). The budget amount requested will be reduced to reflect the removal of the ineligible items.

## 6. Work Plan (All Components)

For the **SFS Work Plan Project Summary**, applicants are instructed to insert the Project Summary as it is listed in the Component-specific Work Plan for which an application is being submitted (**Attachment 13: Work Plan: Component A; Attachment 14: Work Plan: Component B; or Attachment 15: Work Plan: Component C**). Any additional Project Summary entered in the Project Summary area **will not** be considered or scored by reviewers of your application.

Applicants are **not** required to enter Objectives, Tasks or Performances Measures in the SFS Work Plan at the time of application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in **Attachment 13: Work Plan: Component A; Attachment 14: Work Plan: Component B; or Attachment 15: Work Plan: Component C** for the Component for which the Applicant is applying.

## B. Freedom of Information Law

All Applications may be disclosed or used by the New York State Department of Health to the extent permitted by law. The New York State Department of Health 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 New York State Department of Health agrees with the Applicant's claim regarding the proprietary nature of any portion of an Application, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

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

An Application which meets ALL of the guidelines set forth above will be reviewed and evaluated competitively by the New York State Department of Health AIDS Institute. An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An Application that does not provide all required information will be omitted from consideration.

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

Applications with minor issues (for example, an Application missing information that is not essential to timely review and would not impact review scores) MAY be processed and evaluated, at the discretion of the State, but any issues with an Application which are identified by the Department **must** be resolved prior to time of award. An Application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

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

The New York State Department of Health AIDS Institute reserves the right to revise the award amounts as necessary due to changes in the availability of funding. If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. The New York State Department of Health AIDS Institute reserves the right to review and rescind all subcontracts.

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 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 Colleen Flanigan at [colleen.flanigan@health.ny.gov](mailto:colleen.flanigan@health.ny.gov) In the subject line, please write: **Treat, Cure and Eliminate: Advancing Health Equity Among People Living with Hepatitis C.**

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

## VI. Attachments

- Please note that ALL Attachments to this 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”).
- **ALL Applicants are instructed to verify that the required attachments have been included in the PDF uploaded to Bid Factor Question 01 of the application.** To check attachments, Applicants are instructed to click "View" in the SFS application for each uploaded attachment to ensure that the attachment and all of its applicable information/data is viewable in its final format.
- **PDF Attachments – due to system constraints, PDF attachments cannot be uploaded with annotations, editable fields, or JAVA/active controls. Please submit PDFs that are read- only.**

Attachment 1: Rural Health Care Facilities - Component C only\*\*

Attachment 2: Statement of Assurances\*

Attachment 3: Hepatitis C Treatment Attestation – Component A and Component B\*

Attachment 4: Memorandum of Understanding from the Non-traditional Health Care Setting – Component B only\*

Attachment 5: Geographic Regions and Rural Counties with High Hepatitis C Rates – Component C only\*\*

Attachment 6: Application Cover Page\*

Attachment 7: Letters of Intent to Partner- Component A and Component C\*

Attachment 8: High-Risk Setting Partnerships – Component A\*

Attachment 9: Plan to Address Social Determinants of Health - Component A and Component B\*

Attachment 10: Health Equity Definitions and Examples\*\*

Attachment 11: Client Engagement Strategies – Component A and Component B\*

Attachment 12: Telehealth Partners – Component C\*

Attachment 13: Work Plan - Component A\*\*

Attachment 14: Work Plan - Component B \*\*

Attachment 15: Work Plan - Component C \*\*

Attachment 16: Attachment A-1: Agency-specific Terms and Conditions\*\*

Attachment 17: Attachment A-2: Program-specific Terms and Conditions (HIV/AIDS Clause)\*\*

Attachment 18: Attachment E-1: AIDS Institute Policy on Personal Health Related Information\*\*

Attachment 19: Attachment M: Participation by Minority Group Members and Women with Respect to State Contracts: Requirements and Procedures\*\*

Attachment 20: Minority & Women-Owned Business Enterprise Requirement Forms\*

Attachment 21: Vendor Responsibility Attestation\*

Attachment 22: CV of Lead HCV Clinician\*

Attachment 23A: Staffing Plan – Component A\*

Attachment 23B: Staffing Plan – Component B\*

Attachment 23C: Staffing Plan – Component C\*

Attachment 24: SFS Expenditure Budget Instructions\*\*

Attachment 25: Application Checklist\*

\*These attachments **must** be uploaded as part of your agency’s Statewide Financial System (SFS) online Application in response to corresponding Bid Factor questions. Attachments to be

downloaded and completed are located in the “**Attachments Section**” of the Statewide Financial System online Application/Bid Event.

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