

RFA #20770 / SFS # MSWP12026 and MSWP22026

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

Request for Applications (RFA)

Migrant and Seasonal Worker Program

KEY DATES

RFA Release Date:	June 10, 2026
Questions Due:	June 24, 2026 by 4:00 PM ET
Questions & Answers Published (on or about):	July 8, 2026
RFA Applications Due in SFS:	July 22, 2026 by 4:00 PM ET

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I. Introduction

The New York State Department of Health (herein referred to as the Department), Office of Health Equity and Human Rights, announces the availability of \$1,405,724 for a four-year contract period, resulting in \$351,431 annually. These contracts are funded by New York State and federal funds, to provide services to Migrant and Seasonal Workers and their families.

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

The New York State Department of Health is committed to building on a foundation of health equity and adopted the following statement on health equity in 2024: 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. For more information on Health Equity, please see Attachment 8.

This Request for Applications covers two components:

Component 1: Services to Migrant and Seasonal Workers and their families in economic development regions (see Attachment 1).

Component 2: Services to Children of Migrant and Seasonal Workers

Available Funding

It is anticipated that up to 4 awards will be made through this Request for Applications, for an annual funding amount of approximately \$351,431 distributed among awarded applicants, for a funding period of 4 years. Up to three awards will be made under Component 1 corresponding to the New York State economic development regions: Capital Region, Mohawk Valley, and North Country outlined in Attachment 1 and below, and one additional award will be made for Component 2. Please see below and Attachment 2 for the funding breakdown by component and region. Applicants may submit only one application per component; applicants may submit one application naming each of the regions they are applying for in their cover letter.

Component 1	Estimated Migrant and Seasonal Worker Population (National Center for Farm Worker Health 2017)	Percent of total population estimated (%)	Minimum # of individuals to serve annually	Anticipated Annual Amount	Anticipated 4 Year Amount
Capital Region	5,760	9.70%	576	\$112,340	\$449,360
Mohawk Valley	3,325	5.60%	333	\$64,857	\$259,428
North Country	5,322	9%	533	\$104,234	\$416,936
Component 2 - Statewide				\$70,000	\$280,000
Total				\$351,431	\$1,405,724

Applicants applying for both Component 1 and Component 2 must complete applications separately. Each regional contract will be awarded to the highest scoring applicant for that region; no preference will be given to applicants applying for multiple regions.

If there is an insufficient number of fundable applications, The New York State Department of Health reserves the right to re-solicit any region where there are an insufficient number of applications. There will be no partial awards by region or component.

II. Who May Apply

Minimum Eligibility Requirements Component 1: Eligible Applicants serving Migrant and Seasonal Workers and their families may apply for Component 1. To see the regions eligible for funding under this component please see Attachment 1 and table above. Applicants can only submit a limit of **one** application per Applicant/organization.

1. Eligible Applicants must be prequalified in the New York State Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA.
2. Applicants must be incorporated and registered as an incorporated entity with the Secretary of State (further information can be obtained from the New York State Department of State at: www.dos.state.ny.us)
3. Applicants must attest to serve the minimum number of Migrant and Seasonal Workers and/or their family members outlined in Attachment 2. The attestation can be found on Attachment 3: Application Cover Page must be uploaded under Component 1: bid factor 1a.
4. Applicants must be a not-for-profit and/or public entity. Organization must be at least one of the following:

- a. Community health centers approved under section 330 of the Public Health

Services Act (42 USCS§2545B) as comprehensive diagnostic and treatment centers for the purpose of furnishing primary health care services, including outreach, health education and dental care, to Migrant and Seasonal Workers and their families. Community Health centers approved under Section 330 of the Public Health Services Act are also known as Federally Qualified Health Centers (FQHC) and should be able to be searched as a Federally Qualified Health Center on <https://findahealthcenter.hrsa.gov/> ;OR

- b. Not-for-profit or public health and/or human service organizations having existing contractual relationships or memoranda of understanding with community health centers that meet the criteria in (a). Proof of memorandum of understanding or contractual relationship must be provided as instructed in question 7a to meet this minimum qualification.

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

1. Eligible Applicants must be prequalified in the New York State Statewide Financial System (SFS), if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA.
2. Applicants should be incorporated and registered as an incorporated entity with the Secretary of State (further information can be obtained from the NYS Department of State at: www.dos.state.ny.us)
3. Applicants must attest to serve the minimum number of Migrant and Seasonal Workers outlined in Attachment 2. The attestation can be found on Attachment 3: Application Cover Page must be uploaded under Component 2: bid factor 1a.
4. Applicants must be a not-for-profit and/or public entity. Organization must be at least one of the following:
 - a. Community health centers approved under section 330 of the Public Health Services Act (42 USCS§2545B) as comprehensive diagnostic and treatment centers for the purpose of furnishing primary health care services, including outreach, health education and dental care, to Migrant and Seasonal Workers and their families. Community Health centers approved under Section 330 of the Public Health Services Act are also known as Federally Qualified Health Centers (FQHC) and should be able to be searched as a Federally Qualified Health Center on <https://findahealthcenter.hrsa.gov/> ; OR
 - b. Not-for-profit or public health and/or human service organizations or entities having existing contractual relationships or memoranda of understanding with community health centers that meet the criteria in (a). Proof of memorandum of understanding or contractual relationship must be provided as instructed in question 7a to meet this minimum qualification.

III. Project Narrative/Work Plan Outcomes

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

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

An Applicant may subcontract components of the Work Plan to be performed by Applicant pursuant to the terms of its Application up to 75%. If known, the Applicant is expected to state in their Application the specific components to be performed through subcontracts as well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors, and will be the primary contact for the Department. All subcontractors and subcontracts will be required to be approved by the Department.

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

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

IV. Administrative Requirements

A. Issuing Agency

This Request for Applications (RFA) is issued by the Department, Office of Health Equity and Human Rights. 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 Request for Applications (RFA) must be submitted in writing to the following email address: OHEHRADMIN@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

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 #20770, Migrant and Seasonal Worker Program in the subject line of the email.

C. Letter of Interest

A Letter of Interest is not requested for this project.

D. Applicant Conference

An Applicant Conference will not be held for this project.

E. How to File an Application

Applications must be submitted online via the Statewide Financial System by the date and time posted on the Cover Page of this 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: SFS # MSW1a26 and MSW1b26. 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: May 1, 2027- April 30, 2031.

Continued funding throughout this 4-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

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

- Attachment A-1, Agency Specific Terms and Conditions;
- Attachment A-2, Program Specific Terms and Conditions (if applicable);
- Attachment A-3, Federally Funded Terms and Conditions (if applicable);
- Business Associate Agreement (if applicable);
- Attachment M, Participation by Minority Group Members and Women With Respect to State Contracts: Requirements and Procedures

H. Payment & Reporting Requirements of Grant Awardee(s)

1. The Department may, at its discretion, make an advance payment to a successful not-for-profit grant Applicant under this RFA (a "Grantee") in an amount not to exceed 25% percent of the annual grant provided for under the Grantee's Contract.
2. The Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract to the State's designated payment office (below) or, if requested by the Department, through the Statewide Financial System:

Office of Health Equity and Human Rights, Executive Office
New York State Department of Health
Corning Tower, Room 957

RFA #20770, Migrant and Seasonal Worker Program

Albany, NY 12237

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

Payment of claims for reimbursement by the State (Department) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

Grantee will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

3. The Grantee will be required to submit the following reports to the Department at the address above or, if requested by the Department, through the Statewide Financial System:

Quarterly progress reports due thirty days after each quarter ends and an annual report due thirty days after the end of each annual period.

All payment and reporting requirements will be detailed in "Attachment D: Payment and Reporting Schedule", of the final State of New York 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 analagous 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 and Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified Minority and Women-owned Business Enterprises (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 30% for Minority-Owned Business Enterprises (“MBE”) participation and 30% 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 7 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, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

M. Vendor Responsibility Questionnaire

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

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

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

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

N. Vendor Prequalification for Not-for-Profits

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

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, and revised on December 9, 2023, the new Prequalification Policy 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).
- If you have previously registered and do not know your Username, please email helpdesk@sfs.ny.gov. If you do not know your Password, please click the "I Forgot My Password" link from the main log-in page and follow the prompts.

2) Complete your Prequalification Application

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

complete instructions on how to complete and submit an SFS Prequalification in the NYS Statewide Financial System.

- Specific questions about the prequalification process should be referred to your primary New York State agency representative. The representative specific to the NYS Department of Health can be reached at: vendorresponsibility@health.ny.gov.

3) Add 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.

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

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

O. General Specifications

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

6. Gender-Based Violence and the Workplace Certification

New York State Finance Law [§139-M](#) requires Applicants on competitive state procurements to certify that they have a written policy addressing gender-based violence and the workplace and that such policy meets the minimum requirements outlined on **Attachment X**. Applicants should review, sign, date and include as part of their submission **Attachment X**.

V. Completing the Application

A. Application Format/Content

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

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

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

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

Please note there is a 2,000-character limit for each response.

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

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

Program Specific Questions(PSQ)/Bid Factors

COMPONENT 1 APPLICATION:

1. Program Summary (Maximum Score: 5 points)

1a. Please complete Attachment 3 Application Cover Page and Attestation of Minimum

Requirements. Attachment 3 can be found with the Attachments and should be completed and uploaded to this Bid Factor question in Statewide Financial System (SFS).

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

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

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

1e. Briefly describe how your organization is committed to providing services to Migrant and Seasonal Workers and their families.

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

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

1h. Please complete and upload Attachment 7 Minority and Woman-Owned Business Enterprise (MWBE) forms in response to this bid factor question Program Specific Questions (PSQ)/Bid Factors.

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

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

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

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

2d. In order to meet the needs of the Migrant and Seasonal Workers and their families, applicants should have a clear understanding of their health and human service needs, challenges to accessing services to meet those needs and their suggestions for improving

supports and services. Describe how you obtained direct input from Migrant and Seasonal Workers and their families to inform your application and summarize their input. Also, specifically provide the number of Migrant and Seasonal Workers and their families who provided input in the statement of need and the mechanism used to obtain input.

3. Applicant Organization (Maximum Score: 15 points)

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

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

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

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

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

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

4. Health Equity (Maximum Score: 10 points)

4a. Describe how your organization understands the health equity needs of Migrant and Seasonal Workers and/or their families.

4b. Describe your organizational capacity (staff knowledge, staff training, support for collaboration and evaluation) to address health equity.

4c. Describe which social determinants of health barriers you will address with Migrant and

Seasonal Workers and/or their families and how your organization plans on using these grant funds to address these social determinants of health.

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

4e. Describe short term and long-term plans your organization has in place for ensuring the sustainability of a health equity foundation.

5. Program Activities (Maximum Score: 30 points)

5a. Describe how you will conduct outreach and health education to engage Migrant and Seasonal Workers and their families into the health care system.

5b. Describe how your program and services have been informed by input from Migrant and Seasonal Workers and their families.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7. Memorandum Of Understanding or Contractual Agreements with Federally Qualified Health Center (Maximum Score: 0 Points)

Applicant organizations not directly providing services should demonstrate established relationships with community health center(s) approved under Section 330 of the Public Health Services Act, also known as Federally Qualified Health Centers (FQHC). Established relationships with community health center(s) must be outlined in a memorandum of understanding or contractual agreement. These community health centers should be able to be searched as a Federally Qualified Health Center on <https://findahealthcenter.hrsa.gov/>.

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

8. Workplan (Maximum Score: 0 points)

This Request for Applications (RFA) has a Standardized Work Plan (Attachment 5a) set in Statewide Financial System (SFS). Attachment 5a is specific to Component 1 of this RFA. The Objectives, Tasks and Performance Measures cannot be removed from the work plan. The applicant will adhere to the implementation of work plan activities per the standardized work plan. It is also entered in SFS. No response is required for this bid factor.

9. Budget (Maximum Score: 20 points)

Applicants are instructed to prepare an annual budget based on the maximum award as indicated in Section I of this RFA, and for the region in which they are applying, if applicable. The budget for year one 05/01/2027-04/30/2028 must be entered into the Statewide Financial System (SFS). Refer to Attachment # 4 – 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 Request for Application 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.

All costs must be related to the provision of The Migrant and Seasonal Worker Program, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget narrative must delineate how the percentage of time devoted to this initiative has been determined.

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

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

Applications will be evaluated on a 100 point scale as follows for Component 1 Applications:

Application Section	Maximum Score in Points
Program Summary	5
Statement of Need	10
Applicant Organization	15
Health Equity	10
Program Narrative	30
Reporting, Evaluation and Monitoring	10

Memorandum Of Understanding or Contractual Agreements with Federally Qualified Health Center	0
Workplan	0
Budget and Justification	20
Total	100

COMPONENT 2 APPLICATION:

1. Program Summary (Maximum Score: 5 points)

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

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

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

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

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

1f. Briefly describe the experience of your organization in providing services to Children of Migrant and Seasonal Workers and provide the number of years your organization has provided services to Children of Migrant and Seasonal Workers.

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

1h. Applicants are instructed to complete and upload Attachment 7 – Minority and Woman-Owned Business Enterprise MWBE forms in response to this bid factor question.

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

2a. Provide a description of the geographic area in which services will be offered including: the region (s), county(ies), township(s), village(s) and zip code(s) that will be served, as well as specific service locations such as farms, migrant/labor camps and housing, processing plants, racetracks, etc. where services will be provided. Describe any assets in the

community that are currently available to address the health and human service needs of Children of Migrant and Seasonal Workers in the proposed catchment area.

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

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

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

3. Applicant Organization (Maximum Score: 15 points)

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

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

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

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

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

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

4. Health Equity (Maximum Score: 10 points)

4a. Describe how your organization understands the health equity needs of Migrant and Seasonal Workers and/or their families.

4b. Describe your organizational capacity (staff knowledge, staff training, support for collaboration and evaluation) to address health equity.

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

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

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

5. Program Activities (Maximum Score: 30 points)

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

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

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

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

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

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

5g. Indicate whether the services contained in the workplan will be provided directly by your organization or provided through another organization. If your organization will not directly provide the required service, please indicate the organization that will be responsible for

providing the service(s). Please indicate if your organization will reimburse for the service via subcontract, direct payment, or other mechanism, or if the service will be available without payment by your organization.

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

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

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

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

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

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

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

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

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

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

7. Memorandum Of Understanding or Contractual Agreements with Federally Qualified Health Center (Maximum Score: 0 Points)

Applicant organizations not directly providing services should demonstrate established relationships with community health center(s) approved under Section 330 of the Public

Health Services Act, also known as Federally Qualified Health Centers (FQHC). Established relationships with community health center(s) must be outlined in a memorandum of understanding or contractual agreement. These community health centers should be able to be searched as a Federally Qualified Health Center on <https://findahealthcenter.hrsa.gov/>.

7a. If Applicant organization is not directly providing services to Children of Migrant and Seasonal Workers please include Memorandum of Understanding or Contractual Agreements demonstrating any collaboration with health and human services providers and other partners who will provide services to Children Migrant and Seasonal Workers. Please upload in one document. Please include a copy of an original document dated no earlier than one year prior to the date the applications are due, as listed on the cover of this Request for Applications (RFA); Please demonstrate the level of commitment, anticipated activities or in-kind contributions of each collaborator and should not merely discuss support of the program. Letters of support and/or collaboration are NOT equivalent to a memorandum of understanding or contractual agreement. The document should demonstrate ways in which collaborators will assist with promotion, outreach and recruitment activities or accept referrals for health care or other ways in which the collaborators will expand the reach of the scope of work of your organization.

8. Workplan (Maximum Score: 0 points)

This Request for Applications (RFA) has a Standardized Work Plan (Attachment 5a) set in Statewide Financial System (SFS). Attachment 5a is specific to Component 2 of this RFA. The Objectives, Tasks and Performance Measures cannot be removed from the work plan. The applicant will adhere to the implementation of work plan activities per the standardized work plan. It is also entered in SFS. No response is required for this bid factor question.

9. Budget (Maximum Score: 20 points)

Applicants are instructed to prepare an annual budget based on the maximum award as indicated in Section I of this RFA, and for the region in which they are applying, if applicable. The budget for year one 05/01/2027-04/30/2028 must be entered into the Statewide Financial System (SFS). Refer to Attachment #4– 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 Request for Application 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.

All costs must be related to the provision of The Migrant and Seasonal Worker Program, as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget narrative must delineate how the percentage of time devoted to this initiative has been determined.

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

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funds for currently existing staff activities.

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

Applications will be evaluated on a 100 point scale as follows for Component 2

Applications:

Application Section	Maximum Score in Points
Program Summary	5
Statement of Need	10
Applicant Organization	15
Health Equity	10
Program Narrative	30
Reporting, Evaluation and Monitoring	10
Memorandum Of Understanding or Contractual Agreements with Federally Qualified Health Center	0
Workplan	0
Budget and Justification	20
Total	100

B. Freedom of Information Law

All Applications may be disclosed or used by the Department to the extent permitted by law. The Department may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State agency records, and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **Any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.** Applicants are instructed to clearly and specifically identify all proprietary/confidential information from the application on a separate MS Word document and upload the document to the full PDF of the Application. Label the attachment as “Proprietary/Confidential Information” and include the following sentence in the document, “Subject to Public Officers Law the following materials are considered trade secrets, proprietary, and/or confidential commercial information.” If the Department agrees with the Applicant’s claim regarding the proprietary nature of any portion of an Application, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

An Application which meets the Minimum Eligibility Requirements will be reviewed and evaluated competitively by the the Department, Office of Health Equity and Human Rights. An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An Application that does not provide all required information may be omitted from consideration.

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 Office of Health Equity and Human Rights (OHEHR).

An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An Application that does not provide all required information will be omitted from consideration.

Applicants may choose to apply to provide services across multiple regions shown in Attachment 1 and should specify what regions and components they are applying for in Attachment 3. Each application will be scored and ranked for selection in each region and component applied for. Applicants may or may not receive awards for any and/or all regions or components applied for.

Applications will be pre-screened to ensure that the minimum eligibility requirements are met. Minimum eligibility requirements are listed in section II. A. Applications that do not meet one or more of these requirements will not be reviewed for funding.

Applications will be reviewed and scored by a New York State Department of Health team of trained reviewers using standardized review tools developed specifically for this Request for Applications (RFA).

Applications must have a minimum score of 65 to be considered for funding.

In the event of a tie score among eligible applicants, a higher score in the section: Program Activities will break the tie. A higher score in the section Budget and Justification will be the second tie breaker.

Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

Applicants must request annual funding between the amounts indicated on Attachment 2. Funding will be awarded based on the component and/or service delivery area in proposed regions. The requested funding needs to be consistent with the scope of services proposed and be reasonable and cost effective.

If no successful applications are received for a region or component, The New York State Office of Health Equity and Human Rights reserves the right to issue a competitive procurement to fund the remaining region(s) or component(s). The New York State Department of Health Office of Health Equity and Human Rights reserves the right to revise

the award amounts as necessary due to changes in availability of funding or to shift funding from one Component of the RFA to another Component should there be an insufficient number of fundable applications received in any Component.

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

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

Applicants will be deemed to fall into one of three categories: 1) not approved, 2) not funded due to limited resources, and 3) approved and funded. Not funded Applications may be awarded should additional funds become available.

Once awards have been made pursuant to the terms of this Request for Applications (RFA), an Applicant may request a debriefing of their own Application (whether their Application was funded or not funded). The debriefing will be limited only to the strengths and weaknesses of the Application submitted by the Applicant requesting a debriefing and will not include any discussion of ANY OTHER Applications. Requests for a debriefing must be received by the Department of Health, Office of Health Equity and Human Rights no later than fifteen (15) Calendar days from date of the award or non-award announcement to the Applicant requesting a debriefing.

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

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

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

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

Applicants will be deemed to fall into one of three categories: 1) not approved, 2) not funded due to limited resources, and 3) approved and funded. 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 Office of Health Equity and Human Rights no later than fifteen (15) Calendar Days from date of the award or non-award announcement to the Applicant requesting a debriefing.

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

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 Attachments to this RFA are not included in the RFA document, but can be accessed on the "**Event Page**" for this RFA/Bid Event located in the [Statewide Financial System \(SFS\) Vendor Portal](#) or once an Application has been started, under the "**Event Comments and Attachments Section**" of the online Application. To access the Event Page and online Application/Bid Event, including required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Statewide Financial System Vendor Portal. Once logged into the Vendor Portal, prospective Applicants can locate the "Events Page" for this Bid Event by selecting the "Grants Management – State" tile, selecting the "Bid Event Search" tile, searching for this Bid Event, and then selecting the "View Event Package". Attachments that are requested to be uploaded as part of an Application/Bid Event response will be requested in individual corresponding Bid Factors in the online application (See Section V.A., "Program Specific Questions (PSQ)/Bid Factors").

Note: Any updates to the RFA/attachments will be addressed in an Addendum to the RFA. **Addendums, as well as questions and answers, will be posted to the [SFS Public Portal Homepage](#) under the Grant Opportunity for this Bid Event, not in the application itself.** To access these documents in SFS, Applicants must go to the Grant Opportunity and select "View Grant Opportunity" **which can ONLY be viewed when logged out of the SFS Vendor Portal.** Any updated Attachments will be posted on the NYS Department of Health Funding Opportunity website: <https://www.health.ny.gov/funding/>.

- **ALL Applicants are instructed to verify each required attachment that has been uploaded to the application.** To check attachments, Applicants are instructed to click "View" in the SFS application for each uploaded attachment to ensure that the attachment

and all of its applicable information/data is viewable in its final format.

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

Attachment 1: Map of Economic Development Regions for Component 1

Attachment 2: Anticipated Awards by Component and Region

Attachment 3: Application Cover Page

Attachment 4: Budget Instructions

Attachment 5a: Workplan Component 1

Attachment 5b: Workplan Component 2

Attachment 6: Vendor Responsibility Attestation

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

Attachment 8: Health Equity Definitions

Attachment 9: Gender-Based Violence and the Workplace Certification

Attachment 10: Attachment A-1, Agency Specific Terms and Conditions

Attachment 11: Attachment A-3, Federally Funded Terms and Conditions

Attachment 12: Attachment M, Participation by Minority Group Members and Women With
Respect to State Contracts: Requirements and Procedures

Attachment 13: Attachment H, Federal Health Insurance Portability and Accountability Act
Business Associate Agreement