

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

**Request for Applications (RFA): 2007 Communities of Color (COC)**

**Modifications to the RFA**

A corrected version of Attachment #3, Application Check List, is included as the last page of this document. Applicants should use this version instead of that originally posted on the Department of Health website.

**Questions and Answers**

**Applicant Eligibility**

1. If you have an existing prevention grant from the AIDS Institute, can you apply for this grant for another target population or location?

***Yes. Funds provided pursuant to this solicitation are to be used to create, continue or expand HIV-related activities and supportive services for targeted populations identified in this solicitation. Please refer to pages 5-6 of the RFA for information on utilization of funds.***

2. If funding from the AIDS Institute is about to end, can this grant be used to support that program?

***Yes. Please see the response to question 1 above.***

3. If an applicant is funded by the AIDS Institute under the primary care initiative, can funding be provided under this RFA to enhance prevention services outlined in this RFA?

***Yes. Please see the response to question 1 above.***

4. Can another service within the agency that is not funded by the AIDS Institute be funded under this application?

***Yes. However, funding cannot be used to supplant existing services. Please see the response to question 6 below. Proposed program services and activities should be described in the program design. Please refer to pages 18-22 of the RFA for information on scope of program services and interventions that can be funded.***

5. Can funds be used to support a program whose federal funds have just ended?

*Yes. Please see the response to question 1 above.*

6. Can funds be used to supplant existing services?

*No. Funds provided pursuant to this solicitation are to be used to create, continue or expand HIV-related activities and supportive services for targeted populations identified in this solicitation and may not be used to supplant resources supporting existing services or activities. Please refer to pages 5-6 of the RFA for information on utilization of funds.*

7. Can two hospitals collaborate and submit an application?

*Yes. The applicant should submit a Memorandum of Agreement (MOA) that clearly delineates the roles of the lead applicant and of each co-applicant. Please refer to page 10 of the RFA for applicant eligibility requirements.*

8. Can an agency with both an AIDS day health center and a dedicated nursing home for persons with AIDS apply for a program at both sites?

*Yes, though an organization may only submit one application under this solicitation regardless of how many populations are targeted, activities planned or the number of venues in which services are delivered.*

9. Can the same organization apply as a solo applicant and be listed as a sub-contractor on another application? Would this be considered two applications?

*It is permissible for an applicant to be a lead applicant and be listed as a sub-contractor on another application. Please refer to pages 10-11 of the RFA on applicant eligibility requirements and general program requirements.*

10. Can a CSP (Community Service Program) or Multiple Service Agency (MSA) apply for the MSA funding under this RFA?

*Yes. The applicant does not have to currently be an MSA to apply for the \$300,000 that has been designated to support an MSA program in Brooklyn. The applicant must meet the applicant eligibility requirements that are specified on page 10 of the RFA. In addition, the applicant should review the description of an MSA, which is on page 6 of the RFA.*

11. A. If two organizations that serve Latino immigrants want to collaborate, is it a problem if the lead applicant and subcontractor are not located in the same borough?

*Applications submitted on behalf of a consortium of providers designating one of the agencies as the lead applicant for the consortium will be accepted. Please refer to Section III-A, page 10 of the RFA for applicant eligibility requirements.*

B. Would these organizations also be able to do some of their work with migrant workers in the Hudson Valley?

***Yes. As specified on pages 10 and 11, Section III-C program requirements, agencies receiving grant funding should have or develop clearly defined and documented bi-directional referral agreements for specific services needed by the target population(s) identified in this RFA.***

12. Can programs that operate independently but fall under the same organization submit more than one application?

***No. Organizations may only submit one application under this solicitation. Refer to page 6 of the RFA.***

13. Can non-direct service providers who provide TA to direct service providers apply?

***Only not-for-profit 501(c)(3) health and human service organizations may apply. Refer to page 10 of the RFA for applicant eligibility requirements. The intent of the RFA is to fund prevention interventions and activities. If an applicant seeks support for TA, there must be a clear justification of the need for support of this service. Please refer to pages 18-22 for information on the scope of program services and interventions that can be funded.***

14. If a lead organization provides services at a variety of sites in addition to its own, can the sites be located in more than one borough or even in another county if there is a reasonable need?

***Yes. Applicants receiving grant funding should have or develop clearly defined and documented bi-directional referral agreements for specific services needed by the targeted population(s) identified in this RFA that are not available on site. Please refer to page 11 of the RFA for information on general program requirements.***

15. We are one of largest providers of SRO transitional housing for people with HIV/AIDS in NYC. Would we be able to apply for funding under this solicitation to create an innovative way to help our clients who are already living with the disease (we serve about 1200 people per year, of whom 89% are people of color) as well as to do informational programs for people in the surrounding communities of our sites in NYC?

***Applicant eligibility requirements are listed on page 10 of the RFA. Only not-for-profit 501 (c) (3) health and human service organizations may apply. The purpose of this funding is to fund HIV prevention services that will address the needs of the individuals targeted in communities of color. See page 5 of the RFA. The applicant may use a combination of interventions/activities to achieve goals of the proposed model/design. The scope of program services and interventions are listed on pages 18 - 22 of the RFA.***

16. We are planning to apply for funding under this RFA. Another provider has also approached us and would like us to be a co-applicant in its application for funding under this solicitation, with the other provider being the lead applicant in that funding proposal. On page 6 of the solicitation it states: "Organizations may only submit one application under this solicitation...." Are we allowed to submit a second application, therefore, if we are not the primary applicant on one of them?

***Yes. Applicants can submit a joint application designating one agency as the lead applicant. Organizations cannot be a lead applicant on more than one application. Please refer to page 6 of the RFA.***

17. If the other provider decides to go it alone, and not apply with us as described in the question 16 above, can it list us as a subcontractor if we are also submitting our own separate application?

***Yes. Funded programs are required to have or develop formal, active working relationships through letters of agreement, memoranda of understanding (MOUs) or sub-contractual arrangements with other local providers serving the target populations. Please refer to general program requirements described on pages 10 and 11 of the RFA.***

18. Should each agency in a consortium include its own capacity and experiences in the narrative given the page limits?

***The lead applicant's capacity and experience should be described consistent with pages 23-24 of the RFA. As appropriate, the other agencies' capacity and experience should also be addressed.***

19. If the Board of Directors is not representative of target population, can a Consumer Advisory Board be used instead of the Board of Directors for purposes of target population representation?

***Preference will be given to applicants with a Board of Directors and staff who reflect the population served. Applicants that do not have a Board and staff representative of the target population will not have this preference; however they should discuss their history and successes in serving the targeted population and the role and demographic composition of relevant consumer advisory boards. In the RFA, there are specific questions pertaining to the Board of Directors and consumer input. Please refer to page 23 of the RFA regarding agency capacity.***

20. If an applicant is part of a hospital and is submitting an application, should a proposed program's mission be linked to the overall hospital mission?

***Yes, if the hospital is the applicant.***

21. Can letters of support from community members and/or elected officials be included?

***Yes. They are not required, and they are not scored.***

## **Scope of Program Services and Interventions**

22. Will the AIDS Institute consider supporting/funding applications that propose to evaluate and develop new prevention interventions?

***Yes. The applicant must show that the intervention is evidence-based. The applicant must also justify the need of the proposed intervention. Although funding under this RFA is intended for direct services, evaluation costs can be supported as long as the need is adequately justified and relates to the program design. Evaluation costs are not precluded, however they should be adequately justified.***

23. Can you develop your own prevention intervention and allocate funds from this RFA to evaluate it?

***Yes. Please see the response to question 22 above.***

24. Can an agency partner with an educational institution to evaluate the program?

***Yes. Please see the response to question 22 above.***

25. Will there be a preference for prevention for positives as opposed to prevention for persons at risk?

***No. The program design including those individuals targeted should support the need statement. Please refer to page 4 of the RFA regarding priority populations.***

26. Will some of the outreach activities enumerated on page 18 of the RFA be preferred over others?

***An applicant's proposed program design should identify those outreach activities appropriate to the target population(s) and service model. Please refer to page 18 for the outreach activities which may be included in this application and refer to page 25 for information on developing program design.***

27. If the program has a long-term plan (over 4-5 years) can the application be written as such?

***Yes, however the proposed budget should be for 12 months, and the program design should include activities consistent with this budget and time frame.***

28. Housing is not listed as priority service in the RFA. Can funds be used for emergency housing?

***The purpose of the RFA is to fund HIV prevention services that will address the needs of individuals targeted in communities of color. Priority populations within communities of color are listed on page 4 of the RFA. Applicants may use a combination of interventions/activities to achieve the goals of the proposed program. Emergency housing services can be funded under this RFA, however, there must be a clear***

***justification for including this service in the program design. Please refer to pages 18-22 for information on scope of program services and interventions.***

29. Can people of color with AIDS in the criminal justice system be targeted under this RFA?

***Yes. The purpose of the RFA is to fund HIV prevention services that will address the needs of individuals targeted in communities of color. The application should include a justification for the chosen target population and the proposed program design.***

30. Is there interest in serving mentally ill people of color?

***Yes. See the response to question 29 above.***

31. Can different groups with different activities be targeted in one application?

***Yes. See the response to question 29 above.***

32. In an application can a program target different groups within a population?

***Yes. See the response to question 29 above.***

33. Would an application be funded that serves various sub-populations (i.e. – agency serves youth, but would like to focus on transgender youth or young women)?

***Yes. See the response to question 29 above.***

34. What should an agency do if they serve two regions (Nassau and Queens)?

***The applicant should specify where services will be provided.***

35. Can you apply for this grant and cover more than one region?

***Yes. See the response to question 34 above.***

36. Will a proposal whose primary objective is to bring about community change be deemed less responsive to the RFA than one which seeks more directly to change individual behaviors?

***No. Community level interventions are included in the scope of fundable program services and interventions. Please refer to page 19 of the RFA for information regarding community level interventions.***

37. What types of outcome measures are acceptable and do they need to demonstrate a certain level of behavior change?

***Outcome measures should be tied to program objectives and goals as described in the proposed program design. Please refer to pages 11- 12 of the RFA for information on evaluation requirements for funded agencies.***

38. Can there be co-lead agencies?

***No. There can be only one lead applicant per application. Please refer to applicant eligibility requirements on page 10 of the RFA.***

39. Would a component that incorporates on-site HIV testing using a partner organization be funded?

***Yes. Please refer to pages 18-20 of the RFA for scope of program services and interventions to be funded.***

40. For a consortium, are there specific requirements for designation as a lead agency or is it the choice of the applicant?

***Members of the consortium may choose the lead agency, however, this lead agency must meet the eligibility requirements stated in the RFA. Please refer to page 10 of the RFA for the applicant eligibility requirements.***

41. Is prevention limited to those persons or groups who are at risk in the immediate or near future? Or can prevention be funded that will help lay the groundwork and foundation for those who may likely engage in risky behaviors later in life if no prevention efforts reach them before they start such behavior?

***Priority populations within communities of color of special concern in this solicitation are listed on page 4 of the RFA. This RFA does not preclude an applicant from targeting individuals in communities of color who are not among the priority populations enumerated in the RFA, however the applicant must justify the choice of this population in the need statement. Please refer to page 24-25 of the RFA for an explanation of the need statement.***

42. Will programs that propose to reach a larger number of people be given preference over programs which concentrate on a select smaller number of individuals?

***No. There is no preference given to programs based on the number of individuals targeted. However, the applicant should justify the need for the proposed program design, including target population, scope of services and interventions to be delivered, size of the region and have a budget that is consistent with the program design. Please refer to pages 27-28 of the RFA for an explanation of factors which will be considered by reviewers.***

43. Can we work with HIV-positive individuals who are in care but who are not receiving secondary prevention and risk reduction training?

***Yes. The proposed program design should be supported by the need statement.***

44. Can you target more than one population?

***Yes. Funds provided pursuant to this solicitation are to be used to create, continue or expand HIV-related activities and supportive services for targeted populations identified in this solicitation. Please refer to pages 5-6 of the RFA for information on utilization of funds.***

45. Do you have to have documented outcomes for services referred outside of the agency?

***Letters of agreements, MOUs, or subcontractual arrangements should include a mechanism for documenting outcomes of the referral process. Please refer to page 11 of the RFA for general program requirements.***

46. Can you hire a case manager under this funding?

***Though this RFA is mainly intended to support prevention services, in some very specific, very limited instances funding case management will be considered. Applicants should provide a compelling argument for the provision of case management services and why other funding sources such as Medicaid are not available as stated on page 21 of the RFA.***

47. Can prevention services be delivered in substance abuse treatment facilities and/or local county jails?

***Yes. The purpose of the RFA is to fund HIV prevention services that will address the needs of individuals targeted in communities of color. Priority populations within communities of color are listed on page 4 of the RFA. Applicants may use a combination of interventions/activities to achieve the goals of the proposed program design including location of where services are to be conducted/provided. Please refer to pages 18-22 for information on scope of program services and interventions.***

48. Is this RFA performance based?

***This RFA is not based on a fee for services model. Funded agencies will be awarded a base budget and will submit vouchers to the Department for reimbursement of program expenditures. There are general program requirements that are based on performance and that funded agencies are expected to follow. The general program requirements are listed on pages 11 to 12 of the RFA. The applicant must demonstrate a need for the proposed services in the application.***

49. Will all HIV testing funded under this initiative require PEMS forms to be completed for each person testing?

***Funded applicants will be required to participate in data collection and reporting of interventions/services delivered. Agencies funded to provide HIV counseling and testing services will be required to complete Counseling and Testing Scannable (CTS) forms or***

***use URS (the AIDS Institute data reporting system) for collecting and reporting data related to these activities. The AIDS Institute data reporting system is reviewed and updated on a regular basis to comply with both federal and state reporting requirements.***

50. Can funds from this initiative be used to purchase HIV tests? Prevention supplies, including safe sex kits? Can funds be used to pay for mobile van use?

***Yes. The budget in your application should relate directly to the activities described in the application. Please refer to pages 18-22 for specific information on scope of services and interventions to be funded under this RFA and page 27 for specific information on completing the budget section of the RFA.***

51. Can funds be used to pay peer stipends?

***Yes. Applicants may use a peer stipend model as part of their funded program. Please refer to pages 18 to 22 of the RFA for specific information on scope of program services and interventions.***

52. Are the references to peer models exclusive to HIV-positive individuals or can the peers be defined in another way, e.g. HIV-negative women?

***There is no requirement that peers be HIV-positive individuals. Both HIV-positive and negative individuals may be peers.***

53. Would an application be considered for funding if the proposed program services only address the prevention needs of two community-of-color groups?

***Yes. The purpose of the RFA is to fund HIV prevention services that will address the needs of individuals targeted in communities of color. Priority populations within communities of color are listed on page 4 of the RFA. The application should include a justification for the chosen target population and the proposed program design.***

54. To what extent should the agency staff represent the targeted community or community at risk?

***The Department does not have a requirement on the percentage of staff that should represent the targeted community; however, preference will be given to those organizations that can demonstrate success in serving the targeted population and that has a board, staff, including senior management that is representative of the proposed targeted populations.***

55. Will prevention support groups be funded?

***Yes. The applicant should describe how the support group relates to the program design.***

56. Is PCRS an evidence-based intervention?

*This is an activity, not an intervention. It is included as part of HIV counseling and testing services to support HIV-positive individuals in informing others of their HIV status. Applicants should justify implementation of their proposed interventions and activities. Please refer to page 33 of the RFA for the service definitions.*

57. Is prevention case management considered evidence-based?

*Yes. Prevention case management is now called Comprehensive Risk Counseling and Services (CRCS). Please refer to page 31 of the RFA for specific information on CRCS.*

58. Might there be other service definitions?

*Yes. There may be definitions other than the ones listed in the RFA. If an applicant chooses to use service definitions other than those mentioned in the RFA, an explanation of those service definitions should be provided*

59. Is it better to test intervention models or use existing models?

*An applicant can adapt or use other interventions; however chosen interventions must be evidence-based and justified.*

60. Will the AIDS Institute fund a program for which evidence-based models cannot be found for that specific target population?

*Yes. An applicant can adapt or use other interventions; however proposed interventions must be evidence-based and justified.*

61. Are fundable case management services only those which are HIV-specific, or may they instead be relevant to and offered for alcoholism and other addictions?

*Fundable case management services should be designed to re-engage clients back into services. The applicant should justify the need for these services.*

62. Will comprehensive risk counseling services be funded only in specific limited cases?

*The applicant should refer to page 20 of the RFA for specific information on fundable supportive services activities.*

63. Can culturally appropriate programs be funded that use traditional, cultural concepts that have sustained communities for several generations?

*Yes. Please refer to page 19 of the RFA for scope of services and interventions that can be funded.*

64. Is STD treatment fundable or only STD screening?

*STD screening and treatment are both fundable. The program design and the budget should relate to the applicant's need statement.*

65. What other interventions besides DEBIs are fundable?

***Programs do not need to implement a DEBI, however chosen interventions must be evidence-based. The applicant must justify the chosen intervention.***

66. Will the AIDS Institute assist programs with getting information on the DEBIs?

***Yes. Programs are also encouraged to explore the information on these interventions available at <http://www.effectiveinterventions.org>.***

67. Will travel be supported to attend trainings on the DEBIs?

***Yes, travel will be supported if the trainings are consistent with the applicant's program design.***

68. Can programs use a model that is in the process of being approved as evidence-based?

***Yes. However, programs should be aware that training might not be readily available for the proposed intervention.***

69. Define tailoring and adapting as it relates to fidelity of various evidence-based models and the impact on being considered for funding. How far can an evidence-based model be tailored/adapted to fit a specific target population and still be considered for funding?

***There should be a reasonable case for tailoring/adapting evidence-based interventions when an intervention is not available for a specific population. Applicants need to address what adaptations are to be made and how the intervention is to be implemented. Please refer to the <http://www.effectiveinterventions.org> for specific information for training on tailoring and adapting interventions.***

70. Can a start-up period be written into the grant application for hiring staff, training staff, program promotion, etc?

***Yes, this should be explained in the program design.***

71. Can a logic model be included?

***Yes, however it is not required. If it is included, it should be done as an attachment. All attachments must be numbered.***

72. Can outcome-monitoring tools be included?

***Yes. Please see the response to question 71 above.***

73. Can other promotional materials be included in the package?

***Yes. Please see the response to question 71 above.***

74. Should the application include contractual obligations or MOUs?

***Funded programs are required to have or develop formal, active working relationships through letters of agreement, memoranda or understanding (MOUs), or sub-contractual arrangements with other local providers serving the target populations. Please refer to pages 10-11 in the RFA which explains applicant requirements and preferences.***

75. Will existing service linkages be sufficient, or do all MOUs need to be specific to this application?

***Linkage agreements should be strong, appropriate, relevant to the application and up to date. Please refer to page 11 of the RFA for general program requirements.***

76. Do all MOUs need to be with the lead agency or can they be split among consortium members.

***MOUs can be split among consortium members; however they should be consistent with the proposed program design.***

77. Should copies of MOUs be included or just a list of agencies with which you have linkages.

***Copies of all relevant MOUs should be included as attachments.***

78. For consortiums, which agencies' organizational charts should be provided?

***The lead applicant must submit an organizational chart, and co-applicants' organizational charts may also be submitted as appropriate.***

79. Will programs be utilizing URS or AIRS?

***AIRS is the new Visual Fox Pro platform for URS. The AIDS Institute is currently working with funded contractors to convert from legacy URS to the new Visual URS (AIRS).***

80. Can budgets reflect costs associated with the switch from URS to AIRS?

***As appropriate, conversion-related costs may be considered.***

81. When is PEMS going to be implemented, and should staff be retrained?

***The AIDS Institute data reporting system (URS) is reviewed and updated on a regular basis to comply with both federal (including PEMS) and state reporting requirements. The AIDS Institute is working with funded contractors to convert from legacy URS to the new Visual URS (AIRS). Training on AIRS is currently available. Information on URS/AIRS can be accessed at <http://www.ursny.org>.***

82. Should URS forms be used to collect data, or can a program use its own data collection forms?

***URS forms are available and preferred; however, providers can use their own forms as long as the data elements collected are in compliance with AIDS Institute reporting requirements.***

83. If an agency does not use URS, but another compatible system, is this ok?

***Yes, however, the agency must submit URS compatible data to meet the AIDS Institute data reporting requirements.***

84. My agency currently utilizes KABB surveys to capture indicators pertaining to HIV-positive individuals over 50 years of age. Is there a standard KABB survey that should be used for responding to the RFA?

***Please refer to page 11 of the RFA for specific program requirements regarding evaluation.***

85. Will this RFA cover rental space for agencies looking to expand their program to another site?

***Yes. The budget should relate to the proposed program design.***

### **Administration**

86. How long before July 1<sup>st</sup> will agencies know if they have been funded?

***Agencies will be notified as soon as the review process is concluded and final decisions have been made. Contracts may start later than July 1<sup>st</sup> if the review process takes longer than anticipated.***

87. Is the grant award stable over 5-year period, or is there an allowable increase?

***It is expected that grant awards will remain stable. Funding is contingent upon the State budget.***

88. Within a consortium should each participating agency submit the vendor responsibility questionnaire (VRQ) and audit financial statements?

***No. Only the lead agency has to submit the VRQ. However, if the application is awarded funding, the other agencies will be required to submit the VRQ.***

89. Do audited financial statements need to be submitted with the application?

***Yes. It is item 30 on the VRQ.***

90. Can draft audits be submitted or should the most recent version be submitted?

***The most recent financial audit statements should be submitted; if the audit is out of date, the applicant must provide an explanation.***

91. Is a work-scope needed for sub-contracts over \$10,000?

***Yes. A brief description of the work to be performed should be included on the budget form. All costs should also be itemized on the budget form.***

92. If the lead agency in a consortium has a federally approved administrative rate, can other agencies piggyback off of that rate?

***No.***

93. What is the purpose behind the guideline to not supplant existing programs?

***The purpose of this solicitation is to create or expand services for communities of color. Supplantation is not consistent with this goal.***

94. How old can a bi-directional referral agreement (BDRA) be without being considered out-of-date?

***Linkage agreements should be strong, appropriate, relevant to the application and up-to-date. Please refer to page 11 of the RFA for general program requirements.***

95. Can an applicant sign an MOU on behalf of other applicants?

***Yes.***

96. Are incentives (e.g. food, metro cards for clients and peers) fundable?

***Yes, however these costs should be justified and linked to the program design.***

97. Will the grant support data staff?

***Yes. See the response to question 96 above.***

98. Are indirect costs in addition to the requested amount, or are they a part of total budget amount?

***Indirect costs are part of the total budget amount being requested.***

99. Can the budget show in-kind staff?

***Yes. This information can be shown on page 2 of the budget.***

100. Are consortiums limited to the total of \$300,000?

***Yes. Please refer to page 10 of the RFA regarding applicant requirements.***

101. Would an evaluation consultant be an allowable expense?

*Yes. See the response to question 96 above.*

102. Can less than a \$100,000 be requested?

*Yes.*

### **Miscellaneous**

103. Is this new money or a resolicitation of current contracts?

*These funds are a blend of new and existing state dollars. The total anticipated funding available for all awards is \$2,500,000, of which \$300,000 will be funded from the Multiple Service Agency (MSA) appropriation which supports minority community-based organizations with a history of providing a broad range of health and human services to populations heavily impacted by the epidemic and integrate HIV prevention and support services in their agencies.*

104. Is this RFA a resolicitation of the current Community of Color contracts?

*No.*

105. Our agency/program received a letter specifying February 27 as the deadline for application submission for this initiative. I went to the web address listed and clicked on the appropriate listing but only found another announcement letter. Could you direct me to finding more information regarding the guidelines for programs and application?

*The submission deadline for applications under this RFA is March 7, 2007. You can find a copy of the application on the DOH website at <http://www.nyhealth.gov/funding/>.*

106. Do we need to write a letter of intent if interested in this grant? If so, is there a prescribed format for this letter of intent?

*No. A letter of intent is not a requirement for the application process under this RFA.*

107. Do we need to register for the applicant conference? If so, with whom do we register?

*No. Applicants are not required to register for the applicant conference. Please refer to page 13 of the RFA for Applicant Conferences locations and times.*

108. Are you looking to fund a specific organization in Queens as an MSA provider?

*No. The Department intends to fund one of the NYC applicants to be an MSA located in the Williamsburg/Green Point/Bushwick area.*

109. Can the RFA attachments be e-mailed to organizations responding to the RFA?

*If you would like a copy of the attachments emailed to you, please contact Dina Williams at [dmw01@health.state.ny.us](mailto:dmw01@health.state.ny.us) or call 518/486-1412.*

**Other**

110. What is the margin size?

*Margins must be 1 inch on all sides. Please refer to page 22 of the RFA for applicant content and format.*

111. Do page limits apply no matter the size of the consortium?

*Yes. Applications should not exceed 15 double-spaced pages. Please refer to page 22 of the RFA for applicant content and format.*

112. Should pages be consecutively numbered?

*Yes. Please refer to page 22 of the RFA for applicant content and format.*

113. Should references (citations) be listed at the end of the narrative or as an attachment?

*Either, references will not be included as part of the page limit.*

114. Can 10-11 point font size be used in a table?

*No. The required font size is 12 point. Tables are not exempted from this requirement. Failure to follow content and format guidelines may result in a deduction of up to 5 points in the reviewers' assessments. Please refer to page 22 of the RFA for an explanation of application content and format.*

115. A table in the RFA specifies how contract awards will be distributed across regions. Is there a comparable anticipated distribution of grant awards with respect to various populations, e.g. women, MSM, etc.?

*No. The highest scoring applications will be funded. Based on prior RFA experience, we expect to have a representative mix of populations.*

116. Funding for ESAP and opioid overdose prevention activities are limited in the RFA to those providers which are currently registered and authorized for delivering these services. What is current and why does this funding restriction exist?

*Current is as of date of the application review. This requirement exists because we cannot fund providers to deliver services for which they are not authorized.*

117. Do the demographics of the application reviewers correspond to those of the target populations for this RFA?

***Reviewers include AIDS Institute staff, staff from the New York City Department of Health and Mental Hygiene and others. There is diversity of age, race, ethnicity, and region among these reviewers. These reviewers also have considerable expertise and history in working with providers serving the target populations.***

118. If you fund two grants in a particular region, when a maximum of two grants is allocated for that area, can both grants be awarded up to \$300,000 or do they share that amount?

***Individual award size will range between \$100,000 and \$300,000. It is possible for more than one grant in a particular region to be awarded up to \$300,000. Please see page 5-6 of the RFA for funding information.***

**APPLICATION CHECK LIST**

Please submit one original and five (5) copies of your application. Your submission must include this checklist and the items listed below:

- \_\_\_\_\_ Application Cover Sheet (use Attachment #2)
- \_\_\_\_\_ Application Check List (use Attachment #3)
- \_\_\_\_\_ Application Narrative:
  - Program Summary
  - Agency Capacity
  - Agency Experience
  - Need Statement
  - Program Design
  - Evaluation
  - Budget
- \_\_\_\_\_ AIDS Institute Budget Forms and Justification (use Attachment 4)
- \_\_\_\_\_ Program Work Plan Chart (use Attachment #5)
- \_\_\_\_\_ Letter of Authorization and Intent from Board  
(sample Attachment #6)
- \_\_\_\_\_ Listing of Board of Directors and their affiliations  
(sample Attachment #7)
- \_\_\_\_\_ Letters Documenting Bi-directional Agreements  
(Letters of support are NOT acceptable to meet this requirement)
- \_\_\_\_\_ Populations Data Sheet (use Attachment #8)
- \_\_\_\_\_ Vendor Responsibility Questionnaire (Attachment #9)