

**New York State Department of Health
AIDS Institute
REQUEST FOR APPLICATIONS (RFA)
Upper Manhattan Community Service Program**

RFA #08-0003/FAU #0802291200

QUESTIONS AND ANSWERS

SOURCE OF FUNDING

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

Answer:

This Request for Applications (RFA) is a resolicitation of funds supporting a Community Service Program (CSP) in Upper Manhattan.

2. Is this RFA a resolicitation of the Harlem Director's Group contract?

Answer:

Yes.

APPLICANT ELIGIBILITY AND PREFERENCES

1. Can a hospital apply for the CSP funding?

Answer:

Yes, a hospital may apply if it is a not-for-profit 501(c)(3) health and/or human services organization located in Upper Manhattan, with experience and expertise in providing community-based HIV/AIDS prevention, health-related and/or supportive services.

2. Is an agency with a satellite program or a site in Upper Manhattan eligible to apply for this RFA?

Answer:

Yes.

3. Can an existing CSP apply for these funds?

Answer:

Yes, as long as it meets the eligibility criteria stated in the RFA on page 11.

LEAD AGENCY; SUB-CONTRACTS; MEMORANDA OF UNDERSTANDING

1. How would you define the lead agency and subcontractor model?

Answer:

The applicant lead agency and its subcontractor(s) are expected to provide the spectrum of services described in this RFA and to reach and to serve effectively the distinct Upper Manhattan communities. The applicant is expected to describe clearly the functions of the lead agency and each subcontractor. The application must name the subcontractors and include a Memorandum of Understanding signed by executive management of the respective agencies describing the working relationship and respective roles and responsibilities relevant to this application.

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2. What are the responsibilities of the lead agency?

Answer:

General program requirements are listed on pages 12-13. The lead agency is expected to have the infrastructure and expertise to carry out the following: a) execution of subcontracts; b) program management, including general program oversight, conducting on-site reviews of subcontractors and implementing a process for routine narrative and statistical reporting; c) oversight relating to subcontractor budget development, fiscal reporting, and expenditure monitoring; d) timely payment of subcontractor expenditures; and e) scheduling and facilitating meetings for exchange of information and ideas among staff of participating agencies leading to enhanced collaboration and quality.

3. Does the applicant need to include information about the subcontractor(s) in the narrative of the RFA?

Answer:

Yes. The application needs to indicate how the lead agency and subcontractors will work together and which agency will be responsible for carrying out respective activities. Information regarding subcontractor(s) needs to be provided when specifically noted in Section VI, "Completing the Application – Content and Program". See pages 24-30.

4. Are Memorandums of Understanding required?

Answer:

Yes. The applicant is expected to clearly describe the functions of the lead agency and each subcontractor. The application must name the subcontractors and include a Memorandum of Understanding signed by executive management of the respective agencies describing the working relationship and respective roles and responsibilities relevant to this application. See page 11.

5. Can the lead agency also be involved in service provision, or can it only act as a contracting agency?

Answer:

The lead agency may also be involved in service provision.

6. Can an agency be a subcontractor on multiple applications?

Answer:

Yes.

7. Does the lead agency's responsibility for "all acts and omissions" of the sub-contractors mean that it will be required to refund to the State any funds misused by a sub-contractor?

Answer:

Yes, the lead agency's responsibility entails its direct liability to the State for funds inappropriately used by a sub-contractor. In this situation, the lead agency could pursue a course of action with the subcontractor that is consistent with the contractual agreement in place between the two parties.

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8. Does this responsibility with respect to “all acts and omissions” of the sub-contracts give the lead agency access to the relevant records of the sub-contractors to ensure contractual compliance?

Answer:

Appendix A, section 10 of the New York State Department of Health contract language provides the State with access to all records directly pertinent to performance under a contract. The lead agency would be strongly encouraged to ensure similar access to records of any sub-recipients in a contractual agreement. Refer to page 12, Section III-B of the RFA for a description of the infrastructure and expertise expected of the lead agency.

SERVICE HOME LOCATION

1. Will an agency with more than two physical locations be considered more appropriate for this RFA?

Answer:

Although two locations is the minimum, this model is intended to bring agencies together in order to enhance direct services that are responsive to the unique needs of distinct communities and address service gaps, without duplication of effort, and with limited administrative costs. The applicant lead agency and its subcontractors are expected to provide the spectrum of services described in the RFA and to reach and to serve effectively the distinct Upper Manhattan communities, defined as the area north of 96th Street on both the east and west sides. See page 11.

2. Would all service homes need to replicate the same services?

Answer:

No. This model is intended to bring agencies together in order to enhance direct services that are responsive to the unique needs of the distinct communities and address service gaps, without duplication of effort, and with limited administrative costs. See page 11.

3. Does the lead agency have to reside in Harlem?

Answer:

No, the lead agency has to be a not-for-profit 501(c)(3) health and/or human service organizations located in Upper Manhattan, defined as the area north of 96th Street, on both the east and west sides, and the distinct communities of Central Harlem/Morningside Heights, East Harlem and Washington Heights/Inwood. Service homes must be located in at least two of the following three neighborhoods: Central Harlem/Morningside Heights, East Harlem and Washington Heights/Inwood. Although two service homes is the minimum required by the RFA, this model is intended to bring agencies together in order to enhance direct services that are responsive to the unique needs of distinct communities and address service gaps, without duplication of effort, and with limited administrative costs. See page 11 of the RFA.

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4. Does the lead agency need to have a minimum of two service homes in the prescribed areas of Upper Manhattan, or may one or both of these service homes be that of the sub-contractor(s)?

Answer:

The two service-home requirement is inclusive of both lead and sub-contracting agencies.

GEOGRAPHICAL DISTRIBUTION OF SERVICES AND FUNDING

1. How many contracts will be awarded in Upper Manhattan for the CSP?

Answer:

It is anticipated that one award will be made to the highest scoring applicant meeting the eligibility requirements. See page 5.

POPULATIONS TO BE SERVED

1. Are African women immigrants an appropriate target population under this RFA?

Answer

Yes.

SCOPE OF PROGRAM SERVICES

1. What services are required under the CSP model?

Answer:

CSPs are multi-service delivery community-based agencies that have a leadership role in a defined geographical area and provide, either directly or by written agreements, the following services to individuals and families infected and affected by HIV/AIDS: outreach, HIV prevention/risk reduction education, HIV counseling and testing, testing for Sexually Transmitted Diseases (STDs) and hepatitis, connection to continuous care, case management, crisis intervention, individual counseling, support groups, information and referral and other support services. Applicants are not expected to provide all the services/interventions described. Applicants should propose a combination of services/interventions that are most needed in Upper Manhattan and complement existing community-based services based on the current assessment. See page 10.

2. Are mobile HIV Counseling and Testing and STD screening fundable services?

Answer:

Yes.

3. On page 21 of the RFA, applicants are referred to the CDC's DEBIs. Is there a requirement that these particular interventions be used?

Answer:

No. There is no requirement that DEBIs be used. Other evidence-based interventions for which effectiveness has been shown may also be used.

EVALUATION

1. The RFA states on page 11 that “funded applicants will be expected to conduct and report on Knowledge, Attitudes, Beliefs and Behaviors (KABB) surveys as an integral component for demonstrating overall program effectiveness.” Where can the applicants get this KABB survey?

Answer:

There is no one KABB survey that is being promoted by, or promulgated through this RFA. Contractors with the AIDS Institute’s Division of HIV Prevention are provided with a KABB survey to assist them in demonstrating program effectiveness. Other KABB surveys may be used, including those which are developed independently by contractors.

BUDGET

1. Does the applicant need to submit budgets for the subcontracts?

Answer:

The application should include a set of budget forms for the lead agency reflecting the total amount requested, as well as a set of budget forms specific to each subcontractor. Assume a 12-month budget. The budget request should relate directly to the activities described in the application. The amount of funding requested should be reasonable with respect to proposed services, and the proposed program should be cost-effective.

2. Is there a specific amount established for the subcontracts?

Answer:

No. The application narrative should support the budget requested for each of the subcontracts. Under this model, one contract will be awarded to the applicant lead agency to provide services and execute subcontract(s) for the delivery of other needed services. No dollar limit is prescribed for subcontractor(s). It is envisioned that subcontractor(s) will provide multiple services that are likely to be of a continuing nature; therefore, the application should indicate a clear understanding of the role of the lead agency in managing and monitoring the subcontractor(s), with attendant legal and financial responsibilities, which are delineated in the general Program Requirements section of this RFA. See page 11 of the RFA.

3. Presumably the sub-contractor as well as the lead agency will have administrative costs. Can each include in its budget up to 10 percent (or up to 20% of the federally approved rate) for administrative costs? In other words, is the 10 percent cap cumulative and to be distributed across all agencies (lead and sub-contractors) or can each agency submit up to the 10 percent administrative cap (or the federally-approved rate)?

Answer:

Both the lead agency and the subcontractors can request administrative costs. The maximum rates allowed for both lead agencies and subcontracts are described on page 30, Section G- Budget. The 10 percent administrative cost is the AIDS Institute’s standard for administrative costs. However, we have latitude for Community Service Programs and will consider, on a case by case basis, reasonable charges for these expenses, which will apply to the lead agency only.

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4. On page 30 of the RFA, it states: "Funding may also support a fair proportion of the overall organizational structure to the extent that it allows the funded applicant to implement program activities. This includes funding for administrative and fiscal staff, supervisors and support personnel, and other than personal service costs such as a portion of space, supplies, telephone, and other expenses associated with program implementation and service delivery." Are these directly charged/budgeted administrative expenses outside of the 10 percent administrative cap or is the 10 percent cap inclusive of direct and indirect administrative expenses?

Answer:

Any costs that can not be considered directly associated with service delivery but are associated with implementation of the program should be considered administrative and should be limited to the administrative cap described on page 30. The 10 percent administrative cost is the AIDS Institute's standard for administrative costs. However, we have latitude for Community Service Programs and will consider, on a case by case basis, reasonable charges for these expenses, which will apply to the lead agency only.

5. What is a reasonable percentage of the budget that should be allocated for evaluation costs?

Answer:

A reasonable percentage of the budget for evaluation costs has not been established. This amount should be consistent with the scope of evaluation proposed. If a grant award is made, the actual amount budgeted in the contract for evaluation will be negotiated with your contract manager.

6. Regarding the budget, Administrative Overhead relates to direct expenses. Are the costs of sub-contractors considered a direct expense of the lead agency and hence included in the computation of administrative costs of the lead agency?

Answer:

Unless specifically excluded in a federally approved cost rate, subcontractors may be considered in the computation of administrative costs of the lead agency.

7. If the Executive Director of the lead agency acts as overseer and coordinator of the program, can she/he be included in the budget? Similarly, can the financial officer at the lead agency directly responsible for the budget, validation of subcontract expense and disbursements, be included in the budget, or would both staff members be considered administrative overhead?

Answer:

Both positions can be included in the budget. The portion of any staff member's time that is not administrative would not be considered administrative overhead. Any expenses (personnel or OTPS) that cannot be directly attributed to the program should be considered administrative overhead.

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8. Is there guidance on what program-related expenses, such as utilities used by program staff, may or may not be considered a separate budget item or should be considered part of administrative overhead?

Answer:

Administrative overhead consists of expenses not related directly to any one program (e.g. fiscal director's salary, payroll processing, insurance and audit expenses). Any expenses directly related to the implementation of the proposed program (e.g. a share of the utilities expense for the staff under this contract) can be budgeted as a programmatic expense.

VENDOR RESPONSIBILITY FORM

1. If an applicant agency recently submitted a completed Vendor Responsibility Questionnaire, does it need to be re-submitted to comply with the requirements of this RFA?

Answer:

Yes

FORMATTING REQUIREMENTS AND PAGE LIMITATIONS

1. How important is it for applicants to follow guidelines regarding page limits within each section of the application?

Answer:

Each section of the application has a maximum page limit. Failure to follow RFA guidelines may result in a deduction of up to 5 points. Guidelines are outlined on page 24 of the RFA.

2. Are footnotes and endnotes subject to the page restrictions for each section?

Answer:

Yes.

3. Is there a page limit for the attachments?

Answer:

No, however the merits of each section of the application will be assessed based on what is presented in the body of the application; and the page limitations will be enforced for those sections.

CONTRACT TIMING AND CONTRACT TERM

1. When do you expect to award the grant?

Answer:

Applications must be submitted by July 22. The anticipated start date for contract to be awarded under this solicitation is October 2008. We will review contracts as quickly as possible and negotiate a contract in a time-frame consistent with this anticipated start date.

COMMUNITY INPUT

1. On page 9 of the RFA, you refer to “two community forums held in Upper Manhattan in December 2007.” Is information on the input from these forums publicly available?

Answer:

A summary of the input from these community forums is posted at <http://www.nyhealth.gov/funding/rfa/0802291200> under the Documents section as the Upper Manhattan Community Consultation Report.