

**New York State Department of Health  
AIDS Institute, United Way of New York City and Health Research, Inc.  
REQUEST FOR APPLICATIONS (RFA)  
SUPPORTIVE SERVICES FOR HIV-INFECTED  
WOMEN AND THEIR FAMILIES  
RFA #08-0001/FAU #0803201110**

**QUESTIONS AND ANSWERS**

**GOAL OF RFA**

1. What is the long-term goal for the initiative funded through this RFA? Is it access to, and maintenance in, healthcare? Family stability? Reduction in transmission by influencing behaviors?

Answer:

The long-term goal of this initiative encompasses all of these. Applicants are referred to pages 3-4 of the RFA.

**GEOGRAPHICAL DISTRIBUTION OF SERVICES AND FUNDING**

2. We are located in Brooklyn but serve women who may not live in Brooklyn. Is region determined by client location or by service location?

Answer:

Region is determined by service location where the agency is providing the services, not on location of a client's residence.

3. Our agency is located in Manhattan, however we provide services to HIV-positive women coming from both the Bronx and Manhattan. Do we have to be physically located in the Bronx to submit an application for the Bronx?

Answer:

Yes. You must have a physical presence in the borough for which you apply for funding.

4. In applying for funds to provide services in a particular borough, do we have to serve the entire borough, or can we just serve a section of that borough?

Answer:

There is no requirement that services encompass an entire borough. In your application, you should state clearly what part of the borough you are serving.

5. Queens seems to be funded at 50% of the level of other boroughs. Why?

Answer:

The range of anticipated awards for each borough is based on the number of women living with AIDS in that borough. The range of anticipated awards for each borough appears on page 5 of the RFA; and the number of women living with HIV/AIDS in each borough is summarized on page 7. More localized information is given in the maps in Attachment 1.

6. How many contracts will be awarded in the Bronx?

Answer:

Three to four contracts will be awarded in the Bronx. See page 5.

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7. Can we address more than 2 boroughs in one application?

Answer:

No. There must be a separate application for each borough in which services are proposed.

8. Our agency's current services are citywide, and we intend to provide services citywide under this RFP as well. Do we submit one application or one application for each borough?

Answer:

If your clients will be coming from throughout New York City and you provide services only in one borough, you should submit only one application, and it should be for the borough in which you are providing the services. If you provide services in multiple boroughs, you need to submit an application for each of the boroughs in which services are provided.

**APPLICANT ELIGIBILITY AND PREFERENCES**

9. Is there a preference for community-based organizations versus hospitals?

Answer:

No.

**MEMORANDA OF UNDERSTANDING; SUB-CONTRACTS; MULTIPLE AGENCIES**

10. If the applicant is partnering with other organizations through sub-contracts, should the narrative include information on these other agencies?

Answer:

If the sub-contracts are for services, information on these agencies should be provided. It should be clear in the narrative what the organizational capacity is of these sub-contracting organizations, why they were chosen, and what the specific roles are which they will play in service delivery. All sub-contracts should be appropriately reflected in the budget.

11. Will proposals be accepted from consortia or partnerships with lead agencies?

Answer:

Applications must demonstrate that the targeted HIV-infected women will receive the full range of services described in the RFA. It is acceptable to have a consortium or partnership in which agencies are working together to deliver these services. For these consortia or partnerships, however, there must be a lead agency; and the provision of services must be delineated in current Memoranda of Understanding (MOUs) or other inter-agency agreements.

12. When must Memoranda of Understanding (MOUs) with other organizations be in place?

Answer:

MOUs or letters of agreement supporting proposed sub-contractual or referral relationships should be in place prior to submission of the application and should accompany the application. See pages 8-9 of the RFA.

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13. How old can these MOUs or inter-agency agreements be? If we have an agreement that was dated 3 years ago but is still in force, is that acceptable?

Answer:

MOUs do not need to be dated recently; however they must be reflective of services described in the application. If there are any substantial changes either in services or in the nature of the relationship between the agencies, it is important that the MOU or agreement be updated to reflect these changes. See pages 8-9 of the RFA.

**SOURCE OF FUNDING**

14. Do we have to specify which source of funding (HRI versus State) we are applying for?

Answer:

No.

15. If awarded a contract through this RFA, who will the applicant contract with?

One to two awards made under this RFA will be issued by Health Research, Inc. (HRI) with the balance of awards issued by United Way of New York City (UWNYC).

16. How will the decision be made regarding which source of funding will be applied to a particular grant?

Answer:

If the proposed services are fundable under Ryan White Part B, that source of funding will be considered for those services. The AIDS Institute will determine the appropriateness of the two funding sources for each grant application approved for funding.

17. Are there different application packages for HRI funded proposals than State-funded proposals?

Answer:

No. The application process is the same

18. I understand from the RFA that applications with the highest scores will be funded, up to the maximum number of awards per borough. Will it also depend on whether other agencies in close proximity to each other have also been chosen to be funded?

Answer:

A panel convened by the AIDS Institute and the United Way of New York City will conduct a one level review, by borough, of applications from eligible applicants. Awards will be made to the highest scoring applicants in each borough, up to the minimum number of awards indicated for that borough. After the minimum number of awards is met in each borough, any remaining funding will be awarded to the next highest scoring applicant(s) from any borough, up to the maximum number of awards for all boroughs. If an insufficient number of acceptable applications are received for any borough, the AIDS Institute and the United Way of New York City reserve the option of funding the highest scoring applicant and negotiating needed revisions to the application or diverting funding to other boroughs in the following priority order: (1) Brooklyn; (2) Bronx; (3) Manhattan. Proximity of a contending application to one already deemed appropriate for funding is not a factor. See pages 23-24 of the RFA.

### **POPULATIONS TO BE SERVED**

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

Answer:  
Yes.

20. In conference calls with the AIDS Institute in May, HIV-negative women were deemed to be an appropriate population to reach, but we are hearing differently today. Why?

Answer:  
The conference calls held in May were to gather community input for another future AIDS Institute procurement, Women's Prevention Services. The conversation did not relate to this RFA.

21. Do the children or partners of index clients need to be HIV-positive in order to receive grant-funded services?

Answer:  
No.

22. Can we serve transgender individuals through this program?

Answer:  
Yes. The RFA's focus on HIV-positive women applies to individuals who identify as women, regardless of their sex at birth.

23. Does the grant specifically intend to target women with dependent children, or can "families" be interpreted to mean male/female partners, whoever the woman considers her family?

Answer:  
The RFA does not prescribe the sex of the partner, nor are children required in order for there to be a family unit.

24. We have a significant population of women without young children. Are they eligible for services under this RFA?

Answer:  
As long as the index client is an HIV-positive woman, it does not matter whether or not she has children or what the ages are of her children. The RFA does not prescribe the members of the family unit.

### **REVIEW PROCESS AND SCORING OF APPLICATIONS**

25. Will current grantees of this initiative have a better chance of being selected for funding under this solicitation than applicants which are new to this initiative?

Answer:  
Evaluation of grant proposals will be based on the merits of the applications which are submitted. Currently funded programs are neither advantaged nor disadvantaged in the review process.

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26. Will corrective action status for another contract influence the review on this one?

Answer:

Yes. Corrective action status will be part of the overall assessment of the application. On Attachment 9, applicants are required to specify program or fiscal deficiencies noted by funders of HIV services for the past 3 years.

**SCOPE OF PROGRAM SERVICES**

27. Should the program design be a mix of case management and supportive services?

Answer:

Yes. Both sets of services should be comprehensively accounted for in the program design. Applicants should carefully review the Scope of Services section of the RFA on pages 10 through 12.

28. Are we required to use these funds to provide services within each of the three service categories: 1) Targeted Outreach; 2) Individual and Family-Centered Case Management; and 3) Supportive Services and Linkage/Advocacy to Health Care?

Answer:

Yes. Please see pages 10-12 of the RFA.

**CASE MANAGEMENT SERVICES**

29. Would you prefer case management be delivered through COBRA or can it be non-COBRA?

Answer:

All applications must address how case management will be provided to the clients being served under this initiative. Both Medicaid-funded COBRA and grant-funded case management are acceptable.

30. What is the difference between comprehensive and supportive case management services?

Answer:

Supportive case management services are responsive to the immediate needs of a person living with HIV, addressed in the short term, at a maintenance level, or for clients who are not ready or willing to engage in comprehensive case management services. Comprehensive case management services involves addressing multiple complex needs for the client and their family through constant and consistent follow up, longer time investment and intensive level of services. Comprehensive case management may include: frequent contact, home visits, through single case manager and team. Housing, nutrition, healthcare, mental health, domestic violence, etc. may be included and addressed through comprehensive case management.

**PRIMARY MEDICAL CARE**

31. Can funds be used for provision of primary HIV care or other medical services assuming no other funds are available?

Answer:

No. This is not the purpose of this RFA.

**SUPPORTIVE SERVICES**

32. Are all of the supportive services mentioned on pages 11-12 of the RFA required, or can the application address a subset of these services?

Answer:

The application must demonstrate how all of these supportive services will be addressed for the HIV-positive women being targeted in the proposal.

33. Can funding be used to support structured socialization for women and children as a complement to COBRA case management? If so, are there any limits?

Answer:

Structured socialization can be funded under this initiative. No limits have been established for this service; however, the application narrative as well as the budget should reflect the extent of this service.

34. Family stress and problem behavior of children and teens is at high levels in HIV-affected families. It is also a major reason mothers may neglect their own health. Would a mentoring program for children and teens of HIV-infected mothers structured around the special needs of HIV-affected youth/families be considered a good supportive service for this RFA?

Answer:

Yes, however this should be just one of many other supportive services addressed in the application.

**TRAUMA AND MENTAL HEALTH SERVICES**

35. How important is it to address issues of trauma in the response to the RFA?

Answer:

Very. The importance of trauma—as well as of mental health issues more generally—in the lives of HIV-positive women was a recurring theme in the processes and resources which have informed the development of this solicitation.

36. Can we hire a psychiatrist under this grant to provide mental health services?

Answer:

Yes.

37. Can both LCSWs and LMSWs deliver mental health services?

Answer:

Yes.

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38. We are considering using part of the grant to hire a psychiatric nurse practitioner/psychiatrist as well as an intensive mental health case manager to be part of the supportive services team. Can these staff be funded and can they play a role in medication management?

Answer:

These professionals may be funded under this RFA; however, their role should be consistent with the services enumerated on pages 11-12 of the RFA. Although medication management may be an issue addressed by these staff, it should not be a primary focus.

39. Although the RFA says that community-based organizations are eligible, it also suggests that clinical services should be co-located. Many CBOs do not provide clinical services, including mental health services, and would focus on providing non-clinical supportive services. Would this meet the intent of the RFA?

Answer:

Applicants should address the full range of supportive and clinical services, whether they are delivered on-site or elsewhere through linkage agreements. Mental health services must be provided by a licensed mental health professional.

**PREVENTION-ORIENTED SUPPORTIVE SERVICES**

40. How important is it to use interventions which are part of the Centers for Disease Control and Prevention's Diffusion of Effective Interventions project (the DEBIs)?

Answer:

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

**HIV COUNSELING AND TESTING**

41. Can grant funding be used for HIV counseling and testing services?

Answer:

No. Applicant organizations should already have HIV counseling and testing services available on-site or through strong linkage agreements.

**BUDGET**

42. Where in the budget can the applicant account for in-kind contributions?

Answer:

If these in-kind contributions pertain to personal services, those positions should be listed on the Position Description budget sheet and notated as being in-kind. In-kind personal service contributions as well as other in-kind contributions should be specified in the budget narrative.

43. 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,

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the actual amount budgeted in the contract for evaluation will be negotiated with contract manager.

44. Do space, telephone and similar costs count towards the 10% cap on administrative costs noted on page 22 of the RFA for applicants without a federally approved rate?

Answer:

These expenses need not count towards that administrative cap if they support direct program services. Telephone and space costs associated with program staff can be budgeted on the miscellaneous line of the budget forms. The applicant should justify how the share of these costs is attributable to services under this grant.

**INCENTIVES AND STIPENDS**

45. Will the grant allow expenses for incentives to be utilized to engage women in their healthcare and supportive services?

Answer:

Yes. The use of incentives, when proposed, should be explained in the Program Design and Activities section and should be accounted for in the budget. If grant funding is awarded, the actual use of incentives and the amount to be budgeted for them will be part of the negotiation process with the contract manager.

46. Can funds be given as stipends to women for vocational education?

Answer:

Yes. The use of stipends, when proposed, should be explained in the Program Design and Activities section and should be accounted for in the budget. If grant funding is awarded, the actual use of stipends and the amount to be budgeted for them will be part of the negotiation process with the contract manager.

**AUDIT**

47. Does yearly independent audit refer to yearly audit or healthcare audit?

Answer:

The audit referred to in the RFA is the review of the entire organization that is done on an annual basis by an independent auditor hired by the organization.

**FORMATTING REQUIREMENTS AND PAGE LIMITATIONS**

48. Does the 5-page limitation for the Program Design and Activities section of the application include tables and charts which the applicant may choose to include?

Answer:

Each section of the application—including the Program Design and Activities section—will be reviewed within the page limitations stated within the RFA. If charts and tables are included as supplemental, appended material to an application, they may be considered by the reviewers; however only material included within the body of the application will be formerly scored.



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

Answer:

Yes.

50. Is there a page limit to the attachments?

Answer:

No. 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.

51. In being responsive to each of the application's sections, is it adequate to use just the corresponding numbering and lettering, or should the full text heading of each section be described included?

Answer:

The application should be numbered and lettered to correspond to each section of the RFA. The text heading does not need to be included if it will compromise the applicant's ability to stay within the page restrictions for each section.

52. Can the page limitation for the Applicant Organization and Capacity section be increased from 3 to 5 pages?

Answer:

No. All applicants will be expected to complete this section—as well as other sections—within the page limitations given in the RFA.

**CONTRACT TIMING AND CONTRACT TERM**

53. When do you expect to award grants?

Answer:

Applications must be submitted by July 15. The anticipated start date for contracts to be awarded under this solicitation is December 2008. We will review contracts as quickly as possible and negotiate contracts in a time-frame consistent with this anticipated start date.

54. Will the one-year grants automatically be renewed from year to year?

Answer:

Contracts will be awarded under this RFA for a 12-month term, with an anticipated start date in December 2008. The initial contract period may vary depending on the funding stream. Awards may be renewed for up to four additional one-year periods based upon satisfactory performance and the availability of funds. See page 15 of the RFA.

**ADDITIONAL QUESTIONS ON THE RFA**

55. Is it possible to submit questions after the June 13 deadline and prior to the June 27 posting date?

Answer:

No.