

RFA Number 0808120934

**New York State
Department of Health**

*Division of Epidemiology/Center of Community Health
Bureau of Sexually Transmitted Disease Control*

Request for Applications

*2009-2014 Sexually Transmitted Disease Control
Infrastructures in High Morbidity Areas*

KEY DATES

RFA Release Date:	4/22/09
Questions Due:	5/13/09
RFA Updates Posted:	5/18/09
Applications Due:	6/8/09 by 5:00 p.m.

DOH Contact Name & Address: Robert J. Reed, Assistant Bureau Director
Bureau of STD Control
Corning Tower, Room 1168
Empire State Plaza
Albany, NY 12237

Table of Contents

I.	Introduction	
	A. Description of Program	3
	B. Background/Intent	3
	C. Problem/Issue resolution sought for	4
II.	Who May Apply	
	A. Minimum eligibility requirements	4
III.	Project Narrative/Work Plan Outcomes	
	A. Expectations of Project	4-5
	B. Problems/Issues to be solved through this RFA	5
IV.	Administrative Requirements	
	A. Issuing Agency	5
	B. Question and Answer Phase	5-6
	C. Applicant Conference	6
	D. How to File an Application	6
	E. The Department of Health's Reserved Rights	6-7
	F. Term of Contract	7
	G. Payment Methods and Reporting Requirements of Grant Awardees	7
	H. General Specifications	8
	I. Appendices included in DOH Grant Contracts	9-10
V.	Completing the Application	
	A. Application Content	10-12
	B. Application Format	12-13
	C. Review and Award Process	13
VI.	Attachments	
	Attachment 1: Standard Grant Contract with Appendices	
	Attachment 2: Letter of Interest	
	Attachment 3: Application Checklist	
	Attachment 4: Tasks and Standards for Field Level Staff	
	Attachment 5: Tasks and Standards for First Line Supervisor	
	Attachment 6: New York State Reactor Grid	
	Attachment 7: Training and Professional Development Staffing Plan	
	Attachment 8: Sample Quarterly Report Form	
	Attachment 9: Budget Summary Form	
	Attachment 10: Personal Services Budget	
	Attachment 11: Budget Justification Form	

I. Introduction

A. *Description of Program:*

This project is funded by New York State Department of Health (NYSDOH) Bureau of Sexually Transmitted Disease Control (BSTDC) from the Public Health Campaign (PHC) appropriation. The specifications of this project are, in part, based upon the Center for Disease Control (CDC) recommendations and guidelines for sexually transmitted diseases (STDs) program operations. During the contract period, changes in CDC recommendations and/or guidelines may result in modifications to the project and will be incorporated in the successful bidder's work plan and resulting contract.

The mission of the BSTDC is to prevent and control the spread of STDs among residents of New York State through oversight of state-mandated STD services provided by counties and New York City health departments. The Bureau's major program components include: surveillance, and field epidemiology, which includes: case interviews, partner elicitation/notification, counseling and referral services for STDs and HIV, training and education, screening services, research, and evaluation. The field-based structure of the Bureau provides the flexibility which allows for immediate response to morbidity increases or outbreaks, wherever and whenever they occur.

B. *Background/Intent:*

STDs are the most commonly reported communicable infections in New York State. Yearly, case numbers of gonorrhea and syphilis total more than forty-one percent of all reported infections. Control of STD infections presents a challenge quite different from other infections, because of the stigma attached to a disease linked to sexuality and reproduction. Furthermore, the likelihood of control by vaccine has thus far proven elusive for the most prevalent viral agents.

STDs result in considerable economic cost and health consequences in this country. For syphilis, health consequences in the infected individual can include irreversible damage to the central nervous system (manifested as dementia, blindness or paralysis), as well as damage to other organs and death. The fetus of an infected mother may be stillborn, or born with mental retardation, blindness or severe musculoskeletal deformities.

The focus of the BSTDC is the surveillance, case management, and partner notification of STDs, specifically syphilis, gonorrhea and *Chlamydia*. Decreasing trends in reported STD morbidity corroborate that these traditional approaches to STD prevention and control have been effective in New York State. Conversely, research shows that scaling back of STD control efforts lead to a dramatic increase in morbidity.

C. *Problem/Issue resolution sought for:*

The NYSDOH BSTDC receives funding through the NYSDOH PHC appropriation to prevent and control STDs among residents of New York State. Our goal is to reduce morbidity and mortality from STDs. This is accomplished through surveillance, field epidemiology, education and training, screening and testing services, and research and evaluation.

II. Who May Apply

A. *Minimum Eligibility Requirements:*

Eligible applicants include all New York State Local Health Departments (LHDs). The LHDs applying for this funding must demonstrate the capacity to provide STD services. This includes: field epidemiology, case interviews, internet-based and traditional partner elicitation/notification, counseling, testing, clinical support and referral and screening services for STDs.

The anticipated project period for the funds will be four and a half years (10/1/09-3/31/14). Applicants are requested to submit four separate budgets. The first budget will cover the 18 month period of 10/1/09-3/31/11 and an additional three consecutive budgets, which will cover the contract periods 4/1/11-3/31/12, 4/1/12-3/31/13 and 4/1/13-3/31/14 respectively, providing there is an appropriation of funds.

Seven contracts will be awarded, for up to \$75,000 per award per year. LHDs must demonstrate 20 or more cases of early infectious syphilis, or over 300 cases of gonorrhea, or over 1,000 cases of *Chlamydia* in the 2007 calendar year. The NYSDOH BSTDC expects that the LHDs demonstrate the following: timely data reporting; an infrastructure of categorical STD clinics located in high morbidity areas known as “Core Epidemiological Areas”; close integration of STD clinic services with Disease Intervention Specialist (DIS) activities; and ability to collaborate with institutional providers such as juvenile detention centers, or drug and alcohol treatment centers.

III. Project Narrative/ Work Plan Outcomes

A. *Expectation of Project:*

The expectation of the project is to conduct activities and services that will support activities related to early infectious syphilis, gonorrhea, and *Chlamydia* to reduce morbidity. It is also expected that the contractor will strengthen and supplement existing STD infrastructure to support a greater STD burden, and strengthen and supplement STD DIS activities for early infectious syphilis, gonorrhea, and *Chlamydia* including: testing; laboratory services; surveillance activities; field epidemiology; case interviews; internet-based and traditional partner elicitation/notification; counseling; clinical support; referrals and screening services; and education for syphilis, gonorrhea, and *Chlamydia*.

Eligible staff positions that may be funded include: DIS staff and supervisors, STD counselors, social health investigators, physicians, public health nurses and nurse

practitioners, and laboratory staff who are directly performing or supporting STD activities. The NYSDOH BSTDC has provided tasks and standards (see attachments 4 and 5) that should be used as guideline for all county STD intervention staff. Please note administrative and clerical support will not be supported. Applicants will need to describe how funded positions will support STD services, and indicate how these funds will support and not supplant existing STD services and infrastructure.

B. *Problems/Issues to be solved through the RFA:*

The major issue to be solved through this RFA is the identification and reduction of STDs amongst high-risk populations through patient interviewing, internet-based and traditional counseling and education, partner referral/services and field activities for partner notification. Please reference the New York State Reactor Grid (see attachment 6) to review NYSDOH requirements regarding STD control.

IV. Administrative Requirements

A. *Issuing Agency:*

This RFA is issued by the NYS Department of Health/Division of Epidemiology/Bureau of STD Control. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. *Question and Answer Phase:*

All substantive questions must be submitted in writing to:

Mr. Robert J. Reed, Assistant Bureau Director
New York State Department of Health
Bureau of STD Control
ESP, Corning Tower, Room 1168
Albany, New York 12237

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA.

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the Department of Health's public website at: <http://www.nyhealth.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will also be posted on the Department of Health's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

If prospective applicants would like to receive notification when updates/modifications are posted (including responses to written questions), please complete and submit a letter of interest (see attachment 2). Prospective applicants may also use the letter of interest to request actual (hard copy) documents containing update information.

Submission of a letter of interest is not a requirement for submitting an application.

C. *Applicant Conference:*

There will not be an Applicant Conference held for this project.

D. *How to file an application:*

Applications must be **received** at the following address by the date and time posted on the cover sheet of this RFA. Late applications will not be accepted. *

Mr. Robert J. Reed, Assistant Bureau Director
New York State Department of Health
Bureau of STD Control
Empire State Plaza
Corning Tower, Room 1168
Albany, New York, 12237

Applicants should submit one original, signed application and 6 copies. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. No applications will be accepted via fax or email.

* It is the applicant's responsibility to see that applications are delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the Department of Health's discretion.

E. *The Department of Health's Reserved Rights:*

1. Reject any or all applications received in response to this RFA.
2. Award more than one contract resulting from this RFA.
3. Waive or modify minor irregularities in applications received after prior notification to the applicant.
4. Adjust or correct cost or cost figures with the concurrence of applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.
5. Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.
6. Eliminate mandatory requirements unmet by all applicants.
7. If the Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.
8. The Department of Health reserves the right to award grants based on geographic or regional considerations to serve the best interests of the State.

F. *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: October 1, 2009 through March 31, 2014 provided there is an appropriation of funds.

G. *Payment Methods & Reporting Requirements of Grant Awardees:*

1. The grant contractor shall submit quarterly invoices and required reports of expenditures to the State's designated payment office:

New York State Department of Health
Bureau of STD Control
Corning Tower, Room 1168
Empire State Plaza
Albany, NY 12237

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

1. Vouchers will be submitted on a quarterly basis. On each voucher, be sure to specify the contract number, the dates for which the voucher is being submitted and the amount being requested. Vouchers will only be processed when accompanied by a narrative quarterly report. (See Attachment 8)

2. The grant contractor will be required to submit the following periodic reports annually:

- 3 Quarterly Narrative Reports
- An annual report which should include detailing success in meeting the goals and objectives as outlined in the work plan.

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

H. *General Specifications:*

1. By signing the "Cover Letter," each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractor 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 this contract 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 conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.

4. An Applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in his employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default:

- a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
- b. In the event that the Applicant, 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 Applicant.
- c. If, in the judgement of the Department of Health, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such a case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

I. Appendices included in DOH Grant Contracts:

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A -	Standard Clauses for All New York State Contracts
APPENDIX A-1	Agency Specific Clauses
APPENDIX B -	Budget
APPENDIX C -	Payment and Reporting Schedule
APPENDIX D -	Workplan
APPENDIX H -	Federal Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement
APPENDIX E -	Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application.

These documents will be requested as a part of the contracting process should you receive an award.

V. Completing the Application

A. Application Content:

The application must include the following:

Demonstration of Need (15 points/3pages)

The following information must be provided to rank demonstration of need in your county/city:

- Disease morbidity in your jurisdiction for calendar years 2003-2007 for early infectious syphilis, gonorrhea, *Chlamydia*. This data will need to be independently collected and analyzed by the applicant, do not contact the NYSDOH, BSTDC to obtain this data.
- The number of case investigations which were dispositioned as A (Epi treated) or C (infected and brought to treatment each for syphilis, gonorrhea and *Chlamydia* for the calendar years 2003-2007). This data will need to be independently collected and analyzed by the applicant, do not contact the NYSDOH, BSTDC to obtain this data.
- The current number of staff and percentage of their time spent to support field epidemiology of syphilis, gonorrhea, and *Chlamydia*.
- Describe sites/location and target population to be served.
- Based upon morbidity, disease intervention activities, clinical and laboratory services please provide a justification for your need (related to STD program).

Patient/Partner Services (40 Points/8pages)

Please provide the following information:

- Identify the high risk populations screened and tested for STDs in your county/city. Provide age, gender, sexual preference, ethnicity, location of residence, and pregnancy status (if applicable).
- Describe how you will expand screening capacity in high risk populations, for early infectious syphilis, gonorrhea, and *Chlamydia*. Provide an estimate of how many additional tests per year you expect to administer for the calendar years 2009-2014.
- Identify what proportion of infected individuals, in need of therapy, were located and successfully tested for the calendar years 2003-2007. Describe how you will expand the number of individuals reached.
- Describe the proportion of non-infected individuals that received the correct preventive therapy for the calendar years 2003-2007? Describe how you will expand the number of individuals reached.
- Provide the number of outreach/education events or clinical presentations, devoted to STDs that took place within the calendar years 2003-2007 (you may provide an estimate).
- Describe the types of activities, the target audience, and total number of attendees (you

may provide an estimate), that were reached through STD outreach/education events or clinical presentations that took place within the calendar years 2003-2007. Describe how you will expand education outreach with this funding.

- Provide an early infectious syphilis, gonorrhea, and *Chlamydia* morbidity breakdown for both males and females in your county/city for the 2003-2007 calendar years.
- Identify geographic locations in your county/city that can be described as core (census tracts or zip codes within your county/city that represents $\geq 50\%$ morbidity).
- Describe how morbidity problems will be addressed and provide your program's plans to resolve morbidity problems, especially in high risk population.

Quality Assurance (15) points/3pages)

Please provide the following information:

- Describe how your stated activities, performed by assigned staff, will impact early infectious syphilis, gonorrhea, and *Chlamydia*, and how this impact will be monitored.
- Describe your system for evaluating skills and development for all funded staff, that will be supporting, and addressing issues/activities related to early infectious syphilis, gonorrhea, and *Chlamydia*.
- Describe your methods/system to be used to address problems and challenges in staff development, productivity, or with the stated activities to be performed, concerning early infectious syphilis, gonorrhea, and *Chlamydia*.
- Describe the degree to which collaboration will take place with others to pursue program goals at the county/city, regional and State level concerning early infectious syphilis, gonorrhea, and *Chlamydia*.
- Describe your Quality Assurance system for clinical staff that deals with early infectious syphilis, gonorrhea, and *Chlamydia*.

Training and Professional Development (10) points/2pages)

If the funds support disease intervention personnel, then Introduction to Sexually Transmitted Disease Intervention (ISTDI) and Advanced Sexually Transmitted Disease Intervention (ASTDI) training will be required. STD program supervisor attendance will also be required at all quarterly STD supervisor meetings.

Please provide the following information:

- Describe how you plan to meet the training requirements for the ISTDI training, which is a two week course, and the ASTDI, which is a four day training course, that has to be completed within 1 year (federal guidelines recommends 6 months) of attending the ISTDI training. Please complete Attachment 7.
- If funding will support a supervisor, they must attend the standardized CDC four day STD Intervention for Supervisors (STDIS) and the four day Principles of STD Supervision training courses. These two courses must be completed within a one year time frame. Describe how you plan to meet these training requirements.

- Describe how you plan to meet the requirement regarding mandatory STD program supervisor attendance at all quarterly STD supervisor meetings.
- Describe your system for on-going professional development of funded staff.
- Provide updated CVs/resumes for all funded staff.

Budget (20 points)

Your organization should submit four individual line-item budgets and budget justifications. The first budget will cover the 18 month period of 10/1/09-3/31/11 and the additional three consecutive budgets will cover the contract periods 4/1/11-3/31/12, 4/1/12-3/31/13 and 4/1/13-3/31/14. The budgets submitted will cover the duration of the contract, which has an anticipated period of October 1, 2009 through March 31, 2014 (Attachments 9-11). The applicant can apply for salary and fringe benefits. NYSDOH, BSTDC will accept a documented fringe benefits rate of up to 45% for staff funded directly for contract activities. If the fringe rate requested is over the allotted 45%, the amount of the additional percentage will be reduced from the total budget.

All requested costs should be cost effective, and consistent with program objectives.

In addition, all budgeted costs should be consistent with the proposed scope of work. Administrative/indirect costs will be capped at 10% of the total award. If administrative/indirect costs requested are over the allotted 10% the amount of the additional percentage will be reduced from the total budget.

If an applicant budgets for an item other than what is specified in the RFA, it will be considered ineligible and will be removed from the budget.

Please utilize Attachment 9 (Budget Summary Form) to reflect your proposed budget. This includes both the funding that you are requesting under this RFA, as well as any in-kind contribution from your county/city. In addition, please fill in Attachment 10 (Personal Services Budget Form), and Attachment 11 (Budget Justification Form).

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

B. Application Format:

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED BELOW. UP TO 5 POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Applications should not exceed 16 double spaced typed pages (not including the cover page, budget and attachments.) The application should be written using the Times New Roman 12 point font.

Points for incorrect formatting will be deducted as follows:

Incorrect font size	-1.0
Incorrect font style	-1.0
Application exceeds 16 pages	-2.0

Application is not double spaced -1.0

The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

1. Demonstration of Need	(3 pages) (Maximum Score: 15 points)
2. Patient/Partner Services	(8 pages) (Maximum Score: 40 points)
3. Quality Assurance	(3 pages) (Maximum Score: 15 points)
4. Training and Professional Development	(2 pages) (Maximum Score: 10 points)
5. Budget (not included in page count)	<u>(Maximum Score: 20 points)</u>
	16 pages 100 Points

C. Review and Award Process:

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by staff from the NYSDOH Division of Epidemiology, BSTDC.

The review process will not use regional criteria to award grants. It is anticipated that the 7 highest scoring applications will receive an award not to exceed 75,000 per year.

Following the awarding of grants from this RFA, applicants may request a debriefing from the NYSDOH Division of Epidemiology, BSTDC. This debriefing will be limited to the strengths and weaknesses of the subject application only.

Any cost related to this RFA is the obligation of the applicant and not the responsibility of the Department of Health.

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

VI. Attachments:

- Attachment 1: Standard Grant Contract with Appendices
- Attachment 2: Letter of Interest
- Attachment 3: Application Checklist
- Attachment 4: Tasks and Standards for Field Level Staff
- Attachment 5: Tasks and Standards for First Line Supervisor
- Attachment 6: New York State Reactor Grid
- Attachment 7: Training and Professional Development Staffing Plan
- Attachment 8: Sample Quarterly Report Form
- Attachment 9: Budget Summary Form
- Attachment 10: Personal Services Budget
- Attachment 11: Budget Justification Form

GRANT CONTRACT (MULTI YEAR)

STATE AGENCY (Name and Address):

New York State Department of Health
Bureau of STD Control
ESP Corning Tower Building, Room 1168
Albany, NY 12237

NYS COMPTROLLER'S NUMBER: _____

ORIGINATING AGENCY CODE: _____

CONTRACTOR (Name and Address): _____

TYPE OF PROGRAM(S) _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

INITIAL CONTRACT PERIOD

MUNICIPALITY NO. (if applicable): _____

FROM:

TO:

CHARITIES REGISTRATION NUMBER:

____ - ____ - ____ or () EXEMPT:
(If EXEMPT, indicate basis for exemption):

FUNDING AMOUNT FOR INITIAL PERIOD: _____

MULTI-YEAR TERM (if applicable): _____

FROM:

TO:

CONTRACTOR HAS() HAS NOT() TIMELY
FILED WITH THE ATTORNEY GENERAL'S
CHARITIES BUREAU ALL REQUIRED PERIODIC
OR ANNUAL WRITTEN REPORTS.

CONTRACTOR IS() IS NOT() A
SECTARIAN ENTITY

CONTRACTOR IS() IS NOT() A
NOT-FOR-PROFIT ORGANIZATION

APPENDICES ATTACHED AND PART OF THIS AGREEMENT

_____	APPENDIX A	Standard clauses as required by the Attorney General for all State contracts.
_____	APPENDIX A-1	Agency-Specific Clauses (Rev 10/08)
_____	APPENDIX B	Budget
_____	APPENDIX C	Payment and Reporting Schedule
_____	APPENDIX D	Program Workplan
_____	APPENDIX X	Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

OTHER APPENDICES

_____	APPENDIX A-2	Program-Specific Clauses
_____	APPENDIX E-1	Proof of Workers' Compensation Coverage
_____	APPENDIX E-2	Proof of Disability Insurance Coverage
_____	APPENDIX H	Federal Health Insurance Portability and Accountability Act Business Associate Agreement
_____	APPENDIX _____	_____
_____	APPENDIX _____	_____

STATE OF NEW YORK

AGREEMENT

This AGREEMENT is hereby made by and between the State of New York agency (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has the authority to regulate and provide funding for the establishment and operation of program services and desires to contract with skilled parties possessing the necessary resources to provide such services; and

WHEREAS, the CONTRACTOR is ready, willing and able to provide such program services and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services required pursuant to the terms of this AGREEMENT;

NOW THEREFORE, in consideration of the promises, responsibilities and covenants herein, the STATE and the CONTRACTOR agree as follows:

- I. Conditions of Agreement
 - A. The period of this AGREEMENT shall be as specified on the face page hereof. Should funding become unavailable, this AGREEMENT may be suspended until funding becomes available. In such event the STATE shall notify the CONTRACTOR immediately of learning of such unavailability of funds, however, any such suspension shall not be deemed to extend the term of this AGREEMENT beyond the end date specified on the face page hereof.
 - B. Funding for the entire contract period shall not exceed the amount specified as "Funding Amount for Initial Period" on the face page hereof.
 - C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
 - D. To modify the AGREEMENT, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, change in scope, or change in the term, is subject to the approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A1.
 - E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.
 - F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights

of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.

- G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

II. Payment and Reporting

- A. The CONTRACTOR, to be eligible for payment, shall submit to the STATE's designated payment office (identified in Appendix C) any appropriate documentation as required by the Payment and Reporting Schedule (Appendix C) and by agency fiscal guidelines, in a manner acceptable to the STATE.
- B. The STATE shall make payments and any reconciliations in accordance with the Payment and Reporting Schedule (Appendix C). The STATE shall pay the CONTRACTOR, in consideration of contract services for a given PERIOD, a sum not to exceed the amount noted on the face page hereof or in the respective Appendix designating the payment amount for that given PERIOD. This sum shall not duplicate reimbursement from other sources for CONTRACTOR costs and services provided pursuant to this AGREEMENT.
- C. The CONTRACTOR shall meet the audit requirements specified by the STATE.

III. Terminations

- A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.
- B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.
- C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.
- D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.
- E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.
- F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

IV. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.
- B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

V. Property

Any equipment, furniture, supplies or other property purchased pursuant to this AGREEMENT is deemed to be the property of the STATE except as may otherwise be governed by Federal or State laws, rules and regulations, or as stated in Appendix A-2.

VI. Safeguards for Services and Confidentiality

- A. Services performed pursuant to this AGREEMENT are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.
- B. Funds provided pursuant to this AGREEMENT shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.
- C. Information relating to individuals who may receive services pursuant to this AGREEMENT shall be maintained and used only for the purposes intended under the contract and in conformity with applicable provisions of laws and regulations, or specified in Appendix A-1.

APPENDIX A-1
(REV 10/08)

AGENCY SPECIFIC CLAUSES FOR ALL
DEPARTMENT OF HEALTH CONTRACTS

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.
2. The CONTRACTOR certifies that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.
3. Administrative Rules and Audits:
 - a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.
 - i. For a local or Indian tribal government, use the principles in the common rule, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," and Office of Management and Budget (OMB) Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments".
 - ii. For a nonprofit organization other than
 - ◆ an institution of higher education,
 - ◆ a hospital, or
 - ◆ an organization named in OMB Circular A-122, "Cost Principles for Non-profit Organizations", as not subject to that circular,use the principles in OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations," and OMB Circular A-122.
 - iii. For an Educational Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, "Cost Principles for Educational Institutions".
 - iv. For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals" and, if not covered for audit purposes by OMB Circular A-133, "Audits of States Local Governments and Non-profit Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.
 - b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.

- c. The CONTRACTOR shall comply with the following grant requirements regarding audits.
 - i. If the contract is funded from federal funds, and the CONTRACTOR spends more than \$500,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.
 - ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than \$500,000, and if the CONTRACTOR receives \$300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.
 - d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:
 - i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.
 - ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.
 - iii. If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports have been submitted.
4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.
- a. LOBBYING CERTIFICATION
 - 1) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.

- 2) The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101-121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.
- 3) This section shall be applicable to this AGREEMENT only if federal funds allotted exceed \$100,000.
- a) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:
- ◆ No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.
 - ◆ If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- b) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including

subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- c) The CONTRACTOR shall disclose specified information on any agreement with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Accounts Management at (518) 474-1208. Completed forms should be submitted to the New York State Department of Health, Bureau of Accounts Management, Empire State Plaza, Corning Tower Building, Room 1315, Albany, 12237-0016.
 - d) The CONTRACTOR shall file quarterly updates on the use of lobbyists if material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.
- 4) The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:
- a) Payments of reasonable compensation made to its regularly employed officers or employees;
 - b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed \$100,000; and
 - c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed \$150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol

treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1) APPENDIX B TO 45 CFR PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

- a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the

prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

- d) The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
 - e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
 - f) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
 - g) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.
 - h) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
 - i) Except for transactions authorized under paragraph "e" of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 2) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
- a) The prospective lower tier participant certifies, by submission of this

proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department agency.

- b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.
 7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.
 8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.
 9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.
 10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.
 11. Where the STATE does not provide notice to the NOT-FOR-PROFIT CONTRACTOR of its intent to not renew this contract by the date by which such notice is required by Section 179-t(1) of the State Finance Law, then this contract shall be deemed continued until the date that the agency provides the notice required by Section 179-t, and the expenses incurred during such extension shall be reimbursable under the terms of this contract.
 12. Other Modifications
 - a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:
 - ◆ Appendix B - Budget line interchanges; Any proposed modification to the contract which results in a change of greater than 10 percent to any budget category, must be submitted to OSC for approval;
 - ◆ Appendix C - Section 11, Progress and Final Reports;
 - ◆ Appendix D - Program Workplan will require OSC approval.
 - b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a

Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.

13. Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

14. Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). Contractor shall be liable for the costs associated with such breach if caused by Contractor's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Contractor's agents, officers, employees or subcontractors.
15. All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.
16. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX C

PAYMENT AND REPORTING SCHEDULE

1. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed 0 percent of the maximum amount indicated in the budget as set forth in the most recently approved Appendix B. If this payment is to be made, it will be due thirty calendar days, excluding legal holidays, after the later of either:

- ❶ the first day of the contract term specified in the Initial Contract Period identified on the face page of the AGREEMENT or if renewed, in the PERIOD identified in the Appendix X, OR
- ❶ if this contract is wholly or partially supported by Federal funds, availability of the federal funds;

provided, however, that a STATE has not determined otherwise in a written notification to the CONTRACTOR suspending a Written Directive associated with this AGREEMENT, and that a proper voucher for such advance has been received in the STATE's designated payment office. If no advance payment is to be made, the initial payment under this AGREEMENT shall be due thirty calendar days, excluding legal holidays, after the later of either:

- ❶ the end of the first quarterly period of this AGREEMENT; or
- ❶ if this contract is wholly or partially supported by federal funds, availability of the federal funds:

provided, however, that the proper voucher for this payment has been received in the STATE's designated payment office.

B. No payment under this AGREEMENT, other than advances as authorized herein, will be made by the STATE to the CONTRACTOR unless proof of performance of required services or accomplishments is provided. If the CONTRACTOR fails to perform the services required under this AGREEMENT the STATE shall, in addition to any remedies available by law or equity, recoup payments made but not earned, by set-off against any other public funds owed to CONTRACTOR.

C. Any optional advance payment(s) shall be applied by the STATE to future payments due to the CONTRACTOR for services provided during initial or subsequent PERIODS. Should funds for subsequent PERIODS not be appropriated or budgeted by the STATE for the purpose herein specified, the STATE shall, in accordance with Section 41 of the State Finance Law, have no liability under this AGREEMENT to the CONTRACTOR, and this AGREEMENT shall be considered terminated and cancelled.

- D. The CONTRACTOR will be entitled to receive payments for work, projects, and services rendered as detailed and described in the program workplan, Appendix D. All payments shall be in conformance with the rules and regulations of the Office of the State Comptroller.
- E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix below. In addition, a final report must be submitted by the CONTRACTOR no later than 45 days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.
- F. The CONTRACTOR shall submit to the STATE quarterly voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located in the New York State Department of Health, Bureau of STD Control, ESP Corning Tower, Room 1168, Albany, NY 12237.

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than 45 days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.

- G. If the CONTRACTOR is eligible for an annual cost of living adjustment (COLA), enacted in New York State Law, that is associated with this grant AGREEMENT, payment of such COLA shall be made separate from payments under this AGREEMENT and shall not be applied toward or amend amounts payable under Appendix B of this AGREEMENT.

Before payment of a COLA can be made, the STATE shall notify the CONTRACTOR, in writing, of eligibility for any COLA. The CONTRACTOR shall be required to submit a written certification attesting that all COLA funding will be used to promote the recruitment and retention of staff or respond to other critical non-personal service costs during the State fiscal year for which the cost of living adjustment was allocated, or provide any other such certification as may be required in the enacted legislation authorizing the COLA.

II. Progress and Final Reports

Organization Name: _____

Report Type:

- A. Narrative/Qualitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than 45 days from the end of the quarter, a report, in narrative form,

summarizing the services rendered during the quarter. This report will detail how the _____ (Organization) _____ has progressed toward attaining the qualitative goals enumerated in the Program Workplan (Appendix D).

(Note: This report should address all goals and objectives of the project and include a discussion of problems encountered and steps taken to solve them.)

B. Statistical/Quantitative Report

_____ (Organization Name) will submit, on a quarterly basis, not later than 45 days from the end of the quarter, a detailed report analyzing the quantitative aspects of the program plan, as appropriate (e.g., number of meals served, clients transported, patient/client encounters, procedures performed, training sessions conducted, etc.)

C. Expenditure Report

_____ (Organization Name) _____ will submit, on a quarterly basis, not later than 45 days after the end date for which reimbursement is being claimed, a detailed expenditure report, by object of expense. This report will accompany the voucher submitted for such period.

D. Final Report

_____ (Organization Name) _____ will submit a final report, as required by the contract, reporting on all aspects of the program, detailing how the use of grant funds were utilized in achieving the goals set forth in the program Workplan.

APPENDIX D

PROGRAM WORKPLAN (sample format)

A well written, concise workplan is required to ensure that the Department and the contractor are both clear about what the expectations under the contract are. When a contractor is selected through an RFP or receives continuing funding based on an application, the proposal submitted by the contractor may serve as the contract's work plan if the format is designed appropriately. The following are suggested elements of an RFP or application designed to ensure that the minimum necessary information is obtained. Program managers may require additional information if it is deemed necessary.

I. CORPORATE INFORMATION

Include the full corporate or business name of the organization as well as the address, federal employer identification number and the name and telephone number(s) of the person(s) responsible for the plan's development. An indication as to whether the contract is a not-for-profit or governmental organization should also be included. All not-for-profit organizations must include their New York State charity registration number; if the organization is exempt AN EXPLANATION OF THE EXEMPTION MUST BE ATTACHED.

II. SUMMARY STATEMENT

This section should include a narrative summary describing the project which will be funded by the contract. This overview should be concise and to the point. Further details can be included in the section which addresses specific deliverables.

III. PROGRAM GOALS

This section should include a listing, in an abbreviated format (i.e., bullets), of the goals to be accomplished under the contract. Project goals should be as quantifiable as possible, thereby providing a useful measure with which to judge the contractor's performance.

IV. SPECIFIC DELIVERABLES

A listing of specific services or work projects should be included. Deliverables should be broken down into discrete items which will be performed or delivered as a unit (i.e., a report, number of clients served, etc.) Whenever possible a specific date should be associated with each deliverable, thus making each expected completion date clear to both parties.

Language contained in Appendix C of the contract states that the contractor is not eligible for payment "unless proof of performance of required services or accomplishments is provided." The workplan as a whole should be structured around this concept to ensure that the Department does not pay for services that have not been rendered.

Agency Code 12000
APPENDIX X

Contract Number: _____

Contractor: _____

Amendment Number X-_____

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and _____ (hereinafter referred to as the CONTRACTOR), for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- _____ Modifies the contract period at no additional cost
- _____ Modifies the contract period at additional cost
- _____ Modifies the budget or payment terms
- _____ Modifies the work plan or deliverables
- _____ Replaces appendix(es) _____ with the attached appendix(es) _____
- _____ Adds the attached appendix(es) _____
- _____ Other: (describe) _____

This amendment *is* / *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Prior to this amendment, the contract value and period were:

\$ _____ From ____/____/____ to ____/____/____.
(Value before amendment) (Initial start date)

This amendment provides the following addition (complete only items being modified):

\$ _____ From ____/____/____ to ____/____/____.

This will result in new contract terms of:

\$ _____ From ____/____/____ to ____/____/____.
(All years thus far combined) (Initial start date) (Amendment end date)

Signature Page for:

Contract Number: _____

Contractor: _____

Amendment Number: X-_____

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

CONTRACTOR SIGNATURE:

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

STATE OF NEW YORK)
) SS:
County of _____)

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Signature and office of the individual taking acknowledgement)

STATE AGENCY SIGNATURE

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: _____ Date: _____
(signature)

Printed Name: _____

Title: _____

ATTORNEY GENERAL'S SIGNATURE

By: _____ Date: _____

STATE COMPTROLLER'S SIGNATURE

By: _____ Date: _____

Sample
Letter of Interest
or
Letter to Receive Notification of RFA Updates and Modifications

Robert J. Reed
Assistant Director of the Bureau of STD Control
ESP, Corning Tower, Room 1168
Albany, NY 12237

Re: RFA # 0808120934
2009-2014 Sexually Transmitted Disease Control
Infrastructures in High Morbidity Areas

Dear _____:

This letter is to indicate out interest in the above Request for Applications (RFA) and to request:
(please check one)

- that our organization be notified, via the e-mail address below, when any updates, official responses to questions, or amendments to the RFA are posted on the Department of Health website: <http://www.nyhealth.gov/funding/>.

E-mail address: _____

- that our organization is unable or prefers not to use the Department of Health's website and requests the actual documents containing any updates, official responses to questions, or amendments to the RFA be mailed to the address below:

Sincerely,

2009-2014 Public Health Campaign
Application Checklist

Applicant's Name:

RFA Number: 0808120934

Completing the Application:

- Cover Letter
- Demonstration of Need (3 pages)
- Partner/Client Services (8 pages)
- Quality Assurance (3 pages)
- Training and Professional Development (2 pages)
- Attachment 2- Letter of Interest
- Attachment 7- Training and Professional Development Staffing Plan
- Attachment 9- Budget Summary Form
- Attachment 10- Personal Services Budget
- Attachment 11- Budget Justification

**Tasks and Standards
(Field Level Staff)**

Field Representatives

I. Conduct interviews of patients infected with a Sexually Transmitted Disease in a manner which best contributes to the interruption of the transmission of disease. Ensure rapid, confidential examination of persons at-risk in order to prevent disease acquisition/complication/congenital transmission.

SYPHILIS

1. Interview \geq 98 percent of the early stage cases assigned.
2. Interview 75 percent of cases within three days of assignment.
3. 100% of early syphilis cases assigned will be interviewed within 7 calendar days from date of assignment.
4. Maintain a Disease Intervention Index (DII=A+C closures per cases interviewed) of 1.00 for all early syphilis cases interviewed.
5. Maintain a cluster examination index (CEI) of 2.00 for all early syphilis case interviews.
6. Conduct at least one re-interview for 80 percent of the early cases interviewed.
7. Pursue/document names, physical descriptions, and locating information for all persons identified as at-risk for disease in accordance with established program guideline.
8. Effect/confirm medical examination of 85 per cent of all persons identified as contacts to early infection.
9. Effect examination of 80 per cent of all contacts to early syphilis within 7 days.
10. Ensure prophylactic therapy to 90 per cent of all contacts eligible for such therapy.
11. Disposition of 85 per cent of all priority reactors within 7 days.

GONORRHEA

1. Interview $>$ 65 percent of priority cases assigned.
2. Interview 65 per cent of priority cases within 7 days of assignment.
3. Maintain a Disease Intervention Index (DII) of 0.45
4. Conduct at least one re-interview on 50 per cent of those cases where the initial interview elicited no contacts.
5. Pursue and document names, physical description, and locating information for all persons identified as at-risk for disease, in accordance with established program guidelines.
6. Effect/confirm medical examination for 85 per cent of all persons identified as contacts.
7. Effect examination of 80 per cent of all contacts examined within 7 days.
8. Ensure prophylactic therapy to 90 per cent of all contacts eligible for such therapy.
9. Disposition 85 per cent of all "infected, needs treatment" within 14 days.

CHLAMYDIA

1. Interview \geq 65 per cent of priority cases assigned.
2. Interview 65 per cent all of priority cases within 7 days of assignment.
3. Maintain a Disease Intervention Index (DII) of 0.45.

4. Conduct at least one re-interview on 50 per cent of those cases where the initial interview elicited no contacts.
5. Pursue and document names, physical description, and locating information for all persons identified as have-risk for disease in accordance with established program guidelines.
6. Effect/confirm medical examination for 85 per cent of all persons identified as contacts.
7. Effect examination of 80 per cent of all contacts within 7 days.
8. Ensure prophylactic therapy to 75 per cent of all contacts eligible for such therapy.
9. Disposition of 85 per cent of all “infected, needs treatment” within 14 days.

II. Conduct HIV activities in a professional and sensitive manner.

PROVIDER FOLLOW-UP

Contact provider within 72 hours of assignment of report (laboratory or provider) to collect necessary information to begin Partner Notification if indicated.

PARTNER NOTIFICATION ASSISTANCE

Perform partner notification interviews and partner referral’s consistent with the New York State HIV Surveillance and Partner Assistance Program Policies and Guideline.

1. Initial attempt to interview Index case will occur within 72 hours of assignment or provider’s request.
2. Initial investigation of contacts will occur within 72 hours of elicitation or assignment.

III. Complete required epidemiologic reports.

1. Initiate all reports of patient interviews within 24 hours of interview, complete as quickly as possible, and submit to supervision for review and direction.
2. Document all pertinent patient information on common Major Analytical Points Sheets, O.I. Information Sheets, or within the case file, as instructed.
3. Document all pertinent investigative efforts on the FR.
4. Submit reports which are complete and legible, within established deadlines.

IV. Establish/maintain professional relationships which contribute to the goals of the Bureau and the Department.

1. Conduct visits to screening/treatment sites, emergency rooms, laboratories and community-based organizations to facilitate surveillance and reporting and educational activities as assigned.
2. Participate in meetings with host agencies to promote communication, effect problem resolution, and enhance the Bureau’s presence at the local level, as assigned.
3. Conduct oneself in a professional, diplomatic, and tactful manner at all times, especially with patients, colleagues, and supervisors.
4. Accept/carry out all other duties assigned by the supervisor.

**Tasks and Standards
(First Line Supervisor)**

Public Health Representative II

I. Organizes and directs staff assignments to ensure appropriate and equitable clinic/office coverage's and adequate field time.

1. Schedules individuals' assigned coverage and, except in emergency cases, gives employees reasonable notice of such schedules.
2. Reviews daily field workload and individuals' filed itineraries.

II. Directs priority interviews and field investigation activities

1. Reviews priority laboratory reports, case reports, and clinic medical records in pre-investigation/pre-interview conference with assignee.
2. Reviews results of all syphilis interviews, immediately when possible, or within 24 hours; frequent reviews gonorrhea and *Chlamydia* interviews with emphasis on problematic cases, such as repeaters or "no contact" interviews.
3. Reviews results of problem field investigations immediately or within 24 hours.
4. Identifies potential problem field situations through review/identification of repeat failures of patients to maintain verbal contracts, incidents of employee harassment, uncooperative, medical care providers, sites of illicit (therefore dangerous) activities.
5. Documents on appropriate forms all salient direction regarding follow-up, re-interviewing, cluster interviewing, and other related activities.

III. Evaluates subordinates' interviewing and investigative techniques.

1. Documents indicators of quality in the interview process by a minimum of one formal interview audit per month for each subordinate.
2. Document indicators of quality in the investigation process by a minimum of one formal field audit per month for each subordinate.

IV. Trains/orients employees.

1. Arranges appropriate orientation for new employees with the local health unit and the Department's Regional/Field Office.
2. Provides the new employee an initial training base using the module system prepared by the Division of STD/HIV, Centers for Disease Control, and the STD Control Program's 20-Day Orientation Plan.
3. Conducts monthly meetings for all subordinate staff to conduct case analyses, address problem situations/issues, review/discuss specific operational processes, and generally develop the individuals' understandings of the epidemiologic successes, short comings, and short and long term strategies to address disease control in the jurisdiction.

V. Establishes and maintains effective working relationships with host area officials, agencies, individuals who have an impact on the control program, and staff member.

1. Contributes to the improvement of inter-agency relationships.
2. Integrates federal and state requirements with local program needs.

3. Displays tact, diplomacy, and professionalism in the conduct of all activities.
4. Maintains a work environment in which employees are encouraged performing at the highest level.
5. Initiates actions which are non-discriminatory and enhance equal employment opportunity for the staff.

VI. Acts as liaison between local area of responsibility (including staff) and higher level management.

1. Recognizes and responds appropriately to the need for providing information to and for consultation with higher level management regarding all local matters.
2. Governmental and program regulations, guidelines, and protocols are accurately communicated to all staff members.
3. Concerns, recommendations, and complaints of field staff are communicated to senior level management with sufficient alacrity to contribute to program resolution.
4. Subordinate staff members demonstrate a working knowledge of federal, state, and local protocols specific to their unit.

VII. Maintains effective local reporting systems.

1. Demonstrates detailed knowledge of local reporting practices.
2. Establishes monitoring systems to ensure accurate, complete, and timely reporting of STD's within local area.

VIII. Submits interview and investigative records and reports, narratives, and statistical reports as requested.

1. Reports are submitted on or before previously identified due dates.
2. Reports are accurately completed according to prearranged formats and typed or written as specified.
3. All mathematical calculations are accurate and verified.
4. Narrative reports are legible with accurate grammar and punctuation.

IX. Maintain local records systems.

1. Records are accurately and promptly filed and are easily retrievable.
2. Records are organized in a manner which best supports investigative or any other disease control activity.

X. Provides program assistance not considered part of the routine assignment, including a variety of epidemiological, clinical, professional liaison or other tasks.

1. Demonstrates the ability and willingness to operate well in a broad variety of roles.

NEW YORK STATE REACTOR GRID Prioritizing Activities

Surveillance and epidemiologic intervention are core activities of the Bureau. That is, we effectively detect infection and provide appropriate medical intervention; we insure that systems for early detection and rapid treatment are available to prevent transmission and avoid complications.

Local STD units must follow established minimum criteria that determine which patients will be assigned for follow-up. Patients may be assigned for referral for treatment and/or interview. Numerous factors contribute to each unit's decision of what to assign. Syphilis cases are afforded highest priority and are tracked statewide, based upon childbirth indicators, an age/titer mix, and an assessment of the duration of infection. The matrix below shows how all syphilis reactors receive attention.

The first line of defense against disease in any community is the ability to identify untreated or inadequately treated disease (surveillance) and insure timely referral (intervention) to insure appropriate treatment – regardless of disease (syphilis, gonorrhea, or *Chlamydia* infection).

Field referral of untreated disease (location, education, referral, follow-up to insure compliance (insistent persistence) to the point of treatment with urgency and intensity reduces the time for complications to development and reduces the potential for spread.

These processes place you in a position to educate, develop prevention messages, and introduce partner referral services (self-referred or program assisted). This is clearly *the second line of defense* against disease and complications or, specifically, the referral of persons at high risk as a result of exposure to a person infected during a defined critical period where disease could have been transmitted.

Hierarchy of priority – **immediate action: referral and treatment; interview within 72 hours; closure within 3 weeks.**

- Referral of all untreated early syphilis (potential or confirmed) for evaluation and treatment - most expedient method possible as long as failed referral is followed immediately with field contact
- Interview all early syphilis - in person
- Refer all named contacts, suspects or associates related to early syphilis cases for evaluation and treatment - telephone or field referral, all investigative efforts, immediate field effort for any failed referral

Having no early syphilis assignments that would preclude intensity equal to the above, the following issues should be pursued with that same intensity:

Referral, treatment within 48 hours; interview within 5 days; closure within 2 weeks.

- Referral of all untreated or inadequately treated gonorrhea or *Chlamydia* cases, for evaluation and treatment, by the most expedient method possible as long as failed referral is followed immediately with field contact.
- Contact interview of gonorrhea from core areas, females < 20 years of age, pregnant females and repeaters (multiple infections within 90 days) - face to face is ideal while development of telephone interview skills is essential.
- Referral of all named partners, for evaluation and treatment, from gonorrhea interviews, field referral, telephone referral or mail referral, all investigative efforts, immediate field effort for any failed referral.

Referral, treatment within 72 hours; interview within 7 days; closure within 2 weeks.

- HIV/PNAP (recent infections/recent exposure) and *Chlamydia* interviews (pregnant females and females < 20 years of age) in conjunction with other activities, when in the area and as time permits

Prioritizing is a useful activity when time constraints demand that choices be made, and should not be limited to organizing field activities based on a rigid hierarchy. There should be an effort to efficiently address all cases assigned. Competing priorities should be discussed with a supervisor.

REACTOR FOLLOW-UP

A record keeping system in either paper or electronic form consisting of a log to record incoming laboratory results: “reactors”, files for field records (FRs), interview records (IRs), confidential case reports, and a registry of past serology results is essential to efficient surveillance and intervention.

Steps in serologic reactor follow up:

1. Record search the registry, closed IRs, FRs, and expected in box. *Administratively close* all reactors with adequate therapy or patients with a serologic history that does not indicate new infection. Update the registry.
2. Log and assign all reactors **under age 65** who do not meet administrative closure criteria.
3. Log and assign all reactors age 65 or greater having titers 1:16 or higher and who do not meet administrative closure criteria.
4. Send a query letter to the patient’s physician requesting a diagnosis for patients age 65 and over whose titers are 1:8 or lower. If a timely response is not received, follow up with a phone call to determine course of action.

If indicated by consultation with health provider or if contact with physician is not achievable, interview all patients who are: confirmed or suspected of having an early infection, pregnant females, and patients with symptoms.

Training and Professional Development Staffing Plan

Disease Intervention Specialists (DIS) are expected to complete a recommended training and orientation plan that includes:

- Successful completion of the *Employee Development Guide* (EDG) and practical experiences that include laboratory visits and observations of interviews and field visits (6-8 weeks on average);
- Attending the two-week *Introduction to Sexually Transmitted Disease Intervention* (ISTDI) training course (as soon as possible after completing the EDG);
- Attending the four-day *Advanced Sexually Transmitted Disease Intervention* (ASTDI) training course within 1 year (federal guidelines recommend six months) of attending the ISTDI training course.

There are additional training standards for DIS and other staff who perform HIV partner notification roles. Since that training is supported under other funding it is not specified here.

First-line STD supervisory staff are expected to attend the standardized CDC four-day *STD Intervention for Supervisors* (STDIS) and the four-day *Principles of STD Supervision* training courses. Funding (including travel costs) for the above training is a county responsibility. These courses are provided by the Eastern quadrant STD/HIV Partner Services Prevention Training Center; therefore out-of-state travel may be required in order to receive timely training.

County first-line supervisors and field staff are required to attend Statewide Bureau of STD Control staff meetings. (Sue Payette)

Public Health Campaign Services Training and Professional Development Staffing Plan

Pt. I: Staff Listing and Training

- List each county employee who will work as public health campaign staff, regardless of funding source.
Include any public health campaign staff positions to be hired as TBD.
- List any additional public health campaign staff (e.g., NYSDOH regional STD staff) who will provide disease intervention services for the county.
- For each public health campaign staff person listed (county and NYSDOH), check off which designated partner services training they have received.
- For staff who need recommended training, it will be important to incorporate a plan for completion of training of county level public health campaign employees in the workplan.

Check if employee has completed each course*:
 Introduction to STD Intervention Advanced Sexually Transmitted Disease Intervention
 two-week course (ISTDI) CDC four-day (ASTDI)

Public Health Campaign staff will utilize:

1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>

Pt. II: Supervision/Technical Oversight

- List the first-line county staff who will provide the technical STD supervision and which supervisory training courses have been completed:

CDC STD Intervention for Supervisors (STDIS) CDC Principles of STD Supervision

1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>

* Information on these courses is available through the CDC-funded NYS STD/HIV Prevention Training Center (518) 474-1692 , one of four training centers nationally funded by CDC to provide partner services and program support training.

SAMPLE Quarterly Report Form

Public Health Campaign Quarterly Report Template Instructions

1. Check off the quarter and fill in the dates for the reporting period.
2.
 - A. Enter the Objective(s) from the workplan for your specific program.
 - B. Enter the Standard(s) from the workplan for your specific program.
 - C. Enter the (quantified) activities performed during the reporting period.
 - D. List all individuals who oversee or perform activities related to the objective(s) and standard(s), even if the individual is not formally included in the PHC contract.
3. Provide quantifiable final outcome/results of activity. If you're unable to meet the standard(s)/objective(s) outlined in the quarterly report, please provide a brief explanation.
4. The quarterly report is not to exceed 6 pages.

Helpful Hints:

Your outcome should be measurable!

Public Health Campaign Quarterly Report Template- SAMPLE
STD Control

Reporter _____

Date of Report _____

1st Quarter {x }: _____

3rd Quarter { }: _____

2nd Quarter { }: _____

4th Quarter { }: _____

SAMPLE

Goal #1: To identify and treat early syphilis in high risk populations.

Objective(s)	Standard(s)	Activities Performed	Lines of Responsibility	Outcome/ Evaluation
1. Provide syphilis testing to 350 individuals to identify and treat early syphilis.	Provide syphilis testing at ACME Community Program and Central Jail to reach 350 patients.	<p>A total of 75 syphilis tests were performed during the quarter.</p> <p>Provide the name of each agency/CBO and # tested at each agency/CBO. Provide the number of positives identified by each agency/CBO.</p> <p>35 patients were tested by ACME Community Program.</p> <p>40 patients were tested by Central Jail.</p>	DIS workers Donald Doe and May Miller, FLS Bob Bittner, Nurse Betty Flag from Central Jail, Steve Gail, Reactor Clerk, Ernest Tallon Dir. Disease Control.	<p>(Provide the total number of positives identified) 15 total positive syphilis cases were identified. 6 were early syphilis cases. 1 was 710, 3 were 720 and 2 were 730, 4 were 740 and 5 were 745.</p> <p>ACME identified 1 positive 710, 2 positive 720 and 1 positive 730 early syphilis cases.</p> <p>Central Jail identified 1 positive 720 and 1 positive 730 early syphilis case.</p>

Goal #2: Provide STD education and clinical education to health care providers and community agencies.

Objective(s)	Standards(s)	Activities Performed	Lines of Responsibility	Outcome/ Evaluation
Conduct educational and outreach activities to promote STD prevention, testing activities, trends and treatment updates.	Provide 8 education/ outreach to medical community (health centers, private physicians, hospital staff, school nurses, CBOs), on trends, testing, prevention, and updates.	<p>Include info. about when each presentation took place, the date, an agenda (if appropriate), location, and type of outreach activity.</p> <p>On 4-1-08 a STD education program was provided for the Orange Human Fund, a CBO. The OHF is located in OvertheRainbow, LI.</p> <p>On 4-25-08 a STD treatment update was provided to the Anthony Hopkins STD Clinic Team in Rochester.</p>	<p>Include staff who provided presentation or oversight responsibility.</p> <p>Donald Doe, May Miller (DIS) and Ernest Tallon Dir. Disease Control.</p> <p>Tara Basker, Olivia Fox (DIS), Ernest Tallon</p>	<p>Provide the number of people who attended the outreach activity for each type of outreach activity and the make up of the participants.</p> <p>20 staff, including social workers and outreach workers attended the STD education program.</p> <p>8 Clinic Team members attended the treatment update: 2 physicians, 1 PA and 5 nurses.</p>

Goal #3:

Objective	Standards	July 1, 2009 – September 30, 2009		Evaluation

Goal #4:

Objective	Standards	July 1, 2009 – September 30, 2009		Evaluation

Goal #5

Objective	Standards	July 1, 2009 – September 30, 2009		Evaluation

Goal #6:

Objective	Standards	July 1, 2009– September 30, 2009		Evaluation