

**New York State Department of Health
AIDS Institute and Health Research, Inc.
REQUEST FOR APPLICATIONS FOR HIV/STI PREVENTION AND RELATED
SERVICES FOR WOMEN AND YOUNG PEOPLE
RFA #08-0007/FAU #0904081013**

UPDATES TO THE RFA

The following minor formatting errors were made to attachments in the 135 page version of the 'Request for Applications' document posted on both the NYSDOH and HRI websites:

Attachment	Formatting Problem
Attachment 5 - Vendor Responsibility Instructions and Questionnaire	The Vendor Responsibility instructions were placed on page 77, after the Vendor Responsibility Questionnaire on page 70 of the pdf document.
Attachment 8 - Standard Contract with Appendices – State and HRI	Standard clauses for NYS Contracts were included out of sequence and repeated twice on pages 48-56 of the pdf document. In addition, Appendix A-2, F and HIPPA clauses of the NYS contracts were included out of sequence on pages 56, 58 and 60. All 4 of these documents belong as part of Attachment 8, Standard Contract with Appendices- State and HRI , which begins on page 80 of the pdf version of the RFA document.
Attachment 12 - Budget Forms and Instructions	Only the personal services page of the budget forms were included in Attachment 12, beginning on p. 132 of the pdf version of the RFA document. The complete set of budget forms is available as a separate Excel attachment on the website, entitled 'Budget Forms' . The Excel attachment includes the summary budget, personal services, PS & Fringe, subcontracts, other sources of funding and budget justification pages.

QUESTIONS AND ANSWERS

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA #08-0007 issued on August 3, 2009. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

GEOGRAPHICAL DISTRIBUTION OF SERVICES AND FUNDING

1. Question:

Can an applicant propose to serve counties in more than one region (as defined by the RFA, page 5) under one application?

Answer:

The intent of the RFA is to ensure regional coverage for HIV/STI prevention and related services for women and young people in the geographic areas as defined on page 5.

Applicants are requested to select their primary region of service on the cover page of the application to be considered for funding with competing applications from that region. The primary region of service for the application should be based on the location where the largest number of clients are served. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region.

For Boroughs in NYC:

Applicants who have service sites in more than one borough can apply to serve each borough with separate applications up to \$200,000; or they can apply for one multi-borough award up to \$200,000. For a multi-borough application, applicants need to have a service site in a minimum of 2 boroughs. Applicants do not have to serve every neighborhood within a borough.

2. Question:

If an organization is interested in applying for sites located in two regions, do they submit two separate applications, and can they request the full grant amount for each program?

Answer:

Yes, if service sites are located in two regions and applicants want to apply for up to \$200,000 for each region, as defined in Section II on page 5 of the RFA, two separate applications can be submitted for up to the full award amount for each. See answer to Question 1 above.

3. Question:

Regarding the regional breakdown on page 5, we serve clients primarily in Manhattan but also other boroughs, particularly the Bronx. However, the grants for multi-borough are significantly less. Should we consider that and ignore other clients from other boroughs?

Answer:

The intent of the multi-borough awards is designed for applicants with service sites in more than one borough that are seeking to apply for up to \$200,000.

4. Question:

What is the targeted region we should be applying for? Our headquarters are in Manhattan but we would like to recruit youth from other boroughs. Most programs will take place in Manhattan but some may take place in other boroughs. Should we apply under multi-borough designation?

Answer:

Per page 5 of the RFA, applicants proposing to apply for the NYC multi-borough award must have a service site in more than one borough and can only be awarded up to \$200,000. Applicants are not required to serve all neighborhoods within a borough.

5. Question:

Our program is on the Upper East Side of Manhattan but we have a six-year history of doing cross community work where we bring youth from different boroughs and racial areas together. In terms of the HIV prevention/STD arena, many agencies that partner with us don't have anything going on in that arena. We want to do a cross-community thing, but is there only going to be one award for a multi-borough proposal? We are trying to figure out the best place to put our proposal and the best way to compete.

If multi-borough, do we have to have an ongoing office there?

Answer:

Yes, per page 5 of the RFA, applicants proposing to have service sites in more than one borough of New York City may choose to apply under the 'NYC multi-borough' region for an award up to \$200,000. Applicants are required to have a service site in at least 2 boroughs to apply for a multi-borough award.

6. Question:

If our application proposes a multi-borough program, can it be as few as 2 boroughs?

Answer:

Yes.

7. Question:

It seems that it is possible for contractors to be awarded in the same neighborhood, serving the same target population?

Answer:

Yes.

8. Question:

If the application is submitted to provide services to women in Manhattan, are you able to provide services to female clients from other boroughs who want to participate in the interventions?

Answer:

Yes, women from other boroughs may be served. Selection of the region is based solely upon where the services site(s) is/are located.

GENERAL PROGRAM QUESTIONS

9. Question:

Where can applicants obtain a copy of the Division of HIV Prevention survey that is mentioned in the General Program Requirements section on page 7 of the RFA? Should we reference the structured survey, or integrate it into the outcomes measures already being used?

Answer:

Page 7 of the RFA provides information about the AIDS Institute Division of HIV Prevention Outcome Monitoring Survey including its intended use by AIDS Institute contractors, its purpose and the HIV/STI prevention outcomes it is designed to assess. The survey will be provided to agencies that are awarded funding through the RFA. There is no need to specifically reference the survey in your response to the RFA.

10. Question:

With reference to page 6, III. General Program Requirements, are partner services required if funding for HIV/ STI testing is provided by this grant?

Answer:

Yes, per page 6 of the RFA, agencies funded to provide HIV testing and STI screening are required to ensure that newly diagnosed individuals are offered and linked to partner services.

11. Question:

If we write a proposal that focuses on black MSM with high rates of HIV but not particularly focused on high rates of pregnancy, will it be comprehensive enough?

Answer:

The applicant must decide if their proposed program addresses the needs of their target population and is responsive to the goal of the RFA to promote the sexual health of young people. In addition, please be advised that the AIDS Institute will be releasing a separate solicitation in the Fall of 2009 to support HIV/STI prevention and related services for gay men/men of color who have sex with men in regions of New York State with high HIV seroprevalence rates for those target populations.

QUESTIONS SPECIFIC TO COMPONENT A

12. Question:

Page 9 of the RFA refers to the use of rapid testing. Is this an absolute requirement or is there flexibility?

Answer:

Rapid testing is not a requirement. However, rapid HIV test technologies should be used when appropriate.

13. Question:

Will STI screening itself be funded, for example on a mobile medical unit?

Answer:

Yes. STI screening can be a fundable service depending on the program design.

14. Question:

With reference to the targeted enhanced outreach that is to be provided, must it be provided by staff of this program or can we use existing partnerships that already provide this?

Answer:

Existing partnerships can provide this service, however the services should be in support of the proposed program.

15. Question:

Regarding mental health service provision, what level must a provider be in order to be funded? Would a Certified Alcohol and Substance Abuse Counselor (CASAC) be included?

Answer:

Services must be provided by a licensed mental health professional. Please refer to page 15 of the RFA.

16. Question:

Regarding the targeted population for Component A, is it satisfactory if we exclusively focus on adolescent females, or are you looking for a wide age range of females?

Answer:

The age range of the target population should be determined by the applicant. Please see page 13 of the RFA.

17. Question:

What sort of mix between women who are already infected with HIV and those at risk is the AI looking for; does the AI have a balance in mind?

Answer:

This should be determined by the applicant.

18. Question:

On page 17, fundable services include Hepatitis A, B, and C education and testing referral for vaccination and treatment. Is the fundable service just the education and referral, not the vaccination? Or, can vaccination also be included?

Answer:

Yes, funding for the vaccination (for hepatitis A and B) can also be included.

19. Question:

Regarding the services that are allowed for provision to male partners, specifically men in prison, what type of services would be allowable for men?

Answer:

Male partners of women receiving services through this initiative are also eligible to receive those services described in the RFA as appropriate.

20. Question:

Intervention Category 2 references DEBIs. Is it a requirement to have DEBI training prior to applying, or can applicants just reference the intervention? Are unconventional venues going to be funded, such as mobile testing?

Answer:

DEBI training is not required prior to applying, however the DEBI should be referenced. Mobile testing, where appropriate, is a fundable service. Refer to page 17 in the RFA

21. Question: Do women of color refer to all minority groups?

Answer:

Yes. The target population is women, particularly women of color who are at high risk for HIV and STI infection and women who are infected. Refer to page 13 of the RFA.

22. Question:

For categories/service examples that applicants are to provide, is it required that at least one of the AIDS Institute's examples be provided, or are these just examples and applicants can provide service outside of these examples?

Answer:

Applicants are required to provide services from the first three categories of interventions (see pages 14-18) and are not expected to provide all services listed for each intervention category. Applicants should request funding for the combination of services that best address the unmet needs of women targeted in the application and compliments other existing services.

23. Question:

Page 15 of the RFA references distribution of educational materials as part of client engagement. Are materials provided by the AIDS Institute or are funded programs expected to produce their own materials? If materials are going to be developed by the agency, should this cost be included in the budget?

Answer:

It is up to the program whether to use existing AIDS Institute materials or develop their own. A combination of both is also acceptable. If programs plan to develop their own materials, costs should be included in the budget. Please note that all developed materials will be subject to review as per the AIDS Institute's Materials Review process.

24. Question:

The only program workplan included in the RFA is for Component B; there is no workplan in the RFA for Component A, correct?

Answer:

Correct. There is no workplan for Component A included in the RFA.

25. Question:

Are we required to reach out to the male partners of the targeted population?

Answer:

The male partners of women who receive services through this initiative are also eligible to receive services under this RFA. Applicants are encouraged, but not required, to reach male partners of the target population.

26. Question:

Is there a target number stated in the RFA of the number of women applicants should be looking to reach; can the AI provide any guidance to applicants?

Answer:

The targeted number to be reached should be determined by the applicant and should be reasonable depending on the size of the program.

27. Question:

What are IDI and multiple intervention sessions?

Answer:

Definitions for IDI and IDG:

Single Session Structured Intervention: The provision of harm reduction, health education and risk reduction counseling, based on an established curriculum or outline, to an individual and/or group during the course of a single event.

Multiple Session Structured Intervention: The provision of progressive/series based harm reduction, health education and risk reduction counseling, based on an established curriculum or outline, to an individual and/or group.

Interventions Delivered to Groups (IDGs): Health education and risk reduction interventions provided to groups of varying sizes. IDGs are designed to assist clients with planning, achieving and maintaining behavior change using a science based model (i.e., cognitive model, health belief model). IDGs use models that provide a wide range of skill building activities, information, education and support. IDGs are delivered in a group setting.

Interventions Delivered to Individuals (IDIs): Health education and risk reduction counseling services provided to one individual at a time. IDIs involve assessing client risk and readiness for change. IDIs assist planning for individual behavior change and ongoing appraisals of behavior. Interventions include a skill-building component and facilitate linkages to service in both clinic and community settings in support of behaviors and practices that prevent the transmission of HIV.

Individual Risk Reduction Counseling: A one-to-one session targeting a high-risk individual for the purpose of providing on-going support, information, skills building for behavior change, and/or maintenance of behavior change. This intervention is responsive to the emergent needs of the individual. There is no set curriculum.

28. Question:

Regarding the outcome monitoring survey, if we already have some surveys that are used for other programs, can we use those or do we have to follow a survey standard dictated by the AIDS Institute? Do we need to show what our survey is up front, in the application, or can we show it to the AI later, if we are awarded?

Answer:

Page 7 of the RFA provides information about the AIDS Institute Division of HIV Prevention Outcome Monitoring Survey including its intended use by AIDS Institute contractors, its purpose and the HIV/STI prevention outcomes it is designed to assess. In addition to the use of the survey as described on page 7 of the RFA, funded programs may continue to use existing surveys. Such surveys do not need to be included in your response to the RFA.

29. Question:

Has an outcome monitoring survey been developed in Spanish yet?

Answer:

Yes, there is a Spanish version of the survey.

30. Question:

For agencies that will be doing multi-session interventions delivered to a group, is it possible to receive a copy of the outcome monitoring survey before submission of the RFA so we can see what measures will be utilized?

Answer:

Please see answer to question #9.

31. Question:

It is our understanding that we can choose to serve just one of the target populations or several. Is that correct?

Answer:

Yes, that is correct.

32. Question:

The RFA states that three program interventions are required. Can any of these three be offered through other funding, or do we need to propose all three in our application?

Answer:

The first three program interventions listed in the RFA are requirements that can be provided directly or through referral agreements.

33. Question:

Can we provide male interventions to infected partners, exclusively?

Answer:

The male partners of women who receive services through this initiative are also eligible to receive services under this RFA. However, women should represent a majority of the caseload.

34. Question:

Infected women are included – so, conceivably, one can do in-reach into an agency’s pool of other programs and offer them additional prevention-type services, correct?

Answer:

Yes, this is allowable.

35. Question:

Is there any guidance on how long participants can remain in the program?

Answer:

It is up to the applicant to determine the length of time participants can remain in the program.

36. Question:

We are a hospital based network in the Bronx. I have a hard time seeing how this RFA can be envisioned and staffed to offer services to our patient population. Can you give me some background information on how the RFA was conceived?

Answer:

The background section describes the rationale for the RFA. See pages 10-12 of the RFA.

37. Question:

a. If we wanted to focus just on women ages 15-24, would that be acceptable?

b. Currently, we run an NYSDOH AI program which provides comprehensive medical and psychosocial services to high-risk and HIV-positive adolescents and young adults, but we cannot serve clients above the age of 24. This RFA would support program expansion efforts for the high-risk component of our work. Assuming the answer to the preceding question is yes, could we be the lead entity for Component A, and a partner to another lead organization for Component B (Sexual Health Promotion through Youth Leadership and Community Engagement)?

Answer:

a. Yes, that would be acceptable.

b. Yes, that would be acceptable.

38. Question:

My program provides HIV/STI services to young women of color ages 13-24 years old (not adult or older women). Are we eligible to apply for Component A?

Answer:

Yes, please refer to page 13 of the RFA for the target populations.

39. Question:

Must the targeted and enhanced outreach be provided by the staff of our program or can we utilize already established internal services and partnerships that already focus on outreach to high risk women?

Answer:

Existing partnerships can provide this service, however the services should be in support of the proposed program.

40. Question:

Can HIV rapid test kits be included as a budget item on the RFA budget? If so, would we include such costs under program supplies?

Answer:

Yes. Costs for HIV rapid test kits can be included either under Supplies or Miscellaneous. A justification for these costs should be included with the budget.

41. Question:

Will the budget allow for the payment of actual STI tests?

Answer:

Yes, based on the program design.

42. Question:

Are the costs of HIV testing kits an allowable expense and are the costs of STI testing –either directly incurred or via subcontractor – allowable?

Answer:

Yes, see response to questions 40 and 41 above.

43. Question:

Are STI lab tests an allowable budget expense? Is the provision of health services, specifically STI tests and staff time to administer the tests, allowed?

Answer:

Costs associated with STI lab tests and the administration of these tests may be an allowable expense based on the proposed program design.

44. Question:

Can the interventions provided for the male partners be provided separately from the interventions provided for the women? For example, could we have the men receive a group level intervention in another room while the women are receiving it or while they are seeing their providers?

Answer:

Yes.

45. Question:

What percentage of male partners should we be providing services for under this RFA? For example, should we try to reach 5-10% of the number of women we are providing services for?

Answer:

The applicant should determine the percentage of male partners they propose to provide services to. Women should represent the majority of the caseload.

46. Question:

Regarding Intervention Category 1 - The hospital has ongoing partnerships with many social service organizations in the community. Do we need to actually have updated MOUs from all of them in order to list them as referral sources or potential outreach sites? Is it enough that the formal ongoing relationships between the institutions exist? We plan on MOUs from those agencies that we plan to work with on a REGULAR basis (ie: monthly outreach to their sites, or DEBIs provided for their clients, etc.).

Answer:

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

47. Question:

For the “referral agreements” discussed in the *Program Design and Activities section, paragraph 2 (bullet 2) on page 21 of the RFA*, should this include **both** linkage agreements and Memorandum of Understanding (MOU)?

Answer:

For all services which are not provided directly by the applicant, referral agreements or MOUs supporting the provision of those services should be attached to the application.

48. Question:

In a joint application, should linkage agreements be provided for the sub-contractor or *only* for the lead agency? (*Program Design and Activities section, paragraph 2 (bullet 2) on page 21 of the RFA*)

Answer:

For all services not provided directly by either the lead agency or the subcontractor, referral agreements should be attached to the application.

49. Question:

If a sub-contractor **will** provide all its sub-contracted services onsite and will not refer clients for services at another agency, should a linkage agreement be included in the application for the sub-contractor? (*Program Design and Activities section, paragraph 2 (bullet 2) on page 21 of the RFA*)

Answer

For all proposed services not provided directly by either the lead agency or the subcontractor, referral agreements should be attached to the application.

50. Question:

If a sub-contractor **will not** provide all its sub-contracted services onsite and will refer clients for any sub-contracted service to another agency, should a linkage agreement be included in the application for the sub-contractor? (*Program Design and Activities section, paragraph 2 (bullet 2) on page 21 of the RFA*)

Answer:

For all proposed services not provided directly by either the lead agency or the subcontractor, referral agreements should be attached to the application.

51. Question:

Should a MOU between the lead agency and sub-contractor be submitted with this application? (*Applicant Organization and Capacity section, paragraph 7, (bullet F)*).

Answer:

No, an MOU is not required.

52. Question:

If Letters of Support are included, should these letters be included for only the lead agency? (*Program Design and Activities, paragraph 7 (bullet 6c) on page 21*).

Answer:

Letters of Support are not a requirement for this RFA.

53. Question:

A-VII. Scope of Program Interventions (Pg 14). Regarding the 3 required intervention categories: The RFA states that "For all services which are not provided directly by the applicant, referral agreements supporting the provision of these services should be attached to the application." Does that mean that we have to provide linkage agreements that cover ALL of the services that we are not providing directly?

Answer:

Yes. For all proposed services which are not provided directly by the applicant or subcontractor, referral agreements or MOUs supporting the provision of those services should be attached to the application.

54. Question:

Section 4: Program Design, Bullet #2. (Pg 21) If we are not directly providing services under this RFA for services listed in Intervention Category 4, do we need to attach linkage agreements to cover ALL of the services listed, or can we just list the names of the agencies or programs that we will be referring to? Do we have to refer to each of the services listed in intervention category #4?

Answer:

Applicants are not expected to provide all services listed for each intervention category. For all proposed services which are not provided directly by the applicant or subcontractor, referral agreements or MOUs supporting the provision of those services should be attached to the application

55. Question:

If we are planning on having a subcontractor who will provide culturally appropriate services on site to a specific population, is that considered to be a joint application? The amount of funds for the subcontractor will be very minimal - under \$2000.

Answer:

No, that would not be considered a joint application.

56. Question:

Based on the Program caseload, what should be the staff FTE? (*Budget section, Attachment 12 on pages 22 and 23*).

Answer:

The Applicant should determine the appropriate number of FTE staff on the budget depending on the design of the program.

57. Question:

Should the applicant organizational chart be just for the proposed program within our department, or does it have to be for the entire agency?

Answer:

Applicants should attach a copy of the agency Organization Chart which includes where the proposed program, if funded, will be located within your agency.

QUESTIONS SPECIFIC TO COMPONENT B

58. Question:

Page 38, Section 5, Program Outcomes states that applicants are not expected to address all of the anticipated outcomes listed in B.2. during the first year. How many outcomes are we expected to address during the first year; is it a matter of internal feasibility; how should we prioritize?

Answer:

There are not a required number of outcomes to be addressed in the first year. The AIDS Institute recognizes that the implementation of the funded programs will be developmental and is prepared to work with funded agencies to increase the number of outcomes to be addressed after the initial contract year.

59. Question:

Are there any guidelines, parameters or minimums for the number of youth to be trained and reached through a proposed program?

Answer:

There are no guidelines for the number of youth to be trained and reached.

60. Question:

I noticed that there is a community component – beautification aspect – how would this be quantified, as the AIRS program can't capture that type of data? For example, if we went into a community and put in gardens as a beautification project with youth, how would we capture the community benefit?

Answer:

All proposed activities should be relevant to achieving the outcomes listed in the RFA (pages 24 - 26).

61. Question:

When you talk about providing sexual health education and accountability, will the AIDS Institute furnish materials that we can use in training, or do we have to create them ourselves?

Answer:

Some of the materials for training are program guidance documents that will be provided to programs that are funded through the RFA. There may be a need to develop additional materials. AIDS Institute program and contract management staff, and the NYSDOH-funded ACT for Youth Center of Excellence will be available to provide assistance to funded programs in the development of needed materials and training.

62. Question:

What is the cost per child range you are looking to fund? What is a reasonable number of participants to be included in the program?

Answer:

A cost per child range does not exist, therefore funding is not being awarded based on such a formula. Applicants should focus on how best they can accomplish the proposed outcomes.

63. Question:

I understand there is not a minimum number to be served or cost per child; however, how will award amounts be determined?

Answer:

Awards will not exceed \$200,000 but may vary depending on size of the population to be reached, intensity of activities to be conducted, services to be provided, availability of similar HIV resources and agency capacity.

64. Question:

Are you asking us to create and implement models for broad-based communities? Or, is there a program you've come up with that you want us to duplicate in communities?

Answer:

There is no specific program that the AIDS Institute has developed and wants applicants to replicate. Applicants are asked to propose a program that addresses the RFA's outcomes for their targeted community.

65. Question:

How do you measure the impact that activities will have on the overall community? It will be challenging to measure how a small program will bring down rates of HIV and planned pregnancies throughout the entire community.

Answer:

Applicants are required to propose how they will evaluate and measure the strategies and activities of the outcomes that they select for year one of their program. In addition, AIDS Institute program and contract management staff, and the NYSDOH-funded ACT for Youth Center of Excellence will be available to provide training and technical assistance to funded programs.

66. Question:

It seems like this is a substantial shift away from what was once training of peer educators to become knowledgeable about HIV/AIDS who would then go out and educate their peers. Is it correct to say this is a much broader based initiative you are looking for?

Answer:

To achieve the goal of creating communities that support and promote optimal sexual health for young people will require a shift in the way HIV prevention programs for young people have been designed in the past. Refer to page 24-30 of the RFA.

67. Question:

Are you requiring only the CDC DEBIs or EBIs, or are you looking at other evidence-based curricula?

Answer:

Applicants are not required to use the HIV prevention interventions included in the Centers for Disease Control's Diffusion of Effective Behavioral Interventions (DEBIs). Applicants are, however, required to use evidence-based interventions that prevent/reduce risk taking behaviors of young people that result in negative sexual health outcomes.

68. Question:

Approximately half of our proposed program focuses on the middle school population, which includes children younger than age 13. Does that disqualify us? Are services not permissible for those under age 13? Could we make an argument for that age range?

Answer:

This RFA focuses on education and services for youth ages 13-24. Including some youth below the age of 13 would not disqualify an applicant. However, applicants should submit an application that is consistent with the outcomes of the program model defined in the RFA. All applications that meet the eligibility requirements will be reviewed and evaluated competitively. Refer to page 46 of the RFA.

69. Question:

We are coming from a pediatric department, therefore our age range is 13-21. Is it acceptable that we don't capture those in the 22-24 year age range?

Answer:

Yes. The target population is those ages 13-24; however, not all ages within that range must be included in the proposed program.

70. Question:

Page 32, recruitment of young people for program leaders from 16-24 – that age group encompasses high school through college. Is it acceptable to recruit only high school or only college students? Can we pick a smaller age range within the 16-24 year age range?

Answer:

Yes, it would be acceptable to recruit only high school or college students as program leaders.

71. Question:

We would be requesting funding to support a peer counseling program in reproductive health education, delivered by five high school students, specifically 11th-graders (16 – 17 years old), for approximately 120 middle school students attending the After School program of our partnering school, PS/MS 218 in the South Bronx. Of these 120 students, about half (60) would be in 7 and 8 grade and at least 13 years old. Here are my two questions:

1. Assuming that only about 65 students fall within the qualifying age range for the program (ages 13 – 24), is it too small to qualify for this grant?
2. If we still do qualify, can we discuss our work with the younger students as well (6th- and 7th-graders, who are as young as 11 years old)? We feel very strongly that our programs in reproductive health education have to start EARLY, and in the South Bronx, 13 is often too late. But would working with younger students essentially disqualify us from eligibility?

Answer:

1. There are no guidelines as to the number of young people to be reached through the proposed program.

2. This RFA focuses on education and services for youth ages 13-24. Including youth below the age of age 13 would not disqualify an applicant. However, applicants should propose a program that addresses the outcomes of the RFA. All applications that meet the eligibility requirements will be reviewed and evaluated competitively. Refer to page 46 of the RFA.

72. Question:

The Scope of Services on pages 32-34 are very ambitious for any age group. Can you scale back the program model to be age appropriate and time sensitive to this age group?

Answer:

Applicants should propose a program that addresses the outcomes of the RFA.

73. Question:

What is the difference between ‘peer educators’ and ‘program leaders’?

Answer:

Program leaders (youth leaders) are young people (ages 16-24) who will, in partnership with adults, work to develop broad-based community support for comprehensive sexual health education and health care services for young people. Peer educators are not mentioned in the RFA.

74. Question:

Are single gender programs eligible? We are a girls-only organization.

Answer:

Yes.

75. Question:

Regarding the budget and non-allowable costs being removed, are food and refreshments considered allowable costs for youth?

Answer:

Food and refreshments are an allowable cost but need to be justified in the budget pages as to how they are essential to operating the proposed program.

76. Question:

Regarding the actual composition of our application, particularly the program outcomes section, page 38, Section 5, there are no specific questions to respond to.

Answer:

Applicants should refer to Section B-II (pages 24-26) when completing this section of their application.

77. Question:

This is a shift from the previous 5 year program. While it looks exciting, you are asking for a lot of information in 12 double-spaced pages.

Answer:

The page limit for the application narrative is 12 pages; however, there is no limit to the number of work plan pages (Attachment 13) that may be submitted.

78. Question:

Is there a model workplan that is needed or that would be deemed acceptable?

Answer:

Attachment 13 provides guidance regarding what information should be included in the workplan.

79. Question:

I see in the program model that you are asking for training directed toward adolescents. Would you be able to identify some resources for training in the areas you indicate in the program model section, particularly under program development?

Answer:

It is the AIDS Institute's intent to work very collaboratively with the funded agencies. In addition to AIDS Institute program and contract management staff, the resources of the NYSDOH-funded ACT for Youth Center of Excellence will be available to provide training and technical assistance to funded programs on the essential elements of a successful program.

80. Question:

Page 4, Section 2, Available Funding states that "...funding is not to supplant..." This means you have to have some basis of working with youth in your community, enhancing your program by taking it to the next level to work with the program model as stated, correct?

Answer:

Funding cannot be used to replace existing funding. Funding must be used to expand or enhance existing services or to develop a new program.

81. Question:

With reference to DEBIs, can we use the model we are using that is not necessarily a DEBI, but based on a DEBI?

Answer:

Please see answer to Question #67.

82. Question:

Page 24, Young People Trained as Program Leaders, talks about increasing assets and strengths of youth. Does this refer specifically to the 40 developmental assets, or may we define our own?

Answer:

You are not required to use the Search Institute's 40 developmental assets; you may identify the specific assets and strengths that you will increase among the program leaders.

83. Question:

Page 31 – "...employ a diverse group of youth leaders...compensate the youth leaders..." – are you looking to hire them? Are there guidelines or parameters for that?

Answer:

Applicants should consider the expected roles and responsibilities of the program leaders as described in the RFA when determining how they will be compensated. The hiring, hours worked, rate of pay, and stipends may vary and are at the discretion of funded programs.

84. Question:

Does “compensate youth leaders” mean giving them a stipend only? Or are we to actually hire them?

Answer:

Please see response to question 83 above.

85. Question:

If one is paying a stipend to peer educators, do we need to pay the minimum wage or higher?

Answer:

Please see response to question 83 above.

86. Question:

What would be considered adequate compensation for youth who participate in the program?

Answer:

Please see response to question 83 above.

87. Question:

We are a community health center that has an existing peer education program. As long as what we are currently doing is evidence based, are we allowed to expand on what we are currently doing?

Answer:

A successful applicant is one that is responsive to the anticipated outcomes as described in the RFA.

88. Question:

With the long list of outcomes on pages 24-26, does the AI have a way of prioritizing some of those outcomes?

Answer:

It is up to the applicant to propose the outcomes it will address in the initial year of the program.

89. Question:

If we are adding wrap-around services, can participants be active in another program within the agency, or do participants need to be unduplicated?

Answer:

Young people may be participants in other programs provided by the applicant.

90. Question:

We are a hospital based network in the Bronx. I have a hard time seeing how this RFA can be envisioned and staffed to offer services to our patient population. Can you give me some background information on how the RFA was conceived?

Answer:

The background section describes rationale for the RFA. See pages 26-30 of the RFA.

91. Question:

On page 25 under the outcome *Parents, Family Members and Other Adults*, the last bullet says “Increased number of parents, family members and other adults who are actively engaged in the community programs and schools attended by young people”. How do you envision programs increasing involvement in schools? What are your expectations for this outcome?

Answer:

How to best meet this outcome will vary. The applicant needs to identify how they can best meet this outcome through their proposed program.

92. Question:

With reference to page 33, *Community Assessments and Strategy Development*, 1) Can the youth participate and help conduct community forums and assessment activities with the community? 2) Can the community assessment activity costs, e.g. forum refreshments, survey printing costs, be included in the proposed budget?

Answer:

1. Yes, program (youth) leaders should conduct community forums and community assessment activities, in partnership with adults.
2. Community assessment activity costs, e.g., forum refreshments, survey printing costs, are allowable costs but need to be justified in the budget pages as to how they are essential to operating the proposed program.

93. Question:

With reference to page 32, *Program Development and Management*, bullet #5, is this in regards to behavioral change interventions not STI/HIV prevention training as stated in the bullet #4?

Are we to identify one of the following evidence based resources that best works with needs of our community and adapt them: DEBI or evidence based programs identified in the website as specified in the RFA: http://www.cdc.gov/hiv/resources/reports/hiv_compendium/

Can we then identify the training and associated costs within the proposed budget?

Answer:

1. Yes, this is correct. Bullet 5 pertains to behavioral change interventions.
2. Applicants are not required to use the HIV prevention interventions included in the Centers for Disease Control's Diffusion of Effective Behavioral Interventions (DEBIs). Applicants are,

however, required to use evidence-based interventions that prevent/reduce risk taking behaviors of young people that result in negative sexual health outcomes.

3. Training and associated expenses are allowable costs but need to be justified in the budget pages as to how they are essential to operating the proposed program.

94. Question:

With reference to page 33, *Community Education and Engagement*, bullet #2, is this in regards to community level behavioral change interventions, which is separate from the program leaders behavioral change interventions?

If it is a separate evidence based program intervention, does this mean that Component B will require the use of two evidence based program models to use for behavioral change interventions (1 for community behavioral change and 1 for youth leaders behavioral change)?

Answer:

Bullet # 2 under *Community Education and Engagement* refers to an evidence-based behavioral change intervention delivered to young people in the community and may be the same or similar to the evidence-based behavioral change intervention that is delivered to program leaders.

95. Question:

Is a Board of Directors (BOD) different from a Board of Education (BOE)? A BOD is appointed or voted on according to by-laws, while a BOE is voted on according to Education Law. A BOE has no control over the diversity of its make-up, while a BOD can recruit. We are a large educational institution with a Board of Education, representing over 20 school districts. We will be creating a special Board of Directors to provide oversight for this project (as we do for all of our major projects) which will represent both the geographic area and the population we will be serving. Will that work?

Answer:

Yes, the proposed option is acceptable.

96. Question:

If we are “hiring” students, “paying them as compensation” do they get listed individually on page 2 of the budget forms? If we plan to have 20-30 students (no names as of yet), would we list ‘TBA’ 20 -30 times?

Follow up question: Would we have to fill out 20 -30 position descriptions (they would all be the same as far as duties) on page 3 of the budget forms? Or would listing once be enough, but state there that we intend to hire 20-30 youth?

Answer:

Young people hired as staff should appear on the Personal Services budget page. Stipends for young people should be listed on the Miscellaneous budget page under “other.” One position description is sufficient.

97. Question:

Youth have different assets- some have substantial wealth and others little, some are tech savvy and others not so much. How can we incorporate youth development asset-based approaches with youth across asset differences; will a modular proposal that works with all youth in our community weaken or strengthen our proposal?

Answer:

A positive youth development approach focuses on the positive outcomes for all youth as listed in the RFA on page 31, bullet #1. Applicants should design a program that best meets the needs of their target population.

98. Question:

How many youth should we try to empower for a competitive application?

Answer:

The targeted number to be reached should be determined by the applicant and should be reasonable depending on the size of the program.

99. Question:

What outcomes should we aim for other than self esteem and HIV negative test results as a bio-marker of self esteem? Is community mobilization an acceptable outcome? What about empowering youth to recognize and take action on issues of concern to them?

Would an asset-based mobilization model where communities engage emerging concerns and long standing concerns like sexual health meet grant guidelines?

Answer:

Applicants are expected to indicate the outcomes listed in Section B-II that they will address in year one of their program. Refer to page 24-26 of the RFA.

100. Question:

With reference to page 26 of the RFA, Section B-III Applicant Eligibility - We are a private, non-profit educational corporation with 501 (c) (3) status. We have received awards from NYS DOH/HRI for other HIV/AIDS related programs with the same eligibility requirements for applying. Please confirm our eligibility for applying to this RFP.

Answer:

Yes, per page 26 of the RFA, private, not-for-profit 501 (c) (3) community-based organizations are eligible to apply.

APPLICATION SUBMISSION

101. Question:

How should applications be delivered? Must they be hand-delivered or can they be mailed. Should Federal Express be used? Is fax or email definitely unacceptable?

Answer:

Applications can be mailed or hand-delivered. If mailing, applicants are encouraged, but not required, to use Federal Express. Applications will not be accepted via fax or email. Please see pages 41-42 of the RFA.

102. Question:

If an application is received after 5PM on September 17, 2009, will it be considered?

Answer:

It is the applicant's responsibility to see that applications are delivered to the address stated in the RFA 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 but there are no guarantees. Applicants should make every effort to ensure that all applications are received before the deadline.

103. Question:

We currently receive split funding – State and Ryan White. Do we need to submit two separate applications?

Answer:

The funding source of current contracts has nothing to do with the applications being submitted. Applicants should submit applications that are responsive to the RFA.

FORMATTING REQUIREMENTS AND PAGE LIMITATIONS

104. Question:

Do letters of support affect the page limit?

Answer:

No.

105. Question:

Since the Program Summary is **not** counted in the required 15 double-spaced pages for this application, should the Program Summary be single or double-spaced

Answer:

There are no spacing requirements for the Program Summary.

106. Question:

Should the Program Summary be labeled as page 1?

Answer:

The Program Summary is not included in the application page total, therefore, it should not be numbered.

107. Question:

Can tables (such as demographic data or a logic model) within the narrative be single spaced?

Answer:

Tables must be double spaced.

108. Question:

Regarding page numbering, should MOUs be numbered as well?

Answer:

No, MOUs are not counted in the total document page limitation.

109. Question:

Given that there is very little space to write our application, are you allowing us to reduce the spacing between characters? Is there wiggle room regarding which font we can use and can we reduce the spacing of one-inch margins?

Answer:

Point deductions may result for applications that do not adhere to the format prescribed on page 34 of the RFA.

110. Question:

Would you like resumes of program staff attached to the application?

Answer:

No, resumes are not required.

JOINT APPLICATIONS; LETTERS OF SUPPORT; BILATERAL AGREEMENTS; MEMORANDA OF UNDERSTANDING; REFERRAL AGREEMENTS; LINKAGE AGREEMENTS

111. Question:

Are letters of support or bilateral agreements acceptable and will they strengthen the application?

Answer:

Applicants may include letters of support and/or bilateral agreements with their application, but they will not strengthen the application, nor are they counted toward the page limitation.

112. Question:

In the RFA, there is nothing that asks for a letter of support. We are looking to subcontract a portion of our services. Do we indicate this through a letter of support or MOU, and where would this go in the application?

Answer:

No, letters of support or MOUs are not required for subcontracts. Subcontracts should be listed on the budget with justification included on the budget justification.

113. Question:

Regarding referral agreements mentioned on page 12 of RFA, should this include both linkage agreements and MOUs, or just referral agreements?

Answer:

Linkage agreements, MOUs or referral agreements should be included.

114. Question:

For those organizations that provide supportive services but not medical care, however, are able to develop an MOU with a medical care facility, should the emphasis be on the medical care side regarding who should be the lead? Does AI have a preference on who is the lead?

Answer:

There is no preference regarding who should be the lead agency. Please see guidelines on page 8 of the RFA.

115. Question:

Within the same region, can an organization apply twice – once as the lead organization and once as a subcontractor?

Answer:

An organization may apply once as the lead agency. There are no restrictions on the number of times an applicant can apply as a subcontractor.

116. Question:

In a multi-borough submission, is it possible to have co-leading agencies – one for each borough – with only one of the co-leaders being the fiscal conduit?

Answer:

One agency must be designated as the lead and one agency as the subcontractor. Please see page 8 of the RFA which addresses joint applications.

117. Question:

If an applicant is partnering with another agency to provide services (lead agency-sub-contractor relationship), does an MOU between the two agencies have to be submitted with the application?

Answer:

An MOU is not required for subcontractors.

118. Question:

Do linkages that the subcontractor agency has with other agencies have to be submitted with the application?

Answer:

For all services not provided directly by either the lead agency or the subcontractor, referral agreements should be attached to the application.

CONTRACT TIMING AND CONTRACT TERM

119. Question:

Is there a likelihood of multi-year funding, or will funding be for only 12 months?

Answer:

It is expected that contracts will be awarded under this RFA for a 12-month term, with an anticipated start date of June 1, 2010. The initial contract period may vary depending on the funding stream. Awards may be renewed for up to four additional one-year periods, based upon satisfactory performance and the availability of funds.

120. Question:

What are the dates of this grant? We need this for budgeting purposes.

Answer:

It is expected that contracts will be awarded under this RFA for a 12-month term, with an anticipated start date of June 1, 2010. The initial contract period may vary depending on the funding stream. Awards may be renewed for up to four additional one-year periods, based upon satisfactory performance and the availability of funds.

121. Question:

The contract start date is June 1, 2010; what is the timeframe for making the awards and notifying recipients?

Answer:

It is anticipated that awards will be announced sometime in early 2010.

FUNDING

122. Question:

Earlier the AI stated that the funding for this RFA is not new money, rather a resolicitation. How can applicants find out who is currently funded in their region, if any?

Answer:

The list of currently funded providers is provided as an attachment to this document.

123. Question:

You mention this is not new money. Was the \$8 million distributed in similar fashion previously? Are the 16 awards to be given for Component B consistent with existing programs?

Answer:

The money was distributed in a similar fashion, however, programs models have changed based on the needs of the population being served and how the epidemic has changed. In addition, less overall funding is available.

124. Question:

Attachment B, page 3, 'Ryan White funded activities' mentions charges will be on a sliding scale. In what context will we be working with Ryan White funding?

Answer:

This is Health Research, Inc. contract boilerplate language that is used for all solicitations, many of which involve a combination of funding sources. The reference to Ryan White funding does not apply to this particular solicitation.

125. Question:

Since this solicitation involves partial federal funding, are we required to adhere to a sliding scale fee cap?

Answer:

No, this is not a requirement pertaining to this solicitation.

126. Question:

Can funds from this RFA be utilized to provide individual and group level prevention interventions for adolescents and young adults as well?

Answer:

Yes, funds can be used to provide individual and group level interventions for adolescents and young adults.

127. Question:

Regarding the 5-year grant period, you mentioned it would be a new budget every year. Would the amount of the budget be the same for each of the 5 years?

Answer:

While we hope that funding will remain stable over the 5 year period, at this time we cannot predict whether or not there will be budget reductions that will affect available funding for this program.

128. Question:

We currently receive funding through the DOH LGBT Health and Human Services initiative from the AI. Can we apply for wrap-around services?

Answer:

Yes, you are eligible to apply for funding through this RFA.

AUDIT

129. Question:

We are a local health department thinking of applying and are wondering about attaching a copy of our most recent yearly independent audit. Does it need to be a full county audit?

Answer:

Yes, a full county audit is required.

130. Question:

On page 37, Section (3)(g) of the RFA, applicants are asked for a copy of the organization's most recent Yearly Independent Audit. What should an organization do, if there's no audit, due to their size and the amount of their annual budget?

Answer:

Agencies should submit their year-end financial statements. All agencies are required to close out their books at the end of their fiscal year, and should submit financial statements generated as a result of this.

131. Question:

We are part of the Research Foundation of SUNY Potsdam. As part of the University, our program alone is not audited yearly. It is combined with the other programs that fall under the Research Foundation umbrella. Would you like a copy of this audit?

Answer:

Yes.

VENDOR RESPONSIBILITY

132. Question:

Page 70 - If we provide e-mail correspondence from OSC advising that we are exempt from the requirement to submit the Vendor Responsibility Questionnaire, will that be sufficient to explain why we have not enclosed the completed form in our application?

Answer:

Yes.

STANDARD CONTRACT LANGUAGE

133. Question:

Appendix A-2 Standard Clauses for all AIDS Institute Contracts, page 56, clause #3 - In previous DOH contracts, we were allowed to replace the Appendix A-2 Standard Clauses from DOH with our version. The only difference between the DOH version and our version is that ours contained the following additional paragraph in clause #3:

"Notwithstanding the foregoing and subject to the confidential requirements under State and Federal laws and regulations, the CONTRACTOR may reproduce, publish or otherwise use portions of any required report, document or other data produced in whole or in part with funds provided under this Agreement in copyrighted articles published in scholarly journals. Articles published in scholarly journals may be copyrighted by the CONTRACTOR." Will the AIDS Institute allow this again?

Answer:

We will negotiate specific clauses of the contract that may need to be revised with funded applicants. This will be part of the contract negotiations.

134. Question:

Attachment A General Terms and Conditions HRI Contracts, page 106, Clause 9 Publications: In previous HRI contracts, we were allowed to have our Attachment C, Modification to General Conditions and/or Program Specific Clauses included to replace and supplement the corresponding provisions of the Attachment A General Conditions. Our version states that in addition to HRI Clause 9, the Contractor may publish articles concerning the conduct, progress and results of this project in scholarly journals after providing HRI with a 60-day period to review the proposed publication. Would HRI allow this again in any resultant contract?

Answer:

We will negotiate specific clauses of the contract that may need to be revised with funded applicants. This will be part of the contract negotiations.

BUDGET

135. Question:

The RFA states that administrative expenses are allowable up to 20%. Please give examples of types of administrative costs that can be included.

Answer:

Administrative expenses are expenses that are not included directly in the budget lines and may include audit expenses, accounting services, payroll services, and administrative positions.

136. Question:

Please give examples of ineligible items that are not fundable, or are they listed in the RFA?

Answer:

Ineligible items are those determined by NYSDOH personnel to be inadequately justified in relation to the proposed program or are not fundable under existing state and federal guidance (OMB circulars). The budget amount requested will be reduced to reflect the removal of the ineligible items. Examples of ineligible budget items include capital improvements, construction costs, mortgage interest, and bank fees.

137. Question:

Should workplan cost projections be for all 5 years or just 1 year?

Answer:

Just one year.

138. Question:

Can you use full-time employee percentage allocation for shared expenses such as utilities?

Answer:

Shared expenses should be fairly distributed to all of the contracts which support the associated employee.

139. Question:

Should in-kind expenses be included on the budget, particularly salary and personnel costs?

Answer:

Yes

140. Question:

The budget forms are incomplete. Can you send us the complete set of budget forms?

Answer:

The budget forms are available on the website in Excel (<http://www.nyhealth.gov/funding/rfa/0904081013/>)

141. Question:

In looking over the budget forms, I am not finding a place to delineate our rent, utilities, phone, supplies, travel, postage, printing, etc. costs. I saw in the instructions to enter the total of such costs to the Summary Budget page on lines C, D, E, and F. I wonder, though, where to enter the breakdown of the total costs for each line?

Answer:

The budget forms provided for the RFA process do not include the "Other than Personal Services" (OTPS) detail pages. Please list dollar values for all OTPS items on the cover page and provide a description of those items using the justification page(s).

142. Question:

Are the budget pages provided on the website in an Excel format?

Answer:

Yes, the budget pages are included on the website in an Excel format.

143. Question:

If we are already an AIDS Institute funded program, should we use the forms we already have? They include the information requested in attachment 12.

Answer:

No. Applicants should complete the information requested on the forms provided as Attachment 12, regardless of whether or not they are currently funded by the AIDS Institute.

144. Question:

Page 39 refers to administrative costs. Is that an indirect cost rate or something different?

Answer:

Administrative costs and indirect costs are the same thing.

145. Question:

On page 43 there is reference to quarterly invoices. We are currently doing monthly invoicing. Is there any way we can stay with this, or do we have to move to quarterly invoices?

Answer:

The invoicing frequency schedule is negotiable.

EVALUATION/AIRS

146. Question:

Is there a specific data collection system to be used for evaluation and process, and will it be provided by the AIDS Institute?

Answer:

Funded applicants will be required to use the AIDS Institute Reporting System (AIRS), which will be provided free of charge.

147. Question:

How much does the AIRS program cost to purchase; should this cost be included in the budget?

Answer:

The AIRS program will be provided free of charge to funded applicants

148. Question:

If we are required to do data entry using AIRS, why isn't the breakdown included in Attachment 7 consistent with what is to be reported through AIRS?

Answer:

Attachment 7 is to be completed based on the applicant's proposed program and is not meant to be reflective of what is to be reported in AIRS

149. Question:

The AIRS reporting system seems to apply quite well with Component A. How does it fit into Component B and to what level will it be used?

Answer:

The AIRS system will be applicable to the programs awarded under Component B.

150. Question:

Because we have never used AIRS before, we can't tell how extensive the work will be so we're having challenges regarding how much to budget for administrative costs for data management.

Answer:

The AIRS software is provided free of charge to funded applicants. Applicants need to estimate the amount of time needed to enter information for a client level data system. Please see Question 152 regarding network environment requirements and the physical infrastructure needed to implement AIRS.

151. Question:

You talk about CQI – are there budgetary parameters around how much an agency should include for evaluation and program monitoring?

Answer:

Applicants need to budget for costs associated with evaluation and program monitoring based on the program model they are proposing.

152. Question:

Section 2: Applicant Organization and Capacity, Bullet G (pg 20) - Please clarify what is meant by "Provide a description of the physical infrastructure used to implement AIRS."

Answer:

This would include a description of the network environment (Local Area Network or Wide Area Network), number of sites on the network, number of users, capacity of existing bandwidth, servers and workstations (memory and speed), and internet access.

REVIEW PROCESS AND SCORING OF APPLICATIONS

153. Question:

I'm assuming that there is no credit given for programs that have been existence for a number of years and have done satisfactory or above work?

Answer:

Each application is judged on its own merit and responsiveness to the RFA.

154. Question:

Can you please confirm that if we apply for both components that the application for component A does not compete with the application for component B.

Answer:

That is correct.

155. Question:

If there are two viable community based organizations within close proximity of each other, will that be taken into consideration when determining who receives an award?

Answer:

The anticipated funding and number of awards by component for each region are included in the chart on page 5 of the RFA.

ADDITIONAL QUESTIONS

156. Question:

What is the last date that we can submit questions?

Answer:

All questions must be submitted by August 26 at 5:00 PM, per instructions on page 40 of the RFA.

157. Question:

Will follow-up documents only be posted on the website or will they be sent to everyone who registered for the call?

Answer:

Modifications to the RFA and the Question and Answer document will be posted on the website only. Documents will not be mailed out individually to anyone. Please see page 40, Section VI.B. of the RFA.