

**New York State Department of Health
AIDS Institute and Health Research, Inc.
REQUEST FOR APPLICATIONS FOR COMPREHENSIVE HIV/STI/HEPATITIS C
PREVENTION AND RELATED SERVICES FOR SPECIFIC POPULATIONS
IMPACTED BY HIV/STI/HEPATITIS C, PARTICULARLY IN COMMUNITIES OF
COLOR
RFA #11-0001/FAU #1104280905**

Questions and Answers

*All questions are stated as received by the deadline announced in the RFA.
The NYSDOH is not responsible for any errors or misinterpretation of any
questions received.*

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 #11-0001-FAU #1104280905. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

PROGRAM DESIGN

ALL COMPONENTS

1. Question:

On both page 40 and 43, the RFA states that “copies of written referral agreements are required to be submitted with the application.” Does this mean that AI wants copies of ALL of our referral agreements with outside agencies attached to this application? Please note that in the case of our agency, we have over 200 pages of such referral agreements. As these referral agreements are NOT listed on the Application checklist, where in the order of submission should such referral agreements be attached? Must they be numbered in sequence with the rest of the application?

Answer:

Copies of referral agreements that are relevant to the services being proposed in the program design section of the application should be submitted. These should be included as an attachment at the end of the application. The pages do not need to be numbered.

2. Question:

May we select EBIs/DEBIs not listed in the scope of services or do we have to choose from the lists provided under the various components’ ‘Scope of Services.’?

Answer:

EBIs/DEBIs not listed in the scope of services may be selected. The EBIs/DEBIs listed were included as possible options.

3. Question:

Would the AIDS Institute consider an evidence-based locally-grown intervention for this round of proposals? Currently we have an intervention that we developed as a demonstration project for the National Institutes on Drug Abuse (NIDA) over 20 years ago. It has been evaluated by external evaluators twice and incorporates many of the principles mentioned in the guidance.

Answer:

Yes. Locally-grown interventions are acceptable.

4. Question:

The RFP mentions that projects should be "evidence based." Could you clarify whether all components of the proposed work need to be based on accepted evidence, or whether this just applies to DEBIs in the HERR prevention interventions and activities.

Answer:

All interventions should be based on a behavioral theory or on a model demonstrating reduced transmission of HIV, STD or hepatitis C or increased identification of HIV, STD or hepatitis C infection.

5. Question:

If an agency is planning to adapt an EBI, how should that be communicated in the grant proposal? Is the agency required to explain the steps they will take to adapt an intervention?

Answer:

The applicant should indicate in the narrative portion of the application that they plan to adapt an EBI. Applicants are not required to explain each of the steps they will take to adapt the intervention. However, applicants should specify which components of the EBI are being adapted.

6. Question:

A potential applicant is considering utilizing a group level intervention (DEBI, EBI) within its proposed program. However; the applicant plans to adapt this intervention in order for it to be "appropriate" for the target population. To ensure the adaptation is appropriate it will be necessary to pilot the adapted intervention prior to full implementation. The question: Can activities and cost associated with this phase of the adaptation be included as part of the program request for year one?

Answer:

Yes. As part of a comprehensive program, the activities and costs associated with piloting the adapted intervention may be included as part of the request for year one, based on the availability of resources within the proposed budget.

7. Question:

What, if any, are the qualifications for staff offering Comprehensive Risk Counseling Services (CRCS)? B.A., M.A., etc?

Answer:

There are no specific qualifications. All CRCS counselors and supervisors should have at a minimum training in pre- and post-test counseling which provides a standard client centered approach to HIV Prevention. Please refer to the following website for additional information: http://www.cdc.gov/hiv/topics/prev_prog/CRCS/.

8. Question:

RFP p. 43: If testing is done through an MOU with a hospital or clinic, may that hospital or clinic handle referrals to, for example, mental health and substance use services, or must we as the grantee have direct MOUs with organizations providing those services?

Answer: The hospital or clinic where clients are being referred for testing may handle referrals for additional services. Agencies should also have their own written linkage agreements with providers of substance use and mental health services to allow direct referrals to be made.

9. Question:

Are funded sites required to provide HIV confirmatory testing on site? Or can they refer out to hospitals they currently have linkages with?

Answer:

Funded applicants should use strategies to ensure that confirmatory HIV testing is conducted, clients return for their test results and connections to care, partners and other services are made as needed. Applicants who have the capability to do confirmatory testing on site should do so. Where the capacity to do confirmatory testing onsite does not exist, referrals for this service are appropriate. Confirmatory testing must be accomplished by collection of an oral fluid, venous blood specimen, or dried blood spot that is submitted by the Limited Testing Site to a laboratory holding a NYS permit to conduct confirmatory testing. A list of laboratories qualified to perform HIV confirmatory tests may be obtained from the licensing program at (518) 485-5378.

Additionally, HIV testing must be conducted in accordance with applicable NYS public health laws and regulations. Organizations and agencies that are offering Rapid HIV Testing must be registered as a limited service laboratory with the NYSDOH Clinical Laboratory Evaluation Program (CLEP).

10. Question:

How do we obtain approval of our protocol for handling and transporting of specimens, etc.? Do we need these protocols in place prior to the award to go along with the application?

Answer:

No. Protocols do not need to be in place prior to the awards being made. The AIDS Institute will work with funded applicants during the contract negotiation process regarding the approval

for handling and transporting of specimens. Please refer to Attachment 9 – STI Screening Requirements.

11. Question:

When employing the term “STI,” does the NYSDOH AIDS Institute have a definition and/or expectation of specific screenings to be conducted under this opportunity (e.g. syphilis, gonorrhea, Chlamydia)?

Answer:

Syphilis, gonorrhea, and Chlamydia would be the most common tests to include in outreach or mobile settings, although settings with clinical services would be able to offer additional testing. Frequency and type of testing may be tailored to the needs/risks of the population being served -- for example, pregnant women, adolescents and MSM. CDC screening recommendations for specific groups can be found at: <http://www.cdc.gov/std/treatment/2010/specialpops.htm>.

12. Question:

Page 10 discusses the Program requirements for HIV/STI/Hepatitis C. Specific STIs are not mentioned here. Can you clarify which STI screenings are required? Can an applicant opt to address some STIs and not others?

Answer:

As stated in the above question, the specific screenings to be conducted by an applicant will vary depending on the STI epidemiology of the population, the settings and the resources available.

13. Question:

In regards to gonorrhea and Chlamydia screening, CDC recommends high risk MSM to be provided oral and rectal screening in addition to urine. Are these fundable under this RFA?

Answer: Yes. Costs for additional screenings may be included in the budget submitted with the application. Additional screenings that are being recommended should be consistent with the comprehensive services being proposed, the risk factors associated with the populations being served, and available funding.

14. Question:

Are funds available to cover hepatitis C testing?

Answer:

Yes. Funding for hepatitis C testing is allowable. Costs budgeted should be consistent with the proposed program.

15. Question:

The RFA encourages a hepatitis C rapid test. It is currently moderately complex. Our lab is CLIA waived although we are an Article 28 DTC. If we propose to apply for lab license to perform moderately complex tests, can we propose to directly provide hepatitis C rapid testing under this RFA even though we are currently not approved?

Answer:

Yes. Applicants can propose to directly provide hepatitis C rapid testing. However, tests can not be conducted until the rapid test is CLIA-waived and the lab is approved to provide the tests.

16. Question:

Are there any restrictions regarding who should be provided a hepatitis C rapid test beyond high risk MSM?

Answer:

There are no restrictions regarding who can be offered a hepatitis C rapid test. Applicants should propose offering the rapid test to individuals they believe may be at risk for hepatitis C. However, tests cannot be conducted until the rapid test is CLIA-waived and the lab is approved to provide the tests.

17. Question:

Are HIV testing supplies and lab fees for hepatitis C screening paid by the State or do those expenses have to be budgeted?

Answer:

Applicants should include costs associated with HIV testing supplies and lab fees for hepatitis C screening in the budget submitted with their application.

18. Question:

Is there a preferred screening test or method for hepatitis C?

Answer:

The preferred screening test for the hepatitis C virus (HCV) is the anti-HCV EIA. This screening test screens for HCV antibodies only. It is not a diagnostic test. If the screening test is positive, it means one of three things: 1) the person was infected and cleared the virus on their own, 2) the person was infected and successfully treated or 3) the person is currently infected. The only way to confirm or diagnose someone with active HCV infection is by performing a HCV RNA test (i.e., HCV RNA by PCR). The recommendation is to perform the screening test and then if positive, refer for or perform the diagnostic test. A person can have HCV antibodies for a lifetime.

The specimen collection method is either venipuncture (blood draw) or finger stick. The OraQuick HCV Rapid Test is currently available, however, not yet CLIA waived. Therefore, it cannot yet be used as a point of care test. OraSure expects CLIA waiver in the near future. We

would encourage these programs to use the rapid test once it is CLIA waived. It will give a result in 20 minutes and operates the same way as the OraQuick HIV Rapid Test.

19. Question:

Does NYSDOH AIDS Institute have any expectations in terms of the numbers of individuals to be served through the proposed program(s)?

Answer:

The AIDS Institute does not have any specific expectations regarding the number of individuals to be served. The number of individuals to be served will vary depending on the program design and the services/interventions being proposed.

20. Question:

How will you determine what acceptable numbers are in terms of targets to be reached under this grant?

Answer:

The number of individuals proposed to be served will vary depending on the scope of services and the activities being proposed. When reviewing the applications, reviewers will assess the number of individuals to be served based on the program design and the proposed services.

21. Question:

Are we required to submit any letters of support (aside from the letter of commitment from our Board Chair)?

Answer:

No. Letters of support are not a requirement of this procurement.

22. Question:

Is a support group for HIV negative gay men a fundable activity under this RFA?

Answer:

Yes.

23. Question:

Is this the first year funds have been made available for these services? If there are examples of other programs of this kind, are there sample models available for review on the web?

Answer:

This is a resolicitation of existing resources. The program models for this procurement have been modified since the previous procurement. Several websites have been included within the RFA that may be helpful to applicants when completing their application.

24. Question:

Are we allowed to be sub-contractors on applications submitted by other agencies if we have submitted two proposals?

Answer:

Yes. In addition to submitting two proposals, applicants may be listed as sub-contractors on another agency's application.

25. Question:

If an agency is planning to submit two applications as the lead agency, can that agency also submit as a co-collaborator on additional grant proposals?

Answer:

Yes. All applications must be submitted by an eligible organization. Applicants may be listed as subcontractors on another agency's application, in addition to submitting two applications from their own organization.

26. Question:

If we receive EIS HIV testing funding as well as DOH funding for co-factors testing, can we still apply for this grant provided that number proposed here are 'additional' cases not covered under other grants?

Answer:

Yes.

27. Question:

Bronx epidemiology suggests that HIV patients dropping out of care is as much, if not more of a challenge than people not being in care because they don't know they are HIV. Can we count re-connecting people who have dropped out of care in our projections of clients "that are connected to comprehensive health care, prevention and other needed services" (pg.40) and is there an event - say missing a schedule doctor's appointment and not being heard from for two months afterward - or a time period they haven't been connected care - say five months, which would determine they aren't in care. Also, would "re-connecting" be relevant and counted not only for people who are HIV+, but also for those with STIs and HCV? Please note: this does not refer to clients we originally connected ourselves, but people we encounter in the community who are not connected to care.

Answer:

Applicants may count re-connecting people who have dropped of care in their projections. The amount of time an individual may be out of care warranting reconnection will vary based on the individual's circumstances. Re-connecting would be relevant for individuals who are infected or at risk for HIV, STIs and HCV.

28. Question:

Can the two follow-up contacts expected after clients are connected to services (pg. 40) be with the client instead of the service provider? Also, again, if clients immediately drop out of services after a first or second appointment, can we count re-connecting them in our projections?

Answer:

Follow-up contacts may be conducted with the provider or the client. For provider follow-up, documentation for release of information is necessary. Please see the above question regarding re-connecting clients to care.

29. Question:

Are client incentives permitted?

Answer:

Yes.

30. Question:

If incentives are provided to participants, are applicants bound to the Ryan White Part B funding restrictions in pages 6 and 7 of attachment 10?

Answer:

Applicants should propose incentives that they believe are best for the populations they are proposing to reach. The AI, DOH and HRI will determine the most appropriate funding to be used for each application selected to be funded.

31. Question:

Is there a preference for programs that offer expanded evening and weekend hours?

Answer:

There is no preference for evening or weekend hours. Applicants should propose the hours that will be best for reaching the populations they are proposing to serve.

32. Question:

The RFA asks that we outline the number of newly diagnosed HIV/HCV/STI positive individuals we identify through our work. Do you want this number broken out into the three discrete categories, or given as one overall number in the proposal response?

Answer:

The number of newly diagnosed HIV, HCV and STI positive individuals should be broken out into three discrete categories.

33. Question:

Can we serve individuals through this RFA not in the target population but who have sex and/or have had sex with persons in the target population? For example, can we provide HIV/STI services/linkage for a bisexual female who has been a partner of/reports having sex with a Gay Man/MSM?

Answer:

Yes. However, the majority of individuals served should be from the target populations, not collaterals.

34. Question:

Are applicants required to target ALL counties within the target region; or only those severely impacted by the STD/HIV/Hepatitis C epidemics?

Answer:

Applicants are not required to target all counties within a target region.

35. Question:

Several Special Need Populations (SNPs) including African Americans are targeted in the RFA. Please clarify if these SNPs should also be targeted among racial/ethnic populations for ALL components of the grant.

Answer:

Yes. The RFA is for “Comprehensive HIV, STD and Hepatitis C Prevention and Related Services for Specific Populations Impacted by HIV, STD and Hepatitis C, Particularly in Communities of Color.” When preparing their application, applicants are encouraged to consider these statistics, as well as the specific epidemiological data for the specific region of the state they are proposing to serve.

36. Question:

Page 18: “Five core service categories” Are applicants required to implement at least one activity under service categories 1, 4, 5? In other words, does an applicant have the option not to provide any activities under service category 5 as long as all activities under service categories 2 and 3 are addressed?

Answer:

Yes. As stated on page 18 of the RFA, applicants are not expected to provide all activities/interventions listed under service categories 1, 4 and 5, but should provide a combination of activities that best addresses the unmet needs of the Gay Men/MSM and complements, not duplicates, other existing services/interventions. If other funding supports some of the activities, applicants should describe how these services are being provided. Applicants are encouraged to read the section entitled “Completing the Application” to make sure they have responded to each question.

37. Question:

Our experience with the AIRS system is that its focus is on collecting HIV related data. Has it or will it be modified so that we can submit additional data regarding Hepatitis C and STI related activities or do we need to discuss implementing a parallel data collection system as part of our response?

Answer:

The AIDS Institute continues to modify AIRS to allow hepatitis C and STI data to be captured. Applicants do not need to discuss implementing a parallel data collection system in their application.

38. Question:

If a county health department has an Article 28 license, are they eligible to submit an application in response to this RFA?

Answer:

Yes.

39. Question:

Is the Comprehensive HIV/STI/Hepatitis C Prevention grant open to not-for-profits? If so, is there a cap on their revenue, programming income, etc.?

Answer:

The eligibility varies for each component of the RFA. Potential applicants are encouraged to read the "Applicant Eligibility" section in each component.

COMPONENT A

40. Question:

On page 18 for Component A and 37 for Component B, the application discusses targeted outreach and recruitment. Are there a minimum number of individuals that must be served in each component? Please advise.

Answer:

There is not a minimum number of individuals that must be served in each component. The number of individuals served will vary based on the proposed services. Applicants should project what they believe is a reasonable estimate based on the program design and the services they are proposing.

41. Question:

Are we allowed to submit two separate applications under Component A?

Answer:

Yes. Please note that applicants may submit no more than two applications in response to this RFA.

42. Question:

Regarding Component A: Comprehensive HIV/STI/Hepatitis C Prevention and Related Services for Gay Men/Men Who Have Sex with Men, particularly Young Gay Men/MSM of Color. Can the DOH/AIDS Institute & HRI provide clarification on the age range that is considered “young?” In particular, is there a minimum age for the young gay men/MSM who are to be served under this contract?

Answer:

The age range for “young” gay men is defined as men between the ages of 16 and 24 years of age.

43. Question:

Regarding Component A: Comprehensive HIV/STI/Hepatitis C Prevention and Related Services for Gay Men/Men Who Have Sex with Men, particularly Young Gay Men/MSM of Color. Could the DOH/AIDS Institute & HRI provide clarification on what is meant by the word “particularly?” For example, are you looking for a minimum percentage of individuals served who are young gay men/MSM of color?

Answer:

Particularly means having a “specific emphasis on”. However, it does not mean to the “exclusion of” other MSM, both with respect to race/ethnicity and age. As stated on page 16 of the RFA, young MSM account for more than 1 out of every 4 (27%) of new HIV diagnoses among MSM in NYS. With limited resources, we will be looking to direct funding to the populations that are most impacted by HIV, STIs and hepatitis. We aren’t looking for a minimum percentage of the target population to be young gay men/MSM of color. When preparing their application, applicants are encouraged to consider these statistics, as well as the specific epidemiological data for the specific region of the state they are proposing to serve.

COMPONENT B

44. Question:

I have a question regarding Component B of the RFA, Services for Heterosexually-Identified Men and Women. On page 33 of the RFA, it states that 3-5 awards of up to \$200,000 will be made for the New York City Region. The NYC Region is defined as including all five boroughs. My question is whether we can submit a proposal under which clients from all five boroughs would be eligible, but we as the provider would focus primarily on the borough of Brooklyn. Our statement of need, for example, would focus on Brooklyn and our linkage agreements would be with fellow Brooklyn providers. Is this an acceptable approach to Component B? Please advise.

Answer:

Yes. This approach is acceptable.

45. Question:

We are interested in submitting an application under Component B of the RFA. Are there age restrictions on who we can serve through this component? We are a youth agency serving clients up to age 22.

Answer:

There are no specific age restrictions.

46. Question:

In regards to Components B and D, the narrative does not specify a specific target age; since we are a youth program, is it safe to say that we have the flexibility in providing the services to youth (ages 14- 24) using our youth development approach?

Answer:

Yes. An applicant has the flexibility to propose serving youth. There are no age restrictions.

47. Question:

We plan to submit an application for Component B. With funding from NYCDOH, CDC and other funds from the AIDS Institute we provide over 600 HIV rapid tests each month. Since we already provide HIV testing, and other prevention interventions such as ESAP, Opioid Overdose Training, Safety Counts, SISTA, HOW, etc... can we propose to use the funds to increase STI screening and treatment as well as hepatitis C screening and referrals throughout the boroughs? We have an additional mobile medical unit (MMU) and we could have 2 MMUs in the communities 4 days per week. Please advise.

Answer:

Applicants need to address how each of the core services outlined in Component B of the RFA will be provided. Where other funding sources are used, that should be indicated. Applicants must demonstrate they are covering all core services in Component B. Applicants are encouraged to carefully read the Completing the Application section of the RFA to make sure they have responded to each question.

48. Question:

In regards to Component B, is it possible to state that we provide some of the five core services in-kind through other grants, while expanding STI screening and treatment and hepatitis C screening and referrals?

Answer:

Please see answer to question 47.

49. Question:

Regarding question C-4 of Section 4 (Program Design and Activities) of the RFA (Component B), I understand that we need to submit written linkage agreements with partnering agencies that will provide services. Does the linkage agreement, itself, need to state information about "how clients will be directly connected to their services, and how follow-up activities will be

conducted” or should these questions be answered in the narrative? Can this section exceed two pages if we stay within the 18 page limit for Component B?

Answer:

The linkage agreement does not need to specify how clients will be directly connected to their services, as well as how follow-up activities will be conducted. However, this information should be included in the narrative when responding to specific questions. The number of pages for this section may be exceeded as long as the total number of pages for the Component B application does not exceed 18 pages.

50. Question:

On page 18 for Component A and 37 for Component B, the application discusses targeted outreach and recruitment. Are there a minimum number of individuals that must be served in each component? Please advise.

Answer:

There is not a minimum number of individuals that must be served in each component. The number of individuals served will vary based on the proposed services. Applicants should project what they believe is a reasonable estimate based on the program design and the services they are proposing.

51. Question:

Under Component B, can we apply to serve the targeted population in only one of the five boroughs in the NYC Region? (RFA Section IV, Component B, Section A, p. 33 and RFA Attachment 4, page 2 of 3, pertaining to Component B.)

Answer:

Yes.

52. Question:

RFP p.37, second and third bullets: Please explain/give examples of “enhanced” outreach, as compared with the targeted outreach in the first bullet. Does the enhancement refer to the identification/addressing of immediate needs, e.g., food, housing, detox, before recruitment into HERR/CTR?

Answer:

As stated on page 37 of the RFA, enhanced outreach entails multiple, trust-building interactions leading to recruitment of HIV positive and high risk heterosexually-identified men and women into interventions that address sexual health and risk taking behaviors. These interventions are aimed at addressing a client’s most acute needs and reducing barriers that inhibit the adoption of behaviors that prevent HIV/STI/hepatitis C transmission/acquisition. Acute needs may include identifying housing and food. Once the immediate needs are met, risk reduction messages should be delivered and clients should be engaged in discussions regarding risk-taking behaviors. Appropriate connections should be made. These include HIV testing and STI/hepatitis C screening, and prevention interventions.

Targeted outreach is conducted in settings where high risk and HIV positive individuals work, live and socialize in order to deliver information materials and link them to prevention interventions, encourage HIV testing and STI/hepatitis C screening, and connect individuals testing positive to medical treatment, partner services and prevention services.

53. Question:

Are applicants submitting an application for Rest of State (Components B, C, D and E) required to target ALL regions outside of NYC?

Answer:

No. Applicants should submit a proposal for the geographic areas outside of NYC they are proposing to serve.

COMPONENT C

54. Question:

Can an organization apply for funding for more than two of the seven core service categories? If so, can an organization submit two separate applications (\$100,000 for each application) for the same component, in this case Component C, as long as two different core service categories are addressed in each proposal or must all the core service categories be included in the one application for a maximum amount of \$100,000?

Answer:

Yes. Applicants are not precluded from submitting two applications (\$100,000 for each application) under a single component for two separate sets of core services. Although these submissions are permitted, applicants should consider all components in deciding how to respond to the solicitation.

55. Question:

Our program currently covers the South Bronx and Harlem. Can we submit two separate applications for each of these two areas (\$100,000 for each application) even though both are in the same NYC Region?

Answer:

Yes. Applicants are not precluded from submitting two applications under a single component for the same region. Although these submissions are permitted, applicants should consider all components in deciding how to respond to the solicitation.

56. Question:

What is the maximum amount of funding available per award for Component C? There is a discrepancy between the amount indicated in the chart on page 51 of the RFA (\$100,000) and text in the first two paragraphs on page 52 (\$200,000).

Answer:

The maximum amount of funding per award under Component C is \$100,000, as reflected in the table on page 51.

57. Question:

Our agency currently has a program which is contracted to directly link active substance users to treatment/care and we would propose making direct referrals to that program. Would this satisfy the requirement for facilitation of clients to treatment related services?

Answer:

Yes. Applicants should address how the core services in Component C of the RFA will be provided.

58. Question:

Page 57 and 58 of the RFA discuss the efficacy of SEPs directly providing STI screening, that "agencies (may) directly provide STI screening services...through an award resulting from this RFA," and that "To assist in the identification of HIV/STI infection among substance users, rapid test technologies and mobile testing should be used to integrate HIV counseling and testing and STI screening." Our organization currently conducts mobile SEP that includes HIV and hepatitis C CTR and we would like to implement mobile and office-based STI screens from an award subsequent to this RFA. However, given the cost of laboratory tests, we roughly estimate that we could provide about 75 urine screens to test for Chlamydia and gonorrhea per year with the funding available through this RFA, which is a small number compared to the number of high risk IDUs we serve each year. Like most SEPs, we do not have a mobile or office-based Article 28 and therefore cannot utilize third party reimbursement to fund the cost of labs. Even if we partnered with an Article 28 organization that could be reimbursed for testing services, many of our clients do not have insurance of any kind so that third party reimbursement is not feasible. Does the AIDS Institute have suggestions for how to make it feasible to test more than a small percentage of clients for STIs given this RFA's funding availability? For example, can the AIDS Institute arrange for cost-free laboratory fees with an entity such as the New York City Department of Health and Mental Hygiene, and publish the availability of cost-free labs on or prior to June 20, 2011?

Answer:

Integration of STI screening may occur through 1) integration of direct testing by agency staff, 2) a partnership with a local health department to conduct screening, or 3) referral to medical providers to perform testing. There are no funds available to establish a backdrop laboratory contract that would allow organizations funded under this initiative to access cost-free laboratory services. Labs may have a significant variation in the price of urine screening tests – and it is recommended that comparisons be made of pricing available from NYS-licensed laboratories to ensure a cost effective contract is put in place. While integrated routine STI testing for all clients is the goal, if the organization elects a direct testing model and there are insufficient funds to directly provide the STI testing for all clients, it may be useful to either prioritize clients to receive testing (e.g., women under age 26 which follows federal screening recommendations), or pilot the integrated screening (screening all clients in a set timeframe to establish baseline positivity as a way to better understand the need to expand to full STI screening). Those clients not directly receiving screening should be referred for screening.

59. Question:

Are applicants submitting an application for Rest of State (Components B, C, D and E) required to target ALL regions outside of NYC?

Answer:

No. Applicants should submit a proposal for the geographic areas outside of NYC they are proposing to serve.

60. Question:

On page 55, one of the potential uses of this funding could be to enhance Peer Delivered Syringe Exchange Services (PDSE). CHASI is thinking about implementing PDSE. Are they advised to quickly put in a request to the Harm Reduction Unit to have their waiver changed to allow them to do PDSE, using the RFA funds to implement it?

Answer:

There is a protocol in place to request approval to do PDSE. Funded applicants will be required to have approval to conduct PDSE prior to program implementation. Potential applicants interested in doing PDSE should contact their contract manager to have the protocol sent to them.

61. Question:

The RFA guidance states that for Component C, applicants need to select two core services. Is it possible to apply for more than two core services?

Answer:

No. As stated on page 66 of the RFA, applicants are asked to prepare a description of the two core service categories they are proposing. If more than two core services are included in application, only the first two described in the application will be scored.

COMPONENT D

62. Question:

In regards to component B and D, the narrative does not specify a specific target age; since we are a youth program, is it safe to say that we have the flexibility in providing the services to youth (ages 14- 24) using our youth development approach?

Answer:

Yes, an applicant has the flexibility to propose serving youth (ages 14-24). There are no age restrictions.

63. Question:

Are applicants submitting an application for Rest of State (Components B, C, D and E) required to target ALL regions outside of NYC?

Answer:

No. Applicants should submit a proposal for the geographic areas outside of NYC they are proposing to serve.

COMPONENT E

64. Question:

Are applicants submitting an application for Rest of State (Components B, C, D and E) required to target ALL regions outside of NYC?

Answer:

No. Applicants should submit a proposal for the geographic areas outside of NYC they are proposing to serve.

COMPONENT F

65. Question:

In areas where there is need but we have been unable to locate/recruit a potential NYSOOP provider, can deliverables include Overdose Responder trainings through CBOs, other formal and informal community groups (churches, parent or user networks), with the hope of mobilizing greater community interest with the clear outcome of creating Overdose Prevention Responders?

Answer:

Yes.

66. Question:

Under Component F: #2: Applicant Organization and Capacity, questions b. c. and d - - - As this component targets primarily non-clinical and clinical providers, should our response to these questions focus on cultural competence, senior management, and direct service staff composition as related to the providers who will be trained or the target population that will eventually benefit from the training and technical assistance?

Answer:

Question b should focus on the applicant's experience serving the population they are proposing to serve in their proposal. With regard to questions c and d, the applicant needs to describe their agency's composition of senior management and direct service staff.

67. Question:

Under Component F:# 6. b. Evaluation

Are there specific outcomes, ie number of providers who register as NYSOOP as a result of program activities that we should include in this section?

Answer:

Outcomes will vary depending on the program design and the activities being proposed. Applicants should propose outcomes that they believe are reasonable based on the activities being proposed.

FORMAT

68. Question:

Are we allowed to create tables within the narrative which are single spaced that cite relevant data?

Answer:

Yes.

69. Question:

Must the attached audited financial report be renumbered to fit sequentially with the rest of the application? The audited financial report is already an internally numbered document and this would require the whiting out of all page numbers and the subsequent renumbering.

Answer:

No. The audit report does not need to be renumbered. It can be attached to the back of the application.

70. Question:

Since there is a strict page limit for the proposal narrative and our organization has many services to describe (p. 44, question 2a), could we include a table or chart that is single-spaced and in a 10 pitch font?

Answer:

Yes.

71. Question:

Is there an Attachment 1 template for a letter of interest? This template has not been posted on the website

Answer:

Yes. This was an oversight. The template was posted to the websites when this Question and Answer document was posted.

FUNDING

72. Question:

Is Component E new money that is coming into the region or is there an agency that is currently running a program with those funds?

Answer:

This is a resolicitation of existing resources. The program models for this solicitation have been modified, so there is not a single program currently funded to provide the specific services outlined in Component E.

73. Question:

Will the funds available through this RFA pay for the HIV/STI/Hepatitis testing since it includes Ryan White part B funding? This is not made clear within the narrative.

Answer:

Applicants are expected to budget for what they believe to be reasonable costs for STI/HIV/hepatitis C testing. The AIDS Institute/NYS Department of Health/Health Research Inc. will determine the funding most appropriate for the proposed services.

74. Question:

Does NYSDOH AIDS Institute have any expectations as to budgetary allocation of costs for STI/HIV/hepatitis C testing and labs?

Answer:

No. Applicants are expected to budget for what they believe to be reasonable costs for the STI/HIV/hepatitis C testing and lab costs based on the program design and activities they are proposing.

75. Question:

Could you clarify whether an agency can apply for \$400,000 total if they propose to do work under two components? Also, is it possible that the \$400,000 would be awarded or would only one grant in the amount of \$200,000 be awarded even if the agency submits two meritorious applications?

Answer:

Applicants may submit two separate applications for a maximum of \$200,000 each. Applicants could be funded for \$400,000 if the agency submits two applications that are selected to be funded.

76. Question:

If the ceiling is \$200,000, is that \$200,000 a year for three years or \$200,000 over three years?

Answer:

The \$200,000 is an annual amount. Based on the availability of funding and satisfactory performance, contracts may be renewed for up to four additional one year periods.

77. Question:

What percentage of funding does the AIDS Institute offer for space?

Answer:

There is not a specific percentage of the budget allowed for space costs. Applicants should budget for space costs necessary to support the program design and activities being proposed. Applicants should budget costs using a fair share methodology. The specific details regarding the methodology will be discussed in more detail with funded applicants during contract negotiations.

78. Question:

Is there a specific percentage of funds that can be used for staffing?

Answer:

There is no specific percentage of funds that can be used for staffing. Applicants should propose a staffing plan commensurate with the program design and activities they are proposing.

APPLICATION SUBMISSION

79. 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 an express service. Applications will not be accepted via fax or email. Please see pages 116-117 of the RFA.

80. Question:

If an application is received after 5PM on June 29, 2011, 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.

81. Question:

Should we submit 10 copies of the proposal or 6 copies? On the application checklist it says that we should submit 6 copies, and on p. 116 of the RFA, it says that we should submit 10. Please clarify.

Answer:

The original and six copies should be submitted.

82. Question:

What is the address that applications should be mailed to?

Answer:

Applications should be mailed or hand-delivered to:

Valerie J. White
Deputy Director, Administration and Data Systems
New York State Department of Health AIDS Institute
ESP, Corning Tower Room 478
Albany, New York 12237

BUDGET

83. Question:

In looking over the budget forms, I am not finding a place to delineate our rent, utilities, phone, supplies, travel, postage, and printing 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 summary budget and provide a description of those items using the justification page(s).

84. 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.

85. 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 5.

Answer:

No. Applicants should complete the information requested on the forms provided as Attachment 5, regardless of whether or not they are currently funded by the AIDS Institute.

86. Question:

The directions do not specify the font. Is it safe to assume that it is Times New Roman?

Answer:

The application needs to be completed in a 12 point font. There is no specific font style. Applicants can decide which font style they prefer to use.

87. Question:

Do we need to strictly adhere to the page limits for each section of the proposal narrative? If we are under the page limit in one section, can we exceed the page limit in another section as long as the total number of pages is within the total page limit for the entire narrative?

Answer:

Applicants need to adhere to the total page limits for the entire application as specified in the individual components. The page limits for each section within the component are meant to be a guide based on the information requested. Applicants may exceed the page limits in one section, as long as the total page limit is not exceeded.

88. Question:

Is it required that the proposal narrative conform to the RFA outline and use the paragraph and subparagraph numbers used in the RFA? On page 47, section c (5), the subparagraphs are identified as nos. 12, 13, and 14, although there are no corresponding subparagraphs 1-11. Should these be bullets instead?

Answer:

Applicants should prepare their narrative based on the RFA outline, using the paragraph and subparagraph numbered used in the RFA. You are correct that on page 47, the subparagraphs should be bullets rather than numbers. The same mistake was made on page 30, letter c, #5 (Component A); page 67, letter d, #5 (Component C); page 85, letter c, # 5 (Component D) and page 103, letter c, #5 (Component E).