

**New York State Department of Health
AIDS Institute, Division of HIV, STD and Hepatitis C Prevention**

***Health and Human Services for Lesbian, Gay, Bisexual and
Transgender Individuals, Families and Communities***

RFA # 12-0001/FAU #: 1207260121

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 #12-0001/FAU #: 1207260121. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

COMPONENT A

Target Populations

Question 1: I did not see a specific mention of LGBT people with disabilities as a potential target audience. Would a proposal that focuses on services to LGBT Individuals with disabilities and their families be eligible?

Answer 1: Yes, targeting any specific group within the larger LGBT community is acceptable.

Question 2: Would it be permissible to focus on just one population within the LGBT spectrum - IE. transgender individuals?

Answer 2: Yes. As stated in Question 1, targeting any specific group within the larger LGBT community is acceptable.

Question 3: Is there a minimum age requirement to receive services? How is "youth" defined? Can we propose services to youth under age 13?

Answer 3: There is no minimum age requirement to receive services. The age of the individuals to be served should be based on the services being proposed.

Question 4: How does the current RFA define youth (what age range)?

Answer 4: Youth are generally defined as adolescents between the ages of 13 and 24. Serving youth under the age of 13 is not precluded.

Question 5: The primary purpose of the grant would be to provide services for self-identified LGBT clients. Would it be appropriate to include in the grant application specialized services for self-identified heterosexual clients with a history of same-gender contact? Or would it be best to just focus on the self-identified LGBT clients?

Answer 5: The primary purpose of this initiative is to serve self-identified LGBT clients; this should be the primary focus of your application, although providing services to self-identified heterosexual clients with a history of same gender contact is not precluded.

Question 6: On page 18 of the RFA under "4" Program Design and Activities", #4 part b for "Number of individuals to be reached" – should applicants reflect numbers served for one contract year, or the entire 5-year contract period?

Answer 6: Applicants should propose the number of individuals to be served in a 12 month period.

Focus Areas & Outcomes

Question 7: Is it allowed to address all 4 of the focus areas or is it limited to 3? Is doing all 4 discouraged? Would points be deducted?

Answer 7: For the purposes of this application, applicants are required to address 3 focus areas. If more than 3 focus areas are proposed, only the first three in the written application will be read and scored. Funded applicants will have the opportunity to develop a more comprehensive workplan as part of final contract negotiations.

Question 8: Are any of the 4 priority areas weighted greater than others?

Answer 8: None of the priority focus areas is weighted greater than the others.

Question 9: For each focus area, a minimum of 2 outcomes for each focus area for a total minimum of 6 outcomes is required. Can we address more outcomes than required?

Answer 9: For the purposes of this application, applicants are required to address 2 outcomes for each of the 3 focus areas. If more than 2 outcomes are proposed in any focus area, only the first 2 outcomes will be read and scored. Funded applicants will have the opportunity to develop a more comprehensive workplan as part of final contract negotiations.

Question 10: On page 15, the instructions state to "address a minimum of six outcomes (two for each focus area.) A list of 12 outcomes is then

provided (p. 15). Can we repeat the same outcome for two different focus areas? For example, could we select "Meeting Health and Human Services Needs of LGBT Individuals" for two different focus areas: 1.) Health Promotion and Access to Health Care and 2.) Improving Access to Mental Health.

Answer 10: Yes, this would be allowable, as long as the activities proposed for the outcome are tailored to each of the respective focus areas.

Modes of Delivery

Question 11: On page 14 of the RFA under "Direct Services" – it states "The Department of Health will not fund direct clinical/medical services that are reimbursable through other available funding sources." If an agency does not have a reimbursement system in place and does not receive reimbursement for mental health counseling services, can mental health counseling services be included within a proposal as a funded service to achieve specific health outcomes?

Answer 11: Yes, this initiative must be considered "funder of last resort." That is, funding is allowed for services for which no other source of support is available.

Question 12: Can you provide some clarification on the difference between "training" and "technical assistance" on p. 14 and p. 15? Specifically, wouldn't training provided to an agency or provider really fall into the category of "technical assistance" as it is an activity which "deals with the development and enhancement of organizational capacity"...?

Answer 12: While training may be an aspect of technical assistance, it is not exclusive to technical assistance. Technical assistance is geared only to the specific needs of organizations and programs. Training may be delivered to unaffiliated individuals or groups, as well as organizations.

Question 13: On Page 14 Health Promotion and Access to Health Care, last sentence, "Educational activities about access to health care need to include information on *changes in health care delivery*." Can you clarify what you mean by "changes in health care delivery?"

Answer 13: There are many changes in the health care delivery system due to the Affordable Care Act and changes in Medicaid. These factors should be considered when educational activities are being developed.

Miscellaneous

Question 14: Would my Project's current Directory of Family Building Services for LGBT People, be considered a legitimate work plan element in

my new Component A application, given the requirement of Component B applicants to "Develop and update Statewide Directory of LGBT culturally competent providers"?

Answer 14: Yes, a more specific directory may be warranted to best serve the needs of your target audience.

Question 15: For Component A, what is considered an incentive for use with peer recruiters/educators? Are the incentives provided to the Recruiter or the peer they connected to care? Or both?

Answer 15: Incentives could be Metrocards, gift cards to drug stores or grocery stores, hygiene kits, or other items that would be beneficial to the population being targeted. Applicants should propose how incentives will be used and why they are proposing to offer incentives to either the recruiter or the peer.

Question 16: On page 18, instructions are given on completing the Program Design and Activities section. Is this to be completed in paragraph form or in a table like the "work plan" we have submitted for earlier RFAs? I see that work plans are requested if a contract results from the RFA (p.38), so perhaps this is something separate?

Answer 16: For the purposes of this application, applicants should complete the answers to each of the questions listed in the RFA in paragraph form. For resulting contracts, funded applicants will negotiate detailed workplans with their AIDS Institute contract manager.

Question 17: In the Program Design and Activities section on p. 18, we are asked to describe program design for a 12-month period. Should we focus the other sections on a 12 month period as well? Is there somewhere in the application where we should focus on what we hope to accomplish in the entire 5 year cycle? Or should we just think about 12 months?

Answer 17: A separate budget should be completed for each of the five years. All other sections should be completed for the initial year.

Question 18: Regarding region of service for Category A (page 12 of the RFP), is your preference for projects targeting a single region, or are you equally open to projects that serve more than one region?

Answer 18: Applicants are requested to select their primary region of service on the cover page of the application to be considered for funding. The primary region of service for the application should be based on the location where the largest number of clients is served. This does not preclude an applicant from proposing to serve one or more counties outside a defined service region. The funding request, however, may not exceed \$125,000.

Question 19: For Component A, many of the overall goals (bottom of page 4 to top of page 5) are of a capacity building nature rather than being focused on direct service. Do you have in mind a minimum number of individuals to be served annually? Are you open to proposals in which the service numbers are relatively small because the focus is on service system improvements?

Answer 19: There is no minimum number of individuals to be served annually. Applicants should propose the number of individuals that is appropriate for the services being proposed.

Question 20: With regard to planned use of social media, do we need to submit a formal social media guidelines and/or Policy and Procedures document that either was already existence or was created specifically for this RFA? Or do we simply need to identify that a Policy and Procedures will be developed and highlight what some of the core components will be?

Answer 20: Identifying that a policy and procedures manual will be developed is acceptable.

COMPONENT B

Question 21: For Component B, on page 24, Section 4. Program Design and Activities, the RFA says "The applicant should describe how the proposed program will be implemented over a twelve month period." Is it permissible to describe the proposed program over the entire 5-year grant period instead since the program would be in different phases in each grant year?

Answer 21: Applicants should focus on how the proposed program will be implemented in a 12 month period. However, reference to additional years for the purpose of placing the entire program in context is acceptable.

Question 22: How does Component B differ from Component C, given that C includes training in Culturally Competent LGBT services?

Answer 22: Component B is to provide statewide coordination of LGBT cultural competency training. Component C is to provide statewide coordination of organizations providing the full range of LGBT health and human services; component C does not include training in culturally competent LGBT services.

Question 23: For Component B, will trainings be delivered in-person or a mix of online/webinar and in-person? Will the Component B contractor be doing follow-up to training and technical assistance or will that have to be coordinated with the Component C agency?

Answer 23: The applicant should propose the type of trainings that they believe will be the most effective for the target audience. Potential areas for collaboration between the funded applicants in components B and C may be negotiated as part of the final workplan.

Question 24: Will component A awardees have a travel budget (for training) or does component B need to budget that?

Answer 24: Component A awardees will be responsible for associated travel costs.

Question 25: Are there limitations to the use of distance learning technologies?

Answer 25: There are no specific limitations to using distance learning. Applicants should propose what they believe is reasonable.

Question 26: What will be entailed in the reporting requirements/data collection in coordination with the AIDS Institute?

Answer 26: Reporting requirements for the funded applicant will consist of monthly fiscal and narrative program reports and quarterly reports of outcomes and demographics data.

Question 27: Will there be any start-up funding available for the development of training materials for Component B?

Answer 27: No

PROGRAM DESIGN –Component C

Question 28: Will the winning applicant under Component C (Statewide Coordination) continue to provide technical assistance as we currently know it to Component A grant recipients?

Answer 28: Yes

Question 29: I have several questions regarding the Anticipated Outcome: "Develop an 'Organizational Best Practices' Manual".

Question 29a: Is this anticipated to be a one-time tool developed in the contract period?

Answer 29a: Yes, it is anticipated that the organizational best practices manual would be developed in the first year and updated, as needed, in subsequent years.

Question 29b: Is this in lieu of some one-on-one TA?

Answer 29b: The funded application will need to negotiate the amount of funding and time needed for the best practices manual as well as the one-on-one technical assistance that will be needed and available.

Question 29c: Is there goal timing for development of said piece based on fact finding from current network members?

Answer 29c: It is anticipated that the organizational best practices manual would be developed in the first year, with a time table to be developed as part of final contract negotiations.

Question 29d: How will the organizations in Component A be expected to use the manual? Will DOH or Component C be evaluating their usage?

Answer 29d: Organizations can use the manual as a reference guide for their agencies. The DOH, the Component C funded applicant and Component A funded applicants will evaluate the usage of the manual, and make recommendations for modifications.

Question 29e: Are there anticipated measurements?

Answer 29e: The AIDS Institute does not have pre-determined measures; the successful applicant will negotiate evaluation measures with their AIDS Institute contract manager.

Question 30: I have a couple questions regarding health insurance (page 28 of the RFA).

Question 30a: In what capacity would the coordinator be expected to help obtain affordable health insurance?

Answer 30a: The coordinator should explore possible health insurance plans for LGBT agencies to see if they can obtain better health insurance rates. They should take changes in health care reform and changes in Medicaid into consideration.

Question 30b: Is there a preferred time for this?

Answer 30b: The timing will be negotiated with the funded applicant.

Question 31: With regard to the preference factor of having board and staff reflective of the population being served, for Component C, would this be in reference to administering tasks of the network as the organization does not provide direct services to clients?

Answer 31: Yes

Question 32: Under Program Design and Activities, I have a couple of questions.

Question 32a: The question asks to “describe the proposed program over a twelve month period.” Is it expected to describe five unique year-by-year plans or rather an overall annual strategy highlighting changes and anticipated unique work for each year?

Answer 32a: Applicants are asked to describe activities for the initial twelve month period. Subsequent workplans will be negotiated with funded applicants.

Question 32b: Regarding Information and Technical Assistance, how is the expected role of Coordinator under Component C different and is there anticipated overlap with the work outlined in Component B, Statewide Cultural Competency Training Coordination?

Answer 32b: Component B is to provide statewide coordination of LGBT cultural competency training. Component C is to provide statewide coordination of organizations providing the full range of LGBT health and human services. Potential areas for collaboration between the funded applicants in components B and C may be negotiated as part of the final workplan.

Question 33: Regarding the budget, can you clarify item F (administrative costs)?

Answer 33: Some agencies have a federally approved administrative cost rate. If they do have a federally approved administrative cost rate of greater than 20%, they can request up to 20%. Agencies that do not have a federally approved administrative cost rate will only be allowed to request 10% for administrative costs. Agencies already providing services to the LGBT communities can expand the services that their agency provides. This could be done by serving more individuals or providing more comprehensive services.

Question 34: Are there specific anticipated outcomes for the Annual Conference (which is listed as an outcome instead of a process or activity)?

Answer 34: The AIDS Institute does not have anticipated outcomes for the annual conference. It is expected that applicants will propose outcomes and the successful applicant will negotiate a final workplan with their AIDS Institute contract manager.

Question 35: For activity “Information & Technical Assistance to NYS Agencies”, is there an expected mechanism for collecting requests? Is there a preferred method for reporting said requests?

Answer 35: Applicants should propose what they believe will be the best method for collecting requests from agencies. Applicants should also propose the best way to report the requests received back to the AIDS Institute.

Question 36: For Activity “Update of Statewide LGBT Needs Assessment”, is there is an anticipated date for completion? Is it expected to do a recommendation piece upon completion of needs assessment?

Answer 36: Dates for completion of the needs assessment will need to be negotiated between the funded applicant and the AIDS Institute contract manager.

PREFERENCE FACTORS

Question 37: We do not have a board that is representative of the LGBT population as we are a large academic medical center responsible for all aspects of health care. We do have a consumer advisory board that is reflective of the LGBT community. Would that meet the suggested requirement?

Answer 37: Yes

FORMAT

Question 38: Can tables be single spaced or must they be double spaced and can a 10 point font be used in tables?

Answer 38: Tables should be double-spaced and in a 12 point font.

FUNDING

Question 39: We wanted to clarify the funds available for an individual award for component A - is it expected to be at the most \$125,000/year for a single organization or \$125,000 over the 5 year grant period.

Answer 39: The award will be for \$125,000 per year, contingent on funding being appropriated in the State budget each year.

Question 40: Regardless of size of agency or geographic area served any one agency can request and/or receive no more than \$125,000. Is that correct?

Answer 40: Yes

Question 41: Is the \$160,000 award amount for Component B a yearly amount?

Answer 41: Yes, it is an annual amount.

Question 42: Is it correct that the number of awards for NYC will be reduced from the number awarded in the last funding cycle?

Answer 42: Yes. Due to the limited funding available for this initiative, we wanted to ensure statewide coverage, to the extent possible.

BUDGET

Question 43: Is rent for office space an allowable cost? Would it be considered a direct cost or included in the agencies Administrative cost rate?

Answer 43: Rent can be budgeted as a direct cost or part of the agency administrative rate. Applicants should budget for rent in the same manner they budget for rent on their agency budget.

Question 44: Can grant funds be used to pay for training of medical providers (MD/NP) on LGBT Healthcare and Hormonal Therapy?

Answer 44: Yes

Question 45: After our last monitoring visit, a recommendation will probably be made that we change the way we bill for salaries. In that we use an employee leasing service to handle our payroll, it looks like will be advised to list our staff as subcontractors. This recommendation is not yet final; would you suggest we adopt it anyway and create our budget listing staff in this way?

Answer 45: Employees who are staff of the agency should be listed on the personal services budget page. If an agency hires an employee leasing service, the employee leasing service should be listed as a subcontractor. Staff funded on this subcontract should be listed, with their annual salary, and duties to be performed under the contract.

Question 46: We are asked to budget for five years. How should agencies handle the fact that we will not know the fringe rate over the next five years because it is subject to change, as well as staffing. It is very feasible that staffing or their FTE's will change over the years, but we do not have that information now. How should we manage all of these unknowns?

Answer 46: Applicants should estimate the staffing and fringe-benefit rates for subsequent budget periods. Funded applicants will have the opportunity to modify their budgets during the contract period.

Question 47: Please explain “rate of 10% of total direct costs” in determining the administrative-costs guideline.

Answer 47: Some agencies have a federally approved administrative cost rate. If they do have a federally approved administrative cost rate of greater than 20%, they can request up to 20%. Agencies that do not have a federally approved administrative cost rate will only be allowed to request 10% of total direct costs for administrative costs. Total direct costs would be all costs included in the budget, with the exception of the amount to be budgeted on the administrative cost line.

Question 48: Please clarify “existing activities” – does this include activities that have been funded in prior grant cycles by this initiative?

Answer 48: Agencies already providing services to the LGBT communities can expand the services that their agency provides. This could be done by serving more individuals or providing more comprehensive services. Funding can not be used to replace existing funding. Agencies can (and should) apply to use this funding to continue the services currently budgeted on the LGBT HHS contracts that will be ending on May 31, 2013.

Question 49: Regarding the budget, is the applicant required to submit a separate budget narrative for each year? Are we allowed two pages for each year?

Answer 49: Yes, a separate narrative is required for each year. Each narrative may be no more than two pages.

APPLICATION SUBMISSION

Question 50: Can more than one application be submitted if the applications are for different regions as defined by the RFA i.e. Finger Lakes/Southern Tier (Broome) and Central New York (Tompkins)?

Answer 50: As stated in the RFA, applicants can submit only one application in response to this RFA. This limitation is required to maximize the equitable distribution of scarce public funds among regions and organizations. As stated above, an applicant may propose to serve one or more counties outside their primary service region. The funding request, however, may not exceed \$125,000.

Question 51: When completing the "Letter of Commitment from the Board of Directors (Attachment 3) on p. 77 of the RFA, is it expected for the letter to be signed, "The Board of Directors" and then the name of the organization underneath or is it expected one specific person should be named to represent the board of directors?

Answer 51: The letter should be signed by the President of the Board.

Question 52: If the applying agency is not entering into a subcontract with another agency but entering into a MOU/Bi-Directional Agreement, should the agreements be included in the application? If so, in which section of the application should they be included and do they count toward page limits?

Answer 52: MOU/Bi-Directional agreements do not need to be included. Funded applicants will be required to submit copies of the agreements as part of the contract negotiations.

Question 53: For more than a decade, we have been providing services as part of a church. We have very recently established our 501(c)3 as an independent entity. We do not have an independent audit yet; can we submit our most recent 990?

Answer 53: Yes. With the copy of the most recent IRS form 990, please include a statement describing the circumstances entailing the submission of the 990 in lieu of audited financial statements.

Question 54: On the last page of RFA, there is a form "Authorization for Release of Health Information & Confidential HIV-Related Information form (in English & Spanish)." Why is this form included in the RFA? Do we need to provide a copy of our own Authorization for Release of Health Information & Confidentiality HIV-related Information Form?

Answer 54: This form was included by mistake. Applicants should disregard it.

Question 55: May an applicant apply under Component A (Direct Service Provider) and also be listed as a subcontractor to an applicant for Component B funds (Statewide Cultural Competency Training Coordination)?

Answer 55: Yes

Question 56: Should we want to provide mini-grants to our closer, more committed partners, would this still be an allowable expense under the guidelines established for Component A? If so, and we include the names of our proposed closest partners who might receive very small mini-grants (under \$2,500/partner), would this disqualify them from applying separately from us because they might not be allowed to receive monies from two different proposals?

Answer 56: The mini-grants, as you describe them, are allowable. Agencies that will be awarded such grants should be listed as subcontractors on page 6 of the budget. Agencies listed to receive these grants may also apply in their own right under this funding opportunity.

Question 57: Is there a maximum number of attachments allowed to be submitted?

Answer 57: There is no maximum number of attachments. Attachments do not count towards the page limit.

Question 58: Is there a maximum number of letters of support allowed to be submitted? Are we allowed to submit any letters of support?

Answer 58: Letters of support are not required. Applicants are not prohibited from submitting letters of support. Letters of support, however, will not be scored and will not be considered in the evaluation of applications.

Question 59: As I read the instructions, it seems that we are to copy the entire blank contract along with completed appendices and tables and submit with the application. Is that correct?

Answer 59: No. Please see the Application Checklist (Attachment 4 to the RFA) for a complete list of the required elements of the application. Attachment 1 to the RFA, Standard Contract with Appendices, is included in the RFA for applicant's reference only and is not intended to be included with the application package.

EVALUATION

Question 60: I was wondering where Attachment 8 Logic Model is? It is not on the DOH website in the list of attachments.

Answer 60: Attachment 8 is included in the body of the RFA as posted on the website on page 93. We are also attaching a copy to this Question and Answer document.

Question 61: Section III. Component A, Part C. Scope of Services and Guidelines, Item: Anticipated Outcomes (pg 15 & 16). Can you please clarify

how the outcomes described in this section fit within the structure of the Logic Model (Attachment 8). Would the Outcomes be considered “Immediate Outcomes” or “Long Term Outcomes” in the Logic Model? Or are these considered “overarching outcomes” related to a Focus Area and they should not be included within the Logic Model format at all?

Answer 61: The anticipated outcomes listed on page 15 would reasonably be considered long-term outcomes in the context of a logic model. Applicants may identify other outcomes directly related to the four focus areas in lieu of those listed on page 15. In designing the Logic Model, applicants will need to make their own determination on immediate and long term outcomes, in keeping with their program plans.

MISCELLANEOUS

Question 62: Are any components new?

Answer 62: Component B is new.

Question 63: Do proposals have to address all seven of the guiding principles?

Answer 63: Applicants should consider the seven guiding principles when writing their application, but are only required to address those guiding principles that are relevant to the program being proposed. All seven guiding principles do not need to be addressed by all applicants.

Question 64: Our agency will be merging with another health and human service agency sometime between December 2012 and May 2013. Both boards have approved the merger and the legal process is underway. At the time the RFA is due we will still both be separate agencies. What is the best way to apply for the RFA? I was thinking using our agency name and putting the other agency down as the fiduciary and using their tax ID. Please respond with the best way to handle this unique situation.

Answer 64: It is recommended that you apply using your agency’s current name and tax identification number. If the application is selected for funding, the AIDS Institute will work with your agency regarding the merger. You may want to note this information in the application.

Question 65: Although Lehman College (City University of New York) is applying for the grant, can a subcontractor we are servicing be a for-profit program? Nearly all of the clients in this proprietary substance abuse program are receiving Medicaid, and nearly a third were homeless before treatment. The LGBT clients there are vastly in need of help. Please let us know if a subcontractor can be proprietary, as long as the project applicant is non-for-profit.

Answer 65: There is nothing that would prohibit an agency subcontracting with a for-profit agency, as long as the subcontract is a reasonable percentage of the proposal and not the bulk of it.

Question 66: Section II. Background, Part C. Guiding Principles and Program Requirements for All Components, Item 4. Behavioral Theory, refers applicants to behavioral theories available at www.cancer.gov/cancertopics/cancerlibrary/theory.pdf. In addition to the behavioral theories provided at this source, should grant recipients provide services, when appropriate, using "Diffusing Effective HIV Behavioral Interventions" (DEBIs) and other strategies included in the Centers for Disease Control and Prevention's "Compendium of Effective HIV Prevention Interventions with Evidence of Effectiveness?"

Answer 66: Yes

Question 67: Section II. Background, Part C. Guiding Principles and Program Requirements for All Components, Item 6. Data and Evaluation, describes required monthly narrative descriptions and quarterly service data and demographics reports. In addition to these reports, are grant recipients required to collect and submit client level and aggregate program data using the AIDS Institute Reporting System (AIRS)?

Answer 67: No, AIRS is not a requirement of the LGBT HHS initiative.

Question 68: In the Question and Answers document, could the State please post the list of all previously funded agencies and amount of funding received? It would also be helpful to know what each agency was funded to do and the region/boroughs they are serving.

Answer 68: The currently funded LGBT HHS service contractors provide a range of services including, but not limited to social support, mental health services, cultural competency training, and services for the homeless, services targeting seniors, youth and people of color, family support services. Attached is listing of the currently funded providers, annual contract amount, and the region/boroughs they serve.

Question 69: Have the services requested been provided in the past under contract award? If so, may we request the vendor information and associated rates through FOIL?

Answer 69: Please see question 67 and the attached listing of currently funded providers.

Question 70: I am trying to ascertain the scope of service, in terms of provider/skill set and am having difficulty extracting specific service information. Also, would you indicate the geographic service areas included under this RFA.

Answer 70: The scope of services is described on pages 13-14 in the RFA. Applicants will need to make their own determination on the provider/skill set necessary to address the scope of services and focus areas described in the RFA. This is a statewide solicitation. A list of regions is included on page 12 of the RFA. See answer to question 67 for more detail on currently funded providers.

Question 71: With regard to preference factors scoring, we object to requesting disclosure of LGBT status by our Board, management staff, and direct service staff. Our agency has personnel policies regarding non-discrimination and equal employment opportunities with regard to race, religion, color, sex, age, sexual orientation, national origin, income, marital status, disability or other protected status. To ask an individual to disclose their status to any of these factors invites the potential for discrimination and violates the intent of the policy.

We are happy to provide a copy of our non-discrimination policy and feel that whether or not an agency has a non-discrimination policy is an acceptable item to score in the application.

Answer 71: The Department does not require any applicant to violate internal policy. We reserve the right to inquire as to an applicant's capacity to serve the target population by demonstrating they have governance and staff with knowledge of and sensitivity to the target population. There are many ways to demonstrate this, including the use of a consumer advisory board (CAB) that are representative of the target population. This is a standard section in many DOH applications and is not restricted to the LGBT community as a target population.

Question 72: Would a large multi-hospital medical center be considered a single applicant? There are many departments/programs within our medical center that operate and are funded separately. We have 3 hospitals, 23 clinics and multiple programs. So in scale, I think it would be different than a single entity applicant.

Answer 72: Each applicant must have its own tax identification number. If a unit of a large, multi-site organization has its own tax identification number, distinct from the parent organization, it would be considered a distinct applicant under this funding opportunity.

Question 73: 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 73: 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 Page 34 of The RFA, *How to File an Application*.

Question 74 If an application is received after 5PM on October 30, 2012, will it be considered?

Answer 74: 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.

Question 75: What is the address that applications should be mailed to?

Answer 75: 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

Question 76: Are the budget pages provided on the website in an Excel format?

Answer 76: Yes, the budget pages are included on the website in an Excel format.

Question 77: If we are already an AIDS Institute funded program, should we use the forms we already have? They include the information requested in Attachment 6.

Answer 77: No. Applicants should complete the information requested on the forms provided as Attachment 6, regardless of whether or not they are currently funded by the AIDS Institute.