

**RFA Number 1209261035**

**New York State  
Department of Health**  
*Center for Community Health /Division of Chronic Disease  
Prevention/Bureau of Chronic Disease Control*

**Request for Applications**  
*Community-Based Breast Cancer Support and Wellness  
Services*

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**KEY DATES**

<b>RFA Release Date:</b>	<b>December 20, 2012</b>
<b>Questions Due:</b>	<b>January 7, 2013</b>
<b>Letter of Interest Due:</b>	<b>January 7, 2013</b>
<b>RFA Updates Posted:</b>	<b>January 21, 2013</b>
<b>Applications Due:</b>	<b>February 5, 2013 by 3:00 PM</b>

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## **I. INTRODUCTION**

### **A. Purpose/Intent**

This Request for Applications (RFA) will award grants to community-based organizations for the provision of programming to address the support and wellness needs of breast cancer survivors. A cancer survivor is someone who has been diagnosed with cancer, from the time of diagnosis, through treatment and beyond.

Breast cancer is the second leading cause of cancer-related death among women in New York State (NYS). NYS Cancer Registry estimates indicate that over 14,000 women were diagnosed with breast cancer each year between 2005 and 2009 and, over the last 33 years, more than 177,000 women living in the state have ever been diagnosed with breast cancer. Research suggests that social support services can positively impact quality of life and may even positively influence health outcomes in individuals with cancer who access these services. Although rare, men can also be diagnosed with breast cancer and face the stigma associated with having a “woman’s disease.” The number of people living with and beyond breast cancer diagnoses has increased markedly in the last decade, primarily due to improvements in early detection and treatment modalities. As the numbers of survivors continues to rise, so too will the need for an expanded array of support services for this cohort.

Often a diagnosis of cancer brings anxiety, stress, and struggles that strain affected individuals. The realities of a cancer diagnosis include facing treatment side effects and other quality of life issues, managing financial hardships, especially if the diagnosed individuals do not have health insurance and, in the presence of cultural, ethnic, geographic, physical or socioeconomic disparities, confronting issues related to access to quality, timely health care. Community-based organizations awarded contracts through this grant program will provide a variety of wellness and supportive services, free of charge, to improve quality of life, promote health and wellness and support breast cancer survivors, including those in traditionally underserved populations, to best manage the challenges associated with this chronic disease.

### **B. Background**

The NYS Department of Health (the Department) seeks to reduce the burden of cancer for all New Yorkers through the coordination and implementation of population-based and evidence-based or evidence-informed strategies across the cancer care continuum – from prevention, to early detection, diagnosis, and treatment, through survivorship. Department programs raise awareness about and support cancer prevention efforts such as tobacco control, reductions to exposure to harmful ultraviolet radiation, and improved access to healthy foods and opportunities for physical activity. Department programs also promote and provide access to critical breast, cervical and colorectal cancer screening and diagnostic services, facilitate access to treatment as needed, assist with enrollment of eligible individuals in the NYS Medicaid Cancer Treatment Program, which provides full Medicaid coverage for the duration of the treatment period for

eligible individuals diagnosed with breast, cervical, colorectal or prostate cancer, and address the public health needs of cancer survivors.

Since 2002, the Department has supported statewide programming for cancer survivors. Survivorship issues go beyond medical care and include access to quality treatment and palliative care, coping with the emotional component of the disease, and appropriate medical follow-up and monitoring for secondary cancers and the sequelae of treatment. These issues span the period from the moment of diagnosis to the end of life. Department-supported programs offer support groups, education, counseling and related activities which help reduce stress experienced by cancer survivors, improve their ability to cope with the uncertainties, challenges and life complications that accompany the disease and enable them to make more effective use of health services.

The Department was the first state health department in the nation to offer legal assistance and support in planning for long- and short-term legal, financial and medical needs for individuals and families whose lives have been affected by diagnoses of cancer. Currently, the Department funds six organizations to provide direct, free or reduced fee legal assistance, including assistance with access to and denial of entitlements, preparation of wills and living wills, designation of health care proxies, future care and custody of minor children, guardianship and stand-by guardianship, estate planning, development of advance directives, insurance and employment concerns and/or housing discrimination.

The Department is also an active member in the NYS Cancer Consortium, supporting the Consortium's goal for cancer survivorship initiatives to ensure that, "All New Yorkers will have equal access to evidence-based, evidence-informed and guideline-driven services and appropriate, high-quality follow-up care that supports cancer survivors, families and caregivers."

### **C. Problem/Issue Resolution**

Breast cancer survivors may have a myriad of clinical and psychosocial needs that can impact their quality of life. Additionally, cancer survivors are at greater risk of having their first cancers recur, developing second cancers and having other chronic health conditions, due to such factors as the effects of cancer treatment, obesity, smoking and lack of exercise, or genetics. Public health programs can address the unique needs of cancer survivors through care coordination, skills building for improved patient-provider communication, facilitating linkages between community-based and health care programs, and offering support groups, exercise programs, wellness programs, counseling and related activities ([http://www.cdc.gov/cancer/survivorship/basic\\_info/](http://www.cdc.gov/cancer/survivorship/basic_info/)). These types of programs may help to reduce stress experienced by individuals diagnosed with breast cancer, improve survivors' ability to cope and deal with the uncertainties, challenges and life complications that accompany the disease and enable them to make more effective use of health services. A review of theoretical, descriptive and research studies, for example, indicates that exercise and wellness programs can positively benefit the mental and physical well-being of breast cancer survivors during and after

cancer treatment and can reduce fatigue, increase strength and endurance and improve mental health. Studies also suggest that support groups are an important means for providing informational and psychosocial support to breast cancer survivors. Such groups can decrease feelings of anxiety and depression as well as enhance coping skills.

New York State is home to and benefits from numerous grass-roots, free-standing organizations in which breast cancer survivors hold significant decision-making responsibility, who, with relatively small amounts of funding, are able to increase the reach of those services to community members currently unable to participate, or, increase the types of programming offered to reach the diverse needs of breast cancer survivors. This funding opportunity will support implementation of programming to address the unique needs of breast cancer survivors struggling with the physical, emotional, social, spiritual, financial and other issues related to a breast cancer diagnosis, with the ultimate goal of improving quality of life for breast cancer survivors.

#### **D. Available Funding and Anticipated Awards**

A total of \$588,000 is available to support these initiatives over the three-year period (\$196,000 annually). It is anticipated that ten contracts will be awarded for a three-year period, expected to begin April 1, 2013, and end March 31, 2016. Each of the ten contracts will be valued at \$19,600, annually for a three-year total of \$58,800 each, subject to state appropriation authority, acceptable performance and compliance with all contract requirements. Awards will be made to the ten highest scoring applicants.

## **II. Who May Apply**

### **A. Minimum Eligibility Requirements**

Eligible applicants are:

- Grass roots, free-standing, not-for-profit organizations which offer a broad range of breast cancer education and support services free of charge. For purposes of this RFA, a grass roots, free-standing organization is defined as a community-based organization which is not part of nor affiliated with a statewide, national or international organization or a major medical or academic institution.
- Organizations that include breast cancer survivors with significant decision-making responsibilities within the organization.

Eligible applicant organizations will attest to these requirements by completing and submitting Attachment 1 - Attestation of Applicant Organization Compliance with RFA Minimum Eligibility Requirements, per New York State Public Health Law, § 2406-a, with their application. Failure to submit the attestation prior to the review of the application will result in an automatic failure of the application.

## **B. Preferred Eligibility Requirements**

Organizations that can demonstrate that they have developed extensive community collaborations with organizations and agencies representing breast cancer survivors, and their intent to use such collaborations as a means to expand the reach of this application's scope of work, will be given preference.

Organizations that can demonstrate a history of working with underserved populations will be given preference. For the purposes of this RFA, underserved populations refers to those breast cancer survivors who experience barriers to services due to race, age, disability, sexual orientation, gender identity, socio-economic status and/or geographic location. Cancer data show that certain groups in New York suffer disproportionately from cancer and its effects. The risk of developing or dying from cancer varies by race/ethnicity, and disparities are more pronounced with specific cancers. For example, in New York the incidence of breast cancer is higher in White women, but the breast cancer mortality rate is higher in Black women. Health disparities are not limited to non-White populations. According to Healthy People 2020, race or ethnicity, gender, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. The Department is committed to efforts to attain health equity and the highest level of health for all residents, across all populations. The ability to provide programming to address the unique needs of breast cancer survivors in these underserved populations is necessary to efforts to reduce cancer burden among all New Yorkers.

Eligible applicants should have in place or develop and implement within one year of the contract start date a comprehensive healthy foods policy for their organization, including use of healthy meeting guidelines (Attachment 2). If an applicant does not provide food on-site for staff or visitors (e.g., has no cafeteria, vending machines, stores, etc. under its organization's control), the applicant should have in place or develop and implement within one year of the contract start date healthy meeting guidelines, which establish that healthy foods will be provided at all organization-sponsored meetings and events. Applicants should complete, sign and submit the Comprehensive Healthy Foods Policy Status and Intent Attestation (Attachment 3) with their applications stating that they have or will develop and implement such policies.

Applicants should demonstrate their ability to provide community-based supportive, counseling, wellness or educational activities that are accessible and welcoming for breast cancer survivors with physical, visual, hearing, cognitive or communication disabilities.

Applicants should demonstrate 1) the financial and administrative capacity to manage a state contract; and 2) the technical expertise to successfully implement the full range of activities outlined in this RFA.

Only one submission for grant funding will be accepted per applicant organization.

Organizations holding current contracts with the Department may apply.

### **III. Project Narrative/ Work Plan Outcomes**

Required contractor activities include 1) provision of one or more services listed below in Section IIIA, 2) promotion, outreach and recruitment of the proposed services as described in Section IIIB, and 3) evaluation of the proposed services, as described in Section IIIC. Applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts.

#### **A. Provision of Services**

Successful applicants will propose to provide one or more of the following community-based supportive, counseling, wellness or educational activities to breast cancer survivors (in treatment or post-treatment):

1. Ongoing or repeating, time-limited yoga classes facilitated by trained yoga instructors.
2. Ongoing or repeating, time-limited exercise classes, facilitated by professional fitness training staff.
3. Ongoing or repeating, time-limited classes for stress management (e.g. meditation classes) led by individuals with documented experience and training in the proposed area/s.
4. Nutritional education programs led by nutritionists or others with appropriate credentials.
5. Educational activities (seminars, conferences, educational sessions) relating to the benefits of exercise and/or wellness and health promotion activities and/or promotion of patient/provider communication skills, use of written care plans and/or other topics related to reducing risk for recurrent or second cancers and/or maintaining health, led by those with documented experience and training in these areas.
6. Ongoing or repeating, time-limited professionally facilitated\* support groups (in-person or web-based services).
7. Ongoing or repeating, time-limited support groups led by trained peers.
8. Professionally-facilitated\* individual (one-on-one) counseling in-person or via telephone.
9. Hotline or web-based services dedicated to assisting callers to access supportive services, referrals to counseling, education, outreach, and health promotion programs, and resources related to breast cancer survivorship issues.

\*Professionally-facilitated means that a trained professional is present and/or available to work with, train and/or intervene as appropriate to assist individual or group members to effectively address the array of issues and situations that might arise.

**B. Promotion, Outreach and Recruitment**

Successful applicants will conduct promotion, outreach and recruitment activities to promote the services to individuals who have been diagnosed with breast cancer and enlist them into the proposed service/s selected from Section IIIA. Promotion, outreach and recruitment activities should address any potential barriers to accessing these services through community outreach, information and referral initiatives. Strategies should employ a variety of different methods and partners in order to maximize reach to those with breast cancer in the community. These activities may be tailored to specific subpopulations of breast cancer survivors, particularly those from underserved populations, as identified in the service proposal. Promotion and outreach activities should include collaborations with clinical providers/organizations/systems to ensure that staff in clinical settings is familiar with, and encourages the use of, community resources available to breast cancer survivors.

**C. Evaluation**

Successful applicants will evaluate the implementation of and measure outcomes of proposed activities. This will include quarterly reporting on the strategies identified in proposed work plans. Evaluation activities may also include quantitative and qualitative assessments of service participation, yield from promotional, outreach, and recruitment efforts, and, where possible, increases in knowledge, and/or intended behavior modification, and/or noted improvements in quality of life measures (such as energy level, appetite, stress and/or other aspects of physical, social and emotional well-being) as a result of participation in the services provided, as demonstrated through pre- and post-test assessments. Successful applicants will work with Department staff to design and implement appropriate assessment tools.

**IV. Administrative Requirements****A. Issuing Agency**

This RFA is issued by the New York State Department of Health/Center for Community Health/Division of Chronic Disease Prevention/Bureau of Chronic Disease Control. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

**B. Question and Answer Phase**

All substantive questions related to this RFA should be submitted in writing to:

Mary Catherine Daniels, Coordinator  
Cancer Survivorship  
Bureau of Chronic Disease Control  
NYS Department of Health  
Riverview Center

150 Broadway, Room 350  
Albany, NY 12204  
Phone (518) 474-1222  
Fax (518) 473-0642

Email: [chronicdisease@health.state.ny.us](mailto:chronicdisease@health.state.ny.us). Please refer to: RFA # 1209261035.

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

Questions of a technical nature can be addressed in writing or via telephone by calling Mary Catherine Daniels at the phone number listed above.

**Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

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

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

If prospective applicants would like to receive notification when updates/modifications are posted (including responses to written questions) please complete and submit a letter of interest (see Attachment 4). Prospective applicants may also use the letter of interest to request actual (hard copy) documents containing updated information.

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

### **C. Applicant Conference**

An Applicant Conference **will not** be held for this project.

### **D. How to file an application**

Applications must be **received** at the following address by the date and time posted on the cover sheet of this RFA. Late applications will not be accepted. It is the applicant's responsibility to see that applications are delivered to the address below 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.

New York State Department of Health  
Bureau of Chronic Disease Control  
Attention: Mary Catherine Daniels  
RFA# 1209261035  
Riverview Center  
150 Broadway - Room 350  
Albany, NY 12204

Applicants shall submit one (1) original, fully signed application and three (3) copies. In addition to hard copies, applicants are encouraged to submit an electronic copy of the completed Work Plan, Budget and Budget Justification documents, sent with the hard copies of the application, saved to a mass storage device such as a CD or flash drive. (If not submitted with the application, successful applicants may be requested to submit the electronic files upon notice of grant award.) Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. **Applications will not be accepted via fax or e-mail.**

**E. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO:**

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.

15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

#### **F. Term of Contract**

Any contract resulting from this RFA will be effective only upon approval by the Office of the State Comptroller.

It is expected that contracts resulting from this RFA will be awarded for a three (3) year period, expected to begin April 1, 2013, and end March 31, 2016. Each of the ten contracts will be valued at \$19,600, annually for a three-year total of \$58,800 subject to state appropriation authority, acceptable performance and compliance with all contract requirements.

#### **G. Payment Methods and Reporting Requirements of Grant Awardees**

1. The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25 percent.
2. The grant contractor will be required to submit **monthly** vouchers and required reports of expenditures to the State's designated contract manager, to be identified upon notice of grant award.
  - a. Grant contractors shall provide complete and accurate billing vouchers to the Department's designated payment office in order to receive payment. Billing vouchers submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the State Comptroller. Payment for vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by

email at [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363.

CONTRACTOR acknowledges that it will not receive payment on any vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: *Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Work Plan.*

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

- Quarterly Reports due three weeks after each grant quarter ends, and
- Annual reports summarizing activities over the course of each full, 12 month period, due each year on April 21.

Format and content will be provided by the Department upon notice of grant award, annually and as needed.

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

## **H. Vendor Identification Number**

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover sheet. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: [http://www.osc.state.ny.us/vendors/substitute\\_formw9.pdf](http://www.osc.state.ny.us/vendors/substitute_formw9.pdf) or by referencing Attachment 12 (NYS Office of the State Comptroller Substitute W-9).

Additional information concerning the New York State Vendor File can be obtained on-line at: [http://www.osc.state.ny.us/vendor\\_management/index.htm](http://www.osc.state.ny.us/vendor_management/index.htm), by contacting the SFS Help Desk at 855-233-8363 or by emailing at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

## **I. Vendor Responsibility Questionnaire**

NYS Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the NYS VendRep System. To enroll in and use the NYS VendRep System, see the VendRep System Instructions available at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or go directly to the VendRep System online at <https://portal.osc.state.ny.us>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at [helpdesk@osc.state.ny.us](mailto:helpdesk@osc.state.ny.us). Applicants should also complete and submit the Vendor Responsibility Attestation (Attachment 5).

## **J. General Specifications**

1. By signing the Application Coversheet (Attachment 6) each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IVB) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.
  - c. If, in the judgment of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf

of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

#### **K. Appendices Included in DOH Grant Contracts**

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

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

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

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

- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

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

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

**NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application. These documents will be requested as a part of the contracting process should you receive an award.**

## V. Completing the Application

### A. Application Content

Applicants are directed to complete the application by addressing the following sections in the order in which they appear. All applications should conform to the format prescribed below and should contain all requested information. Please read each section carefully and be certain to respond to each item included in every section when completing your application.

**Application Coversheet** - including all the information asked for below. This **will not** count towards application page total. (Maximum page limit 1, see Attachment 6)

1. Title of project
2. Name of applicant organization
3. Geographic region/counties to be served by this project
4. Type of organization (corporate status, e.g. not-for-profit corporation)
5. Project director – name, title, address, e-mail address (required) telephone and FAX numbers, original signature (contact person for grant)
6. Person authorized to sign a contract for applicant organization: name, title, address, e-mail address (required), telephone and FAX numbers, original signature
7. Total State funds requested
8. New York State Charity Registration number
9. Vendor Identification Number

### Section I. Agency Mission and Capacity (up to 3 double spaced pages - 15 pts.)

1. Describe your agency, its overall mission and types of services that it provides. Include a current list of the agency's board of directors with names and contact information. Please also include the number of current board members that are breast cancer survivors, note there is no need to provide identifying information for those members, the number is sufficient.
2. Describe experience with the provision of breast cancer support and/or survivorship programming listing all such activities provided by your agency, including:
  - -type of services provided
  - -length of time these services have been provided
  - -number of clients and family members served annually
  - -demographics of population currently being served
  - -location(s) where these services are provided
3. Describe the agency's experience providing services to "underserved populations" (as previously defined on p. 7) to address the unique needs of breast cancer survivors who

experience barriers to services due to race, age, disability, sexual orientation, sexual identity, socio-economic status and/or geographic location.

4. Describe the agency's experience working collaboratively with other organizations and health care providers to provide services to those with breast cancer in the region to be served, including conducting outreach and promotion to breast cancer survivors.
5. Describe how the proposed activities supported by this grant will be integrated with other breast cancer programs and services within the agency and the community.

**Section II. Need for Project** (up to 3 double spaced pages - **15 pts.**)

1. Describe the purpose of the project/s and why it is needed in your community; clearly document the need with data.
2. Provide a description of the population/s to be served and area/s to be served, including the number, location and characteristics of that population.
3. Describe how breast cancer survivors will benefit from the proposed activities.
4. Describe if/how the proposed activities will complement existing applicant organization programs.
5. Describe barriers that affect access to wellness and support services for breast cancer survivors, including the *underserved* (See Preferred Eligibility Requirements, p. 7) and how the proposed activities address those barriers.

**Section III. Project Design/Technical Proposal** (up to 24 pages, including narrative and work plan; narrative should be double-spaced; work plan does not need to be double-spaced and should be completed using the Excel Workbook accompanying this RFA - **40 pts.**)

**The application narrative should address the entire contract period from April 1, 2013 through March 31, 2016. Three individual work plans which list goals, measurable objectives, program assessment methods, timeframes and responsible persons, should detail activities for each of the three 12-month periods for the three-year grant period (April 1, 2013 - March 31, 2014, April 1, 2014 - March 31, 2015, and April 1, 2015 - March 31, 2016). Complete the work plans using the Work Plan Template (Attachment 7), posted as an Excel Workbook along with this RFA.**

**A. Provision of Services**

1. Describe the one or more activity/ies (from Section IIIA, pg. 8) which will be conducted as a result of this funding, include the timeframe for implementation.
2. Describe how the activity/ies will be implemented/offered and to whom; include the

intended target audience, a clear estimate of the number of individuals to be served by each activity, the service area/s and/or locations/settings in which services will be provided and descriptions, such as number and length of classes (e.g., ongoing or repeated, number of hours and sessions offered, etc.).

3. Describe organization staff, volunteers and/or subcontractors who will be involved in implementing and overseeing the proposed funded activity/ies and their specific roles in each. Attach resumes for key activity staff along with job responsibilities; if proposing to hire new staff or consultants, include job descriptions and credentials/competencies. (Note that applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts.)
4. Describe plans for recruitment of trained individuals who will help with the chosen activity/ies (e.g. trained yoga instructors, counselors, social workers, nutritionists). Please provide job descriptions that include credentials and competencies needed to provide services.
5. Use the work plan in the Excel Workbook posted along with this RFA to list objectives for implementation of proposed activity/ies, include activities which will be conducted to meet each objective, methods used to assess whether or not objectives are met, timeframe and person responsible for carrying out each activity. Please use the Excel Workbook accompanying this RFA (Attachment 7) to complete the work plan, print it out and include it with the hard copy application. The work plan does not need to be double-spaced, but is included in page limits for this section. Applicants are encouraged to also submit an electronic copy of the completed Excel Workbook, sent with the hard copies of the application, saved to a mass storage device such as a CD or flash drive. If not submitted with the application, successful applicants may be requested to submit the electronic files upon notice of grant award. Note that three work plans for each of the three 12-month periods for the three-year grant period should be completed (year 1: April 1, 2013 – March 31, 2014; year 2: April 1, 2014 – March 31, 2015; and year 3: April 1, 2015 – March 31, 2016).
6. Describe how your agency will ensure that the services and materials provided are culturally and linguistically competent as well as age, gender, developmentally appropriate and accessible to persons with disabilities. Awarded organizations should utilize "[People First](#)" language in communications including but not limited to documents, publications, media relations and correspondence. Guidance is provided in "[People First: Communicating With and About People with Disabilities](#)", posted along with this RFA. In addition, meetings, programs, and events should be held in fully accessible locations and materials and other communications provided in alternative

formats as necessary. Guidance is provided in "How to Plan Events Everyone Can Attend", posted along with this RFA.

## **B. Promotion, Outreach and Recruitment**

1. Describe the strategies that will be used to conduct outreach to and recruitment of breast cancer survivors to identify and engage them in the proposed services.
2. Describe specific proposed strategies that address potential barriers to accessing the proposed services, including the specific outreach and recruitment strategies to reach intended target audiences and/or underserved populations (as defined on p.7).
3. Describe the community partners that will be engaged in outreach and recruitment of breast cancer survivors.
4. Describe plans to collaborate with clinical providers, organizations, and health care systems to conduct outreach and recruitment activities to promote the activity/ies to breast cancer survivors.
5. Describe the staff, volunteers and/or subcontractors who will conduct promotion activities. Attach resumes for key project staff along with job responsibilities; if proposing to hire new staff or consultants, include job descriptions and credentials/competencies. (Note that applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts.)
6. Use the work plan in the Excel Workbook posted along with this RFA to list objectives for implementation of proposed promotion activities, include activities which will be conducted to meet each objective, methods used to assess whether or not objectives are met, timeframe and person responsible for carrying out each activity. Please use the Excel Workbook accompanying this RFA (Attachment 7) to complete the work plan, print it out and include it with the hard copy application. The work plan does not need to be double-spaced, but is included in page limits for this section. Applicants are encouraged to also submit an electronic copy of the completed Excel Workbook, sent with the hard copies of the application, saved to a mass storage device such as a CD or flash drive. If not submitted with the application, successful applicants may be requested to submit the electronic files upon notice of grant award. Note that three work plans for each of the three 12-month periods for the three-year grant period should be completed (year 1: April 1, 2013 – March 31, 2014; year 2: April 1, 2014 – March 31, 2015; and year 3: April 1, 2015 – March 31, 2016).

**C. Evaluation**

1. Describe plans to monitor program performance against proposed work plan objectives.
2. Describe plans to monitor the effectiveness of each activity and provide specific indicators and measures that will determine whether activities are meeting the needs of the proposed target audience/s and contributing towards achieving the long term goals of the program.
3. Describe plans to work with Department staff to identify and develop appropriate data collection methods and tools.
4. Describe how results from assessments will be used to inform development and implementation of project activities throughout the three-year grant period.
5. Describe the staff, volunteers and/or subcontractors that will conduct evaluation activities. (Note that applicants may subcontract components of the scope of work. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts.)
6. Use the work plan in the Excel Workbook posted along with this RFA to list objectives for implementation of proposed evaluation activities, include activities which will be conducted to meet each objective, methods used to assess whether or not objectives are met, timeframe and person responsible for carrying out each activity. Please use the Excel Workbook accompanying this RFA (Attachment 7) to complete the work plan, print it out and include it with the hard copy application. The work plan does not need to be double-spaced, but is included in page limits for this section. Applicants are encouraged to also submit an electronic copy of the completed Excel Workbook, sent with the hard copies of the application, saved to a mass storage device such as a CD or flash drive. If not submitted with the application, successful applicants may be requested to submit the electronic files upon notice of grant award. Note that three work plans for each of the three 12-month periods for the three-year grant period should be completed (year 1: April 1, 2013 – March 31, 2014; year 2: April 1, 2014 – March 31, 2015; and year 3: April 1, 2015 – March 31, 2016).

**Section IV. Letters of Collaboration** (Up to 5 pages, letters do not need to be double spaced, with 1 inch margins, and 12 point font – **5 pts.**)

1. Include letters demonstrating collaboration with community partners, clinical providers, organizations and health care systems, and organizations representing breast cancer

survivors to conduct promotion outreach and recruitment activities to identify, and engage breast cancer survivors in the proposed services and expand the reach of this application's scope of work and, if applicable, letters from partners that demonstrate other ways in which partners will assist with implementation of proposed activities.

2. The letters should demonstrate the level of commitment, anticipated activities or in-kind contributions of each partnering agency and should not merely discuss 'support' of the program.
3. These should be original rather than form letters and should be dated no earlier than three (3) months prior to the date this RFA was released, as listed on the cover of this RFA.

**Section V. Budget and Justification** - (The budget and justification section is not included in the total page limit - **25 pts.**)

### **General Instructions**

Use the Sample Budget and Budget Justification (Attachment 8) as a guide to develop a budget reflective of the proposal and complete the Budget and Budget Justification Template (Attachment 9) provided in the Excel Workbook posted along with this RFA. The completed document should be printed and attached to the hard copy application.

1. Applicants are encouraged to also submit an electronic copy of the completed Excel Workbook, sent with the hard copies of the application, saved to a mass storage device such as a CD or flash drive. If not submitted with the application, successful applicants may be requested to submit the electronic files upon notice of grant award.
2. Applicants should submit three, 12-month budgets for each of the three 12-month periods of the three-year grant period (year 1: April 1, 2013 – March 31, 2014; year 2: April 1, 2014 – March 31, 2015; and year 3: April 1, 2015 – March 31, 2016), consistent with the proposed work plans for each contract year.
3. All costs should be related to the proposed activities, as described in the application narrative and work plans and justified in detail regardless of funding source (requested and in-kind funds).
4. All costs should be reasonable and cost-effective.
5. All budget lines should be calculated as whole dollar amounts (i.e., 50% of \$32,115 salary = \$16,057.50 amount = \$16,058).
6. Awarded funds may not be used to supplant existing funding sources.
7. Contracts established resulting from the RFA will be of the cost reimbursement type.

### **Format**

1. Use the Budget and Budget Justification Template (Attachment 9) provided in the Excel Workbook posted along with this RFA.
2. The budget and budget justification are NOT counted towards the application page limit.
3. 12 point font, double-spacing and 1 inch margins are NOT necessary for the budget and budget justification.

4. For each budget line item, list amounts for *In-Kind Amount*, *Amount Requested from the Department*, and *Total Amount*.
5. Justification for each cost should be submitted in narrative form, per the Sample (Attachment 8).
6. The budget consists of three sections 1) personnel, 2) equipment (as allowed), and 3) other than personnel services (OTPS).

### **Ineligible Costs**

1. Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered).
2. Expenditures will not be allowed for remodeling or modification of structure.
3. Expenditures will not be allowed for general maintenance, capital improvements, new construction or insurance.
4. Costs of research-related activities will not be allowed.
5. Ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items.

### **In-kind**

1. While not required, applicants are encouraged to indicate in-kind contributions.
2. The in-kind may not be comprised of other state or federal grant funds.
3. Overhead costs may be used as in-kind funds.
4. Examples of in-kind contributions are as follows:
  - A local community organization provides free meeting space for the proposed activities.
  - The applicant agency supports salary, in part or in whole, for a project coordinator.
  - Donors provide paper and printing costs for promotional materials.
  - A consultant volunteers time to the provision of a nutritional program for breast cancer survivors.
  - Volunteers staff a peer support hotline.

### **Budget Sections (Personnel, Equipment and OTPS)**

#### **Personnel**

This section should include the following information:

1. Title of position and, where possible, name of staff.
2. Percent/effort of time to be spent on grant activities. If this position is less than full-time (100% FTE\*), indicate the percentage of time to be spent working directly on activities for this grant.

\*Note: Full-time equivalent (FTE) is a way to measure a worker's involvement in a project. An

FTE of 1.0 (100% FTE) means that a person is equivalent to a full-time worker, while an FTE of 0.5 (50% FTE) signals that the worker is part-time (or half-time).

3. Annual salary or rate per hour - Indicate rate and cost. (Assumes 12 months, unless otherwise indicated)
4. In-kind amount. This is a non-cash input which can be given cash value.
5. Amount requested from the Department of Health.
6. Total amount. This is the sum of the in-kind amount and the amount requested from Department of Health.
7. Fringe. Indicate rate and cost.

Examples of Personnel Budget and Budget Justification, including FTE/Salary calculations:

Budget:

Position/Staff Name	% Effort	Annual Salary	In-Kind Amount	Amount Requested from NYSDOH	Total Amount
Project Director (Susan Smith)	50%	\$50,000	\$12,500	\$12,500	\$25,000
Administrative Assistant (Frank Conway)	10%	\$30,000	\$0	\$ 3,000	\$ 3,000
Fringe at 25% (\$28,000 X .25 = \$7,000)			\$ 4,546	\$ 2,454	\$ 7,000

Budget Justification:

The Project Director (Susan Smith) is a full-time employee, working 40 hours per week and will work 50% of the time (or 20 hours per week) on grant activities. The Project Director will be the primary contact with the Department of Health for this grant program, will oversee staff and volunteers who implement the proposed activities, will conduct evaluation under the direction of the Department and will conduct all promotion, outreach and recruitment activities. 50% of this employee's annual salary is \$25,000 (.50 X \$50,000 = \$25,000). The other 50% of her time will be spent on other organization programs. The applicant is requesting that only 50% of the employee's time be funded through the Department of Health grant. The remaining 50% will be supported through an in-kind contribution.

The Administrative Assistant (Frank Conway) is a part-time employee, working 20 hours per week. The Administrative Assistant will schedule the proposed classes, acquire meeting space, register participants, and prepare course materials under the direction of the Project Director. He

will work 10% of the time (or 2 hours per week) on these grant activities. 10% of this employee's annual salary is \$3,000 (.10 X \$30,000 = \$3,000). The other 90% of his time will be spent on other organization programs. The applicant is requesting that 100% of the employee's time spent working on grant activities be funded through the Department of Health grant.

The organization's fringe rate is 25% of salary (\$28,000 X .25 = \$7,000). The applicant requests that \$2,454 of the fringe rate be funded through the Department of Health grant. The remaining amount will be supported through an in-kind contribution.

### **Equipment**

1. As noted above in Ineligible Costs, expenditures will not be allowed for the purchase of major pieces of depreciable equipment. However, limited computer/printing equipment may be considered.
2. Eligible equipment costs should support the proposed activities for use by grant-funded staff.

### **Other Than Personnel Services (OTPS)**

1. OTPS expenses, defined as expenses directly related to activities that relate to one, or more, of the proposed scope of work/work plan outcomes (e.g. supplies, travel, equipment, printing, postage, rent, telephone) should be presented in this section.
2. The amount requested and in-kind contributions should be shown for each budget category.
3. Sample OTPS budget categories are provided in the budget template (Attachment 9). These are sample categories; applicant budget proposals are not limited to these categories nor required to include funds for all sample categories. If budget categories listed in the template are not applicable to your proposal, either enter \$0 in the total amount columns or, delete the OTPS budget categories from your budget template. If budget categories necessary to the applicant proposal are not included in the template, add them as needed.
4. Sample OTPS budget categories, and the items included within each are:
  - Consultant fees
  - Administration- *these costs can't exceed 10% of the total budget* (audit, computer/network maintenance, office space/rent, office supplies, payroll fees, phone/internet service, postage, database management)
  - Promotion/Advertising (newspaper, radio, television advertising, educational materials, website development)
  - Printing/Copying
  - Meeting expenses (space, beverages/food)
  - Subcontract
  - Travel (mileage, train/bus/subway, hotel)
5. Enter a separate line item in the budget template for each expenditure.

6. Budgets should include travel funds for one applicant agency staff to attend one contractor meeting in Albany.
7. Administrative costs should be directly related to project activities and may not exceed 10% of the total budget.

### **Budget Justification**

1. Using the Budget Justification Template (Attachment 9) provided as an Excel Workbook posted along with this RFA, provide justification and a breakdown for each budget line item.
2. The order of items in the budget justification should exactly match the order as listed in the budget.
3. Applicants should demonstrate how the proposed expenditures relate to at least one of the activities in the work plan or how the proposed expenditures will improve progress towards work plan objectives.
4. A sample budget justification is included for your reference as Attachment 8.
5. Provide details (e.g., brief job descriptions, descriptions of how positions or other line item contributes to the work plan objectives).
6. Demonstrate all calculations (e.g., telephone service should detail costs per line or staff; postage should include how postage will be used, postage rate, approximate number of items to be mailed, etc.).
7. For all existing staff, the budget justification should delineate how the percentage of time devoted to this grant has been determined.
8. A tab in the Excel Workbook for a sub-contractor budget justification is provided, if needed.
9. For supplies, list each item requested. Show the unit cost of each item, number needed and total amount. Provide justification for each item and relate it to specific work plan activities/objectives. If appropriate, general office supplies may be shown by an estimated amount per month times the number of months in the budget category.
10. Funds requested in the travel category should be for grant staff only. Travel for consultants should be shown in the consultant category. List where the travel will be undertaken, number of trips planned and who will be making the trip. If mileage is to be paid, provide the number of miles and the cost per mile. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable. NYS government travel rates apply.
11. Funds requested for printing costs should identify the types and number of copies of documents to be printed.
12. Funds requested in the equipment category should allocate the appropriate percentage of equipment cost to the relative benefit of the program.

## B. Application Format

All applications should conform to the format prescribed below. Points will be deducted from applications which deviate from the prescribed format.

Applications should not exceed **35 double-spaced typed pages** (not including the coversheet, budget, budget justification and attachments), numbered consecutively (including attachments), be typed using a 12-point font and have one-inch margins on all sides. Applicant identification should be inserted in all page headers to state the applicant name as listed on the Application Coversheet (Attachment 6) and RFA # 1209261035. Document templates for the work plan, budget and budget justification are provided as separate Excel workbooks, posted along with this RFA. Applicants should complete and submit the work plan, budget and budget justification documents as part of the hard copy application but are encouraged to save electronic versions of these completed templates (note that the work plan is included in the page limits, the budget and justification are not). The Department may request that electronic copies of these documents be submitted by successful applicants upon notice of award. Failure to follow these guidelines may result in a deduction of up to 5 points.

Applicants should address each of the sections of the application. Applications should be complete and specific and should address each section in the order and format in which they appear in Section VA, above.

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

- |  |                   |                             |
|--|-------------------|-----------------------------|
| 1. Application Coversheet  | (1 page)          | (Maximum score: N/A points) |
| 2. Agency Mission and Capacity   | (3 pages or less) | (Maximum score: 15 points)  |
| 3. Need for Project  | (3 pages or less) | (Maximum Score: 15 points)  |
| 4. Project Design /Technical Proposal (24 pages or less)<br>(Including work plan template posted along with this RFA as an Excel Workbook, Attachment 7) |                   | (Maximum Score: 40 points)  |
| 5. Letters of Collaboration  | (5 pages or less) | (Maximum Score: 5 points)   |
| 6. Budget and Justification<br>(Including Budget and Budget Justification template posted with this RFA as an Excel Workbook, Attachment 9)              | (N/A pages)       | (Maximum Score: 25 points)  |

Additional Required Attachments not counted in page limits (see Attachment 10, Application Checklist):

1. Attestation of Applicant Organization Compliance with RFA Minimum Eligibility Requirements, per New York State Public Health Law, § 2406-a (Attachment 1)
2. Comprehensive Healthy Foods Policy Status and Intent Attestation (Attachment 3)
3. Vendor Responsibility Attestation (Attachment 5)

Note that all of these attachments should be submitted along with the application. Attachment 1 is needed in order to demonstrate applicant eligibility. If Attachment 1 is not included with the application, the applicant organization will be contacted and required to submit it within one week of the application due date. The application will not be reviewed if Attachment 1 is not received by the requested due date and time.

### **C. Review and Award Process**

Applications received on time (See Section IVD, p. 11) and meeting the guidelines set forth above will be reviewed and evaluated competitively by designated Department of Health staff using an objective rating system reflective of the required items and application content specified for each application section. Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

Formatting point deductions are as follows:

#### **Failure to:**

Adhere to the prescribed page limits: 1 point deduction (Application WILL NOT be reviewed beyond 35 pages)

Use double-spacing throughout (Except work plan, budget, letters of collaboration and other attachments and appendices): 1 point deduction

Consecutively number all pages, including attachments and appendices: 1 point deduction

Use 12-point font and/or 1" margins throughout (Except work plan, budget, letters of collaboration and other attachments and appendices): 1 point deduction

Insert page headers: 1 point deduction

In selecting applications and determining award amounts, reviewers will consider the following factors:

- The estimated size of the eligible population within the proposed service area.
- Clarity of the application.
- Responsiveness to the RFA.
- Applicant agency's organization and technical proposal.
- Applicant agency's past performance in the delivery of services to breast cancer survivors, such as support groups, exercise, wellness and counseling.
- The appropriateness and comprehensiveness of the work plan.
- Justification for costs included in the budget.

The ten highest scoring applications will receive grant awards, not to exceed \$19,600, annually for a three-year total of \$58,800, subject to state appropriation authority. In the event of a tie score, the applicant with the highest total score on the Project Design/Technical Proposal section (Section VA, pg.18-21) will receive the award. Applications will be deemed to fall in one of two categories: 1) not approved and 2) approved and funded (with modifications).

Following the award of grants, applicants may request a debriefing from the NYS DOH Bureau of Chronic Disease Control no later than ten (10) days from the date of the award(s) announcement. This debriefing will be limited to the positive and negative aspects of the subject application and will not include any discussion of other applicants. In the event that unsuccessful applicants wish to protest awards, please follow the procedures established by the New York State Comptroller found at: [www.osc.state.ny.us/vendrep/protestprocedures/htm](http://www.osc.state.ny.us/vendrep/protestprocedures/htm).

If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above.

Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated or to be promulgated by the Department in accordance with Executive Order 38, (“Limits on State Funded Administrative Costs and Executive Compensation”), signed in 2012.

## **VI. Attachments**

- Attachment 1: Attestation of Applicant Organization Compliance with RFA Minimum Eligibility Requirements, per New York State Public Health Law, 2406-a
- Attachment 2: NYS DOH Healthy Meeting Guidelines
- Attachment 3: Comprehensive Healthy Foods Policy Status and Intent Attestation
- Attachment 4: Sample Letter of Interest
- Attachment 5: Vendor Responsibility Attestation
- Attachment 6: Application Coversheet
- Attachment 7: Work Plan Template
- Attachment 8: Sample Budget and Budget Justification
- Attachment 9: Budget and Budget Justification Template
- Attachment 10: Application Checklist
- Attachment 11: Multi-Year Grant Contract with Appendices
- Attachment 12: NYS Office of the State Comptroller Substitute W-9

**Attachment 1 – Attestation of Applicant Organization Compliance with RFA Minimum Eligibility Requirements, per New York State Public Health Law, § 2406-a**

**Involvement of Breast Cancer Survivors in Applicant Organization’s Governance Structure**

Check all that apply:

- I hereby affirm that there are breast cancer survivors who hold significant decision-making responsibility within this organization, (i.e., as members of the agency’s Board of Directors and/or staff).
- I hereby affirm that a significant number of breast cancer survivors have decision making responsibilities within the organization.
- I hereby affirm that this organization has a large number of volunteers involved in the support of its breast cancer services.

By signing this attestation, I certify that:

- The information provided is correct,
- My agency meets the minimum eligibility requirements outlined in the RFA,
- I understand and agree that, at any time, the State may review all employer records and documentation necessary to ensure compliance with the requirements of the application and that any monies found to have been expended which are not in compliance with the terms and conditions of the grant may be recouped by the State, and
- I further agree to comply with the requirements of the RFA including all appendices.

Signature of Organization Official: \_\_\_\_\_

Print/Type Name \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## Attachment 2 - NYS DOH Healthy Meeting Guidelines

### Vendor Information for New York State Department of Health Meetings

# Food Guidelines

The following are general guidelines that the NYS Department of Health will use when planning meals for conferences. The Department feels it is important to provide healthy food choices to reinforce the messages that we give about healthy eating. We hope that this information will help you work with us as these events are scheduled.



### General Guidelines:

Offer low calorie and low fat foods and/or small portions (e.g. bagels cut in halves or quarters). Always offer vegetables, fruit and low fat milk. Include a vegetarian option at all meals. Provide pitchers and/or bottles of water. For dessert if serving one, provide fresh fruit, fruit crisps or small cookies.

### Break Suggestions (am and pm):

- Bagels with low fat cream cheese or jams - cut bagels in halves or quarters
- Whole grain muffins (cut in half if not serving mini muffins) and whole grain breads instead of Danish, croissants or doughnuts
- Raw vegetables with low fat dip or fresh or dried fruit
- Low fat yogurt
- Low salt pretzels or lightly seasoned popcorn
- Low fat milk or evaporated skim milk for coffee

### Lunch/Dinner Suggestions:

#### Appetizers/First Course

- Raw vegetables with low fat dip and fresh fruits
- Salads with low fat salad dressing on the side
- Soups that are vegetarian broth-based or creamed from pureed vegetables or evaporated skim milk

#### Entrees

- Sandwich platters - cut sandwiches in half so people can take smaller portions. Offer low fat mayonnaise as a condiment on the side. Use whole grain breads.
- Pasta dishes made with part skim mozzarella and part skim ricotta cheese (e.g. pizza, lasagna). Serve pasta with tomato or other vegetable based sauce rather than cream sauces.
- Meat servings limited to a 4 ounce portion (fresh seafood, skinless poultry, lean beef-eye of round, London broil).
- Baked potatoes with low fat or vegetable toppings on the side.
- Salads with dark green lettuces; spinach; beans and peas; grilled, lean meat and low fat cheeses.

### Accompaniments:

- Use a combination of low fat mayonnaise and plain yogurt for potato salads, etc.
- Serve at least two vegetables with each meal, and avoid butter or cream sauces.
- Avoid fried foods.
- Provide raw vegetables or pretzels instead of potato chips or french fries.
- Include whole grain breads and rolls.

**Attachment 3 - Comprehensive Healthy Foods Policy Status and Intent Attestation**

*Check the box that most accurately characterizes the applicant organization:*

- The organization provides or makes food available to staff or visitors and has or agrees to develop and implement a comprehensive healthy foods policy, including healthy meeting guidelines, within one year of the start date of this contract.

---or---

- The organization does not provide or make available food to staff or visitors and will implement healthy meeting guidelines for meetings and events hosted or sponsored by the organization.

---or---

- The organization has a combination of practices when providing or making food available to staff or visitors. The organization has or agrees to develop and implement a comprehensive healthy foods policy, including healthy meeting guidelines, within one year of the start date of this contract for food provided or made available to staff or visitors. The organization will implement healthy meeting guidelines for meetings and events hosted or sponsored by the organization.

In every instance, the organization will work with onsite or retained food vendors to adapt food offerings to be consistent with the healthy meeting guidelines and/or a comprehensive healthy foods policy over time.

Signature of Organization Official: \_\_\_\_\_

Print/Type Name \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Attachment 4 – Sample Letter of Interest** (Letter to Receive Notification of RFA Updates and Modifications)

Date

Mary Catherine Daniels, Coordinator  
Cancer Survivorship  
Bureau of Chronic Disease Control  
New York State Department of Health  
Riverview Center, 150 Broadway - Room 350  
Menands, New York, 12204

Re: *Community-Based Breast Cancer Support and Wellness Services*  
RFA # 1209261035

Dear Ms. Daniels:

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

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

E-mail address: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

We understand that in order to automatically receive any RFA updates and/or modifications as well as answers to submitted questions, the Department of Health requires that this letter be received by the NYS Department of Health, Bureau of Chronic Disease Control by, January 7, 2013.

Sincerely,

**Attachment 5 – Vendor Responsibility Attestation**

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, H. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

- An on-line Vendor Responsibility Questionnaire has been updated or created at the Office of the State Comptroller’s (OSC) website: <https://portal.osc.state.ny.us> within the last six months.

---or---

- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: \_\_\_\_\_

Print/Type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Attachment 6 - Application Coversheet  
Community-Based Breast Cancer Support and Wellness Services**

<p>Title of Project:</p> <p>Applicant Organization:</p> <p>Geographic region/counties to be served by this project:</p> <p>Type of Organization: <i>(corporate status, e.g. not-for-profit corporation)</i></p>	
<b>NAME AND ADDRESS OF APPLICANT ORGANIZATION/AGENCY</b>	
<p><b>Project Director</b> Name:</p> <p>Title:</p> <p>Address:</p> <p>Telephone: ( )</p> <p>E-mail Address:</p>	<p><b>Individual Authorized to Sign the Contract</b> Name:</p> <p>Title:</p> <p>Address:</p> <p>Telephone: ( )</p> <p>E-mail Address:</p>
<b>Total State Funds Requested:</b>	<b>Official Signature and Date:</b>
<b>NYS Charity Registration Number:</b>	<p>_____</p> <p><b>Official Signing for Application                      Date</b></p> <p><b>Organization:</b></p> <p><b>Name:</b></p> <p><b>Title:</b></p> <p><b>Address:</b></p> <p><b>Telephone:</b></p>
<b>NYS Vendor ID Number:</b>	

**Attachment 7 – Work Plan Template**

Please use the Excel Workbook accompanying this RFA to complete the work plan, print it out and include it with the hard copy application; the work plan does not need to be double-spaced but is included in the page count. Applicants are encouraged to also submit an electronic copy of the completed Excel Workbook, sent with the hard copies of the application, saved to a mass storage device such as a CD or flash drive. If not submitted with the application, successful applicants may be requested to submit the electronic files upon notice of grant award. Complete three work plans for each of the three 12-month periods for the three year grant period (year 1: April 1, 2013 – March 31, 2014; year 2: April 1, 2014 – March 31, 2015; and year 3: April 1, 2015 – March 31, 2016).

<b>A. Program Services</b>			Measures of Effectiveness:	
Goal 1:				
Objectives	Activities Planned To Achieve This objective	*Assessment Method	Timeframe for Assessing Progress	Person/s Responsible
<b>B. Promotion, Outreach and Recruitment</b>			Measures of Effectiveness:	
Goal 1:				
Objectives	Activities Planned To Achieve This objective	*Assessment Method	Timeframe for Assessing Progress	Person/s Responsible
<b>C. Evaluation</b>			Measures of Effectiveness:	
Goal 1:				
Objectives	Activities Planned To Achieve This objective	*Assessment Method	Timeframe for Assessing Progress	Person/s Responsible

\*Assessment Method-details of how each activity under this goal will be measured

**Attachment 8 - Sample Budget and Budget Justification**

Name of Applicant Organization:

Budget Dates: **April 1, 2013 – March 31, 2014**

<b>Budget Item</b>	<b>% Effort</b>	<b>Annual Salary</b>	<b>In-Kind Amount</b>	<b>Amount requested from NYSDOH</b>	<b>Total Amount</b>
<b>PERSONNEL</b>					
Program Director (Susan Smith)	50 %	\$50,000	\$12,500	\$12,500	\$25,000
Administrative Assistant (Frank Conway)	10 %	\$30,000	\$0	\$3,000	\$3,000
Fringe @ 25%			\$4,546	\$2,454	7,000
<b>Subtotal</b>			\$17,046	\$17,954	\$35,000
<b>EQUIPMENT</b>					
			\$0.00	\$0.00	\$0.00
<b>OTHER THAN PERSONNEL SERVICES</b>					
Consultant Fees				\$1,000	\$1,000
Phone				\$240	\$240
Travel				\$406	\$406
<b>Subtotal</b>				\$1646	\$1646
<b>TOTAL</b>			\$17,046	\$19,600	\$36,646

**Sample Budget Justification**

Name of Applicant Organization:

Budget Dates: April 1, 2013 – March 31, 2014

**PERSONNEL**

**The Project Director** (Susan Smith) is a full-time employee, working 40 hours per week and will work 50% of the time (or 20 hours per week) on grant activities. The Project Director will be the primary contact with the Department of Health for this grant program, will oversee staff and volunteers who implement the proposed activities, will conduct evaluation under the direction of the Department and will conduct all promotion, outreach and recruitment activities. 50% of this employee's annual salary is \$25,000 (.50 X \$50,000 = \$25,000). The other 50% of her time will be spent on other organization programs. The applicant is requesting that only 50% of the employee's time be funded through the Department of Health grant. The remaining 50% will be supported through an in-kind contribution.

**The Administrative Assistant** (Frank Conway) is a part-time employee, working 20 hours per week. The Administrative Assistant will schedule the proposed classes, acquire meeting space, register participants, and prepare course materials under the direction of the Project Director. He will work 10% of the time (or 2 hours per week) on these grant activities. 10% of this employee's annual salary is \$3,000 (.10 X \$30,000 = \$3,000). The other 90% of his time will be spent on other organization programs. The applicant is requesting that 100% of the employee's time spent working on grant activities be funded through the Department of Health grant.

**Fringe:** The organization's fringe rate is 25% of salary (\$28,000 X .25 = \$7,000). The applicant requests that \$2,454 of the fringe rate be funded through the Department of Health grant. The remaining amount will be supported through an in-kind contribution.

## **OTHER THAN PERSONNEL SERVICES**

**Consultant Fees:** An experienced trainer will implement ten weekly exercise classes (at \$100.00 per class x \$10 = \$1,000) tailored to increase physical strengthening and reduce fatigue in breast cancer survivors.

**Phone:** Monthly telephone costs average \$100 per line. The applicant requests 10% of monthly overall telephone costs be funded through the Department of Health grant (10% x \$100 x 2 lines = \$20 per month x 12 months = \$240).

**Travel:** \$406 is budgeted for travel. This travel includes mileage, parking, attendance at contract-related meetings and trainings throughout the service area and will support the program coordinator attending one contractor meeting in Albany and regional meetings with providers in the local service area to conduct outreach and promotion activities.

### **In-state Travel Costs:**

#### **By Automobile:**

- a. One Staff at one round trip Syracuse -Albany
 

1 x 300 miles @ .555/mile	\$167
1 x \$17 non-overnight per diem	\$ 17
- b. Mileage to various regional meetings
 

20 x 20 miles/month @ .555/mile	\$222
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**Attachment 9 - Budget and Budget Justification Template**

**(See Excel Workbook for budget and budget  
justification template  
posted along with this RFA)**

## Attachment 10 Application Checklist

*Applicant Organization Name:* \_\_\_\_\_

- The completed, signed Application Coversheet (RFA Attachment 6) is affixed to the front of the application.
- The completed, signed Attestation of Applicant Organization Compliance with RFA Minimum Eligibility Requirements, per New York State Public Health Law, § 2406-a (RFA Attachment 1) is included with the application.
- The completed, signed Vendor Responsibility Attestation (RFA Attachment 5) and the Comprehensive Healthy Foods Policy Status and Intent Attestation (RFA Attachment 3) are included with the application.
- Three, 12-month work plans covering the periods April 1, 2013 – March 31, 2014, April 1, 2014 – March 31, 2015, and April 1, 2015 – March 31, 2016 have been completed using the work plan templates provided in the Excel Workbook posted along with the RFA (Attachment 7). These are printed and included in the Project Design/Technical Proposal section of the application and are counted towards the application page limit.
- Budgets and budget justifications for each of the three 12-month periods (April 1, 2013 – March 31, 2014, April 1, 2014 – March 31, 2015, and April 1, 2015 – March 31, 2016) have been completed using the templates provided in the Excel Workbook posted along with the RFA (Attachment 9). These are printed and included with the application, but are not counted towards the application page limit.
- The application narrative addresses the entire contract period, from April 1, 2013 through March 31, 2016.
- Letters of collaboration are included as part of the application and are counted towards the page limit.
- Staff, consultant and volunteer resumes, credentials, job postings and job responsibilities attached, as needed.
- Include a current list of Board of Directors with names and contact information, also include the number of current board members that are breast cancer survivors. (Note, there is no need to provide identifying information for those members, the number is sufficient).
- The application conforms to all page limits and formatting requirements.
- One, signed original, and three (3) additional copies of the full application, including all attachments is submitted by the RFA due date.

**Attachment 11 – Grant Contract - Multi-Year**

**(See file labeled Attachment 11 - Grant Contract  
(Multi-Year) posted along with this RFA.)**

Attachment 12 – New York State Office of the State Comptroller Substitute Form W-9

AC 3237 (1209)

	<b>NEW YORK STATE OFFICE OF THE STATE COMPTROLLER SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER &amp; CERTIFICATION</b>										
<i>TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.</i>											
<b>Part I: Vendor Information</b>											
1. Legal Business Name:	2. If you use a DBA, please list below:										
3. Entity Type (Check one only): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Business Corporation <input type="checkbox"/> Unincorporated Association/Business <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Public Authority <input type="checkbox"/> Local Government <input type="checkbox"/> School District <input type="checkbox"/> Fire District <input type="checkbox"/> Other _____											
<b>Part II: Taxpayer Identification Number (TIN) &amp; Taxpayer Identification Type</b>											
1. Enter your TIN here: (DO NOT USE DASHES)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										
2. Taxpayer Identification Type (check appropriate box): <input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) <input type="checkbox"/> N/A (Non-United States Business Entity)											
<b>Part III: Address</b>											
1. Physical Address:	2. Remittance Address:										
Number, Street, and Apartment or Suite Number	Number, Street, and Apartment or Suite Number										
City, State, and Nine Digit Zip Code or Country	City, State, and Nine Digit Zip Code or Country										
<b>Part IV: Exemption from Backup Withholding and Certification</b>											
For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See Instructions. <input type="checkbox"/> Exempt from Backup Withholding											
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).											
<b>Sign Here:</b>											
Signature	Date										
Print Preparer's Name	Phone Number										
	Email Address										
<b>Part V: Contact Information – Individual Authorized to Represent the Vendor</b>											
Vendor Contact Person: _____	Title: _____										
Contact's Email Address: _____	Phone Number: _____										
<b>DO NOT SUBMIT FORM TO IRS - SUBMIT FORM TO NYS ONLY AS DIRECTED</b> By FAX (518) 473-4392, Email <a href="mailto:WU@osc.state.ny.us">WU@osc.state.ny.us</a> or mail to: 110 State Street Mail Drop 10-4 Albany, NY 12236-0001											
<b>FOR OSC USE ONLY</b>											