

**New York State Department of Health
AIDS Institute and Health Research, Inc.
REQUEST FOR APPLICATIONS FOR HIV/STD PREVENTION AND RELATED
SERVICES FOR GAY MEN/MEN OF COLOR WHO HAVE SEX WITH MEN
RFA #09-0001/FAU #0907010500**

UPDATES TO THE RFA

Component B: On Attachment 4, Page 2, there is an error. Under the section where applicants check off the region to be served, the words "excluding Brooklyn" should not have been included. Please see the revised Attachment 4 that is included with this Q&A document.

Component D: It is correctly stated on p. 46 of the RFA that "awards are expected to be made to the two highest scoring applicants located in or serving one or more of the following **ten** targeted counties: Albany, Dutchess, Erie, Monroe, Nassau, Onondaga, Orange, Schenectady, Suffolk or Westchester counties." The failure to include Schenectady in Attachment 2 (sample Letter of Commitment) was an oversight.

QUESTIONS AND ANSWERS

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA #09-0001 issued on September 28, 2009. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

QUESTIONS SPECIFIC TO COMPONENT A – Brooklyn-Based Comprehensive HIV/STD Prevention and Related Services for Gay Men/Men of Color Who Have Sex With Men

1. Question:

Is there a limit to the number of agencies that applicants can collaborate with on this grant?

1. Answer:

No, there is no limit.

2. Question:

Can we collaborate with agencies not located in Brooklyn?

2. Answer:

Yes, you do not have to collaborate only with agencies located in Brooklyn.

QUESTIONS SPECIFIC TO COMPONENT B – Community-Based HIV/STD Prevention and Linkage to Health Care and Related Services for Young Gay Men of Color Who Have Sex with Men

STATEMENT OF NEED

3. Question:

In the section titled **Statement of Need, Bullet A**, on page 34, what are examples of acceptable “evidence of need”?

3. Answer:

The evidence presented would be dependent on the needs identified by the applicant. Possible examples may include data from published articles, epidemiological data, surveys conducted or focus groups conducted by applicant.

GEOGRAPHIC REGIONS TO BE SERVED

4. Question:

In regard to Component B of the above referenced RFA, are the RFA requirements for the targeted geographic region met if an applicant proposes to locate services in Manhattan and serve MSMs of color from other boroughs?

4. Answer:

Yes.

5. Question:

The RFA states that there is an emphasis on urban areas. Can you define ‘urban’?

5. Answer:

Urban refers to the Metropolitan areas of the counties indicated on page 26 of the RFP. Long Island is considered an urban area.

6. Question:

Will an application be disqualified if the proposed services are only provided in one New York City borough?

6. Answer:

No.

TARGET POPULATION

7. Question:

We currently serve youth ages 13-24. Can we include information for the 13-15 year old age group?

7. Answer:

Yes, information regarding those in the 13-15 year old age range can be included to discuss agency capacity. However, the target population for this RFA is young Gay Men/men of color who have sex with men ages 16-24. It is the expectation that the vast majority of the individuals reached would be within that age range.

8. Question:

We're considering proposing an intervention that doesn't specifically serve MSM. Can the intervention serve women and transgender individuals?

8. Answer:

No, the target population for this RFA is young Gay Men/men of color who have sex with men.

9. Question:

Would it be within the guidelines of the RFA to subcontract work for the 16-24 year old age group?

9. Answer:

Applicants must demonstrate that they have the capacity to work with this age group. Subcontracting for services that applicants do not provide directly is acceptable under this RFA.

10. Question:

Can the target population be white? What are the limitations?

10. Answer:

The target population of this RFA is young Gay Men of color/men of color who have sex with men. Applicants are expected to serve the target population.

11. Question:

Should we actively target partners of these young gay men even if many are significantly older?

11. Answer:

The index client should be between the age of 16 and 24. Partners could be served under these interventions.

12. Question:

Can an applicant's current clients of their health center be served under this initiative?

12. Answer:

Yes, as long as they are representative of the target population.

13. Question:

With regard to the target outreach section, is it acceptable that some of the individuals reached are older men?

13. Answer:

Your outreach should be designed to reach the target population of young Gay Men/men of color who have sex with men ages 16-24.

EXPERIENCE PROVIDING SERVICES

14. Question:

Is there a minimum amount of time required for demonstrating that you have experience doing this type of work? How is being successful determined?

14. Answer:

There is no minimum number of years specified to demonstrate that an applicant has experience serving this population. Applicants need to demonstrate that they have been successful in serving this population, by documenting their experience. Please refer to page 33, question 2.b. of the RFA for additional details.

PROGRAM DESIGN

15. Question:

Regarding the second objective, is the provision of education and mental health/substance abuse services for HIV-infected individuals or those at risk?

15. Answer:

Both.

16. Question:

Would the AIDS Institute assist evaluating home grown interventions?

16. Answer:

Agencies proposing to use home grown interventions should indicate why the intervention(s) is appropriate for the target audience and demonstrate how they will evaluate its impact. Technical assistance is available from the AIDS Institute, however, any planned evaluation should be included in the scope of services and budget.

17. Question:

Are you expecting agencies to recruit, engage, enroll a certain number of individuals per year?

17. Answer:

This would be dependent on the agency capacity, program design and budget being proposed.

18. Question

Does an applicant have to provide **ALL** the services listed on *pages 28 – 31* to meet the program requirements for Component B?

18. Answer:

Yes, it is the expectation that all of the services listed on pages 28-31 will be included in the proposed program.

19. Question:

For the **Program Design and Activities, Bullet f**, on page 36, is there a maximum or minimum limit for the number of prevention interventions (such as DEBIs) that can be used for this application?

19. Answer:

As stated on page 30, #5 of the RFA, applicants are required to propose one or more prevention interventions geared to specified subpopulations of young Gay Men/men of color who have sex with men, providing the rationale for selection of the specific subpopulation and the intervention to be used, as well as the projected numbers to be reached .

20. Question:

On *page 30*, can a DRAFT version of the policies and procedures be submitted if an Internet Intervention is being proposed?

20. Answer:

Yes, a draft is sufficient.

21. Question:

Can funding be used for 3-site STD screening though it is not FDA approved?

21. Answer:

If this question refers to the use of nucleic acid amplification testing for extragenital (rectal/pharyngeal) as well as urethral Chlamydia or gonorrhea, this would be allowable if a NYS permitted laboratory has received approval from the NYS DOH Clinical Laboratory Approval Program (CLEP) to perform this assay on clinical specimens. A guideline document that provides the specific information on the necessary validation and other required documentation for the submission of approval can be found at (<http://www.wadsworth.org/labcert/TestApproval/index.htm>). Validation data, a standard operating procedure and other supporting information must be submitted to receive approval for the use of laboratory developed assays as well as modifications (including the use of different specimen types) made to existing FDA approved assays and kits.

22. Question:

We currently have funding for HIV testing and would like to make a request for the STD screening/testing. Is that something that would be considered under this RFA?

22. Answer:

Yes.

23. Question:

If we've never done HIV testing or STD screening before, is there something you want us to submit regarding that?

23. Answer:

Please refer to page 35 of the RFA, question 4.d.

FUNDING

24. Question:

The number of awards in NYC is three. How would the awards be made for the City?

24. Answer:

As outlined on page 27 of the RFA, awards will be made to the highest scoring applications per region, taking into consideration the maximum award amount and regional coverage guidelines.

25. Question:

The RFA mentions additional funding available for mental health and substance use services. What is the amount available in excess of the total budget?

25. Answer:

There is no additional funding available beyond the maximum award of \$150,000. If an applicant is proposing mental health and substance use services, funding for these services should be requested in your overall budget request.

26. Question:

For Component B in New York, I read that the average funding is \$150,000 per award. Is this accurate?

26. Answer:

Individual awards will not exceed \$150,000 per award with variations depending on the scope of the proposed program, the availability of other resources for similar services and agency capacity.

27. Question:

Are there any floor or ceiling in the proposal?

27. Answer:

Individual awards will not exceed \$150,000 per award with variations depending on the scope of the proposed program, the availability of other resources for similar services and agency capacity.

28. Question:

Can we use this program to enhance our existing other grant funded program or does it have to be a stand-alone program?

28. Answer:

Yes, this program can enhance other grant funded program. This program does not have to be a stand-alone program.

THIRD PARTY REVENUE

29. Question:

Since this proposal requires medical care to be provided under this project, I assume you allow us to bill to third party like Medicaid.

29. Answer:

If by medical care you are referring to the direct provision of STD and HIV testing, then yes, medical care should be billed to third parties whenever possible.

VENDOR RESPONSIBILITY

30. Question:

If there have been no changes to an organization's Vendor Responsibility Questionnaire (VQ) (which was signed and notarized within the last six months), can a **copy** of this VQ (which is the most recent) be submitted with this application to satisfy the VQ requirement?

30. Answer:

Yes, submitting a copy would satisfy the VQ requirement.

ADMINISTRATIVE

31. Question

Based on the application format described on *page 33*, should the Program Summary be numbered as page 1?

31. Answer:

Yes.

32. Question:

Based on the directions for the **Budget** on page 38, should a copy of an applicant's indirect cost rate agreement be included with the application?

32. Answer:

A copy of the federally approved rate agreement is not required with the application but will be required from awardees during the contract execution process.

QUESTIONS SPECIFIC TO COMPONENT C – Capacity-Building Networks for Community-Based Organizations Serving African American/Black and Latino/Hispanic Gay Men/Men Who Have Sex With Men

33. Question:

Is there a minimum or a baseline threshold for face-to-face meetings?

33. Answer:

We do not specify the number of face-to-face meetings. The number of meetings should be determined by the applicant and should be reasonable depending on the size of the program and the funding being requested.

34. Question:

With regard to the preference factor about the composition of the board of directors and senior management staff being representative of the target population, what percentage is considered "representative," and how much weight is given to this preference factor?

34. Answer:

It is incumbent upon the agency to demonstrate that the board and staff are representative of the populations they serve and propose to reach through their application. See page 34 of the RFA, question 2.c. Specific weight will not be given to one preference factor as the application is scored based on the merits of the overall application as outlined by the maximum points per section.

35. Question:

Is a program delivery staff that is highly representative of the target population also given weight in terms of applicant capability, and if so, how much?

35. Answer:

Specific weight will not be given to one preference factor as the application is scored based on the merits of the overall application as outlined by the maximum points per section.

36. Question:

Is it \$7,000 per mini grant or \$7,000 in the overall budget?

36. Answer:

\$7,000 per mini grant.

QUESTIONS SPECIFIC TO COMPONENT D – Community Mobilization for Syphilis Elimination

37. Question:

Page 46 Available Funding, 1st paragraph mentions 10 targeted counties, including Schenectady County. Attachment 2 (page 61 of the pdf) sample letter, under Component D says, 'serving one or more of nine targeted counties,' and does not include Schenectady County. Attachment 4 (page 64 of the pdf), under "Indicate the county to be served," does include Schenectady County. Am I correct in thinking that Schenectady County is one of the targeted counties in Component D? If it is, then we would be eligible to pursue this application. If not, then our service area does not fall within your targeted area.

37. Answer:

It is correctly stated on p. 46 that "awards are expected to be made to the two highest scoring applicants located in or serving one or more of the following ten targeted counties: Albany,

Dutchess, Erie, Monroe, Nassau, Onondaga, Orange, Schenectady, Suffolk or Westchester counties" and Schenectady is also included in the Component D list on the check-off list for Component D in Attachment 4 (Application Cover Page). The failure to include Schenectady in Attachment 2 (sample letter of commitment) was an oversight.

QUESTIONS RELATIVE TO MULTIPLE COMPONENTS

MEMORANDUMS OF UNDERSTANDING/LETTERS OF AGREEMENT

38. Question: Do memorandums of understanding/letters of agreement need to be submitted with the application?

38. Answer: Applicants are expected to have or develop formal, active working relationships through letters of agreement, memoranda of understanding (MOUs) or subcontracts with other local providers serving the target population. These written agreements should include a mechanism for documenting outcomes of the referral process. Letters of support are not sufficient to meet this requirement. Copies of such written agreements are not required to be submitted with the application but will be required from awardees during the contract execution process.

The only exception to this relates to HIV Testing and STD Screening. Since these are preference factors, if an agency is not providing these services directly, applicants need to provide a letter of agreement documenting a linkage with an approved provider. This can be found on page 21, letters 2g and 2h for Component A, and on page 34, letters 2g and 2 h, for Component B.

APPLICATION SUBMISSION

39. Question:

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

39. Answer:

Applications can be mailed or hand-delivered. If mailing, applicants are encouraged, but not required, to use an express service. Applications will not be accepted via fax or email. Please see pages 53-54 of the RFA.

40. Question:

If an application is received after 5PM on November 24, 2009, will it be considered?

40. Answer:

It is the applicant's responsibility to see that applications are delivered to the address stated in the RFA prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the Department of Health's discretion but there are no guarantees. Applicants should make every effort to ensure that all applications are received before the deadline.

41. Question:

What is the address that applications should be mailed to?

41. Answer:

Applications should be mailed or hand-delivered to:

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

LETTER OF INTENT

42. Question:

Is the letter of intent mandatory?

42. Answer:

No.

BUDGET

43. Question:

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

43. Answer:

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

44. Question:

Our agency does not have a negotiated cost rate and there is no page for things like space, phone, fax, internet. Are they included in the 10% cap?

44. Answer:

These costs should be included on the Summary Budget Page under Miscellaneous, and would not be included as long as they are directly related to the program design.

45. Question:

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

45. Answer:

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

46. Question:

If we are already an AIDS Institute funded program, should we use the forms we already have? They include the information requested in Attachment 5.

46. Answer:

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

47. Question:

We are budgeting for shared costs on OTPS items. Does the methodology need to be consistent with the percent effort used on staff positions being funded?

47. Answer:

No, the methodology does not need to be consistent with personal services. The methodology for shared OTPS costs needs to be consistent across contracts funded by the applicant's agency, but does not necessarily need to mirror personal services.