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**REQUEST FOR PROPOSALS (RFP)**

**PUBLIC HEALTH CORPS COVID-19 DISPARITIES INITIATIVE**

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ISSUE DATE: AUGUST 24, 2021

APPLICATION DUE DATE: ~~SEPTEMBER 17, 2021~~ **OCTOBER 4, 2021**

REPLY TO: AMCLAUCLAN@FPHNYC.ORG

RELEASED BY:



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## Section I: Summary of the Request for Proposals

This Request for Proposals (RFP) is issued by the Fund for Public Health in New York City (FPHNYC), on behalf of the New York City Department of Health and Mental Hygiene's (NYC DOHMH) Center for Health Equity and Community Wellness to reduce COVID-19 racial/ethnic disparities by growing public health capacity in partnership with community-based organizations (CBOs) in neighborhoods with poor COVID-19 health outcomes across New York City. This is a NYC Public Health Corps (PHC) initiative.

The PHC is a citywide investment in and commitment to the public health workforce and a just recovery from COVID-19 with and for communities who were disproportionately harmed. DOHMH and NYC Health + Hospitals (H+H) will lead the work of the Corps, which is grounded in health equity, a transformative and adaptive process that works toward the physical, mental, emotional, developmental, spiritual and environmental wellbeing of all. Through holistic neighborhood and H+H clinic-based community engagement addressing social, physical, and mental health needs together, the Corps will engender a post-COVID recovery that centers healing and justice. As part of the PHC, DOHMH and H+H are deploying community health workers through ambulatory clinics, social service organizations, and other providers to engage communities, address social needs, support health interventions, and perform care management.

The Public Health Corps COVID-19 Disparities Initiative places focus on organizations able and willing to become accountable for the elimination of health disparities in their entire [United Health Fund](#) (UHF) neighborhood catchment using data-orientation, anti-racist praxis, strong institutional relationship building, and systems thinking. As such, in addition to the deliverables of the contract, the executive leadership of selected contractors is expected to work with the Health Department on strengthening capacity for long-term sustainability of the infrastructure created during the contract period via alternative funding mechanisms.

### 1.1 RFP Timetable

<b>Request for Proposals (RFP) Release</b>	August 24, 2021
<b>Applicants' Conference (Remote and Recorded)</b>	August 31, 2021
<b>Budget Information Session</b>	September 2, 2021
<b>Deadline for Written Questions</b>	September 3, 2021
<b>Q&amp;A Posted</b>	<b>September 13<del>10</del>, 2021</b>
<b>Application Deadline</b>	<b>October 4, 2021 <del>September 17, 2021</del></b>
<b>Expected Funding Notification*</b>	<b>October 18, 2021 <del>October 11, 2021</del></b>
<b>Expected Contract Start Dates**</b>	<b>November 15, 2021 <del>November 1, 2021</del></b> and January 1, 2021 depending on type of applicant

\*Funding notification and contract start dates are target dates only. FPHNYC may amend the schedule as needed.

## 1.2 Competitions

For this Public Health Corps initiative RFP, there will be TWO simultaneous competitions, Competition A and Competition B. Applicants in Competition A and Competition B will follow all of the same application requirements. However, Competition A applicants will only be competing with Competition A applicants, and Competition B applicants will only be competing with Competition B applicants. Organizations may apply to both competitions, **though a separate application is required for each**. Organizations may apply to no more than 1 neighborhood per competition.

### 1.2.1 Competition A

A total of 9 awards will be made for Competition A, one for each of the neighborhoods listed below. For zip codes included in each neighborhood, please refer to the [United Hospital Fund Neighborhoods index found here, or in Appendix A](#).

**Please note the changes in Competition A neighborhoods highlighted below:**

- 102 – NorthEast Bronx
- 105 – Crotona Tremont
- 204 – East NY
- 208 - Canarsie -Flatlands
- 302 - Central Harlem
- 303 - East Harlem
- ~~402 – West Queens (with a focus on 10368 and 10369)~~
- **408 – Jamaica**
- 410 – Rockaway
- 501/502 – Stapleton, St. George and Port Richmond

### 1.2.2 Competition B

A total of 11 awards will be made for Competition B, one for each of the neighborhoods listed below. For zip codes included in each neighborhood, please refer to the [United Hospital Fund Neighborhoods index found here, or in Appendix A](#).

**Please note the changes in Competition A neighborhoods highlighted below:**

- 103 – Fordham - Bronx Park
- 106 – High Bridge - Morrisania
- 107 – Hunts Point - Mott Haven
- 206 – Borough Park
- 207 – East Flatbush – Flatbush
- 210 – Coney Island - Sheepshead Bay
- 301 – Washington Heights – Inwood
- 309 – Union Square - Lower East Side
- **402 – West Queens**
- 403 – Flushing – Clearview
- ~~408 – Jamaica~~
- 504 – South Beach-Tottenville

**Changes made to the Competition A and Competition B neighborhoods reflect the latest data available on racial and ethnic disparities in COVID-19-related illness and death**

**within these neighborhoods. The changes ensure that the highest need communities are prioritized in allocating funding and resources.**

For the RFP, organizations currently contracted under other PHC/DOHMH-led COVID-19 initiatives such as the Vaccine Equity Partner Engagement (VEPE) Project **and the Test and Trace (T2CB), may apply for neighborhoods they are currently funded to serve but the projected start date for those neighborhoods will be January 2022.** ~~may not apply for neighborhoods they are currently funded to serve but are encouraged to apply for other neighborhoods for which they are eligible. The only exception to this requirement will be organizations currently participating in the Test and Trace (T2CBO) initiative since the program is expected to end later this year.~~

### 1.3 Applicant Eligibility

Interested and qualified Applicants that can demonstrate their ability to successfully provide the services outlined in Section II, Scope of Services, of this RFP are invited to submit a proposal, provided they meet the following minimum requirements:

- Applicants must be a Community or Faith-Based Organization (C/FBO) with 501(c)(3) nonprofit status.
  - Applications will be accepted from organizations working jointly or as part of coalitions with up to **four** ~~three (43)~~ members, **including the lead applicant organization.**
    - ~~If applying as a coalition, one organization must serve as the lead applicant when submitting a proposal. ;hHowever, eachall coalition organizations must meet all eligibility requirements outlined in this RFP have 501(c)(3) nonprofit status.~~
    - If a coalition of organizations has associated under a single 501c3 umbrella, and all the staff and deliverables will be responsibility of that 501c3 with no delegation to other organizations, this will be considered a single applicant, and not a coalition for purposes of this application.
- Applicants must be physically located in the neighborhood(s) they propose to serve:
  - Applicants must have programs and services in the eligible neighborhood(s) they propose to serve; **AND**
  - Applicants must have a public-serving site in the neighborhood(s) they propose to serve.
  - **If applying as a coalition, only the lead applicant must meet this requirement. Additional member organizations may be have a site location located outside of the neighborhood they propose to serve.**
- Applicants, **including coalition organizations,** must be willing to be advertised as a network hub for navigation of COVID-19 services and information for the selected neighborhood and serve any community members in the catchment area beyond its current client base.
- Applicants, **including coalition organizations,** must be committed to having collaborative, non-competitive, relationships with contractors from other COVID-19 initiatives in their catchment area with whom they may share similar deliverables.
- Applicants, **including coalition organizations,** must have existing staff in Community Health Worker (CHW) or related roles and existing institutional relationships to engage with key stakeholders and residents alike in the neighborhood. CHWs or related staff must be able to

engage individuals for person-level services, as well as engage partners for network strengthening/building.

#### 1.4 Availability of Funds

Funding for the Public Health Corps COVID-19 Disparities Initiative is made possible by the Centers for Disease Control and Prevention (CDC) and the New York City Department of Health and Mental Hygiene (DOHMH) and will be administered through the Fund for Public Health in New York City (FPHNYC).

Funding for Competition A will be awarded according to the following:

Type of Applicant	Maximum Funding Amount	Contract Period	Expected Start Date
All Applicants applying to serve a neighborhood for which they are not currently funded through a PHC/DOHMH-led COVID-19 initiative	<del>\$2,185,000</del> <b>\$2,403,500</b>	November 2021- May 2023	November <b>15</b> , 2021
T2 <del>and VEPE</del> <del>CBQ</del> -funded organizations applying to serve a neighborhood for which they are currently contracted under the Test and Trace initiative	<del>\$1,955,000</del> <b>\$2,150,500</b>	January 2022- May 2023	January 1, 2022

Funding for Competition B will be awarded according to the following:

Type of Applicant	Maximum Funding Amount	Contract Period	Expected Start Date
All Applicants applying to serve a neighborhood for which they are not currently funded through a PHC/DOHMH-led COVID-19 initiative	<del>\$920,000</del> <b>\$1,012,000</b>	November 2021- June 2022	November <b>15</b> , 2021
T2 <del>and VEPE</del> funded organizations applying to serve a neighborhood for which they are currently contracted under the Test and Trace initiative	<del>\$690,000</del> <b>\$759,000</b>	January 2022- June 2022	January 1, 2022

As shown above, contract start dates will be delayed and award amounts reduced for T2 ~~and VEPE~~ funded organizations if selected for a neighborhood they are currently serving under Test and Trace ~~or the Vaccine Equity Partner Engagement Project~~. This is due to T2 ~~and VEPE~~ contractors having already received funding under T2 ~~and VEPE~~ to hire and onboard staff as well as begin working on outputs that will contribute to first quarter deliverables for the COVID-19 Disparities Initiative.

**If applying as a coalition, at least 51% of funding must remain in the awarded neighborhood, with the lead applicant and any coalition organizations physically located in the neighborhood. No more than 49% of funding awarded may be allocated to coalition organizations that do not have a physical site in the neighborhood.**

All recipients are expected to be operational as soon as possible following contract execution.

## 1.5 Funding Priorities

In awarding contracts for each competition, priority will be given to the following:

- Organizations that can fill service gaps to ensure wider reach of COVID-19 prevention and disparity elimination work, particularly in neighborhoods with existing COVID-19 community engagement contracts;
- Applicants whose mission is focused on and/or contributing to the overall health improvement of all residents of the neighborhood; and
- Applicants who demonstrate capacity to start work and scale up quickly.

In order to sustain capacity already developed under the Test and Trace initiative, T2 CBO organizations, in good standing, who are applying for a neighborhood they are currently contracted to serve, will also be given priority in awarding contracts.

## 1.6 Applicants' Conference

A virtual information session will be held on August 31, 2021 from 2:30 p.m. to 3:30 p.m. for those interested in applying. While participation in the Applicants' Conference is not mandatory, it is recommended that Applicants utilize this opportunity to ask any questions they may have related to this RFP. Additionally, questions submitted via email prior to the webinar will be discussed. The webinar will also be recorded and posted on FPHNYC's website within 24 hours.

Please register using the following link:

[https://us02web.zoom.us/webinar/register/WN\\_jy7mVbiVQXO8MZ1aJ\\_ui4A](https://us02web.zoom.us/webinar/register/WN_jy7mVbiVQXO8MZ1aJ_ui4A)

After registration, a confirmation email will be sent with information on how to join the session. Participants will have the option to join via web or dial-in.

## 1.7 Budget Information Session

A virtual budget information session will be held on September 2, 2021 from 12:00 p.m. to 1:00 p.m. to review budget instructions in detail and answer any questions applicants have about completing their budget proposal. While this information session is not mandatory, it is recommended that Applicants attend to ensure budget proposals are submitted correctly. The webinar will also be recorded and posted on FPHNYC's website within 24 hours.

Please register using the following link:

<https://us02web.zoom.us/j/83142647582?pwd=QW5mMFpnb2M5MDFUN0duWXdrYlZlZz09>

## 1.8 RFP Inquiries, Written Questions and Answers

Questions and requests for clarification about this RFP must be submitted via e-mail to [amclauchlan@fphnyc.org](mailto:amclauchlan@fphnyc.org) with a subject line of "**Public Health Corps COVID-19 Disparities Initiative.**" All such questions and inquiries must be received by Friday, September 3, 2021 at 11:59 p.m. EDT. Any questions received after the deadline may not be answered.

The Q&A will be posted at: <https://fphnyc.org/get-involved/requests-proposals/>.

Applicants are encouraged to check the webpage frequently to stay informed throughout the procurement process.



## 1.9 Submission Instructions

Completed applications are due no later than ~~October 4, 2021~~ **September 17, 2021** at 11:59 p.m. EDT. All applications must be submitted online via Survey Monkey using the following link: <https://www.surveymonkey.com/r/8KTGXZZ>.

An Application Guide, including a complete list of the application questions, instructions, and other helpful tips for completing the application, has been posted along with this RFP to assist Applicants in planning and preparing their submissions

## 1.10 Contract Payment Structure

The payment structure of the contracts awarded from this RFP will be deliverables based, with payment contingent upon successful completion and acceptance of the services outlined within the agreement. FPHNYC understands that selected C/FBOs may need upfront support to initiate project activities. Therefore, an advance of up to 10% of the total award amount may be paid to recipients upon execution of the contract.

If applying as a coalition (i.e. the lead applicant intends divide responsibility for the completion of deliverables in the contract among more than one nonprofit organization), there is potential for each organization to contract separately with FPHNYC. In that event, the budgets and deliverables for the lead applicant and each coalition organization will be negotiated separately but may not exceed the maximum award amount.

**If applying as a coalition, at least 51% of funding must remain in the awarded neighborhood, with the lead applicant and any coalition organizations physically located in the neighborhood. No more than 49% of funding awarded may be allocated to coalition organizations that do not have a physical site in the neighborhood.**

There is potential for contracts awarded under this RFP to be extended; any extensions will be contingent upon the following: availability of funds, continued need for services, approval by DOHMH, and satisfactory contractor performance.

## 1.11 Addenda to the RFP

If necessary, FPHNYC will issue addenda to amend conditions or requirements relating to the RFP. Any addenda to the RFP will be posted on the FPHNYC website: <https://www.fphnyc.org/get-involved/rfps/>.

Applicants are encouraged to check the website prior to submitting their final proposal. Each applicant shall acknowledge receipt of such addenda on the form provided.

## Section II: Scope of Work

### 2.1 Background/Purpose

FPHNYC, in partnership with DOHMH, has been awarded a grant from the Centers for Disease Control and Prevention (CDC) to reduce COVID-19 racial/ethnic disparities by growing public health capacity in partnership with community-based organizations (CBOs) in the most disinvested neighborhoods across New York City. This grant is supporting the NYC Public Health Corps (PHC) and will be supplemented with additional funding from the City of New York. As part of the PHC, DOHMH and New York City Health + Hospitals (H+H) are deploying community health workers through ambulatory clinics, social service organizations, and other providers to engage communities, address social needs, support health interventions, and perform care management.

The Public Health Corps will use a neighborhood and H+H clinic-based community engagement strategy to increase access to COVID-19 prevention, treatment, and vaccination services; address COVID-19 risk factors including chronic disease, social determinants of health<sup>1</sup> and structural racism<sup>2</sup>; and build collective action to address racial disparities and resource needs throughout long-term recovery. The PHC will cover the care continuum from community level health to individual health and support interventions in the community and at H+H clinics across NYC. This initiative will align with DOHMH's [COVID-19 Equity Action Plan](#) which recognizes that underinvestment and structural racism are the root causes of the disproportionate burden of COVID-19 cases, hospitalizations, and deaths seen in priority neighborhoods.

The Public Health Corps COVID-19 Disparities Initiative will support community-based organizations (CBOs) with deep neighborhood knowledge to build up local Community Health Worker (CHW) teams in the NYC neighborhoods most impacted by COVID-19 and long-standing racial/ethnic inequities. The Public Health Corps' COVID-19 Disparities Initiative will focus on reducing COVID-19 risk by increasing access to COVID-19 services, improving overall health outcomes, and addressing social needs of the neighborhood. Selected CBOs will be charged with ensuring that every person in the neighborhood has access to the support they need to achieve their optimal potential for health, particularly populations who have historically been disconnected from existing health and human services. CBO partners will use their CHW staff to support local coordination of COVID-19 response and recovery, identify existing and needed resources in their neighborhood, help residents navigate towards these resources, refer residents to clinic-based care as appropriate, foster collaboration among key groups and services, and identify opportunities for advocacy to address racial inequities.

In all, the Public Health Corps COVID-19 Disparities Initiative will establish a model to provide a sustainable, organized backbone of CBO partnerships that can address health disparities at the neighborhood level, coordinate long-term community recovery, and increase community preparedness for future crises.

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<sup>1</sup> "Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." [Healthy People 2030](#)

<sup>2</sup> "The concept that racism is not simply the result of private prejudices held by individuals, but is also produced and reproduced by laws, rules, and practices, sanctioned and even implemented by various levels of government, and embedded in the economic system as well as in cultural and societal norms." [Basset et al, NEJM 2021](#).

## 2.2 Scope of Work

The purpose of this RFP is to identify community-based organizations (CBOs) within target neighborhoods who can launch an organized model for reducing COVID-19 disparities by reducing risk for COVID-19 infection, building social cohesion, and meeting basic social needs and racial inequities via strong relationships with institutions and trusted messengers in the neighborhood. Funding aims to expand the engagement of a Community Health Worker workforce to leverage their deep community roots, institutional relationships, and neighborhood expertise to launch COVID-19 recovery, build community resilience, catalyze systems change and increase preparedness for future emergencies. DOHMH will support awardees with technical assistance in a variety of areas to strengthen their capacity to sustain the model post-award.

DOHMH aims to fund a network of organizations to complete the following:

- (1) Build internal capacity by hiring CHWs and investing in workforce development
- (2) Network building and asset mapping,
- (3) COVID-19 testing, quarantine, and vaccination messaging and outreach
- (4) Partner engagement and coordination
- (5) Navigation to social and health services, and
- (6) Reporting, evaluation and sustainability

## 2.3 Deliverables

Contractors will be paid by deliverable on a monthly basis and may be eligible for up to a 10% advance at the beginning on the contract term. Contractors must ensure that proposed activities are not covered by any separate funding sources during the proposed time. Quarterly evaluations will be conducted by the DOHMH program team to ensure progress towards program goals.

Contractor's activities, as defined in the scope of services, are subject to modification at DOHMH's direction in response to COVID-19 data on priority neighborhoods and pandemic response and recovery needs.

### 2.3.1 First Quarter Deliverables

The following activities and deliverables must occur within the first 3 months of award. (For T2 organizations selected for a neighborhood already served under the Test and Trace initiative, activities and deliverables must be completed within the first 6 weeks of the award.)

#### 1. Program personnel:

- a. Existing staff: Identify all existing full-time and part-time staff for assignment to the project. Staffing should include a project lead for operational planning; and staff to oversee the contract and serve as point person for contract management.
- b. New Staff: Staffing should include at least 12 full-time equivalent (FTE) CHWs and 2 FTE CHW Supervisors that reflect the linguistic/racial/ethnic/religious diversity of the catchment, and who are local to the catchment area. Salaries for CHWs must be no less than \$49,000 per FTE.
- c. CHW workforce development: Onboarding, training, and professional development of CHW hires including advanced training for CHW supervisors.

#### 2. Confirmation of Community Health Needs

- a. Identification of health and social priorities for the communities served: Review community-level data on health disparities, living conditions, and social needs that increase COVID-19 risk with community stakeholders, and identify

priorities using community-based knowledge and intelligence. The expected outcome is a report of community led health and social priorities to reduce COVID-19 risk and disparities in the neighborhood, which will help inform the development of a Community Dashboard. These are intended to use already-produced assessments as starting point.

- b. Listening sessions: Perform listening sessions and other mechanisms of community engagement to inform the above report; with the involvement of a target 5% of the catchment adult residents.
- c. Community Dashboard: Develop a community dashboard with support from DOHMH to capture and track progress on COVID-19 equity goals, community-level health outcomes, social needs data, and related resource gaps in the neighborhood.
- d. Quarterly review of Community Dashboard with community leaders to provide status updates on COVID-19 equity goals, health outcomes, health priorities and to jointly determine programmatic or policy actions to advance health equity goals and address structural causes of poor health.

### 3. **Community Asset Mapping**

- a. COVID-19 Resource inventory: Establish an inventory of vaccination and testing sites in the neighborhood; and produce monthly reports to the health department identifying any residential parts of your catchment without a vaccination site or testing site within 1 mile.
- b. Neighborhood Asset Inventory: Establish or build on existing block-by-block inventory and list of contacts of key assets in the neighborhood. This should include all Primary Care, Behavioral Health and Dental Clinics, Pharmacies, Libraries, Senior Centers, Youth Centers, Public Benefit Enrollment Services, publicly advertised Disease Management Services, and Food Pantries. Work with Health Department and other neighborhood CBOs to update NowPow (or similar) resource guide and create summaries to provide to community members.
- c. Partner mapping: Identify and establish a contact list for all coalitions, networks, community and faith-based organizations and groups in the neighborhood organized with the purpose of improving health of the residents, with a particular focus on the on COVID-19 response or related activities. Including all city-funded COVID-19 contractors with presence in the area.

### 4. **Partner Engagement**

- a. Partner engagement plan: Develop an engagement plan for the neighborhood that outlines the neighborhood coalition-building activities and direct community resident services to be staffed by CHWs in support of the creation/strengthening of a health improvement network in the neighborhood. Engagement plan should reflect existing coalition/network membership and plans to expand and build this network with additional key neighborhood stakeholders.

#### 2.3.2 Monthly deliverables

The following activities and deliverables will occur on a monthly basis. Items 1-5 will begin in Month 3 or 4 of the award, and items 6-7 will begin in Month 1 of the award. Payment will be scheduled on a monthly basis upon completion of deliverables.

#### 1. **Community Health Needs Assessment**

- a. Every other month review of Community Dashboard with community leaders to foster conversations meant to drive social change and address structural factors contributing to health disparities.
- b. Regular participation in governance meetings to guide DOHMH and community-based pandemic response work.

## **2. Community Asset Mapping**

- a. Neighborhood Asset inventory and networks maintenance: Maintain/update inventories to be used by neighborhood partners, DOHMH, and contracted CBOs.
  - i. COVID-19 Resource inventory (monthly)
  - ii. Neighborhood Asset inventory (monthly)
  - iii. Network map (quarterly)
  - iv. Response Communications Plan (quarterly)

## **3. Community engagement and education**

- a. Marketing and promotion of COVID-19 prevention services to community members through advertisement in local media outlets, digital channels, canvassing, flyering, poster, or other outreach efforts to reach the priority population.
- b. Community outreach: In addition to the activities above, CHWs should conduct outreach, personal and group educational sessions, or health fairs to engage with people that have been missed by or who avoid traditional healthcare to increase knowledge of services.
- c. Educational sessions: Provide 1 educational sessions per week to increase community knowledge of services, needs and priorities, in accordance to identified community priorities. Sessions should cover COVID-19 topics as well as health education and social service navigation and should be tailored for the community.
- d. Social Media: Publish at least four (4) social media posts each week and at least fifteen (15) posts per month. Post should educate and share updates on services such as testing, vaccination, social services, and healthcare access.

## **4. Resource Navigation**

- a. Intake for one-on-one support: Create or expand existing client intake processes (phone line, in-catchment office location) that can be advertised to the residents who have questions on COVID-19 or community resources. Must be staffed 40+ hours per week in a consistent schedule, have access to proficient speakers of languages spoken by over 10% people in the neighborhood and access to Interpreter Services for other common language needs.
- b. Screening and referral to health and social services: Identify residents with health or social service needs and provide referrals to services for at least 50 residents per week.
- c. Individual client support: Provide opportunities for in depth navigation services, through health-related social needs assessment, to offer additional support and follow up to clients with such needs for at least 3 months to ensure they have been connected to appropriate services. CHWs are encouraged to maintain a caseload of no more than 25 clients at a time.

## **5. Partner Engagement**

- a. Network Building: Establish new or participate in existing coalition meetings (at least monthly) to share updates on COVID-19 data and neighborhood dashboard, and contribute to neighborhood emergency preparedness, community recovery and anti-racist praxis.
- b. Community leaders/stakeholder briefings: Integrate COVID-19 Updates and programmatic progress into existing meeting spaces with community leaders, including elected official briefings, community board meetings, etc. as well as explore opportunities using response communications plan to disseminate COVID-19 updates to neighborhood residents.
- c. Response Communications Plan: In partnership with existing coalitions, establish rapid communication protocols and networks of social and healthcare providers, community leaders, and trusted messengers who can serve as message amplifiers. Consider key crisis communications tools such as contact lists organized by residential

- blocks, with the goal of ensuring full neighborhood coverage. Key spaces and partners to be leveraged within the response communications plan for your network could include Barber Shops, Beauty Salons, Resident Associations, Parent Associations, Houses of Worship, and other trusted voices in the community.
- d. Dissemination of information and education material: Work with DOHMH to inventory communication assets and materials on the COVID-19 pandemic (e.g. on testing, tracing, quarantine, vaccination, prevention, long-term recovery) and disseminate to partner networks to ensure wide coverage of the neighborhoods.

## **6. Reporting, Evaluation and Sustainability**

- a. Reporting: Contractor will provide daily and weekly reporting of planned outreach according to the workplan. Deadlines for reporting will be set by the DOHMH program team and reviewed with Contractor.
- b. Quarterly evaluation: Participate in quarterly performance and program evaluation in line with CDC guidelines, including key stakeholder interviews and/or focus groups.
- c. Sustainability and policy planning: Representatives of organization's program and executive team participate in monthly meeting with DOHMH technical assistance team (medical advisor, communications advisor, policy advisor, finance/sustainability advisor, contracts advisor).

## **7. Coordination**

- a. Participation in weekly strategic planning meetings with DOHMH program team
- b. Participation in biweekly DOHMH-led partners forum.
- c. Participate Borough wide coordination meetings with other city funded CBOs working in COVID-19 Response.
- d. Participate in Mayor's Taskforce on Racial Inclusion & Equity (TRIE) neighborhood coordination meetings where relevant.
- e. Participate in neighborhood steering committee or other neighborhood governance meetings.
- f. Participate in individual check-ins as needed to facilitate cross education and develop plans for operational activities informed by existing data and community feedback.

## Section III: Completing the Application

To be considered for an award, Applicants must submit their completed application by **September 17, 2021** **October 4, 2021** at 11:59 p.m. EDT. All applications must be submitted online via Survey Monkey using the following link: <https://www.surveymonkey.com/r/M2J3YR8>

Before getting started, Applicants should review the application and submission instructions included below. An Application Guide containing the complete list of application questions, instructions, and other helpful tips for completing the application has been posted along with this RFP. Applicants are encouraged to utilize this resource in planning and preparing their submissions.

The application consists of the following sections:

- Section I: Applicant Eligibility Attestations
- Section II: Applicant Information
- Section III: Organization Qualifications
- Section IV: Type of Application
- Section V: Capacities and Plan – complete this section using Attachment D and upload in Survey Monkey
- Section VI: Proposal Budget **and Audited Financial Statement**
  - Complete ~~the budgetis-section~~ using the template provided on the FPHNYC website and upload in Survey Monkey
  - **Upload audited financial statement in the space provided in Survey Monkey**

Please note that Applicants must first attest to their ability meet the minimum requirements for award in Section I of the application. After demonstrating that the RFP's eligibility criteria have been met, Applicants will be able to complete the full application.

Application Instructions:

- Applicants should prepare answers to all application questions, complete all attachments, and gather all file uploads prior to beginning their online application. A checklist of all required forms and documentation is included in the Application Guide.
- **The application cannot be saved and returned to for completion.** Applicants should ensure they have plenty of time to complete the full application in one sitting.
- Questions requiring a response are marked with an asterisk.
- The following required forms must be downloaded from FPHNYC's website: <https://www.fphnyc.org/get-involved/rfps/>

Attachment A: Applicant Signature Form  
Attachment B: Coalition Member Commitment Form  
Attachment C: Letters of Support  
Attachment D: Capacities and Plan  
Attachment E: Proposal Budget Form  
Attachment F: IRS W9 Form

- Once submitted, Applicants will see the following confirmation message, “Your application has been successfully submitted and will be reviewed by the selection committee.”
- Applicants are strongly encouraged to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the Applicant to obtain assistance should there be a technical issue with the submission process.
- Late applications and applications submitted via email will not be accepted.



## Section IV. Evaluation and Award Procedures

All proposals submitted within the stated deadline will be reviewed to determine if they meet the minimum requirements of this RFP and have responded to all necessary questions and requests. The Evaluation Committee will evaluate and rate all qualified proposals based on the Evaluation Criteria described below.

### 4.1 Proposal Evaluation Criteria

The criteria, and the relative weight of each, that will be utilized to evaluate proposals are:

1. <i>Organization Qualifications and Capacity</i>	40%
2. <i>Implementation Plan and Timeline</i>	40%
3. <i>Sustainability</i>	10%
4. <i>Budget</i>	10%

### 4.2 Selection Process

The review process consists of the following steps:

1. **Adherence to Mandatory Minimum Requirements**  
All applications will undergo an initial administrative review for completeness. For an application to be evaluated, it must include all required components and meet all required eligibility criteria.
2. **Proposal Evaluation**  
All responsive proposals will be judged by a review committee consisting of DOHMH and FPHNYC employees. The Committee will evaluate applications and score Applicants according to the criteria listed above. Each application will be scored by at least three reviewers.  
  
After scoring, the Committee will rank Applicants within each competition according to final weighted score. The highest-ranking Applicants within each UHF neighborhood for each competition will move on to the next round of review.
3. **Final Review and Selection**  
In the third and final round of review, a selection committee comprised of leaders in DOHMH's Center for Health Equity and Community Wellness will evaluate proposals based on technical merit and community needs. The Applicants within each competition with the highest total score per priority neighborhood or community will be considered first for possible funding. The Committee may make exceptions in order to ensure reach across a broad range of racial/ethnic, cultural, linguistic, and other communities.

### 4.3 Award Process

Each Applicant submitting a proposal will be notified in writing regarding the decision concerning their proposal. If applying as a coalition, each coalition organization will be named and included

in the award notice. Once selections are made, designated recipients and their coalition organizations will enter a contract with the Fund for Public Health in New York City. Although coalitions are applying through a joint application, FPHNYC may contract with each organization separately. Final contract execution is contingent upon successful completion of contract negotiations and demonstration of compliance with all requirements of FPHNYC, DOHMH, and the City of New York, or any other applicable federal and state laws and policies.

At the discretion of FPHNYC and DOHMH, final awards may be less than requested in order to distribute funds among awardees and ensure adequate distribution of services throughout priority neighborhoods and communities. FPHNYC also reserves the right to adjust deliverables and timeframes in response to changes in priorities or need as a result of the COVID-19 pandemic.

#### 4.4 Right to Amend, Cancel this RFP, or Solicit a New RFP

FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNYC, and/or DOHMH. FPHNYC or DOHMH may solicit new requests for information and/or proposals regarding the services addressed in this RFP at any time.

#### 4.5 Right to Reject Proposals

FPHNYC may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFP may be excluded from further consideration and alternative information packages may not be considered.

#### 4.6 Insurance

Prior to the start of work, selected Contractors, including coalition members, shall procure and maintain in force at all times during the term of the agreement, insurance of the types and in the amounts set forth below:

1. Commercial General Liability: insurance to provide coverage for bodily injury and property damage, including damage to any facilities, equipment or vehicles, in limits of no less than \$1,000,000 per occurrence \$3,000,000 aggregate, \$1,000,000 personal and advertising injury aggregate; written on an occurrence basis with coverage at least as broad as the most recently-issue version of ISO form CG 00 01, and no exclusions other than as required by law or approved in writing by DOHMH. Such insurance shall include the City of New York and FPHNY, including their respective officials, and employees as additional insured, with coverage at least as broad as the most recently issued ISO form CG 20 26.
2. Professional Liability (Medical Malpractice): if Contractor is providing professional services, Contractor shall obtain professional liability insurance, in limits of no less than \$1,000,000 per occurrence and \$3,000,000 aggregate;
3. Employers Liability: insurance to provide coverage for the acts and omissions of Contractor's employees in limits of no less than \$1,000,000 per accident;
4. Workers' Compensation: workers' compensation and disability insurance as required by the applicable New York State law.
5. Commercial Auto: if Contractor plans to use any vehicles in the performance of services

*under the agreement, Contractor shall obtain commercial auto coverage for all owned, non-owned, and hired vehicles, written on a form at least as broad as ISO form CA 00 01, with minimum limits of \$1,000,000 per accident.*

6. *Excess Umbrella Liability*: *in the event that Contractor's insurance policy(s) does not meet the limits stated above.*

*Contractor shall maintain on file with FPHNY current Certificates of Insurance for the above referenced policies, listing FPHNY and the City as Additional Insureds for General Liability policies and as Certificate Holders for all other required insurance.*

In addition to the above stated requirements, organizations selected for Competition B must also comply with the following:

*All of the above policies shall provide for a waiver of subrogation in favor of the City of New York and FPHNY, including their respective officials and employees, and shall be primary and non-contributing to any insurance or self-insurance maintained by any of those parties. Contractor waives all claims against the City of New York and FPHNY, including their respective officials and employees, that would be covered under any policy of insurance required by this Agreement.*

#### 4.7 NYC Vendor Registration

This project is being supported, in part, with funding from the NYC Health Department, which requires that vendors register in the City's Payee Information Portal (PIP). Applicants applying to Competition B will be required to register in PIP. In PIP, vendors can view financial transactions with the City of New York, register for Electronic Funds Transfer payments and more. For more information, please visit: <https://a127-pip.nyc.gov/webapp/PRDPCW/SelfService>.

#### 4.8 Proposal Costs

The Applicant will be solely responsible for any costs incurred in preparing, delivering, or presenting responses to this RFP. Applicants will not be reimbursed for any costs incurred in preparing proposals.

#### 4.9 Fulfillment of Requirements

By submitting an information package, the Applicant acknowledges that the respondent has read and understands this RFP and can fulfill all requirements.

#### 4.10 Submitted Information

Once submitted, responses will be the property of FPHNYC and will not be returned.

## Appendix A :United Hospital Fund Neighborhoods

Borough	UHF Neighborhood	Zip Code
Bronx	Crotona - Tremont	10453, 10457, 10460
	Fordham - Bronx Park	10458, 10467, 10468
	High Bridge - Morrisania	10451, 10452, 10456
	Hunts Point - Mott Haven	10454, 10455, 10459, 10474
	Kingsbridge - Riverdale	10463, 10471
	Northeast Bronx	10466, 10469, 10470, 10475
	Pelham - Throgs Neck	10461, 10462, 10464, 10465, 10472, 10473
Brooklyn	Bedford Stuyvesant - Crown Heights	11212, 11213, 11216, 11233, 11238
	Bensonhurst - Bay Ridge	11209, 11214, 11228
	Borough Park	11204, 11218, 11219, 11230
	Canarsie - Flatlands	11234, 11236, 11239
	Coney Island - Sheepshead Bay	11223, 11224, 11229, 11235
	Downtown - Heights - Slope	11201, 11205, 11215, 11217, 11231
	East Flatbush - Flatbush	11203, 11210, 11225, 11226
	East New York	11207, 11208
	Greenpoint	11211, 11222
	Sunset Park	11220, 11232
	Williamsburg - Bushwick	11206, 11221, 11237
Manhattan	Central Harlem - Morningside Heights	10026, 10027, 10030, 10037, 10039
	Chelsea - Clinton	10001, 10011, 10018, 10019, 10020, 10036
	East Harlem	10029, 10035
	Gramercy Park - Murray Hill	10010, 10016, 10017, 10022
	Greenwich Village - Soho	10012, 10013, 10014
	Lower Manhattan	10004, 10005, 10006, 10007, 10038, 10280
	Union Square - Lower East Side	10002, 10003, 10009
	Upper East Side	10021, 10028, 10044, 10128
	Upper West Side	10023, 10024, 10025
Washington Heights - Inwood	10031, 10032, 10033, 10034, 10040	
Queens	Bayside - Little Neck	11361, 11362, 11363, 11364
	Flushing - Clearview	11354, 11355, 11356, 11357, 11358, 11359, 11360
	Fresh Meadows	11365, 11366, 11367
	Jamaica	11412, 11423, 11432, 11433, 11434, 11435, 11436
	Long Island City - Astoria	11101, 11102, 11103, 11104, 11105, 11106
	Ridgewood - Forest Hills	11374, 11375, 11379, 11385
	Rockaway	11691, 11692, 11693, 11694, 11695, 11697
	Southeast Queens	11004, 11005, 11411, 11413, 11422, 11426, 11427, 11428, 11429
	Southwest Queens	11414, 11415, 11416, 11417, 11418, 11419, 11420, 11421
West Queens	11368, 11369, 11370, 11372, 11373, 11377, 11378	
Staten Island	Port Richmond	10302, 10303, 10310
	South Beach - Tottenville	10306, 10307, 10308, 10309, 10312
	Stapleton - St. George	10301, 10304, 10305
	Willowbrook	10314

## Section VI. Attachments

The following pages contain Attachments A through E for this RFP

## ATTACHMENT A: Applicant Signature Form

**INSTRUCTIONS:** Applicants must complete and submit this Applicant Information Form signed and dated by the Project Director and the organization's Authorizing Official.

<b>LEAD Applicant Organization</b>	
Applicant Organization Name:	
<b>Certifications</b>	
<b>As Project Director, I certify that all information provided in this application is correct and accurate to the best of my knowledge.</b>	
_____ Signature of Project Director	_____ Date
_____ Printed Name and Title	
<b>As the Authorizing Official for the entity submitting this application, I am supportive of this application and commit my organization to fully engaging in the work proposed as part of this application.</b>	
_____ Signature of Authorizing Official	_____ Date
_____ Printed Name and Title	

## ATTACHMENT B: Coalition Member Commitment Form

**INSTRUCTIONS:** Applicants applying as part of a coalition must complete and submit a Coalition Member Commitment Form for each proposed coalition member under this project. As stated in Section 1.3 Applicant Eligibility (page 6), applications will be accepted from coalitions with up to three (3) members.

<b>Subcontractor Organization</b>	
<b>Coalition Member Name:</b>	<b>Coalition Member DBA Name, if different:</b>
<b>Employer Identification Number:</b>	<b>Year Incorporated/Founded:</b>
<b>Organization Website:</b>	<b>Annual Operating Budget:</b> \$
<b>Business Address:</b>	<b>Mailing Address, if different:</b>
<b>Contact Name &amp; Title:</b>	
<b>Contact Email:</b>	<b>Contact Phone Number:</b>
<b>Information</b>	
<b>Proposed Amount</b> \$	<b>Percent of Total Project Budget:</b>
<b>Certification</b>	
<b>As the Authorizing Official for the coalition member included in this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application.</b>	
_____ Signature of Authorizing Official	_____ Date
_____ Printed Name and Title	

**Please check if additional forms are attached.**

Page \_\_\_\_\_ of \_\_\_\_\_

## ATTACHMENT C: Letter of Support

**INSTRUCTIONS:** Applicants are required to submit 3 letters of support from partners located within the neighborhood you are applying to serve. A letter of support should be from provided from each of the following: 1) a local healthcare organization, 2) a local service provider, and 3) a local resident/business association.

Please specify the organization and contact information for each partner in the table below. Letters should be submitted on agency letterhead (if applicable) and address the following:

1. How long have your organizations worked together in your shared neighborhood?
2. In what capacity have your organizations collaborated in your shared neighborhood?
3. Describe the most comprehensive project that your organizations have collaborated on together and joint achievements in your shared neighborhood.

For submission in Survey Monkey, please combine this form and all 3 letters of support into a single PDF form and upload where specified.

<b>Local Healthcare Organization</b>	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:
<b>Local Service Provider</b>	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:
<b>Local Resident or Business Association</b>	
Organization Name:	
Contact Name & Title:	
Contact Email:	Contact Phone Number:



## ATTACHMENT D: Capacities and Plan

**INSTRUCTIONS:** Please provide answers to the following questions detailing your organizations capacity and plan for carrying out the COVID-19 Disparities Initiative. Please convert the document into a PDF before uploading into Survey Monkey.

### Organizational capacity

1. Describe your organizational capacity to take on a \$1 million contract, hire 15 new staff, lead a social change model, and champion anti-racist public health practice. (500 words)
2. Existing Partner Relationships: Please submit 3 letters of support from your neighborhood partner organizations using Attachment C: Letters of Support. These letters of support should be from a 1) local healthcare organization, 2) a local service provider, and 3) a local resident/business association. Please combine all 3 letters of support into 1 single PDF form and upload into Survey Monkey.
3. Describe your organization's: (300 words)
  - a. Formal structures in place to engage community members, obtain community input and feedback, and incorporate feedback into the work that you do (e.g. governance meetings with community residents, main methods employed to interface with community members and community partners, etc)
  - b. Systems and/or protocols to manage direct client services including resource navigation and counseling (include any tools you may have to document client services and referrals).

### Implementation plan and timeline

4. Describe in more detail how you envision your organization delivering on the program activities using the proposed timeline. (1000 words) Be specific on:
  - a. How you will ensure the timely completion of First Quarter deliverables (first 6 weeks deliverables for T2CBOs applying for a UHF that includes current T2CBO catchment zip code(s))
  - b. Existing roles and infrastructure that will support deliverables
  - c. Plans for hiring new staff

### Sustainability

5. Describe how your organization envisions being able to provide continuity to the activities initiated in this project via organization's existing capacity or alternative funding streams. (500 words)
6. Provide a short self-assessment of the technical assistance needs (clinical, financial, policy, communications) your organization would like to fulfill during the contract period to support your organization in being able to obtain external funding for the continuation of the activities initiated in this project. (300 words)

## ATTACHMENT E: Proposal Budget Form

**INSTRUCTIONS:** Applicants must submit a proposal budget for the lead applicant organization and each coalition member as applicable. Instructions for completing the budget can be found in the Application Guide. All budgets must be submitted using the Excel budget template provided by FPHNYC.

The Application Guide and budget template can be found here: <https://fphnyc.org/get-involved/requests-proposals/>.